



FIDALGO
NATURE • SCHOOL

Outdoor Preschool Health Policy

2022-2023

www.fidalgonatureschool.com

Updated July 2022

Important Information

Website: www.fidalgonatureschool.com

Mailing Address: 1004 Commercial Ave., PMB 245, Anacortes WA 98221

contact: 254-632-8485

2022-2023 Locations and Programs

Fidalgo Nature School Preschool (ages 3-6)

BOWMAN BAY, DECEPTION PASS STATE PARK

Monday-Friday

Important telephone numbers:

Fire/Police/Ambulance	911
Poison Center	1-800-222-1222
Child Protective Services	1-800-609-8764
Deception Pass State Park Office	(360) 675-3767
Communicable disease report line	(360) 416-1500

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Purpose and Use of Health Policy

This health policy is a description of our early learning program’s health and safety practices. It will guide our daily actions regarding health and hygiene at Fidalgo Nature School. Our policy was initially prepared by our Lead Teacher/ Education Program Director. This year it was revised by our Executive Director with input from staff and board.

Staff will be oriented to our health policy by the executive director upon hiring and whenever there are changes to policies and procedures. The Lead Teacher/Education Program Director is responsible for enforcement during staff hours. Our policy is accessible to staff and parents and is also located in the classroom storage file cabinet and at www.fidalgonatureschool.com.

Cleaning, Sanitizing, Disinfecting and Laundering

Cleaning, rinsing, and sanitizing/disinfecting are required on most surfaces in child care facilities. This includes tables, counters, toys, diaper changing areas, etc. This 3-Step Method helps maintain a more sanitary child care environment and healthier children and staff.

Definitions:

- **Sanitizers** are used to reduce germs from surfaces, but not totally get rid of them. Sanitizers reduce the germs from surfaces to levels that are considered safe.
- **Disinfectants** are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants are regulated by the U.S. Environmental Protection Agency (EPA).

3-Step Method

1. **Clean** – Spray with a dilution of a few drops of liquid dish detergent and water, then wipe the surface with a paper towel.
2. **Rinse** – Spray with clear water and wipe with a paper towel.
3. **Sanitize/Disinfect** – Spray with proper dilution of bleach and water (see Method for Mixing Bleach table below), leave on surface for a minimum of 2-minutes, then wipe with a paper towel.

Storage

Our cleaning and sanitizing supplies are stored in a safe manner in the storage shed and bathroom storage space. All such chemicals are:

- Inaccessible to children;
- In their original container;
- Separate from food and food areas (not above food areas);
- Kept apart from other incompatible chemicals

Sanitizing using bleach concentrations of sodium hypochlorite 2.75 – 8.3%

Solution for sanitizing on Food Surfaces, in Kitchen and Classrooms	Amount of Bleach	Amount of Water	Contact time
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8.25-8.3%	¼ teaspoon	1 quart	2 minutes
	1 teaspoon	1 gallon	2 minutes
5.25-6.25%	½ teaspoon	1 quart	2 minutes
	2 teaspoons	1 gallon	2 minutes
2.75%	1 teaspoon	1 quart	2 minutes
	1 tablespoon	1 gallon	2 minutes

Disinfecting using bleach concentrations of sodium hypochlorite 2.75 – 8.3%

Solution for disinfecting for Body Fluids, Bathrooms and Diapering	Amount of Bleach	Amount of Water	Contact time
8.25-8.3%	1½ teaspoons	1 quart	2 minutes
	2 tablespoons	1 gallon	2 minutes
5.25-6.25%	2¼ teaspoons	1 quart	2 minutes
	3 tablespoons	1 gallon	2 minutes
2.75%	1½ tablespoons	1 quart	2 minutes
	⅓ cup plus 1 tablespoon	1 gallon	2 minutes

Note: Use only plain, unscented bleach. Please ensure that the concentration of bleach matches labels on classroom spray bottles.

Bleach Preparation

- Bleach solutions are prepared using the correct proportions on the “Method for Mixing Bleach” table (see table on previous page).
- To avoid cross-contamination, two sets of spray bottles are used: one set for disinfecting bottles and one set for sanitizing bottles.
- Bleach solutions are prepared in bathroom pipe chase.

Cleaning, Sanitizing & Disinfecting Specific Areas and Items

Bathrooms

- When Bowman Bay campground is closed, FNS staff are responsible for cleaning the bathroom.
- Toilets, sinks, counters, floors, and door handles are cleaned, rinsed, and disinfected daily or more often if necessary.

Furniture

- Furniture and equipment is sanitized monthly or more often as needed.

Garbage

- Garbage cans are lined with disposable bags and are emptied daily or when full.
- Garbage cans are cleaned, rinsed, and disinfected daily or as needed.

Laundry

- Cloths used for cleaning or rinsing are laundered after each use.
- Child care laundry is done at the home of family volunteers or by staff members. Volunteers who wash laundry for the school are notified of the requirements for laundry.
- Dirty or soiled laundry must be kept separate from clean laundry.
- Laundry must be washed with laundry soap or detergent, rinsed, and sanitized.
 - Sanitizing can be done with bleach or a washing machine or dryer that reaches at least 140 F.

Toys

- Only washable toys are used.
- Cloth toys are laundered weekly and as necessary.
- Toys are washed, rinsed, and sanitized weekly and as necessary. Toys must be cleaned and sanitized after coming in contact with a child’s mouth or bodily fluids.
- Natural materials used as toys may not be able to be sanitized, but will be checked for toxins or animal droppings before use.

Hand Hygiene

Liquid soap, running water (120°F or below), and paper towels or single-use cloth towels are available for staff and children at sinks and handwashing stations.

All **staff** wash hands with soap and running water at the following times/circumstances:

1. Upon arrival at the site and when leaving at the end of the day
2. Before and after handling foods, cooking activities, eating or serving food
3. Before preparing bottles
4. After toileting self or children
5. Before, during (with wet wipe - this step only), and after diaper changing
6. After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine
7. After giving first aid
8. Before and after giving medication, or applying topical ointments or creams
9. After attending to an ill child
10. After being outdoors and/or gardening activities
11. After handling or feeding animals, handling an animal's toys or equipment, or cleaning up after animals
12. After handling garbage and garbage receptacles
13. As needed or required by circumstances

Children are assisted or supervised in handwashing at the following times/ circumstances:

1. Upon arrival at the site
2. Before and after meals and snacks or food activities, including setting the table
3. After toileting or diapering
4. After handling or coming in contact with body fluids such as mucus, blood, saliva or urine
5. After touching animals
6. Before and after water table or sensory play
7. As needed or required by circumstances

Hand Sanitizers may be used by adults and children over 24 months of age with proper supervision only when hand washing facilities are not available and hands are not visibly soiled. An alcohol-based hand sanitizer must contain 60 to 90% alcohol to be effective.

Hand sanitizers may not be used in place of proper handwashing, unless handwashing facilities are not available.

Handwashing Procedure

The following handwashing procedure is followed:

1. Turn on the water and adjust temperature.
2. Wet hands and apply a liberal amount of liquid soap.
3. Rub hands in a wringing motion from wrists to fingertips for at least 20 seconds.
4. Rinse hands thoroughly.
5. Dry hands using an individual paper towel, a single-use cloth towel, or a hand dryer.
6. Use a hand-drying towel to turn off water faucet(s) (unless the faucet turns off automatically) and open any door knob/latch before properly discarding.
7. Staff can apply lotion, if desired, to protect the integrity of skin.

Policy and Procedure for Excluding Ill Children

All children are observed for signs of illness when they arrive at the early learning program and throughout the day. Children with any of the following symptoms are not permitted to remain in care:

- A fever of one-hundred and one degrees Fahrenheit for children over two months (or 100.4 degrees Fahrenheit for an infant younger than two months), and there is a behavior change or other signs and symptoms of illness (including sore throat, earache, headache, rash, vomiting, diarrhea);
- Vomiting two or more times in the previous twenty-four hours;
- Diarrhea where stool frequency exceeds two stools above normal per twenty-four hours for that child or whose stool contains more than a drop of blood or mucus;
- A rash not associated with heat, diapering, or an allergic reaction;
- Open sores or wounds discharging bodily fluids that cannot be adequately covered with a waterproof dressing or mouth sores with drooling;
- Lice, ringworm, or scabies. Individuals with head lice, ringworm, or scabies must be excluded from the childcare premises beginning from the end of the day the head lice, ringworm, or scabies was discovered. The provider may allow an individual with head lice, ringworm, or scabies to return to the premises after receiving the first treatment; or
- Appears severely ill, which may include lethargy, persistent crying, difficulty breathing, or a significant change in behavior or activity level indicative of illness.

No rectal or ear temperatures are taken. Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer. Glass thermometers contain mercury, a toxic substance, and are therefore never to be used.

Children with any of the above symptoms/conditions are kindly separated from the group and cared for. Parent/guardian or emergency contact is notified to pick up the child.

Following exclusion, children are readmitted to the program when they no longer have any of the above symptoms and/or Public Health exclusion guidelines for child care are met.

We notify parents and guardians when their children may have been exposed to a communicable disease or condition (other than the common cold) and provide them with information about that disease or condition. We notify parents and guardians of possible exposure by email.

When a child has illness symptoms or a condition, individual confidentiality is maintained, as not to single out children and/or families.

Staff members follow the same exclusion criteria as children.

Immunizations

To protect all children and staff, children in our program are strongly recommended, but not required, to have a completed and signed Certificate of Immunization Status (CIS) or current record from the Washington State Immunization Information System (WA IIS) on site. The official CIS form or a copy of both sides of that form is required (Other forms/printouts are not accepted in place of the CIS form.)

The following is a current list of vaccines for preventable diseases for our population. Families are requested to give proof of vaccination or acquired immunity:

- Diphtheria, Tetanus, Pertussis (DTaP/DT)
- Polio (IPV)
- Measles, Mumps, Rubella (MMR)
- Hepatitis B
- Haemophilus influenzae type b (Hib) *until age 5*
- Varicella (Chicken Pox)
- Pneumococcal bacteria (PCV) *until age 5*

Immunization records are reviewed quarterly until the child is fully immunized.

If a parent/guardian chooses to exempt their child from immunization requirements, they must complete and sign the Certificate of Exemption (COE) form, which accompanies the CIS form. The child's health care provider must also sign the COE form for a medical, religious, or personal/philosophical exemption. No health care provider signature is required for a "religious membership" exemption. As of July 2019, state law prohibits personal and philosophical exemptions for the MMR vaccine. Medical and religious exemptions are allowed for children.

Children who are not immunized may not be accepted for care during an outbreak of a vaccine-preventable disease. This is for the protection of the unimmunized child and to reduce the spread of the disease. This determination will be made by Public Health's Communicable Disease and Epidemiology division.

A current list of exempted children is maintained at all times.

Staff Health

All employees and volunteers at the program are required to provide an immunization record indicating that they have received the MMR vaccine or proof of immunity. (See STAFF HEALTH section for more information on staff requirements.)

Tuberculosis (TB) testing requirements

There are two types of FDA-approved tuberculosis (TB) tests available in Washington State; the tuberculin skin test and a type of blood test known as an Interferon Gamma Release Assay (IGRA).

Prior to working onsite at the child care program, new staff, volunteers, or family home members over 14 years must have documentation of a TB test or treatment signed by a healthcare professional within the last 12 months (unless not recommended by a licensed health care provider). This documentation must consist of either:

1. A negative TB symptom screen and negative TB risk assessment;
2. A previous positive TB test, a current negative (normal) chest x-ray, and documentation of clearance to safely work or reside in an early learning program; or
3. A positive symptom screening or a positive risk assessment with documentation of:
 1. a current negative TB test; or a
 2. positive (previous or current) TB test and a current negative (normal) chest x-ray and documentation of clearance to safely work or reside in an early learning program.

Staff members do not need to be retested for TB unless they have been notified of a TB exposure by the local health jurisdiction.

Measles, Mumps, and Rubella (MMR) requirements

All licensed child care center staff and volunteers must provide either:

1. An immunization record showing they have received at least one dose of MMR vaccination.
2. Proof of immunity to measles disease (also known as a blood test or titer).
3. Documentation from a health care provider that the person has had measles disease sufficient to provide immunity against measles; or
4. Written certification signed by a licensed health care practitioner that the MMR vaccine is, in the practitioner's judgment, not advisable for the person.

A personal/philosophical or religious exemption for MMR is no longer allowed for child care staff.

Our early learning program complies with all recommendations from the local health jurisdiction. Staff members who have a communicable disease are expected to remain at home until no longer contagious. Staff are required to follow the same guidelines outlined in EXCLUSION OF ILL CHILDREN in this policy. Staff members are encouraged to consult with their health care provider regarding their susceptibility to vaccine-preventable diseases.

Staff who are pregnant or considering pregnancy are encouraged to inform their health care provider that they work with young children. *When working in child care settings, there is a risk of acquiring infections which can harm a fetus or newborn. These infections include Chicken Pox (Varicella), CMV (cytomegalovirus), Fifth Disease (Erythema Infectiosum), and Rubella (German measles or 3-day measles). In addition to the infections listed here, other common infections such as influenza and Hand Foot and Mouth disease can be more serious for pregnant women and newborns. Good handwashing, avoiding contact with ill children and adults, and cleaning of contaminated surfaces can help reduce those risks.*

Notifiable Conditions and Communicable Disease Reporting

Licensed childcare providers in Washington are required to notify Public Health Communicable Disease/Epidemiology, within 24 hours, when they learn that a child, staff member, volunteer, or household member has been diagnosed with one of the communicable diseases listed below. **In addition, providers should also notify their Public Health Nurse when an unusual number of children and/or staff are ill (e.g. >10% of children in a center, or most of the children in the toddler room), even if the disease is not on this list or has not yet been identified.**

- Acquired immunodeficiency syndrome (AIDS)
- Animal Bites
- Anthrax
- Arboviral disease (for example, West Nile virus)
- Botulism (foodborne, wound, and infant)
- Brucellosis
- Burkholder mallei and pseudomallei
- Campylobacteriosis
- Chancroid
- Chlamydia
- Cholera
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Diseases of suspected bioterrorism origin
- Diseases of suspected foodborne origin
- Diseases of suspected waterborne origin

Domoic acid poisoning
Enterohemorrhagic *E. coli*, (including *E. coli* O157:H7 infection)
Giardiasis
Gonorrhea
Granuloma inguinale
Haemophilus influenzae invasive disease
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome
Hepatitis A, acute
Hepatitis B, acute
Hepatitis B, chronic
Hepatitis C, acute, or chronic
Hepatitis, unspecified (D, E)
HIV infection
Immunization reactions, (severe, adverse)
Influenza, novel or untypable strain
Legionellosis
Leptospirosis
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
Measles
Meningococcal disease
Monkeypox
Mumps
Paralytic shellfish poisoning
Pertussis
Plague
Poliomyelitis
Prion disease
Psittacosis
Q fever
Rabies and Rabies Exposures
Rare diseases of public health significance
Relapsing fever
Rubella
Salmonellosis
SARS
Sexually Transmitted Diseases (chancroid, gonorrhea, syphilis, genital herpes simplex, granuloma inguinale, lymphogranuloma venerium, *Chlamydia trachomatis*)
Shigellosis
Smallpox
Tetanus
Trichinosis
Tuberculosis
Tularemia
Vaccinia transmission

Vancomycin resistant S. Aureus
Typhus
Unexplained critical illness or death
Vibriosis
Viral hemorrhagic fever
Yellow fever
Yersiniosis

To report any of the following conditions, call Public Health CD/EPI at (206) 296-4774.

Even though a disease may not require a report, you are encouraged to consult with a Child Care Health Program Public Health Nurse at (206) 263-8262 for information about childhood illness or disease prevention.

Medication Policy

Medication is given **only** with prior **written** consent of a child's parent/guardian. A completed **Medication Authorization Form** indicates written consent and includes **all of the following**:

- Child's full name;
- Name of the medication;
- Reason for the medication;
- Dosage;
- Medication expiration date
- Method of administration (route);
- Frequency (**cannot** be given "as needed"; must specify **time** at which **and/or symptoms** for which medication should be given);
- Duration (start and stop dates);
- Special storage requirements;
- Any possible side effects (from package insert or pharmacist's written information)
- Any special instructions; *and*
- Parent/guardian signature and date signed

Prescription medications

Prescription medications can be administered to a child in care by an early learning provider only if the medication meets all of the following requirements:

1. Prescribed by a health care provider with prescriptive authority for a specific child;
2. Include a label with:
 - Child's first and last name;
 - Date prescription was filled;
 - Prescribing health provider's name and contact information;
 - Expiration date;

- Dosage amount;
 - Length of time to give the medication; and
 - Instructions for administration and storage;
3. Accompanied with a completed Medication Authorization Form signed by a parent/guardian;
 4. Only given to the child named on the prescription.

Over-the-counter (non-prescription) medications:

If following the instructions on the label and dosage recommendations for the child's age on an over-the-counter medication, it can be administered to a child in care by an early learning provider **only** if the medication meets all of the following criteria:

1. It is in its original packaging;
2. Labeled with the child's first and last name; and
3. Accompanied with a completed Medication Authorization Form signed by the parent/guardian.

If an over-the-counter medication's label instruction doesn't include age, expiration date, dosage amount, and/or length of time to give the medication/product, as is often the case for vitamins, herbal supplements, fluoride supplements, homeopathic or naturopathic medication, and teething gel or tablets, it must be accompanied with a completed Medication Authorization Form that is signed by the health care provider with prescriptive authority.

An over the counter-medication is given only to the child named on the label provided by the parent/guardian.

Non-medical products:

A parent/guardian must provide written annual consent (valid for up to 12 months) for the following non-medical products to be given or applied to a child by the early learning provider:

1. **Diaper ointment** (used according to manufacturer's instructions); *Please note: As with all medications, label directions must be followed. Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.*
2. **Sunscreen** for children over 6 months of age;
3. **Lip balm or lotion**;
4. **Hand sanitizers or hand wipes with alcohol** (only to be used on children over 24 months); and
5. **Fluoride toothpaste** for children 24 months and older.

Unfortunately, amber bead necklaces are **not** allowed.

Parent/guardian instructions (for duration, dosage, amount, frequency, etc.) on the Medication Authorization Form are required to be consistent with any label recommendations, prescription, or instructions from a health care provider.

Medication and non-medical products are **not** accepted if they are **expired**.

Written consent for medications covers only the course of illness or specific time-limited episode.

Medication is added to a child's food or liquid only with the **written consent of the health care provider**.

Homemade medication, such as diaper cream or sunscreen, cannot be accepted by an early learning provider or given to a child in care.

Medication Storage

Medication is stored in teacher backpacks and is:

- Inaccessible to children;
- Separate from food;
- Separate from staff medication;
- Protected from sources of contamination;
- Away from heat, light, and sources of moisture;
- At temperature specified on the label (i.e., at room temperature or refrigerated);
- So that internal (designed to be swallowed, inhaled, or injected) and external (applied to outside of body) medications are separated; and
- In a sanitary and orderly manner.

Rescue medication (e.g., EpiPen® or inhaler) is stored in the lead teacher's backpack.

Controlled substances (e.g., ADHD medication) are stored in a locked container or cabinet which is inaccessible to children. Controlled substances are counted and tracked with a controlled substance form.

Medications no longer being used are promptly returned to parents/guardians, or discarded in accordance with the Food and Drug Administration (FDA) recommendations for medication disposal. Medications are not disposed of in the sink or toilet.

Staff medication is stored out of reach of children. Staff medication is clearly labeled as such.

Emergency supply of critical medications

For children's critical medications, including those taken at home, **we ask for a 3-day supply** to be stored on site along with our disaster supplies. Staff are also encouraged to supply the same. Critical medications – to be used only in an emergency when a child has not been picked up by a parent, guardian, or emergency contact – are stored onsite in the CCC building storage area.

Medication is kept current (not expired).

Staff Administration and Documentation

Before administering medication to children, staff members must first be a) oriented to the early learning program's medication procedure and policy; and b) complete the department standardized training course in medication management and administration or an equivalent training. A record of the training is kept in staff files.

The parent/guardian of each child requiring medication involving special procedures (e.g., nebulizer, inhaler, EpiPen®) trains staff on those procedures. Documentation of the training must be signed by the early learning care provider and the child's parent/guardian. A record of trained staff is maintained on/with the Medication Authorization Form.

Staff giving medications keeps a written medication log on the back of the Authorization Form that includes:

- Child's first and last name;
- Name of medication that was given to the child;
- Dose amount that was given to the child;
- The time and date the medication was given; and
- Each time a medication is given, a staff member prints name and full signature.

Any observed side effects are documented by staff on the child's Medication Authorization Form and reported to parent/guardian. Notification is documented.

If a medication is not given, a written explanation of why is provided on the Medication Authorization Form.

Outdated Medication Authorization Forms are promptly removed from the classroom and placed in the child's file.

All information related to medication authorization and documentation is considered confidential and is stored out of general view.

Self-Administration by Child

A child is allowed to administer his/her own medication when the above requirements are met **and**:

- Self-medication is authorized by the child's parent/ guardian.
- Staff supervises and documents each self-administration.

Medication Administration Procedure

The following procedure is followed each time a medication is administered:

1. **Wash hands** before preparing medications.
2. Carefully read all relevant instructions, including labels on medications, noting:
 - Child's name;
 - Name of the medication;
 - Reason for the medication;
 - Dosage;
 - Method of administration;
 - Frequency;
 - Duration (start and stop dates);
 - Expiration date
 - Any possible side effects; and
 - Any special instructions.
3. Prepare medication on a clean surface away from diapering or toileting areas.
 - Do not add medication to a child's bottle/cup or food without the health care provider's written consent.
 - For liquid medications, use clean and sanitized medication spoons, syringes, droppers, or medicine cups with measurements provided by the parent/guardian (not table service spoons).
 - Bulk medication is dispensed in a sanitary manner (sunscreen, diaper ointment)
4. Administer medication.
5. **Wash hands** after administering medication.
6. Observe the child for side effects of medication and document on the child's Authorization Form.
7. Document medication administration.

First Aid

Training

All staff included in staff-to-child ratio will have current training and certification in Cardio-Pulmonary Resuscitation (CPR) and First Aid for infant, child and adult. Documentation of staff training is kept in private personnel files. First Aid and CPR Training must:

- Be delivered in person.
- Include a hands-on component for first aid and CPR that is demonstrated in front of an instructor who is certified by a nationally recognized certification program (i.e. American Red Cross, American Heart Association, etc.).
- Include infant, child and adult CPR.

First Aid Kits

Our first aid kits are located in each teacher's backpacks and are not accessible to students.

Each of our first aid kits contains all of the following items:

- Disposable nonporous protective non latex gloves;
- Adhesive bandages of various sizes;
- Small scissors;
- Tweezers;
- An elastic wrapping bandage;
- Sterile gauze pads;
- Ice packs;
- A disposable or mercury free thermometer that uses disposable sleeves, or is cleaned and sanitized after each use;
- A sling, or a large triangular bandage;
- Adhesive tape;
- A CPR barrier with a one-way valve or both, and an adult and pediatric CPR mask with a one-way valve;
- Sterile, non-adhesive bandages of various sizes for outdoor preschool programs that engage in campfire activities;
- A fire suppression blanket for outdoor preschool programs that engage in campfire activities;
- Hand-warmers and a method to prevent direct skin contact for hand-warmers that reach temperatures above one-hundred twenty degrees Fahrenheit;
- Emergency thermal blanket;
- A current first-aid manual; and
- Hand sanitizer (for adult use only, unless otherwise approved for children's use).

Our first aid kits do not contain medications, medicated wipes, or medical treatments/ equipment that would require written permission from parent/guardian or special training to administer.

Procedures for Injuries and Medical Emergencies

1. Assess the injured child and obtain appropriate supplies.
2. Staff will refer to the First Aid Guide, located in every first aid kit, for more information if needed.
3. Administer first aid. Non-porous, non-latex gloves (i.e. nitrile or vinyl*) are used if blood is present. If the injury/medical emergency is life threatening, one staff person stays with the injured/ill child, administers appropriate first aid, and starts CPR, while another staff person notifies the park service and calls 911. If only one staff member is present, that person assesses the child for breathing and circulation.
 - If **collapse is un-witnessed**: First perform 2 minutes of CPR, then call park service for 911.
 - If **collapse is witnessed**: First call park service for 911, then start CPR.

4. Staff calls parent/guardian or designated emergency contact if necessary. For major injuries/medical emergencies, a staff person stays with the injured/ill child until a parent/guardian or emergency contact arrives, including during transport to a hospital.
5. Staff record the injury/medical emergency on an accident/injury report form if necessary.
 - The report includes:
 - Date, time, place and cause of the injury/medical emergency (if known),
 - Treatment provided,
 - Name(s) of staff providing treatment, and
 - Persons contacted.

Staff provide a copy of the form to the parent/guardian the same day, and place a copy in the child's file. For major injuries/medical emergencies, the parent/guardian signs upon receipt of the form, and staff sends a signed copy to the licensor.

6. On the same day, the lead teacher notifies the child care executive director when serious injuries/incidents that require medical attention occur.

Blood/Body Fluid Contact or Exposure

Even healthy people can spread disease through direct contact with body fluids. All body fluids – including blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus) – may be infected with contagious disease. Teaching staff (lead teacher, assistant teacher, or teaching aide) may come into contact with blood or other potentially infectious materials (OPIM) while administering emergency first aid or cleaning infected spaces. To limit risk of infection associated with blood and body fluids, our site always takes the following precautions:

- Non-porous, non-latex gloves are always used when blood or wound drainage is present.
- Non-porous, non-latex gloves are always used when cleaning surfaces that come into contact with blood/body fluids.
- Use universal precautions, treating any blood or OPIM as if it contains a bloodborne disease.
- Any open cuts or sores on children or staff are kept covered.
- Whenever a child or staff comes in contact with a body fluid, the exposed area is washed immediately with soap and water, rinsed, and dried with paper towels.
- Surfaces that come in contact with blood/body fluids are cleaned immediately with detergent and water, rinsed, and disinfected with an appropriate EPA approved disinfectant, such as bleach in the concentration used for disinfecting body fluids.
- A child's clothing soiled with body fluids is removed as soon as possible, put into a plastic bag, securely tied or sealed, then put into another plastic bag that is securely tied or sealed and sent home with the child's parent/guardian. A change of clothing is available for children in care, as well as for staff.
- Any equipment (mops, brooms, dustpans, etc.) used to clean-up body fluids is cleaned with a disinfectant according to manufacturer's instructions and air-dried.

- Gloves, paper towels, and other first aid materials used to wipe up body fluids are put in a plastic bag, tied closed, and placed in a plastic-lined waste container with a lid.
- Hands are always washed after handling soiled laundry or equipment, and after removing gloves.

Blood Contact or Exposure

If staff or a child comes into contact with blood (e.g. staff providing first aid for a child who is bleeding) or is exposed to blood (e.g. blood from one person enters a cut or scrape or the mucous membrane (eye, nose, or mouth) of another person), the staff informs the Director immediately. If a child is exposed to blood or other body fluid, the parent/guardian will be notified by the Director and an incident report will be completed.

We follow current guidelines set by Washington Industrial Safety and Health Act (WISHA) when reporting exposures. We review the BBP health policy with our staff annually, or more often if changes occur. Prior to working with children, staff will complete a prevention of exposure to blood and body fluids training that meets the requirements of the Washington State Department of Labor and Industries.

Children with Special Health Care Needs

Our school is committed to meeting the needs of all children. This includes children with special health care needs such as asthma, allergies, children with emotional or behavior issues, or chronic illness and disability. Inclusion of children with special needs enriches the child care experience and all staff, families, and children benefit.

- Confidentiality is assured with all families and staff in our program.
- According to WAC110-300-0300, we are required to notify our licensor when a child with special health care needs is enrolled or identified in our program. We maintain confidentiality when reporting this by not revealing names or diagnoses.
- All families will be treated with dignity and with respect for their individual needs and/or differences.
- Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
- Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, we may consult with our public health nurse consultant and other agencies/organizations, as needed.
- An individual plan of care is developed for each child with a special health care need. The plan of care is kept in the child's file and includes information and instructions for:
 - Daily care
 - Potential emergency situations
 - Evacuation and care during and after a disaster

For a complete list of what is required to be included in an individual plan of care, please reference [WAC110-300-0300](#).

Completed plans are requested from health care providers annually or more often if there is a change in the child's special needs.

- Children with special needs are not present without an individual plan of care on site.
- All staff receive training on working with children with special needs. Any staff that is involved in the care of a child with special needs receives updated training, as needed, around implementing the child's care plan. Verification that staff has been trained is kept in the child's file.
- Teachers, cooks, and other staff will be oriented to any special needs or diet restrictions by the Director.

Health Records

Each child's health record is maintained in a confidential manner and will contain the following:

- Health, developmental, nutrition, and dental histories or conditions
- Date of last physical and dental exams
- Name and phone number of health care provider and dentist
- Consent for emergency care
- Current "Certificate of Immunization Status" (CIS), "Certificate of Exemption" (COE), or a current immunization record from the Washington state immunization information system (WA IIS);
- Preferred hospital

If applicable to the child, the health record will also contain:

- Consent for services provided by any health professionals who work with the program
- Allergy information and food intolerances
- Individualized care plan for child with special health care needs (medical, physical, developmental or behavioral)
- List of current medications
- Injury report
- Any assistive devices used (e.g., glasses, hearing aids, braces)
- Documentation of any food or health related illness reports made by provider to appropriate agency/body

The above information will be updated annually or sooner when necessary.

Diapering

Children must be able to use a toilet or participate in stand-up diapering to attend Fidalgo Nature School.

Stand-up diaper changing takes place in the Bowman Bay Campground bathroom.

Stand-up diaper changing procedure is followed:

1. **Wash hands.**
2. Gather necessary supplies (diaper/pull-up/underpants, wipes, cleaner and disinfectant bleach solution, paper towels, gloves, plastic bag).
3. Put on disposable gloves.
4. Coach the child in pulling down pants and removing diaper/pull-up/underpants (and assist as needed).
5. Put soiled diaper/pull-up in covered, hands-free, plastic-lined garbage can with lid or put soiled underpants in plastic bag to be returned to family at end of the day.
6. Coach the child in cleaning diaper area front to back using a clean, damp wipe for each stroke (and assist as needed).
7. Put soiled wipes in plastic bag (or assist child in doing so) and dispose of plastic bag into covered, hands-free, plastic-lined trash can with lid.
8. Remove gloves.
9. **Wash hands** (in bathroom/handwashing sink) and coach child in doing the same.
10. If a signed medication authorization indicates, apply topical cream/ointment/lotion using disposable gloves then remove gloves.
11. Coach the child in putting on clean diaper/pull-up/underpants and clothing.
12. Use 3-Step method on floor where change has occurred:
 1. Clean with soap and water.
 2. Rinse with water.
 3. Disinfect with bleach solution: Refer to: "Method for Mixing Bleach". Allow the bleach solution to air dry or to remain on the surface for at least 2 minutes before drying with a paper towel.
13. **Wash hands** (in bathroom/handwashing sink).

Toilet Training

Toilet training is a major milestone in a young child's life. Because children spend much of their day in child care, you may recognize signs that a child is ready to begin toilet training. As a provider, you can share your observations with the family and offer suggestions and emotional support. Working together with the family, you can help make toilet training a successful and positive experience for their child.

- When the child is ready for training, discuss toilet training procedures and develop a toilet training routine that is developmentally appropriate in agreement with the parent or guardian.
- Follow the same procedure in child care as in the child's home. Use the same words (pee-pee, poop, etc.), so the child does not become confused about what is required. Pretend play with a doll using the same vocabulary and talk through expectations.
- Develop routines that encourage toilet use. Watch for those non-verbal signs that suggest a child has to use the toilet. Suggest bathroom visits at set times of the day, before going out to play, after lunch, etc.
- Encourage the family to dress the child in easily removable clothing. Keep an extra set of clothing on hand for accidents.
- Encourage the child with positive reinforcement (which may not include food items) and culturally sensitive methods.
Expect relapses and treat them matter-of-factly. Praise the child's successes, stay calm, and remember that this is a learning experience leading to independent behavior.
- The noise made by flushing a toilet may frighten some children. Try to flush after the child has left until they become accustomed to the noise.
- Take time to offer help to the child who may need assistance in wiping, etc.

Nutrition

This early learning program asks parents and guardians to provide meals and snacks which meet the daily nutritional requirements of the USDA Nutrition Standards for the Child and Adult Care Food Program (CACFP) or the National School Lunch and School Breakfast Program.

Meal/snack schedule

Food is offered at intervals not less than 2 hours and not more than 3 hours apart unless the child is asleep.

Our snack time is 45 minutes after the start of the school day.

Our lunch time is 12:00 pm.

Nutrition

At this time, families are required to provide food for their child for a snack and lunch on days other than Wednesday class. Wednesday snacks and meals are provided for through the No Child Left Behind grant. Parents and guardians are notified in writing of the [USDA CACFP nutrition requirements](#) for meals.

Food Allergies

An outdoor preschool provider must obtain written instructions (the individual care plan) from the child's health care provider and parent or guardian when caring for a child with a known food allergy or

special dietary requirement due to a health condition. Pursuant to standard 0300 the individual care plan must:

- Identify foods that must not be consumed by the child and steps to take in the case of an unintended allergic reaction;
- Identify foods that can substitute for allergenic foods; and
- Provide a specific treatment plan for the outdoor preschool provider to follow in response to an allergic reaction. The specific treatment plan must include the:
 - Names of all medication to be administered;
 - Directions for how to administer the medication;
 - Directions related to medication dosage amounts; and
 - Description of allergic reactions and symptoms associated with the child's particular allergies.
- An outdoor preschool provider must arrange with the parents or guardians of a child in care to ensure the outdoor preschool program has the necessary medication, training, and equipment to properly manage a child's food allergies.
- If a child suffers from an allergic reaction, the outdoor preschool provider must immediately:
 - Administer medication pursuant to the instructions in that child's individual care plan;
 - Contact 911 whenever epinephrine or other life saving medication has been administered; and
 - Notify the parents or guardians of a child if it is suspected or appears that any of the following occurred, or is occurring:
 - The child is having an allergic reaction; or
 - The child consumed or came in contact with a food identified by the parents or guardians that must not be consumed by the child, even if the child is not having or did not have an allergic reaction.
- Outdoor preschool providers must review each child's individual care plan information for food allergies prior to serving food to children.

Mealtime Environment and Socialization

Mealtime and snack environments are developmentally appropriate and support children's development of positive eating and nutritional habits.

- Staff sit with children (and preferably eat the same food that is served to the children in care) and have casual conversations with children during mealtimes.
- Children are not coerced or forced to eat any food.
- Children decide how much and which foods to choose to eat of the foods available.
- Food is not used as a reward or punishment.
- Staff provide healthy nutritional role modeling (serving sizes of foods, appropriate mealtime behavior and socialization during mealtime).

Sweet Treat Policy

Special “treats” for celebrations should be limited to no more than twice a month; this should be coordinated and monitored by the classroom teacher. Items that are health promoting should always be encouraged; information is available for parents with ideas for birthday, holiday or special occasions “treat”.

We allow food to be brought from home for celebrations. These food items are limited to store-bought food, uncut fruit and vegetables or food pre-packaged in original manufacturer’s containers, or food prepared, cooked or baked by a child’s parent or guardian. Each child must have written permission to consume food offered by other families.

Programs are responsible for reading food labels of items provided by parents to determine if the food is safe for children with food allergies to consume.

Examples of more nutritious sweet treats include:

- Muffins or bread made with fruit or vegetables
- Cobblers and pies made with lightly sweetened fruits
- Plain or vanilla yogurt
- Waffles or pancakes topped with crushed fruit
- Bars made with whole grains and seeds
- Cookies modified for fat and sugar content
- Frozen juice popsicles
- Vegetable juice
- Fruit salad with vanilla yogurt

Cultural and ethnic food items that are considered dessert or special “treat” may be served to honor cultures represented in the program. Examples may include sticky rice and sweet rice such as banh bo, noodle-based dessert, lefse, flan, sweet potato pie (modified for fat and sugar), bean dessert items, sambusa or “mush-mush”.

Tooth Brushing

Tooth brushing decreases the colonization of bacteria on teeth by disrupting the formation of plaque. Tooth brushing in the classroom improves the child’s oral health, teaches children basic hygiene and health promotion, and helps establish a lifelong prevention habit.

At this time, tooth brushing cannot be offered in a safe and hygienic way in our classroom as we do not have access to facilities or storage to enable tooth brushing. Instead, our program will offer at least two tooth brushing education opportunities per year.

Animals in Early Learning

Part of the wonder of attending a nature preschool is the opportunity to see wildlife in a natural environment. When we notice a wild animal, we observe quietly without approaching.

Teachers check the school grounds daily before class for animal droppings and work to prevent children from handling animal waste. Surfaces soiled by animal waste are thoroughly cleaned and disinfected. Should children encounter animal waste, they will wash their hands and change their clothing.

Because our classes take place in a public park, we may encounter off-leash dogs. As with encounters with wildlife, we stay still and do not approach. Staff will report encounters with off-leash dogs to park management.

Pest Control and Pesticide Use

Toxic and infectious agents

We work to prevent and manage children's exposure to toxic or infectious agents, such as:

- toxic animal waste
- bee stings
- toxic plants
- fungi

Staff will prevent exposure by checking all areas where children will be present for new presence of toxic or infectious agents. We will actively supervise when children may encounter toxic plants to prevent accidental exposure or ingestion.

Notification of pesticide use

We will notify staff, parents and guardians if the park applies pesticides on or near the outdoor preschool program space. Notification of pesticide use will be posted no less than 48 hours prior to application and will specify the type of pesticide applied and location of application.

Pesticides will be applied in licensed space only when children are not present.

Emergency pesticide use

Pesticides used in the event of an emergency (e.g., wasp nest) may be applied prior to the 48-hour notification, but the notification will be posted as soon as possible and provide all necessary information.