



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# **PROMOTING CONFIDENCE THROUGH CREATIVITY**



**SACC Health Care Policy**  
**Dartmouth YMCA**

# **YMCA Southcoast Health Care Policy**

Dartmouth YMCA  
Division of YMCA *Southcoast*

Dartmouth Middle School  
366 Slocum Road, Dartmouth, MA 02747  
508.993.3361  
Located in Cafeteria or  
Gymnasium

## **1. Emergency telephone numbers**

### Health Care Consultant:

Laura Dunphy, MD.  
Cove Pediatrics  
49 Slocum Road  
Dartmouth, MA 02747  
508.999.5300

### Emergency Telephone Numbers:

Emergency	Call 911
Fire Department:	508.996.1596
Police Department:	508.999.0733
Rescue/Ambulance:	508.996.1596
Poison Prevention:	1-800-222-1222
DCF/Child Abuse:	508.235.9800
Public Health Department:	508.910.1804
Designated Adult:	
Samantha Fagundes	508.993.3361

### Hospitals utilized for emergencies:

St. Lukes Hospital 101 Page Street New Bedford, MA 02740	508.997.1515
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Charlton Hospital 363 Highland Avenue Fall River, MA 02720	508.679.3131
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St. Anne's Hospital 795 Middle Street Fall River, MA 02721	508-674.5741
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## Information to Give in an Emergency:

Your Name

The Nature of the Emergency

The Center's telephone number

The Center's address

The Center's location in the building: specific location

## **2. Procedures for Emergencies and illness:**

- If a child requires emergency medical and/or dental attention, the procedure is as follows; certified associate administers First Aid and CPR. If the injury is serious, medical assistance/ambulance (911) is called. The parent/guardian is notified. The child's health form and other necessary information is obtained from the child's file and brought to the hospital with the child. A YMCA director brings a cell phone and remains with the child until the parent/guardian arrives.
- In the event of a serious injury that requires in-patient hospitalization or death of a child, EEC is contacted immediately and given written documentation within 3 business days.
- If the parent cannot be contacted, we follow the same procedures as above, but we attempt to locate another emergency contact person from the child's file.
- If the program is participating in an off-site activity, we would follow the above procedures, and contact the YMCA at 276 Gulf Road, Dartmouth, MA. The YMCA associate would then initiate communication between parents and authorized staff.

## **3. Procedure for using and maintaining first aid equipment.**

Each site maintains a first aid kit marked by a red cross located at the Parent Communication Center. A sign is posted above with a red cross and labeled First Aid.

- If a group goes off site, the associate brings a portable first aid kit, children's emergency contact information and a cell phone.
- All YMCA vehicles are equipped with a first aid kit.
- Only First Aid certified YMCA associate members assess and administer appropriate first aid to children.
- The Program Director and Site Coordinators are responsible for checking and maintaining supplies in the first aid kit as needed, but no less than monthly. Supplies are replaced as used.
- The first aid equipment is used in a proper fashion either at the center or off site. A list of EEC required supplies is kept in each box which includes: *adhesive tape, band aids, gauze pads, gauze roller bandage, non latex gloves, instant cold pack, scissors, CPR mouth guards, tweezers and thermometer.*

#### **4. Plan for evacuation of center in emergency.**

This plan is to evacuate children from the program space in the event of fire, natural disaster, loss of power, heat or hot water, severe storm or other emergency situations. Each exit of each room/area used by the children has an emergency exit route. The associate is instructed on how to leave the building if certain exits are closed. If the program needs to be evacuated, the Site Coordinator is responsible for checking for stragglers, children's authorization forms, first aid, Health Care Policy and current attendance forms. The Group Leaders and Assistant Group Leaders are responsible for exiting the building with their children to the designated safe area outside and take attendance. In the event that the YMCA program space cannot be re-entered, associate and children will be relocated to Dartmouth Early Learning Center, 284 Gulf Road, Dartmouth, MA. If the situation warrants communication with parents, associate uses a cell phone and the children's authorization forms, which provide the necessary contact information. If the situation warrants contact with emergency personnel, associate uses a cell phone and contact information on the Health Care Policy.

Children with one-on-one aids will follow procedures with the guidance of their aids. Children who need physical assistance are aided by staff.

A drill log is maintained which includes the date, time, exit used and effectiveness of the drill. Drills are performed minimally on a monthly basis. The Site Coordinator assures the drills are held for all types of evacuation at different times of the program day, includes every child and records the information taken at the drill. This log is located in the Program Directors office.

#### **5. Plan for meeting the individual needs of mildly ill children while in care**

Mildly ill children will be allowed to rest and are made as comfortable as possible with a designated mat and blanket in a quiet area within the room. Water/drink, food, and materials for quiet activities are available as needed. Parents will be notified immediately. If a child is too ill to participate in activities the parent is required to pick up the child.

All toys, blankets or mats used by an ill child will be cleaned and disinfected before being used by another child.

## **6. Plan administering medication including prescription, non-prescription and topical medications**

Medication will only be administered under the following guidelines:

- Medication will only be administered to a child with written permission of a physician **and** a parent. All medications are to be in their original container.
- The label on prescription medicine is acceptable as the written consent of a physician.
- Oral non-prescription medications require written parental and physician consent renewed weekly with dosage, days, times and purpose.
- The first dosage of all medications must be administered by the parent at home in case of an allergic reaction.
- Criteria for administering of the medicine must be presented to the Program Director and the Site Coordinators
- An authorized Medication Form will be provided to the parent. Each form must be completed, signed and dated.
- Medication is to be given by the parent to the Site Coordinator or Program Director upon arrival at the program. All medication is secured within a locked area. Medications requiring refrigeration will be in a locked box in a refrigerator. Medications for a child's life threatening situations will be kept in that child's educator possession while the child is participating in the program.
- Any unused medication is to be returned to the parent and such return is documented in the child's file. When return to the parent is not possible or practical, medications are destroyed and recorded in accordance with EEC, DPH and Drug Control Program.
- All medications will be administered by the Site Coordinator, Group Leader, or other designated person and logged appropriately. The completed record will become part of that child's file.
- Site Coordinators review children's prescription labels when received from parent for accurate information and periodically for expiration dates.
- To administer topical medications, an authorization form must be signed and dated by the parent. The medication must be in its original container with instructions on the label. The parent authorization is good for one year. Parents are notified on a daily basis when a topical medication is administered.
- Any unanticipated administering of medication or unanticipated treatment for a non-life-threatening condition requires reasonable attempt to contact the parent(s) prior to administering. If the parent can't be reached in advance, the parent will be reached as soon as possible after the medication or treatment is given.
- The YMCA does not allow school age children to carry their own inhalers or epi pens. All educators are aware of a child whose individual health care plan includes such medications and be aware of the location of said medications.

- There will be no exceptions to this policy. If an associate member does not have written consent from both a physician and a parent, they will not administer medication to a child.
- Scheduled medication or treatments may be administered by educators in accordance with written parental consent and licensed health care practitioner authorization.
- All associates will take the EEC Administering Medication training annually to ensure ability to administer medication. Certificate of completion will be maintained in associate's file.

## **7. Plan for meeting specific health care needs**

- The intake forms require parents to record any known allergies. This form is updated annually by the parent.
- The Program Director meets with the parent of all children with specific health concerns to discuss triggers, symptoms and necessary medications. Discussions are documented and placed in the child's file.
- Each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner, has an Individual Health Care Plan maintained in his/her file. The Plan describes the chronic condition, its symptoms, and any medical treatment necessary while the child is in care, the potential side effects of the treatment, and the potential consequences to the child's health if treatment is not administered.
- The Program Director is responsible for ensuring that all appropriate specific measures are taken to provide the health requirements of enrolled children with disabilities are met.
- Allergy and medication lists are posted on the Staff Bulletin Board and on the Refrigerator. Lists of children who are allergic to latex are also kept in the first aid kit. Lists are updated as necessary.
- For a child or associate with a specific food allergy, appropriate seating arrangements during meals are provided.
- All associates will be kept informed by the Program Director or Site Coordinators so that children can be protected from exposure to materials such as foods, chemicals to which they are allergic.
- The Program Director is responsible for ensuring all associates 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 program health care consultant that specifically addresses the child's medical condition, medication and other treatment needs.

## **8. Procedure for identifying and reporting suspected child abuse or neglect to the Department of Children and Families and to the Department of Early Education and Care.**

All associate members are mandated reporters according to Massachusetts General Law C119, Section 51A. If an associate member has reasonable suspicion of abuse or neglect, the following procedure will be followed:

- The associate member will immediately inform the Program Director of his/her observation including the child's name, injuries, behavior or any other pertinent information. The observation will also be documented with specific details including location, date and time.
- The Program Director informs the Executive Director.
- The Program Director will discuss the concerns of abuse and neglect with the parents.
- A verbal report will be made to DCF within 24 hours followed up a written report within 48 hours.
- EEC is notified of the report to DCF.

In the event an associate member has an allegation of abuse:

- The Associate is immediately removed from all interaction with children.
- Reports are made to DCF and EEC.
- The associate does not work directly with children until the DCF investigation is completed and for such further time as EEC requires.
- Upon completion of all investigations and depending on results, it will be the discretion of the Executive Director as to the outcome of the staff member's employment.

The YMCA cooperates in all investigations of abuse and neglect. Cooperation includes identifying parents of children currently or previously enrolled in the program to EEC, DCF or any agency or person specified by EEC necessary to prompt investigations of allegations and protection of the child or children.

## 9. Injury Prevention Plan

- Prior to children arriving each day, associate members are required to monitor the environment and equipment for repairs or hazards to ensure the safety of the children and staff.
- The same procedure is followed before utilizing an outdoor play area.
- Monitoring the environment includes the temperature and air quality of the rooms and outdoors.
- The Program Director completes a maintenance request if there is a piece of YMCA equipment that needs repair. If the property belongs to a school or other non-YMCA property, we will speak to the administration to discuss a repair.
- All child care sites are located in non – smoking buildings and grounds.
- If a child is injured while participating in the program, an EEC Injury Report is completed and a copy given to the parent within 24 hours of the injury. Copies are maintained in the child’s file and the injury is entered into the site Injury Log.
- Injury Logs are reviewed periodically by Site Coordinators for accuracy.
- If a child needs emergency care, the health care emergency procedures are followed.
- All toxic substances, medication, and hazardous items are stored in a locked cabinet.



## 10. Plan for managing infectious disease

Children will not be permitted to participate in the program as long as:

1. They pose a significant health risk to other children
2. They are feeling so poorly that they are unable to participate in the scheduled activities and require an excessive amount of time from staff

According to the Massachusetts Department of Public Health Publication: Health and Safety in Child Care, second edition: 1995, we use the following criteria for excluding an ill or infected child. Please keep your child home if any of these symptoms occur:

- |   |                     |
|---|---------------------|
| 1. Skin Rash                            | 7. Persistent cough |
| 2. Head Lice                            | 8. Diarrhea         |
| 3. Fever 100 degrees & over             | 9. Conjunctivitis   |
| 4. Pinworms & Ringworms                 | 10. Impetigo        |
| 5. Hepatitis                            | 11. Strep Throat    |
| 6. Measles, Mumps, Chicken Pox, Rubella | 12. Vomiting        |

- A child will not be able to remain in our program if he/she arrives with a fever, serious illness, contagious disease, or a reportable disease.
- Parents will be notified if a child has been infected with a contagious disease.
- A child will not be able to return to the program after being infected unless he/she has a note from the child's physician. It will need to state that the child is no longer contagious, and is able to return to our program.
- Children with diarrhea, vomiting or fever cannot return to the program until a 24 hour period of no symptoms.
- Children with draining poison ivy and children with a temperature of 100 degrees or higher cannot attend the program.
- Children with lice or nits will not be able to return to the program unless accompanied by a note from the child's physician.
- If a child in the program has a contagious disease, parents will receive notification that an illness and a description of symptoms for that illness or disease from the Department of Public Health. The Program Director informs the Board of Health.

## **11. Plan for infection control**

The Program Director ensures the following procedures are enforced:

### Washing Hands:

All associates and children are required to follow hand washing procedures at the following times: Proper hand washing procedures are posted in bathrooms. Associate monitors children to ensure procedures are being followed.

- Before and after eating or handling food
- After contact with bodily fluids and discharges
- After toileting or diapering
- After handling animals or their equipment
- After using cleaning materials
- Before and after water play
- Before and after administering medications

### Sanitizing:

- Tables will be cleaned with soap and water and sanitized with the appropriate bleach solution before and after eating.

### After each use:

- Water table and equipment
- Toys mouthed by children

### At least daily:

- Toilets and seats
- Sinks and faucets
- Drinking fountains
- Play tables
- Smooth non-porous floors

### At least monthly or as needed to maintain cleanliness:

- Children's equipment
- Machine washable toys
- Machine washable furniture coverings
- Cots, mats and other sleeping equipment

Upon employment, each associate member is trained for Infection Control and Bloodborne Pathogen Procedures for proper prevention, maintenance and disposal.

## **12. Oral Health**

YMCA Southcoast Child Care Centers promote Spirit, Mind and Body; therefore strong oral habits are encouraged. All full day program schedules include time provided after meals for children to brush teeth. Please provide a labeled toothbrush and toothpaste so they may do so.

## **13. Animal and Pet Plan**

Pets are chosen by the appropriateness to the age of the children's group and the effect on the children's health and safety. Reptiles or animals on the MASS endangered species list are not permitted.

If pets are kept at the site:

- Parents are notified prior to pets arriving at the site.
- The pet is disease free.
- The pet is licensed according to law.
- The children are not allowed to participate in cleaning the animal's cage.
- The pet is kept in a safe and sanitary manner.

The Health Care Consultant signs the Health care Consultant Agreement annually in addition to visiting the program site.

### Reminders:

Parents are provided with a Health Care Policy copy upon request. Locations of the Health Care Policy and First Aid are posted.

Revised 1-13-15