



**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START PROGRAM**

**HEALTH SERVICES
POLICIES AND PROCEDURES**

**MEDICAL/ DENTAL
INFECTION CONTROL**



HEALTH SERVICES POLICIES AND PROCEDURES MANUAL

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**COMMUNITY ACTION AGENCY
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HEALTH SERVICES

Title: Health Services Policies and Procedures

Health Services **HS - 08 - 001**

Purpose: To provide policies and procedures in Health Services for staff, parents and children in the Head Start and Early Head Start program

Policy:

A Health Policies and Procedures manual shall be maintained and adhered to by each Head Start/Early Head Start Center Director and Administrative Staff. A Policy and Procedure Manual shall be available for staff use at all time in each Grantee and delegate site.

Procedure:

1. A policy is a principle, a plan, or a basic guide of action. Policies should be written in terms easy to understand.
2. A procedure is the sequence of steps to follow to do a specific task to accomplish the Purposes of a policy.
3. A Policy statement and procedure for each activity shall be established.
4. The Policy and Procedure Manual shall be reviewed/revised on an annual basis.
5. All Policies and Procedures shall be approved by the Health Advisory Committee, Head Start/Early Head Start Director, C.A.A. Executive Director and Parent Policy Council prior to implementation.
6. This manual shall be used as the basis for staff and parent in-service training and familiarization of its contents.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Determine Child Health Status

Health Services **HSH - 08 – 002**

Purpose: To determine the child’s health status

Policy:

The Health Status of Head Start/Early Head Start children will be determined in collaboration with the parents no later than 90 days from the child's entry into the program.

Procedure:

- 1 The Social Services staff will ask parent at the time of the enrollment process Part II; if they have an ongoing source of continuance accessible health care. (Medical Home) If the parent does not have a Medical Home then they will be referred to Medicaid and the nearest Community Health Center for Health Services. Social Services staff will document the reason parents are not enrolled with a healthprovider.

2. In order to determine whether a child is up-to-date on a schedule of age appropriate preventive and primary health care. The grantee registered nurse or delegate health staff will review the health information submitted by the parent to determine status of each child. During the summer months and at orientation meeting, parents will be notified of their child's medical/dental status.

The parent will be given information on health requirements during enrollment.

The following are the health requirements for Pre-school age (3-5) children in the Head Start program as recommended by Medicaid-Child Health Check-Up formally known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT); Florida Department of Health; and Head Start Health Advisory Committee:

- A physical examination – Annual to include vision/hearing screening, height, weight and blood pressure results.
- Immunization – recommendations and guidelines from Florida Department of Health and Center for Disease Control.
- Oral Health Exam – Annual starting at 12 months.

- Laboratory Test – The primary health providers are to use their medical judgment in determining the applicability of the laboratory test or analysis to be performed however Head Start is recommending the following:
 - ◇ Anemia Test – hemoglobin or hematocrit will be required once upon enrollment unless follow-up is needed. Normal value is 11mg/dl for Hemoglobin and 33% hematocrit. Anything below has to be referred to health and nutrition services for follow up. Retesting should be done within three months.
 - ◇ Sickle Cell Test– will be required, once upon enrollment, but is based on physician’s judgment.
 - ◇ Tuberculosis Screening – the risk assessment found on the physical exam will be required every year. Under the physician’s discretion a PPD (Tuberculin test) will be performed. PPD is valid for two years and follow up and clearance from the phisician is required if the result is positive.
 - ◇ Lead Toxicity – assessment will be required, Medicaid- Child Health Check-Up states that providers must perform an oral lead risk assessment and document the results. Blood testing – is recommended for children ages 24 – 72 months, if no documented test results is on the record for 12 and 24 months.

The following are the health requirements for infants and toddlers 0-3 as recommended by Medicaid-Child Health Check-Up (Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)), Florida Department of Health and Head Start Health Advisory Committee:

- A physical examination A Well Child Care schedule physical examination at 2, 4,6,9,12, 15, 18, 24 and 36 months.
- Anemia Test – hemoglobin or hematocrit will be required once upon enrollment unless follow-up is needed. Normal value is 11mg/dl for Hemoglobin and 33% hematocrit. Anything below has to be referred to health and nutrition services for follow up. Retesting should be done within three months. –age of test 12 months
- Head Circumference: – each Well Child visit up to and including 24 months of age
- Height and weight: – each Well Child visit
- Tuberculosis Screening – starting at one year of age and every year.
- Lead Toxicity Blood testing – is recommended for children ages 12 and 24 months.
- Sickle Cell Test: – at birth. If this was not done at birth it is recommend with the lead for all children at 12 months.

- Vision Screening: – each Well Child visits – Standardized vision starts at three years of age. If medically necessary examination is recommended at younger age.
- Hearing screening: – each Well Child visits using an otoscopic – Standardized hearing starts at three years of age. If medically necessary a referral to specialist for full examination is recommended.
- Oral Health screening: – each Well Child visit to check for obvious abnormalities, such as cavities, infection or malocclusion. Dental examination at 12 months and annually.
- Immunization – recommendations and guidelines from Florida Department of Health and Center for Disease Control.

RETURNING CHILDREN:

1. The QA nurse or DHC will complete the Health Status Report form on all children during the months of April and May. The report notifies parents of health services rendered during the school year and services needed by the beginning of the new school year. It includes dates that the services are due. The grantee/delegate health staff will give original to parent via teaching staff and will place one copy in the child's health folder.
2. The Center Director and social services staff will each receive a copy of the Health Status Report form. Social Services will follow-up on service needed. The form will state what each child will need for the coming school year and give a due date when documentation must be submitted. QA nurse will assist social services staff in notifying parents of needed Health Services. Parents will submit the documentation during the summer to the Social Services staff. After the school year starts, the parents will submit the documentation to the Center Director.

NEW ENROLLEE:

1. The QA nurse or DHC will review all new enrollees' records during the enrollment period. If a child is found to not have a physical exam, immunization, dental, labs or tuberculosis screening or that it is outdated or will expire before August, a letter will be forward to the parent by the Social Services staff stating the needed information and the date documentation must be submitted.
2. The QA nurse or DHC will login the enrollment information on the Enrollment Requirement Review Form. Copies of the Enrollment Requirement Review form will be distributed to the Social Service staff, Center Director and Health Coordinator.
3. After the grantee or delegate health staff's initial audit and parents' notification, the Center Director or designated staff will continue to notify the parents as other health service expire within 6 weeks. The Center Director or designated staff will notify the

Social Services/Parent Involvement staff of parents needing to update information by forwarding a copy of the letter given to the parent requesting updated documentation of current physical, immunization, TB screening, dental, and other screenings.

4. Grantee and delegate agencies will establish procedures to track the provision of health care services. The grantee/delegate health services staff will review health records to monitor the accuracy of the data in the HSFIS via Health Summary Reports. The center staff or Center Director designated staff will log and update health information on the HSFIS.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Request for Medical/Dental Services

Health Services **HSH - 08 – 003**

Purpose: To provide guidelines when Head Start pays for Medical/Dental Services

Policy:

Head Start/ Early Head Start funds may be used for one or more of the following reasons:

- 1) Family has no insurance coverage
- 2) Parent/guardian cannot afford to pay private insurance co-pay
- 3) There is a serious medical/dental condition that requires immediate attention

Procedure:

1. The request for medical/dental services form is to be completed in detail by the Grantee or Delegate Agency Social Worker/QAN or Health Coordinator and submitted to the Grantee Health Services Coordinator via Fax or e-mail.
2. Complete the first section with the child's name, date of birth, parent/guardian's name, and date request is being made, the center where the child is enrolled, and the Community Care Coordinator/Health Coordinator assigned to the center.
3. Check the appropriate service(s) you are requesting are requesting for the child.
4. Explain special circumstances that require the program to pay for the requested service. Be sure to attach supporting documentation. If the family is not covered by private insurance or eligible for Medicaid, you must assist the parent/guardian with the SCHIP KidCare Application. Record the date of the application.
5. Complete next section with insurance information. If the family is registered with a clinic, record the clinic name and card ID number. If the family has private insurance or covered by Medicaid, record the insurance or Medicaid information. If the family has made application for KidCare Insurance, please record the status of the application, if known.
6. The person submitting the application must certify that an attempt has been mad to help the parent/guardian access existing services and resources and there is no other alternative for providing the services needed. The parent/guardian must sign the request. Form must be then sent to the Grantee Health Services Coordinator.

7. The last section is to be completed by the Grantee Health Services Coordinator. The Coordinator will approve the request, return it for additional information, or disapprove it.
8. Payments will be approved only when medically needed and for reasonable customary fees.
9. Attach any supporting documents that will help in the decision making process.
10. Once the request for services is approved, the parent must get the second part of the document called MEDICAL/Dental Rendered Services Form.
11. Medical/ Dental provider must complete sections I and II of the document
12. Parents must sign and bring the form back to the center, then it must be forwarded to the Health Services coordinator to follow up with payments.

HEALTH SERVICES

Title: Extended Follow up and treatment plan implementation

Health Services **HSH - 08 – 004**

Purpose: To facilitate the implementation of follow-up and treatment for children who require services.

Policy:

To implement the follow-up plan, there will be a system of on-going communication with the parents of children with identified health needs. A child who requires extended medical follow-up will be referred to the grantee or delegate health staff by all service area staff.

The grantee or delegate health staff will notify the parent regarding the follow-up service. If the child is to be served by a contracted provider the grantee or delegate health staff will coordinate with the parent the scheduling of an appointment time with the provider.

If the child's provider is a Medicaid/private provider, the grantee or delegate health staff will educate the parent on how to access health services. If the parent has no means to pay for the services, the social services staff and the health staff will assist the parent with community resources. If a child needs Head Start/Early Head Start to fund Medical or dental services, written documentation will be required.

The social services staff and grantee or delegate health staff will keep written documentation of efforts to access services for the child.

Procedure:

1. Grantee and delegate agencies will provide assistance to the parents in obtaining prescribed medications, aids or equipment for medical and dental conditions. Parents will be notified via letter and telephone. If the parent requires assistance for any of the above, the health staff or delegate's health staff will intervene with the physician with parental consent and by providing appropriate resources. Social Services staff will follow-up as needed.
2. Dental follow-up and treatment will include:
 - a) Assuring children have access to fluoride water. The water in Miami-Dade County communities is fluoridated. Fluoride supplementation is not necessary.
 - b) Preschoolers will brush their teeth two times a day with fluoride toothpaste. Water will be provided with the snack meal to remove food particles from the mouth and encourage consumption. Infants' mouths will be cleansed with sterile

gauze after each feeding and toddler will use a toothbrush with non-fluoride toothpaste.

- c) The contracted dental health provider for dental screening will see children who do not have an assigned dental provider after documentation. Once it has been determined that the child needs dental follow-up (F/U), the following will take place:
 - 3. Obtain Dental F/U consent from parent.
 - 4. Assist in scheduling child to the contracted dental provider for dental F/U. The number of visits depends on child's needs. Parent to accompany child to provider.
 - 5. Children with extensive dental problems that require anesthesia or service out of the scope of care for the contracted dental provider will be referred to another dental provider that is equipped to meet the child's needs. The selection of a dental provider for additional services will include parent's input and he/she must accompany the child to the provider.
 - 6. Grantee and delegate agencies will assist with the provision of related services in accordance with the Individualized Education Program (IEP) (3 yrs. – 5 yrs.) and the Individualized Family Service Plan (IFSP) (0-36 months). Head Start/Early Head Start will provide educational opportunities for children with disabilities including children with health impairments. IEP and IFSP define the educational and service needs of a child with a disability and the child's family. The registered nurse (RN) will address the special health care needs or a need for modification in the school environment due to a health condition. The IEP/IFSP will define the services needed for the child/family and the appropriate provider. If required, a child with specific health impairments will receive needed medication and treatment as prescribed by the child's Health Care Provider. In some instances, a child may have a health condition, which is not a disability.
 - 7. The Head Start Health Staff will:
 - a) Assess the child's medical condition.
 - b) Communicate with the parent and the Health Care Provider to obtain physician's orders for medication and treatment (if applicable).
 - c) Provide information/resources to assist and support staff and parents.
 - d) Participate as a member of the planning team in developing the child's IEP or the IFSP.
 - e) Train classroom staff and the family in the procedures to be followed in administration of ordered treatment.

- f) Assess classroom staff competency in providing the prescribed treatment and retrain staff as needed.
 - g) Monitor classroom staff's administration of ordered treatment.
 - h) Monitor the child's record for data related to the treatments provided.
 - i) Provide resources to the Head Start/Early Head Start classroom staff and parent regarding the child's condition, treatment and medications.
 - j) Assist the parent in accessing needed medical evaluation and treatment.
8. The Head Start/Early Head Start health staff and delegate health staff will be the liaison between the parent, Health Care Provider, and the center staff in providing medical treatment for the child; staff will:
- a) Participate in the IEP or the IFSP meeting.
 - b) Receive training from the health staff for specific health care procedures needed for a particular child.
 - c) Demonstrate the procedure to the health staff as part of the training.
 - d) Demonstrate the procedure as part of on-going monitoring by the RN.
 - e) Receive continuous training on procedures actively needed in their classroom.
 - f) Become familiar with the expected results.
 - g) Become familiar with and understand inappropriate responses.
 - h) Notify Community Care Coordinator (Nurse) or delegate health staff immediately if problems are encountered in administering the procedure.
 - i) Notify parent of problems with treatment in order for them to communicate with their Health Care Provider.
 - j) Provide only those treatments for which the staff has been trained.
 - k) Head Start/Early Head Start classroom staff will administer procedures that do not require a professional license. The appropriate licensed provider will provide any procedure requiring professional certification or licensing. Head Start/Early Head Start classroom staff will implement the educational Purposes identified for the child on the IEP or IFSP.

9. Parents of children with health impairments will be asked to work closely with Head Start/Early Head Start classroom staff and the grantee or delegate health staff by providing information about the child's needs.

The parent will:

- Immediately notify the teaching staff and the grantee or delegate health staff of any changes in the child's condition, medications (both those used at school and at home), and treatments.
 - Communicate frequently with the grantee or delegate health staff and teaching staff regarding the child's health status and needs.
 - Participate in developing the IEP or the IFSP for the child.
 - Communicate concerns with child's physician and update grantee or delegate health staff and teaching staff.
 - Attend training for staff on the treatments/procedures needed to meet the child's needs.
 - Provide all supplies, medications, and equipment specific to the child's condition.
10. Head Start/Early Head Start social service staff will forward a memo to the Health Coordinator documenting resources accessed, referrals to other community health agencies and the inability of the parents to pay for services, and document why parents are not eligible to receive other medical services. The Health Coordinator or designee will determine that all available resources have been exhausted prior to the use of Head Start/Early Head Start funds.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Anthropometric Measurements and Laboratory Results

Health Services **HSH - 08 – 005**

Purpose: To provide policies and procedures to properly record and follow up abnormal values related to height and weight as well as Hemoglobin/Hematocrit, Lead and Sickle cell results.

Policy:

Abnormal Lab Data

1. The grantee/delegate health staff will contact parents to verify results from private providers if needed. Registered nurses/delegate health staff will document plan of care in the progress note/HSFIS Activity Services Tracking Delivery and Tracking Report.
2. Parent will be given a letter advising of abnormal lab results and asked to follow-up with their health providers.
3. Parents will bring updated results to the Center Director or designee.

Procedure:

Anthropometric Measurements, Lead, Hemoglobin and/or Hematocrit

1. Children with weight for height greater than 90% percentile and children with weight for height below the 5% percentile will be referred to the Nutrition Services Unit. A physician's diagnosis of overweight or underweight will be needed before nutrition counseling is provided (State of Florida requirement).
2. Children diagnosed with low hemoglobin or hematocrit will be referred to Nutrition service. Health staff will audit the records of new enrollees and refer to Nutrition Coordinator or Delegate Nutrition Consultant. Children diagnosed with abnormal hemoglobin and hematocrit and enrolled after the program year begins, will be referred to Nutrition Services via the internal referral. A physician's diagnosis of anemia will be needed before nutrition counseling is provided (State of Florida requirement).
3. The referral form will have the parents' name, address, telephone number and child's name, age, height, weight, hemoglobin or hematocrit, diagnosed allergies and nutrition related diseases, such as hypertension, diabetes and any other nutrition information pertaining to the child's health.
4. Nutrition Services will follow-up by doing one or a combination of the following:
 - ❖ Telephone the parent to make an appointment for counseling

- ❖ Provide counseling
 - ❖ Refer to delegate Nutrition Consultant
 - ❖ Send a form letter and a list of foods high in iron and vitamin C, if unable to make personal or telephone contact with parent and/or no diagnosis is provided by Health Care Provider.
 - ❖ Send a letter with nutrition information to address overweight or underweight, if unable to make personal or telephone contact with parent, and/or Health Care Provider provides no diagnosis.
5. If contracted providers see a child, the grantee/delegate health staff will monitor child for repeat hgb within 3 months of last lab screening/or intervention.
 6. If a private provider sees a child, the parent will be instructed to follow-up with the private provider. Follow-up intervention will be done as indicated.
 7. For children with high lead levels above 10, the contracted provider will:
 - ❖ Refer the child to Women, Infant, and Child (WIC) if less than 5 years of age.
 - ❖ Send Lead form letter home to parent regarding abnormal lab work.
 - ❖ Encourage parent to schedule the child for repeat lead level in 1-2 months.
 - ❖ Refer the child to a Public Health Unit for further evaluation as indicated.
 - ❖ Grantee or delegate health staff will monitor follow-up intervention as indicated.
 - ❖ For children seen by private providers, the health staff will forward letter to parent instructing the parent to follow-up with their private provider. Parent will be asked to bring documentation of follow-up services.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Children with suspected Health, Hearing, Vision or Physical Impairment

Purpose: To provide policies and procedures when children are suspected of, or have been identified with a health related impairment.

Policy: All suspected or identified children with health impairment will be followed up and appropriate service will be provided at the program or via referral to a health care provider for specialized services.

1. When a health related impairment is suspected during enrollment, the Social Services staff will have the parent complete a Mutual Exchange of Information form and if parent states that child has asthma, an asthma questionnaire will be completed to determine current conditions.
2. The authorization form will be sent to the diagnostic provider along with a Diagnostic Referral Package by the social service staff. This includes a letter to the parent (in the event the parent will deliver the forms to the health provider), a letter to the health provider, the Diagnostic Referral and Reporting Form, and a copy of the Head Start Diagnostic Criteria for Reporting Disabled Children and Physician's Assessment Referral Form.
3. Disability Services will review the diagnostic information received to verify compliance with Head Start/Early Head Start diagnostic criteria.
4. Information from the Diagnostic Referral and Reporting form will be shared with the grantee or delegate health staff to identify services and training needs. The child will be referred to Nutrition Services and Health Services if the condition is related or may impact these services.
5. When all service areas review the case, a staffing meeting will be scheduled to develop an Individual Education Plan (IEP) (3 yrs. – 5 yrs.) or an Individual Family Service Plan (IFSP) (0-36 months) and a Health Care Plan to address the specific needs of the child and family. If the child's needs are solely Health related and do not impact learning or development, only a Health Care Plan will be developed.
6. The appropriate service area staff will provide training for classroom staff as well as other center staff who may provide care or treatment for the child.
7. The Curriculum Specialist or Early Childhood Specialist will work with the teaching team to implement educational activities and interventions to address the child's IEP or IFSP. Disability services staff will monitor the child's progress and recommend adaptations to the learning environment as needed.
8. IEP's and Health Care Plans will be reviewed and updated annually.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Developmental, Sensory and Behavior Screenings

Health Services **HSH - 08 – 007**

Purpose: To conduct developmental, sensory, and behavioral screenings within the first 45 days of enrollment and set up follow up procedures.

Policy:

Grantee and delegates will perform or obtain behavioral, vision, hearing, speech/language, and developmental screenings within the first 45 days of enrollment.

Procedure:

A. Grantee and delegates will conduct or obtain the following screenings:

Vision	By child's medical provider or Teacher
Hearing	By child's medical provider or Teacher or Health Staff
Speech Development	By Head Start Teacher
Developmental skills (<u>Acuscreen</u>)	By Head Start Teacher
Behavioral (DECA)	By Head Start Teacher

1. Sensory screens (vision and hearing), for preschooler are usually conducted by the child's medical provider as part of the physical exam. Head Start staff will conduct vision and hearing screening for children when the child's medical provider has not done so. Re-screening is provided for children with questionable results.
2. The speech screening instrument is adapted to include Spanish and Creole languages. This instrument is administered to children ages 3-5 years.
3. Developmental screening using age appropriate instruments is conducted to assess motor, language, social, cognitive perspective and emotional skills. The instruments used were chosen to be linguistically and culturally appropriate.
4. Infants and toddlers (age 0-36 months) are screened using the Denver II Screening instrument, which is an age appropriate, developmental, sensory and

language-screening instrument. The Denver II is completed through interviews with the parent/primary caregiver and observations of children.

5. Head Start classroom staff screen Preschoolers (3 years – 5 years) by using the ACUSCREEN developmental screen for children 3-5 years old.
6. Head Start staff screen Preschoolers (3 - 5) by using the Devereux Early Childhood Assessment with a Behavior Screen (DECA). The DECA is administered in both English and Spanish.

B. Screening Follow-up

1. If significant delays of concerns are noted for infants and toddlers, an Internal referral form is completed by the center staff and forwarded to Disability Services.
2. Results of the preschool screening Galileo (vision, hearing, speech and Acuscreen developmental) are recorded on the Galileo Individual Development Summary-Classroom Report, which is printed and forwarded to Disability Services for analysis and follow-up.
3. An Internal referral form, is completed by classroom staff if significant delays are noted on the screening
 - ◇ A child has 3 or more errors on the Phonology section of the Speech screen;
 - ◇ A child fails either the vision or the hearing screen;
 - ◇ The child scores 11% or below ACUSCREEN.
4. Re-screening is conducted for children not meeting the previous cut-off criteria. Re-screening is also conducted when the original results are questionable or teacher observation does not support the screening data.
5. A second developmental screening is administered to children scoring 11% or lower on the ACUSCREEN but passing the Speech screen. This second screening is done by FDLRS-South or designated Head Start provider; using additional developmental instruments and conference with the teaching staff.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Ongoing Care

Health Services **HSH - 08 – 008**

Purpose: To implement on-going procedures by which staff can identify new or recurring medical, dental, or developmental concerns

Policy:

Grantee and delegate agencies will implement on-going procedures by which Head Start/Early Head Start staff can identify any new or recurring medical, dental, or developmental concerns. These procedures will include: periodic observations and recordings, as appropriate, of individual children's developmental program; changes in physical appearance, emotional and behavioral patterns. The procedures will include observations from parents and staff.

Procedure:

1. Upon arrival to the program, every child will be checked for changes in physical appearance (signs of injury or illness). Throughout the day, each child will be observed for changes in emotional and/or behavior patterns. Teaching staff will also note any concerns noted by the parent.
2. All identified childhood illnesses, and those concerns identified on the health alert letter, will require written documentation from a health provider which will include reason child was seen by the Health Care Provider and state that the child's health is acceptable for return to school. Despite the Health Care Provider's statement, if a child exhibits any signs or symptoms of being infectious or contagious, the grantee or delegate health staff and Center Director has to be notified if the child needs to be excluded from school.
3. Teaching staff will provide children with an orientation or engage in role-play opportunities reading visit to the doctor, dentist or other health provider. This is to address the concerns/fears that children may express. The role of the contracted health provider shall always be promoted in a positive image. If the child experiences pain from immunization, dental work, etc., this will be addressed.

4. The parent will take children that appear to be too ill to remain in school home. Center staff will refer to Blood borne Pathogen & Infection Control Manual if they have any questions regarding the health status of the child.
5. The classroom teacher will complete an Internal Referral Form when a problem is noted and forward it to the appropriate service area coordinator. A copy will be kept in the child's folder. If there are extenuating circumstances, such as lice, persistent cough, etc. then a referral will be sent to the grantee or delegate health staff. The teachers will then forward a health alert letter to the parent regarding observed health concerns.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Involving parents

Health Services **HSH - 08 – 009**

Purpose: To involve the parents in all efforts to ensure that their child is enrolled in and receiving appropriate health care services.

POLICY:

In conducting the process as described in sections 1304.20 (a), (b) and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies will carry out the following:

Procedure:

1. An explanation of the use and rationale for all health and developmental procedures administered through the program or contracted providers will be provided to the parents prior to rendering the services. After the parent or guardian acknowledges full understanding of the procedures, parents will be requested to sign a consent form prior to such procedures. A multidisciplinary team will meet with parents to discuss diagnostic results, and recommended treatment procedure and on-going care (Include IEP from page 6). The appropriate service area staff will ensure that parents fully understand the information provided.
2. During parent orientation, staff will familiarize the parent with assessment procedures the child will receive during the program year. Staff will discuss with parents on a continuous basis the outcome of the developmental assessment tools, stages of development and develop an annual plan for child's educational, growth and development.

If additional assessment is warranted, staff will discuss with parents the need for further assessment. The parent consent will be obtained at this time.

3. Parents will be assisted in accordance with 45 CFR 1304.40 (f) (2) (i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process.

HEAD START/EARLY HEAD START

HEALTH SERVICES

Title: Health emergency procedures

Health Services **HSH - 08 – 010**

Purpose: To establish and implement policies and procedures responding to medical and dental health emergencies.

Policy:

1304.22 – Purpose Statement – Children will be protected through appropriate health and safety measures.

Grantee and delegate agencies will establish and implement policies and procedures to respond to medical and dental health emergencies with which staff are familiar and trained.

Procedure:

1. Emergency procedures for medical and dental health will be posted in each classroom.
2. Telephone numbers of emergency response systems and directions on how to get to the center will be posted near the telephone. Contact information will be up-to-date, and readily available for use. Parent authorization for emergency care will be available in the child's record.
3. Plans for emergency evacuation will be posted close to the nearest exit.
4. Parents will be notified in the event of an emergency involving their child.
5. Child abuse and neglect cases will be in compliance with applicable Federal and State laws. A staff member who suspects that a child has been abused or neglected will comply with the reporting procedures established by the program.

Accident/Sudden Illness

Children: The current emergency procedures will be followed upon the occurrence of an accident/sudden illness of a child in the Head Start/Early Head Start center. Staff will advise parents of all accidents, no matter how minor, by having them sign the Accident/Incident Report Form. Grantee and Delegate agencies will follow this procedure for children.

Accident/Incident Procedure:

- ◇ Administer first aid and/or call 911 for emergency accidents.
- ◇ Notify Center Director or Lead Teacher of accident/incident.
- ◇ Call parent or emergency contact to notify them of the accident/incident.
- ◇ Complete Accident/Incident Report Form (Please indicate administered First Aid if applicable).
- ◇ Give the Accident/Incident Report Form to the parent to sign, to verify they have been notified of the accident/incident.
- ◇ File copy of the Accident/Incident Report Form in the child's folder.
- ◇ Notify health staff and submit a copy of form to the Health Coordinator
- ◇ Submit a copy of the form to the Head Start Director.

Note: All accidents/incidents will be recorded on the Accident/Incident Log.

Accident/Incident Report Form Procedures:

- ◇ Complete all items on the form or the form will be returned.
- ◇ The form will be completed in triplicate and submitted to the Health Coordinator, a copy to the Head Start/Early Head Start Director and a copy retained in the child's folder. The Quality Assurance Nurse will be notified.
- ◇ A detailed description of the accident is to be attached to the report.
- ◇ Accident Claim:
- ◇ Major accidents/injuries: the procedure for accidents will be followed.
- ◇ Obtain child insurance status.
- ◇ If the parent wishes the child to receive services from a private doctor, an accident claim form will be issued to the child's parent with Part 1, Section I completed. The Head Start/Early Head Start insurance form will need to be completed. Be sure to ask the parent if the child is covered by another insurance plan. If the child is covered by the parent's insurance plan, inform the parent to request payment from their insurance first. If there are charges not paid by the parent's insurance plan, services will be paid by Head Start's insurance plan. If the parent

has no health insurance, the parent must submit a notarized letter stating they do not have any health insurance.

- ◇ Parents will date and sign the claim form.

Field Trip Accident

Center staff Responsibilities:

1. Notify Center Base
2. Follow "Accident/Incident Report Form" procedures

Center Responsibilities:

Upon notice of injury by staff on the field trip, the center staff will follow the "Accident Report" procedures. A first aid kit will accompany staff when children are participating on field trips.

Staff: When a grantee Head Start/Early Head Start employee is injured on the job, the procedures listed below will be followed:

- ◇ The employee notifies the immediate supervisor.
- ◇ The employee or supervisor notifies TELECLAIM (1-877-632-7475).
- ◇ The supervisor notifies the CAA Department Personnel Officer (305) 347-4604.
- ◇ The supervisor completes the "Supervisor's Report of Injury" form and submits all copies to the CAA Personnel office.
- ◇ If warranted, the injured employee must be taken to the nearest authorized care center (refer to Head Start/Early Head Start Staff Handbook for nearest address).
- ◇ If Risk Management denies Disability Leave, the employee can request an appeal.
- ◇ If the appeal is denied, the case will be closed.

Other Pertinent Information:

- ◇ If the injured employee does not need medical attention and is not taken to an authorized care center, the injury will be logged on the "First Aid and Minor Injury Log. " The supervisor will keep this log.
- ◇ Should the employee need medical attention at a later date, the "First Aid and Minor Injury Log" will be attached to the "Supervisor's Report of Injury" with a note on the form indicating "first report of injury" A copy will be faxed to Risk Management and the original to the DPO.
- ◇ The supervisor should send the Supervisor Report if Injury within 7 working days of the injury.
- ◇ The employee has 30 days from the date of the accident to file a Compensation Claim.
- ◇ The department will be fined \$100 per report if the forms are not received within seven (7) days from the date of the accident.
- ◇ The PAR supervisor will indicate "DA" for the first day of injury. SI will be indicated on the PAR for each additional sick day off resulting from the injury for the continued days off the job.

HEAD START/EARLY HEAD START

HEALTH SERVICES

Title: Medication administration

Health Services **HSH - 08 – 011**

Purpose: To establish and maintain written procedures regarding the administration, handling, and storage of medication for every child, staff and volunteer.

Policy: Grantee and delegate agencies will establish and maintain written procedures regarding the administration, handling, and storage of medication for every child, staff and volunteer.

Procedure: Dispensing of Medication in Centers:

1. In accordance with Head Start/Early Head Start regulations, the center staff will administer medicine to children at the centers when absolutely necessary.
2. Medical or dental providers must prescribe all medication given at the center.
3. The parent/legal guardian will sign the Authorization for Medication card before medication is administered. When medication has been completed, the card will be placed in the child's folder in the health section.
4. Any staff or volunteer who brings personal medication onto Head Start/Early Head Start facilities must keep it under lock and key while on the premises.
5. Teaching staff will be trained via registered nurses with parent assistance on side effects of medication, conditions and restrictions.
6. A Medication Administration Log will be kept for each child receiving medication. It will include the prescribed medication information, via of administration, frequency and observation of any possible side effects.
7. If administration of medicine involves the use of any special equipment, staff responsible for using it will be properly trained by Community Care Coordinator (Nurses), the health coordinator or agency consultant.
8. Training activities will be properly documented.
9. Teachers will demonstrate how to use equipment/medication before services will be provided without assistance. The Community Care Coordinator (Nurses), the health coordinator or agency consultant will monitor.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Toothbrushing

Health Services **HSH - 08 – 012**

Purpose: To establish and maintain written procedures regarding tooth brushing and toothbrushes handling in the classroom.

Policy: Grantee and delegate agencies will ensure proper tooth brushing is part of the health related curriculum and maintain written procedures regarding the handling, and storage of every child's toothbrush.

Procedure:

1. Regular toothbrushing should begin after teeth erupt when the child is able to hold the toothbrush and participate in brushing.
2. Staff should assist the child if needed.
3. Children will brush their teeth after every mealtime .
4. Every child will be given a new toothbrush every 3-4 months and as often as it needs to be replaced due to wear, breaking or contamination after sickness.
5. Every toothbrush should be properly labeled.
6. Do not allow children to share toothbrushes.
7. Head Start children will use fluoride toothpaste. Early Head Start children will use fluoride free toothpaste. Pea sized amount should be used, the teacher should place it on a small piece of paper towel or inside the top of a paper cup.
8. After brushing, the child will rinse their mouth with water
9. Toothbrushes will be placed in the toothbrush holder.
10. Toothbrushes should not be allowed to touch eachother; allow them to dry.

HEALTH SERVICES

Title: Medically Based and Special Diets

Health Services **HSH - 08 – 013**

Purpose: To establish and maintain written procedures regarding the administration, handling, and storage of medication for every child, staff and volunteer.

Policy: Grantee and delegate agencies will establish and maintain written procedures regarding the administration, handling, and storage of medication for every child, staff and volunteer.

PROCEDURE:

1. All children who require special diets for maintaining good health will have a prescription from their Health Care Provider.
2. The prescription must be within the current school year with the child's name, the diet, Health Care Provider's signature and telephone number.
3. The prescription will be in the child's health record.
4. An internal referral will be initiated by the teacher or other appropriate staff and forwarded to Nutrition Services upon receipt of the prescription from the Health Care Provider.
5. Nutrition Services will provide dietary instructions to the teaching staff and food service staff.
6. Disabilities Services will initiate an internal referral to Nutrition Services for children with eating/chewing/swallowing difficulties. The children will be assessed by the Mailman Center.
7. Nutrition Services will train staff on specific dietary requirements and the child's eating capabilities.
8. All children who require special diets for religious reasons must have a note from the parent.
9. All staff that require a medically based diet must provide a prescription from the Health Care Provider.

Referral to Women, Infant, and Child (WIC)

1. Social Services staff will make WIC referral forms available at each site for children identified with nutrition related health problems.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Infection Control Policies and Procedures
Health Services: **HSH - 08 – 014**

Purpose: To provide policies and procedures in infection control for staff, parents and children.

Policy: Infection Control Policies and Procedures shall be maintained and adhered to by each Head Start/Early Head Start Center Director and Administrative Staff. A Policy and Procedure Manual shall be available for staff use at all time in each self contained and delegate site.

Procedure:

1. A policy is a principle, a plan, or a basic guide of action. Policies should be written in terms easy to understand.
2. A procedure is the sequence of steps to follow to do a specific task to accomplish the Purposes of a policy.
3. A policy statement and procedure for each activity shall be established.
4. The Policy and Procedure Manual shall be reviewed/revised on an annual basis.
5. All Policies and Procedures shall be approved by the Health Advisory Committee, Head Start/Early Head Start Director, C.A.A. Executive Director and Parent Policy Council prior to implementation.
6. This manual shall be used as the basis for staff and parent in-service training and familiarization of its contents.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Personal Protective Equipment (P. P. E.)

Health Services **HSH - 08 – 015**

Purpose: To provide policies and procedures to identify Personal Protective Equipment in Order to avoid skin contact with infectious materials.

Policy: Personal Protective Equipment (PPE) shall be readily accessible and available at no charge to employees at risk to occupational exposure. This equipment shall be considered "appropriate" if it does not permit blood and/or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, or mucous membranes under normal conditions of use and for the duration of time which the protective equipment is used.

Procedures: Personal Protective Equipment should be available at Head Start/Early Head Start sites. Its use and location are as follows:

GLOVES:

1. Worn when it is reasonably anticipated that the employee will (A) have contact with blood or other potentially infectious substances (B) breaks in skin, and (C) handle or touch contaminated items or surfaces.
2. When putting on disposable gloves, inspect them for any holes or tears. If holes or tears are found discard gloves and use a new pair.
3. Disposable (single use) gloves such as latex examination gloves shall be replaced when contaminated, torn, punctured, exhibit signs of deterioration or when their ability to function as a barrier is compromised.
4. Do not touch soiled surfaces with your bare hand. Remove the first glove by pulling it over itself, inside out as it is pulled from the hand. Hook the inside of the second glove at the wrist and peel the glove off, turning them inside out.

5. Do not clean or reuse disposable gloves. Discard properly after use in designated container.
6. Wash hands with germicidal soap, using vigorous friction with running water after removing disposable gloves.
7. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.
8. Alternative gloves will be available for employees with a sensitivity to the gloves normally provided.
9. In the event that an employee has a break in the skin of the hand, gloves must be worn as a preventive measure against infection (a finger cot may be worn on the finger if indicated).

MASK, EYE PROTECTION AND FACE SHIELDS

Masks, in combination with goggles, glasses and sealed side shields, shall be worn in situations in which splattering of potentially infectious material is possible i.e., suctioning or diaper changing.

APRONS

Aprons shall be made of fluid proof or fluid resistant material. Head Start/Early Head Start staff will be required to wear them in situations where they will be exposed to body fluids.

A Mouth to Barrier ventilation device shall be used in the event of Respiratory Arrest (child stops breathing).

DISPOSAL

All PPE shall be removed prior to leaving the work area. If contaminated with blood or body fluids, items shall be disposed of as contaminated waste.

Whenever an employee fails to use protective equipment as outlined in this policy, the Center Director shall file an unusual incident report and immediately report the incident to the Health Coordinator, who will investigate the incident in coordination with the Division Director to determine whether the employee was negligent in the performance of his/her duties or whether his/her actions were justifiable based upon the individual circumstances. Such decision will be documented and corrective action implemented as necessary.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Universal Precautions / Standard Protections

Health Services **HSH - 08 – 016**

Purpose: To provide policies and procedures to minimize infection of staff, parents and children in the workplace.

Policy:

Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. In circumstances where it is difficult or impossible to differentiate between body fluid types, all body fluids shall be considered potentially infectious.

Universal Precautions emphasizes the need for all employees to consider all individuals as potentially infected with the Human Immune Deficiency Virus (HIV), Hepatitis B Virus (HBV), and other communicable bloodborne pathogens.

Head Start/Early Head Start employees occupationally exposed to blood or other potentially infectious materials can eliminate or minimize their exposure by following guidelines for universal/standard precautions using procedures, work practices, engineering controls and Personal Protective Equipment.

These universal precautions include the use of certain barriers (e.g., gloves) and controls (e.g., cleaning) that minimize the risk of transmission and may include, but may not be limited, to the following:

Procedures:

1. **Use of Barriers:**

- ◇ Latex-Non Latex Gloves
- ◇ Mouth-to-barrier (ventilation device for C.P.R.)
- ◇ Goggles
- ◇ Mask
- ◇ Apron

2. **Controls:**

- ◇ Cleaning with approved germicidal or 1:10 bleach unscented and water solution (1 part bleach and 10 parts water).
- ◇ Hand washing with soap, using vigorous friction under running water.
- ◇ Waste Disposal

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Hand Washing

Health Services **HSH - 08 – 017**

Purpose: To provide a procedure for effective hand washing to prevent the spread of germs.

Policy:

To prevent the spread of germs from one person to another, all Head Start/Early Head Start staff will practice good hand washing technique.

Procedure:

1. HEAD START/EARLY HEAD START STAFF SHOULD WASH HANDS AT THE FOLLOWING TIMES:

- ◇ Upon arrival to work.
- ◇ Before and after eating, feeding or preparing food.
- ◇ After toileting.
- ◇ After changing a diaper.
- ◇ After handling body fluids such as mucous, vomit, blood; after wiping noses, mouths, bottoms, sores, etc.
- ◇ After removing disposable gloves (wearing gloves does not eliminate the need for hand washing).
- ◇ After checking a child's temperature.
- ◇ After using handkerchief/tissue.
- ◇ After touching areas of the body, such as hair.
- ◇ After touching infected or unsanitary body areas.
- ◇ After working with unclean equipment/work surface/clothing/wash cloths.
- ◇ Before and after treating a wound or tending to someone who is sick.
- ◇ After handling garbage.
- ◇ After playing with animals/ pets.
- ◇ Before preparing or giving medications.

2. HEAD START/EARLY HEAD START CHILDREN SHOULD WASH HANDS

AT THE FOLLOWING TIMES:

- ◇ Prior to eating meals or snacks.
- ◇ After toileting.
- ◇ After outside activities.
- ◇ After messy activities
- ◇ After playing with pets/animals.

3. METHODS FOR HAND WASHING:

- ◇ Using a germicidal liquid soap, hands should be vigorously lathered and rubbed together for 15-30 seconds under a warm moderate stream of water.
- ◇ The hands should be rinsed and patted dry (do not rub to prevent chapping) with a paper towel and the towel turn off the faucet (hands and forearms should be lower than the elbows during the washing period).
- ◇ Post the designated hand-washing diagram above every sink in the Head Start classroom and center.
- ◇ Soap dispensers should be emptied thoroughly, cleaned, and refilled with a new solution on a regular designated schedule.
- ◇ Fingernails are to be kept clean at all times as they harbor the greatest number of unwelcome organisms.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Diaper Changing

Health Services **HSH - 08 – 018**

Purpose: To provide a procedure to change a diaper that is safe for the child and to prevent the spread of germs.

Policy: To prevent transmission of disease causing germs, it is important to provide sanitary conditions and follow the proper techniques for changing diapers for Head Start/Early Head Start children who have not completed toilet training.

Procedure:

1. Check to make sure the supplies you need are ready:
 - ◇ Freshly dampened paper towels or pre-moistened towelettes.
 - ◇ Fresh diaper, and clean clothes (if necessary)
 - ◇ Child's personal ointment
 - ◇ Plastic trash bag
 - ◇ Gloves
2. Place roll paper or a disposable towel on the part of the diapering table where the child's bottom will be.
3. Put on a pair of gloves (latex) and apron.
4. Hold the child away from your body when you pick him/her up. When you know a child has soiled his diaper, use only your hands to carry him. Lay the child on the paper or towel.
5. Remove soiled diaper or clothes.
 - ◇ Soiled diapers must be disposed of in a foot operated, plastic lined waste container that is never accessible to the Head Start/Early Head Start children.
 - ◇ After rinsing gross stool from clothes in toilet while wearing latex gloves, put soiled clothes in a plastic bag for parents to take home with the child at the end of the day.
6. Clean the child's bottom with:

- ◇ Pre-moistened disposable towelette or a damp paper towel (put the used towelette or paper towel in the plastic-lined receptacle).
7. If the child needs to be washed completely:
 - ◇ Use running water
 - ◇ Disinfect the sink immediately with germicidal soap or 1:10 bleach and water solution after you diaper the child.
 8. Remove the paper or towel from beneath the child and dispose it in the plastic lined container.
 9. Remove gloves and wash your hands.
 10. Never leave the child unattended when on the diaper changing area. Return child to classroom.
 - ◇ Be sure the child cannot fall from the diaper-changing table.
 - ◇ Carry him with you if you have to leave the area.
 11. Diaper or dress the child (now you can hold him close to you).
 12. Wash the Child's hands.
 13. Wash your hands.
 14. Clean and disinfect:
 - ◇ Diapering area.
 - ◇ Equipment or supplies touched.
 15. Wash your hands before returning to work area.

**COMMUNITY ACTION AGENCY
HEADSTART/EARLY HEAD START**

HEALTH SERVICES

Title: Cleaning the Classrooms

Health Services **HSH - 08 – 019**

Purpose: To provide procedures to prevent germs and cross contamination in the classroom.

Policy: It is the responsibility of the classroom staff and Center Director to ensure satisfactory cleanliness in all spaces and objects the children might have contact with.

Procedure:

1. Classroom floors should be vacuumed daily.
2. Cubbies, tables and counter tops are to be wiped with a clean damp cloth, wet with the approved disinfectant/germicide solution.
3. Chairs and activity areas (housekeeping, music, etc.) are to be wiped and cleaned with the approved disinfectant/germicide solution every week.
4. All small toys shall be immersed in a basin of water and cleaned with-bleach and water 1:10 solution every week and then rinsed. All large toys shall be hosed with water on a weekly basis.
5. Cots shall be cleaned bi-weekly (every two weeks). They shall be scrubbed down with a scrubbing brush, washed with water, sanitized with the approved disinfectant /germicide solution; then air-dried. If cot is soiled, it shall be cleaned immediately.
6. There must be a minimum of eighteen inches of space between each mats/cots for pre-schooler in order to prevent the spread of germs as defined by the Florida Department of Children and Families, Day Care Licensure Section.
7. There must be a minimum of thirty-six inches of space between each cribs/cots for infant and toddlers in order to prevent the spread of contagious illness as defined by the Head Start Program Standards.
8. Alternate mats or cots head to feet, so those children do not breathe on each other.
9. Mats/cots must be covered with waterproof material, be washable and be at least two inches thick.

10. Wash mat/cots covers weekly.
11. Label individual mats/ cots with children's names.
12. Toothbrushes shall be cleaned with water after every use, air dried, and then placed into toothbrush containers.
13. Toothbrush containers shall be washed with the approved disinfectant/germicide solution and air-dried once every week.
14. The toothbrushes and containers shall be individually labeled and placed in a rack.
15. Stress the importance of not sharing toothbrushes, eating utensils and food.
16. Each child's belongings, including linen, shall be kept separate from other children's belongings in their respective cubbies. Extra clothing such as sweaters or coats shall be folded and placed in the child's cubby or on hooks or racks.
17. Each child must have an individual cubby properly labeled.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Sanitation of Bathrooms

Health Services **HSH - 08 – 020**

Purpose: To provide standards for cleaning the bathrooms that will limit contaminated surfaces.

Policy: Custodians and all staff at the centers must keep the bathrooms clean sanitized and properly stocked

Procedure:

Cleaning of bathrooms shall be completed according to the following schedule:

- * Large centers of 3 classrooms or more shall clean toilets three times a day.
 - * Small centers of 3 classrooms or less shall clean toilets two times a day.
1. Bathroom floors shall be cleaned and mopped daily with water and bleach 1:10 solution.
 2. Mops should be disinfected and air-dried daily.
 3. Bathroom toilet seat covers and bowls shall be scrubbed and cleaned with water and bleach 1:10 solution daily. Use a deodorizing disinfectant in toilet bowls.
 4. Bathroom sinks shall be scrubbed and cleaned with water and bleach 1:10 solution every day. Use a deodorizing disinfectant in sinks.
 5. Bathroom wall tiles shall be scrubbed and cleaned with water and bleach 1:10 solution every week.
 6. Only soap dispensing solutions are to be used and they shall be placed on the wall close to the sink. There shall be no soap bars left on the sink.
 7. Bathrooms shall be stocked everyday with toilet paper, paper hand towels, and soap dispensing solution.
 8. Toilets shall be flushed after each use.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Hepatitis B Vaccinations

Health Services **HSH - 08 – 021**

Purpose: To establish a procedure to provide Hepatitis B Vaccination for staff who may potentially be exposed to infectious substances.

Policy:

Head Start employees identified for potential occupational exposure will be offered the Hepatitis B vaccine series. Post-exposure evaluation and follow-up will be provided for employees who have had exposure incidents. These services will be offered at no cost to the employee. Services will be offered at a reasonable time and place, performed by or under the supervision of a licensed physician. The services will be in accordance with the current recommendations of the U.S. Public Health Service. The Hepatitis B Vaccine will not be offered to an employee if the employee has previously received the complete Hepatitis B vaccination series or antibody testing has revealed that the employee is immune, or the vaccination is contraindicated for medical reasons.

If an employee believes there is a reasonable risk on the job of being exposed to another person's blood or body fluids and the position of employment is not listed in the designated job classifications, a request for a job task review for a more definitive evaluation of the potential exposure may be requested.

An employee may decline the Hepatitis B Vaccine. If at a later date he or she decides, while still covered under the standard, to accept the vaccination, Head Start will make available the Hepatitis B vaccine at that time. Any employee who declines the Hepatitis B vaccine will sign the declination form stating the reason for declining.

Procedure:

1. Employees with potential occupational exposure who agree to comply with Head Start/Early Head Start employee health recommendations for vaccination shall sign the consent after reading the CDC's Important Information About Hepatitis B, Hepatitis B Vaccine, and Hepatitis B Immune Globulin form. This consent shall be retained in the employee's health record.

2. Hepatitis B Vaccine is administered in a series of three (1.0 ml each) intramuscular injections in the deltoid muscle. The second injection is given one month after the first and the third injection six months after the initial injection.
3. All Hepatitis B vaccine injections shall be administered according to manufacturer recommendations.
4. Approximately three months after the third dose, blood for a Hepatitis B antibody screen shall be drawn.
 - a. If positive, vaccination was successful, and boosters shall be administered according to U.S. Public Health Service recommendations at no charge to the employee.
 - b. If negative, two additional doses of hepatitis B vaccine shall be administered one month apart. Repeat antibody screening shall be done three months after the second (5th) dose. If still negative, no further follow-up is initiated unless exposure occurs.

HEAD START/EARLY HEAD START
HEPATITIS "B" VACCINE

I, _____ understand that due to my occupational exposure to blood or other potentially Infectious materials, I may be at risk for acquiring the Hepatitis "B" Virus (HBV) Infection. I have been given the opportunity to be vaccinated with Hepatitis "B" Vaccine at no charge.

_____ I have already taken the Hepatitis "B" Vaccine

_____ I decline the Hepatitis "B" Vaccine at this time.

_____ I would like to take the Hepatitis "B" Vaccine

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis "B", a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and want to be vaccinated with Hepatitis "B" Vaccine, I can receive the vaccination series at no charge.

I understand I can begin the vaccination by notifying the Health Coordinator at (305) 347-4622 to make an appointment. I understand that time-off for an appointment made during regular work hours will be approved.

Employee Signature _____ Date _____

Job Title _____

Witness _____ Date _____

Employee's Supervisor

cc: Personnel File

**COMMUNITY ACTION AGENCY
HEADSTART/EARLY HEAD START**

HEALTH SERVICES

Title: Standard Administration of Exposure Control Plan

Health Services **HSH - 08 – 022**

Purpose: To adhere to O.S.H.A. regulations in identifying staff and providing safety procedures to avoid skin contact with infectious substances.

Policy:

- ◆ All Head Start/Early Head Start employees must comply with policies and procedures established in the Head Start/Early Head Start Blood borne Pathogens Exposure Control Plan.
- ◆ Occupational exposures to blood and body fluids are treated in the same manner as other employee injuries (Refer to Policy).
- ◆ Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials such as body fluids. Under circumstances in which differentiation between body fluid types is impossible, all body fluids shall be considered potentially infectious.
- ◆ Head Start shall make available the Hepatitis B Vaccination (HBV) which consists of a series of three (3) shots to all employees who have occupational exposure. This vaccine will provide immunity to the hepatitis infection.
- ◆ To increase the awareness of Head Start/Early Head Start employees, parents and volunteers on Blood borne Pathogens, Universal Precaution training will be provided for all individuals regardless of their job tasks or functions.
- ◆ The following job classifications within Head Start/Early Head Start have been identified as having possible occupational risk to exposure to blood or other potentially infect materials:
 - Quality Assurance Nurse
 - Health Coordinator
 - Teacher
 - Teacher Assistant
 - Curriculum Specialist
 - Volunteer
 - Center Director
 - Maintenance Personnel
 - Custodian
 - Bus Driver
 - Other Designated Staff

Tasks/procedures that would cause employees in the above job classifications to have occupational exposure are as follows:

1. C. P. R.
2. Blood Sugar by Accucheck
3. Infections
4. Wound Care
5. Oral/nasal suction
6. Temperature taking
7. Handling/cleaning contaminated equipment
8. Specimen handling
9. Diaper Changing

Procedure:

1. Head Start/Early Head Start employees, parents, volunteers and children will be responsible for adhering to Universal Precautions (UP) as described in the Bloodborne Pathogen Plan. In order to prevent transmission of infectious agents, it is expected that all Head Start workers will use appropriate barrier precautions to avoid direct contact with blood and body fluids from other individuals.
2. Children with contagious diseases that are transmitted by air droplets (chicken pox, TB), skin to skin contact (impetigo, ringworm) or the fecal-oral route (pinworm, typhoid fever) need to be isolated, according to Exclusion From School Policy.
3. Children with HIV/AIDS infection transmit the virus exclusively via blood/sexual secretions. There have not been any cases reported of children catching the AIDS virus through casual contact.
4. Hepatitis B virus (HBV) is a serious viral infection that affects the liver. Children showing signs and symptoms of HBV e.g. fever, nausea, loss of appetite and jaundice should be referred immediately to the Quality Assurance Nurse or the parent should be advised to take the child to a physician. (The risk of HBV transmission in childcare is considered very low and should not interfere with a child's enrollment to Head Start)
5. All activities regarding infection, exposure control and employee health shall be implemented by the Center Director and reported to the Health Coordinator within 24 hours.

6. Policies and procedures consistent with the requirements of the Department of Labor, Occupational Safety and Health Administration, 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule shall be established and included in the Head Start Bloodborne Pathogens Exposure Control Plan:
 - A) The Plan shall be reviewed annually and revised and updated as necessary.
 - B) Copies of the Plan shall be available in the following areas:
 1. Administration (Central Office)
 2. Office of all Components
 3. Each Head Start/Early Head Start site and accessible to all staff
7. Records, of education training for parents and staff, and employee's health folders, shall be maintained and readily available upon request to the U.S. Assistant Secretary of Labor and Director of OSHA.
8. Compliance with procedures outlined in the Head Start Bloodborne Pathogens Exposure Control Plan shall be monitored by Center Directors. Quality Assurance nurse audits shall be conducted on a regularly scheduled basis by the Health Coordinator or designee and documented. The report should then be forwarded to the Head Start/Early Head Start Director.

The following definitions, from OSHA's standard for Bloodborne Pathogens (29 CFR1910.1030), are used for development of the Head Start Bloodborne Pathogens Exposure Control Plan.

Blood: Human blood, human blood components, and products made from human blood.

Blood borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and human Immunodeficiency Virus (HIV).

Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy Blood borne pathogens on a surface or item to the point where they are no longer capable of

transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls: Controls (e.g., sharps disposals containers, self-sheathing needles) that isolate or remove the Blood borne Pathogens from the workplace.

Exposure Incident:

A specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand Washing Facilities: A facility providing an adequate supply of running portable water, soap and single use towels or hot air drying machine.

HBV: Hepatitis B. Virus

HIV: Human Immunodeficiency Virus

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials: (1) the following human body fluids, urine, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead), and (3) HIV containing cell or tissue cultures, organ cultures, and HIV or H13V containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with H13V or HIV.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. For example, gloves, goggles, apron. General clothing may not be adequate protection against exposed hazards.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious secretions may be a source of occupational exposure to the employee.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions: An approach to infection control. All human blood and certain human body fluids are treated as if known to be infectious for HBV, HIV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Handling Spills of Biohazards Material

Health Services **HSH - 08 – 023**

Purpose: To establish a policy to minimize injury or illness from spills of cleaning material.

Policy:

Departmental cleaning and maintenance shall be the responsibility of the assigned janitorial staff during and after regular operating hours.

Environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials such as urine, liquid stool, etc.

Chemical germicides used for cleaning contaminated (biohazards) wastes shall be approved disinfectants. (The product shall be tuberculocidal when used in recommended dilutions)

Procedures:

1. Wear latex gloves
2. Any broken glass should be removed from the floor with a broom and long handle dust pan, tongs or forceps. Under no circumstances shall broken glass be picked up by hand.
3. Place broken glass into a puncture proof container that is properly labeled (at the side of container).
4. Assigned staff shall do thorough cleaning of countertops, sinks, and cabinets on a weekly basis using a disinfectant solution.
5. Spills shall be cleaned with a cleaner/disinfectant that is tuberculocidal/germicidal. For floor spills, clean mop head thoroughly with a germicidal solution. For non-floor spills, use disposable cleaning towels.
6. Position "Wet Floor" signs as needed. Signs shall not be moved until area is completely dry.
7. Clean equipment as per established scheduled and after each use.

8. Remove gloves.
9. Discard contaminated disposable cleaning towels and gloves in a double plastic bag.
10. Wash hands.

COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START

HEALTH SERVICES

Title: Contaminated Waste Disposal - Specimen Collection

Health Services **HSH - 08 – 024**

Purpose: To provide Guidance on proper disposal of potentially contaminated waste.

Policy:

Contaminated (biohazards) waste shall be collected, transported, stored, and disposed of in such a manner that minimizes risk of transmission of infectious pathogens.

Contaminated waste (i.e., band-aids, gauze , diapers) shall be collected in a double plastic bag and disposed of in the large dumpster outside of the school.

Urine specimens or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage and transport.

Procedure:

1. Step-on-type waste receptacles or covered waste receptacles shall be used in all bathroom and classroom areas.
2. Janitorial personnel shall do disinfecting of contaminated waste containers at least every 24 hours using germicidal cleaners or sprays.
3. Specimens shall be collected in the appropriate container and transported to the Health Provider in leak-proof, resealable plastic bags.
4. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping.

**COMMUNITY ACTION AGENCY
HEADSTART/EARLY HEAD START**

HEALTH SERVICES

Title: Disposal of Needles and Sharps

Health Services **HSH - 08 – 025**

Purpose: To provide a procedure to safely dispose of needles and sharps

Policy:

Because of the risk of transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other bloodborne pathogens, extreme care must be taken with needles and sharp devices. To prevent needle stick injuries, used needles must not be recapped. Needles must not be purposely bent or broken by hand because accidental needle puncture may occur.

Procedure:

1. Needles and sharps should be placed in a closable puncture resistant container that is leak proof at sides and bottom and designated specifically for this purpose.
2. Needles and syringes do not need to be broken prior to placing into the container.
3. Sharps containers must be kept under lock and key at all times when not in use.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Exclusion from School/Work

Health Services **HSH - 08 – 026**

Purpose: To provide policies and procedures that establishes criteria for protecting staff and children from an infectious environment.

Policy:

Head Start children or staff discovered on the Health Check List to have signs or symptoms of potentially contagious conditions including but not limited to those listed below shall be excluded from school or the work place.

1. Temperature - oral temperature 101 degrees or greater; axillary (armpit) temperature 100 degrees or greater; accompanied by behavior changes such as unusual lethargy, irritability, persistent crying or difficulty breathing and/or other signs of severe illness.
2. Diarrhea - defined as 3 or looser stools in a 24-hour period.
3. Vomiting - two or more times in a 24 hour period.
4. Mouth Sores - associated with an inability for the child to control his/her saliva.
5. Rash - with fever the child should not return to school until a physician has determined the illness is not considered to be a communicable disease.
6. Purulent Conjunctivitis (Pink Eye) - which is defined as pink or red conjunctivae with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the lids or skin surrounding the eye. Children should not return to class until completion of effective treatment and or symptoms resolve.
7. Tuberculosis - until the child's physician or local health department authority states the child is non-infectious.
8. Impetigo, - a child with multiple exposed visible lesions (one or two lesions maximum, can be covered with bandage while under treatment).

9. Streptococcal Pharyngitis - until 24 hours after treatment has been initiated, and until the child has been without fever for 24 hours.
10. Head Lice and Scabies - until 24 hours after treatment has begun and health provider has given permission to return to school.
11. Ringworm, infection (tinea corporis-(body) and tinea capitis-(head) - until treatment has been completed.
12. Varicefia (chickenpox) - until 10 days after onset of the rash and until lesions have dried and crusted.
13. Shingles - only if clothing or a dressing cannot cover the sores, until the sores have crusted.
14. Pertussis (whooping cough) - within 14 days of laboratory confirmed illness, or suspected based on symptoms, until 5 days of appropriate antibiotic therapy has been completed.
15. Mumps - until 9 days after onset of parotid gland swelling.
16. Hepatitis - a virus infection; until one week after onset of illness and jaundice or until after immune serum globulin has been given to appropriate children and staff in the program, as directed by the health department.
17. Measles - until 6 days after the rash appears.
18. Rubella - until 11 days after the rash appears.
19. A physician statement is required (upon returning back to work/school) if any of the above signs, symptoms or illness is exhibited by Head Start staff/child.

Procedure:

1. Consult with your Center Director and separate the Head Start children from the other children. It is imperative that a Head Start staff member remains with this child until he/she is released to the parent or an emergency release contact.
2. Check the child's temperature using the digital thermometer kept in the Head Start First Aid Kit. Follow the procedure for checking a child's temperature.
3. Notify the parents and /or the emergency contact persons.
4. If indicated, the Head Start Center Director, Quality Assurance Nurse, or Family Support staff may assist the child's parents in obtaining medical assistance.

5. Head Start staff shall complete the Health Alert letter and give to the parent to obtain a written release from the Health Care Provider before allowing the child to return to school for all identified conditions. The complete Health Alert letter is to be placed in child's folder.
6. Protect a Head Start child with known HIV/AIDS from contagious diseases such as Chickenpox, or measles by excluding him/her when there is an outbreak, until the healthcare provider gives medical clearance for this child to return to school.
7. Center Directors, after consulting with the Head Start Director or Assistant Head Start Director and Health Coordinator need to inform their staff and parents of contagious diseases that occur in the Center.

**COMMUNITY ACTION AGENCY
HEAD START**

HEALTH COMPONENT

Title: Exposed Employee / Health Records

Health Services **HSH - 08 – 027**

Purpose: To establish a policy for documenting and maintaining health records of employees with occupational exposure to bloodborne pathogens.

Policy: Maintenance. Storage. And Confidentiality

The Health Coordinator shall be responsible for maintaining individual employee health records related to Bloodborne Pathogen exposure in a locked file located in the Coordinator's office.

Records shall be held in confidence. Information from the employee health record shall not be disclosed or released to any person within or outside the workplace without the employee's written consent.

Employee health records shall be provided upon request for examination and copying to the individual employee or to anyone having written consent from the employee.

Employee health records shall be maintained by the Head Start Center for the duration of the employee's employment.

Contents and Format

The employee health record shall include, but may not be limited to, the following:

1. Name, social security number, and date of birth.
2. Documentation of tuberculosis screening results and follow-up, if appropriate.
3. Documentation of medical examination.

The health record of employees with occupational exposure shall include the items listed above as well as the following:

1. A copy of the employee's Hepatitis B Vaccination status including (A) dates of all Hepatitis B Vaccinations and (B) medical records relative to employee's ability to receive vaccination (e.g., consent form/declination, Hepatitis B antibody results, etc.)
2. A copy of results of examinations, medical testing, and follow-up.
3. Documentation of the health care provider or written opinion for Hepatitis B Vaccination and Post Exposure evaluation and follow-up.
4. Copy of information provided to the Health Coordinator, description of the exposed employee's duties as they relate to the and exposure incident, (B) documentation of the route(s) of exposure circumstances under which exposure occurred, and (C) results of the source individual's blood testing (e.g. HIV and Hepatitis B) if available.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Guidelines for Identifying and Treating Common Childhood Illnesses

Health Services **HSH - 08 – 028**

Purpose: To provide a policy to establish guidelines for identifying and treating common childhood illnesses.

Policy: All common childhood illnesses will require written documentation from a health provider that the child's health status is acceptable for him/her to return to school. Despite the physician statement, if a child exhibits any sign or symptom of being infectious, the Quality Assurance Nurse must be notified immediately.

A. RINGWORM (TINEA)

Ringworm is a fungal infection of the skin, which is commonly found in four areas of the body (Head, Arm, Chest, Abdomen).

I. (Scalp) Tinea Capitis

Symptoms:

- a) The infected scalp typically has small patches of baldness 1 to 3 inches in diameter.
- b) The infection affects the hair shaft.
- c) Hair tends to break off at the affected area.
- d) May cause round bald spots on scalp area.

Treatment:

- a) A physician should see the child immediately.
- b) Oral/topical medication.
 - ◇ It may take four to ten weeks of treatment for a complete cure. At no time should a child attend school if there is any evidence of drainage or spread of new lesions. Lesions must begin to shrink before child return to school.

- ◇ If child is under treatment and lesion is isolated and can be kept covered, child can attend school.
- ◇ Notify the Quality Assurance Nurse if there are any questions.

II. Tinea Corporis (Body)

Ringworm of the body is very common on the arm, chest and abdomen, and rarely on the face.

Symptoms:

- a) Starts as a tiny red spot, which slowly grows in a circular shape, clearing in the center as it enlarges.
- b) The edges remain reddish and scaly.
- c) May develop as a single lesion, or several lesions.

Treatment:

- a) A physician should see the child immediately
- b) Ringworm of the body, feet and groin can be treated with prescription medication such as (1) Tolnoftate, (2) Lotrimin, and (3) Nizoral.

It is necessary to take medicine that is prescribed by a physician. It usually takes five days to become non-contagious. Lesions must begin to shrink before child can return to school.

If child is under treatment and lesions are isolated and can be kept covered, child can attend school

B. CONJUNCTIVITIS (PINK EYE)

An irritation or inflammation of the thin layer of clear skin covering the eyeball and inner part of the eyelids.

I. Conjunctivitis (Pink EYE)

Symptom:

- a) Redness and watering eyes with formation of pus.

- b) Crusted eyelids.

Treatment:

- a) Antibiotic eye drops or ointments are usually prescribed by the physician.
- b) The child cannot attend school until authorized by physician.

C. CHICKEN POX

Chicken Pox is one of the most common infectious diseases of young children. It is also the one that causes the most discomfort because of itching.

Symptom:

Observe the child for signs of fever, aching joints and muscles, headaches, loss of appetite or irritability - usually flu like symptoms. About 24 to 36 hours after symptoms arise, the first "pox" begins to appear. They usually start behind the arm and neck. It may involve the chest, arms, hands and feet. These "pox" will dry up and turn into scabs in about seven days. Chicken pox (varicella zoster) is highly contagious. It is spread through air. The child is not contagious once the rash has fully crusted which is about seven days after the first "pox" appears. Always call your doctor immediately if you think the child has chicken pox.

Incubation Period:

If you think a child has been exposed to chickenpox, be on the look out for symptoms. The incubation period is about 10 to 21 days after exposure.

Treatment:

The child must remain at home during the contagious period, two days before "pox" appear and 10 days after until "pox" fully crust.

D. COMMON COLD

Although there is no definite plan of treatment for the common cold, there are precautions we as caretakers can take to prevent cross-contamination.

Symptoms:

- a) Fever 100.5 degrees or above
- b) Thick nasal discharge
- c) Productive Cough (sputum production)

d) Irritability

Treatment:

- a) The primary course of action in prevention of cross contamination is basic hand washing. Always uses gloves and paper tissue to wipe secretions. Dispose of tissue and gloves promptly to prevent exposure of the common cold, which is highly contagious. Remember the best course of action is cleanliness, keep areas clean and dry. Use disinfectants to clean surfaces and clean toys with soap and water.
- b) If child show additional symptom i.e. behavior, thick yellow/severe nose discharge, change in activity; child must be seen by the Child's Health Care Provider and authorization to return to school provided.

**COMMUNITY ACTION AGENCY
HEADSTART/EARLY HEAD START**

HEALTH SERVICES

Title: Health Check

Medical/Dental **HSH - 08 – 029**

Policy:

A brief assessment of a child's system from head-to-toe must be routinely conducted every morning as soon as a child arrives at the Head Start/Early Head Start Center. This will ensure that any child with a health problem can receive the proper treatment or intervention.

The Head Start/Early Head Start Teacher or Teacher Assistant will perform the health check, reviewing each system as follows:

Procedure:

- ◇ Teacher/Teacher Assistant will wash hands.
- ◇ Greet the parent and child. Kneel down to the child's level and talk with the child as you conduct the check.
- ◇ Once the assessment is completed, review for any areas checked off. If any area is checked off, that child's parent (s) must be contacted and appropriate care should be sought for that child by the parent.
- ◇ Before the parent leaves the child center, conduct a visual health check of the child.
- ◇ If there are unusual or obvious signs of physical injury, it must be documented and addressed immediately with the parent.
- ◇ If the finding occur after the parent leaves, or if unable to see the parent as the child comes to the center or for serious illness or contagious infections, the parent must be contacted to take the child to a health provider for assessment and treatment and a Doctor's written authorization will be required upon the child's return to the Head Start/Early Head Start Program.

- ◇ If parent (s) cannot be reached, call the emergency contact person (s) authorized to pick up the child.
- ◇ If unable to reach either of the above persons, contact the Social Services Staff who will then assist with contacting parents.
- ◇ In the event of an emergency, the Community Care Coordinator (Nurse) may enlist the assistance of the health providers to provide health attention to the child. Continue to observe for signs of illness. Example include: poor appetite, diarrhea, and complaints of headache, stomach aches or discomfort, excessive tiredness, excessive irritability, pulling at ear, unusual behavior, document and inform the parents as well.
- ◇ Any suspected or confirmed sign of child abuse or neglect, must be reported to the respective authorities as mandated by law. The issue should be discussed with proper supervisors and senior management.

HEADSTART/EARLY HEAD START

HEALTH SERVICES

Title: Oral - Axillary Temperature

Health Services **HS - 08 -030**

Policy:

Oral or axillary temperature will be taken on any child suspected of having an elevated temperature.

Procedure:

1. Head Start/Early Head Start staff must wash his/her hand before checking child's temperature.
2. Use the digital thermometer located in the First Aid Kit to check a child's temperature either under the tongue or under the armpit. Do not use a rectal thermometer to check an oral temperature or vice versa.
3. Use a new, clean plastic sheath to cover the thermometer probe before checking the child's temperature.
4. Allow the thermometer to remain in place until it "beeps", signifying the recording of the temperature.
5. When finished, wipe the digital thermometer probe off using alcohol swab. (Don't soak the thermometer in the disinfectant or clean it with hot water).
6. An oral temperature of 101 degrees or an axillary temperature of 100 degrees will indicate fever. This Head Start child will need to be separated from the other children. Staff will remain with the child until a parent or emergency contact arrives for the child. (Follow Infection Control Policy and Procedure and Sick Exclusion from School/Work Place Procedure for detailed guidelines).

**COMMUNITY ACTION AGENCY
HEADSTART/EARLY HEAD START**

HEALTH SERVICES

Title: Head Lice

Health Services **HSH - 08 – 031**

Purpose: To provide a procedure for the treatment of Head Lice.

Policy: Lice are parasites that live on the surface of the body. They are big enough to be seen with a magnifying glass. In children, lice affect the hair and scalp and cause severe itching. Lice spread easily by direct contact with the infected person or with personal objects like hats and clothing. A person with lice can spread them unless he is successfully treated with medicated shampoos, lotions or powders. When a child has head lice, you can often see the small lice eggs on his/her hair. Sometimes you can also catch a glimpse of a lice crawling through the hair.

Procedure:

- ◇ Temporarily exclude the infected child from the center until treatment has begun. Getting rid of head lice means treating the infected child and checking the other children in the group.
- ◇ The following shampoos can be used: Nix or Rid.
- ◇ All persons in the child's home should be treated.
- ◇ Use shampoo as directed on the label. Use the fine tooth comb enclosed with the shampoo.
- ◇ Put on clean clothes after shampooing.
- ◇ Wash (Using very hot water, for twenty minutes to destroy lice and their eggs) all clothing, towels, and bed linens used by family members with head lice.
- ◇ Dry-clean all clothing and hats that cannot be washed.
- ◇ Treatment takes about an hour. The child will be readmitted to Head Start/Early Head Start classes

- ◇ immediately after treatment is judged to have been effective.
- ◇ A second treatment one-week following the first should be completed if indicated.
- ◇ To prevent spread, children with head lice should not share articles that come in contact with the head, neck, or shoulder (combs, brushes, hats, coats, towels, etc.) of other children.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Minor Injury/Wound Care

Health Services **HSH - 08 – 032**

Purpose: To establish a procedure for treating minor injuries and wounds

Policy: Minor injuries occurring in children will be cared for by staff in such a manner that the injury is stabilized using appropriate basic first aid skills and infection control measures. The injured child will be transported to the appropriate health care provider as indicated.

Procedure:

1. Visually inspect the injury and obtain first aid kit and supplies, being careful not to touch the wound area without protective gloves.
2. Wash hands thoroughly according to Infection Control Policy and Procedure on hand washing.
3. Put on disposable latex gloves.
4. Clean wound thoroughly with mild soap and water, removing all dried blood and foreign matter as best as possible and ensure active bleeding is controlled. Dry wound with clean gauze.
5. Cover wound with clean dry dressing (band-aid or gauze) that does not allow seepage of body fluids.
6. Place contaminated items (gloves, band-aids and other disposable items) in a double plastic bag for proper disposal.
7. Wash hands and those of child if needed.
8. Check child's medical record to determine immunization status.
9. Notify parent(s) of incident.
10. Refer to child's doctor or clinic for further wound care and immunizations as needed.
11. Complete incident report as soon as possible after minor injury. Give original incident/accident report to child's parent(s) and place a copy in child's folder.

12. If child is taken to the hospital, have parent to sign complete accident report and insurance form immediately after incident. Submit original accident report to Head Start/Early Head Start Health Coordinator within 24 hours and keep a copy in the Head Start Center file.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: Cardio-Pulmonary Resuscitation (C.P.R.)

Health Services **HSH - 08 – 033**

Purpose: To provide a procedure for administering C.P.R.

Policy: Staff must take a basic life support/cardio-pulmonary resuscitation (i.e., CPR) course and maintain current certification of such training. CPR will be immediately initiated upon discovery of a child that is unresponsive, is not breathing or a pulse can not be detected.

Procedure:

Performance of certain basic life support procedures can result in the exchange of bodily fluids between the victim and the rescuer. This is especially true of trauma situations or cases where mouth-to-mouth resuscitation is required. Staff should follow the guidelines below to minimize the risk of disease transmission between victim and rescuer.

1. Identify cardiopulmonary emergency situation and activate the Emergency Medical Systems (EMS) by calling or having an assistant call 911.
2. Initiate CPR (see attached) where the victim is found unless she/he must be moved to better administer CPR or moved from a hazardous situation.
3. Use the mouth-to-barrier (face mask/shield) ventilation device found in the first aid kit for administering rescue breathing.
5. Wash hands at conclusion of emergency procedure and place face mask/shield filter other disposable medical supplies in a double plastic garbage bag for disposal.
6. Clean non-disposable equipment with a fresh 1: 10 bleach and water solution (1 cup of bleach to 10 cups of water)

7. Obtain replacement mouth-to-barrier ventilation device filter IMMEDIATELY from the Supplies Clerk.
8. Immediately after the incident, complete an accident report if child is taken to the hospital.
9. Submit report to the Health Coordinator within 24 hours. Notify child's parent(s) and Quality Assurance Nurse IMMEDIATELY after the incident.

**COMMUNITY ACTION AGENCY
HEAD START**

HEALTH SERVICES

Title: Guidelines for Human Immunodeficiency Virus (HIV) for Head Start/Early Head Start children

Health Services **HSH - 08 – 034**

Purpose: To establish a policy to address issues regarding Head Start/Early Head Start children affected by H.I.V.

Policy: Transmission of HIV has been documented to occur through exposure to infectious body fluids containing significant amounts of the virus. There is no proven risk of exposure through casual contact. When Universal Precautions are followed, HIV-infected children pose little risk of transmitting the virus to others in the classroom setting.

The Miami-Dade Community Action Agency Head Start/Early Head Start Program provides comprehensive child development services to all children enrolled in the Program. Enrollment eligibility of HIV infected children will be determined according to established federal guidelines. Once enrolled in the program, HIV-infected children will be mainstreamed into regular Head Start classrooms. Due to the nature of HIV disease, ongoing case-by-case placement decisions will be required to ensure that the Head Start/Early Head Start Program can best meet the needs of the HIV-infected child.

Any child with known or perceived HIV infection is guaranteed the right to equal consideration without discrimination -in Head Start enrollment by county, state, federal Laws and regulations.

Referrals to Head Start/Early Head Start through the local pediatric AIDS network will be accepted for both asymptomatic and symptomatic HIV-infected children. Eligibility of HIV-infected children demonstrating special needs will be considered in the same manner as all other disabled children.

Placement

1. The Charter Disciplinary Placement Team will consider placement of each HIV-infected child on a case by case basis. This team will include, but not be limited to, a physician, the child's parent/guardian, the Head Start/Early Head Start Director or designee. The tasks of this team will be to:
 - Review the child's medical, social and developmental history and current status.

- Determine if and how the Head Start/Early Head Start Program can best meet the needs of the child based on the review of this information. Suggest alternate placement programs and follow through, if applicable.
 - Determine the most appropriate setting for placement within the Head Start/Early Head Start Program.
 - Determine which individuals have the need to know information regarding the child's HIV status. Request legal assistance regarding interpretation of confidentiality laws as necessary.
 - Re-evaluate placement decisions as necessary.
2. Once a decision is made to enroll a child, the parent/guardian and other appropriate staff involved in the care of the child will meet to develop an individualized plan consistent with the child's educational and medical needs.

Child Advocate

1. The Disability Services Coordinator will serve as the Child Advocate in order to protect the rights of the HIV-infected child in the Head Start/Early Head Start setting. It is the responsibility of the Disability Coordinator to monitor the child's progress within the Program and to serve as the liaison with the Placement Team. The Disability Services Coordinator will work with the Social Service staff to link the child and family with community social services and HIV-related service providers.

Confidentiality

1. Records reflecting the HIV status of any child will be stored under lock and key in the office of the Disability Services Coordinator. Access to such records will be limited to those determined having the need to know such information by the Placement Team.
2. Head Start/Early Head Start employees will be provided information on confidentiality requirements regarding HIV. They are required to sign a Statement of Understanding Regarding Confidentiality of Health Information which will be included in their file.
3. Medical information release forms will be reviewed by the Disability Services Coordinator and the Miami-Dade County Attorney's Office to ensure compliance with county, state and federal laws and regulations governing HIV confidentiality.

Health Services

1. Head Start/Early Head Start enrollees are provided comprehensive health services through contracted community providers. HIV-infected children will be provided the same level of appropriate medical, dental and specialty care as other enrollees. Every effort will be made to ensure the HIV-infected enrollees are linked with the South Florida AIDS Network and its contracted providers as appropriate.

Infection Control

1. Established procedures for infection control will be followed when dealing with potentially infectious body fluids. The Health Coordinator and the Regional Coordinator will work together to ensure supplies are available and appropriate infection control techniques are being followed.
2. Established procedures for reducing the spread of communicable disease will be followed when children or staff experience disease which may be infectious in the classroom setting.

Staff and Parent Education

1. Ongoing education will be provided for Head Start/Early Head Start staff and parents to address their concerns and to increase their knowledge and awareness of issues surrounding HIV infection and disease.

All Services Area Coordinators will work to support center and classroom staff to ensure appropriate procedures and activities are followed in implementing this policy.

**COMMUNITY ACTION AGENCY
HEAD START**

HEALTH SERVICES

Title: Safety Guidelines

Health Services **HSH - 08 – 035**

Purpose: To provide safety guidelines that promotes safety in the Head Start/Early Head Start Center

Policy: To promote safety of Head Start/Early Head Start children and prevent unnecessary accidents, the following guidelines must be adhered to.

- I. General Safety Issues:
 1. An adult should be alert and present with children at all times. Children must not be left alone or unsupervised.
 2. The adult-child ratio should meet licensing requirements for the age level of each group of children. (Classroom of 4-5 year old - 20 children per 2 adults and classroom of 3 year old, 17 children per 2 adults).
 3. Children must remain in the center until the parents or a person assigned by the parents come for them. Children cannot be released to any unauthorized person.
 4. Garbage should be stored in closed containers out of the reach of children.
 5. Each staff member should be familiar with the fire escape routes and routines for evacuating the building. Fire drills should be held once a month. Each staff member should also know the locations and operation of all fire extinguishers in the center.
 6. Children must play inside the center's fenced yard area. They should be prevented from entering the street and public sidewalk at all times unless supervised.
 7. Hot water faucets should be identified for the children, perhaps by painting them with a strip of red waterproof paint, to prevent scalding and burning.

8. Harmful supplies, such as medicines, cleaning agents, and insecticides should be locked in cabinets or stored in containers out of the children's reach.
9. Electrical outlets must be covered with safety latches or dummy plugs.
10. Each area of the center, both indoor and outdoor should be well supervised when children are present in that area. During outdoor activity time, teachers are situated so that all areas of the playground including the wheel toys, swings, climbing apparatus, etc., are supervised when children are present. Outdoor play areas and adjoining sidewalks must be fenced and checked daily for harmful objects such as bottles, cans, waste paper or other litter.

II. Safety Tips For Toys

1. Keep informed on toy safety. Keep abreast on current toy and safety hazards.
2. When buying toys, consider the child's age, personality, experience and environment.
3. Teach children to play with toys safely, not to use them as missiles or weapons.
4. Supervise young children while they are playing.
5. Repair or discard damaged and broken toys.
6. Have designated play areas and storage areas for toys, teach children to store toys safely and away from traffic areas, stairs and younger children.
7. Choose toys that cannot cause burns. Avoid electrical plug-in-toys (i.e., cooking toys, melting-molding toys) unless children are closely supervised.
8. Choose toys made of or containing non-toxic materials and with lead-free paint. With young children, avoid toys made of small parts that can be swallowed.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: First Aid Kits

Health Services **HSH - 08 –036**

Purpose: To provide a policy to be utilized by classroom staff for ensuring first aid kits are fully stocked at all times.

Policy: A first aid kit is maintained in all Head Start classrooms. It shall be the responsibility of each Teacher to check supplies on a monthly basis and replace all items after use (kit replacement supplies are kept in the Annex Office).

Procedure:

1. The following items are to be maintained within the first aid kit.

Band-aids	Band-triangular
Disposable latex glove	Cold Pack
Gloves	Cotton balls or applicators
Sterilized gauze pad	Scissors
Tweezers	Adhesive tape
Gauze	Thermometer and shields
First Aide & CPR guide	Alcohol Swabs
Pre-moistened alcohol or Antiseptic wipes	CPR one way valve
2. The teacher or designee will make a monthly check of the kit contents and documented.
3. After each use of the first aid kit, all items must be replaced immediately.
4. Center Directors will request needed supplies on monthly basis.
5. Soap must be available at all times.

HEAD START/EARLY HEAD START

HEALTH SERVICES

Title: Occupational Exposure Information and Training

Health Services **HSH - 08 – 037**

Policy:

Head Start/Early Head Start employees with potential occupational exposure shall participate in an initial and ongoing training program that is of no charge to the employee.

Training shall be provided according to the following schedule:

At the time of initial assignment to tasks where occupational exposure may occur. Annually thereafter.

Within 90 days of effective date of standard (29 CFR1910.1030).

Additional training sessions shall be conducted when changes such as modifications of tasks or procedures affect the employees occupational exposure. This training may be limited to addressing the new exposures created.

Trainers shall be knowledgeable in the subject matter covered as it relates to the community health setting.

Contents of Training Programs

Materials utilized for training sessions shall be appropriate in content and vocabulary to the educational level, literacy, and language of the employees.

Training methods may include lecture, written handouts, and videotapes. Training programs shall include, but may not be limited to, the following elements:

1. An accessible copy of the OSHA Standard for Bloodborne Pathogens.
2. A general explanation of the epidemiology and symptoms of Bloodborne Pathogens diseases.
3. An explanation of the modes of transmission of Bloodborne Pathogens.
4. An explanation of the Head Start/Early Head Start Exposure Control Plan, its location and accessibility.
5. A description of the procedures which might cause exposure to blood or other potentially infectious materials.
6. An explanation of the use and methods of preventing or reducing exposure including (A) preventive measures, (B) work practices, and (C) Personal Protective Equipment.

7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of Personal Protective Equipment.
8. An explanation of the basis for selection of Personal Protective Equipment.
9. Information on the Hepatitis B vaccine including its efficacy, safety, method of administration, and benefits, at no charge to employee.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs including (a) the method of reporting the incident and (b) medical follow-up.

Training Records

Training records for all educational programs shall be maintained and stored in the Human Resources Coordinator's office and shall include, but may not be limited to, the following items in accordance to the Head Start/Early Head Start Training Design:

1. Information regarding program
 - a) program content, outline, or summary
 - b) names and qualifications of persons conducting the training
 2. Attendance Record
 - a) name of program
 - b) date and time of presentation
 - c) name(s) of presenter(s)
 - d) names and job titles of all persons attending the training session
 3. Individual employee education log
 - a) name and title of employee
 - b) date, title, and presenter of each program attended
- Training records shall be retained for a minimum of three (3) years from the date on which the training occurred.

**COMMUNITY ACTION AGENCY
HEAD START/EARLY HEAD START**

HEALTH SERVICES

Title: CPR and First Aid Training

Health Services **HSH - 08 – 038**

Purpose: To provide a policy and standard of training for C.P.R. and First Aid

Policy: CPR and First Aid Training is a DCF requirement that must be met by designated Head Start/Early Head Start staff. The requirement mandates that at least one person in each center is certified.

The CPR Training covers Basic Life Support (BLS) course "D". It consists of Infant CPR and obstructed airway (infant and/or child) and a safety component. Return demonstration are required on mannequins. The course complies with the HRS guidelines and standards of the American Heart Association.

CPR Training Covers:

- I = Basic 3 hours
- II = Child/Infant Pediatrics

First Aid Training Covers:

1. Artificial Respiration (Respiratory Arrest)
2. Choking (Conscious/Unconscious)
3. Bleeding (External Hemorrhage)
4. Shock (Life/Non-Life Threatening)
5. Fractures (Open/Closed)
6. Allergic Reactions (Bites, Stings, Food, Medicine)
7. Neck, Back, Head Injuries (How to Treat)
8. Epilepsy (Seizures)
9. Burns (Heat/Electrical)

10. Cold Emergencies (Frostbite/Hypothermia)
11. The class will consist of a film, workbook and interactive questions and answers on the particular subject.

Upon completion of the training, a card is issued to the trainee. Certification is valid for 2 years for the CPR Training and must be renewed every 2 years thereafter.

Certification for the First Aid Training is valid for 2 years.