



**WINCHESTER SCHOOL OF CHINESE CULTURE
AFTER-SCHOOL PROGRAM HEALTH CARE POLICY
(WINCHESTER SITE)**

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Important Contact Information

Health Care Consultant:

Jing Luan, M.D.
4 Fieldstone Street
Winchester, MA 01890
Tel: 617.447.5035

Emergency Health Care Facility/Hospital:

Winchester Hospital
41 Highland Avenue
Winchester, MA 01890
Tel: 781.729.9000

Fire:

Winchester Fire Department
32 Mt. Vernon Street
Winchester, MA 01890
Tel: 781.729.1802 or 911

Police:

Winchester Police Department
32 Mt. Vernon Street
Winchester, MA 01890
Tel: 781.729.5429 or 911

Ambulance/Rescue:

Winchester Fire Department
32 Mt. Vernon Street
Winchester, MA 01890
Tel: 781.729.1802 or 911

Regional Center for Poison Control and Prevention:

300 Longwood Avenue
Boston, MA 02115
Tel: 1.800.222.1222

Massachusetts Department of Early Education and Care (EEC):

360 Merrimack Street
Building 9, Third Floor
Lawrence, MA 01843
Attention: Christina Lowe
Tel: 978.681.9684, ext. 334

Massachusetts Department of Children and Families (DCF):

Arlington Area Office
30 Mystic Street
Arlington, MA 02474
Tel: 781.641.8500

WSCC After-School Program Director:

Ms. Annie Wang
Tel: 978.223.5051

Your child's health is a matter of importance to all of us. A health care form signed by a physician must be kept on file for each child in the WSCC After-School Program.

Illness Policy

While the WSCC After-School Program is not equipped to look after sick children, we understand that parents rely on the Program to provide care on a regular basis and cannot stay home with their child for each and every sniffle. The WSCC After-School Program always tries to balance these conflicting needs and asks you to do so also. If a child is not well, please make every effort to keep him or her at home, as illnesses spread rapidly in spite of everyone's best efforts. We ask that parents to keep their child at home if he or she has:

- A fever over 101 degrees within 24 hours
- Vomiting or diarrhea within 24 hours
- Heavy nasal discharge
- A constant cough
- A sore throat or swollen glands
- A undiagnosed rash or skin eruptions
- An earache or drainage from the eyes
- Head lice or scabies, until properly treated and all nits removed

Serving Mildly Ill Children

There are some mild illnesses whereby children can remain in the WSCC After-School Program's care, such as mild cold symptoms (stuffy nose with clear drainage, sneezing, and mild cough).

The staff will let children with mild illnesses participate the school activities to their comfort level. They may rest if they feel the need. Children will be supervised at all times. Often a child's desire to contact a parent to complain that "he/she does not feel well" and they are always allowed to do so. The staff will make sure they have easy access to tissues and water. Children will be instructed to cover their mouth when coughing and sneezing.

The staff will maintain anecdotal records for children who become mildly ill during the course of the WSCC After-School Program.

The guidelines described in this health policy are designed to protect the health of your child as well as to prevent the spread of disease.

Emergencies and Illness Procedures

In the case of mild illness, the child's parent or guardian will be contacted, and medication administered with permission from the parent or guardian in a manner consistent with the medication policy described below. The child will be made comfortable, isolated as much as possible from the other children, and closely watched until a parent or guardian arrives to pick him or her up.

If a child becomes seriously ill while at the WSCC After-School Program, a parent or guardian will be asked to pick up the child immediately. The child's physician may also be contacted if the situation warrants. If a parent or guardian is not directly reachable, attempts will be made to contact them through an emergency contact. If a parent or guardian cannot be reached, an emergency contact may be asked to pick up the child.

In extreme circumstances, an ambulance may be called, or a child may be taken to an emergency center or hospital in the care of a staff member.

If a similar situation occurred in the off-site premises and field trip, the same procedures will be followed.

Injuries or Accidents

Injury or accident procedures followed by the staff will depend on the severity of the injury. In the case of a minor injury (cuts, bruises, etc.) simple first-aid will be applied immediately and the parent or guardian will be notified, in no case later than pick-up time the same day.

For more severe injuries, first-aid will be applied immediately and the parent or guardian and the child's physician will be immediately contacted. If parent(s) or guardian(s) cannot be reached right away, an emergency contact person will be contacted and asked to arrange for the child to be taken to the doctor if this seems advisable.

If the accident is very serious, the child will be immediately transported to the Emergency Health Care Facility/Hospital listed above. Simultaneously, the staff will contact both the parent/guardian and the child's physician.

If a serious accident happened during a field trip, the child will be immediately transported to the closest Emergency Health Care Facility/Hospital. Simultaneously, the staff will contact both the parent/guardian and the child's physician.

In all cases of accident, an accident report will be completed and a copy given to the parent or guardian. A copy will also be kept on file at the WSCC After-School Program.

Location of the First Aid Kit

The first aid kit is located in a classroom cabinet with a sign posted on the cabinet door.

Who Administers First Aid?

All staff members can administer first aid when necessary.

Who Maintains the First Aid Equipment?

The Program Director is responsible for maintaining the first aid equipment and keep adequate supplies.

Contents of the First Aid Kit

- first-aid manual
- sterile gauze
- adhesive tape
- adhesive bandages in several sizes
- elastic bandage
- antiseptic wipes
- antibiotic cream (triple-antibiotic ointment)
- antiseptic solution (like hydrogen peroxide)
- hydrocortisone cream (1%)
- acetaminophen and ibuprofen
- tweezers
- sharp scissors
- safety pins
- disposable instant cold packs
- alcohol wipes or ethyl alcohol
- thermometer
- plastic gloves (at least 2 pairs)
- flashlight and extra batteries

In any event that a child is injured in the WSCC After-School Program which results in a stay at the hospital or a death occurs, the staff is required to inform the Massachusetts Department of Early Education and Care (EEC) immediately.

Medication

Staff members have to complete the Massachusetts Department of Early Education and Care (EEC) medication administration online training.

In accordance with state regulations, prescription drugs can only administered to children by the staff if; (1) the medication is a current prescription; (2) the medication is in an original container with child's name, date, name of the medicine, dosage, and special instructions clearly marked; and (3) there is a written request from the child's parent or guardian with instructions as to dosage and dosage times.

Non-prescription drugs, in an original container and not out of date, can be administered by the staff only with written instructions, including dosage, from a licensed physician. Such authorization shall be valid for one year unless earlier revoked. In special cases, such as bronchial inhalers for asthmatic children or a diabetic pump, the child may be permitted to administer his/her own medication with staff supervision; written instructions from the child's physician and written consent from the parent or guardian are required.

Non-prescription topical creams, ointments, and sprays, such as sunscreen and insect repellent, can be administered by the staff with written permission and instructions from the parent or guardian.

Each item must be clearly labeled with the child's name. Medications need to be securely stored in a wall cabinet and out of the reach of children.

Further details of the WSCC After-School Program's health and emergency policies, including staff responsibilities for emergency and preventive health measures, are available for your review upon request.

Evacuation Procedures

This may be necessary, for events that render the building unsafe, for instance; fire, gas leak, chemical spill, earth quake, etc. All staff and children will leave the building by the nearest emergency exit and move to a safe area away from the building. There they will await further instructions from emergency personnel.

Children and staff will re-enter the building when instructed to do so by emergency personnel. In the event of the sudden loss of water, power or heat, the staff will notify the building administrator immediately. If situation cannot be resolved in a timely matter, the staff will contract parents for early pick up.

Daily Attendance List Used in an Evacuation

The daily attendance's list is always on a clip board in the classroom and is in easy reach by the staff. In case of evacuation, the staff needs to take the daily attendance records before leaving the building. Children need to be match up with the record once they are outside in a safe area.

Evacuation Drill

The Program Director is responsible for quarterly evacuation drills and to keep a log of date and time it occurred and the effectiveness of each drill. The Program Director is also responsible for keeping a record of each drill.

Special Health Care Needs

Children with Allergies

Parents need to identify the allergies of their children and inform the Program Director. The staff will not give the children foods that cause an allergic reaction. In case of serious allergies, the staff will exclude the allergic food items. For children with an epinephrine injection kit, parents must familiarize the staff with its proper use with the written permission from the child's physician.

Children with Disabilities

Section 504 of the Rehabilitation Act of 1973, prohibits discrimination against persons with a disability in any Program receiving federal financial assistance. Section 504 defines a person with a disability as anyone who; (1) has a mental or physical impairment which substantially limits one or more major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working; or (2) has a record of such impairment or; (3) is regarded as having such an impairment.

Identifying and Reporting Child Abuse or Neglect

Recognizing the Signs of Abuse or Neglect

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Is overly compliant, passive, or withdrawn
- Does not want to go home

The Parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks staff or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

Recognizing the Signs of Physical Abuse

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical Abuse when the parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child

Recognizing the Signs of Neglect

Consider the possibility of neglect when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the parent or other adult caregiver:

- Appears to be indifferent to the child:
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

Recognizing the Signs of Sexual Abuse

Consider the possibility of sexual abuse when the child:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the parent or other adult caregiver:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Documenting the Observation

Step 1: Record your concerns immediately. Always include the date and time of the incident.

Step 2: Document facts, not opinions. If a child has a bruise, for example, write down the color, location and size of the bruise. It is unnecessary to include your opinion about how you think it may have occurred.

Step 3: Write down what the caregiver told you about the incident or injury. You'll also want to include what the child, sibling, or other witness said about the incident.

Step 4: Collect the names and contact information of everyone involved in the incident. While it is not your job to investigate a report, you'll want to provide all of this information to the child services agency investigator or law enforcement officer to ensure that they can gather all of the necessary information and evidence.

Step 5: Sign, date, and include the time of each entry.

Procedure for Reporting Child Abuse or Neglect

The WSCC After-School Program protects children from abuse and neglect while in the Program's care and custody and follows state law and procedures for reporting of any suspected incidents of child abuse and neglect. All WSCC After-School Program staff members are mandated reporters of child abuse or neglect, including physical, sexual, and psychological. Specific, formal procedures are followed in cases of suspected child abuse or neglect.

The WSCC After-School Program staff is familiar with the physical and behavioral indications of child abuse. The staff, through the Program Director, communicates and supports parents both informally and through conferences initiated by either parent(s) or the staff. A comfortable and safe environment will be established so that children will be able to speak about their concerns. If a staff member suspects child abuse or neglect, and does not see appropriate action taken within a reasonable timeframe, as a mandated reporter she/he will contact the Massachusetts Department of Children and Families (DCF) area office listed above.

When the staff suspects that a child is being abused or neglected, they should immediately contact the DCF Area Office serving the child's residence and ask for the Protective Screening Unit. As a mandated reporter, the staffs also required by law to mail or fax a written report to the DCF within 48 hours after making the oral report.

The report should include:

- The WSCC After-School Program name, address, and telephone number;
- All identifying information about the child and parent or other caretaker, if known;
- The nature and extent of the suspected abuse and/or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect;
- The identity of the person believed responsible for the abuse or neglect;
- The circumstances under which the staff became aware of the child's injuries, abuse, maltreatment or neglect

Handling Allegations of Abuse or Neglect by Staff Members

The verbal, physical, or sexual abuse of children is not tolerated and is considered grounds for disciplinary action up to and including termination. Retaliation, discrimination, or coercion against children, parents who report abuse or neglect is also not tolerated and is considered grounds for disciplinary action up to and including termination.

If child abuse or neglect is suspected of a staff member, it will be addressed immediately. The staff will speak directly to the Program Director, who will initiate the required paperwork, notify the family, and contact the Massachusetts Department of Children and Families (DCF) and the Massachusetts Department of Early Education and Care (EEC). The allegedly abusive or neglectful staff member(s) will be put on a leave of absence pending an investigation by the appropriate authorities.

Plan for Managing Infectious Disease

Parents of a child with an infectious disease are asked to contact the WSCC After-School Program Director so that other children who have been exposed to the disease can be alerted.

Children with certain diseases are not allowed to come to school while the disease is contagious. Convalescing children should not come to school until the disease is no longer contagious per a physician's note. Preferably, the child should remain at home for 24 hours after free of signs/symptoms of the illness. Usually, after 2 or 3 doses of an antibiotic and, when no longer having fever, the child should be able to return to the classroom.

Infectious diseases are contributed to many sources and may be a bacterial or viral. A few examples are fever above 100 F., diarrhea, continuous cough, rashes, conjunctivitis (pink eye), head lice, vomiting, open wounds, and blisters that are weeping. During peak seasons of allergies, colds, and influenza, your child may need extra rest to help them recover from the illness.

In the event that a child is exposed to blood from another child, there is a possibility that a staff member could be in contact with both families regarding precautionary measures.

Plan for Infectious Control

Suggested prevention efforts to control spreading of germs are:

- Hand washing with soap and water.
- Use disposable tissue and throw in trash receptacle.
- Do not share eating/drinking utensils.
- Washing and disinfecting classroom table surface daily.

In case of blood spill:

- Spray the blood contaminated surfaces with a 1-10 solution of bleach and water.
- Absorb and remove all traces of the spill with paper towels or other acceptable materials (Micro-encapsulation absorbent). Be careful not to contaminate the outside of the spray bottle.
- Re-spray the cleaned area with the bleach solution and allow to air dry.