



HAND IN HAND CHRISTIAN MONTESSORI

Written Health Policies & Program Practices

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First Aid Policies and Procedures

Poisoning: In the event that a child has swallowed a possible hazardous substance, the staff will contact the poison control center and follow their instructions.

Burns: For minor burns, cold water will be applied.

Cuts: Minor cuts will be cleansed with soap and water. A clean bandage will be applied.

Bleeding: Direct pressure and elevation will be used. To control nosebleeds, the bridge of the nose will be pressed gently.

Falls: If a fracture is suspected, that part of the body will be immobilized. If a neck or spinal injury is suspected, the child will be immobilized.

Choking: If a child inhales food or a foreign object, he/she will be allowed to cough it up. If the child is unable to expel it, the abdominal thrust procedure will be used.

Suffocation: If a child is found being smothered or strangled, the offending object will be removed while supporting the child's body. If the child is not breathing, attempt resuscitation and call 911.

Traffic Accidents: The scene will be assessed for the number of casualties and degree of injury. Emergency services will be notified. The child will not be moved unless in immediate danger. If a neck or spinal injury is suspected, the child will be immobilized. If the child is unresponsive and not breathing CPR will be initiated. Any excessive bleeding will be attended to by applying direct pressure to the site.

Pedestrian Accidents: The scene will be assessed for number of casualties and degree of injury. Emergency services will be notified. The child will not be moved unless they are in immediate danger. If a neck or spinal injury is suspected, the child will be immobilized. If the child is unresponsive and not breathing CPR will be initiated. Any excessive bleeding will be attended to by applying direct pressure to the site.

Safety rules are in place to avoid the following:

1. Injuries—removing obstacles to prevent injury
2. Burns—cover outlets, water temperature below 120°F
3. Poisoning—cleaning products kept in upper, closed, locked cabinets; perishable foods kept in a refrigerator, sanitation guidelines of washing tables and hands before snack and lunchtime, non-toxic, safe, not poisonous plants in the environment.
4. Choking—teaching proper use of small objects, teaching not to put non-food items in mouth, supervising snack, not serving snacks of nuts or small candy, not allowing playing and chewing at the same time
5. Suffocation—no plastic bags out and available, no bean bags in area
6. Traffic accidents—Hand In Hand-West does not take children outside of designated areas for walking field trips
7. Pedestrian accidents—Parents are encouraged to hold children’s hands and cross parking lots carefully and slowly.

Record Keeping

Records of illnesses, accidents and injuries, along with any first aid treatment, non-prescription/ prescription medication or treatment given to a child, are kept and filed accordingly.

Any injury to a child at school that requires a physician’s treatment, and/or the use of any emergency medical service will be reported to the Minnesota Dept. of Human Services Division of Licensing within 24 hours (651) 4316500. An “Incident Report” will be filled out and filled with the incident. Parents will also be asked to sign the incident form and it will be uploaded to their child's HiMama profile located under reports.

Parents are notified immediately if a child has an accident including a head injury or becomes unwell.

Non-Serious Injuries

If an injury is classed as “non-serious” e.g fell over in garden and scratched knees, the parents will be notified when they pick-up their child at the end of the session and will be given an “**Ouch Report**” describing the accident and the action/first aid given.

A staff member who witnessed the accident will sign the “Ouch Report” and it will be given to the parents to keep and recored in the classroom health log.

Minor Injuries

Although we do our very best to ensure each child's safety, accidents do occur. In all cases, an "**Incident Report**" should be completed to document exactly what happened. When an accident or injury does occur, the staff is encouraged to remain calm and follow the following procedures:

- a. Listen to and reassure the child.
- b. Determine the injury needs. Wash the injured area with water only.
- c. Go to the office and complete an "**Incident Report**" and record on the Classroom Health Log.
- d. A Copy of the "**Incident Report**" will be given to the parents when they pick up their child and will be uploaded to HiMama.
- e. Ice packs and Band-Aids are available in the health office in the First Aid Kit.
- f. Hand In Hand-West does not administer **oral** medicine (ibuprofen, Tylenol, etc.) or **topical** medicine (bacitracin, first-aid cream, etc.) without the express written consent of the parents.

Serious Injuries

When a serious accident or injury does occur, the staff is encouraged to remain calm and follow the following procedures:

1. Assess the situation.
2. **Call 911 for Emergencies** or have someone capable call for you.
3. **Breathing** has top priority. **Clear airway**. Administer CPR if appropriate. Stopping any **bleeding** has second priority. Treat for **shock** after breathing and bleeding has been stabilized. Do not move the child if there is a possible injury to the back or neck.
4. **Get help. Notify Director on site** or designated sub.
5. **Remain calm.**
6. **Continually reassure** the child.
7. Refer to the **Emergency Contact Book** in the office. Designate **someone to meet the paramedics**, if needed.
8. **Contact the parents.**
9. Care for the **other children.**
10. A Hand In Hand-West staff person is to accompany a child to the hospital if the parents are not available.
11. Hand In Hand-West does not administer **oral** medicine (ibuprofen, Tylenol, etc.) or **topical** medicine (bacitracin, first-aid cream, etc.) without the express written consent of the parents.
12. A staff member will complete an **Incident Report** with the Director.

Pediatric First Aid and CPR

- Hand In Hand-West Staff maintain current certification in Pediatric First Aid and CPR within the first 90 days of the start of work unless the training has been completed within the previous two years.
- Pediatric first aid training & CPR must now be repeated every two years, documented in the person's personnel record and indicated on the center's staffing chart, and provided by an individual approved as a first aid instructor. At least one certified staff will be with each group of children at any given time.
- There is at least one individual trained in first aid present in the facility during all hours of operation as well as on field trips and when transporting children.

First Aid Kits

- Hand In Hand-West maintains First Aid Kits according to MN DHS rules.
- TA primary First Aid Kit is available in the office and contains sterile bandages and band-aids, sterile compresses, scissors, cold packs, thermometers and appropriate accessories, and adhesive tape. A similar kit is used on field trips.
- In addition, small kits that contain sterile band-aids, sterile compresses, thermometers/covers and disposable gloves are available in each classroom, and one is accessible for outside recess.

Emergency Phone Numbers/Poison Control

- Emergency Contact Numbers including the **Poison Control Center**, 1.800.222.1222, are located by each phone.
- Hand In Hand-West is very conscious of maintaining a safe environment for children. However, in the event of accidental ingestion of a questionable substance, the Poison Control Center will be called and advice followed.
- Parents will be notified immediately, and an **incident report** will be filled out with the Director.

EMERGENCY & PREPAREDNESS INFORMATION

Emergency and preparedness information is located in the **Red Binder**, Rule 3 Binder, and include the following:

- Fire Evacuation and Drill Procedures
- Tornado Safety & Drill Procedures
- Missing Children Protocol
- Pick-up/drop-off Policies
- Safety Rules
- Behavior Guidance
- Emotional Health Assessment Protocols
- Reporting Requirements
- Volunteer Policies and Practices
- Center Security
- Internal Review Policies
- DHS Emergency Plan

Procedures for the Daily Inspection of Potential Hazards

Teachers will be aware of potential hazards in the following areas and take appropriate action if hazards are found.

- Classroom
- Bathrooms
- Doorways
- Montessori shelves and materials
- Small and Large Group Activity
- Outdoor Play/Playground

Teachers will set up the environment with a focus on safety.

Teachers will remove safety hazards or notify the appropriate authority for correction.

Infectious Disease Issues and Lice Procedures and Policies

In an effort to reduce the spread of germs in our community, Hand In Hand-West recognizes these key concepts for prevention and control of infectious diseases:

- **Universal Precautions and Blood-borne pathogens**
- **Medical Exams**
- **Understanding the Chain of Infection**
- **Infectious Diseases Guideline**
- **Handwashing**
- **Promoting Self-care**
- **Gloving**
- **Avoid Sharing Personal Items/Head Lice“Cover you cough”**
- **Food Safety**
- **Immunizations**
- **Maintaining Environmental Health: Cleaning, Sanitizing, and Disinfecting**

Universal Precautions

Hand In Hand-West, in adopting this policy, assures that the rights of all adults, children, volunteers and employees, including those who are infected with HIV or hepatitis, are protected. These policies will assure an effective and timely response to the health concerns in our school community.

Blood-borne pathogens (diseases) are those which are carried in the blood. HIV (Human Immunodeficiency Virus) and HBV (Hepatitis B Virus) are the two pathogens that cause the most concern.

Policy Re: Management of Blood Borne Diseases

It is the policy of Hand In Hand-West that adults and youth with HIV or hepatitis not be excluded from attending Hand In Hand-West as long as their attendance does not create a substantial risk of the transmission of the illness to others. The Executive Director of Hand In Hand-West will determine what constitutes a substantial risk. Decisions will be made on a case-by-case basis. Knowledge of a person’s diagnosis with a blood-borne pathogen will be held confidential and shared only with the appropriate staff.

Any person with any type of open sore or bleeding, however minimal, will be considered at risk of transmitting blood-borne disease (unless such bleeding can be completely contained in a dressing.) Any such person will not be allowed to be involved in the school until such condition is brought under control and healed. For the safety of others, people with known

hepatitis will not be permitted to work in food service.

Hand In Hand-West recognizes that the education of its staff and volunteers regarding the risks involved in the spread of infectious diseases in the school setting will help to minimize the risk of transmission to others. Annual classes will be provided to all staff and volunteers under Hand In Hand-West with the expectation of mandatory attendance. Training will include a definition of blood borne diseases and how to break the chain of infection through the use of appropriate hygienic practices, including the use of **universal precautions** with any contact of blood or any body fluids.

What are Universal Precautions?

Since 1987, the national Center for Disease Control and Prevention (CDC) has recommended the use of "**standard precautions**," also called "**universal precautions**" to prevent the spread of HBV, HIV, and other blood-borne infections in health-care settings.

The basis of **standard precautions** is the assumption that blood and body fluids of all persons may be infectious, and that measures to protect against exposure must be observed at all times. Exposure is defined as contact with blood or other bodily fluids through percutaneous inoculation (through a needle) or contact with an open wound, non-intact skin or a mucous membrane.

In our childcare setting, this requires the use of gloves as a protective barrier by all people in the handling of blood, urine, feces, nasal secretions, and saliva.

Understanding the Chain of Infection

Our skin is our first line of defense against infection.

All 6 of these links in the infection chain must be present for infection to develop:

- 1) A microorganism that can cause disease
- 2) A person who carries the microorganism
- 3) A way out of the carrier, such as sneezing, coughing, runny nose, bleeding, or an oozing open sore
- 4) A method of traveling, such as through the air, through direct physical contact or through contaminated hands, linens, toys, or furniture
- 5) A way into another person, such as inhalation, ingestion or through an open wound
- 6) A susceptible person who doesn't have resistance and thereby becomes infected

Infection control procedures are aimed at breaking the chain of infection.

Hand Washing Policies and Procedures

Hand washing is the primary way to stop the chain of infection.

Hand washing Technique

- Proper hand washing for all ages includes using liquid soap and running water and rubbing hands vigorously for 20 seconds. Be sure to include the backs of your hands, wrists, between your fingers, under and around any jewelry and under fingernails. Rinse well. Dry your hands with a paper towel and avoid touching the faucet with just-washed hands. (Use a paper towel to turn off the faucet.)
- If using an alcohol-based hand rub as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Again rub the hands well as described above.
- Hand washing techniques are folded into the Montessori curriculum/environment. Gentle hand soap is provided.
- Hand washing posters are located near hand washing sinks in our school, and sinks designated for hand washing are labeled as such.

Reminders of when to wash--

- **Coming into the classroom.** Children and adults should wash their hands upon arrival for the day and after recess. This helps keep our materials clean, our bodies healthy, and helps reduce the risk of exposure for any child with serious allergies.
- **Food preparation.** Children's hands should be washed before handling food for a meal or snack or if their work in the classroom includes preparing food.
- **After lunch,** children will also be asked to wash their hands with a wipe or with soap and water, especially if they have eaten peanut butter. Again, this minimizes the peanut oil in our school environment.
- **Visiting the bathroom.** Staff and children will wash their hands after using the toilet.
- **After contact with bodily fluids.** We will help children wash their hands after blowing their nose or coughing on their hands or if they touch any mucus, blood, or vomit.
- **Water play.** If water play is introduced into the environment, children and adults will wash their hands before and after play.

- **Staff** will also wash their hands before and after handling food for or with a child, after assisting a child with toileting, changing a diaper, and after handling garbage or cleaning. Also, part of the process for medication administration includes washing of your hands before and after giving the medicine.

Intact skin is important. It's our first line of defense against disease. With regular hand washing comes the potential for dry, cracked skin. A thin layer of a light lotion after hand washing can help avoid fissures in the skin. It might be wise to have lotion available for your hands in your classroom to keep the skin on your hands in good condition. The drawer in the office that contains the first aid kit often has lotion available in a pinch.

Gloving Practices

- The use of gloves does not replace the need for hand washing. In our school setting, gloves are used as a **protective barrier** by all people in the handling of blood, vomit, feces and urine. It is up to the discretion of the caregiver to use gloves with nasal secretions and saliva. After removing gloves, hands should be washed according to the above hand washing practice.

- Staff will use gloves when helping a child with toileting needs.

- Staff will use gloves when changing a diaper.

- Staff will use gloves when cleaning up bodily fluids.

- Staff will use their discretion of whether to use gloves when helping a child wipe nasal secretions or saliva. Gloves should be donned if staff has direct contact with nasal secretions or saliva.

- In any situation where staff will have direct contact with blood, gloves are required.

- Gloves are located in the Children's House rooms and in the first aid kit in the office.

"Cover Your Cough" Practice

Recognizing that certain illnesses can be spread by coughing, Hand In Hand-West staff encourage children to "**cover your cough.**" Posters reminding staff and children are located in classrooms.

Immunizations Policy

Immunization documentation is required before entrance into Hand In Hand-West. Hand In Hand-West accepts the following:

- From the child's clinic—documentation of required vaccines/dates administered
- **or** a Completed Hand In Hand-West Immunization Form which includes
 - o proof of the required vaccines,
 - o a medical exemption status filled out by the child's health care provider,
 - o or a notarized statement of conscientious objection by the parents.

Updated forms are required annually prior to the new school year in September.

Families who do not provide the proper documentation will be excluded from Hand In Hand-West activities until the documentation is received.

Medical Exam Policy

Medical Exams are required for entrance in a Hand In Hand-West. The Minnesota Department of Human Services requires that the exam be performed by an M.D. or a healthcare professional overseen by an M.D. Hand In Hand-West Medical Exam Forms are due within 30 days of entrance into Hand In Hand-West.

Diapering Procedures & Practices

In consultation with a health consultant and using the Center for Disease Control and Prevention (CDC) diapering standards poster, Hand In Hand-West has developed the following diapering procedures and practices:

1. PREPARE

- Cover the diaper changing table or floor changer surface with disposable liner. (Standing diaper changes may be used for children who are able to stand safely.)
- If you will use diaper cream, dispense it onto a tissue.
 - Bring your supplies (e.g., clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area.

2. CLEAN CHILD

- Place the child on a diapering surface and unfasten diaper.
- ALWAYS KEEP BABY SECURE AT ALL TIMES WHILE ON CHANGING TABLE.
- Clean the child's diaper area with disposable wipes. Always wipe front to back!
 - Keep soiled diapers/clothing away from any surfaces that cannot be easily cleaned. Securely bag soiled clothing.

3. REMOVE TRASH

- Place used wipes in the soiled diaper.
- Discard the soiled diaper and wipes in the trash can.
- Remove and discard gloves, if used.

4. REPLACE DIAPER

- Slide a fresh diaper under the child.
- Apply diaper cream, if needed, with a tissue or a freshly gloved finger.
- Fasten the diaper and dress the child.

5. WASH CHILD'S HANDS

- Use soap and water to wash the child's hands thoroughly.
- Return the child to a supervised area.

6. CLEAN UP

- Remove liner from the changing surface and discard in the trash can.
- Wipe up any visible soil with damp paper towels.
 - Wet the entire surface with disinfectant; make sure you read and follow the directions on the disinfecting spray. Choose disinfectant appropriate for the surface material. Use a 3 step process.

7. WASH YOUR HANDS

- Wash your hands thoroughly with soap and water.

Routine Cleaning:

Aqueous ozone will be used for cleaning and disinfecting most surfaces including countertops, tables, floors, and can also be used for soft surfaces such as carpets. Diapering stations will continue to use the three step cleaning process required by licensing: disinfectant, soap & water, and plain water.

Sanitizing/Disinfecting:

Removing visible dirt and applying an additional sanitizer solution to reduce the number of germs likely to cause disease.

- Seventh Generation Disinfectant is an EPA approved as a sanitizer and is used by manufacturer directions. Product is not toxic to children.

- **SAO technology** is an EPA approved technology that produces ozone that degrades to water over 24 hours. We use this product for most cleaning and disinfecting as there is no risk of toxicity for our staff or children.

Safe and Healthy Diapering in Childcare settings Posters (CDC) are posted near all diapering stations. Diapers must only be changed in diaper stations and not near food preparation.

Policy Regarding Sanitary procedures & practices to prepare, handle, and store food for infants:

In consultation with a health consultant and based on the U.S. Department of Agriculture health & safety standards, Hand In Hand-West has developed the following sanitary procedures and practices to prepare, handle and store food for infants:

Breast Milk

Storage

- Have mothers label the bottle or bag with the date that the milk was expressed and her child's name.
- Store breast milk immediately. Have mothers bring bottles of fresh or frozen breast milk to the facility in a cooler with an ice pack to keep the milk at 41°F (5°C) or colder.
- Store thawed breast milk for no more than 24 hours. Never refreeze thawed breast milk.

Fresh Breast Milk

- Room temperature [60°F–85°F] No more than 3-4 hours
- Refrigerator [39°F or colder] No more than 48 hours
- Freezer [24°F or colder] No more than 6 months

Thawed Breast Milk

- Room temperature [60°F–85°F] No more than 1-2 hours is best, up to 3-4 hours is okay
- Refrigerator [39°F or colder] 24 hours
- Freezer [24°F or colder] Do not refreeze

Preparation

- Wash hands before handling bottles of breast milk
- Thaw a bottle of frozen breast milk in the refrigerator or hold it under cold running water.
- Do not thaw frozen breast milk at room temperature, by heating on a stove, or in a microwave.
- If not using pre filled bottles, fill cleaned and sterilized bottles with the amount of breast milk the infant usually drinks at one feeding.
- Make note of breast milk that has a bad odor after thawing. It might be spoiled.
- Breast milk does not have to be warmed, but an infant may prefer warm milk.
- To warm, hold the bottle under warm, running tap water or place the bottle in a warm bowl of water (no more than 15 minutes).
- Swirl the milk and test the temperature by dribbling some on your wrist. It must be comfortably warm (close to body temperature).

Disposal

- After a feeding, save any unused breast milk left in the bottle in the child's used container

tray to be returned to the mother at the end of the day.

- Breastmilk should not be discarded.

Infant Formula/Supplements

Storage

- Powdered infant formula must be tightly covered and stored in a cool, dry place and used within one month of opening. Never store powdered infant formula in the refrigerator as it can be exposed to water and temperature extremes that affect the quality of the formula.
- Opened cans of concentrated or ready-to-feed infant formula must be covered, refrigerated, and used within 48 hours. Do not freeze concentrated or ready-to-feed infant formula.

Preparation

1. Wash hands, arms, and under nails very well with soap and water for 10-15 seconds. Rinse thoroughly.
2. Clean and sanitize the workspace.
3. Thoroughly rinse the formula container lid and can opener with warm water before opening a can of formula to minimize contamination.
4. If using ready-to-feed formula, shake the can well before opening, and pour the amount of formula needed for one feeding into a sterilized bottle. Never add new formula to a half-filled bottle of formula.
5. If using powdered formula, prepare the formula according to the manufacturer's directions.
6. Attach nipple and ring to the bottle and shake well. Feed the child the prepared formula immediately.
7. If more than one bottle is prepared, put a clean nipple right side up on each bottle and cover with a nipple cap.
8. Label each bottle with the baby's name and the date and time that it was prepared.
9. Do not leave formula at room temperature. Put the formula in the refrigerator.
10. Never use formula that is past the expiration date on the package.

Disposal

- Throw out leftover formula in the bottle after feeding.
- Infant formula that is removed from refrigeration must be used within two hours or be discarded.

Heating Infant Formula and Breast Milk

- For infants who prefer a warmed bottle, warm the bottle immediately before serving.
- Place the bottle in warm water (no more than 15 minutes).
- Shake the bottle before testing the temperature. Dribble some formula on the inside of your wrist to make sure it is comfortably warm (body temperature) but not too hot.
- **Never use a microwave oven to warm infant formula or breast milk.** It can heat unevenly and possibly cause burns.

Baby Food

Preparation

- Wash hands, arms, and under nails very well with soap and water for 10-15 seconds. Rinse thoroughly
- Clean and sanitize the workspace
- Thoroughly rinse the lid of the baby food container with warm water before opening to minimize contamination.

Heating

- Baby food does not need to be heated, but if the child prefers warm baby food, it can be heated in a microwave oven.
- Place the baby food for one feeding in a microwavable container.
- Heat the baby food in the microwave.
- Stir the food thoroughly to ensure that it is heated evenly.
- Always test the temperature of the food to prevent it from burning the child.

Storage

- To prevent contamination from the child's saliva, use a clean spoon to put a portion of baby food into a clean dish.
- Do not serve the child directly from the baby food jar or container.
- Refrigerate the un-served portions in the original container or jar at 41°F (5°C) or below. If the jar or container is not re-sealable, store in a clean sealable container.
- Before refrigerating leftover baby food, label the jar with the child's name and time opened.
- Observe the use-by date for shelf storage of unopened jars of baby food to ensure they are microbiologically safe.
- Keep a permanent marker and masking tape by the refrigerator to make labeling easy.

Disposal

- Throw out any unused baby food one day after opening.
- Throw out any uneaten baby food that the child has eaten from right after feeding.

http://www.fightbac.org/wp-content/uploads/2017/06/Handling_and_Preparing_Baby_Food_Breast_Milk_and_Infant_Formula.pdf

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Policy Regarding Infectious Diseases Guidelines (including exclusion guidelines)

Hand In Hand-West recognizes that good communication among parents/guardians, school staff, healthcare providers, and the health department can play a major role in preventing the spread of communicable diseases.

It is important that parents/guardians let school health staff know whenever their children are diagnosed with a communicable disease.

EXCLUSION OF SICK CHILDREN.

A child with any of the following conditions or behaviors is a sick child and must be excluded from a center not licensed to operate a sick care program. If the child becomes sick while at the center, the child must be isolated from other children in care and the parent called immediately. A sick child must be supervised at all times. The license holder must exclude a child: with a reportable illness or condition as specified in part 4605.7040 that the commissioner of health determines to be contagious and a physician determines has not had sufficient treatment to reduce the health risk to others;

- with chicken pox until the child is no longer infectious or until the lesions are crusted over
- who has vomited two or more times since admission that day
- who has had three or more abnormally loose stools since admission that day
- who has contagious conjunctivitis or pus draining from the eye
- who has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy
- who has unexplained lethargy
- who has lice, ringworm, or scabies that is untreated and contagious to others;
- who has a 100-degree Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given
- who has an undiagnosed rash or a rash attributable to a contagious illness or condition
- who has significant respiratory distress;
- who is not able to participate in child care program activities with reasonable comfort
- who requires more care than the program staff can provide without compromising the health and safety of other children in care

Staff will also report any communicable illness to school health staff.

Appropriate school staff will check with the local or state health department to find out if any special control measures are needed when informed of a child or staff member who has a communicable disease.

Reportable Diseases

If any diseases must be reportable as defined by the Minnesota Department of Health, Hand In Hand-West health staff are required to report diseases to the health department.

A list of these diseases can be found at:

<http://www.health.state.mn.us/divs/idepc/dtopics/reportable/disease.html>. In addition, an unusual number of incidences of a communicable disease needs to be reported.

Hand In Hand-West health staff will contact the Hennepin County Health

Department at (612) 348-3925.

When calling to report a disease, the following information is needed:

- Name of disease
- Person's name, birth date, address, parent or guardian's name and phone number(s)
- Date of onset of symptoms
- Symptoms the child is experiencing (e.g., cough, diarrhea, vomiting, rash, etc.)
- Healthcare provider's name and phone number
- Immunization dates (depending on the illness)

The health department staff person taking the report will advise Hand In Hand-West if any specific control measures need to be taken.

Other Infectious Diseases

Most common illnesses (like pink eye and strep throat) do not need to be reported to the Health Dept., but Hand In Hand-West will distribute a disclosure notice to all affected families. These notices include information and procedures about the condition, and are distributed to children who have been in direct contact with the affected child.

Communicable Disease Fact Sheets can be found online at:

<http://www.hennepin.us/childcaremanual#Section4CommunicableDiseaseReporting>

Each incident requiring a disclosure notice is recorded in the Program Practices and Written Health Policies Binder.

Communicable Diseases and Pregnant Women

Working in a childcare/adult day care setting may involve frequent exposure to children infected with communicable diseases.

The following communicable diseases have implications for pregnant women:

- Cytomegalovirus (CMV)
- Fifth disease (Parvovirus B19)
- Hand, Foot, and Mouth (Enteroviral Infections)

- Hepatitis B
- Human Immunodeficiency Virus (HIV/AIDS)
- Rubella (German Measles)
- Varicella-Zoster (Chickenpox and Shingles)

It is helpful if women know their medical history (including vaccinations) when they are hired to work with children at Hand In Hand-West. Hand In Hand-West encourages staff who may become pregnant to discuss their occupational risks with a healthcare provider. Pregnant women are strongly encouraged to follow health protocols carefully.

Pregnant women who are exposed to these diseases should notify their healthcare providers.

Fact sheets for these diseases are available at:

<http://www.hennepin.us/childcaremanual#Section4CommunicableDiseaseReporting>

“Avoid Sharing Personal Items” Practice/ Head Lice

Hand In Hand-West recognizes that both infectious disease and conditions such as lice, scabies, etc. can be spread through the sharing of personal items. Hand In Hand-West staff encourages children to avoid sharing personal items like lip balm, combs, brushes, hats, scarves, jackets, sweaters, etc.

Special Information Regarding Head Lice—

Because Hand In Hand-West would like to maintain an environment that reduces the risk of a head-lice outbreak, information regarding head lice is specifically included in our policy. Please remember that head lice infestation can happen to anyone, anywhere, and is not a sign of uncleanliness.

What to look for:

- Itching of the scalp that doesn’t go away.
- Small whitish eggs, or nits, firmly attached to individual hairs. Nits cannot be brushed off the hair shaft, like “nit look-alikes” can, such as dandruff or hair spray droplets.
- Lice are tiny brownish insects that are usually found close to the scalp, which are flat in shape, about the size of a sesame seed and have short, thick legs. The insects can move quickly but do not jump or fly.

How head lice are spread:

- By direct contact with an infected person.
- By sharing personal items such as combs, brushes, hats, scarves, jackets, sweaters, sheets, pillow cases, blankets, etc.

How head lice is treated:

- Over-the-counter and prescription products are available to treat lice. Instructions should be followed carefully, including the removal of nits.
- It is necessary to repeat the treatment in 7-10 days. If live lice are seen after 48 hours, it is necessary to retreat with a different lice control product.

How to attend to the environment:

- Wash or dry clean recently worn clothing and bed linens. Remember to include hats, scarves, mittens and hair accessories.
- Whenever possible, place articles in a clothes dryer for 20 minutes at high heat.
- Iron seams of highly contaminated articles such as pillowcases.
- Combs and brushes should be soaked in hot (130°) soapy water or lice control product solution for 10 minutes and scrubbing with old toothbrushes.
- Vacuum rugs, upholstered furniture, mattresses and upholstered car seats.

Teachers who have a student with diagnosed head lice should consider their classroom environment and vacuum or sanitize any materials that might potentially harbor lice—like rugs, upholstered chairs and aprons. Our practice of daily cleaning/sanitizing of bathrooms helps maintain a lower-risk environment for the transmission of lice and scabies.

- Check all household members and treat if necessary.

Food Safety

Our prep kitchen is staffed by employees who maintain food safety standards according to current health codes.

Staff or Volunteers must wash their hands before handling any food items for snack or lunch.

Staff or Volunteers must sanitize the snack hutch and snack table, and well as the lunch tables before and after snack and lunch are served. Family style snacks must be placed in disinfected, clean bowls and dishes and served with tongs or serving pieces.

Children must wash their hands before snack and lunch.

All dishes, cups, and serving pieces, silverware, etc. will be washed in the dishwasher for sterilization.

All napkins and dish rags will be washed in the washer with hot water and dried in the dryer on high heat.

Maintaining Environmental Health

Sanitation and Cleaning Schedules/Products

Hand In Hand-West staff maintains a safe and clean environment for our children. The kitchen staff have a daily cleaning/sanitizing schedule and the classroom teachers have a cleaning maintenance schedule for their classrooms.

Cleaning Products

Sanitizing products are reviewed for safety. In the classroom, gentle, but effective non-toxic products are used as alternatives to harsher chemical compounds. Cleaning products are stored in appropriate places not accessible to children.

Material maintenance

Materials or toys that have been in a child's mouth or become contaminated by a body secretion or excretion should be washed by hand. Use water and a detergent. Rinse well and air dry. Or if appropriate, an item can be washed and dried in a mechanical dishwasher before it is used by another child.

Hand washing

Again, hand washing is recognized as an important method of maintaining a healthful environment for our children. Please see the prior "hand washing" section for more information.

Cleaning up bodily fluids

In working with children, staff might come in contact with potentially infectious bodily fluids. Using "universal precautions" means that one assumes a fluid is contagious and acts accordingly.

Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.

As Hand In Hand-West Staff, we utilize barriers and techniques that minimize contact of mucous membranes or openings in skin with potentially infectious body fluids. Gloves should be used when appropriate and always when coming in contact with blood. If a staff member has an open wound on her hand, gloves add an extra layer of protection when coming in contact with bodily fluids. Good hand washing techniques should be practiced regardless of whether gloves are used.

When spills of body fluids occur, staff should clean them immediately with detergent followed by water rinsing. Blood and vomit will be cleaned with an EPA-approved disinfectant

After cleaning, staff should contact the janitor to clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.

Staff will dispose of contaminated materials with a secure tie that is placed in a closed container.

Hand washing sinks are for hand washing only. Soiled clothes will be placed in a closed bag and returned to the parents for washing. We are not able to bathe a child in a hand washing sink. If that is necessary, a child will be offered wipes to clean temporarily until the parent is able to come and bring the child home to bathe.

The janitor's closet houses the Red Z box for cleaning up vomit. There is also a sink for cleaning that cannot occur in a sink designated for hand washing.

Sharp items used for a child with special care needs must be disposed of in a "sharps container." The sharps container must be stored out of reach of children.

Medication Administration

To safely administer medications to children, the Hand In Hand-West staff needs the following in hand:

- Hand In Hand-West **Medication Administration and Consent Form**
- **Written instructions** from the licensed health provider who has prescribed or recommended medication for the child (medicine with the child's name and current prescription information on the label constitutes instructions) **OR** the licensed health provider's office may give **instructions by telephone** to the program staff.
- **Properly labeled medications** as described on the back of Medication Administration and Consent Form
- **Please note**--the medications will be kept in the locked medication box in the teacher's lounge to the right of the refrigerator.

Teacher/staff must have completed staff training on the "**5 R's**" verifying that the:

- (1) right child
- (2) receives the right medication
- (3) in the right dose
- (4) at the right time
- (5) by the right method.

Training needs to be updated annually.

Staff who are required to administer special medical procedures have demonstrated to the health care consultant that they are competent in the procedures and are guided in

writing about how to perform the procedure by the prescribing health care provider.

Staff must wash hands before and after administering the medication.

Staff will document the "5 R's" have been implemented on The Medication Administration and Consent Form.

For over the counter medications given as needed, staff will send a note home to parents notifying them of the event. Fill-in-the-blank forms are available in the back of the medication administration book.

Allergy Policy-Prevention and Response

In addition to the Medical Exam forms filled out by a student's health care provider, a **Health in the Classroom** worksheet is completed by families **annually** and given directly to classroom staff during parent intake. **This worksheet includes allergies, triggers, symptoms and avoidance techniques and procedures for responding to an allergic reaction including medication, dosages and doctor's contact information.** This is a primary tool for families to communicate in writing and verbally the individual needs of a child. With any significant medical diagnosis, including severe allergies, the school's health care consultant is notified.

The individual child care program plan, as specified in MN Rules, part 9503.0065, sub. 3, must include a description of the allergy, specific triggers, symptoms and avoidance techniques, and procedures for responding to an allergic reaction including medication, dosages and doctor's contact information:

- Each staff person who is responsible for carrying out the individual child care program plan (ICCP) must review and follow the plan. Documentation of a staff person's review must be kept on site.
- At least annually or following any changes made to allergy-related information in the child's record, the license holder will update the child's individual child care program plan and inform each staff person who is responsible for carrying out the individual child care program plan of the change. The license holder must keep on site documentation that a staff person was informed of a change. One copy of ICCP with each Epi pen and one copy in the child's folder updated annually.
- A child's allergy information will be available at all times including on site, when on field trips, or during transportation. A child's food allergy information must be readily available to a staff person in the area where food is prepared and served to the child. See Child Care Emergency Meds Alert form.
- The license holder will contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical

intervention. The license holder must call emergency medical services when epinephrine is administered to a child in the license holder's care. See Child Care Emergency Meds Alert form.

If a child does **not** have a severe allergy that requires emergency medications, their name and allergy/sensitivity will be on a list distributed to staff in the cafeteria and in their classroom. Staff will be aware of a child's needs, but no Emergency Care Plan is required. A parent may also choose to pack lunches and snacks from home for the child.

If a child **does** have a severe allergy that requires emergency medication, Hand In Hand-West requires the following:

1. Individualized Child Care Program Plan- Allergy (ICCP-A), completed and signed by your healthcare provider that includes a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.
2. Medications
3. If prescribed, 2 doses of epinephrine/antihistamine in the original packaging. We ask for 2 labels from the pharmacy, so that there will be a pharmacy label on each dose.
4. "Fanny pack" type of bag to carry one dose of medication/ICCP with the child or the child's teacher. The other dose will be kept in the office as a back-up.
5. The ICCP-A is signed by staff who directly care for the child after reviewing with the health consultant and will be updated at least annually or following any changes.
6. Ensure staff are trained on procedures to be followed in the event of a child having an anaphylactic reaction; and how to use an EpiPen®, and/or administer the prescribed treatment with the students.

Emergency Response to Anaphylaxis:

- An **emergency call to 911** will be placed and the operator should be notified of the location of the emergency and that an anaphylactic reaction is occurring.
- The **student's ECP and medication will be located** and the plan followed until emergency medical services arrive and assume care.
- The location of a child undergoing anaphylaxis should be rapidly communicated to the school nurse or a staff person trained for response and the use of an auto-injector.
- Staff trained in the use of an auto-injector will administer the auto-injector (EpiPen or equivalent)- it should not be assumed that the student will be capable of administering his or her own autoinjector in the event of anaphylaxis.
- In the event the student is having difficulty breathing or is unresponsive or emergency response is delayed, any staff member or emergency respondent may administer the auto-injector according to the students ECP and the instructions

listed on the side of every auto-injector.

- Follow Physician's orders, Allergy Emergency Care Plan, in regard to re-administering the auto-injector.
- Contact the parents of the child as soon as possible and notify them of the

situation and response.

Center practices are described as follows:

Food/Cafeteria:

Healthy snacks are provided daily in the classrooms. Drink options for lunch include 1% milk, non-dairy Oat milk, or water.

No peanuts or tree nuts are used as an ingredient in hot lunches or snacks provided by Hand In Hand-West. We cannot eliminate possible cross-contamination from packaged foods that are processed in a facility that also processes peanuts or tree nuts. If cross-contamination is a concern, a parent may opt to pack lunches and snacks from home.

Gluten Free and Dairy Free options are available most days of the week.

Please collaborate with the kitchen manager and health consultant for specific allergy needs.

Classroom:

The following safety measures are practiced in classrooms that have children with significant allergic responses to food:

- All students wash hands with soap and water or a cleansing wipe before and after lunch/snack.
- Tables are wiped with cleanser and a cloth or disposable wipes.
- A separate chowki or table for eating snacks will be provided if needed to minimize risk of exposure.

Medication reminders:

If a child will be self-carrying their medication, the box on the ICCP-A form needs to be checked by the prescriber. If possible, we ask for medication that will be good for the whole school year. For antihistamines (Benadryl), the liquid, pre-measured doses are best and work the fastest