

Performance Standard – Medical Home

1304.20(a)(1)(i)

Summary

In collaboration with the parents and as quickly as possible, but no later than 45 days after entry into the program, staff must:

Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child has no medical home, staff must assist the parents in accessing a source of care.

Procedure

Determine the child's source of health care through interviewing parents and reviewing enrollment and medical documents. Staff should look at the applications to determine which families have indicated a medical home. After separating those that do not indicate a regular medical/dental provider, the Family Advocate should begin working with that family as soon as possible. If a child doesn't have a medical home or a source of funding, the following strategies should be used:

- Family Advocates should assist the family in choosing a regular medical and dental provider that can meet the needs of the family. Factors such as work schedule, foreign language capability, openings for new patients, and payment options should be involved in the decision of which medical/dental provider is chosen. For those families that don't speak English, every effort should be made to find a medical home where the medical/dental provider or staff speaks the language of the family. If a child is on Medicaid or CHIP, a medical home must be chosen that accepts these payment plans.
- Family Advocates work with the family and local Medicaid agencies to determine the child's eligibility. Medicaid and CHIP are the most inexpensive and easiest resources for health insurance and these two services should be the first option.
- Seek assistance from the Health Advisory Board to identify long-term providers and/or sources of funding.

July 2009

Performance Standard – Well Child Care

1304.20(a)(1)(ii)

Summary

Obtain from the family or health care provider a determination as to whether the child is up-to-date on a schedule of age-appropriate preventive health care. This schedule must incorporate the requirements for well-child care used by the EPSDT program of the Medicaid agency. The immunization recommendations should incorporate the latest schedule issued by the CDC.

If the child is not up to date, Head Start must assist parents in making arrangements to bring the child up to date.

Procedure

First, determine if the child has received the necessary medical/dental examination for their age. EPSDT and Medicaid both state that a child should get a physical exam at ages 3, 4, and 5. Head Start will request documentation of their most recent physical/dental exam at the time of application. A letter will be included in the initial Head Start application stating the health requirements and ways to fulfill those requirements. The Health Services staff will record and track records of each child and determine if the child is current. Staff may obtain verification of exams from parents, health care provider or other necessary agencies if a release of information has been signed by a legal guardian.

The first option is to utilize the child's medical home for all initial exams. That is the purpose of a continuous source of care. Every effort should be made before enrollment or before the first day of classes to help the family get the screenings done on their own at their preferred medical provider. Head Start funds should always be used as a last resort for exams for enrolled children.

If a child is behind on recommended preventive services, Head Start should assist the family in meeting those needs. This may include:

- Assisting parents in arranging appointments with their regular health care provider.
- Setting up screenings for their benefit (utilizing local health providers).
- Referrals to local clinics or health care providers who offer reduced rates, donations, or accept Medicaid.

Immunization records are reviewed and authorized by staff with the initial application and checked periodically during the school year. The CDC schedule of age-appropriate immunizations is consulted and followed for guidelines and reports are compiled and submitted annually to the state health department.



Bear River Head Start

Immunization Policy/Procedure

Policy

Bear River Head Start is committed to the health and wellness of all staff, parents and children. To protect the well being and good health and safety of all students and staff, adequate immunizations are vital and required at Bear River Head Start. In keeping with the State of Utah & Idaho laws and regulations, the following policy must be followed. This policy meets the requirements of Utah & Idaho State Law that mandates all public schools (including Head Start programs) maintain up-to-date immunization records on file for each child (see Infectious Control Policy).

Procedure

1. No student may be admitted into Bear River Head Start unless parents have presented an official certificate of immunization to an authorized Bear River Head Start staff member, stating that the Head Start student has received immunization against communicable diseases as required by the Department of Health. Parents are responsible for and must provide a copy (including child's name, date of birth, type of shot and dates given) of their child's official most current immunization record. A child may not be enrolled at Head Start without the appropriate immunization records.
2. Authorized Bear River Head Start staff shall accept any immunization record provided by a licensed physician, registered nurse, or public health official as certification of immunization, and shall transfer this information on to the Utah School Immunization Record/Idaho Child Care Health Form with the following information:
 - (a) name of student;
 - (b) student's birth date;
 - (c) type of vaccine administered;
 - (d) minimally the month and year each dose was administered; however, the month, day and year are required for the first dose of measles, mumps and rubella vaccine.
3. The immunizations of all applicants must be up-to-date before their application can be processed.
 - When the enrollment office receives applications, the enrollment clerk provides the Health Specialist with the new applications. The Health Specialist reviews the immunization records and informs the enrollment clerk if the application can be processed or not.
 - The Health Specialist will call and write the parents/guardians of applicants with incomplete immunizations and inform them that their application is not being processed until we get needed documentation.
 - Applications with conditional immunizations will be processed, but parents/guardians must have their child receive the necessary immunizations when they are due.

4. A student may be conditionally admitted to Bear River Head Start if he or she is not completely immunized against each specific disease as required for his/her age, if the student has received at least one dose of each of the required vaccinations prior to enrollment. To remain in Head Start, the student must complete the required subsequent doses in each vaccine series on schedule and provide written documentation to the authorized Head Start staff.

5. A parent claiming an exception to immunization, as allowed by the law, shall provide to authorized Head Start staff one of the following:

- (a) An exemption signed by a physician who is registered and licensed to practice medicine within the United States, stating the physical condition of the student is such that one or more specified immunizations would endanger the student's life.
- (b) An exemption form issued by the health department and signed by one of the following persons that the individual has a personal belief opposed to immunizations, or that the person is a member of a specified, recognized religious organization whose teachings are contrary to immunizations:
 - 1. one of the student's parents
 - 2. the student's legal guardian.
- (c) All appropriate exemption signatures must be contained on the Utah School Immunization Record/Idaho Child Care Health Form.

6. The immunization status of a conditionally enrolled student will be reviewed every week to ensure continued compliance in completing the required doses of vaccines. Please refer to the Immunization Exclusion Procedure.

7. Authorized Head Start staff shall maintain a file of the Utah School Immunization Record/Idaho Child Care Health Form for each student and an Exemption Form for each student at Bear River Head Start. All student immunization records shall be open for inspection at all reasonable times by representatives of local health departments or the State Department of Health.

8. Authorized Head Start staff will return the Utah School Immunization Record/Idaho Child Care Health Form and the Personal Exemption Form to the parent when a student withdraws, transfers, or otherwise leaves Head Start. As an alternative, an authorized Head Start staff may transfer the School Immunization Record and the Personal Exemption Form to the new school.

9. Bear River Head Start shall comply with any modifications or deletions in the required immunizations that may be made by the State Department of Health. See attached Utah and Idaho forms for the required immunization schedule. This immunization schedule will be followed for enrollment at Bear River Head Start.

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB		<i>see footnote 1</i>	HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<i>see footnote 3</i>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus				IPV	IPV			IPV				IPV
Influenza ⁶								Influenza (Yearly)				
Measles, Mumps, Rubella ⁷								MMR		<i>see footnote 7</i>		MMR
Varicella ⁸								Varicella		<i>see footnote 8</i>		Varicella
Hepatitis A ⁹								HepA (2 doses)			HepA Series	
Meningococcal ¹⁰											MCV	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix[®] is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or Comvax[®] [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHiBit[®] (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55[No. RR-7].

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])

- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MMWR* 2005;54[No. RR-7].
- Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

Child Care Providers

REFERENCE	Section 39-1118, Idaho Code: Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 11 "Immunization Requirements for Children Attending Licensed Day Care Facilities in Idaho."										
WHY CHILDREN NEED SHOTS	Idaho Child Care Immunization Law requires children be up-to-date on their immunizations (shots) to attend child care. Diseases like measles and whooping cough can spread quickly in child care settings. As a result, it is important for children to be protected against these diseases by getting timely shots. To ensure lasting protection most children need booster shots before starting kindergarten.										
INSTRUCTIONS	Parents/guardians must present their child's Immunization Record to the child care provider within 14 days of a child's initial attendance. As the child care provider it is your responsibility determine if the child has met requirements and to follow-up regularly with the parent/guardian until requirements are met.										
IMMUNIZATION REQUIREMENTS	To attend a licensed child care facility in Idaho a child must obtain the required shots listed below no later than the age-deadline specified. If a child does not obtain the required number of shots by the age-deadline then the child should be excluded from child care until all required shots have been received.										
	Age-Deadline to Obtain Required Doses	Required Shots According to Idaho Law <small>All doses must meet the minimum age and interval</small>						Recommended Shots			
		DTaP	Polio	MMR	Act-Hib*	Pedvax Hib*	Hepatitis B	Vari-cella	Hepatitis A	Pneumo-coccal	Rota-virus
	3 months	1	1		1	1	1			1	1
	5 months	2	2		2	2	2			2	2
	7 months	3			3					3	3
	16 months			1	4	3		1	1	4	
	19 months	4	3				3				
	2 years								2		
	7 years	5	4**	2				2			
<p>Note: Varicella (chickenpox), Hepatitis A, Pneumococcal, and Rotavirus vaccination are recommended for all children. To protect children and prevent outbreaks child care providers should promote these additional shots.</p> <p>* Number of Hib doses required depends of the Hib vaccine type (ActHib or PedvaxHib) administered.</p> <p>** Only 3 doses of Polio are required in Idaho; 4 doses are recommended by national experts.</p>											
HELPFUL HINTS FOR CHILD CARE PROVIDERS	To simplify complex shot timing and spacing we have listed some of the common vaccine rules that will assist you in verifying that children in your care meet Idaho's Child Care Immunization Law. If any of the below listed rules are not met then the dose is invalid and may need to be repeated. Refer the parent to their child's physician or local health department to receive necessary shots.										
	Vaccine	Common Rules – Based upon national guidelines									
	DTaP	<ul style="list-style-type: none"> ✓ A 4th dose of DTaP must be given on or after 12 months of age ✓ There must be at least a 4 month interval between the 3rd and 4th dose of DTaP ✓ A 5th dose of DTaP is not needed if the 4th dose was given on or after the 4th birthday 									
	Polio	✓ Each Polio dose must be separated by 4 weeks; look for this on Mexican records									
	MMR	✓ The 1 st dose of MMR must be given on or after 12 months of age									
	Hep B	✓ A dose of Hep B must be given on or after age 24 weeks (~ 6 months)									
	Hib	✓ A final dose of Hib must be administered on or after 12 months of age									
	All Vaccines	4 Day Grace Period: ✓ If a shot was given 4 days or fewer before the vaccine minimum age/interval then that dose should be counted as valid and does not need to be repeated									
EXEMPTIONS	Idaho law allows a parent/guardian to claim exemption from immunization requirements for their child based on religious or personal beliefs. A medical exemption can be granted by a physician to those children who have a medical condition preventing them from receiving required shots. A parent/guardian signed State of Idaho Exemption Form or physician letter must be on file at the child care facility documenting the exemption. (Section 39-4802, Idaho Code)										
ADDITIONAL RESOURCES	For additional information or resources regarding child care immunization requirements visit the "Child Care" section of IRIS Homepage at https://iris.idaho.gov or call Idaho Stars at 211.										

BEAR RIVER HEAD START IMMUNIZATION EXCLUSION PROCEDURE

Diseases that are controlled by immunizations are alive and thriving. For this reason, parents should be strongly encouraged to get all recommended shots for their children. It is also necessary to exclude children from the classroom when their vaccinations are not up-to-date.

There are two main situations in which a child will be excluded from the classroom.

Exempt: The child's guardians may have signed an exemption for some or all vaccinations. These children will need to be excluded from the classroom as soon as a break out occurs of a communicable disease that the child is exempt from receiving a vaccination. The Health Department will be notified immediately of a break out of a disease. The duration of exclusion from the classroom and all other Head Start activities for this child will depend on the type of disease, the extent of the break out, and other factors. This decision will be determined by the Health Department, but the duration of exclusion could be several weeks.

Not Up-To-Date: Some children may be over-due for vaccinations. These children will be excluded from the classroom and all other Head Start activities until they receive the necessary vaccinations. They will be excluded whether or not there is an outbreak. *Below is the procedure that will be used for excluding children who are not up-to-date on their immunizations. It is a liability for Bear River Head Start and against state law to allow children into the classroom without their immunizations up-to-date.*

1. The guardian will receive a certified letter, stating the State Law for exclusion and the needed vaccination for their child, from the Health Specialist. This letter will state that their child will not be able to attend class and other Head Start activities if the Health Specialist does not have documentation of the need vaccination(s) by the due date. The guardians will receive this letter two weeks before the due date.
2. One week before the due date, the guardians will receive a verbal reminder from the Family Advocate.
3. Teachers will verbally remind guardians for two class days before needed vaccination(s) is due. If child is not in class those two days or if guardian does not pick- up or drop- off child, the Family Advocate will be responsible to verbally remind the guardian. The Health Specialist will be responsible to remind the teachers and Family Advocates.
4. The Health Specialist must have documentation of the needed vaccination before the child can remain in the classroom on the due date. The child must be sent home immediately if the Health Specialist does not have the needed documentation.
5. As much as is possible, the Health Specialist or Health Assistant will be in the classroom on the due date to make sure the child remains out of the classroom if the needed documentation is not available.

There will be situations where the Health Specialist will not know two weeks in advance of a child's due date for a vaccination. In such cases, the family will be notified with a certified letter and through verbal communication by the Family Advocate/Teacher as quickly as possible. ***In these circumstances, the guardian may not be given sufficient notice of a vaccination due date for their child. It may seem unfair in these situations that a child is being excluded, but it is simply the State Law to exclude them. In all cases, the child cannot enter the classroom on the vaccination due date if the Health Specialist does not have the needed documentation of the vaccination.***

Revised 7/20/05

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Performance Standard – Tracking Health Status of Children and Confidentiality

1304.20(a)(1)(ii)(C)

Summary

Head Start must establish procedures to track the provision of health care services and keep information obtained from health care services confidential.

Procedure

Health Services staff will maintain an up-to-date tracking database (ChildPlus) including every child enrolled in the program. Results of medical and dental exams are kept in the child's health file with a label on the front to track information in the file. Helpful information regarding a child's health status should only be shared with those authorized persons who need to know such information (mainly Teachers and Family Advocates). Information is to be shared through staffings and regular reports (verbal or written) to the necessary staff members. The status of the health records should also be reviewed with the parents through letters and other such correspondence.

Through releases of information, parents/guardians provide written/signed authorization for Head Start to share information with medical professionals and obtain confidential information from medical professionals about Head Start children. This information is kept confidential in the Child Health Files.

April 2006

PROCEDURES FOR PRIVACY OF HEALTH RECORDS AT PRE-SCHOOL HEAD START

Bear River Preschool Head Start collects health information on children enrolled in the program in order to:

1. Determine whether or not each child has an ongoing source of continuous, assessable health care and assist the family in accessing a source of care if necessary.
2. Determine whether the child is up-to-date on a schedule of age appropriate preventive and primary health care, which includes medical, dental and mental health and assist parents in making the necessary arrangements to bring the child up-to-date if needed.
3. Ensure that children continue to follow the recommended schedule of well childcare.
4. Identify any new or recurring medical, dental, or developmental concerns so that appropriate referrals can be made quickly.
5. Track the provision of health care services.
6. Obtain or arrange further diagnostic testing, examination, and treatment for each child with an observable, known or suspected health or developmental problem.
7. Develop and implement a follow-up plan for any identified conditions so that needed treatment can begin.
8. Provide assistance to parents, as needed to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.
9. Identify each child's nutritional needs, including nutrition related assessment data (height, weight, and hemoglobin/hematocrit).

Bear River Preschool Head Start will protect the privacy and confidentiality of all health related information by:

1. Limiting the sharing of health related information within the agency to a "Need To Know" basis. The Health and Wellness Coordinator, Health Specialist, Oral Specialist, Nutrition Specialist, and Oral/Health Assistant are the only staff members authorized to accept forms turned in by health care providers. The Health and Wellness Coordinator, Health Specialist, Oral Specialist, Nutrition Specialist, and Oral/Health Assistant assist with tracking the provision of services. The Health Specialist and Oral Health Specialist write follow-up plans and assist families in obtaining services.
2. Keep health related information in a locked filing cabinet. The only people with access to the locked files are Preschool Head Start employees who do filing and the Preschool Head Start management team.
3. Requiring all Preschool Head Start staff to sign a confidentiality agreement when they are hired and enforcing the agency policy that states that breaking confidentiality can result in termination of employment.

June 2006

Performance Standard – Follow-Up Treatment/Testing

1304.20(a)(1)(iii) and (iv) – 1304.20(c)(1) and (2)

Summary

Obtain or arrange further testing, examination, and treatment by a health professional for each child with known health problems. Develop and implement a follow-up plan for any condition identified in the regular screenings. Staff must ensure that health problems receive adequate care until the issues are remedied, or until a pattern of ongoing care is established (for those long-term concerns). The follow-up treatment should be resolved within the school year when possible. However, the main goal is that the child has an ongoing source of care for further treatment.

Procedure

Parent should be linked to a medical home by this point and should use that provider as the first option in follow-up care. Their personal medical provider can refer the child to another provider if needed. Health Services personnel should ensure that the parents are knowledgeable and involved in the process of receiving follow-up care for the child by making sure those guardians are informed of any follow-up care needed and the reason for such treatment. Parents should be educated about the concerns and reasons for follow-up care so they understand the importance of such treatment. Head Start staff members should discuss the findings and progress of the child's exams and treatments. Family Advocates should be used to help educate parents and assist them with concerns or problems. They will also be available to motivate the parents to get treatment needed by the child.

The Health Services staff will maintain records of which children need follow-up care and will document when the care has been received. The Health Specialist will send referral letters to parents/guardians for Head Start children that have failed vision/hearing screenings and/or has follow-up stated by their doctor on well-child exams. The Health Specialist will do this as soon as possible after finding a concern and then as often as needed until necessary treatment has been completed. The Oral Health Specialist will follow-up with children's dental needs until necessary follow-up has been completed.

The Family Advocates and Health Specialist will develop follow-up plans for each child that needs treatment. They will then meet on a weekly basis to monitor progress of Head Start children's medical follow-up plans. These plans will change as needed to meet the needs of the Head Start child, his/her family, and Head Start requirements.

June 2009

Performance Standard – Screening Results and Education

1304.20(e)(2)

Summary

Educate parents about the rationale and necessity of early screenings and other procedures administered by Head Start. Staff must ensure that the results of all diagnostic and treatment procedures, including screenings, are shared with and understood by parents. Head Start must also receive advance parent authorization for screenings, which is a part of the initial Head Start application.

Procedure

Fact sheets and information materials are included in the Parent Handbook to be given to each family. Family Advocates should discuss procedures and requirements with the family within the first few home visits. Guardians must initial and sign the bottom of the Medical Information Form with the application, providing the Health team permission to perform hearing/vision screenings and height/weight measurements on their Head Start child. If the parent does not give permission, then Head Start cannot perform these screenings on that particular Head Start child without a legal guardian present.

The Family Advocate, Teacher, or Health Office employee will explain the results of the screenings to each parent individually so that they can understand the results of the screening or a copy of the forms and/or results (referral form) will be made available to the guardians.

June 2009

Performance Standard – Use of Head Start Funds for Medical/Dental Services

1304.20(c)(5)

Summary

Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Head Start funds are used for such services, the agency must have written documentation, including the Funding Checklist, of the family's efforts to access other available sources of funding.

Procedure

Head Start staff will educate parents about the proper procedures for acquiring medical or dental treatment.

1 - If the child is on Medicaid, CHIP, or medical/dental insurance, the parents should simply make an appointment with the doctor/dentist of their choice and get the work done. If the family doesn't have any means to pay for the medical/dental treatment, they must follow the Funding Checklist. Families who have insurance, but not full coverage, must apply for Medicaid/CHIP before Head Start funds can be used. If Head Start funds will be used for dental treatment, the family must also apply for the Caring Foundation. The **Funding Checklist** must be completed and returned along with the documentation below. Please refer to the Funding Checklist and the Dental Billing Procedure in the Dental section of the Red Health Binder for the complete step-by-step procedure that must be followed.

2 - In all cases, the parents must take the appropriate Head Start follow-up form with them to the doctor or dentist so that Head Start can receive documentation that the work has been done.

June 2009

Performance Standard – Ongoing Monitoring of Children’s Health

1304.20 (d)

Summary

In addition to regularly scheduled well-child care, the agency must implement ongoing procedures by which Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they can make appropriate referrals. These procedures must include: periodic observations and recordings, monitoring of changes in physical appearance, and monitoring emotional and behavioral patterns.

Procedure

Teachers or TA’s should perform a quick daily check of each child as they enter the classroom to look for signs of illness or infection. Children should be observed throughout the day in outdoor activities, routines, and transitions.

Any noted concerns or recurring problems should be brought to the attention of Health Services staff through an incident/illness/accident report and oral communication. The Health Services staff will make the appropriate referral or follow-up. Parents will be notified and included in every aspect of the procedure. The “Guidelines for Exclusion from School” will be followed at all times regarding communicable disease control.

July 2005

Performance Standard – Refusal of Health Services

1304.20(e)(5)

Summary

If a parent or guardian refuses to give authorization for health services, the agency must maintain written documentation of the refusal.

Procedure

Parents have an option to sign the consent for screening section of the initial application on the Medical Information Form. This gives Head Start permission to screen Head Start children's hearing/vision and height/weight. If a parent refuses to give authorization for screenings or refuses to obtain other required health services, including dental/physical exams and treatments, Head Start staff must ensure that the parent understands the importance and benefits of such procedures.

The written refusal form should be used as the last resort. After all options have been explored to help parents complete required screenings and medical/dental procedures and education of the parents by the Family Advocate and/or Health Office staff has been done, a written refusal form must be signed to document Head Start's attempt at offering health services. A refusal form is signed by guardians of Head Start children who do not have 45-Day and End-of-Year requirements completed.

June 2009

Performance Standard – Emergency/Evacuation Plans and Practices

1304.22(a) – 1304.22(a)(3)

Summary

Center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff members are familiar and trained. Staff should also be trained and familiar with emergency evacuation procedures and other emergencies. Evacuation drills should be practiced with the children.

Procedure

Staff trainings are taught every year, which outline the procedures for First Aid and emergency medical care. Every classroom should have the flipchart posted on the “health board” and accessible that details the procedure for every medical/dental emergency and First Aid care. All other information deemed necessary by the Health Services staff will be posted in the classroom where it can be seen easily.

Emergency telephone numbers will be posted in the classrooms. Required numbers are Poison Control, 911, and the local Police/Fire station. Teachers should also have a list of emergency contact numbers for each child in their class, which is accessible and easily retrieved in case of emergency.

Evacuation routes for every center will be kept in the Health Services office. Each center should also have one copy posted some place visible to all. Head Start will utilize the “Emergency Plan” booklet issued by the Logan School District, which outlines what should be done in specific disasters.

Each teacher will practice their evacuation and fire/earthquake drills with their class each month and keep a running record of such drills. These fire/earthquake drills must be documented on the “Fire Drill” and “Earthquake Drill” forms.

The Health Specialist will conduct or oversee a monthly fire drill in the Logan Center Pre-school with the fire alarm. The procedure for this fire drill (Monitoring System Procedure) is attached. This fire drill must also be documented on the attached form.

A fire emergency training will be conducted each September by the local fire department to educate and re-educate Head Start employees of proper fire extinguisher use, fire prevention, etc.

June 2009

Fire Extinguishers

Types of Fires



Ordinary Combustibles
paper, wood, cloth,
rubber and many plastics



Flammable Liquids
oils, gasoline, grease, solvents,
lacquers and some paints



Energized Electrical Equipment
electrical sources which are
still supplied with power



All extinguisher labels display letters and/or symbols as shown above to indicate which types of fires they can be effectively used.

Common Types of Fire Extinguishers

Multipurpose (ABC) Dry Chemical

Multipurpose (ABC) dry chemical may be used on all types of fires, and is the least expensive of the extinguishing agents. The most common size is 2:A-10:B-C and weighs about five pounds.

Halon

Halon is often used around computer systems and electronic equipment because it leaves no residue. However, it is currently being phased out because of its damaging effects on the environment. Halon extinguishers are rated ABC or BC depending on size.

Carbon Dioxide (CO₂)

CO₂ may be used on most mechanical and electrical fires. Because it is less effective on ordinary combustible (class A) fires, CO₂ is usually only rated BC depending on the size of the extinguisher.

Pressurized Water

Pressurized water extinguishers are designed for use on ordinary combustible (class A) fires 'only.' Use of water on fires involving flammable liquids and energized electrical equipment can be very dangerous.

Fire Extinguisher Operation

If you attempt to fight the fire, remember the acronym P.A.S.S.

Pull the Pin

A small pin inserted through the handle of the fire extinguisher prevents accidental discharge. It is held in place by a thin plastic strap which will break easily when the pin is pulled or twisted.

Aim the Extinguisher

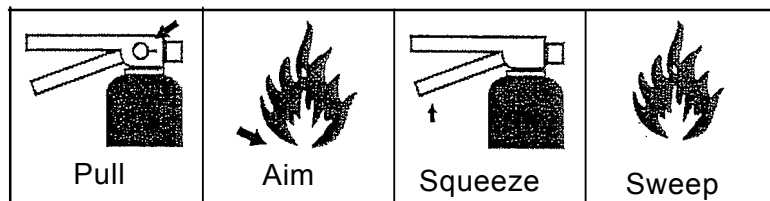
Point or aim the extinguisher at the base or front edge of the fire.

squeeze the Handle

Squeeze the handle to discharge the fire extinguisher.

Sweep from Side to Side

Keep the extinguisher aimed at the base of the fire and sweep side to side, pushing the fire away from you.



Safety Precautions

Keep in mind the following safety precautions if attempting to extinguish a fire:

- It is confined to a small area, such as a wastebasket, and is not growing; everyone has exited the building; the fire department has been called or is being called; and the room is not filled with smoke.
- Be sure you have the right type of extinguisher for type of fire and know how to use it.
- Maintain your exit. Leave yourself a way out in case the fire gets out of control.
- Have a back-up person standing by whenever possible in case assistance is needed.

- Stop and leave the area immediately if you experience any physical problems such as dizziness or difficulty breathing.
- Never turn your back on a fire you think is out. A fire may reignite or may still be smoldering where it cannot be seen.
- If an extinguisher has been used, if rechargeable, have it serviced before returning to original location.



Fire Safety in the Workplace

A pinched electrical cord caused a recent fire a few years ago at the Logan Bear River Head Start building. Electrical cords should not be under, behind, or pinched up tightly against the wall by furniture, desks, filing cabinets etc. Please check all electrical cords in your work office, home office, classroom, and building to **ensure that all cords have adequate space between the wall and the objects surrounding. It is necessary that all computers and monitors be turned off at the end of each workday.** Fortunately, only a small part of the building was damaged, but this fire and its damaging effects could have been prevented. We can use this experience to learn from and to prevent possible future fires.

***Everyone needs to read each fire preventative guideline below.**

A Fire-Safe Workplace

Facts provided by the NFPA

Wiring

- Replace any electrical cord that has cracked insulation or a broken connector.
- There should be no long-term use of an extension cord. If you are temporarily using an extension cord in an emergency situation, never run it across doorways or where it can be stepped on or chafed. Do not plug one extension cord into another and avoid plugging more than one extension cord into an outlet. *Unplug extension cord from equipment immediately after use.*
- Do not pinch electrical cords under or behind furniture.

Appliances

- Leave space for air to circulate around heaters and other heat-producing equipment such as copy machines and computer terminals. Keep appliances away from anything that might catch fire.
- Turn off and unplug all appliances at the end of each workday.

Housekeeping

- Keep exits, storage areas, and stairways free from waste paper, empty boxes, dirty rags, and other fire hazards. Keep storage areas organized in an orderly manner.
- Keep clutter out of halls, lobbies, and other main walkway areas.
- Shut and lock all doors when you leave the building. This will help to keep the fire contained in one area.

June 2009

WINTER FIRE SAFETY TIPS FOR YOUR HOME

Nothing is cozier than a fire...as long as it stays in the fireplace. To protect yourself, your family and your home from heating equipment fires, consider the following:

- When purchasing new heating equipment, be sure to select products that have been tested and approved by an independent testing laboratory. Install and maintain heating equipment correctly, and be sure it complies with local fire and building codes.
- When using fuel burning appliances, allow for proper room venting. Burning fuels such as kerosene, coal or propane produces deadly fumes
- Check electric space heaters regularly for frayed or splitting wires and overheating.
- Place portable and space heaters at least 3 inches away from anything that can burn (curtains, bedding, newspapers, etc.). Never leave children or pets unattended while space heaters are operating.
- Before you go to sleep, be sure the fire in your fireplace is out. Leave the damper open when hot ashes are in the fireplace.
- Hot ashes should be placed in a metal container and placed outside and well away from the house.
- Have your chimney cleaned regularly because creosote build up from burning wood can ignite your roof, chimney ...even your whole house.
- Be sure every level of your home has a working smoke detector.

Home fire safety is a habit you
can live with...

COLD WEATHER TIPS

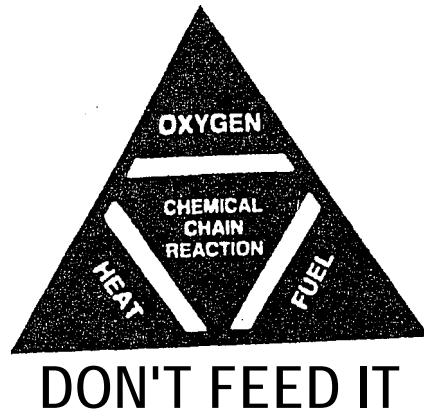
If you are going to be gone for an extended period of time:

- 1) Don't turn the thermostat below 60 degrees
- 2) Turn the water supply off
- 3) Give a reliable person a key to your home and have him check it periodically.

When you are home and it is extremely cold leave a faucet running a little, a stream about the size of a pencil, to keep pipes from freezing.

FIRE IS PREVENTABLE:
it does not have to
happen.

FIRE NEEDS



CLASSES OF FIRE

- A. Ordinary combustibles: paper, cloth upholstery, trash, most plastic, wood
- B. Flammable liquids, gases, and greases: kerosene, oil, paint, cleaning fluids, cooking oil...
- C. Energized electrical components: appliances, wiring...
- D. Combustible metals: potassium, magnesium

Some fires involve more than one class.

June 2009

FIRE PREVENTION

MEASURES

- Smoke detectors properly installed and maintained in the most used areas of the house and in each separate sleeping area.
- Fire extinguishers handy and kept in good working order.
- Fire drills done regularly and fire procedures explained to every member of the household.
- Two accessible fire escape routes out of each room.
- Fire safety check conducted before going to bed.
- Stop, drop, and roll techniques taught to all members of household, including children.
- Fire department phone numbers clearly posted near telephone.

GREASES AND FLAMMABLE LIQUIDS

- Stove clean and free of grease (check burners, ovens, broiler).
- Care exercised during cooking: cooking never left unattended. No loose sleeves when cooking, pot handles turned inward and out of reach of children, lid kept handy when cooking with oil or grease.
- Cooking grease container stored away from stove.
- Oily rags discarded or, if stored placed in capped metal containers.
- Combustible material (cleaning fluids, kerosene, paint, and gasoline) stored in labeled capped metal containers or in metal cabinet and kept away from heat.
- Never smoke when using flammable and combustible liquids, including nail polish remover.

GENERAL

- Children warned about dangers of matches, fire.
- Matches stored in tightly closed metal containers away from children.
- Family members warned never to smoke in bed.
- Use of large and heavy ashtrays that won't tip over; smoking material disposed of safely.
- Old newspapers, magazines, and cloth packed in boxes and stored away from heat. (Should be regularly gone through and, when not needed, disposed of).
- Waste baskets emptied regularly.
- Rubbish cleaned out regularly and placed in metal trash cans with tight lids. Should be removed from premises at least once a week.
- Candles, fireworks, Christmas lights, and decorations handled and stored with care.
- Upholstered furniture and curtains placed away from electrical appliances, stoves, heaters, and fireplaces.

ELECTRICAL

- Radio, television placed away from wall and properly ventilated; antenna grounded.
- Appliances clean, free from oil, dust, lint (especially clothes dryers).
- Small appliances unplugged after every use, put away only when cold, and kept in good repair.

MONITORING SYSTEM PROCEDURE FOR FIRE ALARMS

The Health Specialist will conduct at least one fire drill per month.

1. Call monitoring system: 1-800-633-2677
2. Dealer: Signature Alert (877-261-3763) – Call for documentation of fire drills
3. They will ask for this number: Acct. #: 5437, Receiver #: 207
4. Tell them how long you want the fire alarm system to be put on hold.
5. They will ask for the central station pass code: Child.
6. Get the key on fire panel.
7. Put the key in the pull station and open it up. The fire alarm will sound. ***Do not pull down on the station.***
8. Close the pull station.
9. Turn off the alarm by entering the code in the fire code box by the first classroom on the left. Enter this code twice. The first time the code is entered the alarm is silenced. The second time the code is entered the alarm is re-set. The code is 10981.
10. Bear River Head Start can pull up a history of fire alarms by going to www.copsmonitoring.com.

June 2009

Field Trip/Socialization Procedure

The following items must be included on a classroom field trip or home-base socialization. These items are necessary for proper and efficient responses during possible emergencies during field trips and/or socialization activities.

Cell Phone: Teachers and Family Educators can check-out cell phones from the Fiscal Office.

Fanny Packet: This packet must include 1 roll of stretch gauze, band-aids, gauze pads, alcohol pads, an instant cold compress pack, gloves, zip-lock baggies, tweezers, and scissors. After a teacher or family educator uses an item from their fanny pack, they must request another supply from the Health Specialist. The class list should also be included in the fanny pack.

Class List: The class list must include home and work telephone number of parents/guardians and other emergency contacts. This list will be stored in the Fanny Pack. Because the class list contains confidential information, the Fanny Pack will need to be in a locked cupboard or filing cabinet.

Bus Restraints: Head Start children will be restrained in an appropriate bus restraint to protect in crashes during classroom or home-base socialization field trips. If there is not a bus restraint that meets the height and weight requirements of a Head Start child, then the class will not go on field trips that require transportation by bus.

Bear River Head Start uses SafeGuard bus restraints that can only be used for children that weigh 25-65 pounds and are 47 inches or less.

Each Bear River Head Start teacher is taught how to properly restrain children in these bus restrains and is responsible for properly restraining the children into the bus before the bus moves. Head Start teachers are responsible for regularly inspecting the restraint buckle and webbing for buckle function and cuts or fraying of the webbing.

December 2005

Performance Standard – Communicable Disease Exclusion

1304.22(b)(1)

Summary

Head Start must temporarily exclude a child with a short-term injury or an acute (short-term) contagious illness if it cannot be readily accommodated. The child should only be excluded for the time period in which they are a risk or a hazard to other children and staff in the class.

Procedure

Head Start staff should refer to the “Communicable Disease Guidelines for Exclusion” at all times. It is a detailed list of which conditions are worthy of exclusion from pre-school and how long they should be excluded.

After being informed of a possible illness of a Head Start child, the Health Specialist must send a letter, informing other parents of a possible illness, to the Head Start classroom. The teacher/teacher assistant is responsible in disseminating the letters to all Head Start parents.

*On conditions listed in the Guidelines that indicate that the illness must be treated by a physician, Head Start must receive a Doctor’s note stating that the child has been seen and treated by the doctor.

***Please refer to the “Bear River Head Start Exclusion Policy” for a complete procedure for excluding Head Start children from the classroom.**

***Refer to the “Bear River Head Start Infection Control Policy.”**

***Refer to the attached Head Lice Checklist for Parents and Teachers.**

June 2009



Infection Control Policy

Revised June 2009

At Bear River Head Start, every employee, parent, and child should have a safe environment to enjoy, learn and perform his or her job responsibilities. Infection control is an important and ongoing concern in Head Start programs. Children's health is promoted by limiting the potential spread of infection among children and staff. The infection control policies that are necessary when HIV-infected children may be in the program are the same procedures that should always be in place for the safety of all children, whether or not an HIV-infected child is in the program. Having children with HIV infection enrolled in a Head start program may make staff more conscious of infection control policy. However, the principles and procedures of infection control remain constant, whether HIV or other infectious agents are the cause for concern.

In keeping with the Universal Precaution Guidelines of treating all bodily fluids as potentially infectious, the following policies must be followed by all staff, volunteer, parents, and children.

PREVENTATIVE MEASURES

STANDARD PRECAUTIONS:

Standard Precautions must be observed at all times by all staff and volunteers. This method of infection control requires all staff to treat ALL bodily fluid as potentially infectious for HIV, HBV, and other blood borne pathogens.

HEPATITIS B VACCINATION:

OSHA relation CFR 1910.1030 (f)(2) states that the HBV vaccination series is made available at no cost within 10 days of employment or reassignment to any employee identified as being at risk to exposure.

Exemptions can be made if: the employee has previously received the vaccination series, antibody testing show immunity to HBV, or vaccine is excused by a physician due to medical reasons. Documentation of the exemption status must be provided and given to the Health Specialist.

Those who get the Hepatitis B series must obtain, and provide the Health Specialist with a copy of a the vaccination record which must also be signed by a licensed health care provider.

IMMUNIZATION:

The only way to prevent dangerous diseases is to properly immunize. In keeping with the Utah and Idaho School Immunization Laws each parent is responsible for and must provide **written proof** (including child's name, date of birth, type of shot and dates given) of their child's current immunization record before admittance into the program. If a parent chooses not to immunize their child, an exemption form obtained from the Local Health Department, physician, or religious leader must be filled out, signed and returned to the Health Specialist at Head Start. If a child is unable to receive a certain vaccination due to a medical reason, a signed medical note from the child's physician is required.

If a child that has not been immunized becomes infectious with measles, rubella, polio, mumps, or other childhood diseases, the Health Specialist, according to the State law has the right to exclude that child from the class because they are not in the compliance with State of Utah or State of Idaho Immunization Law.

The following immunizations are required for a three-year-old or four-year-old child to be enrolled at Bear River Head Start:

Utah

4 Diphtheria/Tetanus/Pertussis (DTP)
1 Hemophilus Influenza B (Hib)
3 Polio (OPV or IPV)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B
1 Varicella
2 Hepatitis A
4 Prevnar preferred (at least one)

Idaho

5 Diphtheria/Tetanus/Pertussis (DTP)
1 Hemophilus Influenza B (Hib)
3 Polio (OPV or IPV)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B

If a child has not received immunizations or is not on schedule for their age, they can be conditionally enrolled. Conditional enrollment means that a child can enroll if he or she has had at least one dose of each vaccine required for his or her age. To stay in Head Start, the child must finish any needed shot(s) on schedule.

STAFF PHYSICAL & TB TESTS

At the time of employment and every three years thereafter, all staff must receive a physical examination from their health care provider and a TB test from the Bear River Health Department. A physical form that must be filled out can be obtained from the Health Specialist. Head Start will pay for the physical examination up to fifty dollars by turning in your billing statement to the Fiscal Office.

In order for Head Start to pay for TB test a preauthorization form must be signed by the Health Specialist and taken to the Health Department at the time the shot is given. All regular volunteers must also receive a TB test.

All completed physical examinations and TB results must be handed into Health Specialist.

EMERGENCY TRAININGS:

All staff working directly with children and families are required to have current certifications in First Aid and CPR. The Health Specialist and Assistant will provide trainings, reviews, and challenge courses for employees to receive and renew their certifications. If employees are unable to attend the scheduled CPR trainings, they are responsible to get their certification and/or renewal on their own and at their own expense.

METHODS OF CONTROL

HANDWASHING:

Handwashing is the cornerstone of infection control. Good practice mandates that staff members always wash their hands. All staff, volunteers, parents and children will be expected and encouraged to use proper handwashing practices. Instruction on proper hand washing will be presented to the Head Start staff during pre-service training before school starts. At the beginning of each school year a presentation will be done in the classroom demonstrating proper handwashing techniques by the Health Specialist/Assistant or the classroom teacher.

“Methods of proper hand washing” will be placed in each restroom and above the sinks in each classroom. Staff and volunteers are expected to wash their hands with the children to set an example for the children. Hand washing should take place in the restroom and not in the food preparation sink.

Teachers, assistants or volunteers will observe the handwashing of each child immediately before meals, snacks, and after use of the restroom facilities. Teachers, assistants or volunteers at their discretion, will request that a child wash their hands (with supervision) after sneezing and any other questionable activity that may spread communicable disease.

DAILY OBSERVATION:

Classroom teachers or teacher assistants should perform a quick daily health check of each child as they enter the classroom to look for signs of illness or infection. Children should be observed throughout the day in outdoor activities, routines, and transitions. The “Guidelines for Exclusion from School” will be followed at all times regarding communicable disease control.

Any noted concerns or recurring problems should be brought to the attention of the Health Specialist through an incident/illness report and verbal communication. Parents will be notified and included in every step to correct the problem. The Health Specialist and Family Advocate will encourage and or help parents make the appropriate appointment for needed care.

TEMPORARY EXCLUSION FROM PARTICIPATION:

Temporary exclusion of sick children from Head Start for selected infectious diseases are based on State Child Care Regulations and Head Start standards, and they apply to all children, regardless of any other health problems or disabilities they may have. Children with HIV infection should have the same routine screening tests as other children and should be excluded from participation only if they have one of the communicable diseases described in the exclusion procedure.

Outbreaks of childhood illnesses can pose a risk to children with HIV infection and those who are exempt from immunizations. When an outbreak occurs, all parent will be notified of the outbreak and given information on what to do for their child if they should become infected.

Any potential infectious disease must be reported to the Health Specialist as soon as possible so that the necessary steps can be followed to protect the health of the child and the children in the classroom.

In the event of a sudden or extraordinary occurrence of a serious communicable disease in accordance to State law R386-702-2, the Health Specialist shall contact the Local Health Department or the Utah or Idaho Bureau of Epidemiology to report the disease occurrence and receive specific instructions to control the outbreak.

FOOD HANDLING AND PREPARATION

The Food Policy is to be followed when providing and serving food at ANY Head Start function. Functions include: Literacy Workshops, FSC Gatherings, Closing Socials, Policy Council Meetings, Parent Workshops, Group Socializations, Staff-get-togethers, Community Workshops etc.

Because food is a large part of the classroom time, a Food Handler's Permit is required of anyone who will be handling food in the classrooms and must be renewed every four years.

All food preparation and serving areas will be cleansed and sanitized before and after mealtime.

Food will be served hot. Left over meat items and or cooked vegetables will be thrown away after mealtime. Canned fruit or bread leftovers will be dated and frozen if not used in 24 hours.

Plastic gloves will be provided for the handling of food. One pair of gloves for handling meat products, and a different pair of gloves for handling other food products. Hands should be washed before putting on gloves and after taking them off. Both hands should be gloved for all food handling.

FOOD AS ART

Extreme care must be taken when food is used for art purposes. Each child will be given his/her own edible art materials when possible, and other children will not reuse these materials.

Children will wash their hands before and after using food for art purposes and will be supervised while using food for art.

Dairy products, raw eggs, and other foods that can spoil easily or carry food poisoning if not handled correctly, are not to be used for art or in art materials.

All left over edible art materials will be thrown away of immediately.

BLOOD AND BODILY FLUID PRECAUTIONS:

All staff must wear disposable gloves whenever handling or cleaning body fluids. Gloves should be used only one time, for one incident, by one person, and should be immediately discarded. Staff must also wash their hands after handling any body fluids, regardless of whether gloves were used in the handling.

All staff will receive training on the proper clean up of blood and bodily fluids. Blood and Bodily Fluid Clean-up Kits that comply with OSHA blood borne pathogens rule 29CR 1910/1030 will be placed in each classroom and on the buses.

Teachers, assistants and volunteers will always carry latex gloves on the playground and on fieldtrips to provide protection against possible blood borne disease when the need arises to administer first aid. Soiled items will be disposed of promptly in a sealed plastic bag then placed in a lined trashcan or placed in a Biohazard bag as regular waste. Clothes contaminated with bodily fluids should be wrapped in a plastic bag, securely tied, out of reach of children and sent home. It should not be rinsed or laundered at the facility.

Staff who may have potential exposure to blood or actual exposure will be informed about Hepatitis B protection and HIV.

ENVIRONMENT CONTROL

VENTILATION OF CLASSROOMS AND OFFICES:

Coughing and sneezing aid in the spread of respiratory diseases, especially in the winter months due to the fact that majority of school time is spent indoors. According to the Utah Department of Health, Bureau of Epidemiology, rooms should be well ventilated to reduce the number of airborne germs inside. Rooms will be aired out on a daily basis for at least 15-20 minutes. If a window to the outside is not available to open, a door will be left open to let fresh air in and germs out.

CLEANING, DISINFECTING TOYS AND PLAY SURFACES:

Toys need to be cleaned and disinfected at least weekly and daily when necessary. Play surfaces including tables must be disinfected before and after meals, snack, food experiences, or as often as necessary. Toys and play surfaces will be cleaned with an approved disinfectant or solution of ¼ cup of household bleach in one gallon of water. Parents and volunteers will be encouraged to clean the toys and play surfaces for Inkind hours. Children may also participate in the cleaning process.

PROPER CLEANING OF PLAY CLOTHES:

Play clothes and all hats must be washed or disinfected on at least a weekly basis in order to prevent the spread of communicable diseases. Hats that cannot be washed or disinfected will be allowed in the classroom if a plastic liner is attached to the inside and then removed with each use. Parents and volunteers will also be encouraged to wash play clothes for Inkind hours. This will need to be done more frequently if a classroom has a contagious outbreak (i.e. chicken pox, lice, etc.)

ANIMALS IN CLASSROOM/BUILDING:

Animals will be allowed in the building only under the following circumstances: Small animals will be allowed in the classroom if they are in a cage. Large animals visiting Head Start that cannot be placed in cage must be on a leash and under adult supervision at all times. Children can visit large animals either outside or during large motor time in the gym. Please inform the Health Specialist of arrangements for animal visits. The Health Specialist will contact the Health and Wellness Coordinator. Children's direct contact with animals will only occur under the supervision of a teacher, aid, or parent. All hands must be washed after touching any animal.

CLEANING OF ANIMAL CAGES

If animal cages are brought into the classroom they must be cleaned out bi-weekly. Pets should be taken out of the cage, along with all litter and feeding equipment. Cages should be thoroughly cleaned with warm water, disinfectant and dried completely with a paper towel before putting animals back in. Litter should be replaced after each cleaning.

MSDS:

Material Safety Data Sheets are located in every classroom and in the main office and should be referred to in an emergency when a child ingests a certain chemical or for any other reason deemed necessary.

Bear River Head Start Exclusion Policy

In order to protect the health of the infants and toddlers, parents, and staff in Head Start, the following exclusion guidelines will be used, which apply to all enrolled families as well as to the BRHS staff. These guidelines are based on the recommendations in *Caring for Our Children - National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, by the American Academy of Pediatrics and the American Public Health Association and on the recommendations of the Early Head Start Health Services Advisory Committee.

Bear River Head Start infants/toddlers, siblings, parents, and Staff may not attend group activities or participate in home visits if they have the following illnesses, except under the specified conditions:

Fever: Consisting of any taken temperature that is above 100.5 F. They may participate only if a health care provider gives written clearance.

Signs of possible severe illness: these may include unusual lethargy, irritability, persistent crying, and difficult breathing. Exclusion until symptoms resolve or health care provider gives permission.

Uncontrolled diarrhea: defined as an increased number of stools compared to the normal pattern, with increased stool water and/or decreased form that is not contained by the diaper or toilet use. Exclusion until diarrhea improves *and* is contained.

Vomiting: two or more times in the previous 24 hours, unless a health care provider determines that the illness is noncommunicable and the person is not in danger of dehydration.

Mouth sores with drooling: unless a health care provider determines that the condition is not infectious.

Rash with fever or behavior changes: until a health care provider determines that the condition is not a communicable disease.

Purulent conjunctivitis (“Pink eye”): which is defined as pink or red conjunctiva with white or yellow eye discharge, until 24 hours after medical treatment has begun.

Scabies, head lice, or other infestation: until 24 hours after treatment has begun.

Tuberculosis: until a health care provider gives clearance.

TURN OVER

Impetigo: until lesions are healing (without weeping) and no new sores appear.

Strep throat or other streptococcal infection: until 24 hours after treatment has begun.

Chicken pox: until 6 days after onset of rash or until all sores have dried and crusted.

Pertussis: until 5 days of appropriate antibiotic treatment have been completed.

Mumps: until 9 days after onset of parotid gland swelling.

Hepatitis A virus: until at least 1 week after onset of illness as directed by the health department when immune serum globulin has been given to appropriate children and staff.

Measles and Rubella: until 6 days after onset of the rash.

Shingles: until the sores have crusted, unless clothing or a dressing can cover them.

Respiratory illness: excluded only if it has one of the above causes that require exclusion or the illness makes the person too uncomfortable to participate.

If a child becomes sick at school:

- **The legal guardian will be notified immediately of the child's illness and need for care. If legal guardian cannot be reached, the emergency phone numbers listed on the child release form will be contacted. The teachers will fill out an Illness Report. A copy will be given to the Health Specialist and the parent/guardian.**
- **If a child comes to school with a parent/guardian/car pool, the child will be sent home immediately with that individual. An Illness Report will need to be filled out.**
- **If Head Start recommends treatment by a physician, a note from the doctor's office must be obtained stating that the child is being treated and that he/she is no longer contagious and it is okay for the child to return to school.**

June 2009

Communicable Disease Guideline Chart

Disease	When Communicable	How Transmitted	Signs & Symptoms	Control Measures
AIDS (Acquired Immunodeficiency Syndrome) HIV (Human Immunodeficiency Virus) Infection	Infected persons are considered infectious for life even in absence of symptoms.	For HIV infection, person to person by 1) sexual contact, 2) exposure to infected blood (sharing needles in IV drug use or receiving a transfusion with HIV infected blood or blood products) 3) mother to infant during pregnancy or at the time of birth and through breast feeding	Multiple clinical presentations. See most recent edition of <i>Control of Communicable Diseases Manual</i> by J. Chin for signs and symptoms.	Report directly to State Epidemiologist. Education with an emphasis on educating those at highest risk about how to prevent HIV transmission and encouraging persons at risk to be tested for HIV. Infection control procedures for handling of body fluids and human blood and blood products. Exclusion from school not indicated.
Bacterial meningitis	Variable, until organisms causing illness are no longer present in discharges from the nose or mouth (usually within 24 hours after appropriate antibiotic treatment begins).	Direct contact with droplets or contact with infected discharges from the nose or mouth.	Sudden onset of fever, headache, stiff neck, nausea and vomiting. Rash or photophobia also common with <i>N. meningitidis</i> .	For <i>N. meningitidis</i> and <i>H. influenzae</i> : Isolation; exclude from school; refer to physician for treatment. Immediate interview and contact investigation. Prophylactic antibiotic treatment of household contacts and individuals with direct contact to infectious nasal and oral secretions. No public health intervention required for other causes of bacterial meningitis.
Chickenpox (varicella)	Usually 1-2 days prior to rash to 5 days after rash or until all lesions have crusted over.	Highly contagious; person-to-person by direct contact, droplet or airborne secretions.	Generalized itchy rash with small fluid filled vesicles; mild fever.	Exclude from school until vesicles become dry (usually 5 days in unimmunized persons and 1-4 days in immunized persons with breakthrough varicella). Routine immunization at 12-18 months of age.
Conjunctivitis (pink eye), bacterial or viral	Usually while inflammation or drainage present.	Person-to-person through hand to eye contact; direct or indirect contact with discharge from infected eyes.	Redness of conjunctiva (lining of eye and eyelid); may have pus drainage from eye, sometimes swelling of eyelids.	Hand-washing and improved personal hygiene. Refer to physician for diagnosis and treatment. Exclusion from school until non-communicable usually 24 hours after treatment is begun.
Cytomegalovirus	3 to 8 weeks after exposure.	Contact with secretions from an infected infant	Fever, sore throat	Strict hand-washing procedures after diapering and toileting.

Diarrheal illness (acute): many different agents Salmonella, Shigella, E. Coli, Giardia, Rotavirus, Campylobacter, Cryptosporidiosis	Throughout course of illness: for many infections, patients remain infectious after symptoms end.	Ingestion of fecally contaminated food or water or from person-to-person by fecal-oral route.	Loose, watery stools, abdominal cramps, often vomiting and fever.	Hand-washing and improved personal hygiene. Refer to physician for diagnosis and treatment. Exclusion from school until diarrhea ceases.
Fifth Disease (parvovirus B19 infection, erythema infectiosum)	Shortly before onset of illness to 1-2 days after.	Unknown; may involve blood and respiratory secretions.	Mild illness and rash; facial rash characterized by "slapped cheek" appearance.	Hand-washing. Exclude from school until fever subsides.
Hand, Foot, & Mouth Disease	During acute stage of illness (virus may stay in stools for several weeks).	Direct contact with nose & throat secretions and with feces.	Small blisters with reddened base primarily on hands, feet, mouth, tongue, buttocks, or throat.	Proper hand-washing. Sanitize all contaminated articles. Do not share items such as cups, glasses, and utensils. Properly dispose of tissue when used for nasal and respiratory secretions.
Hepatitis A	Most infectious in the 2 weeks before and one week after onset of jaundice.	Person-to-person spread by fecal-oral route; ingestion of fecally contaminated food or water.	Onset acute; fever, malaise, nausea, loss of appetite, abdominal discomfort followed by jaundice (often not present in children).	Hand-washing. Exclude from school until 10 days after jaundice or 14 days after onset of symptoms. Sanitary disposal of feces. Identify contacts and source of infection. Administer immune globulin (IG) to household, but not normally indicated for school contacts. Routine immunization of children living in communities with increased rates of disease. Immunization of high risk adults.
Hepatitis B	From weeks before onset through clinical illness and a variable period afterwards (chronically infected persons remain infectious).	By introduction of blood, blood products or blood contaminated secretions containing hepatitis B virus; direct contact of mucous membranes to infected blood or secretions.	Loss of appetite, malaise, nausea, vomiting, abdominal pain, jaundice. Chronic carriers are at risk of cirrhosis and liver cancer.	Exclude from school until acute illness is over. Blood and wound drainage precautions until disappearance of virus from blood. Proper disposal of blood contaminated equipment and material. Routine immunization of all children 0-18 years of age and high risk adults. Identify and evaluate contacts to determine need for vaccine and HBIG.

Herpes simplex (oral)	Should be considered infectious whenever lesions are present.	(Usually herpes simplex type 1) contact with saliva of carriers is most common for type 1 infection.	Single lesion or group of lesions; cold sores typically on or in mouth. Can also cause eye lesions, severe generalized illness, and other symptoms.	Hand-washing and improved personal hygiene. Antiviral treatment may modify acute illness.
Disease	When Communicable	How Transmitted	Signs & Symptoms	Control Measures
Impetigo	Until lesions have crusted.	Direct contact with lesions.	Lesions on skin may contain pus which should be considered infectious.	Hand-washing. Exclude from school or daycare until lesions have crusted or until 24 hours after antibiotic treatment has been initiated. Avoid common use of articles. Refer to physician for treatment.
Lice (pediculosis)	As long as lice or eggs remain alive on the infested person or on clothing.	Person-to-person through direct contact or through contact with contaminated personal articles.	Itching of scalp (head lice) or body (body lice).	Exclude persons with lice or nymphs from school until treatment with an effective pediculicide. Avoid sharing and storing together personal items such as headgear, combs, and clothing. Examine contacts for evidence of infestation. Health education regarding laundering of clothing and dry cleaning to destroy nits and lice (129° F for 5 minutes).
Measles (Rubeola)	From onset of respiratory symptoms until four days after rash appears.	Person-to-person by droplet spread; less commonly by airborne spread or contact with articles freshly soiled.	Cough, fever, runny nose, red watery eyes, generalized red blotchy rash that begins on the face and then becomes generalized. May appear very sick.	Exclude from school until five days after rash appears. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as soon as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.
*Mumps	Most infectious from 48 hours prior to onset of swelling, until 9 days after onset.	Person-to-person by droplet spread; also by contact with saliva of infected person.	Generalized illness characterized by swelling of the salivary glands, central nervous system involvement often occurs.	Exclude from school until swelling has subsided. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as soon as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.
Pertussis (whooping cough)	Early stages to 21 days after onset of explosive coughing spells in	Person-to-person by direct contact with discharges from respiratory mucous	Early mild upper respiratory symptoms with cough; usually progresses within 1-2 weeks to	Exclude from school until 5 days after appropriate therapy (as recommended by physician) is initiated or 2 weeks from initiation of cough. Everyone exposed should be evaluated by

	untreated patients; or 5-7 days after initiation of treatment with appropriate antibiotics.	membranes of infected person, probably by airborne droplet spread.	severe explosive coughing spells, often with “whoop,” and followed by vomiting. Most severe during first year of life.	a physician to see if an immunization should be administered.
Pinworms	As long as gravid females are discharging eggs on perianal skin. Eggs remain infective about 2 weeks.	Person-to-person by fecal-oral route or ingestion of fecally contaminated food or water.	Rectal itching, disturbed sleep, irritability.	Hand-washing. Refer to physician for treatment. Cleansing of contaminated articles. May return to school after treatment. Examination of household or close contacts. Physician will determine the need for treatment of family contacts.
Respiratory illnesses including influenza and cold	Probably no more than 3 days after onset.	By direct contact with respiratory droplets or from recently contaminated articles; airborne spread among crowded populations in enclosed spaces.	Sudden onset chills, fever, headache, muscle aches followed by respiratory signs and symptoms.	Hand-washing. Exclude from school until noninfectious; refer to physician for treatment. Prophylactic antiviral treatment may be indicated for some contacts with chronic underlying conditions.
Roseola	Unknown.	Unknown.	High fever for 3-5 days followed by appearance of generalized red rash starting on the trunk; usually in children under 4 years.	Exclude from school until fever subsides.
Rubella (German measles)	From a few days before until 5-7 days after the onset of rash.	Person-to-person through direct or droplet contact with secretions from nose and throat.	May be asymptomatic; mild illness characterized by discrete red, generalized rash, swollen lymph nodes, slight fever.	Exclude from school until 7 days after rash onset. Confirm diagnosis by blood test. Contact investigation; immunize susceptible contacts or exclude as directed by health department. Routine immunization at 12-15 months of age and again just before admission to elementary school.
Scabies	Until mites and eggs are destroyed by treatment.	Person-to-person by direct transfer of mites from skin to skin.	Tiny linear burrows under skin, vesicles, or papules containing mites and their eggs; intense itching.	Exclude from school until day after treatment is initiated. Contact investigation. Prophylactic treatment of those having skin to skin contact.
Strep	10-21 days	Direct or intimate	General skin rash;	Refer to physician for treatment.

Throat/Scarlet fever	in untreated cases; 24-48 hours after beginning treatment with appropriate antibiotics.	contact with infected persons, objects or food.	sore throat, circumoral pallor, strawberry tongue.	Exclude from school until 24 hours after antibiotic therapy is instituted.
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Sources: <http://www.in.gov> and <http://dhfs.wisconsin.gov>

May 2007

Bear River Head Start

ALERT

Dear Parent:

A student in your child's classroom has been diagnosed with PEDICULOSIS CAPITIS (Head Lice). Please read the information below and watch your child for any signs of an infestation. Your first clue may be a child scratching an itchy head. Thank you for helping to decrease their spread in our classrooms.

Pediculosis Capitis (Head Lice)

Signs and Symptoms of Condition

- Itching of the scalp
- Visible lice or nits(eggs)

How Condition is spread

- Lice **DO NOT** jump or fly; they crawl
- Spread by head to head contact with a person who has lice
- Spread by sharing hats, clothes, scarves, blankets, pillows, or hair accessories
- Spread by putting coats on same hook or sharing cubbies

When Illness Occurs After Being Exposed

- Lice can be spread as long as one person in the household has live lice or live nits
- May see a pinpoint area of inflammation within 24 hours of exposure
- Itching becomes intense within one week of exposure

How Long Can Condition Be Spread

- The incubation period for live lice is 7-10 days without a host/human head; eggs (nits) can live for up to 10 days without a host / human head.

Prevention

- Avoid sharing personal items such as hats, coats, brushes, combs, clothes, pillows, hair accessories, and scarves
- Perform weekly head checks to look for lice and nits, even on children who come into your home to play with your children
- Keep long hair in a braid or ponytail

Exclusion From School

- If your child comes to school with lice or nits in their scalp you or one of the persons from the emergency consent form will be called to come and take the child home as soon as possible.
- If the child has been sent home for the day the parent will need to transport the child to school and wait for their child's head to be checked prior to classroom admittance.

The entire family should be checked carefully for head lice. The first and most crucial step in the removal of head lice is removing any live lice and nits. A lice comb should be used on each member of the household (See "Get Rid of Lice" Checklist)

REMEMBER: Students are not allowed to return to school until all nits closer than ¼ inch from scalp are removed from the hair.

Bear River Head Start/Child Care Connection Head Lice Checklist/Procedure for Teachers.

Just a reminder –

All children must be free of head lice and nits before they will be allowed to participate in Head Start activities. After a child gets head lice in your classroom, you must examine every child's hair before they can enter the classroom for two weeks. If another child gets lice, you must start over and check for two more weeks. This advice was given to the Health Specialist on May 7, 2007, from the Bureau of Epidemiology at the Utah Department of Health.

In some cases, a guardian may be required to obtain a note from a doctor or health department before their child can return to Head Start activities.

Dear Teacher,

Do not panic! You *can* rid your classroom of lice safely. Try to be patient. It will take at least two weeks to be sure your classroom is lice-free. Use this checklist as your guide to lice-freedom for your classroom (at least for the first exposure). Provide all parents/guardians with the Head Lice Checklist for Parents.

What you will need: Large plastic bags, daily access to a washer and dryer, vacuum cleaner; with extra bags, scotch tape, good set of eyes, a bright light, metal nit comb, lots of patience.

Get Rid of Lice Checklist

Check all of your students (and guardians in Baby Buddy Groups/Socializations) for more nits/lice as they enter the classroom (or EHS/CCC activity). Do not let guardians leave until their child has been checked. Send the child home with the guardian if nits and/or lice are found. If guardian is not present when nits/lice are found, call the parent/guardian or emergency contact.

While demonstrating to parents (if present), pull nits out - *all of them* - use the metal nit comb to help with this and stick the nits onto pieces of *scotch tape*. Allow the parents to help. Fold the tape over and throw away in an outside garbage can. **Nit picking is the most important part of ridding your classroom of lice.**

When children have left, vacuum entire classroom and all furniture. Vacuum under furniture covers - *do not forget to empty the vacuum outside!*

Bag all stuffed animals, pillows, etc, which can not be washed, for two weeks. *Tie a knot!*

Boil all brushes and combs.

Wash doll clothes, furniture covers, towels and wash cloths, etc. Dry in a *hot* dryer for 20 minutes. Do not forget to vacuum the laundry area and baskets..

Vacuum personal car/Head Start bus thoroughly.

Get someone to check you too!

Congratulations! You made it through the first day!

The Second Day

- Check your students thoroughly for nits/lice. Remove all nits using the *tape* method.
- Vacuum floors and furniture again.
- Put doll clothes, furniture covers, towels, and everything else that cannot be washed in hot dryer for 20 minutes.

On to the Next Two Weeks

- Daily head checks on everyone (including guardians for Baby Buddy Groups or Socializations) in the classroom.
- Put doll clothes, furniture covers, towels, and anything else that cannot be washed in hot dryer for 20 minutes.
- When children have left, daily vacuum entire classroom and all furniture. Vacuum under furniture covers - *do not forget to empty the vacuum outside!*

Prevention

- Send students home immediately upon finding nits/lice. Children cannot return to Head Start activities until guardians bring a note from the local health department or doctor's office. Guardians/parents, who are attending Baby Buddy Groups/Socializations and who have nits/lice, must go home immediately, as well, and not return until they have a note from a health care professional. Do not forget to provide parents with the "Head Lice Checklist for Parents."
- All children that have been sent home with Head Lice must return with a note from their doctor or Health Department, stating that they are free of lice and nits.

Congratulations!

You Can Get Rid of Lice!

May 2007

Bear River Head Start/Child Care Connection Head Lice Checklist/Procedure for Parents

Just a reminder –

Your child must be free of head lice and nits before he/she will be allowed to participate in Head Start activities. Your child's teacher or other Head Start staff member will examine your child's hair before he/she can enter the classroom or Head Start activity.

Head Start will examine children's heads for two weeks after a case of head lice is discovered in the classroom or activity. In some cases, a guardian may be required to obtain a note from a doctor or health department before their child can return to Head Start activities.

Dear Parent,

Do not panic! You *can* rid your house of lice safely. Try to be patient. It will take at least two weeks to be sure you and your family are lice-free. Use this checklist as your guide to lice-freedom for your whole family (at least for the first exposure).

What you will need: *A lice pesticide shampoo or cream rinse,, large plastic bags, daily access to a washer and dryer, vacuum cleaner; with extra bags, scotch tape, good set of eyes, a bright light, metal nit comb, lots of patience and a good video for your children to watch.*

Get Rid of Lice Checklist

Remove your child's clothing and everyone else's who is in the home *right now*.

Wash *all* clothing in hot water and dry in the hottest setting.

Use your herbal based pesticide (Hair Clean, 1,2,3) or other product and follow directions very carefully. Only use one time over a month's period. Please do not use *Kwell or other pesticides that have the ingredient called Lindane*, they are too dangerous and are not effective to use.

Check your child for more nits/lice. Pull nits out - *all of them* - use the metal nit comb to help with this and stick the nits onto pieces of *scotch tape*. Fold the tape over and throw away in an outside garbage can. **Nit picking is the most important part of ridding your family of lice.**

Vacuum entire house and all furniture - *do not forget to empty the vacuum outside!*

Bag all stuffed animals, pillows, etc, which can not be washed, for two weeks. *Tie a knot!*

Boil all brushes and combs.

Strip beds and wash all sheets, pillow cases, blankets. Dry in a *hot* dryer for 20 minutes. Do not forget to vacuum the laundry area, baskets and mattresses.

Vacuum car thoroughly.

Get someone to check you too!

Congratulations! You made it through the first day!

The Second Day

- Check your child thoroughly for nits/lice. Remove all nits using the *tape* method.
- Vacuum floors and furniture again, car too!
- Put child's bed sheet and pillowcase in a hot dryer for 20 minutes.

On to the Next Two Weeks

- Daily head checks on everyone in the house, including friends, neighbors, *everyone*.
- Put bed sheets, pillowcase/s and pillow/s in hot dryer for 20 minutes every night.
- Vacuum daily.

Prevention

- Check all children who come over to play with your child. Inform parents if you find nits/lice. Do not let them play together until they are nit-free.
- Cut your child's hair short or wear long hair in braids.
- All children that have been sent home with Head Lice must return with a note from their doctor or Health Department, stating that they are free of lice and nits.

Congratulations!

You Can Get Rid of Lice!

Performance Standard – Medication Administration/Storage

1304.22(c) – 1304.22(c)(6)

Summary

Head Start must establish and maintain written procedures regarding the administration, handling, and storage of medication. Head Start must also label and store medications under lock and key, and refrigerate if necessary.

Procedure

Parents are encouraged to administer medication in the home if possible in accordance with the prescription requirements.

In the event that medication must be given, Head Start will make every effort to accommodate the child's needs. Appropriate staff members (teachers, TA's, etc.) should be taught how to properly administer and store the medication by trained medical personnel. The teacher should always communicate with the parents to ensure that the proper techniques are being used and behavior or physical changes are noted and communicated. Teachers/teacher assistants must document dosage, time of dosage, and any change of behavior associated with medication or illness of child whenever they provide medication to a child.

All medication is stored in a locked, secure place out of the reach of children. Head Start tries to limit the amount of medications present on the premises. If medication is used at work by Head Start employees, it must be stored in the appropriate place and always out of reach of children.

In the event that medication is administered to a child by staff members, authorization must be obtained from the physician and parent/guardian. A signed authorization form should be kept in the child's health file. In cases where medication is needed for emergency treatment, it is administered only if authorized by a local poison control center or a physician.

While transporting Head Start children during field trips, etc., teachers must keep all medication and applicable health plans separated in individual zip loc bags. These zip loc bags must be kept in a fanny pack or back pack that is always attached to the teacher/teacher assistant. The teachers or teacher assistants can never be separated from a pack that contains medications. Teachers should keep a cell phone with them at all times on field trips.

June 2009

Performance Standard - Safety Practices

1304.22(d)(1) and (2)

Summary

Head Start must ensure that staff and volunteers can demonstrate safety practices. The program must also foster safety awareness among children and parents by incorporating it into child and parent activities.

Procedure

Health Services staff will collaborate their efforts with teachers and other staff members to incorporate safety education in the classroom and within the family. Possible topics will be drawn from interest surveys and needs assessments given to the parents. Possible topics include firearm safety, seatbelt usage in motor vehicles, injury prevention, etc. Safety and other health-related topics are taught in staff trainings and parent workshops. Information is distributed through flyers and newsletters to parents. A newsletter containing health and wellness information will be sent to each Head Start family every month.

April 2006

Performance Standard - Hand washing

1304.22(e)(1) and (2)

Summary

Staff must wash their hands with soap and running water at least at the following times:

- After diapering or toilet use
- Before food preparation, handling, consumption, or any food-related activity
- Whenever hands are contaminated with blood or body fluids
- Before and after giving medications
- Before and after treating or bandaging a wound
- After assisting a child with toilet use

Procedure

Proper hand washing techniques will be used by staff at all the designated times listed above.

Hand washing facilities are readily accessible in each classroom and bathroom. A hand washing poster must be posted in each classroom at the sink, bathroom and food preparation area. Please refer to the hand washing poster in the **“Performance Standard – Health Emergency Procedures and Posted Policies and Plans of Action”** section.

Children should be instructed about when and how to wash their hands, covering their mouths when they sneeze, blowing their nose, and flushing the toilet.

When any staff notices a child with a runny nose, they will assist the child in blowing or wiping. Then both sets of hands should be washed afterward.

Staff must wash their hands after using the bathroom and/or after assisting children with using the toilet, blowing their nose, and helping them with all daily assisted living tasks.

******For classrooms that have a drinking fountain/sink combination, the following procedure must be followed to avoid cross-contamination of bacteria on hands to the drinking fountain. This will limit the spread of germs and disease.***

This sink should only be used for meal preparation and tooth brushing. At all other times, it can only be used for the drinking fountain. Other hand washing should be done at the bathroom sink or other sink without the drinking fountain. Teachers should be sanitizing this sink two times per day after children brush their teeth. Children can only use this sink after it has been disinfected.

June 2009

Performance Standard - Nonporous Gloves

1304.22(e)(3)

Summary

Nonporous gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.

Procedure

Standard Precautions will be used by staff members at all times. Standard Precautions means treating all blood and body fluids as if they were known to be infectious. Latex or non-latex gloves will be provided to all staff members who come into contact with bodily fluids. A new pair of gloves will be put on for every separate incident. Gloves are kept in the First Aid kits and in portable First Aid kits for field trips.

Nonporous gloves will also be required in certain instances where advised by the Health Advisory Board. Instances may include diapering, fluoride administration, etc.

Please refer to the “Standard Precautions” poster in the “Performance Standard – Health Emergency Procedures and Posted Policies and Plans of Action” section.

June 2009

Performance Standard - Blood Spills

1304.22(e)(4)

Summary

Spills of bodily fluids must be cleaned and disinfected immediately in keeping with professionally established guidelines. Any tools and equipment used to clean up spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

Procedure

“Blood and Bodily Fluid Cleanup Kits” will be provided in each classroom and on buses for the cleanup of accidents involving blood or bloody fluids. Teachers are educated about the proper cleanup and disposal techniques and procedures and the Standard Precautions rule is followed at all times.

Please refer to the “Standard Precautions” poster in the “Performance Standard – Health Emergency Procedures and Posted Policies and Plans of Action” section.

June 2009

Performance Standard - First Aid Kits and 72-Hour Kits

1304.22(f)(1) – 1304.22(f)(2)

Summary

First Aid kits must be readily available and accessible to staff members but kept out of reach of children. First Aid kits should be appropriate for the ages served and program size. First Aid kits should be available for use on outings away from the center.

First Aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

Procedure

First Aid kits are placed in each classroom, usually on top of the refrigerator or somewhere accessible for the staff. A standard list of what should be included in the First Aid kits is placed in each kit. Contents of the First Aid kits have been approved by the Health Advisory Committee.

There are also emergency fanny packs located in each classroom that are to be used for field trips away from the center and other outings. Fanny packs will include emergency contacts for all children. Teachers are also required to always take cell phones with them on field trips for emergency purposes. Buses should also be stocked with the essential materials and supplies.

As part of the Health & Safety checklist, the classroom First Aid Kits and the emergency fanny pack will be examined and inventoried to determine if they are adequately stocked. The Health Office staff will be in charge of the inspection and providing materials for the restocking of the First Aid kits. Teachers are responsible for filling out the First Aid Kit restocking forms when they notice that an item in the First Aid Kit is running low or missing. This form is given to the Health Specialist who will provide the necessary first aid supplies to the teacher.

Teachers will inventory their 72-hour kits every school year to make sure they have all necessary items for an emergency. Teachers should rotate expired items (food, etc.) from their kits. The Health Specialist will provide a list of items that should be in the 72-hour kits and the teachers will let the Health Specialist know what items are missing. The Health Specialist will purchase necessary items and give them to the appropriate teachers.

June 2009



First Aid Kit Supplies

Your first aid kit should contain the following:

- 1 small bag Band Aids
- 8 Butterfly bandages
- 4 2X2 gauze pads
- 4 3X3 gauze pads
- 2 Rolls of Gauze
- 1 Adhesive tape roll
- 1 Maxi Pad (For a severely bleeding wound)
- 1 Tweezers
- 1 small bag Q-Tips (To apply ointment)
- 1 baggies of Latex Gloves
- 12 Safety Pins
- 3 Triangular Bandage
- 12 Alcohol Wipes
- 1 small package Wet Wipes
- 1 Eye patch
- 1 small bag Cotton balls
- 6 Tongue blades
- 3 Sewing needles (to lift splinters)(MUST BE THROWN AWAY AFTER USE!!!!)
- 1 Thermometer
- 6 Thermometer covers
- 4 Cold Packs
- 1 pair of Scissors
- 1 roll Coban self-adhesive wrap (brown colored roll)

(To replace used supplies, PLEASE completely fill out a first aid request form and place it in the Health Specialist box.)

Emergency Fanny Pack Contents

- **1 Roll of stretch gauze**
- **Band-aids (varying sizes)**
- **Gauze Pads (2X2 or 3X3 size)**
- **Alcohol pads/Antiseptic towelettes**
- **Instant Cold Compress Pack**
- **Latex Gloves**
- **Zip-Lock baggies for used or soiled material (tissues, etc.)**
- **Tweezers**
- **Scissors**

September 2006



Bear River Head Start Emergency Inventory

Emergency Garbage Bin Inventory (blue and gray ones)

- 2 thermal blankets
- 2 tarps
- 2 boxes of cereal
- 1 toilet seat
- 1 emergency bucket
 - 2 bags of gummy bears
 - 1 bag of Dummy suckers
 - 1 box of Crayola crayons
 - 1 box of Golden crayons
 - Powdered Tang drink mix
 - 2 glue sticks
 - 100 plastic cups
 - Garbage bags
 - 4 pack of toilet paper
 - 17 3 oz. Packages of Gorp snack (Trail mix)
 - 1 story book

June 2009

Emergency Sports Bag Inventory (blue and green ones)

- ❑ 1 Post-it pad
- ❑ Package of 80 baby wipes
- ❑ Large flashlight with lamp
- ❑ 1 roll duct tape
- ❑ 100 ft of cotton clothes line rope
- ❑ 16 packages of emergency blankets
- ❑ 2 boxes of 50 waterproof matches
- ❑ 2 pocket stove with 6 fuel tablets
- ❑ 1 box of 12 solid fuel cubes
- ❑ 1 small Mess Kit
 - ❑ 1 pint pot with lid
 - ❑ Frying pan
 - ❑ Dish
- ❑ Rechargeable radio with light
- ❑ 4 self adherent wrap
- ❑ 19 bags of 4.2 oz. emergency drinking water
- ❑ 21 body warmers
- ❑ 2 foam pads with holes (for medical purposes)
- ❑ 6 8x10 inch sterilized pads
- ❑ 1st Aid Kit
 - ❑ 2 whistles
 - ❑ 2 small rolls of 6ply sterile gauze
 - ❑ 3 small gauze rolls
 - ❑ 3 4.25 fl. Oz. Hand sanitizer with moisturizers
 - ❑ 1 roll gauze tape
 - ❑ 1 multipurpose knife
 - ❑ 14 3x3 inch gauze pad
 - ❑ 2 instant cold compress
 - ❑ 10 maxi pads
 - ❑ Scissors
 - ❑ Triangle bandage
 - ❑ 1st Aid guide book

Other Boxed Emergency Supply Inventory

- ❑ 7 25 gallon water jug box/ bag sets (empty)
- ❑ 8 boxes of 5 gallons of bottled water (Culligan)
- ❑ 1 box of 112 crayons
- ❑ 20 gallon size Glad lock Storage bags
- ❑ Tube of Crest toothpaste
- ❑ 20 toothbrushes
- ❑ 30 band aids
- ❑ Various toys, stickers, cars, paints
- ❑ 3 wraps of yarn
- ❑ 1 box of tissue
- ❑ 2 ear warmers
- ❑ 5 various reading books
- ❑ 100 sheets colored paper
- ❑ 3 coloring books
- ❑ 6 activity books
- ❑ 2 bags of gummy bears
- ❑ 2 cans of 4.5 oz. powdered Tang drink (makes 20 quarts)
- ❑ 2 Glue Sticks
- ❑ 10 rolls of toilet paper
- ❑ Box of 5 thermal blankets
- ❑ 1 empty plastic water gallon

Performance Standard - Health Services Advisory Committee

1304.41(b)

Summary

Head Start must establish and maintain a Health Services Advisory Committee, which includes Head Start parents, professionals, and other volunteers from the community.

Procedure

A Health Advisory Board currently exists, which includes dental professionals, health professionals, community advisors, Head Start parents, and appropriate Head Start staff. The Health Advisory Board meets at least twice per school year and is organized by the Health Specialist. The Health Advisory Board is consulted on a variety of subjects, including new procedures, plans, and ideas. Meetings are conducted to discuss the ideas and to research options and a final decision is made. Each member of the committee has a chance to voice his/her opinions and suggestions through feedback forms or oral communication with Health Services staff.

***Refer to the Health Services Advisory Binder for a list of Health Advisory members and meeting notes.**

June 2009

Performance Standard – Staff Physical Exams and TB tests and other Health Requirements

1304.52(j)(1)

Summary

Head Start must assure that each staff member has an initial health examination that includes screening for TB and a periodic re-examination as recommended by their health care provider or the Head Start agency. The purpose of the health exam is to ensure that the staff members are free from any communicable disease or other problem that would interfere with their job performance or put the children at risk.

Procedure

All staff members are required to get a physical examination and a TB skin test within 3 months of initial employment and every three years thereafter. A standard Head Start Physical form is provided to each staff member that should be utilized and taken to the doctor to ensure that the physical is standard and equal for every staff member. A tracking list is kept in the Health Office to keep track of each employee and their requirements. New employees are educated about the staff health requirements through pre-service training or individual training when they are hired.

Bear River Head Start also requires that employees sign Staff Emergency Information, obtain a Food Handler's Permit, obtain Emergency Training through Head Start or American Red Cross, encourages Hepatitis B shots, and educates employees on the Emergency Evacuation Plan. Head Start requires employees to sign a form, stating that they have read the EEP.

***Refer to attached "Important Staff Health Requirements."**

April 2006

Important Staff Health Requirements

Head Start Employees are required to complete the forms included in this packet for your Employee Health File within 90 days of employment. Below are the instructions. Refer all questions and return all forms to the Health Specialist.

1. **Staff Emergency Information** – Please fill this form out as completely and return to us as quickly as possible. This form will help us should an emergency arise or we need to assist you while you are at work. Each year we will have you update this form.
2. **Physical Examination**- A physical examination is required of all Head Start employees upon initial employment (within the first 90 days) and every 3 years thereafter. This requires verification from a doctor stating that the Head Start employee is free of communicable disease and is physically able to perform job duties. If the employee has insurance, they are encouraged to have it paid for by insurance and Head Start will reimburse them for any co-pay. If an employee does not have insurance, Head Start will reimburse the employee up to \$50 for the cost of the physical.
3. **TB (tuberculosis) Test**- A Tuberculosis skin test is required of all staff upon employment and is required every 3 years thereafter. You can get a TB test at the Health Department. The test will be paid for by Head Start. *A signed pre-authorization form must be obtained from the Health Specialist before going to the Health Department.*
4. **Emergency Training**- All staff working directly with children or families is required to have current certifications in Adult, Child, Infant CPR and Standard First Aid. Head Start will provide these trainings for you. You are responsible to sign up for the CPR class you need to take through the Health Specialist. CPR re-certification must be done annually. First Aid Certification must be done every 3 years.

The Health Specialist will schedule employees for certification/re-certification courses before each new school year. Employees will be given a memo in August before each new school year. This memo will tell them when they are scheduled for their certification course. At least one week before the class is taught, the employee will then be reminded with a copy of the same memo, stating their scheduled certification/re-certification course. If a new employee misses a certification class, they will be responsible to go the American Red Cross and pay for their own certification. The American Red Cross allows a one month grace period for re-certifications. If an employee misses the class taught for their re-certification expiration date, they can take another class if it is offered within the grace period. If not, the employee will be responsible to go to the American Red Cross and pay for the entire course.

5. Hepatitis B Consent/Declination form – Each employee is encouraged to receive vaccination against Hepatitis B. These vaccinations will be paid for by Head Start. Any staff working with children is considered at risk for exposure and is offered the vaccine. When signing the form, choose whether you will or won't get the vaccination. If you are going to get the shots sign the top part of the form labeled HEPATITIS B VACCINE CONSENT FORM. If you choose not to get the vaccinations, sign the bottom part of the form labeled HEPATITIS B VACCINE DECLINATION.
6. Hepatitis B Vaccinations – OSHA regulations state that the Hepatitis B vaccination series be made available to employees at no cost within 10 days of employment. *A signed preauthorization form must be obtained from the Health Specialist each time you get one of the three shots in the series.* You may go to your Physician or to the Health Department for these shots. The recommended schedule is 1st shot, wait a month, 2nd shot, wait five months and get 3rd shot. An employee may be exempt from the series if they have already received the shot. Just provide proof of the vaccinations. Staff members cannot be forced to receive the vaccine. If you choose not to be vaccinated, you must sign the HEPATITIS B VACCINE DECLINATION mentioned previously.
7. Food Handler's Permit – All employees who work with food are required to have a current food handler's permit on file. The food handler's permit may be obtained by attending a class at the Health Department and must be renewed upon expiration.
8. Emergency Evacuation Plan – All employees are required to be familiar with the Emergency Evacuation Plan in their center. Please read through this document carefully and be familiar with its contents. You must sign the form stating that you have read the plan and that you understand the emergency evacuation plan. You should be prepared to put the plan into action should the need ever arise. You should read the plan at least yearly and keep a copy in the area where you work.
9. Drug Testing Consent Form – It is the policy of Head Start to maintain a workplace that is free from the effects of drug and alcohol abuse. Employees may be asked to take a test at any time to determine the presence of drugs or alcohol or narcotics. Whenever applicants for employment are to be tested for the presence of illegal drugs or alcohol, they will be informed in advance and in writing. Employees that agree to take the test must have signed a consent form authorizing the test and Head Start's use of the test results for purposes. Please sign the Drug Testing Consent Form.
10. Drug Testing Policy – All employees must know the Head Start Policy on Drugs, Narcotics, and Alcohol contained in the employee handbook. They must also sign a form stating that they have read and understand and agree to comply with the policy.
 - *Not every employee is required to meet each of these requirements. You will be told during your employee training and orientation if you are exempt from any requirement. Please refer questions to the Health Specialist*

Performance Standard - Wellness

1304.52(j)(3)

Summary

Head Start must make mental health and wellness information available to staff with concerns that may affect their job performance.

Procedure

Since virtually every job in Head Start is stressful and demanding, everyone is considered at risk for mental health and wellness concerns. Health and Wellness topics will be covered in special trainings for all staff members, as well as parents. There will be a Health & Wellness newsletter produced by the Health Services Office each month for staff and parents to read. There will be ongoing wellness projects throughout the year to assist staff in engaging in healthy lifestyles and behavior changes. Employees are also given one hour per week for health and wellness activities. This hour is free and is included as working time on employees' time sheets. The Employee Assistance Program is also available for employees to use at no cost for mental health services.

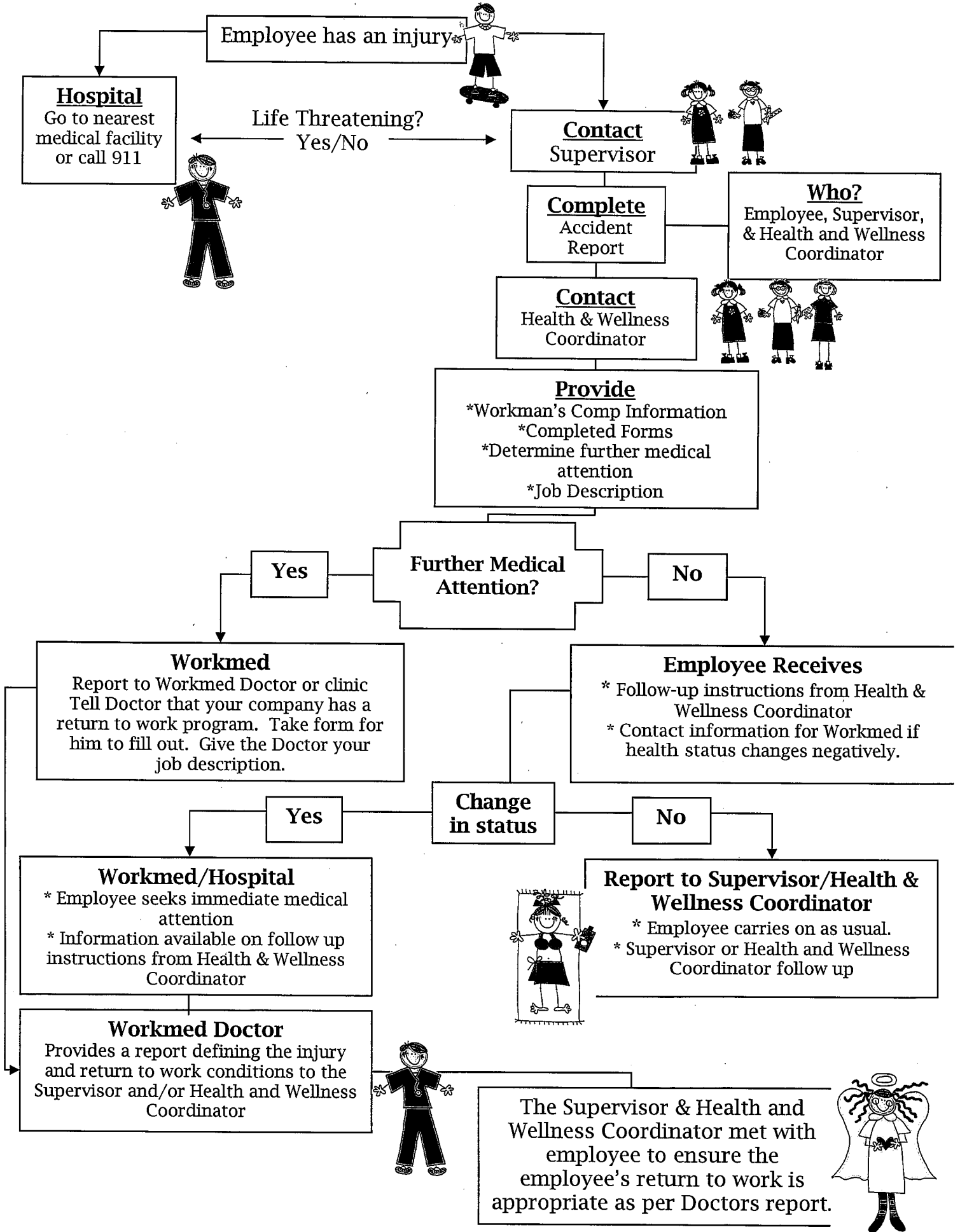
June 2009

10 RULES FOR A SAFER WORKPLACE

1. Get proper training once a year.
2. Know the tasks that put you at risk in your job.
3. Follow the Standard Precautions guidelines.
4. Get the Hepatitis B Vaccine Series.
5. Complete all other Staff Health Requirements.
6. Disinfect areas after spills or body fluid spread.
7. Dispose of waste properly.
8. Report potential exposure to harmful materials as soon as they occur.
9. Ask for help from the Health Specialist or your supervisor if you are unsure.
10. Look out for co-workers and keep on another safe. We are a team!

June 2009

Workmen's Comp



Performance Standard - Environment

1304.53(a)(8)

Summary

Head Start must provide a center-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants.

Procedure

Bear River Head Start maintains a smoke-free environment policy, which states that no smoking is allowed on the premises or near children. The use of tobacco, alcohol, or illegal drugs is prohibited in all spaces used by the program.

Children, staff, and parents are educated about the dangers of smoking and other harmful lifestyles through activities such as the Great American Smokeout and other educational tools.

April 2006

SMOKE-FREE ENVIRONMENT POLICY

BEAR RIVER HEAD START

Bear River Head Start has the mission of promoting the healthy development of the children and adults that participate in our program, including staff, which makes it important that we create a smoke-free environment.

All Bear River Head Start program sites will be smoke free. Smoking is prohibited at all times in all spaces utilized by the program. This includes classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms (used in the evenings as well as during the day), hallways, and outdoor play areas, vehicles used for transporting children and anywhere on Head Start grounds.

*Under no circumstances should smoking occur in the presence of children.

June 2006

Performance Standard – Safety Inspections

1304.53(a)(10)

Summary

Head Start agency must conduct a safety inspection at least annually to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety, and developmental needs of children. Specific requirements of the inspection are outlined in Performance Standards 1304.53 (a)(10)(v) through 1304.53 (a)(10)(xvii)

Procedure

Health and Safety inspections will be conducted at least quarterly by either a member of the Health Services office or the Center Specialist. Inspections will be used to determine if each individual classroom and center is compliant with the standards of federal guidelines and will be used to determine if certain aspects need to be changed, fixed, or updated. The health department and fire department also inspect Head Start centers at least one time annually.

The Health and Safety Checklist monitors general safety, organization, and cleanliness of the classroom, toys, playground, and outdoor areas. Potential hazards or problems are immediately reported to the Health and Wellness Coordinator and Teacher supervisor. Problems are communicated to the Teacher during the safety check if there is an immediate hazard. Problems have to be addressed and corrected as soon as possible.

The Health and Safety Checklist inspects and checks each area covered in Performance Standards 1304.53 (a)(10)(v) through (xvii).

June 2009

Performance Standard-Incident Reporting

1304.27(d)(1) and (2)

Teachers and staff are required to report and fill out an incident report on illnesses, injuries, and accidents. Below are some guidelines for accidents.

All accidents/incidents should be reported to the Health office. A few examples include:

- Any cut that needs to be closed with a butterfly bandage or stitches
- Twisted or sprained ankles and joints
- Head lacerations
- Heat exhaustion, frostbite, or dehydration
- Severe blow to the head or unconsciousness
- Foreign objects lodged in skin or eyes, etc.
- Administration of medicine
- Bug or spider bites

If teachers/staff have any doubts or questions on what to do, they should contact their supervisor. The supervisor will then contact the Health office. The Health office has all the necessary equipment and supplies to treat most occurrences.

Staff also completes an incident report on occurrences such as: fighting, kicking, biting, etc. These forms are turned into the Health Specialist, who keeps a running list and summary of each incident. This report is used to evaluate patterns of behavior or incidents by the health team so that accommodations or arrangements can be made to prevent further problems or incidents.

June 2009

INCIDENT REPORTING

Teachers and staff are required to report and fill out an incident report on illnesses, injuries, and accidents. Below are some guidelines for accidents.

Any accident/incident should be reported to the Health Office. This includes:

- Any cut that needs to be closed with a butterfly bandage or stitches
- Twisted or sprained ankles and joints
- Head lacerations
- Heat exhaustion, frostbite, or dehydration
- Severe blow to the head or unconsciousness
- Foreign objects lodged in skin or eyes, etc.
- Administration of medicine
- Bug or spider bites

This list is just a few examples. If you have any doubts or questions on what to do, please contact the Health Office. We have all the necessary equipment and supplies to treat most occurrences.

You must also do an incident report on occurrences such as: fighting, kicking, biting, etc.

Teachers/Teacher Assistants must complete an Accident/Incident Report for each child that was involved in the incident. This report must immediately be returned to the Health office.

June 2009

Performance Standard-Health Plans

1304.22(b)(2) – 1304.22(c)(6)

Summary

Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

Procedure

Head Start applicants will complete the Child Medical Information Form included with the application. When a child is accepted, this form is included in the Child's Health File. The Health Specialist reviews the form and contacts the parents/guardians if there is anything of concern or that may need accommodation in the classroom or at Head Start activities. Health information on the Child Medical Information Form is currently entered into the Child Plus database.

The Health Specialist will develop and maintain health plans. If it is determined that a child needs a health plan after the Health Specialist talks to parents/guardians, the Health Specialist organizes a meeting with the guardians, all applicable Head Start staff (Teachers, TA's, etc.), volunteer or school nurse, and Health Office staff. A health plan is developed and teachers and possibly other staff members are trained on how to properly respond to the child's health issues and administer medication, if necessary. The Health Specialist is responsible for obtaining physician signatures on the health plans.

A copy of the health plan will be kept with the teachers and in the child's health file.

***Refer to the "Medication Administration/Storage" Performance Standard for further procedures on proper administration and follow-through of health plans.**

June 2009

Performance Standard-Health Emergency Procedures and Posted Policies and Plans of Actions

1304.22(a)(1-3)

Summary

Grantee and delegate agencies, operating center-based programs, must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. These will include posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g. a child choking) or immediate medical/dental attention. These will also include posted locations and telephone numbers emergency response systems and up-to-date family contact information and authorization (readily available) for emergency care of each child.

Procedure

During Health and Safety Checks, the Health Specialist will verify that every classroom has all of the necessary, health-related policies and procedures and telephone numbers posted in their classrooms. The Health Specialist will obtain any necessary policy/procedure for a classroom and make sure that it is posted.

Bear River Head Start has parents/guardians sign the Child Emergency Contact Information form and Health Permission Form in the parent packet, giving Head Start staff members permission to provide emergency care to their children and providing Head Start staff with emergency numbers to contact other family and friends in an event that it becomes necessary.

April 2006

Things that Must Be Posted in the Classrooms for the Health Component

- ↑ Handwashing Poster (Posted in the Kitchen/Bathroom)
 - (Can be a commercial produced poster)
 - (One children created with their photos would be best)

- ↑ Emergency Phone Numbers (by phone)
 - (Can obtain from Cami)
 - (This is not the children's emergency numbers)

- ↑ The following Emergency Procedures can be posted on the inside of the cupboards with a sign on the outside of the cabinet door saying Emergency Procedures.
 - CPR and Choking Posters
 - First Aid Emergency Guide Flipchart/Emergency Plan Flipchart
 - Dental Emergency
 - How to Get Medical Help Fast
 - Daily Health Checklist (posted at the front door of greeting area)
 - OSHA Guidelines
 - Exclusion Policy
 - Earthquake Procedures
 - Guidelines for Cleaning up After an Accident
 - Bathroom Accident Procedures
 - Standard Precautions
 - Transporting Children Procedure

- ↑ CPR/First Aid Cards/Food Handler Permit (Posted on the fridge)

- ↑ Sign saying "Allergies", posted on the outside of the cupboard
 - Inside post children's names and plans*

- ↑ First Aid Kit-On the fridge

- ↑ Medical and Cleaning Supplies locked up in separate cupboards

- ↑ Evacuation Plans (route)

- ↑ Fire Extinguishers and Dates of Inspections

- ↑ Fire and Earthquake Drill documentation

- ↑ Two Nutrition Posters
 - Justice for All Poster*
 - Building for the Future*

- ↑ WIC Information Flyer in classroom

OSHA Ergonomics Program Standard

What You Need to Know About Musculoskeletal Disorders (MSDs)



Ergonomics is the science of fitting jobs to the people who work in them. The goal of an ergonomics program is to reduce work-related musculoskeletal disorders (MSDs) developed by workers when a major part of their jobs involves reaching, bending over, lifting heavy objects, using continuous force, working with vibrating equipment and doing repetitive motions.

What are MSDs?

MSDs are injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints or spinal discs. Your doctor might tell you that you have one of the following common MSDs.

- Carpal tunnel syndrome • Raynaud's phenomenon
- Rotator cuff syndrome • Carpet layers' knee
- De Quervain's disease • Herniated spinal disc
- Trigger finger • Low back pain
- Sciatica • Tension neck syndrome
- Epicondylitis • Hand-arm Vibration
- Tendinitis Syndrome

What causes MSDs?

Workplace MSDs are caused by exposure to the following risk factors:

Repetition. Doing the same motions over and over again places stress on the muscles and tendons. The severity of risk depends on how often the action is repeated, the speed of the movement, the number of muscles involved and the required force.

Forceful Exertions. Force is the amount of physical *effort* required to perform a task (such as heavy lifting) or to maintain control of equipment or tools. The amount of force depends on the type of grip, the weight of an object, body posture, the type of activity and the duration of the task.

Awkward Postures. Posture is the position *your* body is in and *affects* muscle groups that are involved in physical activity.

Awkward postures include repeated or prolonged reaching, twisting, bending, kneeling, squatting, working overhead with your hands or arms, or holding fixed positions.

Contact Stress. Pressing the body against a hard or sharp edge can result in placing too much pressure on nerves, tendons and blood vessels. For example, using the palm of your hand as a hammer can increase your risk of suffering an MSD. **Vibration.**

Operating vibrating tools such as sanders, grinders, chippers, routers:drills and other saws can lead to nerve damage.

What are signs and symptoms of MSDs that you should watch out for?

Workers suffering from MSDs may experience less strength for gripping, less range of motion, loss of muscle function and inability to do everyday tasks. Common symptoms include:

- Painful joints
- Pain in wrists, shoulders, forearms, knees
- Pain, tingling or numbness in hands or feet
- Fingers or toes turning white
- Shooting or stabbing pains in arms or legs
- Back or neck pain
- Swelling or inflammation
- Stiffness
- Burning sensation

What is the OSHA Ergonomics Standard?

OSHA's standard requires employers to respond to employee reports of work-related MSDs or signs and symptoms of MSDs that last seven days after you report them. If your employer determines that your MSD, or MSD signs or symptoms, can be connected to your job, your employer must provide you with an opportunity to contact a health care professional and receive work restrictions, if necessary. Your wages and benefits must be protected for a period of time while on light duty: or temporarily off work to recover. Your employer must analyze the job and if MSD hazards are found, must take steps to reduce those hazards.

Your employer is required to make available a summary of the OSHA ergonomics standard. The full standard can be found at <http://www.osha.gov>.

- Talk to your supervisor or other responsible persons about your suggestions on how to fix the problem.
- Your employer may not discriminate against you for reporting MSDs, MSD signs or symptoms or MSD hazards.
- Your employer may not have policies that discourage such reporting.

If you have signs or symptoms of MSDs...

If MSD signs and symptoms are not reported early, permanent disability may result. It is important that you report MSD signs and symptoms right away to avoid long-lasting problems. Your employer is required to respond promptly to those reports. Contact the following person to report MSDs, MSD signs or symptoms or MSD hazards.

Name

Phone

Employee Acknowledgement

I certify that I have received a copy of this OSHA ergonomics Program Standard Info Sheet and have read its contents.

Employee Signature

Date



DAILY HEALTH CHECK

Do the daily health check when you greet each child and parent as they arrive. Also observe the child throughout the day.



LISTEN: Greet the child and parent.

- Listen to what the child and parent tell you about how the child is feeling
- If the child can talk, is he complaining of anything? Is he hoarse or wheezing?



LOOK: Get down to the child's level. Observe signs of health or illness.

- GENERAL APPEARANCE** (comfort, mood, behavior, and activity level)
- BREATHING** (coughing, breathing fast, or difficulty breathing?)
- SKIN** Look for pale or flushed skin, rash, sores, swelling, bruising. Is child scratching her skin or scalp?
- EYES, NOSE, EARS, MOUTH** (eyes red, crusty, goopy, or watery? Nose runny? Pulling ears? Mouth sores, drooling or difficulty swallowing?)



FEEL: Gently run the back of your hand over the child's cheek, forehead, or neck.

- COLD, CLAMMY OR UNUSUALLY WARM OR SKIN FEELS BUMPY?**

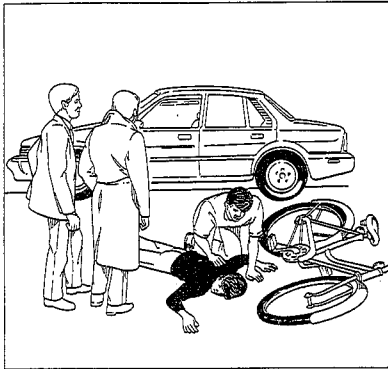


SMELL: Be aware of unusual odors, breath smell foul or fruity? Foul smell to child's stool?

How to Get Medical Help Fast

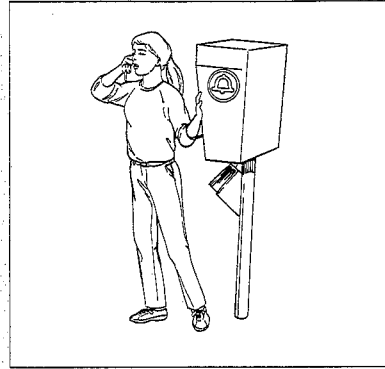
1

In an emergency, while one person gives care, another can call for help.



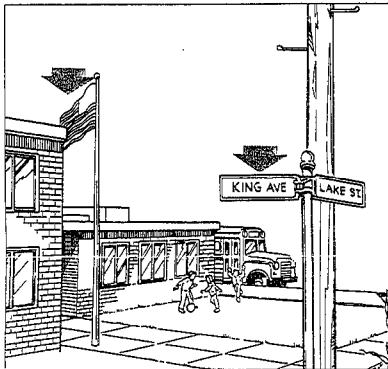
2

Dial 911 or the local emergency number. Tell the dispatcher. . . (see steps 3, 4 and 5)



3

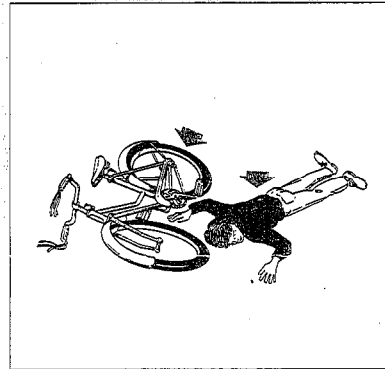
Location of the emergency. Include cross streets, room number, and telephone number you are calling from.



4

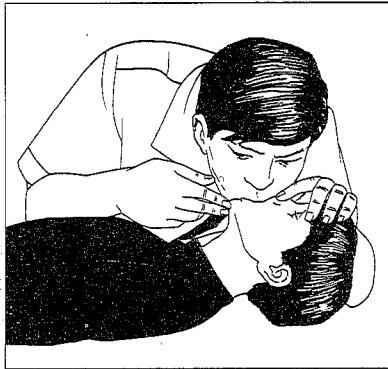
What happened. For example, motor vehicle crash, sudden illness.

What seems to be wrong. For example, victim is bleeding, unconscious.



5

What first aid is being given. For example, rescue breathing, control of bleeding.



6

Don't hang up until the dispatcher hangs up. The dispatcher may tell you how to care for the victim.

Return to the scene. Help to care for the victim until help arrives.



Local Emergency Telephone number _____

Everyone should know what to do in an emergency. Call your local American Red Cross:
752-1125
 for information on CPR and first aid courses.

Dental Emergency - First Aid Plan

Different situations call for different action. Be sure to keep this in an accessible place, along with other first aid information and supplies.

Emergency	What to do?
Toothache	<ul style="list-style-type: none"> • Put on gloves. • Rinse out mouth vigorously with warm water. • Use dental floss to remove any food trapped between teeth. Do not use heat or place aspirin on aching tooth or gums. • See dentist as soon as possible. • If the cheek or chin are swollen, see a dentist or doctor immediately. This is a medical emergency!
Object Wedged Between Teeth	<ul style="list-style-type: none"> • Put on gloves. • Try to remove object with dental floss. Guide the floss carefully to prevent cutting gums. • If you can't remove the object, see a dentist. • Do not try to remove the object with a sharp or pointed instrument.
Knocked-out Tooth	<ul style="list-style-type: none"> • Put on gloves. • If the tooth is dirty, rinse it gently under running water. Do not scrub it. • For a permanent tooth; gently insert it in its socket. Look at the tooth on the other side of the mouth for replacement. If this isn't possible, place the tooth in a container of milk or cool water. • Do not try to put a baby tooth back in the socket. • Immediately go to your dentist. A permanent tooth must be replaced within one hour. • Don't forget to take the tooth with you!
Broken Tooth	<ul style="list-style-type: none"> • Put on gloves. • Gently clean dirt or debris from injured area with warm water. • Place cold compresses on the face, in the area of the injured tooth, to minimize swelling. • Apply direct pressure to the bleeding area with a clean cloth. • Go to the dentist immediately!
Bitten Lip, Tongue or Cheek	<ul style="list-style-type: none"> • Put on gloves. • Apply direct pressure to the bleeding area with a clean cloth. • If swelling is present, apply cold compresses. • If bleeding continues, go to a dentist or hospital emergency room.
Tooth Loosened in an Accident	<ul style="list-style-type: none"> • Put on gloves. • Rinse out child's mouth. • Reposition tooth if possible. • Take the child to the dentist immediately.
Tooth Knocked into the Gums	<ul style="list-style-type: none"> • Put on gloves. • Do not attempt to free or pull on the tooth. • Rinse out the child's mouth. • Take the child to the dentist immediately.



Exclusion of sick children from school

Bear River Head Start infants/toddlers, siblings, parents, and Staff may not attend group activities or participate in home visits if they have the following illnesses, except under the specified conditions:

Fever, Consisting of any taken temperature that is above 100.5 F. They may participate only if a health care provider gives written clearance.

Signs of possible severe illness: these may include unusual lethargy, irritability, persistent crying, and difficult breathing. Exclusion until symptoms resolve or health care provider gives permission.

Uncontrolled diarrhea: defined as an increased number of stools compared to the normal pattern, with increased stool water and/or decreased form that is not contained by the diaper or toilet use. Exclusion until diarrhea improves *and* is contained.

Vomiting: two or more times in the previous 24 hours, unless a health care provider determines that the illness is not communicable and the person is not in danger of dehydration.

Mouth sores with drooling: unless a health care provider determines that the condition is not infectious.

Rash with fever or behavior changes: until a health care provider determines that the condition is not a communicable disease.

Purulent conjunctivitis (“Pink eye”): which is defined as pink or red conjunctiva with white or yellow eye discharge, until 24 hours after medical treatment has begun.

Scabies, head lice, or other infestation: until 24 hours after treatment has begun.

Tuberculosis: until a health care provider gives clearance.

Impetigo: until lesions are healing (without weeping) and no new sores appear.

Strep throat or other streptococcal infection: until 24 hours after treatment has begun.

Chicken pox: until 6 days after onset of rash or until all sores have dried and crusted.

Pertussis: until 5 days of appropriate antibiotic treatment have been completed.

Mumps: until 9 days after onset of parotid gland swelling.

Hepatitis A virus: until at least 1 week after onset of illness as directed by the health department when immune serum globulin has been given to appropriate children and staff.

Measles and Rubella: until 6 days after onset of the rash.

Shingles: until the sores have crusted, unless clothing or a dressing can cover them.

Respiratory illness: excluded only if it has one of the above causes that require exclusion or the illness makes the person too uncomfortable to participate.

If a child becomes sick at school:

- **The legal guardian will be notified immediately of the child’s illness and need for care. If legal guardian cannot be reached, the emergency phone numbers listed on the child release form will be contacted. The teachers will fill out an Illness Report. A copy will be given to the Health Specialist and the parent/guardian.**
- **If a child comes to school with a parent/guardian/car pool, the child will be sent home immediately with that individual. An Illness Report will need to be filled out.**
- **If Head Start recommends treatment by a physician, a note from the doctor’s office must be obtained stating that the child is being treated and that he/she is no longer contagious and it is okay for the child to return to school.**

BEAR RIVER HEAD START

BATHROOM/ACCIDENT PROCEDURES

1. When changing a child's pull-up or diaper, a sign must be placed in front of the designated bathroom door-"Bathroom in Use."
2. Staff must wear nonporous gloves (non-latex gloves for those with latex allergies). Staff must wash their hands before putting gloves on.
3. The child must be placed on a clean, sanitized, changing mat, never on the bare floor. The changing mat will be covered with a sanitary bed liner. The changing pad will be located in the bathroom. Some centers may have disposable changing pads available.
4. The child must be cleaned from front to back using baby wipes.
5. Soiled or wet diapers and clothing must be replaced with clean diapers and clothing.
6. If gloves are soiled during the diaper changing routine, hands should be washed, a new pair of gloves must be put on before proceeding to dress the child.
7. To change a pull-up, a Head Start staff member should rip the sides of the pull-up and take it off like a diaper. This will keep the child and changing mat as clean as possible.
8. Soiled diapers, pull-ups, and gloves must be placed in a separate, covered container. These containers must be double bagged. The janitor must also empty, clean, and disinfect the container daily or as needed to reduce odor.
9. Soiled clothing must be double-bagged and sent home with the parent/guardians. Clothing should **not** be rinsed out. The guardians must provide a new set of clothing the next school day.
10. Staff and children's hands must be washed and dried after diapering.
11. Staff must clean and sanitize the entire diaper changing area. Staff should thoroughly spray the mat with a diluted mixture of Clorox and water and then thoroughly wipe the changing mat. Any other area that comes into contact with soiled articles should similarly be cleaned.

June 2009

Bear River Head Start Transporting Children Procedure

Procedure

- 1. Let your supervisor know that you will be transporting a family.**
 - State time you will be leaving.
 - State time you will be returning.

- 2. Check out a car seat with the Health Specialist.**
 - Sign the car seat, booster seat check out form with the health Specialist.
 1. Sign your name.
 2. Date of travel.
 3. Check out time.

- 3. Make sure the car seat or booster is properly installed in the vehicle.**
 - Always follow all the manufacturer's instructions for both the vehicle and the car seat or booster seat.
 - Always place car seat and booster seats in the back seat.
 - Be sure the car seat is appropriate for the child's weight and height.
 - Children 12 and under should ride properly restrained in the back seat and not in the front seat of the vehicle.
 - Infants must ride rear facing up to at least 1 year and 20 pounds.
 - Always anchor the car seat to the adult seat belt exactly as directed by the car manufacturer and car seat instructions.
 - Always check that the car seat or booster seat is securely installed. Pull the car seat from side to side and forward; the car seat should not move more than one inch from left to right or forward.
 - Make sure the harness is snug enough so that you cannot take a tuck in the harness.
 - Check with Health Specialist or other certified car seat technician if you have any doubts about your installation or want help installing the car seat(s).

- 4. Returning car seat or booster seat.**
 - Check car seat or booster seat back in with the Health Specialist.
 - Sign check out form with check in time.

April 2004



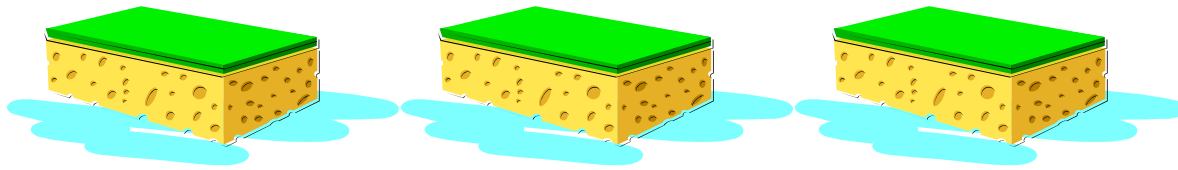
STANDARD PRECAUTIONS

For Head Start Staff and Volunteers

Standard Precautions is the national standard approach to infection control. The basic concept is simple: **Treat all bodily fluids as if they were known to be infectious!**

These standards are applied to Head Start as follows :

1. Have quick access to Standard Precautions kit to clean up any accident involving blood or body fluids.
2. Wear latex gloves when assisting any child with a bloody nose, a scraped knee, or anything else where there is blood involved.
3. Wear gloves when helping a child with a bathroom accident or when changing pull-ups or diapers.
4. **WASH YOUR HANDS!** Wash your hands after any contact with any body fluid, including mucus, feces, urine, vomit, pus, or anything possibly contaminated with blood.
5. **Decontaminate!** Use the prescribed bleach solution (1teaspoon of bleach per one quart of water) when cleaning hard surfaces that may have been contaminated with body fluids.
6. Dispose of all pull-ups and diapers in a leak-proof plastic bag.
7. If you feel you have been exposed to blood or contaminated body fluids, please contact the Health Specialist.



GUIDELINES FOR CLEANING AFTER AN ACCIDENT

When an accident or injury occurs involving blood or other body fluids, please follow the procedures listed below:

Caring for the injured person:

1. Put on latex gloves
2. Care for the injured person (First Aid, etc.)
3. Dispose of soiled materials in a leak-proof plastic bag
4. Properly remove gloves and dispose of them in the plastic bag
5. Seal or tie the plastic bag and place it in a garbage can with a plastic liner.
6. **THOROUGHLY** wash hands immediately with hot water and anti-bacterial soap

ALL CONTAMINATED WASTE MUST BE DOUBLE-BAGGED!

Example: Bag tied around waste and liner of trash can provides double lining for contaminated waste.

Cleaning the area:

1. Put on a new pair of latex gloves
2. Use other protective equipment in “Bodily Fluid Clean-Up Kit” as necessary
3. Follow instructions on the Clean-Up Kit:
 - Sprinkle entire contents of absorbent material over bodily fluid spill
 - After the fluid has gelled (1-2 min.), use scoop/scrapper to pick up material and put the material and scraper into bag.
 - Use disinfectant in kit on the area, wipe with disposable cloth in kit, and place the used cloth in the bag.
 - Wipe of disinfectant can with antiseptic wipe.
 - Place gloves and other protective equipment in bag and tie.
 - Properly dispose of bag and waste
 - **THOROUGHLY** wash hands immediately with hot water and soap

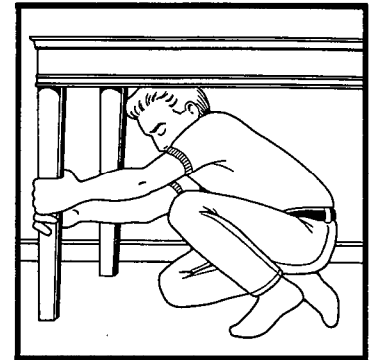
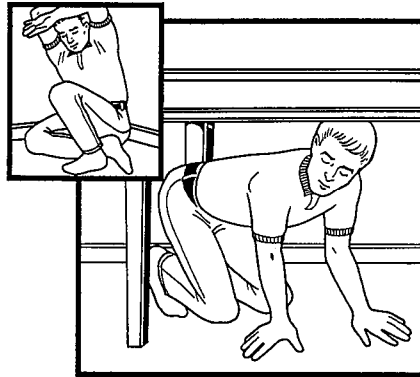
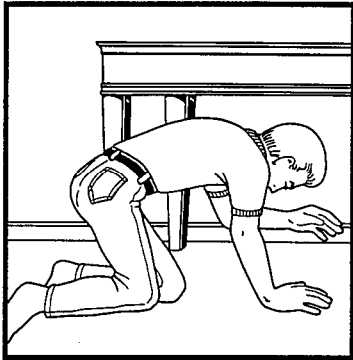
IMPORTANT!

Red biohazard bags should only be used in extreme cases for disposal of highly saturated materials. Red bags must be disposed of through a medical waste company only. If you use a red biohazard bag, you must bring it to the Health Specialist if you are located in Logan, or you can take it to the local Health Department if you are outside of Logan. Find out where the proper disposal sites are in your area!

DURING/AFTER PROCEDURES

DURING AN EARTHQUAKE

Saving lives and preventing injury are of the greatest importance. Practice Duck and Cover regularly. Practice in every room in your house.



DUCK Get under a sturdy piece of furniture or under a doorway. (Do not duck under beds or other objects that could collapse.)

COVER Keep your head and eyes protected from falling or flying objects. Cover your head with your hands and arms.

HOLD If you are under a piece of furniture, hold onto it. If it moves, move with it. Stay under your shelter until you are sure the shaking has stopped.

If you cannot find shelter, move against an interior wall, stay low and cover your head and neck with your arms.

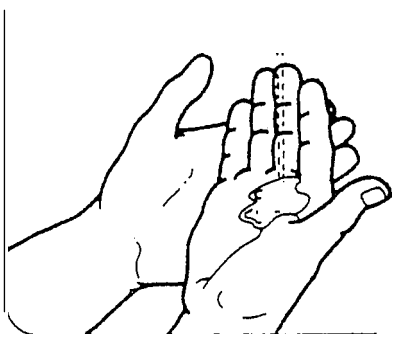
People in wheelchairs: If you can't find cover, lock your wheels immediately and cover your head with your arms; approach each new location with an escape route in mind.

Points to remember:

- Stay away from windows, bookcases, tall cabinets, mirrors and fireplaces, as well as hanging objects, such as plants and lighting fixtures.
- Do not hide where people may not be able to find you, such as in a closet.
- Pre-arrange a safe outside meeting place where the family can gather after the earthquake is over.
- Be prepared for AFTERSHOCKS.
- Discuss with your family members what they should do if an earthquake occurs and they are not at home:

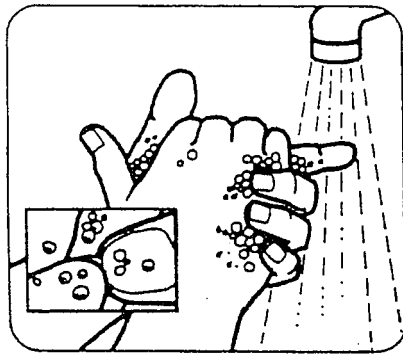
SOAP, Know How to Use It.. Wash!

JABON, Sepa Como Usarlo... Lavese!



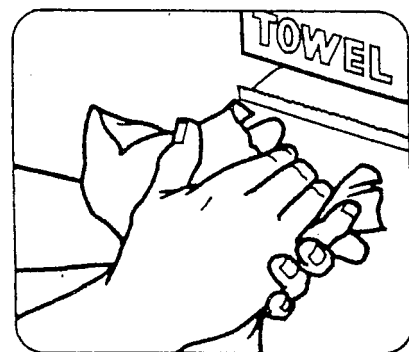
1. **Wet hands with warm, running water**
Mojese las manos con agua tibia

2. **Apply soap**
Aplique jabon



3. **Wash vigorously for 20 seconds** Lavese vigorosamente e por 20 segundos

4. **Rinse**
Enjuaguese



5. **Dry with a single-use paper towel or hot-air dryer**

Sequese con una toalla de papel o maquina secadora

6. **Turn off faucet with paper towel**
Cierre la llave con la toalla de papel

Children and adults must wash away germs...

Ninos y adultos deben eliminar los germen...

Before:

- Preparing food or bottles
- Eating meals and snacks

After:

- Using the toilet or assisting others
- Playing with animals
- Diapering a child
- Coughing, sneezing, or wiping nose
- Handling money

Antes De:

- Preparar comidas o biberones
- Comer

Despues De:

- Usar o ayudar a otros en el bano
- Jugar con animales
- Cambiar al bebe
- Tocer, estornudar, o limpiarse la nariz
- Coger con dinero

Performance Standard – Hearing and Vision Screening

1304.20(b)(1)

Summary

In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's visual and auditory skills.

Procedure

Utah guardians must sign the white Vision Screening permission form so that Head Start may have permission to send vision screening results and all follow-up to Division of Services for the Blind and Visually Impaired. Utah and Idaho guardians must also sign a Parent Agreement Form. These forms are signed during the screening and/or are included with the parent packet to be signed by parents.

***Please refer to vision and hearing follow-up procedures for Bear River Head Start's procedures for vision and hearing screenings.**

June 2009

Hearing Screening and Follow-up Procedure

1. Bear River Head Start will only screen a child's hearing if it was **NOT** completed by a physician before the child's 45-day deadline.
2. If the child's well-child check does not include documentation of hearing screening or has not had his/her vision checked by a medical professional within the past year, Bear River Head Start will screen the child's vision before his/her 45-day deadline.
3. Bear River Head Start may also screen a child's hearing if a medical professional advises Head Start to screen or re-screen a child's hearing.
4. If Bear River Head Start screens the child's hearing, the legal guardian will be required to sign the Parent Agreement form.
5. Within one week of receiving documentation of a hearing test from a doctor's office or from a Bear River Head Start screening, the Health Specialist will send a hearing referral form to the legal guardian if a child needs hearing follow-up.
6. The child's Family Advocate will also receive a copy of the hearing follow-up letter given to the parents to ensure that the needed hearing follow-up is completed and final documentation returned to the Health Specialist in a timely manner.
7. The Family Advocate will ensure that the Head Start child gets the correct hearing follow-up by helping the parents with the follow-up steps.
 - A. Determine if a family has hearing coverage as part of their insurance.
 1. If the child is on Medicaid or CHIP, have the parents choose an Audiologist or Ear, Nose and Throat M.D. from the yellow pages in the phone book and call to find out if they accept Medicaid/CHIP. If the audiologist does accept Medicaid, have the parents make an appointment for the next available day that fits that parents' schedule. If the M.D. does not accept Medicaid/CHIP, have the parents call another Audiologist or Ear, Noise & Throat M.D until they find one that accepts Medicaid/CHIP.
 2. If the child is on private insurance, have the parents call their insurance company for a list of Audiologists or Ear, Noise & Throat M.D. that will accept their insurance. Then have the parents call and make an appointment for the next available day that fits the parents' schedule.
 - B. If the family is not on Medicaid/CHIP and are eligible in Utah, refer them to the Medicaid office in Ogden. In Idaho use the Health and Welfare office for support: *Preston (208-852-0634), Malad (208-766-2281), Soda Springs (208-547-4317), Montpelier (208-847-1652).*
**Call the Idaho Care Line: 1-800-926-2588.*

Let the Health Specialist know of the families that are referred to the Medicaid office so that the Health Specialist can track these families.

- 1. If the child is accepted on Medicaid/CHIP, have the parents follow the step under 7A1 listed above.**
 - 2. If the child is denied Medicaid/CHIP, have the parents follow the step 7C-E listed below.**
- C. If the child is not eligible for any type of insurance or their insurance is not sufficient to cover the cost of the exam/treatment, the Health Specialist will try to find a donated or reduced-cost exam/treatment (if needed).**
- D. If a donated or reduced-cost exam/treatment is not available, the Funding Checklist will be followed by Head Start and the family to obtain needed hearing follow-up for the child.**
- 8. If you have additional questions or concerns, please contact the Health Specialist at 435-787-8885, ext. 324.**

July 2009

Vision Screening and Follow-up Procedure

1. Bear River Head Start will only screen a child's vision if it was **NOT** completed by a physician before the child's 45-day deadline. Bear River Head Start does organize community developmental screenings for the purpose of performing required Head Start and school district developmental screenings. During these screenings, the Health Specialist will perform vision screenings for Head Start applicants and enrollees, as well as, for community and school district children.
2. If the child's well-child check does not include documentation of vision screening or has not had his/her vision checked by an optometrist or ophthalmologist within the past year, Bear River Head Start will screen the child's vision before his/her 45-day deadline.
3. Bear River Head Start may also screen a child's vision if a medical professional advises Head Start to screen or re-screen a child's vision.
4. If Bear River Head Start screens the child's vision, the legal guardian will be required to sign the Parent Agreement form.
5. Within one week of receiving documentation of a vision test from a doctor's office or from a Bear River Head Start screening, the Health Specialist will send a vision referral form to the legal guardian if a child needs vision follow-up. If a child's vision screening is worse than 20/30 in one eye or both, that child will be referred to an ophthalmologist or optometrist.
6. The child's Family Advocate will also receive a copy of the vision follow-up letter given to the parents to ensure that the needed vision follow-up is completed and final documentation returned to the Health Specialist in a timely manner.
7. The Family Advocate will ensure that the Head Start child gets the correct vision follow-up by helping the parents with the following steps.
 - A. Determine if a family has vision coverage as part of their insurance.
 1. If the child is on Medicaid or CHIP, have the parents choose an ophthalmologist from the yellow pages in the phone book and call to find out if they accept Medicaid. If the ophthalmologist does accept Medicaid or CHIP, have the parents make an appointment for the next available day that fits the parents' schedule. If the ophthalmologist does not accept Medicaid/CHIP, have the parents call another ophthalmologist until they find one that accepts Medicaid.
 2. If the child is on Private Insurance have the parent call their insurance company for a list of ophthalmologists that will accept their insurance. Then have the parents call and make an eye appointment for the next available day that fits the parents' schedule.

- B. If the family is not on Medicaid or CHIP and are eligible in Utah, refer them to the Medicaid office in Ogden. In Idaho refer to the Health and Welfare office for support: Preston (208-852-0634), Malad (208-766-2281), Soda Springs (208-547-4317), Montpelier (208-847-1652.)**

***Call the Idaho Care Line: 1-800-926-2588.**

Let the Health Specialist know of the families that are referred to the Medicaid office so that the Health Specialist can track these families.

- 1. If the child is accepted on Medicaid/CHIP, have the parents follow the step under 7A1 listed above.**
 - 2. If the child is denied Medicaid/CHIP, have the parents follow the step 7C-E listed below.**
- C. If the family has private insurance but no vision coverage or is not eligible for any insurance (but the Head Start child is a citizen), the following vision options are available for them to choose from.**
- 1. Vision Service Plan * www.sightforstudents.org**
 - 2. Local Lyons Club funds* work in progress**
- D. If the child is not eligible for any type of insurance (and not a citizen), the Health Specialist will try to find a donated exam and/or glasses (if needed). The Lyons Club may also be used.**
- E. If a donated exam is not available and/or prescription glasses, the Funding Checklist will be followed by Head Start and the family to obtain needed vision follow-up for the child.**
- 8. If you have additional questions or concerns, please contact the Health Specialist at 435-787-8885, ext. 324.**

July 2009

Performance Standard – 90 Day

1304.20(a)(1)(ii)(B)

Bear River Head Start
45 Day Procedure

2. Medical and dental exams should be done before a child is accepted into the program.
 - A letter from the health office is included with the Head Start application. This letter states that the well-child check, dental exam, hematocrit/hemoglobin, and lead tests are required to be done for Head Start Performance Standards. The documentation for these should be included with the application.
 - If a child's application has been completed and turned into the enrollment office, but the needed medical and dental exams are not completed, then appointments need to be made. If the Health Specialist has the documentation or appointments of the medical/dental exams, the application is considered complete if all other needed documents have been turned in for the application.
 - If the family does not have a dentist or physician/finances or insurance for their child, the Health Specialist/Oral Health Specialist will help the family get a dentist/physician, tell them how to apply for Medicaid/CHIP/Caring Foundation, and find donated exams, if needed. The Oral Health Specialist and Health Specialist may choose to wait until children are accepted to find donated exams.
 - Family Advocates will also call applicants during the summer to remind them to send in needed documentation of dental exams/well-child checks and to make appointments.
3. On the first Family Advocate visit, the advocate will pick up any documentation that the guardians have for dental and physical screenings, immunizations, or hearing and vision follow-ups. *Please refer to the Lead Screening Procedures for further information about lead testing.*
 - Because the parents or guardians may not have taken their Head Start child to the doctor or dentist yet, the family advocate will encourage the family to make or keep an appointment. If the family has not made an appointment, yet, the Family Advocate will assist the parents in making an appointment during the first home visit.
 - If the family has appointments, the family advocate will get the times and dates of those appointments and return them to the Health Specialist/Oral Health Specialist.

- The advocates have families sign a release of information on their first home visits. If the parents took the child in for a medical or dental visit but forgot to get appropriate documentation, the Health Specialist/Oral Health Specialist will send the release of information to obtain documentation of the physical or dental exam.
 1. The Family Advocate will give a copy of the release of information to the Oral Health Specialist/Health Specialist and keep a copy.
 2. The Oral Health Specialist/Health Specialist will file the documentation in the child's health file and enter the information in the database.
- 4. If the family does not have a dentist or physician for their Head Start child, the Family Advocate will find a physician or dentist with the assistance of the Oral Health Specialist/Health Specialist. The advocates may need to notify the families later of a physician or dentist, but they should **not** wait until their next visit to inform their families with this information. If possible, the advocate will assist the parents in making appointments during the visit. The Family Advocate will remind the parents to take the Head Start exam forms into the doctor/dentist when they attend their appointment.
- 5. Because some families may have financial difficulties with medical and dental exams, the Family Advocate may need the assistance of the Health Office to help the family make appointments for their child. In this situation, the Oral Health Specialist/Health Specialist will arrange donated exams for this child. If the family is unable to call the doctor/dentist because of language barriers, the Health Specialist will call and make appointments for them. Therefore, during this visit, the Family Advocate needs to find out when the Health Specialist can make appointments.
- 6. The Health Specialist/Oral Health Specialist may not be able to obtain a donated exam for a child if he/she has insurance but it does not cover the cost of the exams sufficiently for the family. The Family Advocate may need to assist the parents/guardians with the Funding Checklist in these cases.
- 6. The Family Advocate also needs to help families with insurance difficulties during the first visit. Family Advocates will provide families with Medicaid/CHIP applications, Caring Foundation applications, etc.

For information on the Immunization Policy and Procedure and Lead Procedure, please refer to that section.



BEAR RIVER HEAD START

Lead Screening Procedure

To meet Utah and Idaho Federal requirements for lead screening of children, the following procedure will be used for pre-school children at Bear River Head Start.

The Idaho and Utah Medicaid requirements are attached. Bear River Head Start requires all children to receive a blood lead test if they have not already received one in the past. Bear River Head Start also requires all families to complete the Lead Risk Assessment during the enrollment year. The Lead Risk Assessment is required by Medicaid to be completed by the child's doctor during well-child checks. But Bear River Head Start uses this Assessment as an educational tool for parents to make them aware of the risk of lead exposure in their environments.

June 2009



Recruitment and Enrollment

- Lead test will be strongly encouraged during the recruiting and enrollment processes. Head Start health requirements will be attached to all applications. (Please refer to attached letter #1.) Applicants are strongly encouraged to complete the health requirements, including well-child check, dental exam, hematocrit/hemoglobin, and **blood lead tests (lead screening)**, with their applications.
- Recruiters will specifically mention all of the health requirements to potential applicants.
- The application has the Medical Information Form that asks for the child's type of insurance. This form will be used to determine the insurance status of applicants.
- If an application arrives at the enrollment office without completed lead test requirements, an additional letter will be sent to the applicants, reminding them of the Federal requirement for lead screening. This letter provides instructions for them of how to receive a lab order from their doctor for this test. (Please refer to attached letter #2.)
- If a child has received a lead test at any time from one year of age to present, that child will not need another lead screening test. Medicaid requirements state that a child should receive a lead test completed at 12 and 24 months. If a child has not received a lead test during this time, Medicaid requires a lead test to be done anytime from 24 to 72 months.
- **Bear River Head Start follows Medicaid requirements for ALL Head Start children.**



45-Day Deadline

- The 45-day deadline requires that all accepted Head Start students receive all of the health requirements, including a lead test, ninety days from the start of services. The first 45-day deadline is in the middle of November.
- The Health Specialist will determine what lead screenings Head Start has and what lead screenings are still needed. This information will be given to the Family Advocates.
- Family Advocates will be required, within the first month of services, to determine the insurance status of all the children they serve.
- If a child has not received a lead test, the Family Advocates will work with parents/guardians to arrange a lead test for their Head Start child. If a child does not have any insurance or their insurance will not cover the cost of the lead test, the Family Advocate will help the parents complete a Funding Checklist and return it to the Health Specialist. These situations will be reviewed case by case.
- If a lab order is needed, the Family Advocate will assist the parents/guardians in making that lab order with their child's doctor. If needed, the Health Specialist will make the lab order with a release of information signed by the legal guardian of the Head Start child. A lab order is made by calling the doctor's office and requesting an order to be sent to the lab.
- If the Health Specialist makes the lab order, the Family Advocate will call the parents and tell them that the lab order was made.
- The parents will have two weeks to complete the lab work unless the 45-Day Deadline for their Head Start child comes before that. In that case, the child must receive the lead test BEFORE the 45-day deadline with the assistance of the Family Advocate. A refusal must be signed if the child misses this deadline.
- If a child has received a lead test from one year of age to present, that child will not need another lead test. Medicaid requirements state that a child should receive a lead test at 12 and 24 months. If a child has not received a lead test during this time, Medicaid requires a lead test to be done anytime from 24 to 72 months.



Education and Follow-Up

- **Lead Poisoning and Your Children pamphlet**
 - **Lead Screening Assessment**
 - **Healthy Home project**
- Bear River Head Start will encourage all families to have their children receive lead screenings.
- During the Family Advocates' first home visits, they will distribute pamphlets (**Lead Poisoning and Your Children**) to all their families.
- All families will complete a **Lead Screening Assessment** during the enrollment year.. Even though Medicaid requirements state that a verbal risk assessment for all Medicaid-eligible children ages six to 72 months will be completed at each CHEC screening with their doctor, the Lead Screening Assessment will be used as an educational tool for Head Start families and be given to children who have private insurance as well. It will help make families aware of the possible risks for lead exposure.
- This assessment will be turned into the Health Specialist.
- Bear River Head Start participates in the **Healthy Home** project, initiated by the Idaho State Department of Health. Based a Health Home questionnaire, the family makes three goals to help improve their living environments. Family Advocates help the families they serve follow through with these goals.
- The Healthy Home book has information on the lead screening, possible risks, and steps to take to reduce lead exposure risks. This book will be given to all families with a letter attached, specifically encouraging them to read the lead section of the book. This book will provide families with information that will help with concerns from the Lead Screening Assessment.



Lead Screening Follow-Up

- According to Medicaid, a **blood lead test** result equal to or greater than 10 ug/dL will need follow-up with a physician to re-evaluate lead levels. If lead levels are still high, additional follow-up recommended by the physician and health department will be followed.

Querido Padre/Apoderado:

Head Start está emocionado que usted está considerando nuestro programa para su niño/a y estamos ansiosos de recibir su aplicación. Las siguientes cosas son requeridas junto con su aplicación. **Por favor contacte a Alicia al 1-877-755-0081 Ext. 240, si no tiene aseguranza para su niño, o si no puede pagar por los exámenes siguientes, o necesita un doctor o dentista para su niño.**

- Físico:** Su hijo necesita un examen físico con su doctor anualmente.
- Hematocrito/Hemoglobina:** Su hijo necesitará un examen hematocrito o hemoglobina hecho junto con el examen físico si no está en WIC para el año escolar de 2008-2009.
- Examen del Plomo:** *Si su hijo tiene Medicaid*, es requerido que le hagan un examen del plomo. Por favor recuérdle a su doctor de cabecera que le den una orden del laboratorio para este examen si su hijo tiene medicaid.
- Examen Dental:** Su hijo necesitará un examen dental con su dentista. Si lleva su hijo/a al dentista en un horario regular cada seis meses, solo necesitamos el examen mas reciente que recibió.
- Inmunizaciones:** Necesitan estar al corriente o al día.
 - Requerido para inscribir a su hijo en Utah: **DTP, DT, DTaP = 4 dosis HIB = 1 dosis Polio (IPV o OPV) = 3 dosis MMR = 1 dosis**
Recomendado, pero no es requerido: Hepatitis B = 3 dosis Hepatitis A = 2 dosis Varicela = 1 dosis
 - Requerido para inscribir a su hijo en Idaho: **DTP, DT, DTaP = 5 dosis HIB = 1 dosis Polio (IPV o OPV) = 3 dosis MMR = 1 dosis Hepatitis B = 3 dosis**
Recomendado, pero no es requerido: Hepatitis A = 2 dosis Varicela = 1 dosis

Por favor lleve estas formas incluidas con la aplicación al doctor/dentista. Después del examen, incluye las formas con su aplicación de Head Start cuando la entregue.

Atentamente,

Rachel Cook-Coordinadora de Salud y el Bienestar
Cami McArthur-Especialista de Salud
Alicia Cottle – Especialista de Salud Oral

Dear Parents/Guardians:

Head Start is excited that you are considering our program for your child and look forward to receiving your child's application. PLEASE CONTACT CAMI AT 1-877-634-8885, EXT. 324, IF YOU DO NOT HAVE INSURANCE FOR YOUR CHILD, ARE UNABLE TO PAY FOR THE FOLLOWING EXAMS, OR NEED A DOCTOR AND/OR DENTIST FOR YOUR CHILD.

- **Physical:** Your child will need a yearly physical exam with a medical doctor.
- **Hematocrit/Hemoglobin:** Your child will need a hematocrit or hemoglobin to be done at the time of their physical if they are NOT on WIC for the 2009-2010 school year.
- **Lead Test:** If your child has never had a lead test but has Medicaid insurance, obtain a lab order from your doctor and complete a lead test for your child. If your child does not have Medicaid insurance, please call the Health Specialist at 877-634-8885, ext. 324.
- **Dental Exam:** Your child will need a dental exam with a dentist. If your child is on a regular six month schedule with his or her dental care, please obtain a copy of your child's latest six month exam.
- **Immunizations:** Documentation of your child's immunizations must show record of the following shots:

Required for Enrollment:

UTAH: DTP, DT, DTaP=4 doses HIB=1 dose Polio (IPV or OPV)=3 doses MMR=1 dose
Hepatitis B=3 doses Hepatitis A= 2 doses Varicella=1 dose

IDAHO: DTP, DT, DTaP=4 doses HIB=1 dose Polio (IPV or OPV)=3 doses
Hepatitis B = 3 doses MMR: 1 dose

Sincerely,

Rachel Cook – Health and Wellness Coordinator
Cami McArthur – Health Specialist
Alicia Cottle – Oral Health Specialist