



SELA Early Global Education Health and Safety Policies

School Year 2024-2025

Please know that all of SELA's Health Policies and Procedures, strictly and consistently adhere to laws, mandates, regulations, standards, resolutions, and guidelines set forth by the Massachusetts Department of Public Health (MDPH) and our governing body the Massachusetts Department of Early Education and Care (EEC). These departments serve as the foundation for all of our school's policies, practices, and procedures.

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1. SELA HEALTH DEPARTMENT CONTACT INFORMATION

The role of SELA's Health Department is to maintain student health and safety while in school. Please contact a member of our health department below for any student health or safety questions or concerns, or for questions regarding any of SELA's health policies.

Hingham

- Health Director: Heather Lynch, heatherlynch@suescuela.com, 781-741-5454 ext. 605
- Early Global Education Nurse: Priscilla Anderson, ege.nurse@suescuela.com, 781-741-5454 ext. 625

Norwell

- Early Global Education Health Assistant – Gernelly Alba-Torres, ege.nursenorwell@suescuela.com, 781-741-5454, ext. 710

2. STUDENT HEALTH RECORDS

Mandatory Student Health Records must be submitted *prior* to a student's first day of school and are required to be updated annually.

- **Student Physical Exam:** Dated within a year's time of the present date. Must be signed by the physician (electronic signature acceptable).
- **Student Immunization Records:** Current and up to date immunizations, including a lead screening must be listed.
- **Lead Screening:** Pursuant to Department of Public Health requirements, all children, regardless of risk, must be screened for lead poisoning at least once between the ages of nine and 12 months and annually thereafter at ages two and three.
- **Student Asthma/Allergy Action Plan** (if needed): Any student who is identified as having a Life-Threatening Medical Condition that requires them to have emergency medications at the school are required to have an Action Plan and Medication Consent Form to be on file **See Action Plans for more details.*

Immunization Requirements

To attend SELA, all students must be fully immunized according to the schedule for their age. Official documentation of required immunizations must be provided to your school nurse before your child can begin school at any age. Your school nurse can provide you with a list of required immunizations or you can access it from the link below. Only medical and religious exemptions from immunization requirements are acceptable. If there are medical reasons why your child has not been immunized, a statement from your healthcare provider must be provided to your school nurse. Please state a religious exemption in writing to your school

nurse. Exemptions must be renewed annually.

<https://www.mass.gov/doc/immunization-requirements-for-school-entry-1/download>

3. ADDITIONAL PERMISSIONS

During the enrollment process, families provide consent for the following additional permissions. If you want further information in regard to what you have provided consent for, please reach out to your child's nurse.

- Hand Sanitizer Consent (ages 2 and above)
- Alternate Snack/Food Options Consent
- Sunscreen Consent
- Acknowledgement of Food Safety Policy
- Acknowledgement of Peanut/Tree Nut Free School Policy

4. FOOD SAFETY POLICY

For the safety of your child while they are here at SELA, we will not be able to serve the following high-risk choking hazard foods to your child if they are sent in their lunch and are not properly prepared and cut safely. You will be notified and given the option to bring in an alternate item, or you can choose for your child to receive an alternate snack option we provide. For infants and toddlers, food should be cut into ¼ inch sized cubed pieces and/or short, thin strips, for preschool-aged children food should be cut in ½ inch size cubed pieces and/or halved lengthwise. Tubular-shaped foods (for example cheese sticks) should not be cut into round pieces but instead into short thin strips.

Please safely prepare the following high-risk foods before sending in to school with your child:

- Whole Grapes (and similar-sized whole uncut food items, for example, cherry tomatoes, large blueberries)
- Hot dogs, cheese sticks (and similar round tubular shaped foods, for example, baby carrots)
- Meat on a bone
- Large chunks of hard fruits or vegetables
- Large chunks of cheese or meat

Please know that while your child may eat these foods fine at home without any difficulty, eating in school is a different environment with distractions, talking, etc. and it places the child at a higher risk of choking on one of these high-risk foods. SELA has implemented this policy for your child's safety.

Procedure – First Offense (unsafe food item sent in)

1. If feasible, SELA teacher will wear gloves and will cut the food into smaller sizes based upon the above guidelines.
2. Teacher will send a message on Brightwheel to inform the family, and to ask the food to be prepared safely at home next time before sending to school.

Procedure – Second Offense (unsafe food item sent in)

1. Food will be placed back into the lunch container.
2. Parent or guardian will be contacted and asked to either:
 - a. Choose from an available alternative snack provided by SELA
 - b. Bring an alternative food item to the school
 - c. Come to the school and cut the food.

Baby-Led Weaning

SELA will support parents who choose baby-led weaning when introducing solids. We ask that all food sent in be prepared in thin strips able to be grasped in the palm of the child's hand and/or ¼" bite-size pieces. Please ensure all hard foods have been cooked enough so that it is a texture that can be "mushed" without much force between the fingers. Parents may not send in new foods for infants to try for the first time at SELA. All foods sent in must be introduced at home first.

5. CHOKING HAZARDS

SELA requests that families not send any small toys or other items to school with their child as these things can fall and pose a choking hazard to young children. **This includes but is not limited to:**

- Small toys such as Legos, beads
- Small hair clips and barrettes that a young child may remove
- Necklaces, bracelets and other small jewelry
- Rocks
- Marbles
- Coins
- Balloons
- Batteries
- Pen/marker caps
- Small stickers
- Shoe charms

If your child's teacher determines an unsafe item was brought to school, they will remove the object and contact the parent or guardian via Brightwheel. Item(s) will be returned to parent or guardian upon dismissal at the end of the day.

6. SAFE SLEEP POLICY

Per the Department of Early Education and Care in Massachusetts (EEC) and SELA's safe sleep initiative, SELA will strictly adhere to safe sleep guidelines as required under Massachusetts law.

Back to sleep – infants under 12 months of age will be placed down on their back to sleep.

Firm sleep surface – infants will be placed on a firm, flat, non-inclined sleep surface.

- o Each infant will have access to an individual crib, port-a-crib, playpen, or bassinet with a firm, properly fitted mattress and a clean fitted sheet. Only mattresses designed for the specific product should be used.
- o Pillows, cushions, and mattress toppers designed to make the sleep surface softer will not be used as substitutes for mattresses or in addition to a mattress.
- o Car seats and other sitting devices are not allowed for sleep.

Safe Cribs and Sleep Equipment – SELA cribs all meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants will be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair.

No Soft Objects or Loose Bedding – The use of soft objects or loose bedding in and around the crib is prohibited.

- o Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys will not be placed in the crib with the baby.

Swaddling (including all types of swaddle wraps and sleep positioning suits) **is prohibited** for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited.

Non-weighted sleep sacks which allow for the free movement of the infant’s arms are allowed for sleep.

Bottles – bottles will never be propped or placed in the sleeping environment.

Pacifiers – are allowed and encouraged but no lanyards or pacifier strings will be used in the sleep environment.

Jewelry- Jewelry of any kind must be removed prior to placing a child to sleep, unless the child’s parent has given SELA written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, (including those used to help with teething or those worn for cultural or aesthetic purposes) are not encouraged for sleeping or resting children. If removed, SELA teachers are not responsible for putting jewelry back on the infant.

Hair clips, hair ties, bandanas, bibs, etc. – will be removed prior to placing the infant to sleep.

Hanging objects – Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep will be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks.

Supervision of Sleeping Infants – EEC Policy

- Infants younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times during the first 6 weeks they are in care, including while they are sleeping, falling asleep, and waking [See 606 CMR 7.10(5)(a)].
- Infants younger than 6 months of age who have been in care for more than 6 weeks and infants older than 6 months of age must be seen and/or heard at all times during sleep.
- Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant’s face and skin color.

7. BREAST MILK AND FORMULA POLICY

- 1.** Bottles should be labeled with baby's name, and the date the milk was collected.
 - o** If a child's bottle comes in unlabeled, teacher will not feed it to the child. Teacher will inform Admin so that parents can be contacted.
- 2.** Milk should be stored in plastic bottles- no glass.
 - o** If a child comes with a glass bottle, teacher will not feed it to the child. Teacher will inform Admin so that parents can be contacted.
- 3.** Each bottle should have just enough milk for one feed.
- 4.** Bottles should be stored in a cooler bag/lunch box with an ice pack while at school.
- 5.** Teacher(s) will not rewarm or otherwise reuse bottles of milk – after 1 hour the bottle will be re-capped and placed in the child's lunch bag to go home.
- 6.** Bottles will be warmed under warm running water only. If your child requires warm milk, please send a small plastic container labeled with your child's name to be used for warming. NO glass containers or electric devices used to warm bottles will be used.

Formula

When sending in formula please send either:

- Premixed formula in a bottle that is ready to feed.
- Powdered formula that is pre-measured for each bottle along with a pre-measured bottle of water for mixing the formula.

Breast milk

- Expressed breast milk should be sent in a bottle that is ready to feed.

Note: For safety reasons to avoid the accidental exposure of another child to bodily fluids, breastmilk is not allowed to be sent once a student has reached 12 months of age and has moved into the next age (mixed-age) classroom.

8. SUNSCREEN CONSENT

Students aged 6 months and up may have sunscreen applied at school with parent/guardian consent on file (obtained during enrollment – see *additional permissions*). Parent/Guardian must send in sunscreen for their child to be kept at the school.

- Sunscreen should be clearly labeled with the child's full name and must be within the expiration date listed on the sunscreen.
- Sunscreen will be kept inside the student's classroom, out of reach from students.

- With gloved hands, teachers will assist students with application of sunscreen as needed. *
Teacher's gloves will be changed after each student.
- Sunscreen will not be shared among other students.
- Sunscreen will be applied prior to outdoor activities and will be reapplied as needed.
- Older children, preschool and above, will be encouraged to assist with sunscreen application of themselves to foster learning and independence.
- If a child does not have sunscreen at school, they will be kept under shaded areas and not allowed to play in direct sunlight.

9. WEATHER POLICY

Students will be brought outdoors to play whenever possible. In the event of inclement weather, students will have opportunities for physical exercise and gross motor activity inside the school gymnasium. Each classroom is provided with a childcare weather watch chart which details safe temperatures in which children should go outside to play, for what length of time, and what, if any, precautions should be taken. SELA teachers will ensure that students are dressed in the appropriate outerwear for the weather prior to going outside **provided by parents/guardians*, and that students have access to fresh drinking water in hot weather **provided by parents/guardians*.

SELA families are asked to ensure that their student is sent to school with the appropriate outerwear for the season. This includes hats, gloves, jackets, snow pants and insulated boots in the winter and hats, short sleeves, and water in the summer.

10. COMMUNAL MEDICATION CONSENT FORM

The Communal Medication Consent form is designed to give permission for SELA staff to administer to your child common, over-the-counter medications while at school from a communal source (supplied by and kept at SELA – used by all). This includes Children's Ibuprofen, Children's Acetaminophen, Children's Benadryl, Bacitracin to wounds, Vaseline/Aquaphor to broken skin, etc. This form must be signed by the doctor and the parent to be valid and is required to be updated annually. This form covers only those common, over-the-counter medications listed on the form. In the event your child spikes a fever while at school, if SELA does not have this signed form on file for your child, we are unable to administer any medication to your child to help to bring the fever down. Similarly, if your child has broken skin SELA is unable to apply any Bacitracin, Vaseline or Aquaphor without this form on file.

In the absence of this form, SELA is only able to apply diaper cream, Aquaphor and Vaseline to intact (not broken) skin. SELA encourages all families to have their pediatrician sign this form to have on file.

Only the School Nurse and/or designated staff members who have completed the 5 rights of medication administration course and who currently possess a current CPR and First Aid certification may administer medications to a student. Universal precautions will be always upheld. Whenever possible, the School Nurse will administer medications.

Early Global Education Parent/Guardians can choose which medications/treatments they consent their child to have. Parents may also choose to “opt out” of their child having any communal medication while at school.

*Please note, without this form on file, SELA is unable to administer **any** communal medication to your child while in school, even with parental request. In the event your child has a fever, and you request SELA to administer a dose of Acetaminophen or Ibuprofen while awaiting pickup, without a signed communal medication consent form on file SELA will be unable to administer any medication to your child.*

OVER THE COUNTER MEDICATIONS

- Children’s Acetaminophen liquid (Headache, toothache, general pain, and discomfort as requested by parent, fever >100.4 degrees F. Dose will be weight appropriate.
- Children’s Ibuprofen liquid (Headache, toothache, general pain, and discomfort as requested by parent, fever >100.4 degrees F. Dose will be weight appropriate. Infants under 6 months will not receive Ibuprofen.
- Benadryl liquid (Mild allergic reactions, hives, rash). Dose will be weight appropriate.

ADDITIONAL TREATMENTS

- Hibaclens (Cleaning wounds and abrasions)
- Caladryl Lotion (itching, rashes, insect bites, poison ivy)
- Antibiotic Ointment (wounds and abrasions)
- Petroleum Jelly/Vaseline (Dry lips or skin)
- Sterile Eye Drops (Irritated or itchy eyes)
- Sterile Isotonic Eye Wash Solution (Eye irritation or foreign bodies)
- Diaper cream of parent’s choice (to be applied for diaper rash w/broken skin) to be sent in by parents.

11. PRESCRIPTION and NON-PRESCRIPTION MEDICATION CONSENT FORM (606

CMR)*(Required for **all prescription medications and all over-the-counter medications, except those listed on the Communal Medication Consent form when not used on a routine basis)***

Any medication and/or treatment, prescription, non-prescription and/or over the counter (OTC) that is to be administered or performed for a student while in school must be accompanied with a valid Medication Consent Form (606 CMR). This includes prescription diaper creams and any lotion/creams that have any type of added medication, even if it is over the counter.

- Medication Consent Form must be completed fully and signed by parent/guardian and physician to be valid.
- Medication must be labeled with the student’s full name, be in its original container and be within the expiration date listed on the container.
- Parent/Guardian is to notify the school nurse or director of the details regarding why the medication is needed.

- The School Nurse will coordinate the date and time that the parent/guardian will “hand off” the medication to a member of administration.
- Medication should be brought in a clear zip lock bag with student’s name on it
- Medication will be kept in the Health Clinic in a locked container.

12. MEDICATION ADMINISTRATION DURING SCHOOL HOURS

Whenever possible, SELA requests that all medication be administered at home. When this is not possible or feasible, the following procedure will be followed:

1. Medication must be provided directly to the school nurse or member of administration by the family. Please do not send medication to school in your child’s lunch box or bag.
2. Medication must contain a valid, signed doctors order and medication consent form. For medications lasting 10 days or less, the prescription label can serve as the doctor’s order. **Medication consent form 606 signed by the parent or guardian will still be required.*
3. Medication must have a clear, valid prescription label and be in its original container.
4. Medication must not be expired.
5. Student medication will be kept in a locked container inside the health office.
6. School Nurse, Director or appointed staff member trained in the 5 rights of medication administration and certified in CPR and First Aid will administer the medication to the student at the designated appropriate times. Whenever possible the school nurse will administer all medications.
7. Please note that SELA is never allowed to give the first dose of a medication to a student that they have never taken before. **excluding emergency medications*

13. ALLERGY/ASTHMA ACTION PLANS

Allergy and Asthma Action Plan Packets will be provided during the admission process if a parent/guardian states that their child has a life-threatening allergy that requires emergency medications or asthma requiring a rescue inhaler at school. This packet will provide detailed instructions as to what forms are required to be completed and signed. It also details how to send in your child's medication to the school safely.

- Allergy/Asthma Actions Plan will dictate what medications a student will need in the event of a medical emergency. The indications for, signs and symptoms along with physician and parental/guardian consent are obtained via this form.
- Physician may use own their Allergy/Asthma Action Form
- If there are any discrepancies parent will be notified as soon as possible to enable them to contact their doctor to clarify.
- During this time, the student cannot attend school until the discrepancy is made clear.
- Medications listed on the Action Plan must *each* be written on their own separate Medication Consent Form. They may not all be written on one form.

- Emergency Medication (Epi-Pens, Inhalers) must be delivered to SELA in their original prescription box with the child's name on the prescription. Additionally:
 - Medications must not be expired
 - Epi-Pens MUST be in the two-pack they came in in the original prescription box.
- Benadryl and other over-the-counter medication must be in a new, sealed package and the child's name must be written on the box.
- Students will be unable to attend school until all of the above documents are received by the school.
- Action plans and medication consent forms are valid for 1 year from the date signed.
- Parents/guardians will be notified at least 1 month prior to SELA needing new action plans/consent forms and/or emergency medication expiring.

14. PEANUT/TREE NUT FREE

Peanuts and Tree-Nuts are not permitted inside the building for any reason. If a food item is suspected and/or confirmed to be peanut or tree nut based or made in a facility that manufactures peanut/tree nut products, it will be immediately removed and placed in a safe place away from students.

NO:

- **Food items listed as containing peanuts or tree nuts**
- **Food items listed as “may contain traces of peanuts or tree nuts”**
- **Food items listed as “made or manufactured in a facility that processes peanuts or tree nuts”.**

In the event a student is found to have a prohibited food item containing or possibly containing traces of peanuts and tree nuts the food item will be removed from the classroom and returned to the child's lunch box at the end of the day to be enjoyed at home. If the child has consent on file (obtained via additional permissions), an alternate snack will be offered (if required), and the child's parent or guardian will be sent an update via Brightwheel and/or email. If the child does not have consent on file for an alternate food item, the child's parent or guardian will be called and asked to provide consent and/or bring an alternate food item to the school.

***Sun butter** – if you are sending a lunch item to school for your child made with Sun butter or other approved nut-free alternative, please send a message on Brightwheel to your child's teacher to avoid any confusion during mealtime.

15. NON-NUT FOOD ALLERGIES – CLASSROOM MANAGEMENT

SELA does not have a policy prohibiting any foods other than peanuts or tree nuts from school. If a student in a classroom has a different non-nut life-threatening allergy (for example, eggs, shellfish, etc.), SELA will send an email or Brightwheel message to the family members of the particular affected class to inform families of the presence of a non-nut allergy. We ask families of the affected classroom to:

- Consider choosing an alternative food item to send in with their child's lunch, whenever possible.

- If sending in the allergen, please message your child’s teacher on Brightwheel in the morning to inform them your child is bringing the food (allergen) to school. This will enable the teacher to ensure proper safety precautions are taken prior to mealtimes.

16. IHCP (INDIVIDUAL HEALTH CARE PLAN)

An IHCP (Individual Health Care Plan) form is a document created by the doctor, parent/guardian, and Nurse/Director to assist in caring for any child with a chronic or acute medical condition, need or injury while at the program. This includes but is not limited to:

- Acute fractures – recovering in a cast
- Seizure disorders
- Urinary or bowel disorders/conditions
- Swallowing disorders/conditions
- Concussion – recovering
- Immunocompromised
- And more.

If you are unsure if your child’s condition warrants an IHCP form, please contact our Early Global Education Nurse or Early Global Education Director for more help in navigating your child’s medical needs while at the program.

17. INJURIES AT SCHOOL

All incidents/injuries will be assessed, treated, and documented. An administrative staff member and/or teacher will notify the student’s parent/guardian via email/Brightwheel, phone or in person depending on the situation and injury.

- All minor injuries that require application of first aid will be communicated to the parent/guardian via Brightwheel. The teacher will communicate this as an “incident”. This includes any student-inflicted bites and scratches.
- Injuries to the **head or face** that cause swelling, bruising, cuts/abrasion or significant bleeding and/or more large/significant injuries and/or injuries requiring outside medical treatment will be communicated to the parent/guardian via telephone by the Nurse or Director.
 - For any injury referred by SELA to receive outside medical treatment or assessment, an Injury Report form will be completed by the Nurse or Director and sent home to the parent to review and sign within 24 hours of the injury.
- If an injury is minor and does not require first aid (i.e., the application of ice to reduce swelling and/or the cleansing of a wound/bandage applied) the family will be notified either through a message through Brightwheel, email or in person at pick up depending upon the time/circumstance. Similarly, if a child’s injury is an accidental self-inflicted injury (example:

child accidentally scratches themselves) an incident report will not be completed, but the parent/guardian will be notified and asked to trim the child's nails to prevent further injury to themselves.

18. COMMUNICABLE DISEASE POLICY AND EXCLUSION FROM SCHOOL

Exclusion from school - students who are sent home from school sick

Purpose:

To ensure the health and safety of all children, staff, and families, and to minimize the spread of illness within the school, the following policy outlines the expectations for children who are sent home from school due to illness.

Policy Statement:

If a child is sent home sick during the school day, they must remain at home the following day, regardless of whether they are symptom-free for 24 hours.

Key Guidelines:

- Sick Child Policy:
- **If a child is sent home from school due to illness (e.g., vomiting, fever, diarrhea, or other contagious symptoms), they will not be allowed to return to school the following day**, even if they have been symptom-free for 24 hours and/or have a note from their doctor and/or have been on antibiotics for 24-hours.
- Reason for Policy:
- This policy is in place to ensure that children have fully recovered and are not still contagious when they return to school. This helps protect other children and staff from the potential spread of illness.
- This policy is in place to ensure children are feeling better and able to participate in the school day comfortably.

Illness symptoms that a student will be sent home from school for:

Note: list is not all inclusive and students may be sent home for a symptom of illness not listed below.

- Fever of 100.4 or higher - even if no symptoms of illness
- Fever of 99.1 to 100.3 if combined with signs of illness (see below)
- Vomiting, one or more times
- Diarrhea, three or more times and/or one or more times if accompanied by signs of illness or is not contained in the diaper, contains blood or mucous
- Cough that is impacting the students day (affecting eating/drinking/talking)
- Blisters or sores on the hands or face/mouth
- Unknown rash (may return next day with a note that the rash is not contagious if no other symptoms of illness)
- Red, watery eyes with green or yellow drainage
- Sore throat *if combined with other symptoms*

- Headache *if combined with other symptoms*
- Runny nose/congestion *if combined with other symptoms*
- General feeling/appearing unwell/lethargy/not eating/drinking/playing/excessive crying *if combined with other symptoms*
- Severe ear pain

Common Childhood Illnesses - exclusion criteria and return to school

Listed below are some common childhood illnesses and SELA's policy for exclusion and return to school. For questions regarding an illness that is not listed below, please contact the school nurse for further guidance.

Upper Respiratory Illness (common cold, croup, RSV, Flu, COVID-19)

Students must remain at home until symptoms have improved, the child has been fever-free for 24 hours without the use of fever-reducing medication, the child is eating, drinking, sleeping and able to participate in the school day activities.

Fever (100.4 degrees F and above)

Students must remain at home until they have been 24-hours fever free without the use of fever reducing medication.

Any student presenting with a fever of 100.4 degrees or higher and/or appears feverish/has chills while at the program will have parent/guardian contacted and the child will be sent home.

Vomiting

Students must remain at home until 24 hours have passed since the last vomiting episode. Students should be able to hold down food and liquids.

Any student who vomits 1 time while at the program will have parent/guardian contacted and the child will be sent home. **Please note this does not include vomiting from a known cause, such as acid reflux.*

Documentation must be on file with SELA to inform of underlying conditions which may predispose a child to vomiting. Depending upon the severity of the symptoms, SELA may still require your child to remain at home until such symptoms have improved.

Diarrhea

Students must remain at home until 24-hours have passed since the last episode of diarrhea.

Any student who has 3 or more loose, watery stools while at the program will have parent/guardian contacted and the child will be sent home.

Any student who has 1 or more episodes of loose, watery stool that contains blood or mucous, is accompanied by abdominal pain, fever, nausea and/or vomiting, or cannot be contained in a diaper and/or causes the child to be incontinent will have parent/guardian contacted and the child will be sent home.

**Please note, if your child is experiencing loose stools as the result of antibiotic use, laxative use or dietary changes, please inform your child's teacher and contact your child's school nurse. Depending upon the circumstances and severity of the symptoms, SELA may still require your child to remain at home until such symptoms have improved.*

Conjunctivitis (Pinkeye)

Students must remain at home until they have been on antibiotics for 24 hours.

- If the child's pediatrician determines that the child does not have bacterial conjunctivitis and antibiotics are not prescribed, a doctor's note stating as such will be required for a child to return to school.

Any student who presents during the school day with symptoms of conjunctivitis such as yellow or green drainage from the eye, crusting of the eyelids, redness to the sclera (whites) of the eyes, swelling and/or pain to the eye will have parent or guardian contacted and the child will be sent home. The child will need to be seen by his or her doctor and if the doctor determines the child does not have bacterial conjunctivitis, the child may return with a physician's note. If the physician prescribes antibiotics, the child must stay home until 24 hours have passed while on the antibiotics.

Skin Infection, Staph Infection, Impetigo

Students must remain home until they have been on antibiotics for 24 hours.

- Any open areas and/or lesions must be dried or scabbed over. Band-aids may not be used to cover weeping and/or open lesions.

Strep-Throat

Students must remain at home until they have been on antibiotics for 24 hours.

Any student presenting at school with symptoms of strep throat will have parent/guardian contacted and the child will be sent home. SELA will ask for a doctor's note for your child to return to school if the nurse determines your child is experiencing symptoms of strep throat. If your child tests positive for strep throat, they may return to school once they have been on antibiotics for 24 hours and have been fever-free for 24 hours without the use of fever-reducing medication. Common symptoms of strep throat infection in children: fever, sore throat, headache, vomiting. Your child may experience any one or a combination of these symptoms, with fever and sore throat being the most common.

Coxsackievirus (Hand, Foot, and Mouth)

Students must remain at home until they have been fever-free for 24 hours without the use of fever-reducing medications. **In addition to being fever free, the child must not have any blisters or open areas on the face or hands. All areas on the face or hands must be dried up and scabbed over.** Band-aids may not be used to cover areas on the hands and face. If the child still has areas/blisters on the arms, torso, buttocks, legs, or feet the child may attend school **if** they are able to remain dressed in clothing covering the affected areas mentioned above. Please send in a change of clothes with your child to ensure we are able to keep the areas covered in the event the child needs to change his/her clothing.

Infants and young toddlers experiencing excessive drooling that have lesions in the mouth or throat should remain at home until the areas are healed

Lice

If a student is suspected of having lice while in school, the student will be discreetly referred to the school nurse for further assessment. Students may return to school after the following has occurred:

1. Parent/Guardian submits in writing that lice and nits were properly removed.
2. Upon arrival back to school, the nurse will recheck students prior to students returning to the classroom.

Notification to SELA Families of the Presence of a Communicable Disease or Illness

In the event a communicable disease or illness is identified in your child's classroom by the presence of two or more cases of a specific illness within 14 days, an email will be sent to the affected classroom(s) to notify families of the presence of an illness within the classroom, along with information regarding the specific illness and any signs or symptoms to watch for. In the case of certain communicable diseases requiring such, the Hingham Board of Health and the Mass. Dept of Health will be notified. In those such instances, SELA will receive guidance from the Massachusetts Department of Public Health and notify families in accordance with their guidance.

Care of Mildly Ill Children

A child who is not feeling well while in school will be brought to the office and will be allowed to rest and remain as comfortable as possible. Parent(s) will be contacted to pick the child up. In the event we are unable to reach either parent or guardian, the child's emergency contact(s) will be contacted. **We ask that children are picked up within 30 minutes of being notified. If the parent or guardian is unable to pick the child up from school within 30 minutes, SELA will request an alternative approved emergency contact to come to the school to pick up the child.** The child will be kept safe and comfortable in the office until the parent or guardian arrives.

19. EMERGENCY RESPONSE POLICIES

All SELA staff undergo annual training in responding to emergencies within the school. In the event a situation arises in which a child requires immediate medical attention, 911 will be called to request an ambulance. The staff member contacting 911 will provide the dispatcher with the address of the school, the nature of the emergency, and the location within the school of the emergency. The staff member will remain on the phone with the 911 operator until emergency help arrives. A second staff member will stand guard at the front door of the building to guide the emergency responders to the site of the emergency. While emergency services are being notified, all staff trained in CPR and First Aid will respond to the site of the emergency. Whenever possible, the school nurse and/or director will take the lead in providing first aid and emergency care as well as delegating additional roles to nearby staff. The other nearby students will be taken by a teacher or qualified staff member to a separate area of the building and will be supervised. An administrator, familiar with the child, will accompany the child to the hospital. The child's file will accompany the child in the ambulance. An administrator will contact the child's parent(s) or legal guardian(s) and inform them of the nature of the emergency and ask to meet the ambulance at South Shore Hospital. The administrator accompanying the child to the hospital will remain with the child until the child's parent or guardian has arrived.

Field Trip and Emergency Procedures:

Parents/Guardians will be notified in advance of a field trip and a first aid and emergency medical care, and consent form will be provided with the permission form. This form, along with a first aid kit, a list of students with allergies or asthma and any emergency medication will be brought on the field trip. An administrator with a cellular device will accompany the students on all field trips.

School Visitors

All exterior doors leading directly into the school are kept locked at all times aside from times of pick-up and dismissal. Visitors arriving into the school are required to show identification before entering into the building. Visitors are required to wear a visitor pass at all times while inside the building. SELA families are asked to never hold the door for anyone entering after you and/or open a door for any other individuals.

Fire Safety

Fire extinguishers are placed strategically throughout the school and all SELA staff are trained in their use. Fire extinguishers are serviced and inspected annually.

Routine Fire Drills are practiced monthly throughout the school year.

Evacuation maps are posted in every classroom, office, and common area within the school.

Smoke alarms and carbon monoxide detectors are placed throughout the school and are checked routinely.

Lockdown Procedure

In the event SELA is notified or becomes aware of violence in or around the school and/or an intruder a school-wide lockdown procedure will be initiated. All SELA classrooms are equipped with enhanced safety protocols and protection and SELA teachers attend training annually to prepare for such situations. The safety and well-being of our students is our utmost priority and as such, we have taken every measure to provide for student safety and protection while they are in our care.

During an active school-wide lockdown, no visitors will be allowed into the school.

Alternate Shelter

- In an emergency evacuation, if it is unsafe to return into the building and/or remain on the premises, the following location is the designated meeting location and alternate shelter. Teachers and staff will proceed to this location, and parents will be contacted to pick up their student from this location.

Hingham
Bridges of Epoch
1 Sgt. William B. Terry Drive
Hingham, Ma 02043
781-527-5301

Practice Drills

During the year, SELA will practice various emergency drills with the students in an age-appropriate manner. This includes practicing exiting the building during a fire and locking down inside the classroom. These drills are always conducted in a way that fosters learning through repetition. Students will be supported at all times by teachers during drills and at no time will tactics be used to instill any sense of fear.

20. INFECTION CONTROL AND CLEANING POLICIES

SELA employs a full-time housekeeper for the Early Global Education program. The housekeeper works throughout the day to keep the school clean and sanitary. This is accomplished through routine cleaning and disinfecting of classrooms, playground and gym equipment, toys, bathrooms, and common areas throughout the day.

Classrooms are equipped with the appropriate cleaning supplies, including soap and water, paper towels, and a non-bleach-based hospital-grade disinfectant. Classroom teachers are required to clean and disinfect or sanitize

their classrooms throughout the school day. Toys mouthed by infants and toddlers are removed from the classroom after each use and are cleaned and sanitized before use by another child.

All classrooms undergo a deep cleaning and disinfection at the end of each school day once the students have gone home. In times of illness, classrooms are cleaned more frequently during the day by both the classroom teacher and EGE Housekeeper, focusing on high-touch areas, bathrooms/sinks, tables/chairs, and toys.

Each classroom is equipped with an air purifier.

Teachers will assist students with hand washing with soap and water throughout the school day. *Upon arrival, after using the bathroom and/or having a diaper changed, before and after eating, after contact with any bodily fluids, after returning from the park or gym, before going home, and any other times as deemed necessary by the classroom teacher. The school nurse will visit each classroom in the beginning of the year to observe and model handwashing for the children and teachers. SELA asks that parents and guardians continue these important handwashing practices at home as well to decrease the spread of germs and illness within the school.

SELA staff are also required to wash their hands upon arrival at school each morning and throughout the school day. *Upon arrival, after changing a diaper and/or assisting a child with toileting procedures, before and after eating, after contact with any bodily fluids, after returning from the park or gym, after providing any first aid, and any other times as deemed necessary throughout the day.

Hand Sanitizer containing at least 60% alcohol is available to SELA staff and students over age 2 with parental consent. Hand sanitizer will only be used when handwashing is not readily available or accessible and never as a replacement for handwashing.