United Services for Children

HEALTH AND SAFETY MANUAL

FY27

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EMERGENCY PROCEDURES

Emergency Medical Treatment

Should there be an accident involving a child that requires medical emergency treatment:

- 911 will be called for police or ambulance.
- A supervisor will be contacted immediately.
- A member of Management will be notified.
- As instructed by the Program Director, staff familiar with the child will make contact with the family. Counseling will be available, if necessary, for staff, children, and families. In the case of a catastrophic or sentinel incident at the agency, at the request of the director, the Social Worker may contact a local counseling agency within 72 hours of the event and determine the most appropriate course of action to take to support the staff through the crisis. These actions may include the following:
- In cases of sudden death or any other traumatic circumstance, a professional counselor will offer "Critical Incident Stress Debriefings". This would include anything from coming on site to assist those affected to providing group meetings where employees discuss their reactions in a group and receive education about "normal reactions to abnormal events." These meetings generally occur within 72 hours.
- Individual counseling may also be recommended for both employees and their family members. Incident reports will be reviewed annually.

Critical Incident Policy

A critical incident at United Services is described as follows:

- Incident that requires emergency medical treatment
- Incident where there is an unattended child(ren)
- Incident that includes a substantiated report of abuse or neglect
- Incident that involves a violation of a child's medical action plan (includes incorrect or absence of medication distribution)
- Ingestion of identified food allergens
- Incident that could be considered a sentinel event
- Incident where the perpetrator or victim is a consumer of United Services
- Incidents of fire, theft, or natural disaster resulting in extensive property damage, loss or disruption of service: In such incidents, the agency will contact the Developmental Disabilities Resource Board immediately when an incident occurs involving medical and/or law enforcement.

In the event of a critical incident, an investigation (including reports from each staff member involved) and documentation will be completed within a reasonable time frame, as the situation dictates, due to the severity, circumstances, and the number of people involved. The CEO or Program Director will be notified within a reasonable amount of time when a critical incident occurs. A copy of the Critical Incident Form will be maintained in the employee file, as well as in the Critical Incident File maintained by the Program Managers. A determination will be made regarding the cause of the incident, whether the incident was part of a trend, the actions needed for improvement, and the results of the analysis.

First-Aid Procedures

Life threatening injuries or serious medical emergencies that occur during an incident would also have to be addressed by staff on hand. In the event of multiple casualties, staff may be required to assist in moving students to the rallying point or other designated area to await pick-up by their parents or designee. Fire and EMS personnel will direct the evacuation, if required.

Power Outage
In the event of a power outage during hours of operation, all sessions will continue. Due to the short class/therapy time frame, classes and therapy can proceed without interruption. Staff will alter activities to meet the needs of the children. Flashlights are available in each classroom. Staff will discard food left in refrigerators more than 4 hours after initial power outage. In the case of an extended power outage, the executive team will evaluate when and how to contact families and staff about agency closure. Managers will turn off unnecessary electrical items to prevent power surges upon power restoration. Report power outage to Ameren Missouri at 1.800.552.7583. In the event of a long-term outage, the CEO may close the building.

Chain of Command
In any emergency situation, coordination of activities is critical; therefore, the following Chain of Command will be implemented during any emergency. Responsibility for directing staff will be:

- **CEO – Julie Turner**
- **Director of Administration – Lori Kohrs**
- **Director of Programs – Leslie Tucker**
- **Education/Family Support Specialist - Monica Wilmsen**
- **Program Managers– Suzanne Salmo, Linda Schmid or Melissa Black**

EMERGENCY EVACUATION
Emergency Drills
The following plans were developed in conjunction with representatives from our local emergency service agencies. The plan incorporates suggestions and recommendations from emergency service professionals, our staff, our parents, and the Board of Directors. Our goal in developing this plan is to provide a safe and healthy environment for all students and staff. As an early intervention center serving children and their families, parents are encouraged to visit and participate in their child's learning experiences. In order to provide a safe and open environment for our children and their families, the staff must participate fully in all safety procedures. Prior to emergency drills, an announcement of "THIS IS A DRILL" will be given.

Earthquake Policy
In the event of an earthquake, there will be little or no warning. The immediate need is to protect students and staff by taking the best available cover. The speaker system will announce, "Earthquake, Shelter in Place". When the Earthquake Procedure has been initiated, the following actions will be taken immediately:

- DROP onto hands and knees. This position protects individuals from being knocked down and allows them to stay low and crawl to shelter nearby.
- COVER head and neck with one arm and hand.
- If a sturdy table or desk is nearby, crawl underneath for shelter.
- If no shelter is nearby, crawl next to an interior wall (away from windows).
- Stay on knees, bend over to protect vital organs.
- HOLD ON until shaking stops.
- Under shelter, hold on with one hand, and be ready to move with shelter if it shifts
- If not under shelter, cover head and neck with both arms.
- If in a hallway, move to safest inside wall, away from viewing windows, and DROP, COVER AND HOLD ON.
- If on a playground, move to the fence around the perimeter of the parking lot, and DROP,COVER AND HOLD ON. Do NOT return to building.

Remember that there may be several aftershocks or tremors – wait for further directions from a member of the Crisis Chain of Command. The Fire Alarm system or speaker system will be used to evacuate the building, using the Fire Evacuation procedures. Staff should take the class list and emergency information. A member of the Crisis Chain of Command should shut off the gas and water valves as they evacuate the building (marked on maps each room). When the valves are shut off, the information should be passed on to a member of the Crisis Chain of Command or to responding emergency crews. All groups will congregate at the back of the parking lot. A member of the Crisis Chain of Command will confirm the evacuation is complete and decide if a temporary shelter is necessary. If it is, the designated rallying point will be utilized. Once out of the building, staff will take attendance to account for their students, staff and any additional people in the room. The names and (if possible) a description of any missing students/staff will be recorded on an attendance sheet which will be collected. Call 911, assess injuries and administer first aid if necessary. Communicate with parents as appropriate and as soon as possible at the direction of the CEO. Refer all media calls to the CEO or designee.

Tornado Safety Procedure

Upon notification of a tornado warning or sighting from the National Weather Service tone alert radio or through the County Siren system, the tornado signal announcement, "TORNADO WARNING, TAKE COVER UNTIL ALL CLEAR IS GIVEN" will be broadcast over speaker system. When the Tornado Safety procedure is initiated:

- Exit routes are posted in each room. Teachers will take class lists and close doors to each classroom, as children and staff leave for their evacuation sites.
- Once positioned at their evacuation site, all children and staff should align themselves with head toward the wall, kneeling in a crouched position, hands around bent head.
- Teachers will kneel behind their class to be sure the children are following the emergency position. Staff member should protect children not able to be in this position by placing them as close to the wall as possible.
- DO NOT align children in front of the observation windows or behind a closed classroom door.
- As soon as possible, staff will take attendance to account for their students, staff and any additional people in the room. The names and a description of any missing students/staff will be recorded on an attendance sheet which will be collected.
- Children arriving at school during an alert should be brought into a safe area in the school immediately.
- Families waiting in the lobby should move to an internal room.
- In the event a tornado damages or destroys the building itself, staff should evacuate the children via the nearest exit and proceed to the closest undamaged building available to keep the children out of the weather.

Fire Safety

The building is equipped with smoke detectors in the hallways and the furnace ducts, a sprinkler system, and an alarm monitoring system. If a pull station is activated, either the smoke detector alarms or sprinkler system will be activated. The monitoring system will automatically call the alarm monitoring company, who will in turn call the fire department. Whoever discovers smoke or fire must immediately activate the manual pull station closest to them and alert a member of Management with the location of the smoke or fire. Upon hearing the fire alarms, the building will be evacuated using the following procedures:

- Rooms will be evacuated according to the diagrams located in each classroom. Teachers will take attendance folders and red/green signs.
- All doors should be closed as the last person leaves.

- Children and staff should congregate in the parking lot.
- Once outside, staff will take attendance to account for their students, staff and any additional people in the room. The names and a description of any missing students/staff will be recorded on an attendance sheet which will be collected.
- If an off-site temporary shelter is necessary, then staff and children should proceed to the designated assembly point.
- Staff and students will await further direction from the Director of Programs.
- The CEO or designee will communicate with parents, as appropriate, as soon as possible.
- All media calls will be referred to the CEO or designee.

Bomb Threat

A bomb threat can be directed to the agency or an employee. Try to keep the caller on the phone as long as possible. Remain calm while trying to collect and write down as much information as possible, including the exact threat. Use the information form by each phone to help gather information. Silently signal someone to call the police. The Program Director must be notified immediately. In the event of a bomb or bomb threat, an announcement will be made for "STAFF TO CHECK CLASSROOMS BEFORE LEAVING", followed by the fire alarm. When this announcement/alarm is made, employees are expected to evacuate the buildings per the fire evacuation procedures:

- Staff will quickly visually inspect their classroom or office, then proceed with evacuation. DO NOT TOUCH anything that looks suspicious.
- Report any unusual devices, noises or disturbances noticed during evacuation to a member of Management.
- Rooms will be evacuated according to the diagrams located in each classroom. Teachers will take class lists and emergency forms.
- All doors should be closed as the last person leaves. Children and staff should congregate in the parking lot. Once the room is secured, staff will take attendance to account for their students, staff and any additional people in the room. The names and a description of any missing students/staff will be recorded on an attendance sheet which will be collected. If an off- site temporary shelter is necessary, as determined by the CEO, then staff and children should proceed to the designated assembly point. Staff and students will await further direction from the Director of Programs. The CEO or designee will communicate with parents, as appropriate, in a timely manner. All media calls will be referred to the CEO or designee.

Intruder in the Building

An Intruder or Active Shooter situation can occur at the agency. As such, drills have become necessary and practicing these drills is a part of being prepared. The agency has a "safe word" procedure used for actual situations and drills. The safe word will be given to all staff members at orientation and used at the end of the intruder situations and drills to inform staff it is safe to exit classrooms. Current staff and caregivers have an access code to enter the building. All others will be considered visitors and should sign in at the front desk and obtain a visitor's badge. If individuals resist or staff feel uncomfortable or unsafe, a management team member should be contacted immediately. If the situation escalates, a supervisor or management team member will announce "Intruder in the Building" and call 911. The guidance in this policy should be used:

Definitions
An Intruder is a person on agency premises without permission. An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation. In any facility you visit, always:

- Be aware of your environment and any possible dangers.
- Take note of the two nearest exits.

How to Respond When an Active Shooter is in Your Vicinity
If gun shots are witnessed or heard, respond immediately! Quickly determine the safest way to protect your own life and whether the best course of action is to **RUN, HIDE, or FIGHT.** Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation. In all cases, **CALL 911 WHEN IT IS SAFE TO DO SO!**

- Alert police to the active shooter's location.
- If you cannot speak, leave the line open and allow the dispatcher to listen.

RUN
- Evacuate (**RUN**) If there is an accessible escape path.
- Have an escape route and plan in mind.
- Evacuate regardless of whether others agree to follow.
- Leave your belongings behind.
- Help others escape, if possible.
- Remain out of the active shooter's view.
- Seek protection if shots are fired in your direction (i.e., cover behind walls, dumpsters, vehicles, etc.).
- Choose an escape path which does not trap you or restrict your options for movement.
- Prevent individuals from entering an area where the active shooter may be.
- Keep your hands visible.
- Follow the instructions of any police officers.
- Do not attempt to move wounded people.
- Call 911 when you are safe.

When secure, take attendance to account for students, staff, and any additional people in the group. The names and (if possible) a description of any missing students/staff will be recorded.

HIDE
If evacuation is not possible, find a place to **HIDE** where the active shooter is less likely to find you. If you are in a hallway or play area, get to the closest room and secure all nearby exits. If you are in an office, classroom, or restroom, stay there and secure all nearby exits. Your hiding place should:
- Be out of the active shooter's view.
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door), and not trap you or restrict your options for movement.

To prevent an active shooter from entering your hiding place:

- Lock the door.
- Barricade the door with heavy furniture.
- Turn off lights, close blinds.
- Move away from windows.
- Be silent.
- Silence your cell phone and/or pager.
- Turn off any source of noise (i.e., radios, televisions).
- Hide behind large items (i.e., cabinets, desks).
- Remain quiet.
- Call 911.

Once the hiding place is secure, take attendance to account for students, staff, and any additional people in the room. The names and (if possible) a description of any missing students/staff will be recorded.

FIGHT

- If evacuation and hiding out are not possible, remain calm.
- As a last resort, attempt to take the active shooter down **(FIGHT)**. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her. Prepare both mentally and physically for confrontation with the assailant, while seeking an avenue to escape or evade. Attempt to disrupt and/or incapacitate the active shooter by:
- Acting as aggressively as possible against him/her.
- Throwing items and improvised weapons.
- Committing to your actions.

Specific instructions for an Intruder Drill

Drills shall be performed a minimum of 4 times per year. All agency staff shall participate in Intruder Drills. Intruder drills have become necessary and practicing these drills is a part of being prepared. The agency has a "safe word" procedure used for drills. The safe word will be given to all staff members at orientation, and used at the end of the intruder drills to inform staff it is safe to exit classrooms. At the beginning of the drill, a supervisor or management team member will announce "Intruder in the Building". All personnel on the premises should do the following:

- Classrooms: Staff will close and lock door, pull shade on window and turn off lights. All should move away from window and be silent.
- Play areas/Hallways: Go to closest room, pull shade and turn off lights. Move away from window and be silent.
- Playground: Exit the playgrounds.
- Restrooms: Stay and lock doors.
- Other areas of building: Close and lock doors, turn out lights. Move away from window and be silent.
- Families in the waiting areas should go to the manager's office.

Once the room is secure, staff will take attendance to account for their students and staff and any additional people in the room. The names and (if possible) a description of any missing students/staff will be recorded on an attendance sheet which will be collected. The safe word will be used to let staff know when it is ALL SAFE in the building. Lock down will end when physically released from room by emergency responder or other agency authority (manager, supervisor or administration). Please be aware decisions may have to be made that differ from the policy.

How to Respond When Law Enforcement Arrives
Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard. Officers, usually individually or in teams, may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment and may be armed with rifles, shotguns, handguns, may use pepper spray or tear gas to control the situation, shout commands, and may push individuals to the ground for their safety. Employees should:

- Remain calm and follow officers' instructions.
- Put down any items in your hands (i.e., bags, jackets).
- Immediately raise hands and spread fingers.
- Keep hands visible at all times.
- Avoid making quick movements toward officers such as holding on to them for safety.
- Avoid pointing, screaming and/or yelling.
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises.

Information to Provide Law Enforcement or 911 Operator

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

The first officers to arrive on the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises. Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

Ending of Intruder Situation
The safe word will be used to let staff know when it is ALL SAFE in the building. Lock down will end when physically released from room by emergency responder accompanied by an agency authority (manager, supervisor or administration). Please be aware decisions may have to be made that differ from the policy.

Summary of Action Plan for Active Shooter in the Building If gun shots are witnessed or heard, respond immediately!
RUN: Get out of the building if you can,
HIDE: if you cannot get out,
FIGHT: if you MUST.
Follow your team plan!

Release of Students to Parents in an Emergency
Following a crisis, teachers are to keep the children with them until a designated staff member indicates that their parent/caregiver is present to pick them up. All attendance will be collected and once children are accounted for, the management staff will begin the release process. Parents or caregivers will be

required to sign that they are taking their child. A staff member will go to the room to walk the child to the office. Only adults on the emergency forms will be allowed to pick up children.

Resuming Classes and Post-Traumatic Incident Counseling
The CEO, in consultation with the Program Director and the Board of Directors, will determine when classes may resume after a critical incident. The President/CEO, the Board of Directors and the Director of Programs will evaluate the need and, if necessary, coordinate through the Social Worker the delivery of post traumatic incident counseling for students and staff.

Post Incident Debriefing and Critique
The CEO and designated members of staff shall conduct a post-incident debriefing and critique of traumatic incidents. The purpose of the debriefing and critique is to identify opportunities for improvement in our emergency plans and response capabilities. Specific recommendations from the debriefing and critique will be made available to the Board of Directors.

Contact with Authorities
In most emergencies, contact with the local police department is made through the main office using the 911 Emergency System. If there are injuries or medical problems, office staff will be transferred to EMS after reporting the emergency. The local police department phone number is St. Charles Police at 636-949-3300. Police will need information to plan their response and determine if evacuation is required.

Contacts with Parents and Media
The CEO, Marketing Director or the Board of Directors is responsible for all official statements to the media. Specific instructions to parents coming to pick up their children should be made as soon as possible once information is cleared with the police. In the event of an emergency, the agency's telephone system may not be able to handle the number of calls from concerned parents. Because it may be necessary to evacuate the facility, provisions should be made to maintain emergency contact information for all students. Staff have highlighted Emergency Contacts on emergency sheets kept in each child's classroom. As soon as reasonably possible, a complete attendance report should be developed by the supervisor and reported to the Director of Programs. At a minimum, it should identify any student injured in the incident and their location or destination, if they are transported by ambulance for medical treatment. It should identify students missing from classrooms or otherwise unaccounted for. Staff should be made aware of the names of the missing individuals and directed to recheck their attendance reports. Police should be immediately notified of missing or suspected missing children so that a complete search of the facility can be made.

Unattended Child
If at any time a child is missing from care, the following process is followed:
When a child is left alone in a classroom, play area hallway or therapy room, etc., a supervisor will do an investigation and complete an Incident Report Form. The supervisor will meet with the team and discuss proactive strategies and together will write an action plan. The child's teacher will contact the family to share the information. If a child is missing, the following process should be followed:

- Staff person closest to a phone will send page to entire building "code yellow", reporting child's last known location and description of the child, including name, age, gender, clothing, etc.
- Available staff should go to all exit doors to block child's escape; other staff should search for the child, including parking lots and playgrounds.
- Other staff and children should remain in classrooms until crisis is resolved.

- If child leaves building a staff member will follow the child and return him or her to the building. Staff members should ask for assistance if needed.
- If child leaves United Services property, 911 will be called to assist.
- When child has been located, a staff member should page situation is resolved.
- Supervisors share incident report and action plan with Program Director and President/CEO.

Rallying Points/Temporary Shelter
In some situations, students, staff and other personnel may be required to be removed completely from the property. The rallying point/temporary shelters identified for these situations is Infinite Wisdom at 3456 Harry S Truman Boulevard or behind Assaypro at 3400 Harry S Truman Boulevard.

Emergency Plan Review
The Program Director will review these emergency plans annually and make recommendations for changes.

IMMUNIZATIONS
Parents are required to provide record of immunization prior to first day of attendance, as required by Missouri law. Children who are not immunized, for medical, parental, or religious exemptions, are subject to exclusion from programs when outbreaks of vaccine-preventable diseases occur. A Health Participation Permission slip must be completed by a physician before the child attends any program at the Agency.

GUIDELINES FOR EXCLUDING SICK CHILDREN AND STAFF
Employee/Volunteer Illness
Due to the fragile nature of some of the children we serve, employees or volunteers who have symptoms which may be contagious such as fever, diarrhea, discharging eyes, undiagnosed rash, nausea or vomiting should not come to work until symptoms are gone for 24 hours or a physician indicates in written form they are not contagious and may return to work. In the event a staff member or volunteer goes home or is absent due to contagious illness that children may have been exposed to, a supervisor must be notified.

Temperature Assessments
The supervisor will take a child's temperature and will notify parents if the child needs to go home. Children with a fever over 100.4 Fahrenheit will be sent home and are required to be "fever free" for 24 hours without Tylenol, Motrin, Advil or other fever reducing medication before returning to the agency. Children sent home due to vomiting or diarrhea may not return to school until they are symptom free for 24 hours and on a regular diet without the use of symptom reducing medication.

REPORTING COMMUNICABLE DISEASE
United Services for Children's Board of Directors and management recognize its responsibility to protect the health of the students and employees from the risks posed by infectious diseases. The Board and staff also have the responsibility to uphold the rights of affected individuals to privacy and confidentiality, to attend school and be treated in a nondiscriminatory manner.

Infectious Disease Policy
Students with infectious diseases that can be transmissible in school (such as, but not limited to, chicken pox, influenza and conjunctivitis) should be managed as specified in: (a) the most current edition of the Missouri Department of Health document entitled: *Prevention and Control of Communicable Disease: A Guide for School Administrators, Nurses, Teachers, and Child Care Operators* and documents referenced in 19 CSR20-20.030 and in accordance with any specific guidelines/recommendations or requirements promulgated by the local county or city health department.

Reporting and Disease Outbreak Control

Reporting and disease outbreak control measures are implemented in accordance with state and local Laws and Department of Health rules governing the control of communicable and other diseases dangerous to public health, and any applicable rules promulgated by the appropriate county or city health department. The strategy of universal precautions was developed in the mid-1980's as a means of presenting the transmission of blood borne pathogens, such as human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Although universal precautions were initially designed for use in hospitals and clinics, they are applicable to any workplace setting, including schools, where exposure to blood or blood-contaminated materials could potentially occur. Universal precautions apply only to blood, body fluids, which are visibly contaminated with blood, and certain other body fluids, such as semen, vaginal secretions, amniotic fluid, and cerebrospinal fluid. These precautions are designed specifically to prevent accidents involving sharp instruments (such as needles) contaminated with these fluids. The term "universal" indicates that these precautions should be taken at all times and in all situations. Universal precautions involve the following measures:

- Appropriate barrier precautions should be used to avoid skin or mucous membrane contact with any of the above-mentioned body fluids. Such barrier precautions can, based on the given situation, include the use of standard medical vinyl gloves along with gowns, protective eyewear, and/or mask. If potential contact with a significant amount of blood is anticipated, latex gloves are preferred. These items should always be available and readily accessible.

- Hands and other skin surfaces should be washed immediately and thoroughly, if contaminated. Hands should <u>always</u> be washed immediately after gloves are removed.

- If any of the above-mentioned body fluids come into contact with the mucous membrane surfaces of the nose or mouth, the area should be vigorously flushed with water. If the mucous membrane surfaces of the eyes are contaminated, there should be irrigation with clean water, with saline solution or sterile irrigate designed for this purpose.

- Precautions should be taken to avoid injuries with sharp instruments contaminated with blood. Needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. After they are used, disposable syringes and needles and other sharp items, should be placed in a red Biohazard Sharps container for disposal. The puncture- resistant containers should be located as close as practical to the use area.

- Persons providing health care that have exudative skin lesions or weeping dermatitis should refrain from all direct patient care, and from handling patient-care equipment, until the condition resolves.

Persons who, as part of their assigned occupational duties, may reasonably be expected to have contact with blood should be vaccinated with hepatitis B vaccine. Vaccination of all school staff is neither feasible nor necessary. However, certain employees are assigned duties, which could place them at increased risk of infection with hepatitis B. These individuals should receive three doses of hepatitis B vaccine. Such individuals include:

- The person(s) assigned primary responsibility for providing first aid.
- Personnel who have contact with hepatitis B- infected children. These children may have special behavioral and/or medical problems, which increase the likelihood of hepatitis B transmission.

Body fluids, which are not associated with transmission of blood borne pathogens, such as tears, nasal secretions, saliva, urine, and feces, are not covered by universal precautions. However, since these body fluids can transmit other diseases, procedures for preventing transmission of infectious diseases, which state that direct contact with these to utilize good infection control practices, including careful attention to hand washing, in all situations, regardless of whether there is risk of exposure to blood.

The current policy on "Confidentiality" that is written in the Parent Handbook will be followed. The identity of a child with AIDS or other infectious disease is confidential and every precaution shall be taken to maintain confidentiality. Access to this information will be granted only to those with the need to know. Confidentiality regarding any child served or their family will be strictly followed by all staff. Staff members are responsible for taking all precautions when working with any child to prevent any exposure to infectious disease. This includes the use of good hand-washing procedures and the wearing of disposable gloves when hands are inside a child's mouth during feeding, changing a child's diaper, or when exposed to blood or body fluids.

Staff should also be aware of the diagnoses of all assigned students and should read the complete medical history located in the child's main file. This information should be reviewed periodically as it may affect their personal health and safety. The agency recognizes its responsibility to protect the health of students and employees from the risks posed by infectious diseases. The agency also has the responsibility to uphold the rights of affected individuals to privacy and confidentiality, to continue to attend school, and to be treated in a non-discriminatory manner. A student infected with a blood borne pathogen, such as hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV), poses no risk or transmission through casual contact to other persons in a school setting. Students infected with one of these viruses shall be allowed to attend school without any restrictions, which are based solely on the infection. The agency cannot require any medical evaluations or tests for such diseases.

Exceptional Situations –There are certain specific types of behaviors (for example, biting or scratching) or conditions (for example, frequent bleeding episodes or oozing skin lesions), which could potentially be associated with transmission of both blood borne and non-blood borne pathogens. No student, regardless of whether he or she is known to be infected with such pathogens, should be allowed to attend school, unless these behaviors or conditions are either absent or appropriately controlled in a way that avoids unnecessary exposure. Specific mechanisms should be in place to ensure the following:

- All children who exhibit repeated instances of significant aggressive behavior should be reported to the designated supervisor.
- The supervisor, when appropriate, should be informed of any child who has recurrent episodes of bleeding or who has oozing skin lesions or any child with an illness characterized by a rash.
- The supervisor shall be informed of any instance in which the significant potential for disease transmission occurs.

The Program Director shall ensure that student confidentiality rights are strictly observed in accordance with the law. Missouri law (S191.689 RSMo. 1994) identified the following two groups of people who could be informed of the identity of a student with any infectious disease on a "need to know" basis:

- Those designated by the agency to determine the fitness of an individual to attend school.
- Those who have a reasonable need to know the identity of the child in order to provide proper health care.

Examples of people who need to know are the classroom teacher, and/or immediate supervisor. Security of medical records will be maintained. Breach of confidentiality may result in disciplinary action, civil suit, and/or violation of the Family Educational Rights and Privacy Act.

INFECTION CONTROL

Infection Control Procedures

Having direct contact with the body fluids of another person potentially provides opportunities for the spread of different infectious diseases. Any person could potentially have disease-causing organisms in their body fluids, even if they have no signs or symptoms of illness. Consequently, the following recommendations should be followed in all situations, and not just those involving an individual known to have an infectious disease. In the school setting, it is recommended that reasonable steps be taken to prevent individuals from having direct skin or mucous membrane contact with any moist body fluid from another person. Specifically, direct contact should be avoided with all the following:

- blood (preventing exposure to blood or blood-contaminated body fluids is discussed in more detail in the previous section on universal precautions),
- all other body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin (any area where the skin surface is not intact, such as moist skin sores, ulcers, or open cuts in the skin), or mucous membranes.

If hands or other skin surfaces are contaminated with body fluids from another person, washing with soap and water should take place as soon as possible. In general, standard medical vinyl gloves should be worn whenever the possibility of direct contact with any bodily fluid from another person is anticipated (changing a diaper, putting hand in child's mouth, suctioning a child with a tracheotomy). Gloves are available and easily accessible in any setting where contact with body fluids could take place. Hands should always be washed immediately after removal of gloves. Additional steps to reduce the risk of transmission of communicable diseases in the school setting include the following:

- Toilet tissue, liquid soap dispensers, and disposable towels should always be available in all restrooms.
- All children should be taught proper hand washing and encouraged to practice this after using the restroom.
- Children should wash their hands with direct supervision, as necessary, before eating and should be discouraged from sharing food and personal grooming items.
- Children should be discouraged from placing other's fingers in their mouths or their own fingers in the mouths of others, and from mouthing objects that others might use. **Toys that have been in a child's mouth must be sanitized before being played with by another child.**
- Proper sanitation procedures, as established by the Department of Health, must be followed with regard to food handling and preparation, control of insects and rodents, and proper disposal of solid waste.
- Fully cooked foods shall not be handled with bare hands. Gloves must be discarded and hands washed after each change of task or break in the food preparation process. The provider shall be reminded that glove use is not foolproof. Gloves may have microscopic holes in them that allow germs to penetrate them and spread disease. Use of gloves does not replace hand washing. Hands must be washed before putting gloves on and immediately after taking them off.
- Staff whose primary task is food preparation will not change diapers until after food work is done for the day.

- Potty chairs are to be cleaned using the 3-step method after each child's use.

Wearing of face masks/shields is supported based on individual decisions. Face masks and shields are available to staff at all times.

Surface Cleaning (Three Step Method)
The three-step method is used to clean and sanitize solid surfaces and must be used to clean diaper changing tables, snack tables, mats, counter tops, highchair trays, etc. Spray bottles are labeled. Bleach bottles are prepared each day; soap water and rinse water bottles are prepared as needed.
Step 1 - Clean area with soap/water.
Step 2 - Rinse area with water.
Step 3 - Disinfect area with bleach solution. Surface should be left to air dry. Finish by washing hands.

Cleaning List
Staff should review and check off items on the cleaning chart as they are completed each week and submit checklist to supervisor.

HAND WASHING POLICY

To reduce the risk of transmission of infectious disease, hand washing or use of hand wipes is required by all staff, volunteers and children. Staff will assist children with hand washing as needed. Children and adults wash their hands:

- On arrival for the day
- After diapering or using the toilet
- After handling body fluids
- Before and after meals and snacks, before preparing or serving food, or after handling raw food that requires cooking
- After playing in water that is shared by two or more people
- After sensory activity involving moist or wet items (i.e. clay)
- After returning from indoor/outdoor play areas

Adults must also wash their hands:

- Before and after feeding a child
- Before and after administering medications
- After assisting a child with toileting
- After handling garbage or cleaning
- After 3 stepping tables or other surfaces

To accomplish proper hand washing, adults and children must use liquid/foam soap and warm running water. Adults and children should rub hands vigorously for at least 20 seconds; this includes the back of the hands, wrists, between fingers, under and around any jewelry and under fingernails. After proper washing, the hands must be rinsed from the wrist to fingertips and dried using a paper towel or dryer. Adults and children must use a paper towel to turn off the running water.

DIAPERING PROCEDURE

Children are checked at least every 2 hours and changed when wet or soiled. The diaper changing surface is to be used for changing only and no other items shall be placed on the table.

- Ensure all items required for the diaper change are available and accessible prior to starting.
- Wash and dry hands thoroughly.

- Put child on table and apply disposable gloves.
- Do not leave child unattended, keep at least one hand on the child at all times. Child should not crawl or stand on changing table.
- Remove child's outer clothing and place soiled clothing to the side.
- Unfasten diaper and leave soiled diaper under child.
- Clean the affected area completely with wipes, wiping from front to back, using new wipe EACH time. Place dirty wipes in dirty diaper.
- Ensure the wipes are folded inside the diaper and completely close the diaper using tabs.
- Throw the diaper and wipes away, place fecal diapers in bag or wrap in glove.
- Bag soiled clothing.
- Remove gloves at this time and throw them away (*This is to limit the cross contamination of the child's body and clothing*), keeping the child in your vision and control throughout process.
- Place a clean diaper under the child.
- Apply ointments as necessary at this time. (*Apply a fresh glove to apply ointment*). Do not touch items with contaminated gloves.
- Fasten clean diaper on the child and put clean outer clothing back on.
- Upon completion of diaper change, immediately wash both your and the child's hands to help prevent cross contamination.
- Follow the three-step process. Allow the bleach to stand for a minimum of 1 minute before wiping off or allow to air dry.
- Wash your hands after completing the three-step process.

Potty Training Procedure

Staff will support the parents' request when the child is ready both at home and school. Signs that the child is ready for potty training include: staying dry overnight, a dislike of wet or soiled diaper, interest in sitting on the toilet, and a desire to wear underwear and keep them dry. Staff will support the family and child during this developmental stage once the child is showing signs of readiness and is beginning to have success at home. The staff will discuss the process with the family and develop a plan that meets the licensing guidelines and compliments what the parents are using at home. During the initial potty training phase, we require that families send an ample supply of pull-ups or disposable diapers. As the child progresses and has only **occasional** toileting accidents, families may send underwear and plastic pants. Staff will send soiled underwear, plastic pants, or clothing home the same day in a plastic bag (without rinsing or avoidable handling) for laundering. The agency does not permit the use of cloth diapers or cloth training pants, unless the child has a medical reason that does not permit the use of commercially available disposable diapers or pull-ups. **If cloth diapers must be used, the diaper and outer covering will be changed with diaper change.** Upon parent request, staff may send home a progress note during this transition. Parents are also asked to keep staff informed regarding the child's progress at home.

CONTACT WITH BODILY FLUIDS

- Wear sturdy, non-permeable gloves and other protective clothing as necessary.
- Use disposable absorbent towels or tissues, along with soap and water, to clean the area of the spill, as thoroughly as possible.
- All surfaces that have been in contact with the body fluids should then be wiped with a disinfectant.
- Any EPA-approved tuberculocidal disinfectant can be used. After the disinfectant is applied, the surface should either be allowed to air dry, or else to remain wet for ten minutes before being dried with a disposable towel or tissue. A one- third cup bleach to one gallon of cold water can also be used. This solution should not be mixed more than 24 hours in advance because it loses its potency.

- Rugs or carpeting needs to be cleaned by blotted, spot cleaning with a detergent/disinfectant and shampooed or steam cleaned.
- If the gloves worn to clean up the spill are reusable rubber gloves, they should be washed with soap and running water prior to removal. Disposable gloves should be placed in an impermeable plastic bag. Regardless of the type of gloves used, care should be taken during glove removal to avoid contamination of the hands. However, whether or not any known contamination occurs, the hands should always be thoroughly washed with soap and water after the gloves are removed.
- If the person doing the cleanup has any open skin lesions, precautions should be taken to avoid direct exposure of the lesions to the body fluids.
- If direct skin exposure to body fluids accidentally occurs, the exposed area should be thoroughly washed with soap and water for at least 15 seconds.

All these materials should be kept together in one or more central locations so that they are easily accessible. ***CAUTION:*** Diluted bleach disinfectant solution, if utilized, should not be used for any other purpose than the cleanup described above. Mixing this solution with certain other chemicals can produce a toxic gas. Also, any EPA-approved disinfectant that is used should be diluted according to manufacturer's instructions. It is not appropriate or necessary to add more disinfectant than the directions indicate. Doing so will make the disinfectant more toxic and could result in skin or lung damage to those individuals using it. Cleaning supplies are not to be stored with any food products. Good sanitation and ventilation should be used to eliminate smells. No aerosols or other deodorizers should be used. In areas that have been painted, contain new construction, flooring or rug cleaning need to be ventilated before children use the area.

EXPOSURE TO HAZARDOUS MATERIALS

Carbon Monoxide Exposure

In the event the carbon monoxide detector signals a problem, the front desk should be notified with the room number. Office staff will alert the leadership team then call 911. Front office will also announce "Evacuate the Building". Fire Evacuation procedures will be followed. If an offsite temporary shelter is necessary, staff and children should proceed to the designated assembly point and wait for further instruction. The CEO or designee will communicate with parents and handle all media communications. Staff and children may return to building after all clear is given by the fire department. NOTE: A chirping detector requires new batteries. The alarm is a continuous long sound.

Hazardous Materials Emergency

To report a hazardous substance release, call Missouri Department of Natural Resources' Environmental Emergency Response at (573) 634-2436. In case of a hazardous materials emergency, the leadership team will listen for detailed information and instructions and direct staff, children and families accordingly. Some toxic chemicals are odorless, thus all should stay clear of contaminated area to minimize risk.

Evacuation Scenario

The front office will announce "Evacuate the Building. Hazardous Material". Follow the fire evacuation procedures unless otherwise directed. If an offsite temporary shelter is necessary, staff and children should proceed to the designated assembly point and wait for further instructions. The CEO or designee will communicate with parents and handle all media communications. The leadership team will listen for information on evacuation routes, temporary shelters and procedures.

Shelter Indoors Scenario
The front office will announce "Shelter in Place Hazardous Material" to protect children, staff and visitors if a hazardous chemical release, gas leak, transportation accident or industrial incident occurs near the center. All children and staff will come indoors immediately and close all exterior doors and windows. Administrators will turn off HVAC systems, fans and air intake systems to prevent outside air from entering. Using current rosters, staff should account for all children. Messages will be sent home via the Connect system to advise of the Shelter-In-Place status and the time of safe release of students.

Exposure to Hazardous Materials
If an employee comes into contact with or has been exposed to hazardous chemicals, they should follow decontamination instructions provided by local authorities, including but not limited to a thorough shower, obtaining medical treatment for unusual symptoms and placing exposed clothing and shoes in a tightly sealed container, not allowing contact with other materials. Local authorities should be contacted about the proper disposal of such materials. Advise anyone who comes in contact with employee about the exposure.

PET POLICY
While animals in the early childhood environment can provide valuable learning opportunities, care must be taken to ensure the health and safety of all the children. Staff must receive approval from the Program Director prior to bringing visiting animals or pets into the building. The Program Director will ensure that staff follows the procedures regarding pets and visiting animals listed below.

- Classroom pets or visiting animals shall be free of diseases communicable to humans.
- Pets or visiting animals must have documentation from a veterinarian or animal shelter that they are fully immunized and suitable for contact with children prior to entering the classroom.
- If symptoms of illness like diarrhea and watering eyes are observed, the staff must isolate the pet from the children until a veterinarian examines the pet.
- Reptiles are not allowed as classroom pets because of the risk for salmonella infection.
- Birds of the Parrot Family must be tested for Psittacosis by a cloacal swab (culture) method.

MEDICATION MANAGEMENT
Medication Policies
United Services employees will only give emergency medications. This includes inhaler and nebulizer treatments for asthma, and Benadryl and EPI pens for allergy related emergencies. All medications require a Medication Consent form completed and signed by the child's physician and the parent/guardian. Medications, other than emergency medications should be administered before or after the school day, if possible. A child needing any other medication will need the approval of the Director of Programs prior to starting the program. If a medication is needed, it must be unexpired, in the original container and labeled with the child's name, instructions and the physician's name. Medication orders and prescription labels must be the same. Families are encouraged to ask the pharmacist to dispense a second labeled medication for school. Medications will be left in lock boxes, and supervisors will be responsible for giving any medication and ensuring that the proper paperwork is signed and up to date.

Medical Procedures
Children requiring medical procedures during their day at the agency will need physician-signed documentation prior to implementing any procedure or feeding plan. The Director of Programs will make decisions about medical procedures after reviewing physician signed paperwork.

Medication Errors
The supervisor will investigate the incident, review incident documentation that is completed by the staff involved, fill out incident documentation and follow up with the physician and parent as needed. All documentation will be filed in the employee's personnel file (with the Supervisor's review), the child's file and the Incident Report File.

CHILD ABUSE AND NEGLECT/MANDATED REPORTING

It is the policy of United Services to protect children from abuse and neglect. Employees are mandated reporters and are required by law to report "suspected" instances of child abuse (physical, sexual, emotional) or neglect whether non-staff (i.e. parent, family member, student, volunteer, or visitor) or staff are involved. If there is any reason to suspect abuse or neglect, the staff member needs to inform the immediate supervisor that he/she is going to make a call to the hot line. **1-800- 392-3738.** The supervisor, Social Worker and Program Director should also be informed. To support staff during this process, the Program Director and Social Worker can be in the room when the hotline call is made. If there is cause to make a report to the State of Missouri, you will need the following information:

- The child's name, date of birth, age, and address
- The child's present location
- Name and ages of any siblings
- Parent's name and address
- Nature and extent of injury or condition
- Reporter's name and location

As soon as possible after making the hotline call, document the event and surrounding circumstances in detail; sign/date the report and give to the Director or Programs. The Social Worker and/or Educational Program Manager will also help with situations of concern. If a child demonstrates questionable behavior, discuss immediately with a supervisor. Assistance will be given o guide communication with the child's caregiver as well as classroom intervention as needed. Should a parent or guardian's sobriety appear questionable, or if there is any other behavior that appears to endanger a child, the staff member should attempt to delay, not confront, that person and ask another staff member to call another family member to pick up the child and call the police. Notify the Program Director or a member of the management team of the occurrence.

FOOD SERVICE AND FOOD ALLERGIES

Food Allergy Policy
Children with food allergies that affect their health and safety will need a Food Allergy Action Plan signed by a physician prior to the beginning of classes. United Services uses only nut free items for snack and sensory play; no items are manufactured or processed in facilities with other nut products. Supervisors will:

- Gather information about food allergies from families.
- Ensure that a Food Allergy Action Plan is in place before admission to school.
- Share information with all staff who work with the child to be sure they are aware and understand the plan.
- Coordinate with the staff to be sure emergency medication is properly stored and accessible.
- Post allergen aware signs on classroom cabinets.

Food Policy
United Services focuses on healthy choices whenever possible. The following guidelines apply to all

classrooms.

- Children are not served hot dogs, whole grapes, nuts, popcorn, raw peas, hard pretzels, chunks of raw carrots and celery, or meat larger that can be swallowed whole.
- Children will not be served products that are labeled as containing or being manufactured in a plant made with peanut or tree nut products.
- Staff model appropriate eating habits.
- Children in the BBIP program will bring their own lunch.

PLAYGROUND SAFETY

It is each employee's responsibility to teach the children expectations for the playgrounds. Classroom staff should use pre-correction as a tool to help children remember the simple playground rules. Playgrounds are designed, installed, and maintained in accordance with safety guidelines and standards but can still present hazards to children in the absence of adequate supervision. The individual and developmental needs of the children may preclude them from using certain pieces of playground equipment. Always allow children to choose rather than force them to try something that is too challenging. All children should be in view of adults. At least two adults must be present on the playground at all times. Classes should utilize their SCHEDULED playground time in order to avoid overcrowding. During inclement weather, playground schedules will need to be altered to meet the guidelines of the indoor play spaces. Children must always be accompanied by a United Services employee or an authorized adult when they re-enter the buildings. Retrieve and return all playground equipment (balls/toys) to the appropriate area. Report any hazardous conditions to your supervisor immediately.

INCIDENT REPORTING

In the event an accident should occur involving a child, staff or visitor will complete an incident report (injury, medical treatment or incident that leaves a mark on a child). In the event a staff member or visitor is harmed due to an accident, they should immediately contact a supervisor and the Program Director and complete an Accident Report. Following any necessary treatment the staff member must re-contact the Program Director to determine any restrictions or course of action that is involved. An incident form must be completed by the supervisor and returned to the Program Director within 24 hours of the event. The President/CEO will be informed of any incidents by the Program Director.

GENERAL POLICIES

Confidentiality Policy

Employees, volunteers and students who will be working with children will be required to sign a confidentiality statement that requires agency business, client information and employee records, etc. to remain confidential. Precautions must be taken to prevent unintentional breaches of confidentiality from occurring. The confidentiality form must be signed by all staff and any volunteers who have the opportunity to work closely with the children and to see information in files and classroom paperwork that is confidential. When families and other visitors attend agency events, they do not have access to confidential information and thus do not have to sign a confidentiality form. Staff must heighten their awareness that all types of written communication, including email, are considered written documentation. If a specific child is referenced in any way, this information can be used as legal, permanent documentation for parents, school districts, and other professionals. Staff must ensure that professionalism is maintained at all times.

Diversity and Inclusion

United Services for Children recognizes we live in a diverse society. Each child and their support system is

unique along the dimension of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. Eligibility for Early Intervention program participation is determined by Missouri First Steps, a division of the Missouri Department of Elementary and Secondary Education. Early Intervention referral and enrollment is based on degree of delay or disability. The Department of Elementary and Secondary Education does not discriminate based on race, color, religion, gender, national origin, age, or disability in its program and activities. In a diverse society all children should have equal opportunities to early intervention, pediatric therapy and family support systems, and of ensuring equity in terms of access and benefits for all children and their families.

Child Release

Children will only be released to their parent, legal guardian, or the individuals indicated on their intake form. In case of emergency, parents may notify the teaching staff of the adult who will pick up the child. Teachers will verify via picture identification. Parents should add new adults who can pick up their child to the intake form. In the event of a custody dispute or pending court proceeding regarding custody, an actual current court document must be on file, which indicates the specific details related to child custody.

Supporting Positive Behaviors

United Services uses positive behavior supports to help children learn to be successful in the school setting. All staff receive training to help guide children to appropriate behavior. Staff will use:

- positive language.
- focus on when children are doing the right thing.
- give many choices.
- redirect children to more appropriate activities.
- teach children to identify and label emotions.

Behavior Observations

Behavioral Assistance in the classroom is available from the Education Manager and a Board Certified Behavior Analyst (BCBA). Teachers request assistance by completing the referral form for Therapy in the Classroom and submitting it to the Therapy Manager. The child will be observed and appropriate assistance will be provided for the child and team.

Policy on Physical Holding

In order to promote safety while preventing harm to children, personnel and visitors , behavioral interventions must adhere to the below following when physical holding of a child is required:

- Used only in an emergency as a means of last resort, when a child is: eloping, self-injurious or a danger to others,
- When less restrictive measures such as blocking, physical escort, redirection and waiting the child out, have not effectively de-escalated the situation,
- When continuous use of physically holding is needed, such as preventing self-injurious behaviors, elopement, carrying a child during transitions, use of a tray to keep a child sitting at circle, etc. staff will develop a written plan in cooperation with a BCBA,
- Be used ONLY as long as necessary to resolve the actual risk of danger or harm that warranted the use of physically holding,
- Be no greater than the degree of force necessary to protect the child or other persons from imminent bodily injury,
- Not place pressure or weight on the chest, lungs, sternum, diaphragm, back, neck or throat that

restricts breathing,
- Never take place when the child is sitting on the floor or lying on the floor,
- Only be used in the presence of at least one additional adult who is in the line of sight (unless no other adult is immediately available due to an unforeseeable emergency situation), and
- Never be used as a form of punishment or for the convenience of Agency personnel.

Debriefing, Reports, and Records on Use of Physical Holding - Following any emergency situation involving the use of Physical Holding, a meeting shall occur as soon as possible but no later than two attendance days after the emergency situation. The meeting shall include, at a minimum, a team discussion of the events that led to the emergency and why the de-escalation efforts were not effective; any traumatic reactions on the part of the child, other children, or staff; what, if anything, could have been done differently; and an evaluation of the process. All staff members directly involved with the emergency situation will be included in the meeting, including the supervisor and/or the behavior specialist. A Behavior Incident Report will be completed at the meeting. The BCBA will maintain the Behavior Incident Reports, which records documentation of the use of physical holding.
Notice to Parents/Guardians - Following an emergency situation involving physical holding, the parent/guardian of the child must be notified through verbal or written means of the incident as soon as possible and within 24 hours. Notification should include:

- Date, time of day, location, duration and description of the incident and interventions.
- Events that led up to the incident.
- Nature and extent of any injury to child.
- Name of an employee the parent/guardian can contact regarding the incident.
- Plan to prevent the need for future use of holding.

Policy Review - Supervisors will ensure that all agency personnel review the policy and procedures involving the use of physical holding. The review shall include all the following:
- A continuum of prevention techniques.
- Environmental management techniques.
- A continuum of de-escalation techniques.
- Information about this policy.

Biting
Biting is a common age-appropriate behavior during this developmental stage because some children do not have the language skills to communicate with one another and may also be getting teeth. Therefore, the following procedure will be followed:

- Staff member will comfort the child who has been bitten, providing him/her with a great deal of attention.
- Staff member will clean bite area with soap and water and apply ice.

- If skin has been broken, the supervisor will be notified and staff will recommend the parent/guardian contact a physician to determine if the physician wants to see the child or prescribe an antibiotic. Document this on the incident report.
- The classroom staff will record the occurrence on the incident form.
- Staff will attempt to determine the reason for the biting. (i.e. poor communication skills, frustration,

teething or delayed oral-motor skills). The child who has bitten will not be given undue attention immediately after the biting, to prevent the possible recurrence of the biting for adult attention.
- Child who has bitten will not be identified to the family of the child bitten nor receive any form of discipline.
- Involved staff will share information about the incident with all classroom staff to make every effort to prevent it from happening again.

Building Safety Rules

It is the responsibility of each employee to know the location of the nearest exit, building safe areas, fire alarm, fire extinguisher, emergency/first aid kits, AED, and water and gas shut off valves. Staff should view their entire environment and each activity involving children and staff for safety. Any unsafe situations shall be immediately remedied by the staff member or reported to a supervisor. The safety committee will perform quarterly safety inspections of the building, and present issues to the CEO.

In-House Safety Inspection

All classrooms, playgrounds, playrooms and buildings should meet the inspection standards. Items included on the inspection report are:

- Cleaning solutions shall be labeled and locked up.
- Exit doors, hallways and walk-in closets are clear of obstacles.
- Classroom doors should remain closed while classes are in session.
- Outside doors should remain locked at all times.
- Ensure the buildings are secure prior to leaving for the day - this includes turning off all lights, closing all windows, locking all outside doors, and checking to make sure the main door is locked by pulling on both doors before leaving.
- Extension cords are generally not to be used in the building. Never in the classroom. Electrical outlets must have protective covers.
- Clear access to fire pulls and main sprinkler closet.
- Evacuation charts posted in all rooms.
- Exit signs and emergency lights working.
- Electrical closets and janitorial closets locked.
- Adequate first aid supplies available.
- Medications stored in locked area.
- Trash cans with hands-free lids located in bathrooms.
- Covered trash cans located in classroom where food may be disposed.
- Three-step cleaning system used in classrooms and bathrooms.
- Vinyl gloves available in each classroom.
- Mats without tears under climbing equipment.
- Latches on gates locked and secure.
- Food dated, labeled and stored separately from art supplies and cleaning solutions.
- Diaper changing protocol posted and followed.
- Hand washing protocol posted and followed.
- Emergency telephone numbers listed.
- Notify Administrative Specialist for items that may need to be repaired.

If there are toys that are broken or unsafe, please throw them away, and let your supervisor know if they need to be replaced. Safety inspections will be done twice a year. If you find anything that you consider unsafe, please report it to your supervisor.

Building Security

The agency has adopted a set of guidelines in response to the nationwide growth of workplace violence. All employees are required to take an active role in precautionary measures designed to maximize building security. The following guidelines are considered minimal requirements for all staff:

- If employees see a stranger in the building, they should escort them to the front office to sign in.
- Parents do not have to sign in daily, but all other visitors, First Steps observers, vendors, those on site for IFSPs, and those attending meetings should sign in at front desk.
- Anyone going into the classrooms for observations or to work with children is expected to sign in AND receive a visitors badge at the reception desk.
- The agency has an Intruder Policy and will run drills throughout the year to prepare for any instance of an intruder in our building. Please become familiar with this procedure for the safety of the children and staff in the building.
- The security of the building is a priority to ensure the safety of the staff and children we serve. Any employee who accepts responsibility for a key recognizes the extent of liability incurred should unauthorized people have access to the building.
- Under no circumstances should anyone share an access code to the building. Doors leading to the outside are locked to minimize unauthorized visitors. Staff and visitors enter and leave by the main lobby door.

Volunteers

United Services appreciates all individuals who volunteer their time to the agency. Depending upon the length of time and the nature of the volunteer work, different requirements may be required for volunteers. For specific information on volunteers see the Director of Programs for a copy the volunteer handbook.

Guidelines for Volunteers:

- Volunteers must be age 17 or older.
- Volunteers must sign a confidentiality agreement.
- Volunteers are never to be left alone with children, or take children into the building from the playground by themselves.
- Volunteers are not allowed unauthorized use of the motor room, playground or other US equipment.

Safety guidelines should be explained thoroughly, including the following tasks that a volunteer MAY NOT DO:

- Discipline children,
- Change diapers,
- Feed children,
- Lift or carry children,
- Be left alone with children,
- Supervise children in the bathrooms or other parts of the building,
- Transfer or authorize transfer of children to classrooms or programs,
- Discuss confidential information about the children with persons outside the agency, or
- Video or photograph any of the client children.

Home Visit Safety Guidelines

United Services for Children wants to help ensure the safety of our staff who travel to off-site locations to deliver services. Staff safety is a primary concern for everyone. A sense of duty to complete a scheduled visit should not put a staff member in a compromising or dangerous situation. These guidelines should be

followed to minimize any potential risks:

- The office staff will have access to employee calendars that show home visits.
- If there is anything noticeably suspicious, staff should not go into the location. Instead, a manager should be notified. If a manager is not available, the staff member should return to United Services location and contact the client via phone to discuss the problem.
- Once inside a location, if there is inappropriate behavior, language, etc., the client should be told that the visit will have to be rescheduled and staff should leave the premises immediately. Notification to staff member's supervisor should occur immediately.

Accessibility

United Services advocates for the removal of attitudinal, architectural, communication, transportation, and any other identified barriers to the persons receiving services within the organization and the community. United Services for Children will remove barriers when possible to make reasonable accommodations as needed to enable individuals to fully access client services. There are handicapped accessible parking spaces located at the entrances to the buildings. All spaces will be available for anyone with required license plate or signage. Employees of United Services for Children will be responsible to monitor the use of these spaces as they enter and exit the buildings during the day. Parents or visitors may report parking violations to the office and a supervisor will enforce the policy.

Crisis Intervention

In the event of a crisis (serious accident/injury, death) or threat involving a student, employee, or visitor should immediately call 911 and then inform the main office. The main office will alert a member of the management team who will take charge of the situation until the police arrive. Once the Management Team has been notified, he/she will assign responsibilities for medical attention, transportation and contacting parents/law enforcement agencies. They will also be responsible for updating staff regarding the necessary details of the situation. Should emergency medical care be required for an employee that person's emergency information form will be accessed from the employee files in the administrative office and the appropriate person will be contacted. If the employee should require ambulatory transportation, the supervisor of the employee will call 911 for emergency transportation and immediately notify the Director of Programs. If it has been determined that someone should accompany the employee for emergency care, the supervisor or a person appointed by the Program Director will accompany them. In more routine, non-life-threatening situations, the Program Director will contact the person(s) listed on the emergency form to transport the employee to the appropriate medical care.

Photo Policy

Photographs and videos are a documentation tool for families and teachers to mark events in the lives of children. The agency wants to respect each family's wishes regarding the photographing of their children. It is the teacher's responsibility to know which families have specifically requested that their children not be photographed. Photographs of children will be used in classrooms and be on display in and around our building. Parents have the option as to whether or not they want their child's photograph, video and/or audio to be used in media and promotional outlets on behalf of United Services for Children by signing a Media Release Form. Staff need to check the child's intake form for this authorization. When recording for classroom use, follow the wishes of parents who do not what their children photographed.

Legal Refs:167.191, 191.650-.703RSMo.
P.L. 92-112. Section 504 of the Rehabilitation Act of 197319 CSR
20.20.010 through 20.28.010
Americans with Disabilities Act (42 U.S.C.12101 35 seq.)
P.L. 94-142 Individual with Disabilities Education Act of 1973(20 U.S.C. 1400 et seq.)

UNITED SERVICES
SAFETY PROTOCOLS

THUNDER/LIGHTNING

If thunder or lightning are within a 5 mile radius of the agency, all pool activities will cease. All must exit the room until 30 min following the most recent strike. Decisions will be made to transition to land based services or terminate session.

EXTREME WEATHER

In the event of a tornado, earthquake, or similar threat, pool sessions will halt immediately. The aquatic room will be evacuated and seek shelter in an interior room until the threat has passed.

SUPERVISION

A parent or guardian MUST be present in the aquatic room whenever a child is present as well as a staff member with water safety certification. If a parent needs to step out briefly, they must maintain visual contact through the observatory window. Outside of scheduled sessions, the aquatic room door will remain locked.

EMERGENCY EVACUATION

In the event of injuries, seizures, or other emergencies, the pool area will be evacuated swiftly and safely. An emergency phone will be accessible in the room to contact external assistance as necessary.

HYGIENE AND SAFETY

In event of biohazards in the pool, evacutation will occur. All pool sessions will transition to land until the pool is treated, and chemical levels are balanced to ensure participant safety.

Protocols developed following CDC and American Red Cross expertise.