



YMCA OF GREATER SPRINGFIELD

YMCA CAMP STONY BROOK ACRES HEALTH CARE POLICIES

These camps and programs will and do comply with regulations of the Massachusetts Department of Public Health and EEC be licensed by the local Board of Health.

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Introduction

The health and safety of everyone is our priority. Our camp environment is designed to be child-friendly with health and safety in mind. **All** YMCA staff, especially those who work with children, are required to maintain current first aid and CPR (Cardiopulmonary Resuscitation) certifications from certified institutions. In addition, select leadership, lifeguards, our aquatics directors and first responders are trained in AED (Automatic External Defibrillator) use.

We created this detailed **Health Care Policy** and **Procedure Guide** in partnership with the Massachusetts Department of Public Health, the Springfield, West Springfield, and Wilbraham local boards of health, and our Licensed Health Care Consultant. This guide is to be shared with our staff, participants, and families. We look forward to working with you as partners in your child's health and safety at camp.

The key to effectively responding to emergency situations like accidents, fires, and other disasters is being prepared. Planning, implementing, and practicing are required to create a safe environment for all.

- Emergency policies are directed to the safety of lives first and protecting the childcare facility and property second.
- This manual including emergency policies and procedures should be updated regularly to include new or modified safety policies from our YMCA, the Massachusetts Department of Public Health, the local Boards of Health, and our consulting health physician.
- New employees will receive approx. 40 hours of camp training before camps begin. Included in these trainings will be a review of this policy manual. A digital copy will be issued to staff and paper copies maintained in key areas at camp, including:

Camp Stony Brook Acres: Lodge, Art & Crafts, The Pool House, The Office, and The Nurses Station.

- A copy of this manual will be posted online. A digital link will be sent to all enrolled families via email. A printed copy will be provided upon request by calling 413-739-6955.
- Each staff member is required to be vigilant with respect to all aspects of health and safety, and to call any questions, concerns, or suggestions to the attention of the Director. By working as partners with parents we can all strive to provide a safe and healthy learning environment for each child.

Emergency Telephone Numbers

Health Care Consultant:

Name: Dr. Anthony Poindexter, MD
Address: 2150 Main Street
Springfield, MA. 01104
Phone: 413-733-0010

Camp Health Care/Covid Coordinator:

Name: Hector Carrsquillo
Address: 1004 Stony Hill Road,
Wilbraham, MA 01095
Phone: 413-596-4838

Camp Health Care Coordinator:

Name: Richard Crane
Address: 1004 Stony Hill Road,
Wilbraham, MA 01095
Phone: 413-596-4838

Emergency Telephone Numbers:

- Fire Department: 911
- Police Department: 911
- Ambulance: 911
- Poison Control: 1-800-222-1222
- DCF/Child Abuse: 1-800-792-5200 or Spfld. Office – 413-452-3200 (Screening)
- Public Health Dept.: (413) 596-2800
- Public Health Inspector: Anthony Albano (413)726-8517
- Animal Control: (413) 599-1253
- Designated Adult: Director: Hector Carrasquillo – 413-312-8309
- Designated Adult: Executive Director: Uriah Rodriguez - 413-348-1661

Hospitals Utilized for Emergencies:

Baystate Medical Center

759 Chestnut Street
Springfield, MA01199
413-794-0000

Mercy Medical Center

271 Carew Street
Springfield, MA01104
413-748-9000

Information to Give in an Emergency

1. Your Name
2. The Nature for the Emergency
3. The Telephone Number
4. The Address
5. The Location at camp

Please note:

We are required to maintain current telephone numbers where parents can be reached during program hours. We must also have an emergency number for an alternate contact.

Procedures For Emergencies, Illness and Natural Disaster

EMERGENCY PLAN

The key to effectively responding to emergency situations like accidents, fires, and other disasters is being prepared. Planning, implementing, and practicing are required to create a safe environment for all.

Camps will conduct a minimum of 1 emergency drill per week. It is to include all the below emergency plans and their execution.

- One (1) drill to be conducted during staff training for the purpose of training staff.
- One (1) drill to be conducted on the first day of each camp session (weekly), with all children by the Camp Director.
- Five (5) random drills throughout the camp season.
- Staff will broadcast each emergency via 2-way radio/cell phone/camp phone, and the camp director will coordinate the response based on an assessment of the situation.
- If no lead staff are present, immediately move the nearest safest camp shelter or building and follow the steps in this emergency plan based on your trained assessment of the situation.
- All camp staff are expected to understand this emergency plan and be prepared to institute the policies even when isolated from communication and leadership.

Lost Camper/Missing Person

One of the main ways we keep children safe is through attendance. It is vitally important for us to keep track of where children are all times. Staff keep track of children through a system of attendance policies that ensure someone is responsible for the location of your child at all times. Children are not allowed to roam alone or with other children, they may not be left alone or unattended at any time to minimize a chance of lost campers.

- As soon as a lost person is identified, contact the main office so the lost camp horn can be sounded.
- A sustained airhorn sound is the "lost camper" signal.
- Once the airhorn is sounded staff should immediately take attendance of their group to ensure no additional children are missing, or if there is a child in their presence that does not belong to their group.
- Do a search of the immediate area with available staff. (The camper may have wandered to the edge of the activity.)
- Once counselors have secured their group, they must head immediately to the camp Pavilion.

- Along the way, counselors should be vigilant and keep an eye out for any child that may be out of place or not with a group.
- Once staff arrive at the Pavilion an all-camp attendance will be taken to determine which child is missing.
- Once the child or person has been identified, staff will determine when and where the camper was last seen. Stay calm so you don't frighten the other campers.
- Discover (if possible) the state of mind of the camper. Was she depressed or angry, threatening to run away? Did they fall behind on a hike, or leave to use the restroom? A camper who does not wish to be found will require a wider and more careful search.
- Check any known accomplices. (Friends in other groups, the camp office, etc.)
- The Camp Director will assign department heads and second counselors of groups to following areas:
 - Specialist should conduct a thorough search of their program areas before heading to the Pavilion.
 - Lifeguards to check pool storage room area, and restrooms.
 - Arts & Crafts Director or assigned counselor to check "Barn", The Field and Archery.
 - Nature Specialist to check Woods.
 - Office Staff to check parking lot.
 - 2 assigned counselors to check trails and trail entrances.
 - Assigned counselors to check woods.
 - Assistant Program Director drive along main roads surrounding camp.
 - All assigned counselors to thoroughly check facilities and property leave NOTHING unchecked
 - All staff report to Camp Director
- Camp Director stays in central location.
- Contact the Executive director or other administrative personnel about the situation.
 - Include the name of the missing camper, when and where last seen, description of child: hair, eyes, weight, height, and, as close as possible, clothing.
- The camp director will organize an extended search.
- If the camper is not found in 20 minutes, the camper will be presumed lost. The camp director will institute a public search that will include contacting the police/sheriff's department, camp office, and camper's parents.
- Do not ignore the remaining campers. Be calm and positive. Acknowledge their fears and move on to some activity.
- When found, camper should be returned to Program Director. UNLESS INJURED
- Should the camper be injured, follow the appropriate injury policies in this manual.
- The situation and outcome shall be documented in writing.
- If problem is due to social/emotional concerns:
 - Program Director and group counselors will discuss events leading up to run away.
 - These items will be discussed with the camper.
- At the discretion of the Program Director the camper will be returned to the group or sent home.
- Corrective measures are to be outlined with the camper and the counselor by the Program Director.
- Follow-up with the parent/guardians will take place concerning the nature of the situation, the action taken and recommendations. This follow-up shall be documented in writing.
- Complete an incident report and any other reports requested.

Lost Swimmer

General Guidelines:

- The buddy system is used at all aquatic activities.
- "Buddy checks" need to occur at least once during each aquatic activity period.
- Waterfront staff and watchers should have periodic rehearsals of aquatic rescue procedures.

- In the event of an aquatic emergency, the waterfront staff member with highest qualification/position shall be in charge.

If a camper is missing during a buddy check or the camper's buddy or counselor notifies the lifeguards or lookouts that a camper is missing:

- A whistle is blown for a "buddy check." Everyone immediately gets out of the water and a recount of swimmers is immediately taken.
- Unit staff assigned by the waterfront director or lifeguard will take other campers out of the pool area or other designated place.
- Waterfront staff will immediately scan the pool, then check the changing room and restrooms.
- Waterfront staff will designate a staff member to inform the camp office of emergency details. If the camper is not found, The Lost Camper/Missing Person Procedures will be followed from this manual.

Special Contingency Plans

- Parents are required to call the YMCA Youth Desk when their child is absent. The Youth Desk is open from 6:00AM – 6:00PM, Monday – Friday. The phone number for the YMCA of Greater Springfield is (413) 739-6955.
- Campers are directly signed in to and out of camp daily by authorized pickups. Children are not allowed to arrive at camp or busses on their own.
- There is no action taken if a registered child does not arrive to camp or by bus daily.
- If an unregistered child arrives to camp. We will use our database to try and locate contact information on the child. We will attempt to get contact information from the child.
- We will contact the local police.
- We will attempt to return the child to their guardians.

TRAFFIC CONTROL PLAN

- Parents are to always remain in cars. A staff person will come to your vehicle for sign in/ Sign out instructions.
- Only authorized persons with photo identification will be allowed to sign children out of camp.
- During sign out, please follow staff instruction for lining up your car.

Trespassers or Unauthorized/unrecognized visitors

- If you encounter an unrecognized person, contact the office immediately.
- Move your children to the nearest shelter and wait for all clear to return to activities.
- All non-camp staff/personnel visiting camp Weber must first report to the office and sign in as a visitor.
- All visitors must be always accompanied by an administrative staff.
- Visitors must wear a visitor-pass in clear view.
- Any unaccompanied individual must be reported to the camp office immediately.
- The camp office will determine if the person is authorized to be on the property.
- If they are an unwanted visitor. Immediately move your children and group to the nearest camp building or shelter and dial 911.
- Wait for the local authorities to respond and follow their instructions.
- Once directed by the Camp Director, you may return to normal activities.
- Complete an incident report and any other reports requested.

Natural Disaster

American Camp Association Standard Accreditation Process Guide defines the phrase “natural disaster and other reasonably foreseeable emergencies” as natural disasters that are typical of the area (e.g., storms, earthquakes, wildfires, floods), as well as emergencies such as power outages and other local threats.

Watch for signs of approaching thunderstorms or other dangerous weather situations. Postpone outdoor activities if thunderstorms or hazardous weather are imminent. This is your best way to avoid being caught in a dangerous situation. If you can hear thunder, you are close enough to a storm to feel its effects, including lightning strikes (even with no rain).

Lightning - the occurrence of a natural electrical discharge of very short duration and high voltage between a cloud and the ground or within a cloud, accompanied by a bright flash and typically also thunder.

- Get children inside the nearest camp building, large shelter, or an all-metal vehicle (not a convertible).
- Remain clear of tall, isolated trees and telephone poles.
- Stay away from wire fences, clotheslines or metal pipes and rails.
- If you are caught outside, away from shelter, you need to get to a place of safety as quickly as possible.
- If advised by authorities to evacuate an area, do so immediately.
- Wait 30 minutes after you hear the last rumble of thunder before going outside.

Wildfire - a large, destructive fire that spreads quickly over woodland or brush.

- The priority of staff is the evacuation of the children, themselves, and any other participants (Lives) from fire before any attempts are made to extinguish a fire (Property).
- Call 911
- If advised by authorities to evacuate an area, do so immediately.
- If trapped by a wildfire get to the nearest shelter, building or vehicle.
- Close all vents, doors, and windows so embers don't get into the building or shelter.
- Stay in a safe room or location where air from the outside is blocked from getting in.
- Fill garbage cans, tubs, pools, and large containers with water to help firefighters if they end up on our property.
- When instructed by the proper authorities (police, fire, etc.) follow the camp evacuation plan below.

Tornado or High Winds - a mobile, destructive vortex of violently rotating winds having the appearance of a funnel-shaped cloud and advancing beneath a large storm system.

- Go to a basement (if available) or to interior rooms and halls on the lowest floor.
- Stay away from glass enclosed places or areas with wide-span roofs, such as the Pavilion.
- Crouch down against the floor and cover the back of your head and neck with your hands.
- If no suitable structure is nearby, lie flat in the nearest ditch or depression and use your hands to cover your head.
- If advised by authorities to evacuate an area, do so immediately.

Flash Floods - a sudden local flood, typically due to heavy rain.

- If You Suspect a Flash Flood, Immediately Head to Higher Ground.
- Keeping your safety in mind, contact others on camp and warn those around you and get to the highest point possible.
- As little as 6 inches of rushing water can sweep you downstream, so do everything you can to stay away from running flood waters.
- If advised by authorities to evacuate an area, do so immediately.

Wildlife/Animals - wild animals collectively; the native fauna (and sometimes flora) of a region.

- In most cases, wild animals should be left alone.
- If you think a wild animal is sick or injured, please read on before you contact a wildlife rehabilitator.
- Do not try to capture wild animals.
- Contact local animal control or seek advice from a wildlife professional.
- Wilbraham Animal Control 413.599.1253

Emergency Evacuation Plans for Camp Stony Brook Acres

In the event the camp must be evacuated due to natural disaster, loss of power or water, **DO NOT** come to the camp to pick up your child. We will not be able to manage dismissal from the camp location and your child will not be released to you. Your child will instead be transported off the camp property via our busses to a central location. Once emergency services have cleared us to do evacuate, we will load and transport all children to:

- 1st YMCA of Greater Springfield Scantic Valley Family Center 45 Post Office Par, Wilbraham, MA. 01095
- 2nd YMCA of Greater Springfield Tower Square Family Center at 1500 Main Street, Springfield Massachusetts. 01115
- 3rd, we will provide a new location where you can meet us, and your child will be dismissed directly from the bus. *

*(Please have an ID ready. We will not release a child without one. See our parent handbook for more details)

Off-site emergency:

If an illness or accident occurs off-site during a field trip, walk or while participating in an activity at the YMCA the same procedures will be followed as noted above with the following exceptions:

If an accident or acute illness occurs while on a field trip the lead staff will take charge of the emergency, assess the situation, and give first aid as needed. The method and urgency of transportation for the child to receive medical treatment will be determined by the lead staff based on the severity of the emergency or illness. If necessary, an ambulance will be called.

The Camp Director or Assistant Camp Director will be contacted by the lead staff as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.

As a preventative measure, prior to departure from the camp, the Camp Director or Assistant Camp Director will determine appropriate guidelines to be followed during the field trip including:

- A first aid kit and bloodborne pathogens kit will be taken in all vehicles on field trips.
- Emergency information, including contacts and telephone numbers, will be taken on all field trips.
- On a field trip, staff will have access to a YMCA cell phone for emergency needs.

Medical Emergencies

Injury:

An accident report must be filled out on all injuries – minor or major.

Minor Injury: If a child has a minor injury during our care, a first aid certified staff member will administer first aid. If the injury requires additional medical attention the child will be taken to the emergency room by ambulance, accompanied by an authorized camp staff.

If possible, we will wait at the camp for the parent to arrive to transport their child to the emergency room. Otherwise, the parent will be called and should meet their child and our staff member at the emergency room.

Serious Injury: In cases where a serious injury occurs, as defined by OSHA "... amputation; loss of an eye; or serious degree of permanent disfigurement.", we will:

1. Call **911**
2. Assess the situation for any other possible threats to life.
 - a. If the area is unsafe, DO NOT ENGAGE. Follow the instructions of the 911 operator and wait for Emergency responders to arrive (Police, Fire, Ambulance, etc...)
 - b. If the area is free of potential new hazards, staff will follow the instructions of the 911 operator and engage in First Aid and CPR until emergency responders arrive to relieve staff of the responsibility.
3. A staff member will accompany the child to the hospital bringing all necessary forms. The staff member will obtain the child's health records, permission for treatment form, and emergency contact numbers.

In the case of a medical emergency or illness, staff members should respond in a calm and reasonable manner. The staff in charge will begin administration of emergency care while the assistant staff or second staff calls for the health care supervisor and takes the other children to another area or room.

An injury report for any incident which requires first aid or emergency care will be maintained in the child's file. The injury report includes the name of your child, date, time and location of accident or injury, description of injury and how it occurred, name(s) of person(s) who administered first aid and first aid required. The parent will need to review the accident form, sign it, and then be given a copy. The original document remains in your child's file at the camp.

The YMCA Accident Report Form will be documented in the Accident/Illness log and the original will be placed in your child's file.

Illness:

The DPH will be notified of all treatment received, serious injury, illness, in-patient hospitalization, or death of a child while in program care.

If a child has a sudden medical emergency such as a seizure, severe allergic reaction, etc. while at the camp the health care supervisor will be contacted to assess the child to determine if an ambulance is required.

If directed by the child's action plan and if available, our health care consultant or his covering physician may also be called from the office to determine if an ambulance is required. The parent will be called to meet with their child.

If the child is to be transported to the emergency room via ambulance, a staff member will accompany the child to the hospital bringing all necessary forms. The staff member will obtain the child's health records, permission for treatment form, and emergency contact numbers.

Procedures For Using and Maintaining First Aid Equipment

All first aid kits and bloodborne pathogens kits are to be kept in the first aid bag in the office, nurses' station and pool station and will be inspected monthly but restocked as needed.



They will be in the spaces labeled with a red cross on the wall, like this:

The first aid kits are located out of reach of children but easily accessible to staff members. The lead staff and/or Health Care Supervisor will be responsible for the daily monitoring and upkeep of both kits and books. When any items are needed, the Health Care Supervisor will be notified by the staff and is responsible for replacing the items immediately.

When on a field trip, staff or their designated substitute is to bring with her their travel first aid kit and bloodborne pathogens supplies. Items included in the kits are to be used in accordance with the training each certified staff has received in the Pediatric First Aid Course and Universal Precautions Training.

Contents of first aid kits

adhesive tape
band aids
gauze pads
gauze rolled bandage
disposable non-latex gloves
instant cold pack
scissors
tweezers
thermometer
CPR mouth guard

Care of Mildly Ill Children

Children who are mildly ill may remain at camp but shall be picked up in a timely manner. They will be brought to the nurses' station where they will wait to be picked up. Where appropriate, alternative activities and foods will be provided. A staff member trained in first aid will monitor the child regularly and document the child's condition. Any changes will be reported to the parent.

If a child's condition worsens, they become ill at the camp or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Director will contact the child's parents(s). The parent(s) will be asked to pick up their child within the hour. The child will be cared for in the nurses' station until the parent(s) arrive to take the child home. If a parent cannot be reached, we will try the other authorized emergency contacts you have listed in your child's file.

Children who have an axillary (under arm) temperature of 100 degrees will be excluded from care until they are fever free for 24 hours without having pain reliever/fever reducing medication administered.

Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by the sick child again or for use with any other child.

The DPH will be notified of all treatment received, serious injury, illness, in-patient hospitalization, or death of a child while in program care.

Medication Administration Policy

Administration of medication poses an extra burden for staff and having medication in the facility is a safety hazard. Medication administration will be limited to:

- Situations where an agreement to give medicine outside childcare hours cannot be made.
- The child has a chronic medical condition (i.e. asthma, allergies, seizures) and may need medication in an urgent situation.
- A child is recovering from an illness but is well enough to attend if medication is administered. (Fever reducing medication will not be administered)
- All medication administered must be in the original prescription bottle.
- A medication consent form must be completed by the parent or guardian before medication can be administered.

Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction.

Parents or legal guardians may administer medication to their own child during the day. To do so, simply report to the camp office and sign in as a visitor. Our staff will bring your child to you. We will provide you with a clean, sanitized space to privately administer medicine to your child. While on camp all visitors must be accompanied by a staff. Parents may only visit with their own children while on camp.

Procedure:

Staff are trained periodically in the "5 Practices of Safe Medication Administration in the Child Care Setting" with a written performance evaluation will administer medication when the following criteria have been met:

- The medication is prescribed by a licensed health professional. (Prescription & non-prescription).
- Prescription or non-prescription medication is only given to a child with a written order from a licensed health professional. (This may include the pharmacist label on the medication.)
- Non-prescription medication such as Tylenol, Motrin, aspirin, and cough/cold medication is only given to a child with a written order from a licensed health professional. We will attempt to contact the parent before administering non-prescription medication.
- If your child has been given any type of medication prior to their arrival at the camp, please inform your lead staff.
- Written instructions for administration of the specific medication are provided by the licensed health professional.

- Instructions for the dose, time, route, and duration of administration will be provided to the childcare staff in writing (on an authorization for non-prescription medication form) or dictated over the telephone by a licensed health professional authorized to prescribe medication. This requirement applies both to prescription and over-the-counter medications.
- Parents/legal guardians will provide caregivers with prescription medication in the original manufacturer's child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication, the dosage, route and time of administration, the date the prescription was filled, the name of the licensed health professional who wrote the prescription, the medication's start and expiration date, and storage.
- Parents/legal guardians will provide caregivers with non-prescription medication in the original container, preferably a child-resistant, that has a manufacturer's label. The container is then labeled with the child's name and expiration date. Non-prescription medication is stored in a safe and appropriate location and is not shared with other children.
- Dosage & route of administration in-service included oral, topical, nasal spray, eye drops, inhaler, and EpiPen. Special instructions reviewed with parent/legal guardian upon delivery of medication to the Camp.
- A Medication Authorization Form will be provided for the parent to fill out. Each form must be filled out including signature and date before we can administer any medication to your child.
- A completed Medication Authorization Form is on file at the camp for all medications and renewed annually.

Medication Disposal

- Any prescription medication, that a child has completed the prescribed duration of administration for, will be sent home with the parent for disposal.
- If medication is left at the camp from a child no longer enrolled, the director will contact the parent to pick up the unused medication. If the medication is not picked up it will be disposed of by following FDA Guidelines for medication disposal.

Parent is to deliver medication to the Lead Staff or Health Care Staff upon arrival in the program. Under no circumstances should any medications ever be put in your child's backpack or lunchbox. Only the Certified Lead Staff or Certified Staff, Director and Assistant Director are authorized to administer medication.

Staff members responsible for administering medication will:

- Be trained in First Aid Procedures and will complete 5 Rights of Medication Administration training provided by the Department of Early Education and Care. Staff will receive an annual evaluation on their ability to administer medication.
- Staff will wash hands before and after administering medication.
- Administer medication in a private area (if able) to one child at a time using approved measuring device provided by parent.
- Sign the individual medication log for all medications given at the camp. Staff will document the child's name, medication given, dose, time and the method of administration immediately after medication is given. This is to include spills, refusal/missed dose or an alternate time, document why and notify director and parent
- Observe child for potential side effects after medication is administered. Staff will be aware of potential or verbal side effects and properly respond to negative reaction following the written direction of the licensed health professional. Notify Camp Director or Assistant Camp Director, parent, and licensed health professional.
- All medication is stored properly in a designated area (emergency pack) or (staff room refrigerator if refrigeration is necessary) in an area of the camp inaccessible to children.
- Medications will be kept at the temperature recommended for the type of medication, (refrigeration available in the staff room) in a sturdy, child-resistant, closed container that is inaccessible to children. Controlled medications will be locked in the Director's office and accessible to only authorized staff. **Under no circumstances should any medications ever be put in your child's backpack.**

- Instructions which state that the medication may be used “as needed” will be renewed by the physician at least annually and must include specific criteria for administration.
- Medications will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the licensed health professional.
- Medication that has expired or is no longer in use is returned to the parent/legal guardian.
- The camp will maintain a written record of administration of any medication (excluding topical ointments and sprays applied to normal skin) which will include the child’s name, the time and date of each administration, the dosage, and the name of the staff administering, and it will become part of the child’s file.

*** **Please note: The product you wish your child to use must have been previously administered. This is to reduce the possibility of your child having an allergic reaction to the product at the camp.**

Plan For Meeting Specific Health Care Needs

During admission process, parents will be asked to record any known allergies on the registration form. The form will be updated yearly. Through the review of the child’s medical health forms and developmental histories, those individuals who have allergies will be identified. Each staff member will receive written notification of any child in their group who has an allergy, and what treatment should be given if exposed.

All allergies or other important medical information will be conspicuously located in the office. These postings will be accessible to all staff members but confidential to others. Allergies list will be updated as necessary – new children enroll, unknown allergies become known.

All staff will be kept informed by the Director so that children can be protected from exposure to foods, chemicals, animals, or other materials to which they are allergic. Food allergies will be communicated to the kitchen staff to ensure that a substitute meal will be provided.

All allergy information will be provided on the staff attendance sheet. any other information regarding the child’s medical means will be communicated with the staff directly. Personal information will not be provided on the attendance sheet instead “see office manager” will be indicated.

Any event that a child has an allergy that requires an EpiPen a note will be made on the attendance sheet; the staff will be required to carry the EpiPen. Training on the use or handling of an EpiPen will be the responsibility of the CPR and first aid trainer.

If a child has other types of specific health care needs the staff will discuss the protocol with the family upon admission and together will develop the required plan of action for the child. In the case of a child under-immunized due to a medical condition or family belief, that child will promptly be removed from the classroom/camp and the parent will be called to pick up the child if it is reported to the administration that a vaccine preventable disease is present within the camp.

Allergy Policy

These guidelines are established to manage, prevent, and minimize complications with Campers that have allergies in the childcare setting. These are to include allergies to food, medication, insect bites, the environment and latex or other substances.

- All Campers with a known allergy will be identified by parents and parents will provide a medical/physical history form.
- It is the parents’ responsibility to provide a list of all known allergens to the childcare setting.
- Pertinent staff are notified of Campers with a known allergy.
- Lists of Campers and their allergies are posted in the food preparation areas and in the classrooms with parental consent.

- An individual health care plan is developed in consultation with family members, health care providers, and health consultant and childcare staff.
- Staff are trained in Pediatric First Aid.
- All children that require the administration of emergency medication will have an established "Action Plan". Prescribed Epipen auto-injectors are always near the child with an allergy in a safe inaccessible area to children but readily available location.
- The YMCA child development programs protect children with allergies by providing special accommodations and an allergy safe environment.

Facility Cleaning Routines for Staff and Children with Allergies

The facility will be maintained in a clean, sanitary and allergy safe environment. When an allergen exposure occurs, the area will be closed to allergic participants, and staff will sanitize the area. All exposed surfaces will be cleaned using commercial sanitizing wipes, spray, and cleaners following the manufacturer's directions for use, and sanitization.

The facility will provide training for staff that are responsible for cleaning. Such training will include cleaning techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the United States Occupational Safety and Health Administration about the use of any chemical agents.

Daily cleaning and sanitization of the facility will be completed by groundskeeping staff after the close of each camp day to ensure a clean camp before each opening.

Sunscreen Policy

Note: State Licensing requires parents to apply sunscreen at home. To apply at Camp requires written authorization from child's physician and parent.

Use of a sunscreen labeled as SPF-15 or higher with UVB and UVA ray protection encouraged.

How to protect children in the sun

- If the child is not exposed to direct sunlight, sunscreen is not usually necessary.
- Children should be encouraged to play in the shade wearing good protective clothing.
- Make sure you use enough sunscreen; half a handful (approximately 20 ml) is usually enough for the child's entire body.

Bug Spray Policy

Note: State Licensing requires parents to apply bug spray at home. To apply at Camp requires written authorization from child's physician and parent.

DEET is still considered the most effective insect repellent ingredient to fight those summertime pests that plague children from playing outdoors. But using this powerful chemical requires special precautions that are outlined in this article.

If you have mosquitoes and/or ticks in your area, children will need protection. West Nile virus carried by mosquitoes and Lyme disease carried by ticks can be very serious illnesses for both adults and children.

According to the American Academy of Pediatrics, the most effective insect repellents contain DEET (N, N-diethylm-toluamide, also known as N, N-diethyl-3-methylbenzamide). New research has demonstrated that DEET with a concentration of 10% appears to be as effective as products with a concentration of 30% when used according to the directions on the products labels. DEET is not recommended for use on children under 2 months old.

The safety of DEET does not appear to relate to differences in these concentrations. A prudent approach would be to select the lowest concentration effective for time spent outdoors. It is generally agreed that DEET should not be applied more than once a day.

Other precautions when applying DEET:

- Apply DEET sparingly on exposed skin; do not use under clothing.
- Do not use DEET on the hands of young children; avoid applying to areas around the eyes and mouth.
- Do not use DEET over cuts, wounds, or irritated skin. Wash treated skin with soap and water after returning indoors; wash treated clothing.
- Avoid spraying in enclosed areas' do not use DEET near food.

While the medical community has assured everyone that DEET is both safe and effective, those who are more chemically sensitive might well be advised to stick to the more natural repellents. Natural bug repellents such as Bite Blocker and Badger Anti-Bug Balm are a blend of plant oils, plant extracts, and plant derivatives.

Injury Prevention Plan

- Before the children arrive each day, all staff conduct a safety check of their areas. They will ensure that all hazardous items are removed from the reach of the children and stored out of reach. Broken materials will be removed from the space until they are repaired. Any needed repairs or unsafe conditions should be reported to the Director in writing for follow-up. Each staff will conduct a daily safety check of the outside play area before allowing children to enter the play area.
- All toxic substances, poisonous plants, medications, sharp objects, matches and other hazardous objects shall be kept in a secured place that is out of the reach of children.
- Firearms are not allowed on the premises by any person unless they are a required part of that person's uniform.
- **No smoking is allowed on the premises.**

Plan For Managing Infectious Disease

Illness and Exclusion from the camp:

The following guidelines have been established for the health and wellbeing of your child and other children in our program.

All medications administered by families in the previous 24 hours must be recorded in the medication log by your staff. Please notify your staff daily on arrival if your child has either had medication or been unwell.

Children who have an axillary (under arm) temperature of 100.5 degrees (101.5-degree equivalent) will be excluded from care until they are fever free for 24 hours without having pain reliever/fever reducing medication administered.

Children who do not feel well should be at home. Children who become ill at the camp need to be sent home and you will be notified to pick-up your child within one hour.

Children will not be permitted to come to the program if:

- If they pose a significant health risk to other children.

- If they are feeling so poorly that they are unable to participate in class activities.
- If they were excluded from childcare within the previous 24 hours and do not have a doctor's note to return.

Please notify the camp immediately if your child has been diagnosed with a communicable disease or illness. A note from the child's physician is required to return to the camp.

Guidelines for Exclusion from the Camp:

You should have your child remain home with behavior indicating pain or distress.

Please keep your child home if any of these symptoms or illnesses occur:

Skin Rash	Persistent Cough
Head Lice	Diarrhea
Conjunctivitis	Mouth sores
Pinworms	Ringworm
Hepatitis	Impetigo
Measles	Mumps
Chicken Pox	Rubella
Strep Throat	
Fever 101.5 degrees & higher (100.5-degree axillary)	

All contagious illnesses

Please contact your child's physician for further information

This list is subject to change periodically. We follow the Division of Communicable Disease Control, Department of Public Health Guidelines for exclusion from childcare.

Staff will take extra special precautions when children who are diagnosed at the camp and when children who are mildly ill remain at the camp.

Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory, and skin or direct contact infections, may be excluded from the camp if it is determined that any of the following exist:

- The illness prevents the child from participating in the program activities or from resting comfortably.
- The illness results in greater care need that the childcare staff can provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious illness.
 - Diarrhea.
 - Vomiting two or more times in the previous 24 hours at home or once at the camp.
 - Mouth sores unless the physician states that the child is non-infectious.
 - Rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease.
 - Purulent conjunctivitis (defined as pink or red conjunctive with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment.
 - Tuberculosis, until the child is non-infectious.
 - Impetigo, until 24 hours after treatment has started or all the sores are covered.
 - Head lice, free of all nits or scabies and free of all mites.
 - Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours.
 - Hepatitis A, unless treated with rifampin for 2 days.
 - Chicken pox, until last blister has healed over

A child who has been excluded from childcare may return after being evaluated by a physician, physician's assistant, or nurse practitioner, and it has been determined that They is considered to pose no serious health risk to himself or herself or to the other children. You will be required to return with a doctor's note. Nevertheless, the camp may make the final decision concerning the inclusion of the child.

If a child has already been admitted to the camp and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc.), They will be offered their cot or other comfortable spot in which to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interests of the child that They be taken home, his/her parent will be contacted immediately and asked to pick up the child as soon as possible.

Children who are excluded from care must remain symptom free for 24 hours, without medication to control the symptoms, before returning to care. Specific exclusions will be given to parents on the illness/injury report at the time of exclusion.

When a communicable disease has been introduced into the camp, parents will be notified immediately, and in writing by the Camp Director or Assistant Camp Directors. Whenever possible, information regarding the communicable disease shall be made available to parents. Camp Director or Assistant Camp Directors shall consult the Day Care Health Manual for such information. DPH must be contacted when there is a reportable communicable disease in the program.

Plan for Infectious Disease Control

The DPH will be notified of all treatment received, serious injury, illness, in-patient hospitalization, or death of a child while in program care.

The Camp Director or Assistant Camp Directors shall ensure that staff, volunteers, and children wash their hands with liquid soap and running water using friction. Hands shall be dried with disposable towels. Children will be taught proper hand washing on a regular basis. Staff and children shall wash their hands at the following times:

- Upon entering the Camp.
- When moving from one group to another.
- Before meals or snacks (before preparing or serving food or handling any raw food that requires cooking).
- After using the toilet.
- After contact with bodily fluids and discharges (blowing or wiping nose, coughing on a hand, or touching any mucous, blood or vomit).
- After playing in water that is shared by two or more people.
- After playing in the sand boxes (outdoors).
- After handling animals or their equipment.
- After cleaning.

The lead staff shall ensure that the specific equipment, items, or surfaces are washed and disinfected.

After each use:

- Hats
- Toys mouthed by children.
- Dispose of Mops used for cleaning bodily fluids.
- Thermometers.
- Tables before and after meals.
- Counter tables/tops and food preparations and services surface

At least daily:

- Toilets.

- Floors, carpets, rugs, and doorknobs.
- Sinks and sink faucets/soap dispensers.
- Drinking fountains.
- Water table and water play equipment.
- Play tables.
- Smooth surfaced non-porous floors.
- Mop used for cleaning.
- Mats

Acceptable latex-free substitute gloves should be worn by all staff when they meet blood or body fluids. Specifically, gloves should be worn during when administering first aid for a cut, bleeding wounds, or a bloody nose.

Gloves should never be reused and should be changed between children being handled.

Proper disposal of infectious materials is required. Any disposable materials that contains liquid, semi-liquid, or dry, caked blood will need to be disposed of in the secured trash receptacle. The bags should be removed and securely tied each time the receptacle is emptied.

Cloth items that meet blood or bodily fluids will be double bagged and sent home.

All employees will wear appropriate Personal Protective Equipment (which includes latex free gloves, CPR micro shields, aprons, glasses with side shields, and dust / face masks) when they are in contact with blood or potentially infectious materials.

Universal Precautions

All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Each staff member will be trained in the above Infection Control Procedures upon employment and then annually.

The program requires, on admission a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health's recommended schedule. No child shall be required, under 102 CMR 7.00 to have any such immunization if his parent(s) object, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contraindicated. This must be maintained in the child's file. No child will be admitted into the program without the required documentation for immunizations. (Childhood Lead screening must be done on all children; it is not considered an immunization). The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded from attending when a vaccine preventable disease is introduced into the program. The Massachusetts Immunization Program provides free childhood vaccines. The toll-free telephone number is (1-888-658-2850).

The Director is responsible for developing the Bloodborne Pathogens Exposure Plan (required by the United States Occupational Safety and Health Administration (OSHA) for any facility with employees), ensuring all staff members are trained in ways to protect themselves, and ensuring that the facility follows the recommendation for immunization against Hepatitis B for those whose job includes the risk of exposure to blood. The facility's Bloodborne Pathogens Exposure Plan will confirm to the requirements reflected in the model plan provided by OSHA

Cleanliness

It is important that we maintain a clean, sanitary, and healthy environment for all children enrolled in our program.

To accomplish this, the camp spaces and bathrooms are cleaned throughout the camp day to maintain cleanliness, and fully cleaned and sanitized at the end of each camp day. Any unclean areas should be reported to the camp office or groundskeeping for immediate clean up.

Handwashing Policy

The Camp Director or Assistant Camp Director shall ensure that all staff, volunteers, and children follow the handwashing protocol. Wash your hands properly and frequently as directed in program guidelines posted at each handwashing location set by the MDPH.

1. Wet hands with hot running water.
2. Apply liquid soap.
3. Rub your hands vigorously for about 20 seconds, including: (sing the song "happy birthday to you" about 2 times as you wash your hands.
 - Backs of hands
 - Wrists
 - Between fingers
 - Under fingernails
4. Rinse well.
5. Dry hands with a paper towel.
6. Turn off the water with a paper towel, not your clean hands.
7. Throw the towel away into a lined, covered step can.

Adults and children should wash their hands minimally at the following times:

- Upon entering the camp program.
- Before eating or handling food.
- After using the toilet.
- After meeting bodily fluids and mucous discharges.
- After handling program equipment.
- Before and after water play activities.
- Before and after administering medication.
- After handling garbage or cleaning.
- After the removal of gloves.

Food Handling and Feeding Policy

A. Drinking Water: We use the water from the town public water source.

Safe drinking water will be accessible to children who can serve themselves and offered between meals to all children, while indoors and outdoors. It is the responsibility of the West Springfield Department of Public Works, Water Division, to monitor, test and report on the quality of the Town's drinking water. The annual report is available on their website. The drinking water source will be approved by the local health department. Drinking water will be dispensed by personal water bottle, in drinking fountains, or by single-use paper cups.

B. Food Safety/Dishes, Utensils and Surfaces:

1. No one with signs of illness (including vomiting, diarrhea, open infectious skin a. sores), or who is known to be infected with bacteria or viruses that can be b. carried in food, will be responsible for food handling.
2. All food provided by the YMCA must come from the central kitchen located at the Tower Square YMCA 1500 Main Street. Springfield, Massachusetts 01115.
3. Food will be provided in sealed unitized containers only. No open or family style meals will be allowed.
4. Food may only be served to children by Central Kitchen Staff certified in "safeserv".

5. No food preparation is allowed on camp.
6. No food may be stored on camp.
7. All food must be disposed of daily.
8. Staff food must be kept on their person.
9. Parents may send food with their children in the appropriate containers and temperature. We will NOT provide refrigeration or warming/cooking services.

Nutrition Policy

Camp ensures food safety and promotes a healthy attitude towards food. We teach children about good food choices.

1. No child /participant/staff may be denied food or water at any time, provided it is safe to do so.
2. Parents may send their child to camp with whatever food, meal, and drink they choose. Children may consume their own food at any time.
3. Children who express hunger will be provided with a light snack or meal. Parents who forget, or neglect to send a meal for their child, will have one provided. A fee of \$6 will be charged for each day your child is without a meal. Families may apply at any time for free or reduced lunch.