



## HEALTH AND SANITATION PLAN

Name of ECI: Little Scholars Academy

Located at: St Christopher Rd

Name of Operator: Tamika Clough (Mrs)

Telephone contact: 876-648-0032

Owner of Building: SOS Children's Village



## INTRODUCTION

Health and sanitation in the Early Childhood Institution is very important; proper and regular hand washing practice is necessary, because it is the means by which we keep our surroundings and ourselves clean, especially to avoid illness or the spread of communicable diseases. Sanitation is very necessary for improving and protecting the health and well-being of all stakeholders.

### Purpose of Plan

The name of the document is the Health & Sanitation Plan. It provides the guidance that ensures that all early childhood institutions provide a safe and healthy environment for children. The purpose of the plan is:

- To ensure that all stakeholders are provided with a clean and healthy environment;
- To take a pro-active approach to ensure that healthy and sanitary practices are done as a daily routine;
- To ensure that proper hygiene practice is done in the ECI on a daily basis.

### Objectives of the Plan

- To ensure a clean and safe environment for children and all stakeholders, on a daily basis;
- To ensure that all staff have their valid food handler's permit and health certificate;
- To ensure that all students are fully immunized;
- To minimize the spread of contagious diseases;
- To ensure that universal practices are maintained;
- To ensure that the facilities are cleaned on a daily/weekly routine;
- To ensure that the food areas and premises are certified by the Public Health Department;
- To maintain good hygiene practices to prevent infestation.

### Scope of Plan

This includes the provision of Health and Sanitation for Storage of both prepared and stored foods, to mitigate against insects and rodents in the kitchen and its facilities, to provide a healthy and safe environment for all Stakeholders / Administrator and children.

## EMPLOYEES' HEALTH PLAN

For initial and continuation of employment, all employees, the Operator, and any other person performing duties in this Early Childhood institution shall:





The child's Immunization Card are inspected for authenticity, and verification of the dates of vaccine administration.

Each Child's Immunization Card are reviewed every six months in the first year of life, and yearly thereafter. The updated information (Immunization Card) will be transferred to the child's file. The immunization record will be available for review at any time, by Public Health Officers.

### Special Medical Requirements

Provisions will be made for special medical requirements which may include but are not limited to:

- a. Chronic Medical Illnesses, including
  - i. Asthma
  - ii. Epilepsy (Fits)
  - iii. Diabetes
  - iv. Psychiatric illness
  
- b. Physical Disabilities, for example,
  - i. Blindness
  - ii. Paraplegia, and
  - iii. Amputation

The Special Medical Requirement is documented for each child on a cumulative form as outlined below, and will include the management plan as delineated by the child's medical practitioner. That is:

- Medication type, dosage, and frequency of administration;
- Special care requirement, such as support or change of positioning.

The management plan is known to all caregivers, especially those in direct contact with the child. Any changes in the management plan should be noted, in writing, to the School.

To the Parent/Guardian:

### Storage of Medication:

All medication is

- Kept in a locked storage cabinet or container which is not accessible to the children
- Stored separate from chemicals or poisons.
- Refrigerated, if required, after being placed in a leak proof container, in a refrigerator that is not accessible to the children.

Unused Medication is returned to the child's parents daily.

Non-emergency injections, the most common being insulin for diabetes, shall be preferably given by the parents, but where this is not possible then the head teacher/nurse.



Record keeping / Registers

Illness Register/Log

Injury Report

An Injury Report Log is established and maintained by the School. When an injury occurs at this Early Childhood Institution, the first course of action will be to administer first aid. If necessary, medical attention will be sought. The Report will be completed in triplicate and distributed as follows:

- One copy to the Parent or Guardian in the case of a child.

If the injured individual is an adult then he/she will be given a copy. If the person is not in a condition to receive the copy, then the appointed person will be given this copy.

- One copy will be placed on the Child's File or the individual's personnel file.
- One copy will be filed, in chronological order, in the School's Log. This shall be kept for a period of not less than seven years from the date of recording. This Log may be audited at any time by Public Health Officers or by Inspectors designated by the Early Childhood Commission.

The Following information would be recorded in the Injury Log:

- a) The name, gender and age of the person injured;
- b) The date and time of the injury;
- c) The location where the injury occurred;
- d) A description of the circumstances leading to the injury;
- e) A description of the nature of the injury;
- f) If the injured person is a child, the name of the employee responsible for the care of the child at the time the injury occurred;
- g) The action taken to treat the injury, including the name of the person who treated the injury;
- h) The name of the person completing the report; and
- i) The name and address of the School.

### **Communicable Disease Prevention and Control**

Universal Precautions Against Blood-borne Illnesses

The operator will ensure that:

- a) All care givers are knowledgeable about Universal Precautions.
- b) All care givers are encouraged to have complete Hepatitis B Immunization.
- c) All care givers are provided with personal protective equipment/gears.
- d) Contaminated waste is appropriately disposed of, so that it is inaccessible to others, including children.
- e) Proper hand-washing procedures are practised at all times.



## Reporting Requirements Under the Public Health Act

The Operator will ensure that the Public Health department in the Parish of St Andrew is notified on the suspicion of the communicable diseases and health events listed below, within 24 hours:

Notifiable Condition	Definition
<ul style="list-style-type: none"><li>● Accidental Poisoning</li></ul>	Any case of suspected poisoning (eg, bleach or kerosene ingestion) considered to have occurred by accident.
<ul style="list-style-type: none"><li>● Acute Flaccid Paralysis</li></ul>	Acute (sudden) Flaccid Paralysis in the absence of trauma.
<ul style="list-style-type: none"><li>● Fever with Rash</li></ul>	Fever (>38°C or 101°F) and rash.
<ul style="list-style-type: none"><li>● Tuberculosis</li></ul>	Tuberculosis (TB) is an infectious disease of the lung caused by the bacterium, mycobacterium tuberculosis.
<ul style="list-style-type: none"><li>● Meningitis</li></ul>	Meningitis is a potentially fatal inflammation of the meninges, the thin, membranous covering of the brain and the spinal cord. Meningitis is most commonly caused by bacterial, viral, or fungal infection, although it can also be caused by bleeding into the meninges, cancer, diseases of the immune system, and an inflammatory response to certain types of chemotherapy or other chemical agents.
<ul style="list-style-type: none"><li>● Encephalitis</li></ul>	Encephalitis is an inflammation of the brain. It may be caused by direct infection of the brain by a virus or bacterium. Inflammation can occur as a complication of some other disorder, such as mumps or herpes simplex.
<ul style="list-style-type: none"><li>● Malaria</li></ul>	Malaria is an infectious disease caused by a parasite (plasmodium) which is transmitted from one human being to another by the bite of infected female Anopheles mosquitoes.
<ul style="list-style-type: none"><li>● Hepatitis B</li></ul>	Hepatitis B is a viral infection of the liver, caused by the Hepatitis B virus (HBV).
<ul style="list-style-type: none"><li>● Rheumatic Fever</li></ul>	An illness that occurs following a streptococcus infection (such as a “strep throat”) or scarlet fever, and predominantly affects children. Symptoms include fever, pain in the joint, nausea, stomach cramps, and vomiting. Rheumatic Fever can cause long-lasting effects in the skin, joints, heart, and brain.
<ul style="list-style-type: none"><li>● Tetanus</li></ul>	An often fatal infectious disease caused by the bacterium, clostridium tetani, which usually enters the body through a cut, or open wound. Tetanus is characterized by profoundly painful spasms of muscles, including “locking” of the jaw so that the mouth cannot be opened (lock jaw).
<ul style="list-style-type: none"><li>● Typhoid Fever</li></ul>	An acute illness with fever, caused by infection with the Salmonella typhi bacteria, contracted from contaminated water and food. The disease has a subtle onset characterized by fever,



headache, constipation, malaise, and chills.

- Fever with Jaundice                      Outbreaks such as gastroenteritis, hand, foot, and mouth disease, chicken pox, conjunctivitis (pink eye), ring worm, scabies, lice, cold/influenza, sore throat/tonsillitis.

Common cold/Influenza/HFMD/Impetigo/pink eye/mumps/chicken pox/gastroenteritis

The operator, on suspicion of an outbreak, will follow the management guidelines outlined in the management of communicable diseases.

### **Management of Communicable Diseases**

The operator ensures that proper and frequent hand-washing is practised to prevent the spread of communicable diseases.

Children who are suspected of being infected with a communicable disease will:

- a) Be separated from contact with other children at the School;
- b) Be sent home as soon as possible;
- c) Return to School only after he/she is certified by a duly qualified medical practitioner, to be in good health.

### **Emergency Medical Response**

#### **Consent Form**

A Parental Consent for Medical Emergency Form will be completed for each child prior to the first day of admission. Upon acceptance of any child for care, the Operator will ensure that written consent allowing for emergency medical treatment, is obtained. This will form part of the child's admission record.

This Form:

- Will include emergency contact information for parents/guardians as well as other individuals designated by them.
- Will include details of the contact information for the child's regular health care provider.
- Will provide details of any health condition affecting the child, and the necessary emergency measures to be instituted.
- Will give consent for the Operator to seek medical attention in case of an emergency, in the event that the parent/designated personnel cannot be reached or contacted.
- Will specify the acceptance of the administrative arrangements for payment for medical expenses incurred.
- Will be subject to an annual update, or sooner, if the child is absent/removed from care for a period greater than one month.



## Referral Mechanism

The Operator will use telephone contact to refer the child to our preferred medical practitioner. Private professional transportation services will be used to facilitate the prompt and efficient transfer of an ill child for appropriate medical care. The Operator will ensure the child is taken to:

- Stony Hill Medical Centre/ Dr. Ryan Wan, a private facility, in close proximity to the School.

In the event that it becomes necessary to access medical care, the Operator will

- Ensure the completion of the referral form.
- Designate a senior employee to accompany the ill child.
- Arrange appropriate transportation to allow the ill child quick access to care.
- Ensure that the event is recorded in the illness log.

## STRUCTURAL AND EQUIPMENT REQUIREMENTS

### Basic First Aid Kit

The School is equipped with an adequate supply of basic first aid items as designated by the Red Cross First Aid Kit Guidelines, listed below:

The contents of the Kit will include

- Adhesive strips / band aids
- Adhesive tape
- Eye pads
- Triangular bandages
- Conforming bandages
- Safety pins
- Scissors
- Tweezers
- Thermometer
- Kidney dish
- Disposable gloves
- Gauze squares / pads
- Alcohol swabs
- Sterile saline eyewash
- Cold pack
- Plastic bags
- Antiseptic ointment
- Re-usable ice pack
- Hand cleanser
- Small Flashlight and Extra Batteries





- Blanket

#### Maintenance of First Aid Kit

The Operator has established the following mechanism to maintain the First Aid Kit:

- Ensure that the contents of the First Aid Kit are checked at a specified interval each month; this check will include expiration dates, spillage, and other degeneration.
- Ensure that the Kit is re-stocked when needed.
- Ensure that the location of the Kit is known to all relevant individuals.
- Ensure that the Kit is not within reach of the children.
- Ensure that the Kit is available for trips away from the School.
- A First Aid Kit checklist will be completed on a monthly basis, as illustrated on the next page.

#### Sick Bay

A separate room next to the school office is reserved for the care of a child/children or adult who need to be separated due to illness or injury. The area is quiet, well ventilated with adequate lighting and affords for privacy and quarantine for the sick /injured child. **NB** if a child exhibit two or more symptoms of a communicable disease such as chicken pox, measles or diarrhea they will be isolated in the sick bay.

### **Part B - SANITATION PLAN**

#### SANITATION & FOOD SAFETY REQUIREMENTS

##### Environmental Cleaning

Sanitation at the School is of the utmost importance, due to the fact that young children are more vulnerable to infections. Consequently, every effort is made to attain and maintain a clean and safe environment.

- Walls, when soiled, are washed with detergent, disinfected and air dried. Heavily soiled walls are repainted, and those within kitchens and restrooms which are tiled are cleaned and disinfected, daily, with an approved soap solution and disinfectant. All efforts are made to ensure that the concentrations recommended on the label are followed when disinfecting surfaces.
- Floors are swept clean to remove all visible soils before applying cleaning/soap solution and sanitizer (disinfectant). Kitchen and restroom floors are routinely cleaned.
- Classroom furniture and equipment, door handles, and light switches are wiped with general purpose cleaner, and scrubbed as necessary.
- In dry areas, daily cleaning involves wet cleaning.



➤ Restrooms and hand-washing facilities are given priority attention as indicated below:

Hourly inspections during the School day is essential to ensure that –

- ✓ Toilets and washrooms have a clean appearance
- ✓ Floors are swept and wet mopped, as necessary
- ✓ Waste containers are emptied
- ✓ Soap, towels, and toilet paper are replenished
- ✓ Toilet bowls and urinals are cleaned with a disinfectant, cleaner, and a scouring powder, as necessary

The maintenance of the cleaning schedule is closely monitored through the Maintenance of Cleaning Schedule for environmental areas.

#### CLEANING SCHEDULE

ITEM/AREA TO BE CLEANED	PERSON RESPONSIBLE	FREQUENCY OF CLEANING	CLEANER	SANITIZER	SUPERVISOR'
Classrooms		Daily			
Bathrooms		Daily			
Offices		Daily			

#### Chlorine Bleach Concentrations And Mixing Instructions

The guidelines outlined below will be used to mix chlorine bleach concentrations to be used on various surfaces.

200ppm (parts per million)

- Use for stainless steel, food/mouth contact items, toys
- 1 tablespoon of bleach in 1-gallon water (1:250 dilution)

1000ppm (parts per million)

- Use for non-porous surfaces, tile floors, counter-tops, sinks, toilets
- 1/3-cup bleach in 1-gallon water (1:50 dilution)

5000ppm (parts per million)

- Use for porous surfaces, wooden floors
- 1 cup bleach plus 2/3-cup bleach in 1-gallon water (1:10 dilution)

Contact time

- Leave bleach on surface for 10-20 minutes.

#### Hand-washing Procedures



The following guidelines will be followed for washing hands.

Hands should be washed:

- After using the bathroom
- Before and after handling pampers
- Before eating, drinking, serving, or handling food.

Posters regarding hand-washing are also placed at strategic places in the School.

**Refrigerator Storage/Holding Temperature**

Proper storage of food and the efficient operation of cold storage units with regular temperature monitoring and recording are done to prevent food-borne illnesses.

Employees Health Form

Employee name	Position	Medical Certificate		Food Handlers Permit	
		Issue date	Renewal date	Issue date	Renewal date



Early Childhood Institution – Child’s Medical Report

Part A TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

NAME OF EARLY CHILDHOOD INSTITUTION: **Region 1 ECDC**

PERSONAL DATA

CHILD’S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ YRS \_\_\_ Months SEX: M  F

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

NAME OF PARENT/GUARDIAN:

\_\_\_\_\_

ADDRESS: (H)

\_\_\_\_\_

ADDRESS: (W) \_\_\_\_\_

TELEPHONE NO: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMERGENCY CONTACT INFORMATION (other than parent/guardian)

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ TEL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAMILY DOCTOR/HEALTH CLINIC: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_ TEL. NO: \_\_\_\_\_



## MEDICAL HISTORY

Please respond by putting a tick (✓) under the appropriate column, and record dates of last treatment, as well as remarks for positive responses.

Has your child ever been diagnosed or treated for any of the following conditions?

<u>PAST HISTORY</u>	YES	NO	DATE(s)	REMARKS
❖ Asthma	( )	( )		
❖ Bronchitis	( )	( )		
❖ Tuberculosis (TB)	( )	( )		
❖ Disorders of the Ears/Nose/Throat	( )	( )		
❖ Rheumatic Fever/Rh. Heart Disease	( )	( )		
		Heart Diseases		( ) ( )
❖				
❖ Epilepsy (Fits)	( )	( )		
❖ Mental Disorders	( )	( )		
❖ Learning Disability	( )	( )		
❖ Physical Disability	( )	( )		
❖ Disorders of the Kidney/Bladder	( )	( )		
❖ Disorders of the Stomach/Bowels	( )	( )		
❖ Sickle Cell Trait/Disease	( )	( )		
❖ High Blood Pressure	( )	( )		
❖ Diabetes Mellitus (Sugar)	( )	( )		
❖ Leukaemia/Lymphoma	( )	( )		
❖ Typhoid	( )	( )		



- ❖ Headaches ( ) ( )

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- ❖ Anaemia (weak blood) ( ) ( )

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- ❖ Fainting spells/giddiness ( ) ( )

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- ❖ Excess Tiredness ( ) ( )

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- ❖ Visual disorders ( ) ( )

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- ❖ Hearing disorders ( ) ( )

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- ❖ Hepatitis B ( ) ( )

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- ❖ Meningitis ( ) ( )

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- ❖ Allergies to Medication ( ) ( )

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- ❖ Other conditions ( ) ( )

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HAS YOUR CHILD EVER BEEN ADMITTED TO HOSPITAL OR HAD SURGERY? Yes  No

If yes, please explain the purpose.

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REGULAR MEDICATIONS TAKEN (IF ANY): 

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**FAMILY HISTORY**

Has any family member been diagnosed with the following?

	YES	NO	REMARKS
❖ Asthma	( )	( )	<hr/>
❖ Allergies	( )	( )	<hr/>
❖ Diabetes Mellitus	( )	( )	<hr/>



- ❖ Tuberculosis ( ) ( )
- ❖ Cancer/Tumours ( ) ( )
- ❖ Sickle Cell Disease ( ) ( )
- ❖ Mental Disorder ( ) ( )
- ❖ Heart Disease ( ) ( )
- ❖ Migraine ( ) ( )
- ❖ High Blood Pressure ( ) ( )

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I certify that the above information is correct.

SIGNATURE: \_\_\_\_\_  
(PARENT/GUARDIAN)

DATE: \_\_\_\_\_



MEDICAL EXAMINATION REPORT – To be completed by a Physician

Please give details of findings, and verify immunization history.

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Age: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ cm WEIGHT: \_\_\_\_\_ kg.

BP: \_\_\_\_\_ Urinalysis: Protein: \_\_\_\_\_ Sugar: \_\_\_\_\_

General Appearance: \_\_\_\_\_ Nutritional State: \_\_\_\_\_

Posture: \_\_\_\_\_ TEETH/GUMS: \_\_\_\_\_





Injury Report Form  
(To be completed in Triplicate)

Please Print

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Date of Injury: \_\_\_\_\_ 4. Time of Injury: \_\_\_\_\_
5. Date of Report: \_\_\_\_\_ 6. Reported by: \_\_\_\_\_
7. Institution where injury occurred: \_\_\_\_\_
8. Category of Injured person:  Student  Employee  Parent/Guardian  Visitor
9. Where did the injury occur?
  - Nursery
  - Class Room
  - Playground
  - Kitchen
  - Other (*specify*): \_\_\_\_\_

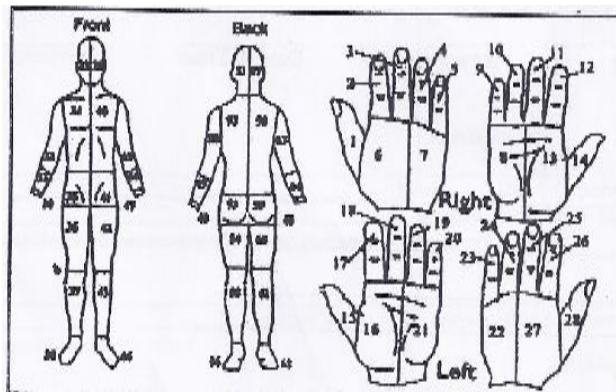
10. Description of the Circumstances: (How did the injury happen?)

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11. Mark the location of the injury on the diagram below.





12. Was the injury:  Serious  
 Not Serious  
 Don't Know

13. Describe the nature of the injury: (egs, 2-inch cut to forearm; left top tooth knocked out)

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14. Is the injured person a child?  YES  NO

15. If yes, Name of Employee Responsible for the Care of the Child at the time of the injury

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16. Action Taken to Treat Injury:

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17. Name of Person(s) Treating Injury: \_\_\_\_\_

18. Patient Referred to: Physician  YES  NO  
Hospital  YES  NO

If yes, specify \_\_\_\_\_

19. Outcome: (egs, child admitted to hospital; treated and sent home)

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20. Parent/Guardian Notified  Yes  No Date & Time: \_\_\_\_\_

21. Form Completed by:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

22. Little Scholars Academy  
St Christopher Road, Stony Hill  
Kingston 9