

ST. BERNADETTE EARLY LEARNING CENTER



2016-2019 Health Policy

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ST. BERNADETTE SCHOOL EARLY LEARNING CENTER

Agency Name: St. Bernadette Early Learning Center

Director of Early Learning: Eve Ruiz

Street: 1028 S.W. 128th

City/State/Zip: Burien, Washington 98146-3126

Telephone: (206) 244-4934

Cross Street: Ambaum Boulevard

Emergency telephone numbers:

Fire / Police / Ambulance: 911

C.P.S.: (800) 609-8764

Poison Center: (800) 222-1222

Animal Control: (206) 812-2737

Hospital used for life-threatening emergencies*:

Name of Hospital: Highline Medical Center

Address: 16251 Sylvester Road S.W., Burien, WA 98166

Phone: (206) 244-9970

*** For non-threatening emergencies, we will defer to parent preference as listed in the child's registration form.**

Other important telephone numbers:

Seattle/King County Health Officer of Public Health:	Jeffrey Duchin	(206) 296-0100
Director of Public Health:	Patty Hayes	(206) 296-0100
DEL Licensors:	Cathryn Green	(425) 917-7935
DEL Health Specialist:	Lalaine Diaz	(425) 917-7909
Seattle/King County Public Health Nurse:	Ellen Flamiatos	(206) 263-8262
King County Public Health Nurse:	Karen Brozovich	(206) 205-5194
Public Health Nutritionist:	Carrie Nelson-Pfab	(206) 205-7365
WIC & Nutrition Program Manager:	Lynn Kidder	(206) 263-8399
Communicable Disease/Immunization Hotline (Recorded Information):		(206) 296-4949
Communicable Disease Report Line:		(206) 296-4774



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EMERGENCY PROCEDURES

Minor Emergencies

1. Staff trained in first aid will refer to the Red Cross First and Emergency Preparedness Quick Reference Guide located in the Emergency Grab and Go Bag. Gloves (Nitrile or latex) will be used if any body fluids are present. Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or health care provider as necessary.
2. Lead Teachers will record the incident on the Classroom Incident Log, which will be kept in each classroom. The form will include the date, time, place and cause of the illness or injury, if known. A copy will be given to the parent/ guardian the same day and another copy placed in the child's file.
3. The incident will also be recorded on the Accident/Incident Log, which will be located in the main office.
4. Classroom and Accident/Incident Logs will be reviewed monthly by the volunteer nurse. The logs will be reviewed for trends. Corrective action will be taken to prevent further injury or illness. All reports, including this log, are considered confidential.

Life-Threatening Emergencies

1. If more than one staff person: one staff person will stay with the injured/ill child and send another staff person to call 911. If only one staff person: person will check for breathing and circulation, administer CPR for one minute if necessary, and then call 911.
2. Staff will provide first aid as needed. Nitrile or latex gloves will be worn if any body fluids are present.
3. A staff person will contact the parent/guardian(s) or the child's alternate emergency contact person.
4. A staff person will stay with the injured/ill child, including transport to a hospital if necessary, until a parent, guardian or emergency contact arrives.
5. The incident will be recorded on the Incident Log and Accident/Incident Log or Illness Log as described in "Minor Emergencies".
6. Serious injuries/illnesses, which require medical attention, will be reported to the licensor immediately, or as soon as reasonably possible (name and phone on first page).
7. Staff will record the incident on the Classroom Incident Log, which will be kept in each classroom. The form will include the information as stated in #2 under Minor Emergencies. The parent/guardian will sign receipt for a copy of the report. A copy will be sent to the licensor no later than the day after the incident. A copy will be placed in the child's record.

ASTHMA AND ALLERGIC REACTIONS

A written individual health plan will be followed in emergency situations. For example:

Asthma:

- An asthma care plan and an individual emergency treatment plan shall be kept on file for any child with asthma.
- The asthma care plan shall be implemented when child exhibits asthma symptoms at child care.
- Ask your health consultant to assist you in developing an asthma care plan. Parent or emergency contact will be notified to pick up child.

Allergies:

• A food allergy care plan shall be filled out and kept on file for children whose registration form or parent report indicates food allergies. This form lists food to avoid, a brief description of how the child reacts to the food, appropriate substitute food(s). It must be signed by a Health Care Provider. There should be a space on the form for the Health Care Provider to indicate if the reaction is severe or not. If the reaction is severe, staff should follow an emergency protocol indicated by the provider such as the following:

1. Administer prescribed epinephrine (EpiPen) immediately **AND/OR**
2. Administer other prescribed medication
- 3. Call 911**
4. Call child's parent(s)/guardian(s)
- 5. Stay with the child at all times.**

MEDICATION MANAGEMENT

Parent/Guardian Consent

1. Medication will only be given with prior written consent of the child's parent/legal guardian. This consent (The Medication Authorization Form), will include the child's name, the name of the medication, reason for the medication, dosage, method of administration, frequency (can NOT be given "as needed"), duration (start and stop dates), special storage requirements, and any possible side effects (use package insert or pharmacist's written information).

2. A parent/legal guardian will be the sole consent to medication being given, without the consent of a health care provider, if and only if the medication meets all of the following criteria.

The medication is over-the-counter and is one of the following:

- Antihistamine
- Non-aspirin fever reducer/pain reliever
- Non-narcotic cough suppressant
- Decongestant
- Ointments or lotions intended specifically to relieve itching or dry skin

- The medication is in the original container and labeled with the child’s name; and
 - The medication has instructions and dosage recommendations for the child’s age and weight; and
 - The medication is not expired; and
 - The medication duration, dosage and amount to be given does not exceed label specific recommendations for how often or how long to be given.
3. For all other medications the written consent may only cover the course of the illness.

Health Care Provider Consent

1. A licensed Health Care Provider’s consent, along with parent/legal guardian consent, will be required for prescription medications and all over-the-counter medications.

2. A Health Care Provider’s written consent must be obtained to add medication to food or liquid.

3. A licensed Health Care Provider’s consent may be given in 2 different ways:

- The health care provider’s name is on the original pharmacist’s label (along with the child’s name, name of the medication, dosage, frequency (can NOT be given “as needed”), duration and expiration date); or
- The health care provider signs a completed Medication Authorization Form.

Medications for chronic conditions such as: Asthma or Allergies

For chronic conditions (such as asthma), the parent/legal guardian written consent must be renewed on a regular basis. An individual care plan must be provided that lists symptoms or conditions under which the medication will be given.

Emergency Supply of Medication for Chronic Illness

For medications taken at home, we ask for a three-day supply to be kept locked in the Classroom Emergency Backpack in case of an earthquake or other disaster.

Staff Documentation

1. Staff administering medications to children will be trained in medication procedure by the Administrative Assistant and a record of training will be kept in staff member’s file.

2. Staff giving medications will document the time, date and dosage of the medication given on the child's Medication Record Form and will sign with their initials each time a medication is given. Staff's full signature will be at the bottom of the page.
3. Staff will report and document any observed side effects on the child's individual medication form.
4. Staff will provide a written explanation why a medication was not given.
5. Medication Authorization Forms and documentation will remain in the child's file, when the medication is completed, discarded, or returned to parents.
6. Staff will only administer medication when all conditions listed above are met. Medication authorization and documentation is considered confidential and must be stored out of general view.

Medication Storage

1. Medication will be stored as follows:

- Inaccessible to children
- Separate from staff or household medication
- Protected from sources of contamination
- Away from heat, light and sources of moisture
- At temperature specified on the label (refrigerated if required)
- Internal (oral) and external (topical) medications must be placed in separate compartments and
- Separate from food, and
- In a sanitary and orderly manner.

2. Controlled substances (i.e. Ritalin) will be stored in a locked container and stored in the main office medical cabinet.

3. Medications no longer being used or at the end of the year will promptly be returned to parents/guardians or discarded. A note should be placed on file as to deposition of medication to parent or discarded date.

Medication Administration Procedure

1. Wash hands before preparing medications.
2. Carefully read labels on medications, noting: Child's name Medication name Amount to be given Time and dates to be given (can NOT be given "as needed") How long to give How to give (e.g. by mouth, to diaper area, in ear, etc.) Information on the label must be consistent with the Medication Authorization Form.
3. Prepare medication on a clean surface.
4. For liquid medications, use clean medication spoons, syringes, droppers or medicine cups that have measurements on them provided by parent/ legal guardian.
5. For capsules/pills, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
6. Wash hands after administering medication.
7. Observe the child for side effects of medications and document on the child's Medication Authorization Form.

POLICY AND PROCEDURE FOR EXCLUDING ILL CHILDREN

Children with any of the following symptoms will not be permitted to remain in care:

1. **Fever** of at least 100°F **or** who also have one or more of the following:
 - Diarrhea, vomiting
 - Earache
 - Headache
 - Signs of irritability or confusion
 - Sore throat
 - Rash
 - Fatigue that limits participation in daily activities.
2. **Vomiting** on 2 or more occasions within the past 24 hours.

3. **Diarrhea:** 3 or more watery stools within a 24-hour period or any bloody stool.
4. **Rash**, especially with fever or itching.
5. **Eye discharge or conjunctivitis (pinkeye)** until clear or until 24 hours of antibiotic treatment.
6. **Sick appearance, not feeling well and/or not able to keep up with program activities.**
7. **Open or oozing sores**, unless properly covered **and** 24 hours have passed since starting antibiotic treatment, if treatment is necessary.
8. **Lice or scabies.** For head lice, children and staff may return to childcare after treatment and no nits. For scabies, return after treatment. Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms and no longer have significant discomfort. You must notify parent/guardian in writing and you should also post notice in a visible location, when their children have been exposed to a communicable disease. Children with the above signs and symptoms will be separated from the group and cared for in the main office – nurse’s station. Parent/guardian or emergency contact will be notified to pick up child.

Staff members will follow the same exclusion criteria as children.

COMMUNICABLE DISEASE REPORTING

Licensed childcare facilities are required to report communicable diseases to their local health department (WAC 246-101). The following is a partial list of the official diseases that should be reported. For a complete list of reportable diseases refer to www.doh.wa.gov/OS/Policy/246-101prp3.pdf.

The following communicable diseases will be reported to the Public Health Communicable Disease Hotline giving the caller’s name, the name of the child care program, address and telephone number:

- AIDS (Acquired Immune Deficiency Syndrome)
- Animal bites
- Bacterial Meningitis
- Campylobacteriosis (Campy)
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Enterohemorrhagic E. Coli, such as E. Coli 0157:H7
- Food or waterborne illness
- Giardiasis
- Haemophilus Influenza Type B (HIB)
- Hepatitis A (acute infection)
- Hepatitis B (acute and chronic infection)
- Hepatitis C (acute and chronic infection)
- Human Immunodeficiency Virus (HIV) infection
- Influenza (if more than 10% of children and staff are out ill)
- Listeriosis
- Measles
- Meningococcal infections
- Mumps
- Pertussis (Whooping cough)
- Polio
- Rubella
- Salmonellosis including Typhoid
- Shigellosis
- Tetanus
- Tuberculosis (TB)
- Viral Encephalitis
- Yersiniosis

IMMUNIZATIONS

To protect all children in our care and our staff, and to meet state health requirements, we only accept children fully immunized for their age*. We keep on file the Certificate of Immunization Status (CIS) to show the Department of Health and the Department of Early Learning (DEL) that we are in compliance with licensing standards. A copy of the CIS form will be returned to parent/guardian when the child leaves the program, if requested.

Immunization records will be reviewed and updated yearly by the Administrative Assistant.

Children need to be immunized for the following:

- DaPT (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Hemophilus Influenza Type B)
- Varicellia (Chicken Pox)

*Children may attend childcare without an immunization:

- when the parent signs the back of the CIS form stating they have personal, religious or philosophical reasons for not obtaining the immunization(s)

OR

- the health care provider signs that the child is medically exempted.

Children who are not immunized will not be accepted for care during an outbreak for diseases, which can be prevented by immunization. This is for the un-immunized child's protection and to reduce the spread of the disease. Examples are a measles or mumps outbreak.

Staff members are encouraged to consult with their health care provider regarding their susceptibility to immunization preventable diseases.

FIRST AID

When children are in our care, staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid is with each group or classroom. Documentation of staff training is kept in personnel files.

Our First Aid kits are inaccessible to children and located in a locked cabinet in the classroom and in the main office.

Our First Aid Kits contain:

- First Aid Guide
- Sterile gauze pads
- Small scissors
- Adhesive tape
- Band-Aids (different sizes)
- Roller bandages
- Large triangular bandage
- Gloves (Nitrile or latex, non-powdered)
- Tweezers for surface splinters
- CPR mouth barrier

**A fully stocked First Aid Kit will be taken on all walking field trips.*

***All first aid kits will be checked by the classroom teacher and restocked each month.*

HEALTH RECORDS

Each child's health records will contain:

- Health and developmental
- Date of last physical exam
- Health care provider and dentist name, address, and phone number
- Allergies
- Individualized care plans for special needs or considerations (medical, physical or behavioral)
- List of current medications
- Current immunization records (CIS form)
- Medical consents for emergency care
- Preferred hospital for emergency care

The above information above will be collected by the Administrative Assistant before entry into the program.

Teachers will be oriented to any special needs or diet restrictions before the child first enters the program. Plans for children with special needs will be documented and staff will be oriented to the individual medical needs plan.

The above information will be updated annually or sooner if changes are brought to the attention of a staff person.

HANDWASHING

Staff will wash hands:

- (a) Upon arrival at the site and when leaving at the end of the day.
- (b) Before and after handling foods, cooking activities, eating or serving food.
- (c) After toileting self or children.
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- (e) Before and after giving medication.
- (f) After attending to an ill child.
- (g) After being outdoors.

Children will be assisted or supervised in hand washing:

- (a) Upon arrival at the site and when leaving at the end of the day.
- (b) Before and after snacks/meals.
- (c) After toileting.
- (d) After handling or coming in contact with body fluids such as mucus, blood, saliva or urine.
- (e) After outdoor play.

Handwashing procedures are posted at each sink and include the following:

1. Soap, warm water (between 85° and 120°F) and individual towels will be available for staff and children at all handwashing sinks, at all times.
2. Turn on water and adjust temperature.
3. Wet hands and apply a liberal amount of soap.
4. Rub hands in a wringing motion from wrists to fingertips for a period of not less than 10 seconds.
5. Rinse hands thoroughly.

6. Dry hands, using an individual paper towel.
7. Use hand-drying towel to turn off water faucet(s).

CLEANING, SANITIZING, DISINFECTING AND LAUNDERING

Cleaning supplies are stored in the original containers, inaccessible to children and separate from food and food area. Our cleaning supplies are stored in the classroom sink locked cabinet. Cleaning, rinsing, and sanitizing are required on most surfaces including tables, counters, toys etc. *Cleaning* removes a large portion of germs, along with organic materials (food, saliva, dirt, etc.) which decrease the effectiveness of disinfectants. *Rinsing* further removes the above, along with any excess detergent/soap. *Disinfecting/Sanitizing* kills the vast majority of remaining germs.

This 3-step method helps maintain a more sanitary childcare environment and healthier children and staff:

Clean

Spray with a dilution of a few drops of liquid dish detergent and water, then wipe surface with a paper towel.

Rinse

Spray with clear water and wipe with a paper towel.

Sanitize/Disinfect

Spray with a dilution of bleach and water (see table), leave on surface for a minimum of 2-minutes or allow to air dry.

Plain unscented bleach solutions are prepared using the “Guidelines for Mixing Bleach” found below:

Guidelines for Mixing Bleach

Bleach Concentration of 8.25%

Solution for disinfecting	Amount of Bleach	Amount of Water	Contact time
Body fluids, General Areas, Bathrooms	1 ½ teaspoons	1 Quart	2 minutes
	2 Tablespoons	1 Gallon	

Bleach Concentration of 5.25% - 6.25%

Solution for disinfecting	Amount of Bleach	Amount of Water	Contact time
Body fluids, General Areas, Bathrooms	2 ¼ teaspoons	1 Quart	2 minutes
	3 Tablespoons	1 Gallon	

Bleach Concentration of 2.75%

Solution for disinfecting	Amount of Bleach	Amount of Water	Contact time
Body fluids, General Areas, Bathrooms	1 ½ Tablespoons	1 Quart	2 minutes
	1/3 Cup plus 1 Tablespoon	1 Gallon	

Sanitizing with 8.25 %, 5.25%-6.25% or 2.75%

Solution for sanitizing in Classrooms, Kitchen and Food surfaces	Amount of Bleach	Amount of Water	Contact time
8.25%	1/4 teaspoon	1 quart	2 minutes
	1 teaspoon	1 gallon	2 minutes
5.25-6.25%	½ teaspoon	1 quart	2 minutes
	2 teaspoons	1 gallon	2 minutes
2.75%	1 teaspoon	1 quart	2 minutes
	1 Tablespoon	1 gallon	2 minutes

1. Tables used for food serving will be cleaned with soap and water, rinsed, then sanitized with bleach solution before and after each meal or snack.
2. Bathroom(s) will be cleaned and disinfected daily or more often if necessary. Bathroom sinks; counters, toilets and floors will be cleaned and disinfected at least daily.
3. Furniture, rugs and carpeting in all areas will be vacuumed daily. This includes carpeting that may be on walls or other surfaces than the floor.
4. Hard floors will be swept daily.
5. Toilet seats will be cleaned and disinfected throughout the day and when needed.
6. Toys will be washed, rinsed, sanitized and air-dried weekly or toys that are dishwasher safe can be run through a full wash and dry cycle.
7. Cloth toys and dress up materials will be laundered monthly or more often when needed. If they cannot be washed in the washing machine, they will be hand washed in hot soapy water, rinsed and then dipped into a solution of 1 tablespoon of bleach per gallon of water for 1 minute and allowed to air dry.
8. Bedding (e.g. mat covers and blankets) will be washed weekly by the parent, or more frequently when needed by staff/parent, at a temperature of at least 140°F, or with disinfectant in the rinse cycle. Mats will be cleaned and disinfected weekly or between uses by different children. Bedding will be removed from mats and stored separately. Mats are stored so the surfaces do not touch.

9. Children's belongings, including coats, are stored in separate cubbies to prevent the spread of diseases or parasites (they may not touch if hung on hooks).
10. Water tables will be emptied and sanitized after each activity period or more often as needed. Children will wash hands before and after play and be closely supervised.
11. General cleaning of the entire center will be done as needed. Wastebaskets (with disposable liners) will be available to children and staff and will be emptied daily or when full. There should be no strong odors of cleaning products. Room deodorizers are not used due to the risk of allergic reaction. Door handles and faucets are cleaned and sanitized at least daily and more often when children/ staff is ill.
12. Vacuuming and mopping of the center will not occur while children are present (carpet sweepers are ok to use).
13. Staff is encouraged to wear an apron over street clothes (or change clothes on site) to decrease the spread of communicable disease.

CONTACT OR EXPOSURE TO BODY FLUIDS

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc.

Gloves will always be used when blood is present. When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids, the following precautions will be taken:

1. Any open cuts or sores on children or staff will be kept covered.
2. Whenever a child or staff comes into contact with any body fluids, the area (hands, etc.) will be washed immediately with soap and warm water and dried with paper towels.
3. All surfaces in contact with body fluids will be cleaned immediately with soap, water and disinfected with an agent such as bleach in the concentration used for disinfecting body fluids (1/4 cup bleach per gallon of water or 1 Tablespoon/quart).
4. Latex or neoprene vinyl gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container.
5. Children's clothes soiled with body fluids will be put into a closed plastic bag and sent home with the child's parent. A change of clothing will be available for children in care, as well as staff.
6. Hands will always be washed after handling soiled laundry or equipment or any other potential exposure to body fluids.

Blood Contact or Exposure

When a staff person or child comes into contact with blood (e.g. staff provides first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters the cut or mucous membrane of another person), the staff person will inform the main office immediately. When staff report blood contact or exposure, we follow current guidelines set by Washington Industrial Safety and Health Act (WISHA).

FOOD SERVICE

1. Food handler permits are required for staff that prepares meals.
2. Ill staff or children will not prepare or handle food.
3. Staff will wash hands with soap and warm running water prior to food preparation and service in a designated hand washing sink - never in a food preparation sink.
4. Refrigerators and freezers will have thermometers placed in the warmest section (usually the door). Thermometers will stay between the range of 35°F and 45°F in the refrigerator and 10°F or less in the freezer.
5. Tabletops where children eat will be washed, rinsed and sanitized before and after every meal and snack.
6. Perishable items in sack lunches will be kept cold by keeping them in the refrigerator.

NUTRITION

1. **Snack menus will be dated and posted monthly.**

The following meals and snacks are served by the center:

Time	Meal/Snack
10:15 a.m.	Snack
11:30 a.m.	Lunch (from home)
2:00 p.m.	Snack

2. Each snack or meal must include a liquid to drink. This drink could be water or one of the required components such as: milk or juice.
3. Children will have free access to drinking water.
4. Snack menu modifications will be planned and written for children needing special diets.
5. Snack menus will be followed. Necessary substitutions will be noted on the permanent menu copy.
6. Permanent Snack menu copies will be kept on file for at least six months according to licensing requirements (USDA requires food menus to be kept for 3 years plus the current year).
7. Mealtime and snack environments will be developmentally appropriate and will support children's development of positive eating and nutritional habits. We encourage staff to sit, eat and have casual conversations with children during mealtimes.
8. Coffee, tea and other hot beverages will not be consumed by staff while children are in their care, in order to prevent scalding injuries.
9. Staff will not consume soda and other non-nutritional beverages while children are in their care, in order to provide healthy nutritional role modeling.

SOCIAL-EMOTIONAL DEVELOPMENT CARE

Establishing positive relationships with children and their families is extremely important. All of us learn best when we are supported and understood and have positive connections to our teachers. Childcare professionals must role model the social –emotional behavior they want to see develop in their students.

Program and Environment

- Classrooms have developmentally appropriate and interesting curriculum that reflects the culture of all the children served.
- Opportunities are provided for choice and curricula that enhance the development of self-control and social skills.
- Teachers provide children with the comforts of routine and structure that are flexible so as to meet the needs of a wide range of children.
- Teachers work to establish a respectful, warm and nurturing relationship with each child in the classroom, parents and colleagues.
- Teachers spend time at floor/eye level with the children.
- Voices are calm.
- A problem solving approach is used with everyone.
- Children are comforted when they feel unhappy.
- Discipline is seen as an opportunity to teach children self-control and skill building
- Behavior policies focus on problem solving with all concerned parties, rather than listing negative behaviors to be punished.

PHYSICAL ACTIVITY

Adequate physical activity is important for optimal physical development and to encourage the habit of daily physical activity. Active playtime includes a balance of a few teacher directed activities as well as child initiated play. The structured activities help contribute to skill building and promote fitness. The focus is on fun and interactive games and movement that also serve to enhance social and emotional skill development.

- Our center ensures that **all children** get at least 15-20 minutes of moderate to vigorous physical activity per every 3 hours of care.
- All children get **outdoor play** at least 2-3 times during full day care unless it is dangerous or unhealthful.

INJURY PREVENTION

1. The childcare site will be inspected for safety hazards by the Maintenance Engineer. Staff will review their rooms daily and remove any broken or damaged equipment.
2. The playground will be inspected daily for broken equipment, environmental hazards, garbage, animal contamination, etc. and required depth of cushion material under and around equipment by the Playground Supervisor. The written documentation of playground maintenance will be kept for one year for licensor review.
3. Toys will be age appropriate, safe, in good repair and not broken.
4. Hazards will be reported immediately to the Maintenance Engineer. The assigned person will ensure that they are removed, made inaccessible or repaired immediately to prevent injury.
5. The Classroom Incident and Accident/Injury logs will be monitored by the Volunteer Nurse monthly to identify accident trends and implement a plan of correction.

DISASTER PREPAREDNESS

Our Center has developed a Disaster Preparedness Plan (see Disaster Plan). Annually, staff and parents/ guardians will be oriented to this policy and documentation of orientation will be kept in the main office. Our Disaster Plan is located along with our family handbook in the main school office, classrooms and on online on our school website.

1. Procedures for medical, dental, poison, earthquake, fire or other emergency situations will be posted in each classroom. The Early Learning Director will review the policies with each staff team regularly. The Early Learning Director will be responsible for orienting classroom volunteers, new staff or substitutes to these plans.
2. Evacuation plans and routes will be posted in each classroom.
3. Fire drills will be conducted and documented each month. Earthquake drills will be conducted and documented quarterly.
4. Staff will be familiar with use of the fire extinguisher.
5. Center will identify and mitigate earthquake hazards i.e. securing bookshelves and pictures to walls.
6. Food, water, medication and supplies for 72 hours of survival will be available for each child and staff (checked yearly for expiration dates).

STAFF HEALTH

1. Staff and volunteers are required to provide documentation of a negative tuberculin skin test (Mantoux method) before their employment begins. It must be dated within the past 12 months prior to being hired.
2. Staff members who have had a positive tuberculin skin test in the past will always have a positive skin test, despite having undergone treatment. These employees do not need documentation of a skin test. Instead, by the first day of employment, documentation must be on record that the employee has had a negative (normal) chest x-ray and or completion of treatment.

3. Staff members do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the health care provider must be on record that indicates the employee has been treated or is undergoing treatment.
4. Our center will comply with all recommendations from the local health jurisdiction (TB is a reportable disease).
5. Staff who has a communicable disease is expected to remain at home until the period of communicability has passed. Staff will also follow the same procedures listed under “Exclusion of Ill Children” in this policy. Staff with cuts on their hands will not handle food.
6. Staff who are pregnant or considering pregnancy should inform their health care provider that they work with young children. When working in childcare settings there is a risk of acquiring infections which can harm a fetus. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles).

“NO SMOKING” STAFF POLICY

1. Staff will not smoke in the presence of children or parents while at work.
2. There will be no smoking on site or in outdoor areas immediately adjacent to any buildings (not within 25 feet of an entrance, exit, or ventilation intake of the building) where there are classrooms regardless of whether or not children are on the premises. (Rationale: residual toxins from smoking can trigger asthma and allergies when children do use the space). There is no smoking allowed in any vehicle that children are transported in.
3. If staff members smoke, they must do so away from the school property, and out of sight of parents and children. They should make every attempt to not smell of smoke when they return to the classroom. Wearing a smoking jacket that is not brought into the building is helpful.
4. Public Health Department staff will be available to provide trainings and resources regarding the effects of smoking to families as requested by the centers.

Public Health Department will provide resources for staff interested in quitting smoking. In King County: <http://www.kingcounty.gov/healthservices/health/tobacco.aspx>

CHILD ABUSE AND NEGLECT

1. Suspected or witnessed child abuse or neglect will be immediately reported to Child Protective Services (CPS). Phone # for C.P.S. is (206) 760-2068 or (800) 562-5624 after hours.
2. Signs of child abuse or neglect will be recorded on the Archdiocesan C.P.S form, which is located in the teacher shared folder (S) online.
3. Training will be provided to all staff and documentation kept in staff files.
4. Licensor will be notified of any report made.

SPECIAL NEEDS

Our center is committed to meeting the needs of all children. This includes children with special health care needs such as asthma and allergies and limited disabilities.

1. Confidentiality is assured with all families and staff in our program.
2. All families will be treated with dignity and with respect for their individual needs and/ or differences.
3. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations as needed.
4. All staff will receive general training on working with children with special needs and updated training on specific special needs that are encountered in their classrooms.



This Health Care Policy was reviewed and signed by a registered nurse. This policy will be reviewed again when changes are made to our policies and procedures or type of care provided, or, at a minimum, every three years when our license is renewed.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

Address: _____ Phone: _____