HEALTH AND SAFETY

TRAINING

All educators are trained in the program's emergency and evacuation procedures, in standard precautions, SIDS and in medication administration procedures.

HEALTH REQUIREMENTS

All children's immunization must be up-to-date and in the child's record at the center. We MUST have your child's immunization records prior to the first day of child care. Physical examination forms are required within 2 weeks of child's attendance at the school. Yearly physicals are required by law. We will accept any physical form your child's pediatrician uses as long as it has your child's name, the date of the last physical and the health care provider's signature.

DENTAL HEALTH

Parents have the option to accept or opt-out of tooth brushing during child care hours. Individually labeled pediatric toothbrushes and toothpaste should be provided by the parents if they are not opting-out of toothbrushing.

NUTRITION

We provide nutritious breakfast and snacks. Parents are responsible for their child's lunch. If you want your child's lunch to be served warm you must pack it in a thermos as we do not heat food in the microwave due to safety. Please read our allergy section before you pack your child's lunch.
We do not allow candy, gum or sweet treats.
If your child has many allergies or is allergic to milk and/or other allergens please send snacks for your child. We will try to purchase snacks for your child as well.
The following are just a few ideas of healthy, easy lunches:

- Rice cakes with toppings
- Yogurt/Cottage Cheese
- Soy Butter and Jelly Sandwich
- Egg Salad or Tuna Sandwich
- Bagel with toppings
- Beans
- Pastas
- Cereals
- Fruit -Cheese
- Tofu
- Vegetables

- Turkey/Tuna wraps
- Meat in bite size portions
- Jell-O/pudding
- Soups
- Leftovers: pizza, casseroles, spaghetti, chicken, etc.

The following are NOT permitted:

- Candy
- Mints
- Soda/sugary drinks
- Lollipops
- Gum
- Chips
- Nut products

Children under 4 years of age are not to be offered the following foods:

- hot dogs (whole or cut into rounds)
- hard pretzels
- whole grapes
- meat larger than can be swallowed whole
- raw peas
- chunks of raw carrots
- popcorn

INFANT SLEEP SAFE POLICIES

Infants nap according to their individual schedules. Every infant 12 months of age or younger will be put to sleep on their backs to reduce the chance of Sudden Infant Death Syndrome (SIDS). No child under 12 months of age will nap in a crib containing pillows, comforters, stuffed animals or other soft, padded materials. Swaddling is not permitted; sleep sacks are permissible. We recommend training your baby to use sleep sacks prior to arrival to ease the transition between home and school. [606 CMR 7.08 (6)(j) and 606 CMR 7.11(13)(e)]

Learning Jungle Academy follows the recommendations of the American Academy of Pediatrics (November 2016), for safe sleep practices while caring for infants:

• **Back to Sleep.** Infants under 12 months in age must be placed on their backs for sleeping. Unless the child's health care professional provides a written order for a medical reason, all infants under 12 months should be put down to nap, rest, or sleep on their back for every sleep and by every caregiver.

• **Use a Firm Sleep Surface.** Infants should be placed on a firm sleep surface (i.e. mattress in a safety-approved crib) covered by a fitted sheet with no other bedding or soft objects. Each child must nap in an individual crib, port-a-crib, playpen, or bassinet; with a firm, properly fitted mattress and a clean fitted sheet with no potential head entrapment areas. Always use a firm sleep surface. Car seats and other sitting devices are not allowed for sleep. Cribs and toddler

beds must meet CPSC and ASTM safety standards. Slats on cribs must be no more than 2- 3/8 inches apart. All adults caring for infants should frequently check to make sure that equipment used for
sleeping infants has not been recalled, are not missing any hardware, and is in good repair.

• **Appropriate Mattresses.** Only mattresses designed for the specific product should be used. Mattresses should be firm and should maintain their shape even when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the wall of the crib, bassinet, portable crib, or play yard. Pillows or cushions should not be used as substitutes for mattresses or in addition to a mattress. Mattress toppers, designed to make the sleep surface softer, should not be used for infants younger than 1 year. (AAP)

• **No Soft Objects or Loose Bedding.** Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys must not be placed in the crib with the baby. Sleepers and sleep sacks that leave the infant's arms free to move are good alternatives to blankets. Swaddling is prohibited for any child who can roll over. Swaddles may be allowed if recommended in a written order issued by the child's health care provider and must allow the infant's arms to move freely.

• **No Bottles.** Bottles must never be propped, and babies should not suck on a bottle while sleeping.Propping the bottle increases the risk of choking and of ear infections. Falling asleep with milk pooled in the mouth leads to serious dental caries in developing teeth.

• **No Jewelry.** Jewelry of any kind must be removed prior to placing a child to sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes are not safe and are prohibited for sleeping or resting children.

• **No Hanging Objects**. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant present a potential hazard and are not allowed.

• **Supervision:**
o Children younger than six months of age at the time of enrollment must be under direct visual supervision at all times, including while napping, during the first six weeks they are in care.

o Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies.

o The infant should sleep in an area free of hazards, such as dangling cords, electric wires, and window-covering cords, because these may present a strangulation risk. (AAP)

o Group childcare programs must include in their written health care policy "a plan to ensure that all children twelve months of age or younger are placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing" [See 606 CMR 7.11(19)(a)9].

- **Crib Safety:**
    - o Beginning December 28, 2012, all cribs in licensed and funded childcare programs must comply with current CPSC crib standards. To demonstrate that a crib meets the current CPSC crib standards, one of the following must be observed:

A “tracking label”, which is a permanent, distinguishing mark on the crib which contains, at minimum, the source of the product, the date of manufacture, and cohort information, such as batch or run number. (Any date of manufacture on or after June 28, 2011, will be accepted);

A registration form including the manufacturer’s name and contact information, model name, model number, and a date of manufacture on or after June 28, 2011; and

A Children’s Product Certificate (CPC) or test report1 from a CPSC-accepted third party lab demonstrating compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220.

- **Training Requirements**:

o All educators, residential care staff including programs serving teen parents. and foster and adoptive parents caring for children under 12 months in age must be trained on the requirements outlined above.

- o All new staff in group programs and any assistants caring for infants in family childcare programs must be trained on safe sleep practices prior to caring for infants.

FIRST AID AND CPR

Learning Jungle Academy staff maintains up-to-date training and certification in Pediatric First Aid as well as Infant/Child CPR.
The staff, most likely the teacher, treats all minor injuries (cuts, abrasions, bumps) by cleaning any wounds with soap and water, applies an ice pack if there is swelling and covers the area with a band aid. Teachers then notify you at pick-up time unless the injury is to the head or face when we will call you in advance to report the injury.
In the event of a serious accident or injury, one teacher calls 911, then the school director, then the child’s parents, while another teacher stays with the child to provide immediate and appropriate first-aid. If parents cannot be reached, teachers call the emergency contacts in the order listed on the emergency contact form. If necessary, the child is transported to the nearest hospital or the hospital of your choice via ambulance with a teacher and/or the child’s parents, guardians, or emergency contacts.

MEDICATION ADMINISTRATION

Any staff who administers medication shall have completed the 5 rights of medication annually. At least one person who is trained in medication administration will be on the premises at all times when children are present. Any person who administers any medication, other than oral or

topical medications and epinephrine auto injectors, must be trained by a licensed health care practitioner and must demonstrate annually to the satisfaction of the trainer, competency in the administration of such medications. All educators will be trained in recognizing common side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program.

- All medication administered to a child, including but not limited to oral and topical medication of any kind, either prescription or non-prescription, must be provided by the child's parent.
- All prescription medications must be in the containers in which they were originally dispensed and with their original labels affixed. Over the counter medications must be in the original manufacturer's packaging. The educator must not administer any medication contrary to the directions on the originally dispensed container with the original label(s) affixed. The educator must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed healthcare provider.
- Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order in a child's individual health care plan.
- The educator must store all medications out of the reach of children and under proper conditions for sanitation, preservation, security and safety during the time your child is in our care and during the transportation of your child.
- Those medications found in United States Drug Enforcement Administration (DEA) Schedules II-V must be kept in a secured and locked place at all times when not being accessed by an authorized individual.
- Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator. Notwithstanding the provisions of 606 CMR 7.11 (2) (e), above, emergency medications such as epinephrine auto injectors must be immediately available for use as needed.
- All unused, discontinued or expired prescription medications shall be returned to the parent and such return will be documented in the child's record. When return to the parent is not possible or practical, such prescription medication must be destroyed and the destruction recorded by a director in accordance with policies of the center and the Department of Public Health, Drug control Program.
- No educator shall administer the first dose of any medication to child, except under extraordinary circumstances and with parental consent Each time a medication is administered, the educator will document in the child's record the name of the medication.
- When topical medication is applied to a diaper rash educator must inform parents at the end of each day.
- All medication must be administered in accordance with the consent and documentation requirements specified in the following page. Parents must fill out the entire medication form.
- In case of an emergency, the child's teacher or Director shall attempt to contact the parent before (acetaminophen, ibuprofen, antihistamines) medication is given, unless

a child needs the medication urgently or when contacting the parent will delay appropriate care unreasonably.
- If a child becomes ill, his/her parents will be notified immediately and asked to pick up their child.

All medication is stored in a closed cabinet or refrigerator out of the reach of children and under proper conditions for sanitation, preservation, security and safety. All unused medication is disposed of or returned to the parents when no longer needed.

HAND WASHING POLICY

Hand washing is the most effective means available to prevent the spread of illness. All staff, wash their hands with liquid soap and running water upon arrival for the day, after diapering or toileting, after handling bodily fluids, before and after handling any food, before and after administering medication, before and after using the water table, after handling garbage, dirt, or other potentially contaminated materials, and when moving from one group of children to another.

Staff help children learn proper hand washing technique and help children wash their hands until they can do it properly themselves. Children are required to wash their hands with liquid soap and running water upon arrival for the day, after diapering or toileting, before and after meals and snacks, before and after using the water table, and after handling any potentially contaminated materials. We welcome your assistance in reminding your child to wash his or her hands regularly and in teaching proper hand washing techniques.

ALLERGIES

All allergies (and dietary concerns) will be clearly posted in each room, on the refrigerator and written on the child's emergency info/consent cards. Please note that we are a PEANUT and SHELLFISH FREE facility. If you send any food with your child, or donate any food to any functions held at the daycare please ensure that these foods are PEANUT AND SHELLFISH FREE. If they do not have the appropriate symbols or ingredients list then they will not be served to anyone for safety reasons, and will have to be returned home, or discarded.

Learning Jungle Academy has the following preventive measures:

● posting food allergies prominently in the classrooms and on the eating tables;
● training our Teaching Staff to teach the children to not share food at mealtimes;
● ensuring that the children wash their hands and faces after eating; and
● training all teachers how to administer an Epi-Pen

Parents can help by refraining from bringing food products commonly known to contain nuts of any kind. This will minimize the risk and exposure to children who have a severe nut allergy. If your child had any meals containing allergens, please make sure to wash their hands upon entering the classroom.

TOPICAL MEDICATIONS AND CREAMS

On your permission forms, you can provide us with written authorization for non-prescription topical medications to be administered to your child, such as petroleum jelly, diaper rash ointments, or antibacterial ointments for wounds, rashes or broken skin. The authorization is valid for one year from the date it is signed and includes the child's name, medication, and procedures for administration. All topical medications must be stored in their original containers, labeled with the child's name. Teachers and staff can administer only the medications that parents provide and will not under any circumstances apply one child's medication or cream on another child.

HEALTHCARE CONSULTANT

The Director and Staff at the Center consult regularly with our health care consultant, Dr. Jorge E. Finke, regarding general issues and issues pertaining to specific children at the Center. Such consultations will be handled with the strictest confidence.

INJURY PREVENTION

All teachers and administrative staff check the school daily for any safety hazards, including but not limited to obstructed exits, outlets without safety plugs, sharp objects or cleaning materials not secured in a locked cabinet. Any hazards are removed or repaired immediately. We do not allow any toxic substances, poisonous plants, sharp objects, matches or other hazardous objects in the school. Medications are kept in a secure place, out of the reach of children.

INFECTION CONTROL

The teachers are trained in infection control procedures and regularly wash and decontaminate the play surfaces and materials throughout the day. Materials and equipment that are disinfected after each use include cutting boards and other surfaces used for food preparation, tables used to serve food to children, toys that have been in children's mouths, thermometers, changing tables, and any mop or cloth used to clean up bodily fluids. Materials and equipment that are disinfected daily including toilet seats, trash cans that hold soiled diapers, sinks and faucets, drinking fountains, water tables and water play equipment, play tables, smooth surfaced floors, mops and any washcloths or towels.

Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before each new group of children participates in water play. Water tables are completely drained, dried and disinfected with bleach solution at the end of each day.

● Rashes - Skin rashes may have a variety of causes and can appear on any part of the body and face. Any child with an undiagnosed rash cannot attend the Center.
● Sore Throat/Strep - The symptoms of this are usually: a fever, swollen neck glands, and a red, very sore throat. Your child can return to the Center after being on an antibiotic for at least twenty-four (24) hours.
● A.I.D.S./H.I.V. - Commonwealth Children's Center follows the Massachusetts medical policy for children with A.I.D.S./H.I.V. 22
● Allergies - If your child has some type of allergy, no matter how mild, please let the Center know as soon as possible.
● Colds & Coughs - If your child has a fever and/or a congested productive cough, please keep your child at home until s/he feels better and symptoms are gone.
● Conjunctivitis - This illness is extremely contagious and can spread within the Center very quickly, if not caught on time. The symptoms are often red, scratchy, watery eyes and a yellowish discharge coming out of the eye. A child can return to the Center twenty-four (24) hours after the first application of the antibiotic.
● Chicken Pox/Mumps/ - These are all very contagious illnesses. If you think that your child was exposed outside of the Center, let us know so that we can watch for signs. Please do not return your child(ren) to the Center with these illnesses unless they are past the contagious stage and are feeling okay.
● Ear Infections - If your child suffers from ear infections or has a tube in his/her ear, please let the Center know. If your child does come down with an ear infection, please keep your child at home until s/he is feeling better and is able to return to the Center.
● Influenza - The symptoms are: listlessness, rubbing eyes, poor appetite, trouble sleeping, fever, aches and upper respiratory congestion. Children with influenza should not be brought into the Center because it is a highly contagious illness.
● Head Lice - A child with head lice may return to the Center when free of all nits or scabies and free of all mites. Children with head lice should not be brought into the Center because it is highly contagious. The child may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no risk to the other children. Nevertheless, the Center may make the final decision concerning the inclusion or exclusion of the child.
In case of COVID-19 related cases, the administration will use sample letters from the Department of Public Health and Child Care Book as a guide when notifying parents. The Center will ask a parent who calls in sick for their child if there is a possibility that the child could have a case of the disease in question. We will request that parents notify their pediatrician of the child's sickness and may ask for a note from the pediatrician before the child returns to the Center.

The staff at Learning Jungle Academy will take extra special precautions when children who are ill are diagnosed at the Center and when children who are mildly ill remain at the Center.

Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the Center if it is determined that any of the following exist:

• the illness prevents the child from participating in the program activities or from resting comfortably;

• the illness results in greater care need that the child care staff can provide without compromising the health and safety of the other children;

• the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious illness;

• diarrhea;

• vomiting two or more times in the previous 24 hours at home or once at the center;

• mouth sores, unless the physician states that the child is non-infectious;

• rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease;

• purulent conjunctivitis (defined as pink or red conductive with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment; • tuberculosis, until the child in non-infectious;

• impetigo, until 24 hours after treatment has started or all the sores are covered;

• head lice, free of all nits or scabies and free of all mites;

MANAGEMENT OF INFECTIOUS DISEASE

We ask that you notify us immediately of any infectious disease (e.g., strep, chicken pox, coxsackievirus) to which your child may have been exposed. Whenever any infectious disease has been introduced into any classroom, we notify all families in the classroom in writing about the potential exposure. Notification includes signs and symptoms of the disease, mode of transmission, period of communicability, control measures being implemented at the school, if necessary, and suggestions that you can and should implement at home. Any child diagnosed or suspected of an infectious disease is allowed to return to the school only after being evaluated by a physician and considered to pose no health risk to himself/herself or the other children. The physician’s note must specify that the child is not contagious in order for the child to be allowed back into the school. If you are a pediatrician, we will not accept your own signature on your child’s medical report, as per the American Medical Association Code of Ethics Opinion 8.19 “Self-Treatment or Treatment of Immediate Family Members.”

CARE OF MILDLY ILL CHILDREN

Children who are mildly ill may remain in school if they are not contagious (refer to Plan For Infectious Disease) and they can participate in the daily program including outside time. If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Program Director will contact the child's parent(s). The parent(s) will be asked to pick up the child. The child will be cared for in a quiet area, a classroom or in the Center's office by a teacher qualified staff member or by the Program Director until the parent(s) arrive to take the child home. Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH NEEDS

During intake, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly.

All allergies or other important medical information will be posted in each classroom, on the refrigerator in the kitchen, and on the snack storage cabinet. Allergies list will be updated as necessary - new children enroll, unknown allergies become known.

All staff and substitutes will be kept informed by the Program Director so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.

For a child with specific food allergies, the cook will inform the classroom staff of substitutions for snacks and lunches when completing weekly snack and lunch menus.

The names of children with allergies that may be life threatening (ie - bee stings) will be posted in conspicuous locations with specific instructions if an occurrence were to happen. The Program Director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

CLEANING SOLUTIONS

The following guidelines are used for cleaning, which involve mixing our own beach and water solutions on a daily basis. The formulas are as follows:

I. For dishes, baby toys, and thermometers: 1/8 teaspoon bleach to 1-quart warm water
II. For tables, countertops, and sleep mats: 1/4 teaspoon bleach to 1-quart warm water
III. For sinks, toilets, diaper tables, and pails: 1/4 teaspoon bleach to 1-gallon warm water
IV. For blood spills: 1 part bleach to 10 parts warm water

SUNSCREEN

From May to October, all children older than six months wear sunscreen during outdoor time, with written parental permission. We ask that you bring in your preferred sunscreen, labeled with your child's name. Please bring your child to school with a layer of sunscreen already applied for the morning outing. The teachers apply a second layer after nap for the afternoon outing.

INSECT REPELLENT

The children do not generally go anywhere that would require insect repellent. Should public health authorities recommend insect repellent at any time, we will ask that you bring in a repellent containing DEET, labeled with your child's name. Teachers will apply insect repellent no more than once a day and only with written parental permission.

EMERGENCY AND EVACUATION CONTINGENCY PLANS

Emergency Evacuation Plans will be posted at all exits.
During an emergency evacuation the Lead Teacher will be responsible for taking the attendance information and for leading the children out of the building. Assistant teachers and other staff will assist in the evacuation and check for stragglers.
Infants and non-mobile toddlers will be placed in the evacuation crib(s) (The crib with wheels) and/or carried by staff. Other available staff will assist with the evacuation of the Infant Room.
The Program Director will make a visual inspection of each classroom before exiting the building.
All classrooms, once evacuated, will meet by the back fence and wait for the go ahead by the Program Director before reentering the building.
The Center will maintain a daily attendance list that is current. Staff are responsible for signing children in and out of the center by arrival and departure times. The attendance list will be kept on the top of the cubbies and be readily accessible in case of an emergency evacuation. The lead teacher will be responsible for taking the attendance list and for accounting for all of the children in the class once they are safely out of the building.
Emergency evacuation drills are conducted every month at different times of the program day as determined by the Program Director.
Children and staff should practice using different evacuation routes so that the children and staff will be familiar with them.
The Program Director will maintain documentation of the date, time, and effectiveness of each drill in the Fire Drill Log. This documentation will be maintained for five years.

SHELTER IN-PLACE EMERGENCY

Parents will be notified via telephone and e-mail in case of a hazardous situation nearby or a dangerous storm. Staff and children remain inside the school while the director notifies parents.

LOCK-DOWN

In case of a dangerous situation outside that requires securing the school, there will be no one leaving/entering the school. The children will be entertained and parents will be able to pick up the children when Public Safety Officials clear the area. Parents will be notified via e-mail and telephone.

IMMEDIATE AREA EVACUATION

If for any reason it becomes necessary to leave the school to ensure the safety of the children (e.g., fire, loss of heat or electricity, gas leak), staff vacate the children in an orderly manner and meet at Greater Lawrence Family Health Center on Plaza 114, where teachers will contact parents via cell phone to arrange for pick up.

NEIGHBORHOOD EVACUATION

If it is necessary to Evacuate Lawrence, local and state emergency personnel will designate shelters. Learning Jungle Academy staff will remain with the children at all times until they can be handed over to parents. Staff and children evacuate the area by walking, trolley or by buses and gather at the designated shelters. Parents will be notified immediately via email and telephone.

Evacuation plans are posted in each classroom. In the event of an emergency, the director calls 911 and remains in the building until all children are accounted for. Teachers are responsible for evacuating their own classrooms. All classes exit by the nearest door, unless it is blocked or unsafe, when they exit through their designated back-up route. When exiting via the front door, children proceed into the parking lot where we take attendance and then await further instructions, such as a designated emergency site. When exiting via the rear door, children turn right, walk towards the elevator and walk to the parking lot about 500 yards away from the school.

Teachers evacuate their classes in an orderly manner, take attendance at the designated pick-up area, stay with the children until all of them have been picked up, bring first-aid kits for treating minor injuries, and bring cell phones for contacting parents.

The director ensures that all procedures are followed correctly and that evacuation drills are held at least once a month, at different times of the day, and are practiced with all groups of children and staff. The director documents the date, time and effectiveness of each drill and keeps all documentation on file in our Fire Drill log. If the director is out of the building for any reason, the designated administrator assumes the director responsibilities in an emergency.

FIRST AID AND TRANSPORTATION TO THE HOSPITAL

Location of first aid kit - Each classroom will have a first aid kit. Its location will be marked by a red cross contacted on the front of the container. The first aid kits are stored out of the reach of children but easily accessible in case of emergency.

Portable first aid kits used on field trips will include: first aid supplies, children's emergency contacts and telephone numbers, and change for a pay telephone.

Who maintains the first aid kit? - the first aid kit is kept supplied by the program director. First aid kits will be inspected monthly but supplies will be replaced as needed. Staff should report missing items to the program director.

Staff certified in first aid and in accordance with recommended procedures will use all first aid supplies and/or equipment. All staff must be first aid certified within six (6) months of employment. One staff member certified in CPR must be on the premises during all hours of operation.
Contents of first aid kit:

- Band-Aids
- Disposable non-latex gloves
- Gauze Pads
- Gauze Roller Bandage
- Adhesive Tape
- Instant Cold Pack
- Tweezers
- Thermometer
- Compress
- Scissors

(1) In the case of an emergency or illness (such as a seizure, a serious fall or serious cut), the teacher in charge will begin administration of emergency first aid while the assistant teacher or second teacher takes
other children to another area or room. Both staff members should respond in a calm and reasonable manner.
(2) Other staff will be alerted to send for assistance, be it the Program Director, social worker, or another person in the center.
(3) One of the supervisory staff will contact the parent to come and pick up the child or, if response time is a factor, to have the parent meet the child and accompanying staff at the emergency room of the hospital utilized in emergencies.
(4) In the event a situation arises that is life threatening or the child cannot be comfortably restrained in a car, an ambulance will be called immediately. The parent will be called to meet the child and staff at the hospital. The teacher or other designated staff will go with the child in the ambulance. The child's file will be taken, including permission forms and pertinent insurance information if the center has it.
(5) If the emergency is non-life threatening and the child is transported to the hospital by the Center, one of the staff will drive and another staff will be accompanying the child for comfort. The child will be properly restrained in a car seat and in a seat belt. The child will not be carried on the staff member's lap
(6) If the parent comes to pick up the child and needs assistance, the teacher or program director may offer to drive to the hospital or to accompany the child

(7) When parents cannot be reached, those listed as emergency contacts will be called as a further attempt to reach parents. In the event a parent cannot be reached immediately, a designated staff person will continue to attempt to reach parents. If necessary, the child will be transported to the hospital by two designated staff members (or by ambulance) and the child's whole file will be taken, including permission forms.

The Program Director or the Program Administrator will immediately report to the Department of Early Education and Care any injury to, or illness of, any child which occurs during the hours while the child is enrolled in care and which requires hospitalization or emergency medical treatment.

EMERGENCIES WHILE ON A FIELD TRIP

If an accident or acute illness occurs while on a field trip, the lead teacher will take charge of the emergency, assess the situation, and give first aid as needed. The method and urgency of transportation for the child to receive medical treatment will be determined by the lead teacher based on the severity of the emergency or illness. If necessary, an ambulance will be called.
The program director, or other designated adult, will be contacted by the Lead Teacher as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.
As a preventive measure, prior to departure from the center, the program director and. or lead teacher will determine appropriate guidelines to be followed during the field trip to ensure continuity and safety of the children including:
(1) A first aid kit will be taken in all vehicles on all field trips.
(2) Emergency information, including contacts and telephone numbers, will be taken on all field trips.
(3) On a field trip, staff must know the location of a telephone and have appropriate change to be able to use it or have a working cell phone available.

PLAN FOR INJURY PREVENTION

A. To prevent injury and to ensure a safe environment, the staff member who opens each classroom is responsible upon arrival each day for monitoring the environment and for the removal of any hazards. Any needed repairs or unsafe conditions should be reported to the Program Director. The Program Director will monitor the outdoor playground and remove any hazards prior to any children using the space.

B. No smoking is allowed on the premises.

C. Toxic substances, sharp objects, matches, and other hazardous objects will be stored out of the reach of children.

D. A first aid kit and emergency contacts and telephone numbers for the children will be taken on all field trips.

E. An injury report for any incident which requires first aid or emergency care will be maintained in the child's file. The injury report includes the name of the child, date, time and location of accident or injury, description of injury and how it occurred, name(s) of witnesses, name(s) of person(s) who administered first aid and first aid required. Staff should use the Accident/Injury Report Form to record the above information. Staff should submit the completed form to the Program Director for review.

Once the Program Director has reviewed the Accident/Injury Report form and has signed it, it should be given to the parent.

The parent should be allowed to review it, sign it, and then be given a copy. The staff member should then log the report in the Central Log of Injuries and then file the report in the Child's file.
Only staff who have a current First Aid will be allowed to administer first aid no matter how minor the injury.

EMERGENCY PROCEDURES FOR INJURIES

All teachers maintain up-to-date training and recertification in Pediatric First Aid as well as Infant/Child CPR. We sponsor Infant/Child First Aid/CPR Trainings every six months.

Teachers treat all minor injuries (cuts, abrasions, bumps) by cleaning any wounds with soap and water and applying an ice pack if there is swelling. Teachers then notify you at pick-up time unless the injury is to the head or face when we will call you in advance to report the injury.

In the event of a serious accident or injury, one teacher calls 911, then the school director, then the child's parents, while another teacher stays with the child to provide immediate and appropriate first-aid. If parents cannot be reached, teachers call the emergency contacts in the order listed on the emergency contact form. If necessary, the child is transported to Lawrence General Hospital or the Holy Family Hospital ambulance with a teacher and/or the child's parents, guardians, or emergency contacts.

ASSESSING INJURIES TO CHILDREN IN CARE

When a child is injured, the staff needs to fully assess the child's injury and make sure they are following their first aid procedures. In addition to following proper first aid protocols the staff will follow these additional procedures to be followed when a child needs first aid. When an injury occurs, the staff trained in first aid will ask the child questions and observe to make sure the child is okay. Monitor the child throughout the day. Continue to assess the child's injury to make sure what was first observed and treated is still the appropriate course of action.

Anytime you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.
After first aid is administered and the child is calm, the Program Director or lead teacher should survey the scene and gather additional information.

- What was the child doing?
- What equipment was involved?
- Was another child involved?
- Were any hazards involved?
- Were there any witnesses?
- What did they see?

Procedure that must be followed by the staff providing first aid:

- Complete an injury report.
- Provide timely, full, and accurate verbal notification to parent/guardian regarding injury
- Do not perform first aid or CPR without having completed current training.
- Regularly review program's health care policy with staff.

- Program staff must share all pertinent information with program administrator and any teacher taking over care. Sharing the child's status with the parent/guardian at pick up time.
- Make sure the location of the child's medical information is complete and accessible to staff.
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Procedures To Follow In Urgent Emergency Medical Situations:

1) Administer First Aid and CPR to the child as deemed necessary based on the nature of the emergency.
2) Call emergency medical services right away. 911
3) After EMS or emergency medical services have been contacted, call the child's legal guardian.
4) Take child's medical information and emergency consents to doctors' office or emergency room.