

HEALTH SERVICE AREA

<u>3</u>	<u>HEALTH SERVICES ADVISORY COMMITTEE</u>
<u>3</u>	<u>STAFF RELATED CONCERNS</u>
<u>3</u>	<u>ADULT/STAFF - NON-ENROLLED CHILDREN INJURY REPORT</u>
<u>3</u>	<u>EMPLOYEE EMERGENCY FORM</u>
<u>3</u>	<u>EMPLOYEE PHYSICALS AND MANTOUX TESTS</u>
<u>4</u>	<u>HAND WASHING PROCEDURES</u>
<u>4</u>	<u>HOME VISITS</u>
<u>5</u>	<u>REGIONAL NURSE</u>
<u>5</u>	<u>REGIONAL NURSE STUDY TRIPS</u>
<u>5</u>	<u>INFECTIOUS DISEASE & BLOODBORNE PATHOGEN EXPOSURE, INFECTIOUS/COMMUNICABLE DISEASE POLICY</u>
<u>6</u>	<u>INFECTIOUS/COMMUNICABLE DISEASE POLICY STATEMENT: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</u>
<u>12</u>	<u>CHILD / CLASSROOM INFORMATION</u>
<u>12</u>	<u>AUTOMATED EXTERNAL DEFIBRILLATOR PROCEDURE</u>
<u>14</u>	<u>CHILD INJURY REPORT</u>
<u>15</u>	<u>CHILD WEATHER WATCH</u>
<u>16</u>	<u>CLEANING GUIDELINES</u>
<u>19</u>	<u>DENTAL HYGIENE</u>
<u>19</u>	<u>TOOTH BRUSHING PROCEDURE</u>
<u>20</u>	<u>DIAPERING PROCEDURES</u>
<u>21</u>	<u>EMERGENCY DRILLS</u>
<u>21</u>	<u>EMERGENCY MANUALS</u>
<u>21</u>	<u>EMERGENCY MEDICAL CARE</u>
<u>22</u>	<u>FIRE EMERGENCIES</u>
<u>22</u>	<u>FIRST AID KITS</u>
<u>23</u>	<u>HAND WASHING PROCEDURES</u>
<u>23</u>	<u>HEAD LICE PROCEDURE</u>

<u>25</u>	<u>HEALTH EDUCATION</u>
<u>25</u>	<u>HEALTH SERVICE AREA FOR THE FAMILY WORKER/REGIONAL NURSE</u>
<u>26</u>	<u>RECRUITMENT</u>
<u>27</u>	<u>HEALTH SCANNING PROCEDURE</u>
<u>27</u>	<u>ORIENTATION IMMUNIZATIONS</u>
<u>28</u>	<u>SCHOOL YEAR</u>
<u>29</u>	<u>HEALTH SERVICE AREA - HEAD START/PreK COUNTS CHILDREN</u>
<u>31</u>	<u>IMMUNIZATIONS</u> <u>IMMUNIZATION SURVEILLANCE PROCEDURE</u>
<u>33</u>	<u>REGIONAL NURSE REFERRALS</u>
<u>34</u>	<u>INFLUENZA PROCEDURE</u>
<u>34</u>	<u>MEDICAL SUPPLIES</u>
<u>34</u>	<u>MEDICATION ADMINISTRATION</u>
<u>37</u>	<u>POISON POLICY</u>
<u>37</u>	<u>SICK CHILD AT CENTER</u>
<u>39</u>	<u>CRITERIA FOR EXCLUSION OF ILL CHILDREN</u>
<u>39</u>	<u>STUDY TRIPS</u>
<u>39</u>	<u>PARENT / VOLUNTEER INFORMATION</u>
<u>39</u>	<u>NURSING STUDENTS</u>
<u>40</u>	<u>PARENT TRAINING SESSIONS</u>
<u>40</u>	<u>TB SCREENING FOR HEAD START VOLUNTEERS</u>
<u>40</u>	<u>RECRUITMENT/APPLICANT HEALTH INFORMATION</u>
<u>41</u>	<u>APPLICATION PROCEDURE FOR HEALTH RELATED ITEMS</u>

3 HEALTH SERVICES ADVISORY COMMITTEE

The purpose of the Health Services Advisory Committee is to advise in the planning, operation and evaluation of the health services program. The meetings will be held on the second Wednesday of the month of November – January – March - May.

The Health Services Advisory Committee is comprised of the Early Head Start and Head Start Health Specialists, Head Start Specialists in the areas of family engagement, disabilities, and nutrition, community representatives of various health services organizations/providers, Early Head Start Nurse Educator, one Regional Nurse, and Head Start and Early Head Start parents. These parents will be volunteers from centers whose names will be submitted by the Family Worker or Family Educator after the October Parent Committee meeting. Notices will be sent out two weeks prior to the scheduled meeting.

3 STAFF RELATED CONCERNS

3 ADULT/STAFF - NON-ENROLLED CHILDREN INJURY REPORT

For Adult/Staff and non-enrolled children, the adult form will be completed by end of work day and sent to Human Resources in its entirety. Staff who are injured will also fill out this form and it must immediately be faxed to HR and then also sent in Interoffice mail. Injured staff are also to immediately inform Center Manager and/or Regional Nurse that injury occurred and protocol was followed. If available, the Center Manager and/or Regional Nurse will initial the form prior to it being sent to HR. If neither available, form is to be forwarded as soon as possible.

3 EMPLOYEE EMERGENCY FORM

All employees will complete emergency forms at the beginning of each school year which will be maintained at the Center. Copies will also be placed in the First Aid backpack and on the bus. Once completed, a copy will be sent to the Health Specialist.

3 EMPLOYEE PHYSICALS AND MANTOUX TESTS

Employment physicals are required at hire and thereafter every two (2) years. Employment at LCHS is conditional upon receipt of a satisfactory physical examination determining the employee can perform the essential job functions. Each employee is also required to have a Tuberculin Mantoux test or X-ray for the initial examination. The agency physical form must be signed by the physician stating that the employee is able to perform the essential functions of the position.

- Physical examination forms will be maintained as part of the employee's medical information file, which is part of the personnel record. The initial physical exam with TB Mantoux Test (Screening) is to be completed with the agency's designated provider. For their bi-annual exam, employees are to use their own personal provider (medical home).
- The bi-annual exam is mandatory; a TB Mantoux Test is not required, unless any staff member

designates a positive response to the voluntary self-disclosure. If employee has a history of positive Mantoux/BCG, chest xray is to be conducted only if exhibiting symptoms of possible tuberculosis. This will avoid unnecessary risks and costs associated with frequent x-rays.

- The agency provides reimbursement of the bi-annual exam up to forty (\$40.00) dollars. Disbursement will occur upon presentation of receipt to the Human Resources Manager. Should the Mantoux Test be required at that time, and the employee incurs an additional cost, it will be reimbursed at one-half (1/2) of the amount charged. [This policy change is effective September 2003].

► *All biannual exams must be completed between, June 1 and September 1 and submitted to Human Resources. Continued employment at LCHS is conditional upon receipt of a satisfactory physical examination determining the employee can perform the "Essential Job Functions".*

4 HAND WASHING PROCEDURES

Wash your hands:

- Upon arrival for the day or when moving from one child care group to another and before leaving for the day or when your hands are soiled.

Wash your hands before and after:

- Eating, handling food, or feeding a child.
- Before and after administering medication..
- Playing in water that is used by more than one person.
- Diapering.
- Toothbrushing.
- Handling pets and other animals.
- Playing in sandboxes.
- Before putting on gloves.
- After removing gloves.
- Using the toilet or helping a child use the toilet.
- After cleaning or handling the garbage.



WASH YOUR HANDS PROPERLY AND FREQUENTLY

- Use liquid soap and running water.
- Rub your hands vigorously for at least 20 seconds, the length of "Happy Birthday" twice.
- Wash everywhere:
 - Backs of hands
 - Wrists
 - Between fingers
 - Under fingernails
- Rinse well.
- Dry hands with a paper towel.
- Turn off water using a paper towel, not your clean hands

4 HOME VISITS

Home Visits in the Health Service Area will be made when indicated via Nurse Referral by Family Worker

or Teacher. These visits will be made by the Regional Nurse and Family Worker to aid the family in health related concerns or to secure health information. Additional home visits will be made by the Health and FCP Specialists as needed. Documentation will be kept of the home visit in the child's file/ChildPlus.

5 REGIONAL NURSE

The Regional Nurse is a health professional who will schedule her/his time at each of their assigned centers each week. The nurse will be responsible for health screenings, monitoring of immunization status, following up on health requirements and assisting with classroom fire drills, safety checks and first aid. They will work to accomplish these goals with the entire center staff and volunteers. Each center will set up Protocols & Procedures with the Nurse, Center Manager & staff. These will vary on size of center and availability of nurse.

REGIONAL NURSE REFERRALS

Family Workers and education staff are to utilize Regional Nurse Referrals to:

- 1 Share important health and safety information. (meds/illness/injury)
2. Request health/safety information/handouts.
- 3 Request nurse to accompany them on a home visit.

REGIONAL NURSE PERFORMANCE EVALUATIONS

Evaluations will be completed on each Regional Nurse by the Center Manager and Health Specialist in the spring. The written copy will be kept in the employee's permanent record.

5 REGIONAL NURSE STUDY TRIPS

The Regional Nurse can accompany the children on study trips to provide first aid and assist the education staff. They attend only those study trips when requested by the Center Manager.

5 INFECTIOUS DISEASE & BLOODBORNE PATHOGEN EXPOSURE, INFECTIOUS/COMMUNICABLE DISEASE POLICY

Some of the fluids and other materials that may carry an infectious disease and require universal precautions are: blood, semen, vaginal secretions, body tissue, fluids in the lungs, and others which may not be listed herein.

Fluids that ordinarily cannot transmit the viruses unless contaminated with blood are:

Sweat, tears, spit, sputum, vomit, feces

Although the items from this list may be safe, always treat them with caution and avoid contact. Despite the fact that fluids on the second list do not ordinarily act as a reservoir for the viruses, they should always be considered dangerous because it may not be known whether they have been contaminated with blood or with other infectious diseases.

For maximum protection, one should treat all body fluids as infectious agents.

6 INFECTIOUS/COMMUNICABLE DISEASE POLICY STATEMENT:

I. Luzerne County Head Start, Inc. is committed to the provision of a healthful environment for its children, staff and volunteers. In fulfillment of that commitment, this policy has been developed for the prevention, control and exclusion of Infectious Communicable Diseases. Luzerne County Head Start, Inc. will work with and on recommendations from the American Academy of Pediatrics, Department of Health, and consulting physician from Health Advisory.

A Notice of Exposure to Communicable Disease will be issued to parents as deemed necessary by the Health Staff and Center Manager. Specific information and fact sheets are found in *"Managing Infectious Diseases in Child Care"*.

II. Definitions:

a. Infectious diseases are illnesses caused by infection with specific germs, such as viruses, bacteria, fungi or parasites. Contagious or communicable diseases are infectious diseases that can spread from one person to another. The following has to be present for a potential infection to occur:

1. There must be a germ that can carry infection;
2. There must be a vehicle to carry the germ;
3. There must be a pathway to get to the part of the body that the germ likes to live on or attack; and/or
4. The body's natural defense must be weak enough or overwhelmed by the germ.

b. Incubation period is the time between exposure to disease and appearance.

c. Period of communicability is the time in which an infected person can transmit disease directly or indirectly to another person.

d. Infestation is the invasion of the body by insects, mites or ticks.

e. OPIM (Other Potentially Infectious Material) body fluids, other than blood, can possibly contain blood.

f. Contaminated Surfaces - areas or items that have come in contact with blood or OPIM.

III. Prevention

a. Hand washing is the first line of defense against infectious disease. (See procedure for proper Hand washing attached). All staff, children and volunteers are to follow procedure.

b. Gloves can provide a protective barrier against some germs that cause infection. All gloves should be disposable and waterproof. Gloves must be changed after contact with each person. Gloves should never be used as a substitute for Hand washing. Hands should be washed immediately or as soon as possible after gloves are removed.

Gloves shall be used for the following, but not limited to:

1. First Aid - contact with blood or other body fluids.
2. Diaper changing or toileting

3. Tooth brushing
4. Cleaning. Cleaning up any blood or OPIM spills.

c. A clean environment, pollution free with good air quality and adequate space are important for preventing the spread of disease.

1. Housekeeping - a cleaning guide will be attached for regular scheduled cleaning.
2. Cleaning blood or body fluid spills - wear gloves, take care to avoid splashing any contaminated material onto eyes, nose, mouth or open sores. Wipe up as much of the visible material as possible with disposable paper towels. Immediately cleanse the area with soap and water solution and disinfect with bleach solution.
3. Disposal of waste - any items contaminated with body fluids shall be placed in (2) double garbage bags and tied closed. Trash bags shall be placed in dumpster.
4. Fresh air exchange is encouraged daily in classrooms.

IV. Sick Child/Staff/Volunteer

a. Sick child/staff/volunteer - anyone who is actively ill should not be in the center. Any child coming to school unable to participate in daily activities and/or showing signs of illness (elevated temperature, vomiting, diarrhea, pain, and/or undiagnosed skin rash) shall be sent home. Every attempt will be made to keep child separate from other children and observed until parents arrive.

b. Communicable Disease Policy and Exclusion

1. Identification - when a communicable disease or condition is suspected, it will be recommended to the legal guardian by the Regional Nurse or Center Manager or child's teacher that a doctor be contacted for exam, diagnosis and treatment. Certain conditions will require an exclusion period and doctor's note to return. A complete list of these diseases and conditions can be found in the following section entitled: *CRITERIA FOR EXCLUSION OF ILL CHILDREN*. In the absence of the Regional Nurse, the Center Manager will follow procedure along with child's teacher.
2. Any staff must report off sick to Center Manager. They should notify the above of a communicable disease or condition and follow proper procedure. Parents are asked to notify their child's center when the child is ill, providing adequate information so that proper procedures can be followed. All parents will receive a Family Handbook with information about this policy. It will be reviewed with parents during Enrollment.
3. Confidentiality will be maintained and information will be given only to those who need to know. Staff is instructed to treat all blood and OPIM as if they were infected using Universal Precautions. If notices are sent home to parents to inform them of a particular concern, no names will be used.
4. Reporting or contact with PA Department of Health or Regional Health Department will be done when the situation requires. Contact will be made with person's doctor with their permission to verify diagnosis or obtain information by a member of the Health Team. Luzerne County Head Start does not provide direct medical services or treatment.
5. The Health Team will then proceed with recommendations/protocol of the Department of Health depending upon the circumstances.

V. Training

Staff training will take place each school year, and provided to all staff at cluster trainings, online trainings, and/or small groups at centers. This training shall include review and discussion of Policy, professional speakers, videos and handouts, as appropriate. New employees will receive training within 10 working days of hire by the Center Manager or Regional Nurse. This training will include the Luzerne County Head Start, Inc. Blood Borne Pathogen Exposure Plan

- a. Employees will be made aware of potential situations that could be threatening to a pregnant woman. Female employees will be advised to discuss a present or future pregnancy with their doctors.
- b. All staff must attend these training sessions and document attendance on Sign-In Sheets. Mandatory trainings will be on-line in Child Plus and must be completed within 90 days of the beginning of each school year.
- c. Each and every employee will follow universal precautions and techniques (Hand washing, gloves, disposal and cleaning). Those employees, who after training and warnings, do not follow procedure, will have such violations documented. The Center Manager, Regional Nurse or Specialist should be responsible for documenting the violation.
- d. Volunteer training on these Policy and Procedures will be part of Volunteer Training Day at each center in September. The Regional Nurse, along with other staff, will provide instruction and demonstrations to the volunteer. Volunteers will not handle or dispose of body fluids other than their own or their child's.
- e. Each child will receive instruction on proper hand washing, tooth brushing and avoidance of blood or OPIM. This will also be reinforced all year long in various ways - classroom teaching, Health Fairs, etc.

BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN

1. Exposure Control Plan was instituted August 1993.
2. Exposure Control Plan will include:
 - A. Exposure Determination**
 - B. Method of Compliance**
 - C. Hepatitis B vaccination and procedure for evaluation of Post Exposure Incidents**
 - D. Training and Record Keeping**
 - E. Annual Review**
 - F. Exposure Reporting**

A. Exposure Determination

Job classifications in which employees have occasional exposure directly due to rendering first aid listed in their job description: Health Specialists, Regional Nurses and Direct Service Staff.

B. Method of Compliance

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials (OPIM). All blood and OPIM is to be treated as infectious.
2. Engineering and Safe Work Practice
3. Hand washing facilities are provided and are readily accessible to employees; located in bathroom and classrooms where available. Soap and water are provided in the first aid kits.
 - a. Employees will wash hands and other body areas immediately, or as soon as feasible, after removal of gloves or when in contact with blood or OPIM.
 - b. Tooth brushing shall be supervised by an education staff person, who will wear gloves.

Toothbrushing will be done at the table. After brushing, the staff will clean and disinfect the tables and sink as per protocol. Handwashing will be done after glove removal.

c. Material used to clean blood spills or other OPIM shall be disposed of in double bags. These include, but are not limited to, dressings, band-aids, paper towels, and gloves. This procedure will be used for blood, vomit, feces, urine and diaper changes. Gloves will always be used.

d. Any suspected staff exposure incidents, including bites that break the skin, should be reported, filed and followed up by a medical provider from the approved list of workmens' comp panels. Any suspected volunteer/child incidents with possible exposure, including bites that break the skin, should be reported to their primary medical provider by the volunteer or child's guardians.

4. Personal Protection Equipment

a. The employer shall provide, at no cost to the employee, appropriate personal protective equipment such as gloves and micro shields for CPR. Personal protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through under normal conditions of use and for the duration of time which it will be used.

b. Employees of Luzerne County Head Start, Inc. will abide by universal precautions and use personal protective equipment with the exception of rare and extraordinary circumstances in which the employee believes that the use of the equipment would prevent delivery of healthcare and/or increase risk to the worker or co-worker. These circumstances will be investigated and documented to determine whether performance quality may be improved.

c. Luzerne County Head Start, Inc. requires gloves to be worn in the procedures listed below:

- Rendering First Aid
- Tooth brushing
- Disposal of all body fluids
- Toileting and diapering procedures
- Cleaning contaminated surfaces

○ *Disposable micro shields will be available to use for CPR. Location to be determined by Regional Nurse.*

d. Accessibility - Gloves will be readily available in the following areas: all classrooms, bathrooms, First Aid Kits, buses and nurses' office. Alternatives will be available to those employees allergic to gloves normally provided. A doctor's note must be provided to document the allergy. The Health Specialist will make these accommodations.

e. Disposal - All personal protective equipment shall be removed prior to leaving the work site and placed in the appropriate container. Hand washing will follow.

f. Gloves - Gloves must be worn in all listed procedures or it can be reasonably anticipated that the employee may have hand contact with bodily fluids.

- Disposable gloves shall not be washed or reused.
- Disposable gloves shall be replaced as soon as practical when contaminated, torn, punctured or their ability to function as a barrier is compromised.
- Hands must be washed with soap and water after removing gloves.

g. Housekeeping

1. Contaminated surfaces shall be disinfected with the appropriate Clorox and

water solution after area is cleaned with soap and water. As soon as possible after contamination, cleaning will be done wearing gloves. Disinfect beyond the apparent limits of contamination. These areas include, but are not limited to:

- Tables/Chairs in Classrooms
- Toys-Plastic/Washable
- Sinks
- Waste Receptacles
- Toilet Seats
- Floor Surfaces
- Walls

2. Broken Glass - will not be picked up directly with the hands. It must be handled by using mechanical means such as a broom with a dust pan, tongs, or two pieces of cardboard and disposed of safely in at least (2) two bags and removed from classroom area for proper disposal.

C. Hepatitis B Vaccination and Procedure for Evaluation of Post Exposure Incidents

1. The employer shall provide post-exposure evaluation and follow-up to all employees who have an exposure incident.
2. The employer shall ensure that the above is:
 - a. Available at NO COST to the employee.
 - b. Available at a reasonable time and place.
 - c. Performed by a licensed medical professional.
 - d. Provided according to the recommendations of the Pennsylvania Department of Health at the time these evaluations or procedures take place.
 - e. The employer shall ensure lab tests are conducted by an accredited laboratory at NO COST to the employee.
 - f. The Physician Panel will determine if a vaccine is needed after initial evaluation.
 - g. If an employee initially declines the Hepatitis B or other vaccine, but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make it available.
 - h. The employee declining a vaccine must sign a statement of declination.
 - i. If the PA Department of Health recommends booster dose(s) of Hepatitis B or other vaccine at a future date, these shall be made available by the employer at NO COST to the employee.
 - j. Assuring that the vaccine is offered and waivers are signed shall be the responsibility of the Physician Panel and Human Resources.
3. Post Exposure Evaluation and Follow-up
 - a. An employee must report an exposure incident to Center Manager, Regional Nurse, or Health Specialist and a representative from Human Resources before leaving work on that day.
 - b. Arrangements will be made as soon as possible for staff person to have a Post Exposure Evaluation by the approved workman's compensation medical staff. Recommendation from this evaluation will be provided at no cost to the employee.
 - c. The following elements should be included in the post-exposure evaluation:
 1. Documentation of exposure and circumstances under which the exposure incident occurred will be entered on the accident/injury report. This form will be completed by the employee as soon as possible following the exposure and faxed to the Human Resource Department.

2. Identification and documentation of the source individual unless this is infeasible or prohibited by law.
 3. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, Luzerne County Head Start, Inc. will establish that legally required consent cannot be obtained. This will be done in conjunction with medical facility chosen from panel.
 4. When the source individual is already known to be infected with HBV or HIV, testing need not be repeated.
 5. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 6. If the employee consents to baseline blood collection, it shall be obtained as soon as feasible and tested after consent is obtained by physician.
 7. If the employee consents to baseline blood collection, but does not give consent at that time for serologic testing, the sample shall be preserved for 90 days. If within 90 days of the exposure incident, the employee elects to have the sample tested, such testing shall be done as soon as feasible by physician.
 - d. Post exposure prophylaxis shall be offered when medically indicated as recommended by the State Department of Public Health. Counseling and evaluation of reported illness shall be handled by the health professional.
4. Luzerne County Head Start, Inc. shall provide the health professional evaluating an employee after an exposure incident with the following if requested:
 - a. Copy of Blood Borne Pathogen Policy
 - b. Copy of the exposed employee duties (job description)
 - c. All medical records relevant to the appropriate treatment of the employee including vaccination status, which is maintained by Human Resources Manager will be in locked cabinet in the Human Resources Manager's office.
 5. The evaluating health professional shall submit to the Human Resources Manager their written opinion within 15 days of evaluation. The written evaluation shall include:
 - a. Whether the Hepatitis B vaccine is indicated for the employee and if the employee has received such vaccine.
 - b. That the employee has been informed of the results of the evaluation
 - c. That the employee has been told about any potential medical conditions resulting from exposure to blood or OPIM which may require further evaluation or treatment
 - d. All other diagnosis shall remain confidential and shall not be included in the written report.

D. Record Keeping

1. Medical Records

- a. Luzerne County Head Start, Inc. shall maintain a record of each employee with occupational exposure.
- b. The record shall include:
 - Name and Social Security Number of employee
 - Copy of the employee's HBV status including the dates of all HBV vaccinations
 - A copy of all examinations, tests and follow-ups only if made available and are appropriate

- The employer's copy of the information provided to the Health professional
- c. All employee medical records:
- Are to be kept confidential.
 - Are not to be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as may be required by law.
 - All employee records described above shall be maintained for at least the duration of employment plus 30 years if necessary.

E. Annual Review

1. Annual Review of the Bloodborne Pathogen Exposure Control Plan will be done using videos, handouts, etc at the beginning of the program year.
2. It will be reviewed at least annually and updated as necessary.
3. A current copy of this Exposure Control Plan shall be readily accessible to all employees with potential occupational exposure.

F. Exposure Reporting

Any possible bloodborne pathogen will be documented on an Adult Injury Report following suspected exposure as per Adult Injury reporting procedure as soon as possible following exposure.

12 CHILD / CLASSROOM INFORMATION

12 AUTOMATED EXTERNAL DEFIBRILLATOR PROCEDURE

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) AT BEEKMAN STREET, CARSON STREET, EDWARDSVILLE AND NANTICOKE CENTERS

In the event of any emergency/suspected cardiac event, the following procedure will be followed: 911 will be called by staff in presence. The Center Certified Adult/Child Emergency Response Team will go to the location of the 911 call. Someone from that team will be directed to obtain the AED to take to the site.

Available members of the Certified Response Team will respond by:

- Attend to victim
- Take AED to site
- Verify that 911 has been called and is on the way
- Clear the area – be sure children/others not needed are relocated
- Designate someone to document time and incident

Beekman Center Certified Adult/ Child Emergency Response Team:

Beekman Street Center Manager	Assistant Executive Director
Beekman Street Center Assistant	Director of Operations
Beekman Street Regional Nurse	Early /Head Start Health
Head Start and Early Head Start Health Specialists	Assistant
Director of Human Resources	Education Program Assistant

Certified Response Team for the Edwardsville, Carson St, and Nanticoke:
Available members of the Certified Response Team will respond by:
All staff need to be prepared to call 911.

- Attend to victim
- Take AED to site
- Verify that 911 has been called and is on the way
- Clear the area – be sure children/others not needed are relocated
- Designate someone to document time and incident

Edwardsville, Carson St., and Nanticoke Certified Adult/Child Emergency Response Team:

Center Manager
Regional Nurse
Family Workers
In addition, at the Edwardsville Center: the EHS Program Manager and Family Educators

Centers Without AED will call 911 and Certified Staff will administer CPR.
Centers that have an AED not owned by Head Start will follow the procedure of that building.

Adult CPR and AED are required for:

Beekman Street Center Manager, Beekman Street Center Assistant, Regional Nurses, Head Start and Early Head Start Health Specialists, Director of Operations, Director of Early Childhood Education, Early Head Start Health Assistant, Education Program Assistant, Director of Human Resources and Assistant Executive Director.

Carson St., Edwardsville, and Nanticoke Centers Center Manager and Family Workers Family Educators who are assigned to the Certified Emergency Response Team. In addition at the Edwardsville center the EHS Program Manager and Family Educators.

Pediatric CPR and AED and Pediatric First Aid are required for:

Head Start and Early Head Start Health Specialists, Director of Operations, Director of Early Childhood Education, Early Childhood Education Specialists, Nutrition Specialist, Regional Nurses, Center Managers, Teachers, Assistant Teachers, Itinerant Teachers, Substitute Teachers, Head Start Education Program Assistant and Family Educators, Program Aides

Daily AED (Automated External Defibrillator) Check for the Beekman St., Carson St, Edwardsville and Nanticoke Centers. This check will be performed daily to ensure that the AED is Rescue Ready.

Daily AED Check Procedure:

1. The AED will be checked daily in the morning prior to children arrival documenting on the Facility Cleaning Log the date, name and results of Daily AED Check.
2. The Center Manager will designate who will check the AED daily. Designated staff will be written on Facility Cleaning Log.
3. Check that the Rescue Ready light is Green. This means the AED is operating correctly.
4. If the Rescue Ready light is Red or not lit at all, call the Head Start Health Specialist (Debra Siglin RN), also alert the Center Manager, Regional Nurse, and Director of Operations.
5. The Head Start Health Specialist will contact Cardiac Science Technical Support for further direction.

14 CHILD INJURY REPORT

The HS/EHS Child Injury Report will be used for reporting all injuries involving children enrolled in our programs. (Injuries involving children not enrolled in our programs, such as children visiting with volunteers, will be reported on the HR report for adults and non-enrolled children.)

If the occurrence resulting in injury is witnessed by a staff person, that person will complete the report. If the occurrence is witnessed by a non-employee or not witnessed, the report will be completed by the teacher. If the teacher is not present, a staff person in attendance will complete the report.

- This report will also be used to report any errors in medication administration at the HS/EHS site.
- The report must be completed on the day the injury occurred.
- The report must be completed in its entirety. No items are to be left blank. If any information requested is not known, this must be noted.
- Complete in pen, use first and last names of staff.

Notify either the Head Start or Early Head Start Health Specialist immediately in the case of any significant injuries. If neither is available, notify the Assistant Executive Director or the Executive Director.

1. Top Section: Complete all the information requested. Be sure to list ALL witnesses and staff in attendance. This will not always be the same. Be specific about the location of the accident.
2. Description Section: Provide as much detail as possible, including what activity was taking place, what was happening leading up to the injury, how equipment was involved, etc.
3. Injury Section: Select ALL injuries and parts of body injured resulting from the occurrence. Note that you are to indicate whether skin was broken in the case of a bite. In the event of a biting incident where there is a break in the skin, the guardians of both the child that was bitten, as well as, the child who performed the biting should be instructed to report the incident to their primary medical provider and this must be noted on the report.
4. First Aid Section: Describe what was done and indicate the name of the staff person and position (title) who administered first aid.
5. Notification: Specify by name the parent(s) or legal guardian(s) notified and the person providing the notification.
6. Signatures and Initials: Signature and title of person making report is required. If possible, both Center Manager and Regional Nurse will review and initial the report before sending the yellow copy to the Health Specialist, If both are not available, the report must be reviewed and initialed by either the Center Manager or Regional Nurse and then sent to Health Specialist. If Regional Nurse not available to sign and submit the report to Central Office, please make the nurse aware of the occurrence by placing the original in her/his center mailbox for review(same procedure if Center Manager not available). The Regional Nurse will be responsible for placing the report in child's file after the original (white copy) is reviewed by both Regional Nurse and Center Manager.
7. Behavioral Incident Report (BIR) connected to the Child Injury Report is not to be sent to HS Health Specialist.

For enrolled children, the procedure below must be followed:

1. An entry must be made in ChildPlus by the person making the report that an injury report was made. The entry need not be detailed, as it will cross-reference the report.
2. All completed Accident Forms (yellow copy) will be sent to the Health Specialist. Original (white copy) is maintained in the child's file. The Health Specialist will review them and give to the

- Program Assistant for data entry into ChildPlus.
3. Comments and Follow-Up: Comments can include the parent is taking the child for medical care, any intervention as a result of incident, etc. Staff will document on the original report any additional follow-up or information received after the report has been submitted and then fax it to the Health Specialist. Staff will also call the Health Specialist that this addition to the HS/EHS Child Injury Report is being faxed.
 4. EARLY HEAD START CHILDREN-For a moderate to severe injury occurring at the time of Home Visit, the Family Educator will complete an Injury Form and forward to Early Head Start Health Specialist for review and filing in child's record.

CHILD PASSENGER SAFETY RESTRAINTS

All children, when being transported in *any* Head Start vehicle or staff's personal vehicle, must be using the proper seat belt/child safety restraint system at all times. There will be no double seating with the child on the lap of another person. Any adult riding the bus is required to wear a seatbelt; this includes the driver, bus aide and staff.

15 CHILD WEATHER WATCH

Please refer to the below chart in regards to child safety and the ambient outside temperature. If you have any questions concerning the outside, please contact the Regional Nurse before participating in any outdoor activities. In the event that the Regional Nurse is unavailable, please check with the Regional Nurse or the Center Manager.

Understand the Weather

Wind-Chill



- 30° is *chilly* and generally uncomfortable
- 15° to 30° is *cold*
- 0° to 15° is *very cold*
- -20° to 0° is *bitter cold* with significant risk of *frostbite*
- -20° to -60° is *extreme cold* and *frostbite* is likely
- -60° is *frigid* and exposed *skin will freeze* in 1 minute

Heat Index



- 80° or below is considered *comfortable*
- 90° beginning to feel *uncomfortable*
- 100° *uncomfortable* and may be *hazardous*
- 110° considered *dangerous*

All temperatures are in degrees Fahrenheit

Child Care Weather Watch

		Wind-Speed Factor Chart (in Fahrenheit)									
		Wind Speed in mph									
Air Temperature		Calm	5	10	15	20	25	30	35	40	
	40	40	36	34	32	30	29	28	28	27	
	30	30	26	21	19	17	16	15	14	13	
	20	20	13	9	6	4	3	1	0	-1	
	10	10	1	-4	-7	-9	-11	-12	-14	-16	
	0	0	-11	-16	-19	-22	-24	-26	-27	-29	
-10	-10	-22	-28	-32	-35	-37	-39	-41	-43		

■ Comfortable for out door play
 ■ Caution
 ■ Danger

		Heat Index Chart (in Fahrenheit %)												
		Relative Humidity (Percent)												
Air Temperature (F)		40	45	50	55	60	65	70	75	80	85	90	95	100
	90	80	80	81	81	82	82	83	84	84	85	86	86	87
	94	83	84	85	86	88	89	90	92	94	96	98	100	103
	90	91	93	95	97	100	103	105	109	113	117	122	127	132
	94	97	100	103	106	110	114	119	124	129	135			
	100	109	114	118	124	129	130							
104	119	124	131	137										

Child Care Weather Watch

Watching the weather is part of a child care provider's job. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to monitor the health and safety of children. What clothing, beverages, and protections are appropriate? **Clothe** children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). **Beverages** help the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high-sugar content beverages and soda pop. **Sunscreen** may be used year around. Use a sunscreen labeled as SPF-15 or higher. Read and follow all label instructions for the sunscreen product. Look for sunscreen with UVB and UVA ray protection. **Shaded** play areas protect children from the sun.

Condition GREEN - Children may play outdoors and be comfortable. Watch for signs of children becoming uncomfortable while playing. Use precautions regarding clothing, sunscreen, and beverages for all child age groups.

INFANTS AND TODDLERS are unable to tell the child care provider if they are too hot or cold. Children become fussy when uncomfortable. Infants/toddlers will tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by limiting the amount of time outdoors and playing in shaded areas. Give beverages when playing outdoors.

YOUNG CHILDREN remind children to stop playing, drink a beverage, and apply more sunscreen. **OLDER CHILDREN** need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). They may resist applying sunscreen and drinking beverages while outdoors.

Condition YELLOW - use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.

INFANTS AND TODDLERS use precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.

YOUNG CHILDREN may insist they are not too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child. **OLDER CHILDREN** need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids while playing outdoors.

Condition RED - most children should not play outdoors due to the health risk.

INFANTS/TODDLERS should play indoors and have ample space for large motor play. **YOUNG CHILDREN** may ask to play outside and do not understand the potential danger of weather conditions.

OLDER CHILDREN may play outdoors for very short periods of time if they are properly dressed, have plenty of fluids. Child care providers must be vigilant about maximum protection of children.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words.

Blizzard Warning: There will be snow and strong winds that produce a blinding snow, deep drifts, and life threatening wind chills. Seek shelter immediately.

Heat Index Warning: How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.

Relative Humidity: The percent of moisture in the air.

Temperature: The temperature of the air in degrees Fahrenheit.

Wind: The speed of the wind in miles per hour.

Wind Chill Warning: There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets and livestock.

Winter Weather Advisory: Weather conditions may cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.

Winter Storm Warning: Severe winter conditions have begun in your area.

Winter Storm Watch: Severe winter conditions, like heavy snow and ice are possible within the next day or two.

Child Care Weather Watch, Iowa Department Public Health, Healthy Child Care Iowa. Produced through federal grant (MCJ19T029 & MCJ19K0C7) funds from the US Department of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau. Wind-Chill and Heat Index information is from the National Weather Service.

16 CLEANING GUIDELINES

Three (3) spray bottles are needed for each classroom. One bottle of soap and water to clean all areas listed in guidelines, one bottle of bleach for bathroom areas and classroom sinks, and one bottle of bleach to be used for tables, toys, chairs, and play surfaces including the water tables. All bottles must be correctly labeled.

Clean means to remove visible soils by using a product suitable for the surface being cleaned. Clean with soap and water on surfaces or vacuum. Use the guidelines in these charts to determine which surfaces should be cleaned.

Sanitize means to sterilize by using a chlorine bleach solution or other approved cleaner. Sanitize with Clorox solution when spraying on non-fabric areas. Use carpet cleaner when sanitizing carpets. Use the guidelines in these charts to determine which surfaces should be sanitized.

Disinfect means to kill germs by using a disinfectant cleaner, chlorine bleach solution or other approved. Disinfect with Clorox solution. Use the guidelines in these charts to determine which surfaces should be disinfected.

Air dry Use the guidelines in these charts to determine which surfaces should be air dried.

Sanitizing Areas	Clean (First)	Sanitize (Second)	Disinfect (Second)	Air Dry (Third)	Frequency	Who is Responsible:
Countertops/tabletops in non-food areas	X	X		X	When soiled or at least once daily.	
Tabletops/counters used for food	X	X		X	Before & after food is served daily.	
Food Preparation area	X	X		X	Before & after preparing food	
Floors	X	X		X	Daily or when soiled. Disinfect weekly.	
Carpet	X	X			Daily Vacuum. When soiled or once per month, use carpet cleaner.	
Disinfecting Areas	Clean	Sanitize	Disinfect	Air Dry	Frequency	Who is responsible:
Hand washing sinks	X		X	X	Daily and when soiled	
Faucets and handles	X		X	X	Daily and when soiled	
Toilet bowls	X		X	X	Daily	
Toilet Seats	X		X	X	Daily or immediately if obviously soiled	
Toilet-Flushing handle	X		X	X	Daily and when soiled	
Door knobs	X		X	X	Daily and when soiled	
Changing Table if applicable	X		X	X	After each use	

Toys & Dirty Toy Bin	Clean	Sanitize	Disinfect	Air Dry	Frequency	Who is responsible:
Small toys that can go into mouth	X	X		X	After visible use and weekly.	
Larger toys	X	X		X	Weekly	
Dirty Toy Bin	X		X	X	End of every day if used or at least weekly	
Dress-up clothes	X	As needed.			As needed.	
Hats	X	As needed.			As needed.	
Cubbies	X	X		X	Once a month	
Floors	X			X	When soiled.	

Dress-up clothes and hats will be cleaned utilizing the washer/dryer at the Early Head Start Center in the Region in which the Head Start Center is located.

Clean Immediately: If a surface is contaminated with body fluids: blood, saliva, mucus, vomit, urine or stools: Always wear disposable gloves. Use a multi-purpose cleaner followed by a disinfectant, or you may use a disinfectant cleaner. Allow surface to air dry. (Adapted with permission from: The ABCs of Clean Teacher's Guide. The Soap and Detergent Association, 475 Park Ave., South, New York, NY 10016.)

BLEACH SOLUTION RECIPES

Disinfecting Bleach Solution Recipe for Bathroom Areas and Classroom Sinks

Add 1/2 cup of bleach to 1 gallon (128 ounces) of cool water

OR

1 TBSP of bleach to 16 ounces of water

Mix a fresh solution each day. A solution is only effective if mixed daily.

Use it to disinfect non-porous surfaces such as toilets and other bathroom surfaces immediately after they have been cleaned.



Dispense from a labeled spray bottle that you keep out of the reach of children in a locked cabinet.

Wet the entire surface until glistening and *leave* solution on the surface at least 2 minutes.

Dry Please refer to cleaning guidelines.

Sanitizing Bleach Solution Recipe for Tables, Toys, Chairs, and Play Surfaces Including the Water Tables

Add 2 teaspoons of bleach to 1 gallon (128 ounces) of cool water

OR

¼ tsp of bleach to 16 ounces of water

Mix a fresh solution each day. A solution is only effective if mixed daily.

Use it to disinfect surfaces that have been cleaned.

Dispense from a labeled spray bottle that you keep out of the reach of children.

Wet the entire surface until glistening and *leave* solution on the surface at least 2 minutes.

Dry Please refer to cleaning guidelines.

19 DENTAL HYGIENE

Cavity Free Kids and CHOOSY is to be utilized in classroom and home activities to further parent's education about dental hygiene. Parents are encouraged to teach their child to brush twice a day, in the morning and before bed; to floss regularly; the importance of fluoride; and a well-balanced, healthy diet. The CFK curriculum should be conducted monthly.

Daily brushing, fluoride, healthy diet and regular dental visits will help keep children healthy. Remember "Baby Teeth" do matter; they help children speak clearly and chew properly and help the permanent teeth come in correctly.

The importance of fluoride and the dangers of sugar-sweetened drinks are to be discussed with parents at the fall home visit by Family Workers.

Parents who refuse the use of fluoride toothpaste for their children must sign the form that they were educated on the benefits of fluoride and still choose to refuse. Form will remain in the child's file. Head Start will supply the fluoride free toothpaste.

19 TOOTH BRUSHING PROCEDURE

Dry Tooth Brushing Procedure

- Oral hygiene will be a daily part of the classroom curriculum and Dry Tooth Brushing at the Table will occur immediately after breakfast daily. Staff must promote effective oral hygiene among children in a sanitary manner.

- Education Team will instruct the children in proper tooth brushing technique and will supervise the children
- Tooth brushes will be provided in September and January and March. (The child's toothbrush needs to be replaced if damaged/worn, dropped or if a child has had strep throat.)
- Each labeled toothbrush is stored uncovered in the toothbrush holder holder-not touching anything-to air dry.
- MATERIALS NEEDED: INDIVIDUAL LABELED BRUSHES, DISPOSABLE CUPS, GLOVES AND TOOTHPASTE, PAPER TOWELS, TRAYS, AND LAMINATED REBUS CHART TO BE POSTED IN CHILDREN'S VIEW.

Follow Dry Tooth Brushing At Table procedure as follows:

Staff should use gloves during the entire procedure. Wash hands before putting on gloves and after removal.

1. Children will brush daily immediately after breakfast at the table. Centers located in school districts will follow protocol set forth by Regional Nurse.
2. One Education Team Class Member will role model toothbrushing per table. Staff has option of brushing each table concurrently or separately.
3. Each child and Role Modeling Education Team Class Member is given a paper towel, disposable cup which has a PEA SIZE smear of toothpaste on the inside edge and their toothbrush.
4. Teach the children to begin brushing on the biting surface and then move from area to area (left-to-right and top-to-bottom) around the mouth, front and back of teeth and tongue.
5. Encourage brushing for two (2) minutes.
6. Children will wipe their mouth with the paper towel, spit extra toothpaste into the cup and then place the paper towel in the cup. The children will not rinse their mouths as the goal is for fluoride in the toothpaste to remain on the teeth.
7. An Education Team Class member will collect individually-wrapped toothbrushes on a tray. They are to be placed far enough apart so that no cross-contamination can occur. Rinse toothbrushes individually under water and replace them into the toothbrush holder.
8. Cups are discarded.
9. Hand washing is completed.
10. Table and sink are cleaned with the 3-step process.
 - a. Wash with clean warm soapy water.
 - b. Rinse with clean warm water to remove soap so it does not interfere with the effectiveness of the disinfectant.
 - c. Disinfect with bleach solution: leave on the surface for 2 minutes and dry with a paper towel or allow to air dry.
11. Toothbrush Holder should be washed with warm soapy water and dried weekly, or more frequently as needed.

20 DIAPERING PROCEDURES

For children who are unable to use the toilet consistently, the program makes sure:

1. Gloves are to be worn during diapering procedure.
2. Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason). Center Manager is responsible to purchase appropriate diapers.
3. For specific brand or cloth diaper requests, the parent must purchase.

4. For children who require cloth diapers, the diaper must have an absorbent inner lining made of waterproof material that prevents the escape of feces and urine. Both are changed as a unit.
5. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
6. Diapers and pull-ups are changed only in the designated area at the center using disposable Chux: Following changing procedures posted at the center.
7. Place child on Chux provided. Remove soiled diaper and fold soiled surface inward.
8. Cleanse area front to back with disposable wipe. Dispose of wipe along with diaper, Chux and gloves. Wrap all in Chux and place in a small double plastic bag. Place in outside dumpster as soon as possible.
9. Staff and child must wash hands thoroughly with soap and running water. Turn water off with paper towel after drying hands. (Refer to procedure in Infectious Disease Policy)
10. Staff check children for signs that diapers or pull-ups are wet or contain feces at least every 2 hours or when wet or soiled.

21 EMERGENCY DRILLS

The Regional Nurse and/or Center Manager conduct fire drills once a month for each center. The Regional Nurse and/or the Center Managers are responsible for filling out the report form. Completed forms will be turned in to the Director of Operations at the Central Office, and a copy retained at the center. A percentage of drills will be unannounced; at least one using alternate route and smoke drill. First fire drill must be held by the end of September. Lockdown drill and evacuation procedures are found in the Facilities Section of this Manual.

21 EMERGENCY MANUALS

An Emergency Manual is kept visible and near a phone in all classrooms and offices. The Regional Nurse and/or Center Manager reviews it with each staff person at the center. The Emergency Manual contains emergency phone numbers, fire and evacuation procedures and routes, emergency procedure and chain of command, and medical emergency care. A list of toxic and non-toxic plants is included. Every staff member needs to review procedures and know where and how to dial out for 911.

21 EMERGENCY MEDICAL CARE

The administration of Basic First Aid and Emergency Medical care is the responsibility of the certified trained staff. Disposable gloves will always be used when administering First Aid to anyone. Staff is to work together as a team in providing emergency First Aid. This can be in assisting with treatment or making phone calls to parents or emergency personnel.

► In event of any emergency,

- **Call 9-1-1,**
- **Parent will be notified as soon as possible, and**
- **A staff member will accompany the child in the ambulance with their Emergency Contact Sheet.**

Center or classroom volunteers are not responsible for this care as they should be under the direction of Center Staff.

All Staff must be aware of emergency procedures, availability and location of supplies and location of

emergency manual.

Refer to *Infectious/Communicable Disease Policy and Bloodborne Pathogen Exposure Plan*.

22 FIRE EMERGENCIES

In case of a fire emergency, whoever discovers the fire will activate the fire system. The Center Manager will assume responsibility for ensuring all the children and staff are safely out of the Center. The person responsible for each classroom, in such a situation, will be the last out of the room. Attendance Sheets and emergency forms must be taken with staff. Lights are to remain on (or as per School District protocol), electrical cooking apparatus off and doors closed. One staff member will lead the line while another staff member stands at the end of the line. All children are to be counted before leaving the classroom and after exiting the building. Once out of the building, attendance will be taken utilizing child's picture cards. If smoke is thick, all should crawl to safety. When out of the Center, the Center Manager will notify the Fire Department of said fire and give all necessary information name, address, etc. The Central Office will then be notified. In the absence of the Center Manager, the Teacher will assume responsibility, followed by the Assistant Teacher, Regional Nurse and Family Worker. (see form LCHS 24b.frm updated annually)

Those centers located in a school district, will follow district protocol.

Fire drills will be conducted monthly by the Regional Nurse and/or Center Manager. Completed Fire Drill Forms should be sent directly to the Director of Operations to be maintained in a file. All staff members will participate in a fire safety program. Children will learn fire safety in the classroom.

22 FIRST AID KITS

Each Head Start bus will be equipped with a first aid kit. Additional basic supplies will be kept in ziplock bags for easy use.

Each classroom will have a first aid kit to be kept in the First Aid backpack and will take it whenever the children go on field trips or out of the classroom for walks, etc. The Regional Nurse and Teacher are responsible for checking monthly and restocking the kit as needed. Extra first aid supplies are kept in the classroom and nurse's cabinet.

All regulations state: A fully stocked First Aid Kit must be accessible to adults, and not children. Staff will maintain, carry and monitor the kit at all times. A folder with emergency contacts of children, staff and regular volunteers is kept in the backpack. In the event a "rescue med" is needed in the backpack, it will be located in a SAFETY SAK within the backpack and a label stating such will be attached to the front of the backpack..

23 HAND WASHING PROCEDURES

Wash your hands:

- Upon arrival for the day or when moving from one child care group to another and before leaving for the day or when your hands are soiled.

Wash your hands before and after:

- Eating, handling food, or feeding a child.
- Giving medication.
- Playing in water that is used by more than one person.
- Diapering.
- Toothbrushing.
- Handling pets and other animals.
- Playing in sandboxes.
- Before putting on gloves.
- After removing gloves.
- Using the toilet or helping a child use the toilet.
- After cleaning or handling the garbage.



HAND WASHING PROCEDURE: WASH YOUR HANDS PROPERLY AND FREQUENTLY

- Use liquid soap and running water.
- Rub your hands vigorously for at least 20 seconds, the length of “Happy Birthday” twice.
- Wash everywhere:
 - Backs of hands
 - Wrists
 - Between fingers
 - Under fingernails
- Rinse well.
- Dry hands with a paper towel.
- Turn off water using a paper towel, not your clean hands

23 HEAD LICE PROCEDURE

Regional Nurses will conduct periodic head checks in the classrooms. Teachers will be notified of dates and times by the Regional Nurse. Classroom staff will conduct additional head checks when a child returns following treatment or as needed. Current recommendations encourage children to attend school right after treatment along with continued nit removal at home. This will ensure better attendance and as a result, provide children and families with continuous services both in and out of the classroom. Keep in mind that head lice is not a serious health threat. With education, prevention and proper treatment we can keep these occurrences under control.

Treat the Person

Head lice shampoos are to be used cautiously and only when necessary, due to possible damaging side effects. The most important step in treating head lice is to treat the person with the pediculicide (shampoo) to kill the lice. This can be obtained by prescription or over-the-counter. It is important to follow the specific directions on the product. Check hair and comb/remove nits daily, continue head checks for 2-3 weeks until nits/lice are all gone. Treat the Household.

Lice do not survive long if they fall off a host and cannot feed. Clothing and bed linens must be machine

washed using hot water and dry on high heat. Store all clothing, stuffed animals, comforters etc. that cannot be washed in a plastic bag for 2 weeks. Wash combs, brushes, etc. in hot soapy water. Vacuum the floor and furniture as well as car seats. Change vacuum bag.

The following procedure will be followed at HS:

1. Regional Nurse must be made aware immediately of a child with first time nits or live lice.
2. The parent will have the option to come to the center to pick their child up or remain in class until the end of the school day, and if applicable, go home on the bus.
3. Classroom cleaning will include washing dress up clothes, bagging stuffed toys and non-washable items for 2 weeks, and vacuuming of all the rugs. The vacuum bag will be immediately removed and taken outside to trash/dumpster. The bus driver, if applicable, will be notified that the bus should be also vacuumed. No information regarding the child's identity will be provided to the bus staff.
4. All children in the classroom will have head checks by classroom staff or Regional Nurse.
5. Regional Nurse will call the parent to find out what kind of insurance the child has and who the primary medical provider is.
6. Regional Nurse will instruct the parent to check all household members for head lice and notify others who the child regularly has contact. This may prevent the child from being reinfested at one of these locations.
7. Regional Nurse will discuss with the parent that the appropriate resources are available to treat those affected and the environment (ex. washer and dryer access, detergent, vacuum and bags, garbage bags, shampoo, etc.). If the resources are not available, the Family Worker will be contacted to assist in obtaining these items. Appropriate cleaning information will be sent home.
8. Regional Nurse will instruct the parent to contact the primary care provider of each infested household member to get a prescription for Lice treatment. Depending on the insurance the treatment may be covered under insurance. The Regional Nurse will assist the parent on obtaining the appropriate prescription that may be covered. The Regional Nurse may have to fax a copy of the prescription formulary from the specific insurance company to the primary provider.
9. When the child returns to class, the classroom staff will check child's head and alert Regional Nurse of findings.
10. When the child returns to class and the Regional Nurse is notified of such, the Regional Nurse will contact the parent to discuss any follow up treatment that may be needed. Regional Nurse will discuss with parent if they would like a reminder call. If child still has live lice following treatment, parent should be instructed to notify the primary care provider that prescribed treatment was ineffective. Parent should also be instructed of manual removal technique of live lice and/or nits.
11. If nits are present on previously infected child, parents should be reminded to do daily nit removal so that improvement is noted. Staff should assist with nit removal when appropriate.
12. Classroom staff will be instructed to do lice surveillance on entire class for 2 weeks.
13. Chronic cases with extended absences will be handled on an individual basis. Home visits may be required by Regional Nurse and Family Worker.
14. If none of the above steps rectify the infestation, the Health Specialist is to be notified.
15. When a case of lice is found, the teacher will notify the bus driver that there is a case of head lice in the classroom. Child's name is not to be given to bus driver/aide. Bus driver will then vacuum the bus and fleece belt covers. Vacuum bag/cartridge will then be emptied/cleaned.
16. All contacts and follow up will be documented in Child Plus by Regional Nurse and/or Family Worker.

25 HEALTH EDUCATION

Health education for the children is the responsibility of the Regional Nurse and/or Teacher at each center. The Regional Nurse will set up a time agreeable to the Teachers to assist and/or present the specific health topic, if able. Written guidelines are available and are to be followed as scheduled. Health resources are available from the Regional Nurse and the Health Specialist. The health and safety topics must be written in the classroom lesson plans. A monthly topic listing is found in the Education Binder. The lesson plan checklist must be completed for all Health/Safety topics. Each center will work out the schedule and presentation with the teacher and Regional Nurse.

HEALTH FORMS

Every effort is made to have Health Forms available on Google Drive in the Health Folder, which has been shared with Family Workers and Nurses. In the event that you are unable to find a form, which you believe should be available on the Google Drive, please notify your Regional Nurse for verification or to request access.

25 HEALTH SERVICE AREA FOR THE FAMILY WORKER/REGIONAL NURSE

Head Start (HS) embraces a comprehensive vision of health for children and families. Through collaboration among families, staff and health care professionals, child health and developmental concerns are identified. Proper referrals and linkages are made to an ongoing source of continuous, accessible care to meet their needs. This will promote families to be self-sufficient, within the healthcare system. Comprehensive care by the Primary Provider is referred to as the Medical Home-Dental Home. Our goal is that every family has a medical/dental home with access to provider appointments/follow-up and treatments. Family Workers will determine if the child has access to a Medical Home-Dental Home prior to enrollment. Nutrition Assessments/allergies/medical needs will also be determined at this time.

HS is mandated to determine the medical and dental status of each enrolled child within 90 days of enrollment. To ensure the child is up to date we follow the schedule of PA Early Periodic Screening, Diagnosis, and Treatment (EPSDT). This information of requirements as well as the exam forms are given to parents at recruitment. We encourage all parents to access regular preventive exams and follow-up. This is important regardless of acceptance to HS or not. Information and or referrals are made to ensure insurance coverage and reasonable access to providers. When necessary we assist with transportation, in addition to always encouraging self-sufficiency. The Regional Nurse will enter the Health Status Determination of each child into ChildPlus within the first 90 days of enrollment. This status will be based on the PA EPSDT schedule and will include if the child is current with a Physical Exam, Dental Exam, Immunizations, and sensory screenings.

Family Workers are the primary contacts with their families. Family Workers will provide information and support to the Regional Nurse who obtains health requirements and health follow-up.. Awareness of providers, agencies and insurances in the community is necessary for Family Workers and Regional Nurses. Updated information and trainings will be provided throughout the school year.

Appropriate family information is to be shared between nurse,teaching staff, and Family Workers ASAP to ensure we identify concerns and provide timely referrals and services to each child. Utilize team meetings as well as nurse referrals for information sharing.

All contacts made with families and or providers must be documented in the appropriate Event section of ChildPlus. **Remember if it is not documented, it did not happen.** Notes should be objective, brief, and precise. Refer to the ChildPlus Tip Sheets or contact MIS regarding specific entry procedures. For questions on proper Health Service documentation, Family Workers are to contact the Regional Nurse and the Regional Nurse with questions will contact the Health Specialist.

Data entry in Child Plus must be kept current and ALL updates entered before the first Friday of each month. Reports will be run on the first Friday of every month.

Regional Nurses are required to follow up with their families to obtain yearly PE, and every 6 month DE and any needed treatment.. All documentation of contacts, actions and resolution will be in the appropriate areas of ChildPlus. Class health logs may be utilized at the discretion of the Health Specialists.

We require all children to have a current physical and dental exam on file. Regional Nurses must notify parents and new forms provided at least 45 to 60 days before due. Documentation must be in the appropriate areas of ChildPlus. When completed health forms are obtained, the Family Worker will maintain them in separate file to be reviewed, initialed and dated, and entered into ChildPlus by Regional Nurse prior to being placed in child's file.

The Regional Nurses are designated as the staff person who may get a Parental Declination of health services signed as a last resort, after all education and avenues of assistance have been exhausted to those children transitioning to Kindergarten. At the Family Workers first Home Visit, each newly enrolled child will receive a Health Portfolio which contains Physical/Dental forms as well as valuable health information. Parents are highly recommended to place this in a secure area and place all of the child's health information inside for safekeeping. In addition, **ALL children will receive informational flyers on the NEW SCHOOL IMMUNIZATION REQUIREMENTS, IMPORTANCE OF FLUORIDE, and NEGATIVE EFFECTS OF SUGAR-SWEETENED BEVERAGES.**

26 RECRUITMENT

At application Family Worker/Recruiter must copy the most current Immunization Record. Have parent sign Immunization Policy form if no record available or incomplete. Provide parent with a copy. Use the Release of Information form to obtain the record if necessary from the provider. Attach a printout from doctor's office to our completed form.

Encourage every family to keep an up-to-date Immunization record for all their children. Take this opportunity to discuss the health requirements for Head Start.

We accept a PE/DE that was completed less than one year ago. Insurances will cover these services once a year for PE and twice annually for a DE. We are required to have a current PE & DE on file and both must be current to complete stats for the Program Information Report (PIR).

27 HEALTH SCANNING PROCEDURE

1. Upon completion of application, ERSEA will send health documents obtained at time of application or that arrive later via fax/in person to Health Specialist, Deb Siglin.
2. Health forms will be stored in Health Specialist Office (Deb Siglin) in locked cabinet in alphabetical order.
3. When child is accepted into Head Start, the waiting list facilitator/Family Worker will email Health Specialists so that the health documents can be sent inter-office mail to the appropriate center for the file.

27 ORIENTATION IMMUNIZATIONS

Every enrolled child must have an Immunization Record on file.

1. Request at time of recruitment or ASAP.
2. All records must be forwarded to your Regional Nurse as soon as you receive it. They will review the record and enter dates into ChildPlus and stamp "ENTERED" onto form. Regional Nurses will enter immunization dates and status into ChildPlus as soon as possible. Once stamped they are filed in the Health Section. Nurses will conduct frequent surveillance of records to ensure completeness.
3. A medical office printout of immunization dates is acceptable and will not require transcription onto a Head Start Immunization Record.

Current/Complete for age is at least:

4 DTAP	3 IPV
3 HBV	1-4 HIB (or Dr. note)
1 MMR	1-4 Prevnar (or Dr. note)
1 Varicella	2 – Hepatitis A (may or may not have according to Dr.)

Hep A immunization:

LCHS Physical Forms will have an area in which the physician will mark YES or NO to "IMMUNIZATIONS UP-TO-DATE FOR AGE." If "yes" is marked, immunizations will be complete for Head Start requirements. If Physical Exam is submitted via a computer printout, and does not address that immunizations are missing, immunization status will also be considered "complete" for Head Start requirements.

Influenza vaccine is recommended yearly according to the EPSDT (each fall/winter). Family Workers/Regional Nurses will educate parents on the importance of the annual influenza vaccine. The Influenza vaccination will not count towards "Incomplete" status. Flu vaccine will be entered into ChildPlus for tracking purposes only.

At the end of the program year, each family will be given a copy of the Child's Immunization Record.

HELPFUL HINTS FOR HEALTH SERVICES

- Collect completed forms or remind about the yearly PE and 6 month DE including the required

screenings. Record dates of appointment and/or reminder to make these appointments.

- Complete Health Checklist with education and consents for screenings. MUST be signed by parent/staff and copy to parent.
- Educate parents on the importance of a lead screening...we MUST have on file a lead level from 2 yrs of age to current. Complete with PE if needed.
- Provide information on the Health Services in HS.
- Explain the role and availability of the Regional Nurse.
- Required screenings (vision, hearing,) to be completed within 45 days of enrollment.
- Growth Assessment (to be completed within 90 days of enrollment).
- Health and safety education topics for children and parents.
- Policies such as medication, infectious disease, head lice, sick kids, accident reports, and tooth brushing can all be found in the Family Handbook.
- Complete the Emergency Contact/Consent form. Explain the importance of the contacts.
- All Emergency Contact/Consent forms must be updated as soon as the FW/classroom staff is made aware of any changes. A Change of Information/Custody form must be completed for any changes in medications or allergies or medical information. The completed form must be sent to the Regional Nurse and Teacher and documented on all copies of the Emergency Contact/Consent form.
- Complete the community partner vision consent form.
- Utilize the Release of Information Form to obtain appropriate medical/dental information and forms in a timely manner. Information requested must be specific to individual provider.

28 SCHOOL YEAR

Regional Nurse will make regular contacts and follow-ups at least every 30 days. This helps to ensure all requirements, referrals and treatments are happening. Continue contacts and assistance as appropriate for the family situation until complete. Remember to utilize the Health Specialist referrals in a timely manner. ***Referral by March 1***

All contacts must be documented in the appropriate area in ChildPlus. (refer to ChildPlus Tip Sheet for assistance)

After six unsuccessful contacts (by March 1) to obtain a form/appointment/information, complete a Health Specialist referral if further assistance is needed. A contact is: speaking to the person or receiving a written response to your request. Upon receiving this referral, the Health Specialist will make the contacts to obtain what is needed. Progress will be shared with the Regional Nurse and documentation in the notes. Regional Nurse referrals are also used to share and request information and resources, such as relevant family situations, /illness/injury, medications and medical/dental status. The Regional Nurse will continue to follow up on needed appointment/ forms even after a letter from the Health Specialist is sent. The Regional Nurse will to share their progress with the Family Worker.

We need an accurate count of those needing treatment as well as those receiving and/or completing treatment. Regional Nurses have the option of using the Class Health Log or the ChildPlus Organizer to help remind and track health appointments' status. Regional Nurses are encouraged to run ChildPlus reports frequently to make sure all health requirements are being met.

Prior to the time a child becomes due for their yearly PE; 6 month DE (45-60 days), Regional Nurse will

send a letter to the parent as a reminder. Follow up by person to person conversation, phone calls or a note if necessary. Family Workers may use home visits or times parents are in the center to discuss these requirements. Make the best use of your time with the parents; this can eliminate too many contacts and calls. In cases where parents are not in compliance with these requirements, you must offer assistance in securing appointments, transportation or asking what is preventing them from follow through.

Family Workers will provide the parents a referral (completed by Regional Nurse) when children fail their hearing or vision screening. The nurse will inform Family Worker of those children and any information necessary to share with the parents. These referrals/concerns are shared with the parents within ten days after receiving notice from your nurse. Parents and or Providers are requested to return completed form with diagnosis and treatment. Follow-up is required until completion.

Contact the Health Specialist ASAP when there is a need to use HS funding for medical/dental exams or treatment. This can only be done when all other means are exhausted, such as lack of coverage and family financial needs.

Family Workers will not file any medical/dental forms or notes until your nurse reviews them. Please place them in the Health Folder for the nurse. Folder will be labeled Health Forms and School Year.

29 HEALTH SERVICE AREA - HEAD START/PreK COUNTS CHILDREN

PHYSICAL EXAM

Every enrolled child is required to have a current yearly Physical on file. We accept the Head Start form or a computer print-out. Forms must include EPSDT schedule of screenings for age. When the yearly physical is due the Regional Nurse will issue a reminder to parents at least 45-60 days before due.

DENTAL EXAM

Every enrolled child is required to have a dental exam every 6 months on file. When the dental exam is due, the Regional Nurse will issue a reminder to parents 45-60 days before due with follow up until completion. Cleaning and Fluoride is requested and to be completed as indicated by a licensed provider. When treatment is needed, the Regional Nurse will follow up to insure treatment is initiated and completed. The status of treatment will be documented until completed.

VISION

Community Services for Sight, of the Greater Hazleton area, and Northeast Sight Services, of the Greater Wilkes-Barre area, will be scheduled to visit each center annually. The screenings will be conducted in September and October in order to meet the 45 days requirement; PreK Counts-60 day deadline.

Children absent or uncooperative on the screening day, or enrolled after, will have screening completed by the Regional Nurse.

Any child that refers after the first screening will be referred for a professional eye exam. All results will be documented in ChildPlus. The Nurse will inform the Family Worker, who will send the referral form home. Head Start staff and the vision partner will collaborate on the status/outcome of child's referral.

Regional Nurse will document results and referral in Child Plus; Regional Nurse will follow up until the referral is completed. All contacts and outcomes will be documented in ChildPlus. Re-screening will be done if and when concerns are shared by the parent or teacher during the school year.

HEARING

Each Head Start child should receive an OAE hearing screening within 45 days of entry into the program. PreK Counts children will have a 60-day deadline.

Procedure for Hearing Screening Using the Otoacoustic Emissions (OAE) Hearing Screening Tool:

Annual review of the proper use and maintenance of the OAE will be conducted at the beginning of the school year. The Regional Nurse with the scheduled assistance of Dr. Jim Ziegler will perform these screenings at each center. Children who are absent or uncooperative will be completed as soon as possible by Regional Nurse. All attempts and referrals will be documented by Regional Nurse in Child Plus. Family Worker will follow up until the referral is completed with documentation in Child Plus.

Begin by visually inspecting the ear to be screened. Look in front and behind the ear for any abnormalities. Note any small pits, holes or skin tags. These could be indicative of other abnormalities in the auditory system. Place your index finger in front of the ear, pull gently back on the ear to open the canal. Look in as far as you can to make sure it is not blocked by anything that would obstruct the sound going in or the otoacoustic emission coming back out. If some wax is present, you can proceed with the screening unless the canal appears to be totally blocked. If there is drainage coming from the ear, which is occasionally accompanied by a foul smell, or if the child displays heightened sensitivity to having the ear touched, do not proceed with the screening and refer the condition to the child's health care provider. Conduct the screening only when the child has been cleared by the health care provider. Children with tubes in their ears should be tested also.

When the screening is complete, the screen will either say "pass" or "refer". Document the results in Child Plus.

If the ear does not pass on the first attempt during screening session, check the probe tip and opening to make sure it is not blocked with wax. Select a different tip size if needed, refit the probe and try the OAE screening again, making sure the environment and child remain relatively quiet.

If the ear does not pass after at least 2 attempts during the first OAE screening session, conduct the second OAE screening session within two to four weeks.

If the ear does not pass after multiple attempts during the second OAE screening session, refer the child to a health care provider for evaluation. Document the results in Child Plus.

The three keys that will allow you to screen efficiently are:

- Ensuring good probe fit.
- Minimizing external noise in the environment.
- Minimizing internal noise caused by the child's movement.

All children who refer (or do not pass) the screening will be referred to a physician. Regional Nurses will inform the Family Worker who will immediately send the form home to parents, along with a phone call if

necessary. Regional Nurse will document results and referral in ChildPlus. Family Worker will follow up with parents until the referral is completed and document all contacts and outcomes in Child Plus.

If treatment or follow up not completed for any reason before the end of program year, the Regional Nurse will rescreen the child. Regional Nurse will also rescreen child after treatment of failed hearing screen and referral unless otherwise directed by medical professional. Re-screenings will be done if and when concerns are shared by the parent or teacher during the school year.

HEIGHT and WEIGHT

Regional Nurses will do height, weight, and BMI (Body Mass Index) on all enrolled Head Start children within 90 days of enrollment and repeat again in the Spring. BMI graphs and information on referrals to Nutritionist will be sent to all children in the fall and the spring. See Nutrition Section for process regarding referrals and follow-up with the Nutritionist.

LEAD SCREENS

Head Start children are required to have a lead completed after the age of 24 months on file. For those children without a lead screening, onsite blood lead testing will be offered throughout the year with parental consent. Family Workers will obtain the consent form on eligible children at the first Home Visit. Regional Nurses will complete the Lab Requisition Forms and send to Health Specialist one week prior to testing date so that the insurance may be processed by Geisinger Labs.

All testing will be done by Geisinger Mobile Lab technicians. Childrens' medical providers will be notified of all results by Geisinger. Additionally, LCHS Regional Nurses will receive all results and send home to parents. Results will be documented by Regional Nurses in Child Plus. Regional Nurses will document all followup with families on abnormal results in ChildPlus.

31 IMMUNIZATIONS

In an effort to protect all children, and to comply with Head Start Performance Standards, Head Start may not retain a child at the center for more than 60 days without an up to date immunization record on file.

Exceptions include:

1. Written objection to child being vaccinated on religious grounds or strong moral or ethical concerns similar to a religious belief signed by a parent or guardian;
2. Written verification by the Medical Provider (physician, physician assistant or CRNP) that vaccine(s) is outstanding due to a permanent or temporary medical condition; or
3. A Pennsylvania Department of Health - Medical Certificate Plan Card is received from the immunization provider stating appointment date and planned vaccines.

For exceptions due to temporary medical conditions, the following must occur within 30 days from the written verification by the medical provider:

1. The child must receive the outstanding immunization(s) with written verification from the medical provider; or
2. A written verification by the medical provider that temporary medical condition still exists must be received.

A new verification of temporary medical condition at 30-day intervals will be required thereafter. If written verification is not received as required, the child shall be excluded and not readmitted until written verification that the child still has the temporary medical condition or the outstanding immunization(s) was given.

Children experiencing homelessness will be allowed to attend Head Start up to 60 days without an up to date immunization record.

Since it is important that children without proper immunizations get up to date and attend Head Start or Pre-K as soon as possible, Head Start staff are required to work with families to obtain immunizations and immunization records as soon as possible.

Early Head Start participants will also be informed by the Family Educator of EHS/HS Immunization policy during orientation to the Early Head Start program and again no later than 90 days before transitioning into Head Start. Family Educators will provide transitioning families requesting an exemption with the appropriate form and immunization information. Further information requested by the parents or guardians may be obtained from the Early Head Start Health Specialist. Early Head Start parents/guardians are strongly encouraged to have newborns receive their initial immunizations prior to attending Socializations in accordance with best practice and for protection of the newborn.

IMMUNIZATION SURVEILLANCE PROCEDURE

The Head Start staff member completing the application will obtain the immunization record at the time of initial application. If the immunization record is incomplete or not present at the time of application, the HS Health Services Immunization Policy form will be completed and a copy given to parent/guardian. The original will be attached to the application. Exemption forms are available for parents/guardians that request a medical/religious/moral exemption. If the parent claims an exemption, they will also be given the "Information of Vaccine Preventable Diseases and the Vaccines that Prevent Them" handout. ** In the event of an outbreak of any vaccine-preventable disease, the unvaccinated child will need to remain home until 14 days after the last outbreak.**

If the immunization record is not received or up-to-date or an exemption is not received 14 days prior to the exclusion date (60-day deadline), the LETTER OF EXCLUSION will be initiated by Regional Nurses and (1) mailed; (2) sent in child's backpack, and (3) placed in child's file alerting the parent/guardian of the EXCLUSION DATE. The parent will also be contacted by phone/email to alert them that letter will be arriving.

If the immunization record is still not received or not up to date or an exemption is not received 7 days prior to the exclusion date, the Immunization Withdrawal Letter will be initiated by the Regional Nurse and (1) mailed; (2) sent in child's backpack; and (3) placed in child's file alerting the last day of child's ability to attend school. The parent/guardian will also be contacted by phone/email and alerted this letter will be arriving.

FAMILY WORKERS/PRE-K TEACHERS AND CENTER MANAGERS AS WELL AS REGIONAL NURSES MUST ASSIST THE FAMILY AS NEEDED TO OBTAIN REQUIRED IMMUNIZATION IN ORDER TO AVOID EXCLUSION. ALL EFFORTS NEED TO BE DOCUMENTED IN CHILDPLUS IMMUNIZATION NOTES SECTION.

If the child is excluded, the absences will be considered unexcused. Upon five (5) unexcused absences, the child will be withdrawn and replaced with an eligible child from the waiting list. In order for the child to

attend the program in the future, all immunization requirements must be met.

Children will be able to attend if they are incomplete due to a temporary/permanent medical condition with proper documentation from the Medical Provider (physician, physician assistant, or CRNP). However, documentation from the Provider must be received every 30 days stating medical condition still exists. If not provided, the previous procedure will be initiated.

Continued surveillance of immunization records to ensure children on catch up schedules or the Regional Nurse. Nurses are to check the State Immunization Website for dates.

Each child enrolled must have a current up-to-date immunization record on file. This is at least:

4 DTAP

3 HBV

1 MMR

3 IPV

1 Varicella

2 Hep A (may/may not be given according to Dr.)

1-4 HIB not given after age 5

1-4 Prevnar not given after age 5

**Influenza vaccine is recommended yearly by the Centers for Disease Control and Prevention. This does not affect "complete" status. (See Health Service Area for the Family Worker)*

Relating to the Hep A immunization:

Physician will mark the LCHS Physical Exam form as "immunizations up-to-date for age" or NOT. If marked YES, this will be considered "complete" in Immunization Status. If Physical Exam is received as a Printout from Dr. office and makes no mention of incomplete immunizations than Immunization status will be considered "complete".

Exceptions include:

- Written objection to immunization or religious/moral grounds.
- Written verification due to medical condition and whether the condition is temporary or permanent, by physician or clinic.
- For all children for whom the immunizations remain outstanding, subsequent written verifications from the medical provider every 30 days until completion are required.
- A Pennsylvania Department of Health - Medical Certificate Plan Card is received from the immunization provider stating appointment date and planned vaccines.

Nurses will enter Immunization dates and status in ChildPlus and stamp records as "Entered". Upon completion, records are to be filed in the Health Section.

33 REGIONAL NURSE REFERRALS

Family Workers and education staff are to utilize Regional Nurse Referrals to:

- 1 Share important health and safety information. (meds/illness/injury)
2. Request health/safety information/handouts.
3. Request nurse to accompany them on a home visit.

34 INFLUENZA PROCEDURE

In the event of an influenza illness, the child with the confirmed diagnosis must not return to school unless temperature is less than 100°F without fever-reducing medications for at least 24 hours. For a nationwide epidemic/pandemic, as determined by the Centers for Disease Control and Prevention, the LCHS Health Team will make specific recommendations regarding infection control and transmission measures. For specific questions or concerns, contact the Health Specialists or Regional Nurse.

34 MEDICAL SUPPLIES

All medical supplies will be kept in a locked cabinet. An inventory will be completed at end of the school year. The Health Specialist will purchase supplies. Requests for supplies are to be sent to the Health Specialist.

34 MEDICATION ADMINISTRATION

ADMINISTRATION OF MEDICATIONS TO STUDENTS

Giving Prescribed and Over-the-Counter Medications

- Medications shall be given in school only when absolutely necessary during program hours.
- The Regional Nurse must review instructions. If possible, the Regional Nurse will check with the doctor /parent to change times to eliminate the need to administer at the Center.
- The following procedure must be completed:
 1. Doctor's Prescription - Specific doctor note (or prescription label) needed for all medications (a new note is required each program year)
 2. Parent Consent Form - Separate form for each medication
 3. Proper original container - With name, medicine, date and administration instructions
- All Over-the-Counter medications must be labeled with the child's name.

Please Note: Any new medications or changes in dosages or time MUST HAVE DOCUMENTATION! Review any and all changes with your Regional Nurse. During the monthly team meeting, paperwork and medications will be reviewed to ensure accuracy.

➡ This is to be documented in the Team Meeting Notes.

Who Gives Medications

Teachers are responsible. Teachers and Assistant Teacher, Classroom Aides and Center Managers will review the medication and documentation with the Regional Nurse prior to first dosage. This should be done in person whenever possible or via phone. Any changes or additions must be treated as a new medication. Center Managers need to be informed of all medications/treatments being given as well as the Regional Nurse. A yearly training/review will be provided to classroom staff on medication policies and procedures. Medication Training forms must be completed with each training. Staff maintain one copy and Center Managers get a copy. The forms will be dated and signed. The original is to be placed in staff's PDR and a current copy to the Center Manager.

Assistant Teacher will assume this responsibility in the absence of the Teacher. Classroom Aides will assume responsibility if teacher and assistant teacher are absent. Substitutes do not give medication.

Regional Nurse or Center Manager shall give the medications in the event of two substitutes and no

regular staff . The Regional Nurse or Center Manager must be notified as soon as possible if a medication or treatment must be given.

In the event of a SEVERE allergy/medical need as documented by the child's Medical Provider, the physician will provide a note if the rescue medication is to be made available during the bus ride. In that case, the bus contractor will be notified and the parent will need to provide three (3) doses of the medication: one to remain at the center, one to be transported back and forth from home to classroom, and one to remain home.

Medications are not kept on bus due to temperature sensitivity. Regional Nurse will train the bus driver and the bus aide on the medication administration/protocol. Nurse and driver/aide will complete Staff Medication Administration Training Record and Regional Nurse will maintain forms at the center in child's file. Bus Driver will keep medication/paperwork in green locked bag and it will be transported daily from parent to driver to teacher and vice-versa at end of day. *The child will also need to be seated in an area close to the Aide for clear observation of potential symptoms.*

When Not to Give Medications

- No Physician's Prescription or Note
- No Parental Consent
- Expired Date on Medication
- Wrong Medication Container, Wrong Name or Wrong Medication
- Child is ill and cannot take medication. Please discuss with Regional Nurse.

You must call parent as soon as possible when you do not give the medication, and document that the medication was not given on the Log.

MEDICATION LOG

Always sign the Log in ink as soon as you give the medication. If the child is absent or missed a daily medication, document and sign Log. One Log is to be kept for each medication.

MEDICATION ERROR

Any medication error must be reported immediately to Center Manager and/or Regional Nurse and Health Specialist. Documentation will be done on Child Injury Report Form.

FOR SAFETY REASONS, ALL RESCUE MEDICATIONS AND APPROPRIATE DOCUMENTATION MUST BE IN PLACE IN THE CLASSROOM BEFORE THE CHILD CAN START SCHOOL. A day will be set aside prior to the first day of school, when all classroom staff/nurses must meet to discuss specific allergies/medications for those classes with specific health needs. (Pre-service Team Meeting)

TRANSPORTING MEDICATIONS

A child NEVER transports medications. Bus drivers will be responsible for safely transporting any medications given to them by the child's parent/guardian/authorized caregiver. Bus drivers will also collect any medication forms from the child's parent/guardian/authorized caregiver on the first day the medication is sent to the center but is not responsible for assuring that forms are completed. Education Staff will assume responsibility for medications & medication forms received from the bus driver. When medications are to be sent home, staff is responsible for giving the medication to the bus driver at the end of the child's session.

STORAGE OF MEDICATIONS

All medications must be kept locked in an area inaccessible to children. Education staff are responsible for maintaining security of such an area. Any medications that require refrigeration will be kept in the designated locked container, marked "medications only". A sign will designate the refrigerator to be used for this purpose. When not in use, the container will be stored in the designated area as per Center Manager. Refrigeration must be consistently maintained to preserve the quality of these medications.

Parents should be instructed to send medication on the bus in the same manner.

Medications must be stored separately from cleaning supplies and foods.

Emergency medications such as EpiPens, rescue inhalers and seizure medications will be kept in the locked bag or Safety Sac inside the *First Aid Backpack*.

ADMINISTERING MEDICATIONS

When Head Start assumes responsibility for administering medications, careful attention must be paid to measurement. Dosages should always be double-checked for accuracy before being given to the child. Monitor expiration dates on all medications.

Liquid medications should only be measured in a device specifically made for medications (i.e.: medicine cup, dropper, oral syringe or dosing spoon). Head Start supplies plastic medicine cups to be used if the parent/guardian does not supply another measuring device. Some medicine cups are not marked to measure less than one teaspoon or more than one ounce.

If the dosage is less than one teaspoon and the cup does not have a marking for that amount – DO NOT ESTIMATE. Request a dosing spoon that is marked for smaller amounts.

Basic equivalents for measurement:

One Teaspoon (tsp) = 5 cc = 5 ml

One Ounce (oz) = 30 cc = 30 ml

Other liquids should not be mixed with the medication unless specified by the physician on the prescription label.

Record dosage and time accurately on the Administration Log in ink immediately after giving.

If the child appears to have any unusual reactions to medications (i.e.: hives, rash, nausea or vomiting), notify the parent/guardian immediately. For breathing difficulties, loss of consciousness, or any other severe reaction, call 911. Any child developing hives needs to be monitored closely. The parent/guardian should be contacted to transport the child and seek medical attention. If a parent/guardian cannot transport, the child with a possible medication reaction should have a staff member to observe them for a worsening condition. This staff member will be notified prior to bus route of medical issue. Notify the Regional Nurse of situation promptly.

PRIVATE NURSING DUTY

Due to certain medical conditions, it may become necessary for a child to require individualized nursing care provided by an outside agency while the child is at school and, in most cases, also during transportation. The Nursing Agency staff is responsible for the medical care of that child according to the

plan established by the Physician, Agency, and parent. The parent will be asked to complete "Parent/Guardian Consent For Individualized Nursing Care" form which will permit the agency nurse to provide care for the child, as needed, without the continuous supervision of our staff. The original form will be retained in the child's file and copy is sent to the Health Specialist.

37 POISON POLICY

All poisons, which include cleaning products, soap, disinfectants, and aerosols, must be stored in the original containers. Poisons must be stored in a locked cabinet, separate from medications and food, and accessible to authorized persons only. Clorox solutions must be made daily, stored in a spray bottle container, labeled with both a "Clorox Solution" and a "Mr. Yuk" sticker, and placed in a locked cabinet. In addition, soapy water solution stored in a spray bottle must be labeled as such.

All medication will be stored in a locked cabinet.

All cleaning supplies will always be kept in a locked cabinet except when in use. These products will never be left unattended for any length of time. Cleaning supplies including Clorox solution will be kept separate from medications. All staff, volunteer and visitors' personal items and medications ideally should be kept out of the classroom or they must be kept in a locked cabinet. Personal items include; but are not limited to: hand sanitizer, hand lotions, makeup, hair products etc. **No one is ever to take medications while in the classroom.**

All containers must be labeled as to inside content and all chemicals, including personal objects as noted above, are to have a SDS (safety data sheet) on site.

All living plants for the classroom must be identified, labeled, and verified safe according to the non-toxic plant list in the emergency manual.

37 SICK CHILD AT CENTER

When a child becomes ill in school, the Teacher/Regional Nurse will evaluate him/her. If the child should need to go home, the Teacher/Regional Nurse or Family Worker will notify the child's parents or emergency contact. The child may be transported home if parent cannot pick up the child. Two (2) staff members must be present when transporting a child. Proper child passenger safety seat will be used. If the child attends Day Care following the school day and the parent/guardian(s) cannot be reached, staff will notify the Day Care of the illness.

Staff can request information from the Regional Nurse on childhood diseases or conditions. A child may be required to have a doctor's note and/or physician instructions in regards to an illness or injury. A physician's note is needed following a child's surgery, hospitalization, extensive dental work, injury (cast, slings, stitches, etc.) stating that the child may return to school and list any restrictions or special care that the child may need.

If the restrictions or care are greater than staff can provide, the situation should be discussed with the Regional Nurse, Health Specialists and/or the ECE team.

Infectious Disease and Return to School requirements		
<i>If a concern is not on the list, please discuss with Regional Nurse or Health Specialist</i>		
Infectious Disease	Return to Center	Return to School Note
Chicken Pox	Remain home until sores are scabbed over (usually 6-8 days after onset of rash) Cases are milder with the vaccine	No doctor's note required
Common Cold	Remain home until symptoms are mild, child feels well and is able to participate in activities	No doctor's note required
Conjunctivitis Pinkeye-Bacterial conjunctivitis with drainage (red eyes with greenish or yellow drainage)	Remain home for 24 hours after beginning of treatment	Doctor's note recommended and/or proof of treatment
Fever 101°F	Fever-free (less than 101°F) for 12 hours <u>without</u> fever-reducing medication, child is feeling well and able to participate in activities.	No doctor's note required
Impetigo	Return after on medication for 24 hours	Doctor's note recommended
Influenza (flu)	Confirmed diagnosis, fever must be less than 100°F without fever reducing medication for 24 hours	Doctor's note recommended
Ringworm	See Doctor for diagnosis & treatment, return 24 hours after beginning of treatment. All areas must be covered.	Doctor's note recommended
Scabies	See Doctor for diagnosis & treatment, return after treatment completed	Doctor's note recommended
Rashes	New or undiagnosed must see a doctor	Doctor's note recommended
Strep. Throat	See a doctor for diagnosis & treatment, return 24 hours after starting treatment and child feels well and is able to participate in activities	No doctor's note required
Vomiting and/or diarrhea	Remain home until no vomiting and bowel movements are normal	No doctor's note required

**Please refer to "Managing Infectious Diseases in Child Care and Schools" (purple book, located at each Center)

39 CRITERIA FOR EXCLUSION OF ILL CHILDREN

The following criteria have been developed to use as guidelines in excluding ill children from the Head Start Centers:

- Fever: Oral temperature 101°F or greater; and/or
- Signs of possible severe illness, including unusual lethargy, excitability, persistent crying, or difficulty breathing; and/or
- Diarrhea: Defined as an increased number of stools compared with the child's normal pattern; and/or
- Vomiting: 2 or more times the previous 24 hours unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration; and/or
- Mouth sores associated with the child's inability to control saliva, unless deemed by the physician as noninfectious; and/or
- Undiagnosed rash or sores; and/or
- Extreme fatigue with inability to participate in normal activities. A physician's note may be required, as the illness warrants, for readmission into Head Start.

39 STUDY TRIPS

The Regional Nurse can accompany the children on study trips to provide first aid and assist the education staff. They attend only those study trips when requested by the Center Manager.

39 PARENT / VOLUNTEER INFORMATION

ADULT/STAFF AND NON-ENROLLED CHILDREN INJURY REPORT

For Adult/Staff and non-enrolled children, the adult form will be completed and sent to Human Resources in its entirety. Staff who are injured will also fill out this form and it must immediately be faxed to HR and then also sent in Interoffice mail. Injured staff are also to immediately inform Center Manager and/or Regional Nurse that injury occurred and protocol was followed. If available, the Center Manager and/or Regional Nurse will initial the form prior to it being sent to HR. If neither available, form is to be forwarded as soon as possible.

39 NURSING STUDENTS

Students enrolled in the nursing programs at Wilkes College, Luzerne County Community College, Hazleton Area Career Center and Wilkes-Barre Area Career and Technical Center schools will volunteer in the classroom as part of their nursing curriculum. They will sign in on the volunteer sheets and may assist the Regional Nurse in completing health screenings. The dates and times will be scheduled by the faculty of the nursing program in coordination with the Center Managers. Classroom participation is under the direction of the Center Manager and Education Specialist.

40 PARENT TRAINING SESSIONS

Parent training on volunteering in the Health Component will be held during *Volunteer Training* at the Head Start Centers. These will be conducted by the Regional Nurse/Family Worker and will result in securing volunteers for various health screenings and activities

Parent workshops on various health related topics will be presented during the year by the Regional

Nurse, Health and Nutrition Specialists, or community persons. Health Literacy Training will be presented once a year by the Regional Nurse at each center if a large Health Literacy event at the venue was not provided.

40 TB SCREENING FOR HEAD START VOLUNTEERS

Head Start National Performance Standards require a policy to TB screen Volunteers. In our effort to afford the best protection for everyone we will identify and screen those individuals considered in the higher risk population according to CDC. All volunteers will complete FORM 1 TB-RISK ASSESSMENT. If volunteer is identified to be in the high-risk category, they will be required to obtain a Mantoux TB test and/or chest x-ray from their healthcare provider or referred by Head Start Regional Nurse. This will be obtained at no cost to the volunteer/parent (medical coverage or Head Start payment). Screening needs to be completed prior to volunteering at the center. The Wilkes-Barre City Health Department will provide screenings to residents of Wilkes-Barre City. The Hazleton Health Alliance will provide screenings to residents of Hazleton for a cost as agreed upon by the Alliance and Health Specialist. This is by appointment and prior arrangements only.

The Regional Nurse and/or Family Worker will identify those individuals expressing a desire to volunteer in Head Start classrooms. The policy and questionnaire will be explained and administered at Volunteer Training and during the year as needed. All TB forms need to be submitted to the Regional Nurse to determine if follow-up is needed. Regional Nurse will then complete the file label stating TB mantoux needed or not needed. Once testing is completed, file will be marked as such and returned to Family Worker and sent to Human Resources for volunteering approval. If a volunteer has a history of positive mantoux or has received the BCG vaccine, follow-up will be based on answers on TB Screening Questions-Form #2. When follow-up is complete, Regional Nurse will document in appropriate place on volunteer folder and forward to Family Worker and then to Human Resources The TB form may be completed at enrollment or as soon as possible with intent to volunteer or attend Family Literacy classes. List of volunteers completing TB Mantoux is sent to the Health Specialist. All volunteers must also complete a volunteer emergency form, which will be kept on file at the center.

Please refer to Parent Family Community Engagement section for complete volunteer requirements including TB testing.

40 RECRUITMENT/APPLICANT HEALTH INFORMATION

The Family Worker will obtain health information/immunization record at recruitment. This information will be kept with the entire recruitment packet. Further information will be recorded at Orientation and updated as needed. Keep a copy/printout when available. A computer printout of an up-to-date Immunization Record replaces the need to complete the Head Start Immunization Form. If NO RECORD IS PROVIDED OR IS INCOMPLETE, the parent will be given the IMMUNIZATION POLICY TO SIGN AND A COPY TO KEEP. Every effort must be made to obtain the immunization record at this time or ASAP (Refer to IMMUNIZATION Section). The Opioid Resource List will be given to each family at application.

41 APPLICATION PROCEDURE FOR HEALTH RELATED ITEMS

Upon completion of new enrollment application, ERSEA will send health documents obtained at time of application or that arrive later via fax/in-person to Health Specialist, Debbie Siglin RN. Health forms will be stored in the Health Specialist's office in locked cabinet in alphabetical order. When child is accepted into Head Start, the waiting list facilitator/Family Worker will email Health Specialists so that the health documents can be sent interoffice mail to the appropriate center for the file.

41 SUBSTANCE USE DISORDER SCREENING TOOL

Family Worker will have the parent complete the tool at Fall Home Visit. If parent declines, check the box in ChildPlus. PKC teacher will have parent complete at Parent/Teacher conference.

Procedure is as follows:

- 1) If all "no" answers, offer to leave the Resource paper anyway.
- 2) If a "yes", say "this indicates you MAY need assistance, offer to leave the Resource and circle the LUZERNE-WYOMING D & A (211 AFTER HOURS)
- 3) If "yes", ask if they would like you to call with them.
- 4) Bottom signature is the Parent/Guardian and Date
- 5) Referred for services area-staff checks yes or no-
- 6) Keep the screening tool for child's file
- 7) Document in ChildPlus under Health Tab-SUD module -This will indicate that screening was completed. ADD screening event and check appropriate boxes

IF A REFERRAL WAS NEEDED:

FAMILY SERVICES TAB:

- 1) Add Event
- 2) Referral
- 3) Initial Date (when screening completed)
- 4) Description-SUD screening
- 5) Service Area-Referral
- 6) Issue-Substance Abuse Treatment
- 7) Progress-Ref-in progress-if left resource for parent to call
- 8) Ref-Complete-if STAFF made call with parent
- 9) ADD ACTION:
- 10) Referral
- 11) Referred to: Luzerne Wyoming Drug and Alcohol
- 12) Verbal
- 13) Status-completed