

Health Care Policy

EMERGENCIES

Emergency Contact Information

The following emergency contact information will be posted by all telephones:

Health Care Consultant: Nancy Muglia (413) 598-9911

Fire Department: 911 for emergency or (413) 637-2345

Police Department: 911 for emergency or (413) 637-2346

State Police (Lee) (413) 243-0600

Poison Control: (800) 222-1222

Ambulance: 911 for emergency or (413) 499-7357

DSS/Child Abuse: (800) 792-5200

Department of Early Education and Care: (413) 788-8401

Public Health Department: (617) 624-6000 (general number) (866) 627-7968 (information line)
(617) 983-6800 (infectious disease emergency)

Baystate Medical Helpline: (413) 794-2255

Head of School: Todd Covert
(413) 637-3662 (work) (413) 212-2896 (cell)
(413) 931-7014 (home)

Hospitals: Berkshire Medical Center
725 North Street
Pittsfield, MA 01201
2000

Fairview Hospital
29 Lewis Avenue
Great Barrington, MA 01230 (413) 447-
(413) 528-0790

Information to give in an emergency:

- Your name
- Description of the emergency
- School name: The Montessori School of the Berkshires,
- Location: 21 Patterson Road, Lenox Dale, MA 01242

- Phone number: (413) 637-3662

PLAN FOR HANDLING EMERGENCIES

In the event of an emergency, the school staff will assess the emergency and determine the extent and seriousness of the emergency. The staff will respond in a calm and reasonable manner, and will reassure and stay with the children.

Emergency Evacuation

The following emergency evacuation plans will be posted at all exits. Each area will have a primary and an alternate plan.

From the Toddler Room, the primary exit is through their main door and out of the school's main entrance. They will proceed to the overflow parking lot. Their secondary exit will be through their playground door following the path around to the playground and proceeding to the overflow parking lot.

From Children's House 1, the primary exit will be through their main door and out the playground door. They will proceed to the overflow parking lot. Their secondary exit will be through their outside courtyard door following the path around to the playground proceeding to the overflow parking lot.

From Children's House 2, the primary exit is through their main door and immediately out of the playground door next to their classroom. They will proceed to the overflow parking lot. Their secondary exit will be through their outside courtyard door following the path around to the playground proceeding to the overflow parking lot.

From the Elementary room, the primary exit will be through their courtyard door. From there, they will proceed on the path to the playground and then to the overflow parking lot. Their secondary exit will be through their main door, down the hall and out through the main entrance proceeding to the overflow parking lot.

From the Adolescent room, the primary exit will be through their courtyard door. They will follow the path around to the playground and then proceed to the overflow parking lot. Their secondary exit will be through their main door, down the hall and out through the hallway exits or the main entrance, and then proceeding to the overflow parking lot.

During an emergency evacuation, the Lead Guide will be responsible for taking the attendance information and for leading the children out of the building. Assistant guides and other staff will assist in the evacuation by turning off lights, closing doors, and checking for stragglers.

The Head of School will make a visual inspection of each classroom, all bathrooms, kitchen, office, and entryway before exiting building.

All staff and children, once evacuated, will meet in the overflow parking area and wait for the Head of School to indicate permission to reenter the building (in the case of a drill) or Official Emergency Personnel to indicate reentry (in the case of an actual emergency or false alarm).

The school will maintain a daily attendance list that is current and accurate. Staff are responsible for recording

times of each child's arrival and dismissal. The Arrival/Dismissal chart (which includes children's emergency contact information in the closed part of the clipboard) will be hung in each classroom and will be readily accessible in case of an emergency evacuation. The Lead Guide will be responsible for taking the Arrival/Dismissal chart and for accounting for all children in the class once they are safely out of the building.

Emergency evacuation drills will be conducted every other month at different times during the day as determined by the Head of School. Both fire drills and emergency evacuation drills will be performed, utilizing two different methods of alerting the children and staff to the evacuation, such as clapping, voice, bell, alarm, etc. Children and staff will practice using different evacuation routes. Evacuation procedures will be reviewed during staff meetings. The Head of School will oversee the drills.

In the event of an actual evacuation, the Head of School will be responsible for notifying EMS and taking the portable phone and/or cell phone outside the building. In the event of a real emergency, EMS will be notified upon their arrival of any missing staff members or children.

During an event, whether real or a drill, parents may not sign their child(ren) in or out of the program. Because of the serious nature of an emergency event, order needs to be maintained and parents must cooperate. Parents can feel free to stay with their child(ren) but must follow direction from the Lead Guide and Head of School. The Head of School will notify staff when it is appropriate to start releasing children. In a real event, if the children must be dismissed, the parents will be called and must pick up their child(ren) within 45 minutes. In the event of a real emergency, everyone must remain calm and orderly in order for the situation to be as safe as possible for children and staff.

The Head of School will maintain documentation of the date, time, and effectiveness of each drill. This documentation will be maintained for five years.

City Wide Emergency Procedures

In the event of a utility outage (e.g. loss of power, heat, water, etc.), the Head of School will contact the appropriate utility and get an approximate time and repairs will be completed. If the repair time is estimated to be more than three hours, parents will be notified and expected to pick up their child(ren) immediately.

In the event of a natural disaster (e.g. hurricane, forest fire, chemical spills, etc.) and the school has been ordered by the authorities to evacuate immediately, the following procedures will be followed:

1. The entire school will be evacuated by bus to a location specified by the town
2. Guides will take the arrival/dismissal clipboards with them, which include children's emergency release information.
3. Guides will take the Emergency Bag with them including any emergency medications.

Parents will be required to pick up their children at the specified location as soon as possible.

In the event that the building needs to be evacuated and cannot be re-entered, the children will walk to an alternate location in Lenox Dale. All evacuation procedures listed above will be followed.

Shelter In Place Emergency

The Head of School will be responsible for staying in contact with the authorities and following their direction. All outside air sources will be shut off depending on the emergency. Electric power, gas supply, etc. will be turned off by the Head of School if necessary due to the nature of the emergency. Children will be kept away

from outside windows. All doors and windows will be locked. Additional supplies of blankets, water, food, and hand sanitizers are available should they be needed in a shelter in place emergency. All children's emergency mediations will be available to them during this emergency.

Missing Child

The Head of School will make an immediate search of the facility and determine if the family has picked up the child. If the child is still missing, the Head of School will immediately notify the police.

Unauthorized or Suspicious Person

If anyone witnesses a person who is suspicious or unauthorized in the vicinity of the school, if children are in outside areas they will immediately be brought indoors and all doors will be locked. The police will be notified at any time the staff notices any suspicious person or activity.

Intoxicated Parent/Guardian

If at any time that a parent or guardian comes to pick up his/her child(ren) and any staff at the school have concerns regarding the parent or guardian's condition, the child(ren) will not be allowed to leave with that person. The school will attempt to make alternate arrangements for the child(ren)'s pick-up with another designated individual. The local police will be called if any safety concerns are present.

STUDENT INJURIES AND ILLNESS

Please do not send your child to school if any of the following symptoms are present: fever, unexplained rash, persistent cough, profuse nasal mucous discharge, diarrhea, vomiting, sore throat, conjunctivitis, impetigo, scabies, pinworms, chicken pox, or scalp itching which might indicate head lice or other parasites. After an illness, a child returning to school must be able to participate in all activities and daily routines including outdoor. Exceptions apply with a doctor's note.

If your child becomes ill with a communicable disease, please contact the school immediately so other parents may be alerted.

Also, please become familiar with our school's complete Health Care Policy at the end of the Parent Handbook.

Daily Health Check

Staff will briefly check each child upon arrival. When possible, this should be done before the parent or guardian leaves so that a child who appears ill or injured can be taken home or to the doctor/clinic as appropriate.

PLAN FOR MANAGING INFECTIOUS DISEASE

Illness

Children who are ill need to be isolated from the rest of the class to eliminate the spread of the illness. If a child becomes ill after arriving at school the parents will be notified. Signs of illness include: sore throat, fever, diarrhea, vomiting, rash, and discharge from the eyes, ears or nose. Children must be **fever-free for 24 hours** before returning to school. The school will follow DPH, CDC, and AAP guidelines in regards to communicable diseases.

When a communicable disease has been introduced into the school, parents will be immediately notified in writing by the Head of School. Whenever possible, information regarding the communicable disease shall be sent to parents.

Plan for Caring for Mildly Ill Children

Staff should take extra special precautions when children who are ill are diagnosed at school and when children who are mildly ill remain at school.

If a child comes to school and shows signs of illness (e.g. a fever of or above 100.5 degrees, a rash, reduced activity level, diarrhea, etc.), s/he will be offered the nap mat, or other comfortable spot in which to lie down. If the child manifests any of the symptoms of exclusion as outlined above, or it is determined that it is in the best interest of the child to be taken home, the parents will be contacted immediately and be asked to pick the child up as soon as possible.

Children who are mildly ill may remain in school if they are not contagious and they can participate in the daily program, including outdoor play.

If a child's condition worsens of, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the staff, the Director of Education will contact the child's parent(s). The parent(s) will be asked to pick up the child. The child will be cared for in a quiet area, a classroom, or in the school office by a qualified staff member until the parent(s) arrive to take the child home.

Any blankets, mats, or other apparatus used by an ill child will be cleaned and disinfected before being used by other children.

Guidelines for Exclusion from School

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

- illness prevents the child from participating in activities or resting comfortably
- illness results in greater care need than the staff can provide without
- compromising the health and safety of the other children
- fever, lethargy, persistent crying, difficulty breathing, or other signs of serious illness
- diarrhea
- vomiting two or more times in previous 24 hours at home or once while at school
- mouth sores, unless physician states that the child is non-infectious
- rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease
- untreated head lice

Guidelines for Returning after Illness/Accident

A child who has been excluded from school may return after being evaluated by a physician, physician's assistant, or nurse practitioner, and it has been determined that s/he poses no serious health risk. Nevertheless, the school may make the final decision concerning the inclusion or exclusion of the child.

Plan for Infection Control

Staff and children will wash their hands with liquid soap and running water using friction. Hands shall be dried with individual or disposable towels. Staff and children shall wash their hands minimally at the following times:

1. Before eating or handling food;
2. After toileting;
3. After coming into contact with bodily fluids and discharges;
4. After handling animals or their equipment;
5. After cleaning.

The Head of School shall ensure that the following specific equipment, items, or surfaces are washed with soap and water and disinfected with a fresh, standard bleach solution (1/4 teaspoon per 1 quart) using the following schedule:

1. After each use:
 - a. Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair;
 - b. Items mouthed by children;
 - c. Mops used for cleaning bodily fluids;
 - d. Thermometers.
2. At least daily:
 - a. Toilets and toilet seats;
 - b. Sinks and sink faucets;
 - c. Drinking fountains;
 - d. Equipment used with water;
 - e. Tables;
 - f. Smooth surfaced non-porous floors;
 - g. Mop used for cleaning;
 - h. Cloth washcloths and towels.
3. At least weekly, or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:
 - a. Cots, mats, or other approved sleeping equipment;
 - b. Sheets, blankets, or other coverings.

All staff should wear non-latex gloves when they come into contact with blood or bodily fluids. Specifically, gloves should be worn during diapering, toileting, when administering first aid for a cut, bleeding wound, or a bloody nose. Gloves should never be reused and should be changed between children being handled. Cloth items that come into contact with blood or bodily fluids will be double bagged and sent home.

Each staff member will be trained in the above Plan for Infection Control upon employment, before working with the children, and then annually.

Toileting & Diapering Procedures

Assistance with toilet training will be provided as child shows readiness and interest. Staff members work to empower the child in the process and refrain from any pressure. Toilet training should be approached in a matter-of-fact, light-hearted way.

We ask that parents to allow children in the process of toilet training to wear pants or clothes that are easy to put on and take off.

If accidents occur during toilet training, staff members remain matter-of-fact and light-hearted and work to each the child to help clean up his own mess and change his own clothes.

If a child's clothing is wet or soiled, staff members provide the child with extra clean and dry indoor or outdoor clothing and assist as necessary.

Soiled clothing, linen, blankets, or diapers are placed in a sealed plastic container or bag, labeled with the child's name, and returned to the child's parent at the end of the day.

For clothing soiled with fecal matter, the stool is emptied into the toilet before the clothing is placed in the sealed container or bag.

Injuries

Should a child incur an injury while at school, the school staff will provide parents with an injury report that shall include the child's name; the date, time, and location of the accident or injury; a description of the injury and how it occurred; name(s) of witness(es); name(s) of person(s) who administered first aid or medical care and first aid or medical care required. Copies of all injury reports will remain on file at the school.

Emergency Procedures

1. Take all complaints of illness or injury seriously. Assess the child's health.
2. The staff member in charge will begin administration of emergency First Aid or CPR while another adult takes other children to another area or room.
3. All staff should respond in a calm and reasonable manner.
4. Other staff will be alerted to call 911 immediately, if necessary, and/or send for assistance. Other staff should also notify the Head of School immediately.
5. A supervisory staff will contact the parent to come and pick up the child, or if response time is a factor, to have the parent meet the child and accompanying staff at the appropriate emergency room.
6. If the situation is life-threatening or the child cannot be comfortably restrained in a car, an ambulance will be called immediately. The parent will be called to meet the child and staff at the hospital. A staff member will go with the child in the ambulance. A copy of the child's file will be taken, including permission and consent forms and relevant insurance information.
7. If the parent comes to pick up the child and needs assistance, the Head of School or other appropriate staff member, may offer to drive to the hospital or accompany the child.
8. When parents cannot be reached, those listed as emergency contacts will be called, while further attempts to reach the parents are continued. In the event a parent cannot be reached immediately, a designated staff member will continue to attempt to reach parents.

Staff will submit a copy of the completed Accident/Injury form to the Front Desk and to the parent/guardian. Once the signed form is returned the report will be filed in the student file.

Only staff with current First Aid/CPR will be allowed to administer first aid, no matter how minor the injury. Staff should use universal precautions when assessing a child with an open wound or sore.

The Department of Early Education and Care (EEC) must be contacted by the Head of School, or other appropriate staff member, when a child has injuries or illnesses during school hours that require emergency first aid (e.g. broken bones, stitches, etc.) or hospitalization.

Emergency Procedures (Field Trips)

Staff will bring files on each child's allergies, medical needs, medical conditions, and medication needs.

1. If an accident or acute illness occurs while on a field trip, the Lead Guide will take charge of the emergency, assess the situation, and give First Aid or CPR as needed. The method and urgency of transportation for the child to receive medical treatment will be determined by the Lead Guide based on the severity of the emergency or illness. If necessary, an ambulance will be called.
2. The Head of School, or other designated adult, will be contacted by the Lead Guide as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.
3. As a preventative measure, prior to departure from the school, the Head of School and/or Lead Guide, will determine appropriate guidelines to be followed during the field trip to insure continuity and safety of the children. Guidelines will include but not be limited to:
 - a. A First Aid Kit will be taken on all field trips.
 - b. Emergency information, including contacts and telephone numbers, will be taken on all field trips.
 - c. Emergency medications and copies of physicians' orders to give them.
 - d. During the field trip, staff must know the location of a telephone or have a working cell phone available.

An injury report for any incident that requires first aid or emergency care will be maintained in the child's file. The Accident/Injury Report Form includes the name of the child; date, time, and location of the accident or injury; description of the injury and how it occurred; name(s) of witnesses; name(s) of person(s) who administered first aid.

Assessing Injuries

When a child is injured, staff must fully assess the child's injury and make sure to follow first aid procedures. Do not move the child until the assessment is complete. Then only move the child if the child appears uninjured. In addition to following the school's first aid protocols, staff should also abide by the following procedures:

1. When an injury occurs, ask the child questions and observe to make sure the child is okay.
2. After first aid is administered and the child is calm, survey the scene and gather additional information such as:
 - a. What was the child doing at the time of the injury?
 - b. What equipment was involved?
 - c. Was another child involved?
 - d. Were any hazards involved?
 - e. Were there any witnesses? What did they see?
3. Monitor the child throughout the day.
4. Continue to assess the child's injury to make sure what was first observed and treated is still the appropriate course of action.

Plan for Injury Prevention

To prevent injury and ensure a safe environment, the staff member who opens each classroom is responsible upon arrival each day for monitoring the environment and for the removal of any hazards. Any needed repairs or unsafe conditions should be reported to the Director of Education.

The Head of School and Facilities Manager will survey the outdoor playground and remove any hazards prior to children using the space.

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

Each classroom will have a first aid kit, emergency contact information posted, and emergency evacuation procedures posted.

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

Procedures for Using and Maintaining First Aid Equipment

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

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

The first aid kit is kept supplied by the Office Manager. First aid kits will be inspected monthly and supplies will be replaced as needed. Staff should report missing items to the Office Manager. Contents of first aid kits should include: band-aids, gauze pads, adhesive tape, tweezers, compress, scissors, disposable non-latex gloves, gauze roller bandage, instant cold pack, thermometer.

Staff certified in first aid and in accordance with recommended procedures will use all first aid supplies and/or equipment. All staff must be first aid and CPR certified within 6 months of employment.

ENROLLMENT & REGISTRATION PROCEDURES

Children's Health Record Requirements

Upon enrollment, the school must have the following health records on file: Medical Records Form (evidence of physician's exam)

Immunization Record

Immunization Exemption Form (if necessary)

First Aid & Emergency Medical Care Consent Form

Medication consent form (if necessary)

Action plan (if necessary)

Plan for Meeting Individual Children's Specific Health Needs

During enrollment, parents will be asked to provide information about their child's specific health needs,

such as allergies. This information will be updated yearly.

All allergies or other important medical information will be posted with each classroom first aid kit. The allergies list will be updated as necessary (e.g. enrollment of new children, development of new allergies, etc.).

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

Children with allergies that may be life threatening (e.g. bee stings) will have action plans and emergency medication kept in the classroom first aid kit. The Head of School will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

Nut Policy/Life Threatening Allergy Policy: Due to severe allergic reactions to nuts, the school strives to be NUT-FREE. It is important to check labels to see if the food was made in a facility that processes peanuts. The nut-free policy also applies to school functions, such as potluck picnics.

PLAN FOR ADMINISTRATION OF MEDICATIONS

Medication

Any and all medication requires a doctor's written approval submitted to the school, including vitamin or herbal supplements.

When necessary for medication to be administered at school, written instructions are required, including:

1. Child's name
2. Date
3. Name of medication
4. Purpose of medication
5. Time to be administered
6. Dosage
7. Known side effects
8. Termination date for administering medication

The parent must fill out the Authorization for Medication Form before any medication (prescription or nonprescription) can be administered. The form will be valid for one year from the date it was signed.

The first dosage of any medication must be administered by the parent at home in case of an allergic reaction.

The medication must be labeled with the child's name and name of medication. It must be sent to school in the original container and delivered by the parents personally into the hands of a staff member. Medication cannot be sent in the child's lunch box, including medication such as cough drops. For liquid medication, parents should provide a calibrated dispenser, which will be returned with the medication.

All medications will be stored in the kitchen, out of the reach of children (in the left upper cabinet or on the refrigerator door shelf if refrigeration is necessary). All medications that are considered controlled substances must be locked and kept out of reach of children.

The Lead Guide will be responsible for the administration of medication. In the Lead Guide's absence, the Director of Education will be responsible.

The school will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time and date of each administration, the dosage, and the name of the staff person administering the medication. This completed record will become part of the child's file. All unused medication will be returned to the parent.

Prescription Medication

The prescription label will be accepted as the written authorization of the physician. The school will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.

Nonprescription Medication

Nonprescription medication will be given only with written consent of the child's physician. The school will accept a signed statement from the physician listing the medication(s), the dosage, and the criteria for its administration. This statement will be valid for one year from the date that it was signed.

Topical Ointments or Sprays

Topical ointments and sprays (e.g. petroleum jelly, sunscreen, bug spray, etc.) will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and must include a list of topical non-prescription medication.

When topical ointments or sprays are applied to wounds, rashes, or broken skin, the school will follow its written procedure for non-prescription medication, which includes written order of the physician (valid for a year) and the Authorization for Medication Form signed by the parents.

IDENTIFYING & REPORTING SUSPECTED CHILD ABUSE & NEGLECT

The school and staff are dedicated to protecting our students from child abuse and neglect and to responding effectively to incidents of child abuse and neglect. The Montessori School of the Berkshires recognizes local, state, and national efforts to address problems associated with child abuse and neglect and will work cooperatively with all agencies addressing such concerns.

Massachusetts General Laws (M.G.L) c. 119, § 51A, requires that certain persons in their professional capacity are mandated to report child abuse and neglect when they have reasonable cause or suspicion to believe that a child under the age of 18 years is suffering physical or emotional injury resulting from abuse that causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse, or from neglect, including malnutrition. All school staff are mandated reporters.

All staff members are mandated reporters according to Massachusetts General Law C119, Section 51A. If a staff member has a reasonable suspicion of abuse or neglect of a child s/he must file a report with the Department of Social Services.

The following procedure will be followed:

1. A staff member who suspects abuse or neglect must document any observations, including the child's name, date, time, child's injuries, child's behavior, and any other pertinent

information. The staff member will discuss this information with the Head of School.

2. The Head of School (or staff member with the assistance of the Head of School) will make a verbal report to DSS (800-792-5200) to be followed by a required written report 51A within 48 hours.
3. If a staff member feels that an incident should be reported to DSS, and the Head of School disagrees, the staff member may report to DSS directly.
4. All concerns of suspected abuse and neglect that are reported to DSS will be communicated to the parents by the Head of School unless such a report is contra-indicated.

It is the school's commitment to protect all children in the program's care from abuse and neglect. If abuse or neglect are suspected while the child is at school, DSS (800-792-5200) and the Department of Early Education and Care (413-788-8401) must be contacted immediately. A meeting will be held with the staff member in question to inform him/her of the filed report.

The staff member in question will be immediately suspended from the program with pay pending the outcome of the DSS and EEC investigations. If the report is screened out by DSS, the Head of School has the option of having the staff member remain on suspension pending the EEC investigation or allowing the staff member to return to the classroom. This decision will be made by the Head of School and will be based on the seriousness of the allegations and the facts available.

If the allegations of abuse and neglect are substantiated, it will be the decision of the Head of School whether or not the staff member will be reinstated. The Head of School and staff will cooperate fully with all investigations.