



## **SEL A Early Global Education Health and Safety Policies**

**Summer Program  
June 9, 2025 - August 22, 2025**

*Please know that all of SEL A'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. Our School of Early Global Education in Hingham and Norwell are both staffed with a full time medical assistant.

### **Hingham**

- Early Global Education Medical Assistant: Emily Bowles, [ege.nurse@suescuela.com](mailto:ege.nurse@suescuela.com), 781-741-5454 ext. 625

### **Norwell**

- Early Global Education Medical Assistant – Gernelly Alba-Torres, [ege.nursenorwell@suescuela.com](mailto: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 Emergency Action Plan** (if needed): Any student who is identified as having a Life-Threatening Medical Condition (this includes life-threatening allergies, asthma and seizure disorders) 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 before your child can begin school. Our health department 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>

**Note:** In the event a vaccine-preventable disease is introduced within the program, SELA may, after consulting with the Department of Public Health, exclude those students who have not been immunized against the disease.

### **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 time food is sent in that is potentially unsafe**

1. If feasible, SELA teachers will wear gloves and will cut the food into smaller sizes based upon the above guidelines.
2. The 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 it 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 1/4" 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 the baby's name, and the date the milk was collected.
  - o If a child's bottle comes in unlabeled, the teacher will not feed it to the child. The 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, the teacher will not feed it to the child. The 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*).**

**Sunscreen options for our Summer program:**

### **1. SELA communal sunscreen - supplied by SELA**

**Brand:** Coral Isles (previously named Rocky Mountain)

**Link:** [Communal Sunscreen](#)

For parents who opted-in to our communal sunscreen during enrollment, you do not have to send sunscreen into the school for your child. SELA will provide and apply the communal sunscreen linked above.

### **2. Student individual sunscreen - supplied and provided by the parent or guardian**

Parents who opted out of SELA's communal sunscreen should send in a bottle of sunscreen for their student on the first day of school. Please label the sunscreen with your child's name. Please do not send in expired sunscreen as SELA will be unable to apply it.

### **3. No sunscreen consent -**

SELA is unable to apply sunscreen to any child if we do not have parental consent on file. If a parent has selected not to provide consent for any sunscreen during enrollment, the child will still be brought outside. Every effort will be made to provide a shaded area as much as possible.

For protection against sun and heat, parents are asked to ensure children have a hat and water bottle each day.

## **Application of Sunscreen**

- Sunscreen will be applied before outdoor activities and will be reapplied as needed.
- With gloved hands, SELA teachers will **assist our students ages 5 and under** with applying sunscreen.
- Gloves will be changed between each application. When appropriate, children will be encouraged to assist in the application of sunscreen to foster learning and independence.
- **Students in our school-age program** are expected to be able to apply sunscreen independently. Teachers will remind students and oversee application of sunscreen before going outside.



## **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. MEDICATION POLICY - PRESCRIPTION AND NON PRESCRIPTION**

SELA is unable to administer any medication to a child without a physician's order and a signed medication consent form on file. This includes all over-the-counter non-prescription medications such as Tylenol.

### **Requirements for Medication Administration at School**

#### **Prescription Medication**

1. Physician's signed order
  - a. *Note* - for short term prescription medications for 10-days or less, SELA may use the prescription label in lieu of a signed physician's order as long as the dosage, directions and doctor's name are visible. SELA is unable to administer any prescription medications contrary to the stated dose or directions printed on the prescription label or physician's order.
2. Medication consent form - 606 CMR - signed by the parent or guardian. This gives permission for a trained SELA staff member to administer the medication.

**Non-Prescription Non-Topical Medication** (includes Children's Tylenol, Children's Motrin and Children's Allergy Medication and Eye drops)

1. Medication consent form - 606 CMR - signed by the parent ***and physician***
  - a. *Note:* If your child's physician provides a separate signed medication order, only the parent signature is needed on the 606

## **Topical Non-Prescription Medications, Lotions, Ointments and Creams**

Applied to intact skin

1. Medication consent form - 606 CMR - signed by the parent or guardian

Applied to broken skin

1. Medication consent form - 606 CMR - signed by the parent *and physician*

**Note for 24-25 School Year Students** - SELA *may* have a communal medication consent form on file for your child for common, over-the-counter medications that is still valid. Reach out to your child's school nurse to inquire.

## **Administering Medication at School**

- Medication will be administered by a SELA member that has been trained in the rights of medication administration. Whenever possible this will be the Medical Assistant or program Administrator.
- Medication will not be administered contrary to the order or directions listed
- SELA will never administer a first dose of any medication to a child while at school. *\*excluding life saving emergency medication*

**Note:** Always hand medication directly to a SELA staff member. Never transport medication in a child's backpack or lunchbox.

## **11. ALLERGIES AND ASTHMA**

**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, parents 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 (606 CMR). They may not all be written in 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.

**Note on Seizure Disorders:** If your child has been diagnosed with a seizure disorder, SELA will require a seizure action plan and medication consent form (606 CMR) for any rescue medication that is prescribed. Medication must be hand delivered to SELA and in the original prescription container.

## **12. 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.

### **13. 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.

### **14. 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.

### **15. 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.
- In the event of a severe injury, 911 will be called and emergency protocols activated.

## **16. 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 - child is sent home sick from school:**

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. Exceptions may be made on a case-by-case basis by our Health Department depending on the circumstances.

#### **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
- Fever of 99.8 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 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 other signs of illness, 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 and have been fever-free for 24-hours without the use of fever-reducing medication.

## **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 medication and feeling better.
- Any fluid filled blisters on the hands or face must be dried up or scabbed over.
- Fluid filled blisters remaining on the arms, torso, buttocks, legs or feet must be kept covered with clothing.
- For infants and young children with excessive drooling, SELA will require blisters/sores inside the mouth to be healed before returning.

## **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.

**Note:** SELA does not perform routine lice checks inside our classrooms. We may, on a case-by-case basis, check students inside a classroom if we are made aware of multiple cases of lice within a single 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. Department 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. SELA maintains at least one administrator certified in First Aid and CPR in the building at all times. 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 and Evacuation**

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 and office.

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

### **Evacuation Procedure:**

1. Teacher will gather students in a line
2. Teacher will take attendance doing a name to face attendance check
3. Teacher will take with them: first aid bag, walkie talkie, student information
4. Teacher will evacuate the students via the nearest, safest emergency exit
5. Teacher will line up with his or her class once outside in the predetermined meeting spot
6. Teacher will conduct a second name-to face attendance check once outside
7. Teacher will remain with his or her students, remaining quiet until further instructions are provided by the program Director or First Responders
  - a. Walking ropes will be used for toddlers and preschool students if needed
  - b. Evacuation cribs will be used for infants

### **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

Norwell  
Happy Hearts Playspace  
119 Washington St.  
Norwell, MA 02160  
781-590-3416

## **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.

## **18. INFECTION CONTROL, CLEANING AND HANDWASHING**

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 peroxide-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.

### **Handwashing**

- 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.*
- 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.

**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.