

**CHILDREN'S CENTER OF WESTON  
HEALTH CARE POLICY**

**A. Health Care Consultant: Ariel Winn, M.D.**

**Telephone:**       **Work (617) 355-6363 8:00 a.m. – 5:00 p.m.**  
                          **Home/Cell (617) 784-4683**  
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                          **Address: 24 Colonial Way, Weston, MA 02493**

**B. Emergency Telephone Numbers:**

**Fire:** 911

**Police:** 911

**Rescue/Ambulance:** 911

**Poison Prevention Center:** 1-800-222-1222

**C. Hospitals Used for Emergencies**

Newton-Wellesley Hospital  
2000 Washington St.  
Newton, MA  
(617) 243-6000

Children's Hospital  
300 Longwood Ave.  
Boston, MA  
(617) 355-6611

**D. Emergency Notification Procedures:**

1. Weston Fire Dept. Rescue vehicles will be called (911)
2. Child's parents will be called
3. Child's pediatrician will be contacted

The Director or Site Coordinator or another educator certified in First Aid will assess and decide if the child's condition necessitates a 911 call. If the child needs CPR, CPR will be initiated (with simple chest compressions) if needed until someone qualified arrives. After assessment, if a child needs to be brought to the hospital by ambulance, the Site Coordinator or CCW designee will accompany the child and bring the child's treatment authorizations, emergency numbers, medications if applicable, and a cell phone for communicating with the Center and/or parents.

**E. Emergency procedures if parents cannot be reached:**

The Director or Site Coordinator will call emergency notification numbers on child's enrollment forms. As many calls will be placed as necessary to reach an emergency notification person.

**F. Emergency Procedures when off the premises (including walks off premises, field trips, and participation at off-site facilities:)**

1. Director or CCW designee will bring 1st Aid kit and children's emergency information, any medications (epi-pens, inhalers, etc.), and a working cell phone on all trips off-site.
2. If children are taken off-site, at least two staff members who are Group Leaders qualified and certified in 1st Aid and CPR will accompany them.
3. If an emergency occurs while off-site, an educator who is certified in First Aid will assess and decide if an ambulance (911) needs to be called. If it is determined that the child needs to be brought to a hospital, an educator will accompany the child in the ambulance and bring the child's treatment authorizations and emergency information. The Center will be called and told the details. The director or site coordinator at the Center will call the parents and pediatrician.
4. The other children and staff will return to the Center as soon as possible in the above event.

**G. Procedures for utilizing First Aid Equipment:**

1. Location of First Aid Kits: Long (tall) metal cabinet marked with Red Cross in Room 16 (grade K-1) in Woodland School; above sink in Room 17 (grade 1-2) marked First Aid in Woodland School; left of sink upper left cabinet in Room 21 (grade 3-5) in Country School marked First Aid.
2. Location of First Aid Manuals: in the kits
3. First Aid is administered by: any staff member currently First Aid certified
4. First Aid kits are maintained by the Director
5. Contents of First Aid Kits:

Band-Aids (large and small)	tweezers (both flat and pointed)
Cotton gauze	non-latex gloves
Adhesive tape	scissors
Triangular bandage	thermometer and covers
Purell or other alcohol-based cleanser	antiseptic soap
Ace bandage	CPR breath masks x 4
Ice packs	tourniquet/s

**H. Plan for Injury Prevention and Management:**

Staff will report any potential safety hazard to the Director, who then will be responsible for repairing or removing any unsafe condition. Director will make monthly inspections of all areas used by the program to monitor the environment. Safety precautions will be discussed during staff orientation. All staff will be certified in 1st Aid and CPR within 6 months of employment.

**I. Procedures for maintaining and monitoring a central injury log:**

Staff member who witnesses and/or gives 1st Aid completes injury report form. Director reviews, signs, and logs it in the central injury log. A copy is placed in the child's file, and another is given to the parents within 24 hours of the injury.

**J. Procedures for informing parents when First Aid is administered for their child, including time frames and documentation:**

Injury report form is completed within 24 hours of the incident and given to parents. Parent is also informed verbally at pick-up time, or by phone on the day of the incident. Parents sign the completed injury report and a copy is placed in the child's file.

**K. Procedures for informing EEC of serious injury, in-patient hospitalization, or death of child while in program care:**

In the event of serious injury, hospitalization, or death, the director will inform the EEC within 24 hours by phone and within 48 hours in writing.

**L. Plan for infection control and monitoring:**

**Hand washing procedures for staff and children:**

All children and staff will wash their hands for 20 seconds with running water and liquid soap and dry their hands with disposable paper toweling before handling or eating food, after going to the bathroom or assisting in toileting, after contact with body fluids, and after handling pets or their equipment. As an alternative when soap and water are not readily available, an alcohol-based cleanser such as Purell will be used containing 70% alcohol.

**M. Procedures for washing and disinfecting specified equipment, items, or surfaces:**

All commonly used surfaces will be washed with soap and water after use and sanitized on a daily basis with a standard quaternary solution which will be prepared daily.

**N. Procedures for the cleanup of blood spills or other bodily fluids:**

Any spill will be cleaned by staff wearing disposable gloves and using disposable paper toweling. A final cleaning will be done with bleach solution and disposable towels. Universal precautions will be followed. Soiled toweling and gloves will be placed in a sealed plastic bag and will be placed in a receptacle with a garbage bag liner.

**O. Emergency Plan for evacuation of the program:**

1. Separate evacuation plans are posted for each activity area and next to each exit. Designated meeting locations are the front parking lot at Woodland School and the area of the swings and Gazebo at Country School.
2. A designated teacher will lead children out of building (usually the program Site Coordinator) and a designated teacher will check for children in the building. A CCW staff member will always be the last to leave the facility.
3. The Site Coordinator and/or Director will assure that the number of children in attendance equals the number of children safely evacuated.
4. Evacuation drills will be conducted monthly.

5. The Site Coordinator logs the date, route taken (primary or secondary), elapsed time number of children evacuated, and effectiveness of each drill.
6. The Director then reads and initials each log entry.

**P. Describe the plan for dispensing medication (prescription and non- prescription) and the plan for recording of the dispensing.**

1. Each staff member who administers prescription or non-prescription medication to a child will be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Each staff member who administers medication (other than topical medication) will demonstrate competency in the administration of medication before being authorized by the director to administer any medication.
2. The Director will ensure that at least one educator with training in medication administration and five rights of medication administration training is present at any and all times when children are in care.
3. Each staff member who administers any medication, other than oral or topical medications and epinephrine auto-injectors, will be trained by a licensed health care practitioner and will demonstrate annually to the satisfaction of the trainer, competency in the administration of such medications.
4. The Director will ensure that each educator, including those educators who do not administer medication, receives training in recognizing common side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program.
5. CCW will administer prescription and non-prescription medications ordered by a child's health care practitioner. Only educators currently trained in the "5 Rights of Medication Administration" will administer medication.
6. All medications administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent, unless noted in following chart (item #5).
7. 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.
8. The educator will not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the

container will be administered in accordance with a physician's or pharmacist's written descriptive order.

9. Unless otherwise specified in a child's individual health care plan, the educator will store all medications out of the reach of children and under proper conditions for sanitation, preservation, security and safety during the time children are in care and during the transportation of children.
10. Those medications found in United States Drug Enforcement Administration (DEA) Schedules II-V will be kept in a secured and locked place at all times when not being accessed by an authorized individual.
11. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children, in a refrigerator maintained at temperatures between 38 and 42 degrees F.
12. Notwithstanding the above provisions, emergency medications such as epinephrine auto-injectors and albuterol inhalers will be immediately available for use as needed.
13. Whenever possible, all unused, discontinued, or outdated prescription medications will 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 medications will be destroyed and the destruction recorded by the director in accordance with policies of the Department of Public Health, Drug Control Program.
14. No educator will administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.
15. Each time a medication is administered, the educator will document in the child's record the name of the medication, the dosage, the time and the method of administration, and who administered the medication

7.11 Health and Safety: continued

Regulation Number and Type of Medication	Written Parental Consent Required	Health Care Practitioner Authorization Required	Logging Required
7.11(2)(1)1 All Prescription	Yes	Yes. Must be in original container with original label containing the name of the child affixed.	Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.
7.11(2)(1)2 Oral Non-Prescription	Yes, renewed weekly with dosage, times,	No in FCC Yes in Large and Small Group Must be in original container with	Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted

	days and purpose	original label containing the name of the child affixed	along with the reason(s) why the dose was missed.
7.11(2)(l)3 Unanticipated Non-Prescription for Mild Symptoms (e.g., acetaminophen, ibuprofen, antihistamines)	Yes, renewed annually	No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature
7.11(2)(l)4 Topical, non- Prescription (when applied to open wounds or broken skin)	Yes, renewed annually	No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature.
7.11(2)(l)5 Topical, non- Prescription (not applied to open wounds or broken skin)	Yes, renewed annually	No. Items not applied to open wounds or broken skin may be supplied by program with notification to parents of such, or parents may send in preferred brands of such items for their own child(ren)'s use.	No for items not applied to open wounds or broken skin.

16. All medications will be administered in accordance with the consent and documentation requirements specified in the attached chart:

**Individual Health Care Plans:**

1. We will maintain as part of a child's record an individual health care plan (IHCP) for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner. The plan will describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.
2. We may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization.
3. Notwithstanding the above provisions, the educator must have successfully completed training, given by the child's health care practitioner, or, with his/her written consent, given by the child's parent or the program's health consultant, that specifically addresses the child's medical condition, medication and other treatment needs.
4. In addition to the requirements for the routine, scheduled administration of medication or treatment set forth in above, any unanticipated administration of medication or unanticipated treatment of a non-life-threatening condition will require the educator to make reasonable attempts to contact the parent(s) prior to administering such unanticipated medication or beginning such unanticipated

treatment, or, if the parent(s) cannot be reached in advance, as soon as possible after such medication or treatment is given.

5. The educator will document all medication or treatment administration, whether scheduled or unanticipated, in the child's medication treatment log.
6. The written parental consent and the licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner. Such consent and authorization must be renewed annually for administration of medication and/or treatment to continue.
7. We may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan which permits older school aged children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of the contents and requirements of the child's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program.
8. Whenever an individual health care plan provides for a child to carry his or her own medication, CCW must maintain on-site a back-up supply of the medication for use as needed.
9. Administration of medications will be amended as needed if Covid-19 measures or other measures are in place and (Children's Center will adhere to the current guidelines in place at CCW and those set forth by Early Education and Care, school and CDC Guidelines.)

**Q. Describe plan to care for mildly ill children at the program:**

If a child becomes unwell during the day, he or she will be moved away and isolated from activities and other students. While waiting for a parent to arrive, a staff member will always remain near and with the child. Children may remain in care with the following symptoms:

Oral fever < 99.9 degrees F or under; cold symptoms that do not interfere with the child's ability to take part in most program activities.

**Conditions which necessitate that a parent pick up an ill child:**

oral fever at or over 100.0	vomiting	lice (viable nits)
severe sore throat	productive cough	undiagnosed rash
diarrhea	conjunctivitis	pertussis
severe headache	aches/fatigue with other symptoms present	



**Conditions under which child may return to program:**

72 hours after temperature returns to normal without fever reducing medication, or after 24 hours on antibiotic or other medication, or when physician specifies child may return.

A child who has been absent from school due to illness should not attend Children's Center on the same day.

When in doubt of symptoms, please keep your child home and for required number of days to prevent the spread of communicable illnesses.

If child or staff becomes symptomatic the following steps should be taken below. Physician of child or staff member should be contacted for further guidance.

**\*\*Please see below amendments due to COVID-19 Health Guidelines:**  
(Children's Center will adhere to the current guidelines in place at CCW and those set forth by Early Education and Care, school and CDC Guidelines.)

Children should be kept home or go home if exhibiting the following symptoms:

Fever 100.0 and above

Cough

Sore throat

Chills, body aches or new muscle aches

Difficulty breathing or shortness of breath

Headaches

Loss of taste or smell

Diarrhea or vomiting

Fatigue (though fatigue alone should not disqualify a child/staff attendance)

If a child becomes symptomatic:

Child will be immediately isolate from other children and minimize exposure to staff

Whenever possible facemask or face covering should cover mouth and nose

Parents of children will be contacted for immediate pick up as soon as possible

If staff becomes symptomatic:

Staff will Immediately cease childcare duties. Staff should remove themselves from others into the isolation location until they can leave. Staff must regularly self-monitor during the day to screen for new symptoms. If new symptoms are detected, steps for isolation and discharge above must be followed.

Exposure to Covid-19 (close contact):

(Children's Center will adhere to the current guidelines in place at CCW and those set forth by Early Education and Care, school and CDC Guidelines.)

Mask Policy:

(Children's Center will adhere to the current guidelines in place at CCW and those set forth by Early Education and Care, school and CDC Guidelines.)

**R. Procedures for identifying and protecting children with allergies and/or another emergency medical information:**

1. Before a child is enrolled in the Children's Center of Weston, and annually during the period of enrollment, the parent(s) will provide information concerning their child's allergies and/or suspected allergens. The parent will be asked to supply any information about the child's reaction in the past, if any, to known or suspected allergens.
2. The Director will maintain a list with the child's name, allergies, medications on site, their expiration dates, and reactions to be aware of. This list will be kept in the office and in the child's classroom inside medical cabinet.
3. As part of first aid training, all staff will receive training in allergy protocols and use of epi-pens. All staff will be trained in the "5 Rights of Medication administration" "Strongstart" with weeks of working with children and prior to having the authority to administer medications.
4. The Site Coordinator and Director will meet at the beginning of each school year to identify the children in the program with allergies and to discuss how to keep the child safe in the classroom.
5. The Site Coordinator will meet with other educators in the classroom to make sure they are aware of each child's allergies and protocols that must be used in case of a suspected reaction.
6. The Site Coordinator will read all food labels to ensure that children in the program are not exposed to food allergens.
7. As appropriate, certain foods may be excluded from the classroom and/or children may be asked to eat at a specific table and in specific chairs.
8. The Site Coordinator will ensure that all surfaces are cleaned and disinfected after each meal and snack in a manner that inhibits cross contamination of foods.
9. The Site Coordinator or CCW designee will ensure that the child's allergy medication and permission/information forms are placed in the "Field Trip Backpack" when the child will be leaving the site on any trips.
10. All allergy protocols will be reviewed by the Children's Center of Weston Health Consultant on an annual basis.
11. Allergy Protocols and Covid-19 Guideline updates:  
(Children's Center will adhere to the current guidelines in place at CCW and those set forth by Early Education and Care, school, town, and CDC Guidelines.)

CCW will follow the medication administration plan in 606 CMR 7.11(2)(a). In addition to 606 CMR 7.11(2)(a), which requires programs must have a written policy regarding administration of prescription and nonprescription medication, the Minimum Requirements for Health and Safety outline specific criteria required for medication administration during the COVID-19 recovery. Please see table below for medication administration plan that addresses how the program will meet the Minimum Requirements for Health and Safety during medication administration.

Asthma Metered-Dose Inhaler Metered-Dose Inhalers with spacers are recommended.

Staff should wear a cloth face mask covering. Staff will wear gloves. Nebulizers will not be permitted due to aerosols, unless due to exceptions.

Anaphylaxis: food/ insect allergy/Epi pen injection measured injection. Staff should wear a cloth face mask covering. Staff will wear gloves.

Mild allergy to food Benadryl Staff should wear a cloth face mask covering. Gloves should be worn to measure dose.

Prescribed Medications Staff should wear a cloth face mask covering. Gloves should be worn to measure dose.

The program will designate the following staff as adequately trained and prepared to support children with health care needs with the necessary provisions of health care such as administration of medication needed throughout the day:

All staff trained in medication administration on strong start, trained by our CPR and First Aid Instructor and trained in medication administration with preventative measures in place for COVID-19.

All staff administering medication during COVID-19 recovery will wear gloves.

12. Children with other emergency medical information, disabilities, or other health issues will be identified and a health action plan will be developed in conjunction with the parents and child's health practitioner to ensure the child's safety and well-being while in care.

**S. Exclusion policy for serious illnesses, contagious disease, disease reportable to the health department:**

C.C.W. follows exclusion policies for serious illnesses, contagious diseases, and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Dept. of Public Health.

**T. Procedures for parent notification in accordance with the Department of Public Health:**

We will notify parents in accordance with Dept. of Health recommendations when any communicable disease or condition has been introduced into the program. Furthermore, we follow the recommendations of the Dept. of Health regarding the use of insect repellants.

**U. Location for storage of:**

Toxic substances: in Country School grades 3-5, in locked cabinet under sink; in Woodland School grade K/1 in locked cabinet under sink; in Woodland School grade 1/2 in cabinet to left of sink or locked cabinet under sink.

Medication: in Woodland grade K/1, bagged and labeled in refrigerator or emergency backpack; in Woodland grade 1/2, bagged and labeled in refrigerator or in cabinet above sink 1/2 room; in grade 3/4/5 room, bagged and labeled in refrigerator or in red backpack above sink in STAFF ONLY Cabinet.

Hazardous items: N.A.

**V.** All educators at the Children's Center of Weston are state mandated reporters and must by law report suspected child abuse or neglect to the Massachusetts Department of Children and Families.

A copy of the CCW Health Care Policy will be provided and be available for every family at CCW.