Health Operating Manual

Aligned with the 2016 Head Start/Early Head Start Program Performance Standards

(Standards 1302.40 -1302.47)

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PURPOSE (1302.40)

The major aspects HEAD START/EARLY HEAD START Health Services Program are health screenings, dental, mental health, nutrition, parent involvement in every aspect, and health education. The five Head Start/Early Head Start components; Health, Literacy, Education, Social Services/Parent Involvement, Special Services and their professional disciplines, work together toward accomplishments of this basic Head Start/Early Head Start mission. Such teamwork and integration are essential to an effective planning and implementation process. This integration takes into account the individual, the family, the community, and the environment.

The Head Start/Early Head Start Performance Standards provide a framework whereby staff members, who are responsible for the various components, are able to function effectively as a team to achieve program goals. This team approach is clearly stated in the Head Start/Early Head Start philosophy.

The Head Start/Early Head Start Health Component's main purpose is to identify and arrange treatment of health problems and concerns. The Health Component also incorporates preventive measures such as, early detection of health problems and assisting children to function at their optimal level of health, while encouraging families to assume more responsibility for themselves in all areas.

In recognizing the uniqueness of each individual child, the health staff forms a partnership of individual members advocating for the achievement of higher levels of wellness for children and families with emphasis on the concept of self-help. In addition, the Health Services Advisory Committee is the major mechanism for community input and performs the role of an advocate, which supports the Health team concept.

COLLABORATION AND COMMUNICATION WITH PARENTS (Standard 1302.41)

IDENTIFICATION OF NEEDS AND/OR ASSESSMENT

A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

A program must establish and maintain a Health Services Advisory Committee that includes Head Start/Early Head Start parents, professionals, and other volunteers from the community.

(a) For all activities described in this part, CSNT Head Start/Early Head Start will collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.

(b) CSNT will obtain advanced authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services.

(c) CSNT will share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

PROCEDURE

All children (new and returning) enrolled must receive a strabismus, vision, pure tone hearing screen, a hematocrit/hemoglobin, height, weight, lead blood test and or results from previous test and blood pressure screening within 45 calendar days of entering the center. If a child fails his/her initial screening, the child must be re-screened 2-3 weeks after the initial screening date for the vision, pure tone hearing and 4-6 weeks for the hematocrit/hemoglobin.

It will be determined at enrollment whether or not the child being enrolled has an established medical home. If the child has a medical home, then he/she will be referred to their primary provider for a physical examination. The initial physical exam must be completed within 90 calendar days of the child entering the campus. The primary provider should treat any abnormalities detected during the physical examination. All follow-up treatments must be referred back to the primary provider. All follow-ups will be deemed complete by individual Health Care Providers. Follow-up referral process will be deemed complete based upon Family Service staff documentation and/or by individual Health Care Providers.

All children enrolled must receive a dental examination every 6 months. New students must receive an initial dental exam within 90 calendar days upon entering the campus. Parents must be informed of required dentals and dental schedules during enrollment.

All children entering Head Start/Early Head Start must have the following:

- Current or up-to-date immunizations. Parents will be notified during enrollment that children cannot begin attending classes without up-to-day/current immunizations and of all immunizations needed.
- Parents will be notified during enrollment that CSNT Head Start/Early Head Start is required to adhere to the Texas Department of State Health Services Immunization requirements. Parents will be notified that CSNT Head Start/Early Head Start will work in conjunction with our partnership ISD's to ensure guidelines for immunization requirements are met and children cannot begin attending classes without providing proof of up-to- day/current immunization status and/or provide proof of all immunizations needed to be considered medically up to date.

CHILD HEALTH STATUS AND CARE (Standard 1302.42)

(ENROLLMENT PROCEDURES)

{Refer to Family Services Policies and Procedures} 1302.15

POLICY

(1) CSNT will within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care—provided by a health care professional that maintains the child's ongoing health record and is not primarily a source

of emergency or urgent care-and health insurance coverage

(2) CSNT Head Start/Early Head Start Family Service staff will assist families as soon as possible in accessing a source of ongoing care and health insurance coverage or access to care through the Indian Health Service (if applicable), when a child does not have a source of ongoing care and health

(b) Enrollment allows for the opportunity to identify any potential health problems that may interfere with a child's learning ability, self-esteem etc. If a problem is identified, the Head Start/Early Head Start staff will ensure that the problem is remedied or that the child is receiving continuity of care. It is the responsibility of the Family Service Worker to provide orientation and inform the parent of all required services as well as the rationale and expectations for those services. All children enrolled in the Head Start/Early Head Start program are required to receive a physical examination, which includes a hearing, vision, growth assessment, anemia and lead blood test screening, as well as a dental examination as per the Texas Health Step Periodicity Schedule.

PROCEDURE

1. The staff will provide the following information to parents at the time of enrollment regarding the health needs of the child:
2. Family Service Worker determines from the parent orientation whether or not the child has a “medical/dental home. If it is determined that the child:
    - DOES NOT have a "medical/dental home," the staff will assist the parent/ guardian in locating or selecting one by utilizing the Resources Directory (Can be found in the Campus Operating Manual)
    - DOES have medical/dental home services should be provided from their chosen primary care provider (PCP)
3. Family Services Worker/s will discuss with the parent and/or guardians of Head Start/Early Head Start Requirements and determine if the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care per the Department of State Health Services EPSDT schedule.
4. A copy of the Texas Health Step physical form or the physician’s individual office form is acceptable in meeting this requirement. If the physician requires a form, use the physical form provided by Head Start/Early Head Start.
5. A copy of the Dentist’s individual dental form is acceptable. If the dentist requires a form, a copy of the Head Start/Early Head Start Dental form must be provided.
6. During orientation, the Family Service Worker will introduce themselves to the parent(s) and/or guardian and inform him/her that a number of questions will be asked regarding to the child's health history, "medical/dental home," general information about the family whether or not the family has insurance, dental history, etc.
7. After the detailed explanation of services, the parent(s) and/or guardian must sign the “Consent for Services”. – SEE FAMILY SERVICE

PROVISION OF SERVICES Standard 1302.42 (e)

PROVISION OF DIAPERS/PULL-UP SUPPLIES (Standard 1302.42(e)(1)

POLICY

CSNT staff will adhere to OHS Program Instruction PI-HS-09-03 as applicable for students who have received medical advice/instructions that require diapers or a brand of pull-ups and personal cleansing wipes that are different from the brand supplied by CSNT Head Start/Early Head Start.
Documented medical advice from a Health Care Professional is required from parents who

Requests for pull-ups/diapers and wipes when documented medical advice is received must be directed to Health Coordinator.

DIAPER/PULL-UP CHANGING AREA POLICY

CSNT Head Start/Early Head Start staff will adhere to Head Start Performance Standards 1304.22, 1304.53(a)(xiv) and Child Care Licensing Standards 746.3501, 746.3503 and 746.3505 for Pull- up/Diapering/changing procedures, changing equipment requirement and sanitization guidelines to prevent spreading of germs.

PROCEDURE

1. Designated privacy area required for pull-up/diaper changing situations and must be separated from areas used for cooking, eating or children's activities.
2. Hand-washing sink required in pull-up/diaper changing area.
3. Delegated cot/changing bed required for all pull-up/diaper changing situations.
4. Delegated cot/changing bed must be sanitized after each use with designated sanitizing solution- wait two minutes before drying cot/bed to perform another changing session.
5. Designated waste container must be lined with two liners and remain covered at all times.
6. Staff must wash hands with soap and water and wear gloves before pull-up/diaper changes.
7. Staff must ensure child safety at all times.
8. Promptly change soiled or wet pull-ups/diapers when indicated.
9. Thoroughly cleanse children with individual disposable cloths or wipes as directed by Health Care Professional and discard soiled materials in designated waste container.
10. Fecal incontinence episodes require children to lie on cot to ensure thorough cleansing.
11. Children must be dry using a clean dry cloth or disposable cloth before placing new diaper and or pull-up. Discard disposable drying cloths in designated waster container. Cloth drying material must be laundered per center staff before re-use.
12. Staff must wash hands with soap and water after pull-up/diaper change complete.
13. Staff must ensure and/or assist children in washing their hands with soap and water after pull-up/diaper change complete.
14. Application of powders, creams, ointments or lotions require medical direction and parental permission. Label powders, creams, ointments or lotions with the individual child's name.
15. Diaper/Pull-up changing supplies must be kept out of children's reach.

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will promote the following:

The physical examination, dental examination and health screenings are utilized to identify children with potential health problems. Medical and dental treatment will be provided for all health problems detected. The Health Services Delivery Plan will consist of four phases:

1. detection of children with health problems
2. diagnosis and treatment
3. assistance with obtaining transportation and payment of services when warranted,
4. prevention

PROCEDURE

Family Service Staff will pursue community resource funding for child health, dental and vision services. Head Start/Early Head Start funds are available only as final source of payments.

Funding allocated as follows:

Dental

Primary Care--$150 total allocation

- includes initial exam, bite wing X-rays, cleaning and fluoride treatment.

Secondary Care--$850 total allocation

- includes extractions, fillings and normal periodontal treatment.

Specialized—Up to $1000.00 includes caps, dental surgery or other invasive measures

Health

Primary Care—Up to $150 total allocation

- includes physical exam and required Head Start/Early Head Start screenings as indicated

1. Lead lab screen
2. TB lab test
3. Hemoglobin/Hematocrit lab test

Secondary Care---Up to $850 total allocation

- includes follow up treatments as indicated with primary care physicians,
  - Allergists and Ears, Nose and Throat

Coordinator Specialized Care—Up to $1000.00 per

entity

Vision Care—Up to $ 150 total allocation

- includes eye exam and glasses.

For treatments with costs exceeding these limits, each case will be reviewed. Payments for such excessive treatments will be made only when:

- The case has been reviewed by Head Start/Early Head Start
- An Authorization form has been submitted
- Head Start/Early Head Start has funds budgeted for the treatment

- All other possible methods of payment have been explored

PAYMENT OF SERVICES (Standard 1302.42(e)(2)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will supplement funding for children who come into the program without a source of payment for health services. Payment of Services is applicable only when no other funding source is located.

Family Service Worker/s will assist families in obtaining a payer source such as Medicaid or CHIP programs by determining their income eligibility during orientation. If a family is not eligible for Medicaid, Medicaid will then refer them to the CHIP program.

For Head Start/Early Head Start children who have Private health insurance through one of their parent's employers, Head Start/Early Head Start will assist parents with any coinsurance and/or deductibles for the child's treatment, as needed.

If none of these sources of payment apply to a child, then it is the program's responsibility to pick up the cost of any medical and/or dental care as applicable per assigned provision of services allocations.

AUTHORIZATION FOR PAYMENT PROCEDURE

[Criteria must be met before submitting Authorization for Payment request]

Family Service Worker responsibilities to include the following:

1. Determine and submit services needed and all charges for services per each provider visit. (Medical- fees for exam, required lab test, immunizations, etc. - Dental-fees for exam, x-rays, all treatments, etc.)
2. Inform parent/s and providers of cost allocations on medical/ dental services. (See Provision of Services Section)
3. Obtain Payer Source Information: Medicaid, Chip, Private Insurance or No Payer Source.
4. Have parents provide either a Medicaid denial letter and/or no coverage statement from private insurance.
5. Indicate on AFP if service needed is either an initial exam or follow-up

   {Note: Medicaid denial due to income ineligibility indicates immediate AFP approval}

- Procedure - NO MEDICAID - Medicaid Denial Letter Required
    1. Denial for any of the following reasons: Family Service Worker Responsibilities:

2. Failure to re-certify: Parent notification of Medicaid re-certification requirement. Assist parents with re-certification process - obtaining appointment and transportation assistance as per protocol
3. Never applied: Parent notification of Medicaid service and provide information regarding income eligibility requirements. Assist parents with obtaining appointment and offer transportation assistance per protocol.
4. Illegal Alien Status: Document on {AFP} NO Social Security # on child per parent verification and submit a copy of Medicaid eligibility requirements which indicate Social Security # required.
5. Procedure - Private Insurance - No Dental Coverage
6. Have parent provide statement from their private insurance carrier to verify no dental coverage with policy and attach copy with AFP request.
7. If parent non-complaint with obtaining insurance information, notify parent that you must contact their private insurance carrier to verify no dental coverage with policy and document on AFP (parent non-complaint and contact made by Family Service Worker and of no dental coverage verified per insurance carrier.)
8. Inform parent and dental providers of cost allocations on dental services.(See Provision of Services)
9. Obtain cost information from dental provider for payment assistance. (Written estimates)
10. Contact and document at least 3 community resource contacts for payment assistance made, include contact numbers.

- Procedure - Private Insurance - Dental Coverage
    1. Obtain amount insurance will pay for services and submit information with AFP request.
    2. Inform parent and dental providers of cost allocations on dental services. (See Provision of Services)
    3. Obtain cost information from dental provider for payment assistance. (Estimates)
    4. Document three community resource contacts for payment assistance made, include contact numbers.

- Procedure – Chip - Applies only for dental services and parent payment assistance if needed.
    1. Obtain Chip information for student file.
    2. Determine and submit services needed and all charges for dental services per each provider visit.

- Procedure - AFP for Medical Service s- Private Insurance Coverage
    1. AFP procedure applies for co-pay amounts. (Deductibles, parent percentage)
    2. Obtain Co-pay amount and/or parent percentage amount from provider as well as estimate of planned service and submit to Health Coordinator with AFP request.

REFERRALS (Standard 1302.42 (d) (1)(2)(3)

(Refer to page 23 of Health policies & Procedures)
After health problems have been detected, the child will receive competent and continuing care until they are remedied or until a pattern of continuing care has been well established.

PARENT TRAINING (Standard 1302.46

Health Coordinators will provide or arrange "Health Education" training for parents and children at each campus during first annual parent meeting and upon request. Health Coordinator and Health Coordinator/Family Services Administrator will work with Family Service Workers to provide necessary tools for training upon parents/guardians request.

COMMUNITY PARTNERSHIPS (Standard 1302.53)

(1)(2)(I)(II)(III)(IV)(V)(VI)(VII)(VIII)

POLICY

Community partnerships are essential for providing medical and dental services to all children enrolled in the program. The Health Coordinator will initiate and maintain community partnerships with various providers in the medical and dental area per:

1. Interagency Agreements
2. Health Advisory Committee Meetings

HEALTH STAFF: JOB DESCRIPTIONS & RESPONSIBILITIES (Standard 13

SEE HUMAN RESOURCES DIRECTOR FOR COMPLETE JOB DESCRIPTION

CAMPUS ENROLLMENT PACKET (Standard 1302.15)

{Refer Family Services Policies and Procedures}
The following forms should be available and completed by the Family Service Worker during enrollment at the Campus. Staff should obtain information from parents/guardian via interview during the enrollment. After obtaining, the completed forms are correctly filed in the Health section of the folder. After obtaining the completed forms, health information must be documented in Child Plus then health forms are filed in their designated content area sections of the child's folder.

CONSENT FOR SERVICES FORM (Standard 1302.47(b)(1)(vi)

POLICY

All parent(s) and/or guardians will be given a comprehensive overview of all health services provided to all children enrolled in Head Start/Early Head Start Program and must complete, sign and date the Consent for Services Form in order to receive Head Start/Early Head Start Health services.

PROCEDURE

1. Family Service worker will provide detail explanation of consent for services form. Parent/Guardian must initial each service listed and then sign the consent for services form.
2. During re-enrollment, the parent(s) and/or guardian must complete the Consent

for Services and permission forms again.

3. Should the parent/guardian refuse to sign the Consent for Services Form, they are then required to complete and sign the documentation of nonparticipation form indicating the refusal of stated services. Children who require medical or dental emergencies care, the parent will be notified and the Campus Director or designated personnel in Campus Directors absence will call 911. (Standard, 1304.20(e)(5)

MEDICAL/DENTAL HOME FORM (Standard, 1302.42 (a)(1)(2)

POLICY

The Medical/Dental Home Form is used to identify the medical/dental provider/home of the child during orientation. This process is completed during orientation by the parent and the assistance of the Family Service worker when indicated

PROCEDURE

1. If the parent/guardian does not have a medical/dental home or private insurance, the Family Service Worker will refer the family to the Medicaid or CHIPS program.
2. Family Service Worker should document follow-ups and updated information on the child's file until approval or denial of Medicaid or CHIPS has been obtained.
3. If the family is not eligible or chooses not to apply for Medicaid, the family will be given the Resource Directory to inform them of the providers in their community.
4. When confirmation of the medical/dental home is obtained either verbally or through correspondence from the parent/guardian, the Family Service Worker must document on Medical and Dental Health Form and placed in Child's File.
5. The total process should be completed within ninety (90) days of the child entering the program.

HEALTH HISTORY FORM (Standard 1302.42) (b)(4)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed Health History Form for each child to obtain the child's medical history from birth.

PROCEDURE

1. Family Service Workers must confer with parents and obtain health information and record on child's health history form. If the child is under current medical treatment for a chronic condition (seizures, asthma, etc.) the Family Service Worker should complete a "Consent to Release Records" form and send it to the medical provider for further medical information.
2. Documentation should be made in the child's file.

3. All medical records obtained should be filed in the Health and Licensing section.
4. The Health Coordinator is notified using the Health Request and Results Form.

CONSENT TO RELEASE RECORDS FORM (Standard 1302.41 (b)(1)

POLICY

The Consent to Release Records Form is used to obtain information regarding identified post and/or current health problems with the child.

PROCEDURE

1. The Family Service Worker will inform the parent/guardian the purpose of the Consent to Release Records Form and obtain parent signature during orientation.
2. Family Service Worker will send to the provider for the purpose of obtaining required health information.

LEAD QUESTIONNAIRE FORM (See Forms) (Standard 1302.42(b)(1)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed Lead Questionnaire Form annually for all children in conjunction with obtaining the most current Lead Blood Test Screening results. The Lead Blood Test must have been received at 2 years of age or older. The significance of this form is tracking related for the detection and/or documentation of possible lead exposure when the most current Lead Blood Test Screening is one year old.

PROCEDURE

1. A response of "Yes" or “Do Not Know” to any question on the form requires that the child be referred for a blood lead screening when most current test level is over one year old.
2. Children who have answered "Yes" or “Do Not Know” to any questions on the Lead Questionnaire must be referred to their Primary Care Provider for follow-up.
3. Children with a lead blood level of 5 or greater, the Family Service staff must follow-up with the child’s parents to ensure the child has been seen by their PCP and is under a physician’s care for elevated lead level and document efforts and contacts in Child Plus.
4. The Health Coordinator is notified using the Head Start/Early Head Start referral form.

TB QUESTIONNAIRE FORM (Standard 1302.42(b)(1)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed T.B. Questionnaire Form for all children annually. The significance of this form is tracking related for the detection and/or documentation of possible TB exposure.

PROCEDURE

A response of "yes" or "Do Not Know" to any question indicates that the child should receive a T.B. skin test. Referral to child's Primary Health Care Professional is required and results documented on the child's Health record and results documented in Child Plus.

ORGANIZATION OF HEALTH SECTION IN CHILDREN'S FOLDER

(Standard, 1302.42 (1)

{Refer to Family Services Policies and Procedures}

POLICY

To maintain accurate child records which facilitate monitoring of health, dental and mental health needs, Community Service of Northeast Texas Head Start/Early Head Start staff will perform the following:

PROCEDURE (See Health checklist)

1. The Family Service Worker will be responsible for arranging each child's folder within thirty (30) days of the child entering the campus.
2. The Family Service Worker will ensure that the Health section of the folder is properly organized when reviewing campus records and denote on Health checklist all completed items.
3. Health section of each child's folder should be appropriately documented and arranged within thirty (30) days of the child entering the campus.
4. All referral/follow-up forms, treatment (medical/dental) forms, and medical requests should be added to the appropriate section ASAP of receiving the information with copies of all referral and follow-up forms forward to Health Content Area staff.

SCREENING PROCEDURES (STANDARD 1302.42 (b)(2))

POLICY

Health screenings will be performed for the detection of possible health needs. The health screens consisting of height and weight, blood pressure, hematocrit and hemoglobin, lead blood test screening, hearing pure tone, vision, strabismus and other tests, when indicated. All health screenings are applicable per the Texas Department of Health EPSDT schedule.

All screenings must be completed upon forty-five (45) calendar days of the child's entry into the center. New students must be screened within forty-five (45) calendar days of the child's entry into the program unless they have a current physical that indicates their height/weight data and they have passed their Vision/Hearing screen. The screenings are

good for one year (see Enrollment Packet). This information should be recorded and documented in Child Plus and in the child's file on designated forms and placed in designated areas.

Returning students who did not receive a Vision/Hearing and Height/Weight screens on their most current annual physical must complete the required screens within forty-five (45) calendar days of the new school term.

Health screens will be performed by trained Health Care Professionals and/or certified Head Start/Early Head Start staff (Family Service Worker, Teaching staff, Health Component team). Health screens applicable for Head Start/Early Head Start staff are Vision/Hearing and Height and Weight.

Height/Weight and Vision/Hearing data taken from physicals dated June 10th and after will be accepted for new school term.

PROCEDURE

1. Family Service Worker/s will obtain screening information from child health records and document the information in the child's file in the designated areas.

    a. Family Service Worker/s will submit the Consent to Release Records form to the child's Primary Care Physician or other Health entities to obtain required screening information and document all information received in the child's file in the designated areas and document all information in child plus in each designated area

2. Family Service Worker/s will notify the Health Coordinator when assistance is needed with performing vision/hearing and height and weight screens if none are noted on health records when none are noted on physical. Family Service Worker/s will notify the Health Coordinator when assistance is needed with performing vision/hearing and height and weight screens
3. Family Service Worker/s and the Health Component team (Health Coordinator and Health Coordinator/ Family Services Administrator) will work collectively when needed, to perform vision/hearing re-screens within the required time frame of 3-4 weeks after initial screen performed.
4. Family Service Worker/s will submit health screen referrals within the required 4-6 week time frame.
5. Family Service Worker/s will file all referral/follow-up forms, treatment (medical/dental) forms, and medical requests to the appropriate section ASAP of receiving the information

IMPORTANT NOTICE/MISSING INFORMATION FORM

(Refer also to Family & Community Partnership Polices & Procedures)

POLICY

This Important Notice/Missing Information form will be used to notify parent(s) and/or guardian of a child's needed immunizations and health concerns.

PROCEDURE

1. Fill in the child's name and date.
2. Check the appropriate item of missing information needed.

SCREENING NOTIFICATION LETTER

{Refer also to the Nutrition Policies and Procedures}

POLICY

This Screening Notification Letter will be used to notify parent(s) and/or guardian of a child's screening results and of any referrals warranted.

PROCEDURE

3. Fill in the child's name and date.
4. Check the appropriate screening performed and results. Indicate referrals when applicable.

HEALTH INTERVENTION ACTION PLAN

Health Requirements/Missing Health Requirements:

PROCEDURE: FSW staff and Health Team will implement the following:

1. FSW will inform parent of all Health components required during Parent Orientation and document parent notification in Child Plus.
   (Health components include; Initial/Annual Physical, Vision/Hearing, Height/Weight, Blood Pressure, Hemoglobin and Lead blood test).

2. Beginning September 15th of each school term, Family Service Staff will initiate sending Parent Missing Information notifications every two (2) weeks for six (6) weeks and document in Child Plus under each individual requirement.
   - Missing information notifications will require:
     - Offering assistance with obtaining transportation, funding when qualified, making appointments, obtaining insurance, etc.
     - 1st notification will be a parent missing information notification letter.
     - 2nd notification will be a personal contact either by phone call or in person.
     - 3rd notification- preferred method by phone call or in person notification. If difficulty is met with personal contact then a parent missing information notification letter is required. (Two Sided Document)

3. FSW staff will give parents two (2) weeks to respond to the last Missing Information notification.
   - FSW staff will submit an email to the Health Coordinator and/or Health

Assistant notifying them of the students whose parents have not responded.

4. Health Coordinator and/or Health Assistant will continue with Parent Notifications by:
   - Sending informative letters regarding the importance of annual physicals to educate parents on the importance of knowing their child's health status.

   - Making phone calls to inform parents of required physical; work and assist parents in obtaining the required physical and its components by offering assistance with obtaining transportation, funding when qualified, making appointments, obtaining insurance.

   - Monthly Missing Information requests will continue to be sent to parents; when no response from parent or missing information has been received. Monthly requests must be sent until missing requirements have been received.

5. Two weeks after the Health Coordinator's last contact and /or two months past entry date; Parents who remain Non-Compliant with obtaining Health Requirements FSW staff will:
   a. Schedule a Health Intervention meeting with parent/s to discuss reason/s why completing or obtaining health requirement has been difficult and document in Child Plus-copy to student file.
      (Staff to include in meeting: FSWs, Campus Director and Health Team)

6. FSW are required in October and November during Home Visits to inform parent/s of the following:
   a. Missing Health Components (i.e. initial dentals, 6 month dentals, Physicals and or missing physical components.
   b. Home Visit contact notifications must be documented on Home Visit form, listing all notices given.
   c. FSW must document Home Visit notification in Child Plus in the Home Visit note section.

7. Monthly monitoring for Notification and Documentation Compliance by the FSW Coordinator and Health Team will be initiated on September 30th of each year and will continue monthly until end of school term.

TIMELINE CALENDAR (Standard 1302.42 (a))

POLICY

Two specific timelines are indicated by the performance standards; 45 days and 90 days. Timelines are determined based on the child's entry into the center. The Timeline Calendar is designed to predetermine dates to assist staff with identifying deadline dates for physical exams, dental exams, and other screenings.

PROCEDURE

1. The Timeline Calendar should be used by the staff when reviewing the Health records for the campuses.
2. The Timeline Calendar should be updated annually by the Health Component Team.

VISION SCREENINGS (STANDARD 1302.42 (b)(2))

Recognizing the important relationship between vision and the learning process, the 68th Texas Legislature passed the Special Senses and Communication Disorders Act of 1983, Chapter 36, Texas Health and Safety Code helps identify those children in need of professional vision and hearing examinations. All preschool and school health-screening programs aim to detect those problems, which could limit the child's educational opportunities.

POLICY

Designated staff will be hearing certified by the Texas Department of Health. This certification is to be renewed every five years or so indicated by the Texas training board. All children enrolled will receive a vision screening within forty-five (45) days of enrollment into the program. The Vision and Hearing trained staff will do these screenings. The Health Management team will assist as needed and requested. Vision screening is not a complete full examination. Its goal is to detect those children who may have a visual problem and who should be further evaluated by an ophthalmologist or an optometrist.
Staff designated at each campus will be vision certified by the Texas Department of Health. This certification will be renewed every five (5) years or when indicated by the state training board. The Health Coordinator and or Health Coordinator/Family Services Administrator will arrange for these training through Region 8 Education Service Center.
A record of vision screening should be completed and kept by Head Start/Early Head Start for any child who is required to be screened. It should contain distance acuities for both eyes, results of the Hirschberg corneal light reflex, and the Cover-Uncover tests, observed signs or symptoms, any other vision test results, date of screen and name of screener.

Indication of physical injury to the eye will always warrant professional examination. Referral for examination by an eye care Coordinator is indicated when there are signs and symptoms of a visual problem, whether the child passes or fails any of the vision screens.

A screening program will not be effective unless it has the follow-up components, diagnostic evaluations, treatment when indicated, and educational consideration.

PROCEDURE: SPOT Screener

A SPOT Screener is a portable Auto refraction Device used to quickly and easily identify refractive errors and ocular misalignment. Early detection and treatment of vision problems are critical to help prevent permanent vision loss. The American Academy of Pediatrics now recommends photo screening for children aged 12 months to 5 years.

1. After you power on the screener the Home screen will appear. Select age range and enter personal data for child to be screened.

2. Select GO and begin screening process. Follow the instructions as they appear on the screen until screening is completed.
3. The SPOT Screener will tell you if the child passed/failed complete exam required
4. Print a copy of examination results to put in the child's file and a copy to send to the vision exam.

Referral Criteria for Vision Screening

1. If the child fails the SPOT screener, then he/she will need to be referred to an Ophthalmologist or Optometrist within one month of the referral date.
2. This information should be documented on the Referral Form as well as in the health record.

Refer the child when:

1. He/she FAILS the second distance acuity screen.
2. He/she repeatedly FAILS either muscle balance test.
3. He/she shows signs or symptoms of a vision problem.
4. He/she FAILS any other professionally recognized, age appropriate vision test.
5. The outcome of the eye care Coordinator's evaluation should be provided to Head Start/Early Head Start.

NOTE: Photophobia, nystagmus, and poor ocular fixation observed during this test are also reasons for referral to an ophthalmologist RECORDING

RESULTS:

Complete the Vision portion of the Vision and Hearing form.

Referral Criteria for Vision Screening

1. If the child fails the second vision screening (re-screen), then he/she will need to be referred to an Ophthalmologist or Optometrist within one month of the referral date.
2. This information should be documented on the Referral Form as well as in the health record.

Refer the child when:

1. He/she FAILS the second distance acuity screen.
2. He/she repeatedly FAILS either muscle balance test.
3. He/she shows signs or symptoms of a vision problem.
4. He/she FAILS any other professionally recognized, age appropriate vision test.
5. The outcome of the eye care Coordinator's evaluation should be provided to Head Start/Early Head Start.

NOTE: Photophobia, nystagmus, and poor ocular fixation observed during this test are also reasons for referral to an ophthalmologist RECORDING

RESULTS:

Complete the Vision portion of the Vision and Hearing form.

HEARING SCREENINGS/OAE(STANDARD 1302.42 (b)(2))

TONE POLICY

Designated staff will be hearing certified by the Texas Department of Health. This certification is to be renewed every five years or so indicated by the Texas training board.

The Health Coordinator will arrange for training's through Region 8 Educational Service Center. Head Start/Early Head Start will perform Pure Tone screening for hearing testing in children ages 3-5 years and children ages 1-3 will be tested using the OAE. The Health Management team will assist as needed and requested. Results are recorded on the Vision and Hearing record form and filed in the child's file in the licensing section. A copy will be provided to the Health Coordinator.

PURE-TONE SWEEP-CHECK SCREENING

The purpose of sweep-check screening is to screen many children in a relatively short period of time, in an attempt to identify those who may have a hearing problem and those who apparently do not.

1. Frequencies to be screened are; 1000, 2000, and 4000 HZ at intensity of 25 dB HL This screening intensity is just outside the upper limit of normal hearing.
2. In noisy settings, where all the sweep-check frequencies cannot be heard at 25 dB HL, screening should be suspended rather than set the HL dial at a level higher than 25 dB
3. As much as possible, each child is screened individually in a quiet setting, although they may be conditioned as a group.
4. The child should be instructed to respond generally by raising his/her hand for each screen tone given at a set intensity of 25 dB HL.
5. The screener should demonstrate to the child first without placing the headsets and a setting of 60dB HL (loud enough to be heard without being placed on their heads) and preset the tone for one to two seconds.
6. When the screener is sure the child understands the instructions, the earphones should be placed securely on the child's head and screening begin.
7. Set the HL on 25dB and leave it there for the entire sweep check screening to test the right ear.
8. Set the frequency selector on 1000 Hz and present the tone for one to two seconds.
9. Record the child's responses on the screening form using a plus (+) for each frequency heard and minus (-) for any frequency with no indicated responses.
10. Repeat steps 7-10 for frequency 2000 and 4000 for each ear.
11. A CHILD IS CONSIDERED TO HAVE FAILED THE SWEEP-CHECK SCREEN IF HE/SHE FAILS TO RESPOND TO ANY ONE OF THE THREE FREQUENCIES IN EITHER EAR.
12. RESCREENING:
    a. Each child who fails the initial screening should be re-screened with another sweep check within 3-4 weeks.
    b. On the second screen, a failure of one frequency in either ear requires an extended recheck. (see TDH screening book)
    c. If a failure of one frequency occurs, when performing the extended recheck, a referral is required.

PRECAUTIONS TO OBSERVE:

1. Do not let the child watch you operate the audiometer's presentation controls.
2. Do not look at the child when the tone is presented (use peripheral vision to observe the child).
3. Do not present the tone when there is a noise which you suspect would interfere with the child's hearing the tone.

4. Do not give any clues as to when the tone is presented; control eye, head, and, or other body movement, reflections, shadows, etc.
5. Do not establish a rhythm in tone presentations; vary the time intervals between the tones HEARING REFERAL PROCESS FOR FAILED PURE TONE SCREENINGS
6. Children who fail the initial hearing screen will be re-screened within 3-4 weeks.
7. Children failing the second hearing screen must be referred for follow-up by a Health Care Professional within ten (10) days of the second failed screening.
8. Family Service Worker/s must notified parents per the Hearing Referral form of the required follow-up.
9. Family Service Worker/s must document referral information on the Hearing/Vision form and forward a copy to the Health Coordinator.
10. Family Service Worker/s must perform follow-up contacts with parents monthly to obtain follow-up information and document contact attempts on the Health Request/Results form.

HEARING/VISION REFERAL PROCESS TIMELINE

INITIAL (1st) SCREEN— required with in the first 45 days of school entry.

- Pass-No further testing required
- FAIL—Re-screen required within 3-4 weeks
  - Pass-No further testing required
  - Failed x 2 screens—Parent notification of referral required

Results documented in Child Plus. Re-screens must be scheduled on Child Plus calendar.

M-62 ANNUAL REPORT

POLICY

Community Services of Northeast Texas Head Start will comply with all Department of State Health Services requirements regarding Vision/Hearing State reports.

1. The M-62 should contain completed screening and follow-up information for all children screened and/or evaluated within the school year; that means the report should show whether or not every child referred was seen by an eye care Coordinator
2. The vision screening annual report, the M-62, is a report of all the screening activities of a facility throughout the school year. Preschools (including Head Start/Early Head Start) and schools must submit the M-62 to the Texas Department of Health by June 30th of each year.
3. It is the responsibility of the Campus Director to ensure completion and admittance of the annual report by the due date. A copy of the report will be provided to the Health manager.
4. The Vision/Hearing screening annual report, the M-52, is a report of all the screening activities of a facility throughout the school year. Preschools (including Head Start/Early Head Start) and schools must submit the M-52 to the Texas Department of Health by June 30th of each year.

5. The initial vision and pure tone is done within 45 calendar days of the child entering the campus.

OTHER TESTS POLICY

Based on community health problems, other selected screenings when appropriate will be done (i.e. sickle cell anemia, lead poisoning, and TB. etc.) However, children who are enrolled in the Texas Health Step program should receive a sickle cell anemia, anemia and lead poisoning screening during their physical assessment from their medical provider. If the child is determined to be "High Risk" screening should be performed if it has not been completed previously. Results should be provided for Head Start/Early Head Start files

FURTHER SCREENINGS PERFORMED

1. Anemia
2. Measurements (height/weight)
   a. (Refer to Nutrition Section for Policy and Procedures)

BLOOD PRESSURE

POLICY

All Head Start children regardless of insurance type are required to follow the Texas Department of State Health Services EPSDT schedule for required health screenings. All Head Start/Early Head Start children must have a blood pressure reading within the first ninety (90) days of school entry. Blood pressure readings not noted on physical must be obtained by a certified Health Care Professional and documented on the child’s health record.

DENTAL EXAMINATION (1302.42 (b)1(ii)

POLICY

All children enrolled must receive a dental examination every 6 months and adhere to as required by the Texas Department of State Health Services Medicaid EPSDT schedule. Although a child may be receiving treatment, the second dental examination is due 6 months after the initial dental exam date.

APPOINTMENT SCHEDULE FOR DENTAL EXAMS

Parents are primarily responsible for setting and keeping appointments. Staff is available to assist with making appointments and obtaining transportation when indicated.

PROCEDURE

1. Prior to first day of school, the Family Service Worker/s will contact parents/guardians informing them of all medical and dental requirements.

2. During enrollment, Family Service Worker/s must assess when a child is due for a dental exam and if the family has a primary Care Dentist. This information should be given to the parents.
3. During the orientation at enrollment, parents/guardians will be informed that all children enrolled are required to have a dental home (within 90 days of enrollment), in which they will receive continuity of care both during and after they leave the Head Start/Early Head Start program.
4. Family Service Worker/s must provide the parent/s or guardians a copy of the Medical/Dental Resource Directory if a child does not have an ongoing source of health care.
5. Once the parent/s or guardian/s have selected a provider, confirmation of a "dental home" is established and documented using the Medical/Dental Provider Form. i
6. Family Service Worker/s must offer assistance with making appointments and obtaining transportation to services when indicated.
7. One month prior to due date, the Family Service Worker/s will send a reminder letter to the parent/s for the following:
    a. Request for an appointment time and to notify staff (with in week of receiving letter) of their child's scheduled appointment time.
    b. Remind parent/s to take insurance information with them during appointment time.
8. Family Service Worker/s must inform parent, a copy of the dental exam form is required for their child's file and it is the responsibility of the parent to obtain the completed exam form before leaving the dental appointment.
9. Family Service must inform parent/s a completed dental exam should indicate what was performed at the time of the dental appointment, such as cleaning or fluoride treatment as well as any follow-up treatments that may be needed and whether the child is complete or not.
10. Family Service Worker/s must assess exam forms the dentist signature and date of service.
11. Family Service Worker/s must perform monthly parent contacts for all dental non-compliance and document all contacts on the Health Request/Results form and/or on the Family Contact form sheet.
12. Family Service Worker/s will refer dental non-compliance to the Health Coordinator after three (3) failed attempts.
13. Family Service Worker/s must refer to the Authorization for Payment procedure for those children who are not eligible for Medicaid or who are not insured.

PHYSICAL EXAMINATION (Standard 1302.42 (b)(1(i) (Minimum Standard §746.611)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will adhere to the Texas Department of State Health Services Medicaid EPSDT schedule and Child Care Licensing requirements that all children enrolled must receive a physical examination annually.

APPOINTMENT SCHEDULE FOR PHYSICAL EXAMS

Parents are primarily responsible for setting and keeping appointments. Staff is available to assist with making appointments and obtaining transportation when indicated.

PROCEDURE

1. Prior to first day of school, the Family Service Worker/s will contact parents/guardians informing them of all medical and dental requirements.
2. During enrollment, Family Service Worker/s must assess when a child is due for a physical exam and if the family has a Primary Care Physician. This information should be given to the parents.
3. During the orientation at enrollment, parents/guardians will be informed that all children enrolled are required to have a medical home (within 90 days of enrollment), in which they will receive continuity of care both during and after they leave the Head Start/Early Head Start program.
4. Family Service Worker/s must provide the parent/s or guardians a copy of the Medical/Dental Resource Directory if a child does not have an ongoing source of health care.
5. Once the parent/s or guardian/s have selected a provider, confirmation of a "medical home" is established and documented using the Medical/Dental Provider Form.
6. Family Service Worker/s must offer assistance with making appointments and obtaining transportation to services when indicated.
7. One month prior to known due date of physical, the Family Service Worker/s will send a reminder letter to the parent/s for the following:
    a. Request for an appointment time and to notify staff (with in week of receiving letter) of their child's scheduled appointment time.
    b. Remind parent/s to take insurance information with them during appointment time.
8. Family Service Worker/s must inform parent, a copy of the physical exam form is required for their child's file and it is the responsibility of the parent to obtain the completed exam form before leaving the physical appointment.
9. Family Service must inform parent/s: Head Start/Early Head Start mandates our children receive a Texas Health Step physical following the Texas Medicaid EPSDT schedule.
    a. Parents informed to ask their PCP for Hemoglobin and Blood Lead Test results.
10. Family Service Worker/s must assess exam forms (Child Health Record) for the following:
    a. The physician signature and date of service. (Date must reflect current status)
    b. Medical treatments received during exam as well as chronic health conditions.
    c. Hemoglobin and Blood Lead Test results
    d. Blood Pressure and Height/Weight findings.
11. Family Service Worker/s must perform bi-monthly(monthly) parent contacts for all physical non-compliance and document all contact dates on the Missing Information form and in Child Plus under the physical event notes.
12. Family Service Worker/s located on Head Start/Early Head Start stand-alone campuses must (within the first 5 days of entry) ensure parent/s complete and sign the required Minimum Standard Parent statement which verifies their child has received a physical with in the past 12 months and is cleared to attend daycare or school.
13. Family Service Worker/s will refer physical non-compliance to the Health Coordinator after three (5) failed attempts.
14. Family Service Worker/s must refer to the Authorization for Payment procedure for those children who are not eligible for Medicaid or who are not insured.

TUBERCULOSIS SKIN TESTING

TB TESTING FOR CHILDREN (Standard 1302.42 (b)(2)

POLICY

All children must have a completed TB questionnaire upon enrollment. Family Service staff is responsible for interviewing the parent/s or guardian/s to answer the questionnaire and determine TB risk. Referral procedure is to be followed for any "Yes" response noted on the TB questionnaire.

REFERRAL PROCEDURE:

14. Parents are notified per Health Request form of required referral and assessment by their child's Physicians, local Health Department or a Health Care Professional familiar with TB signs/symptoms and its transmissions, to determine if a TB test is deemed necessary.
15. Any newly identified positive reactions will be monitored and/or referred for further testing/ evaluation by the assessment provider (PCP, local Health Department or Health Care Professional)
16. Family Service Workers are required to follow-up with the assessment provider to obtain results of the TB "High Risk" referral and document all correspondence.
17. Any suspected or diagnosed cases of TB are to be reported to the local Health Department. Family Service Workers are required to contact assessment provider to ensure the TB reporting has been completed.
18. Children who have received treatment for latent TB infection or were deemed a positive reactor must be assessed annually by their PCP, the Health Department or a Health Care Professional familiar with TB signs/symptoms and its transmissions.
19. Written clearance for school attendance is required from the child's assessment provider.
20. The Health Coordinator is notified of any positive TB skin tests or diagnosed cases.

ADVERSE REACTIONS

In highly sensitized individuals, strongly positive reactions including vesiculation, ulceration or necrosis may occur at the test site. Any child having a reaction at the site of the injection must be referred to the assessment provider performing the test. Strongly positive reactions may result in scarring at the test site.

Immediate erythematous or other reactions may occur at the injection site. The reason/s for these infrequent occurrences is presently unknown.

The result is read @ 48 to 72 hours after administration. Induration is considered in interpreting the test. Since a positive tuberculin reaction does not necessarily indicate the presence of active tuberculosis disease, individuals showing a positive reaction should be subjected to other diagnostic procedures.

Those individuals giving a positive tuberculin reaction may or may not show evidence of tuberculosis disease. Chest X-Ray examination and microbiological examination of the sputum in these cases are recommended as a means of determining the presence of absence of pulmonary tuberculosis.

TB TESTING FOR EMPLOYEES-{PS 1304.52(j)(1)}

Refer to Personnel Policies & Procedures—Policy # 183

TB TESTING FOR VOLUNTEERS

(Refer to Volunteer Handbook)

IMMUNIZATION RECORD & SCHEDULE (Standard 1302.429B)(1)(I)

POLICY

IMMUNIZATION REQUIREMENTS

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code. All Campuses are required to maintain a record of the immunization status of individual children during the period of attendance for each child admitted. The record must be made available for inspection.

Parents of students that attend Head Start/Early Head Start in licensed classrooms will be notified that a delay in enrollment or attendance will be enforced if they do not provide an Up to Date immunization record for their child. Students will be excluded if they miss required doses as they become due.

Parents of students, who attend Head Start/Early Head Start in ISD classrooms, will be notified that CSNT Head Start/Early Head Start will work in conjunction with our partnership ISD's to ensure guidelines for immunization requirements are met and children cannot begin attending classes without providing proof of up-to-day/current immunization status and/or provide proof of all immunizations needed to be considered medically up to date.

All immunization records must be validated by physician signature or health clinic stamp. The month, day, and year must be indicated on the record.

PROCEDURE

1. All parents must be notified when a child's immunizations are due. Family Service Worker/s will notify parents of immunizations during enrollment (first notice) or as they become due during the year. It is the parents' responsibility to provide all updated immunization documents in order for the new dates to be recorded in the child's record. These documents are returned to the parents after a copy has been placed in their permanent file and they are recorded in Child Plus.
2. Staff requests the parent to get the immunizations at a community clinic/private provider.
3. Staff must give the parent an Important Notice/Missing Information form to notify the parent of which immunizations are due.
4. Staff will notify parents of immunizations at least 1 month before the due date.
5. If the child is overdue (more than 10 days) the parent has 10 working days to have his/her child immunized. If the parent has not complied by the second notice (l0days) the child must be excluded from school attendance until he/she has received the needed immunizations.
6. Children are excluded from receiving the required immunizations on an individual basis for medical contradictions or religious conflicts. Children in these categories must submit evidence for exclusion from compliance.

MEDICAL CONTRADICATIONS

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code which requires parents obtain and submit a completed Texas State affidavit.

PROCEDURE

The parent must present an affidavit or certificate signed by a physician, duly registered and licensed to practice medicine in the United States. The affidavit or certificate must state that it is the opinion of the physician that the required immunizations would be injurious to the health and well-being of the child or any member of the family or household. Unless a lifelong condition is specified, the affidavit or certificate is valid for only one year from the date it is signed by the physician, and it must be renewed every year, in order for the exclusion to remain in effect.

RELIGIOUS CONFLICTS

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code which requires parents obtain and submit a completed Texas State affidavit.

PROCEDURE

The parent must present an affidavit signed by the parent or guardian stating that the immunization conflicts with the tenets and practice of a recognized church or religious denomination of which a child is an adherent or member. However, this exemption does not apply in times of an emergency or outbreak declared by the commissioner of health or local health authority.

DOCUMENTING HISTORY OF VARICELLA (CHICKENPOX) ILLNESS

Amendment to 97.67
All histories of Varicella illness must be supported by a written statement from a physician or the child's parent or guardian containing words such as: "This is to verify that (name of child) had Varicella disease (Chicken Pox) on or about (date) and does not need Varicella vaccine, or by serologic confirmation of Varicella immunity. Health Manager may also write this statement to document cases of Chicken Pox that they may observe. The school shall accurately record the existence of any statements attesting to previous Varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child's parent or guardian, evidence. Otherwise, varicella vaccine is required.
*Varicella requirement effective August 1, 2000:

INSTRUCTIONS FOR DOCUMENTING PRIOR ILLNESS

A written statement from a physician, school nurse or the child's/student's parent or guardian containing wording such as:

This is to verify that (Name of student) had Varicella disease (Chicken Pox) on or about (DATE) and does not need Varicella vaccine.

____

Parent Signature	Date	Relationship to Student

TRACKING PROVISION OF HEALTH SERVICES (Standard 1304.42 (C)(3)(D)(2))

POLICY

The purpose of the tracking procedure is to monitor student files to determine which services the child needs, document any allergies, health problems or parent concerns, ensure that the immunization requirements are met and etc.
Monitoring tools include: Program Monitoring Form, Health Coordinator Monthly Report form, Child Plus Data System, and PIR monitoring form.

PROCEDURE

PROGRAM MONITORING FORM

1. Program monitoring performed monthly on at least 10% of student files and at one or two campuses per month.
2. Monitoring performed per Health Coordinator/Family Services Administrator and Health Coordinator.
3. Monitoring findings documented and reported to Family Service Staff verbally and or written.
4. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
5. Program monitoring report must be submitted to the Program Monitor by the 5th of each month.

Health Coordinator/Family Services Administrator MONTHLY REPORT FORM

1. Health Coordinator Monthly report obtained per data collected from Child Plus data base reports and from data collected when 100% file review is performed.
2. Monitoring performed per Health Coordinator/Family Services Administrator /Family Services Administrator and Health Coordinator.
3. Report findings documented and reported to Family Service Staff verbally or written.
4. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
5. Health Coordinator Monthly report must be submitted to the Program Monitor by the 5th of each month.

PIR MONITORING FORM

1. PIR monitoring begins with in the first forty-five (45) days of school enrollment.
2. PIR monitoring performed per Health Coordinator /Family Services Administrator and Health Coordinator.Report findings documented and reported to Family Service Staff verbally or written.
3. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
4. PIR monitoring involves 100% student file reviews and occurs two times during school year.

CHILD PLUS DATA BASE

1. Community Services of Northeast Texas Head Start/Early Head Start utilizes the Child Plus computer data base record-keeping system.
2. Information data entry is performed primarily by the Family Service Staff and assisted by the Health Team and the Nutrition Manager whenever need is indicated.

FOLLOW-UP/TREATMENT (Standard 1302.42 (D)(1)(2)(3)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow the mutually agreed upon treatment plan, which will include the goals, supports and services the family may need. Family Service Worker/s will document on the Family Partnership agreement Family goals and needs and will document all health related needs the Health Section Family Contact section and will document all health related needs the Health Section in Child Plus.

INTERNAL REFERRAL POLICY & PROCEDURES

Any new or reoccurring health problems should be documented on the Agency Referral Form and given to the Health Coordinator or the Health Coordinator/Family Services Administrator to disseminate to the appropriate health care professional.
The treatment plan should be obtained and documented and the FSW must ensure that services are being provided in a timely manner and properly documented.

EXTERNAL REFERRAL POLICY & PROCEDURES

When a child is being referred to a Coordinator who is not contracted with the Agency, the responsible staff (Family Service Worker/s) must ensure that the child is not eligible for Medicaid, CHIP or any other "spend down" programs.
Once it is determined that the child is not eligible for any other resources, the Family Service Worker/s or other support staff must record information such as the date, name of contact, organization contacted, and the results of the contact on the Health section progress notes. This record serves as documentation of your efforts to access funding sources. This information is then passed to the Health Coordinator to facilitate the payment of Head Start/Early Head Start funds for the needed or requested health services.
The referral process will require documentation reflecting efforts to obtain services with contracted providers. If services are not available, all efforts should be made to reflect an establishment with either a contracted provider or an agreement should be arranged for payment of services provided with that health provider

REFERRAL PROCEDURE

As soon as a child has been identified as having a health problem, the information must be shared immediately with the parent.

1. The parent will also be given an Important Notice/Missing Information Form that will indicate the recommended follow-up plan.
2. The parent will also have the opportunity to comment on any concerns or observations he/she may have regarding the child's health.
3. Once the parent and staff have shared observations; the staff along with the parent will make a decision regarding the child's follow-up plans for further evaluation and intervention.
4. Health Coordinator must be notified of findings, follow-up plans and interventions scheduled. Health Coordinator is available to assist with parent conferences and explanations of health related issues.

DOCUMENTATION PROCEDURES (Standard 1302.42 (C)(3)(D)(1,2,3)

POLICY

In order to ensure the Health Component activities are in process of completion or are complete, it is the responsibility of the Family Service Worker/s, Nutrition staff, and Health Component staff to document their work efforts pertaining to the Health content area. Documentation is required in the Health Section of Child Plus in the appropriate areas of activity.

ABSENCES

If a child is absent from the Campus for scheduled screenings, the Family Service Worker/s must document on the appropriate form, and make a notification in the health section progress notes what services the child missed. It is the responsibility of the Family Service Worker to arrange for the child to receive the health services.

REFERRALS

Referrals for either in-house or out-of-agency institutions should be documented on the health section progress notes including the name and title of the person assessing the child. This information should also be documented on the referral form and a copy sent to the Health Coordinator.

The FSW should perform follow-up on referrals within two to three (2-3) weeks to ascertain the current status for the child. This effort should also be documented and dated in the health section progress notes.

The referral form is filed in the Health Section of the Child's file.

The parent is primarily responsible for obtaining a copy of the follow up record from the provider for the child's file. If the record is not returned with a treatment plan then the Family Service Worker/s should document the completed/closure process of the referral in

the Health Section of Child Plus in the appropriate areas of activity.

TREATMENT PLAN

All health problems should be addressed and/or closed by the appropriate documentation procedures enacted in the Health Section of Child Plus in the appropriate areas of activity.

If a child is already receiving health services from a Coordinator, outside the agency, this should be documented in Child Plus in the health section progress notes in appropriate areas of activity (monitoring for heart murmurs, vision services, etc.)
The staff confirms services per conversation with parent or with the agency. No further documentation is needed until the end of the school year (May). Documentation must reflect either a continuation of services or services no longer needed via follow-up with parent or agency.
If a child is receiving services from the Disabilities or Mental Health Services component, the staff should indicate this on the health section progress notes ¬"Disabilities or Mental Health Services is assisting the child or family with the health concern. Any further information will be available in the Disabilities Services folder."
When a treatment plan prescribed (antibiotics, antihistamines etc.), for a child enrolled in Head Start/Early Head Start, the FSW should document closure based on the recommended guidelines per the providers directions (2-3 weeks or l month). If there is evidence that more treatment is needed, the FSW should contact the parent or provider for instructions (another prescription, referral, etc.)
If a case has been identified, a medical case for which there is no further treatment should be documented by the FSW in Child Plus in the health section progress notes in appropriate areas of activity

EXAMPLES OF DOCUMENTATION
Ex.: Medicine consumed. No signs or symptoms (illness-state signs and symptoms or diagnosis present at this time.
Ex: ringworm resolved in 1 month or no further evidence of ringworm of the head.
Ex: Doctors Appointment kept. No further treatment need for condition.
Ex.: appointment scheduled to see child

CONFIDENTIALITY OF RECORDS (Standard 1303.21)

POLICY

All information obtained on a child enrolled in Head Start/Early Head Start will be treated in a confidential and professional manner. Health information will only be released when written permission from a parents/ guardian is obtained.
Public Law 96-46 (Buckley Amendment) requires the following:

- All records should be kept in a safe and secure place.
- A "Custodian of Records" should be named for each Campus where records are maintained.
- Each person who handles or transmits records should be trained concerning the provision of the law.
- A listing of all individuals who have a legitimate educational interest and have access to the records should be posted.
- A record of all individuals who have reviewed the records will be posted.

Records may be transmitted if:

1. A written request of the parent/guardian is obtained
2. Transportation or forwarding of any requested child health records to other

schools/agencies that the child seeks/needs for future enrollment in another program/educational institution, etc.

3. Educational records must be made available to state and federal officials in order to meet legal requirements for evaluation purposes. Such persons will identify themselves to the agency and supply evidence to the appropriate authority.
4. State or federally approved organizations conducting studies for these educational agencies must conduct the study in a fashion whereby personal identifiable information is not disclosed. After the completion of the study all such information should be destroyed.
5. Educational records can be inspected and requested by the parent(s) or guardian(s). Parents generally have information rights when the student is under age.
6. Information can be disclosed to the appropriate persons in an emergency, and this person must have this information in order to protect the health or safety of the student or other person.
7. Parents have the right to request that the record be amended through a hearing process within a reasonable period of time.
8. The Open Records Acts requires that citizens have the right to inspect records, and obtain copies at a reasonable price. If the "Custodian of Records" cannot determine if the Open Records Act applies to a specific request within ten (10) days of the request, an Attorney General's "Open Record Decision" must be requested. If there is not a request for a decision, the material is presumed to be open.

NOTIFICATION OF CHILD ENROLLMENT (Refer to Family Service Section)

In the event that a child has entered the Campus and the Family Service Worker/s has not been informed, staff should document in the Child's record and in Child Plus:

1. Date of notification or date child was first observed to be on the Campus.
2. Entry date of child
3. Date when "Parent Permission" is obtained for health services/screenings

CONSENT FOR TO RELEASE RECORDS (Standard 1302.41 (b)

When a child is identified has having a chronic or an ongoing health problem, the Family Service Worker/s will have the parent sign the “Consent to Release Records” form and submit form to the designated health agency. All records received, must be filed in the child’s folder with copies of the following submitted to the Health Coordinator:

1. Physicals
2. Dentals
3. Medication information including physician’s orders for health procedures.
4. Height/Weight and Vision/Hearing information.

When a child is identified has having a chronic or an ongoing health problem, the Family Service Worker/s will have the parent sign the “Consent to Release Records” form and submit form to the designated health agency. All records received, must be filed in the child’s folder and results documented in Child Plus in their designated event area and copies of the following submitted to the Health Coordinator :)

1. **Physicals with noted medical conditions/concerns
2. **Allergy Action Plans (Food & Insect Sting)
3. **Asthma Action Plans
4. **Seizure Action Plans

Medication information including physician’s orders for health procedures

FAMILY PARTNERSHIP *(Refer to Family & Community Partnership Polices & Procedures)*

This section is located in the "Social Services" area of the child's folder. Family Service Worker/s should address three (3) areas of concern.

COMMUNITY PARTNERSHIP

CSNT Head Start/Early Head Start will work with community resources such as Health Care Providers and Dental Providers to establish Inter-Agency Agreements/MOU's between entities to collaborate agreements to best serve Head Start/Early Head Start children and families.

PARENTAL/GUARDIAN CONCERNS

If the parent(s)/guardian(s) voice any health concerns related to the child, the staff should document what the concern was and how Head Start/Early Head Start will assist them.

HEAD START/EARLY HEAD START CONCERNS

If the child is identified to have a health problem during the screenings and exams, the staff should document how Head Start/Early Head Start will treat and or assist parent/ guardian and child.

NO CONCERNS

If, there have not been any health problems identified, (parent/health services), the staff should document that the performance standards will be provided for the child.

CHECK-IN-PROCEDURE

Purpose: Every day, a trained staff member shall conduct a Health Check of each child. This health check shall be conducted as soon as possible after the child enters the campus. This assessment should be performed in a relaxed and comfortable manner that respects the family's culture as well as the child's body and feelings. Necessary information to complete the daily health check shall be gained by direct observation of the child, asking parent, and conversing with the child. Parent shall be immediately notified of concerns identified during the daily health check. Documentation of findings shall be noted on Health Alert Form, with assigned copy forwarded to Health Coordinator.

POLICY

Children need to be assessed daily in order to detect possible child abuse and to prevent the spread of communicable diseases. The Daily Health Check is performed by Head Start/Early Head Start staff on each child upon entering the campus. (Refer to the Check In and Out Policy and Procedure found in the Education section). Daily Health Checks are completed daily with health concern findings documented on the Health Alert form. CDC guidelines followed and implemented for parent notifications and exclusions.
(Copies are provided as follows: Original placed in the child's file and a copy sent to the Health Coordinator and parents/guardians.) Accidents involving children and occur

during Head Start/Early Head Start hours must be documented on the Accident report form on back of Health Alert form. Accidents involving student who require professional medical or when warranted the required Child Care Licensing Incident form must be completed per protocol.
During "Daily Health Check" staff must inspect any backpacks, etc. of entering children only for any inappropriate or dangerous items such as guns, knives or other items that could be used as a weapon. If these items are discovered during the inspection the Campus Director should be immediately notified and he/she must notify the police and make parent/s aware of the incident.

PROCEDURE

The following is a recommended guideline for the check in procedure for children in Head Start/Early Head Start.

1. Ask the parent about the child's last 24 hours.
2. How was he/she last evening? Did he/she sleep okay?
3. Ask the child how he/she feels this morning?
4. Document daily any concerns from the previous day
5. Observe the child for any change in behavior (sluggish, crying, or sleeping)
6. If the child has complaints, inquire to the parent as to the reason for these complaints and ask if a doctor has seen the child.
7. Rule out a fever. If a rash is present, request a FSW member to assess the child.
8. Check eyes for swelling, redness or drainage.
9. Assess the head for any bruises, patches, or nits.
10. Look at extremities and hands for sores, swelling, and rashes.
11. Observe for fast breathing. If the child is a known asthmatic, ask when the last treatment was done.
12. If the parent brings the child to the campus, it is their responsibility to sign the child in and indicate the status of the child. If they do not indicate the child's status it will be assumed the child was in good condition. '
13. If the child is picked- up at the home by a Head Start/Early Head Start vehicle it is the driver/monitors responsibility to assess the child before accepting that child. If the child is in poor condition, the child should not be picked up and parent informed of need for further assessment.
14. If during assessment a problem is indicated, document findings in Child Plus under the Health Note section of the Health Information tab.

After assessing the child:

1. If the child appears well, allow the child to go to classroom
2. If the child has a symptom, review Communicable Disease or Symptoms and document concerns.
    a. Fill out form if minor or major symptoms/concerns are present.
    b. Determine if the child goes home or stays.
    c. Parent signs form.
3. If the child stays, another assessment will need to be done.
    a. Copy of form needs to be given to the Campus Director.
4. Never look under a child's clothing unless the child says or acts in a manner that invites initiative. You MUST have another staff member present when looking under a child's clothing.
5. Always provide the check in staff with a list of names of children who were excluded from the campus during the day.
6. When a child is sent home in need of medical attention, he/she must provide documentation from the health care provider or exhibit no further signs/symptoms of

illness.
7. In the case of ringworm of the scalp, a physician's return to school release is required.

SIGN IN / OUT PROCEDURE

It is the parent/guardian's responsibility to sign their child out on the Check -In form located at each center. All spaces must be filled in. If the Parent indicates a concern, a meeting must be arranged with the Center Director in order to address the concerns.

COMMUNICABLE DISEASES (Standard 1302.47 (b)(4)(A)(7)(3)

POLICY

CSNT Head Start/Early Head Start will follow the Communicable Disease Chart for Schools and Childcare Centers published by the Department of State Health Services. Exclusion Policies will be based upon requirements and recommendations set forth by the Communicable Disease Chart.

Each campus is required to have a chart posted where every staff person can readily survey for information when needed.

Head Start/Early Head Start classrooms located on ISD campuses will work with and adhere to their ISD exclusion guidelines by sending students to the ISD nurse for assessments.

Head Start/Early Head Start stand-alone campuses will exclude students as per agency policy and procedures following recommendations of the Communicable Disease Chart for Schools and Childcare Centers established by the Department of State Health Services.

Head Start/Early Head Start stand-alone campus staff must refer children with symptoms of communicable disease to the Campus Director during the morning, or as soon as the symptoms are noted. If the Campus Director is not present, the designated staff person should follow recommended guidelines for class and/or care of injured child or staff.

Head Start/Early Head Start staff must confirm reports of communicable disease and require a physician's release to return to school to ensure exclusion criteria is met. Staff must inform parent/s of exclusion criteria during pick up of student.

An exception may be made if medical clearance or symptoms have been resolved. In the event of an unusual communicable disease or need for special epidemiological consideration, the Health Coordinator should be notified.

Any child with a temperature of 100.0 degrees F must be sent home and fever free for 24 hours, as specified per the Centers for Disease Control and the Department of State Health Services Communicable Disease Guidelines for Schools and Childcare Centers.

Children with chronic reportable disease, e.g. Hansen's disease (Leprosy), Hepatitis B, HIV, AIDS, or other infection under medical management, may attend the campus in their usual instructional setting with approval of the attending physician. Disabilities Services will need to be informed of the child's condition. Confidentiality must be stressed and maintained.

REPORTING COMMUNICABLE DISEASE

POLICY

Community Services of Northeast Texas, Head Start/Early Head Start will adhere to the Texas Communicable Disease Prevention and Control Act (TCDPCA), which requires this Agency to contact the affected person's Primary Care Physician to ensure the confirmed communicable disease case, has been reported to the determined entity set forth by the TCDPCA.

PROCEDURE

Head Start/Early Head Start staff must confirm reports of communicable disease by contacting the student's parents for a physician's diagnosis of the disease and require a physician's release toreturn to school to ensure exclusion criteria is met.

Staff must inform parent/s of exclusion criteria and reporting requirements of certain communicable diseases during pick up of student/s.

EXCLUSION/S (Standard 130.47 (b)(7)(iii)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will adhere to the Texas Department of Health Communicable Disease (Rule §97.7) exclusion requirements and Child Care Licensing Minimum Standard exclusion requirements and shall continue exclusion until the readmission criteria for the conditions are met.

Head Start/Early Head Start classrooms located on ISD campuses will work with and adhere to their ISD exclusion and re-entry guidelines by sending students to the ISD nurse for assessments.

Head Start/Early Head Start stand-alone campuses will exclude students as per agency policy and procedures following recommendations of the Communicable Disease Chart for Schools and Childcare Centers established by the Department of State Health Services.

PEDICULOSIS (Head Lice) Screening

POLICY

CSNT Head Start/Early Head Start will follow the Communicable Disease Center Pediculosis guidelines and will adhere to the following. (ISD campus classrooms will follow their ISD guidelines)

1. Parents are notified of infestation and informed of CSNT Pediculosis procedures.
2. Treatment must be implemented by parents/guardians.
3. CSNT Pediculosis procedures are as follows:
    a. Pediculosis Referral Letter and initial treatment form given to each parent/guardian at time of pick up and/or sent home with student at end of

day.

4. Short-term exclusion will be implemented with active infestation of lice noted after treatment has been received.
   Active infestation = live bugs
5. Watch for signs of head lice such as frequent head scratching and check all children for lice and nits when indicated.
6. Bag items such as stuffed animals and hats for 2 weeks to bring infestation under control.
7. Teaching staff should maintain two set of these items and rotate usage.
8. Wash all linens in hot water and vacuum all carpets and questionable areas or items if frequently used.
9. Teach and encourage families to treat the child, siblings and all adults who live in the same household
10. Remember, all lice killing products are PESTICIDES. If suggesting lice products, inform parents/guardians to carefully follow the directions and use with caution.
11. Encourage parents/guardians that Manual Removal of nits is the best option when lice removal products are unsuccessful.
12. HIPPA requires confidentiality. Encourage parents/guardians to inform teachers.
13. Protect our children's self-esteem by monitoring our words and attitudes.

PEDICULOSIS SCREENING PROCEDURE

Poor Self-Esteem disease prevention and control:

A screening area must be used and secured for privacy. Arrange with your Campus Director for items you may need to partition a room if necessary and for all notification/scheduling of classes.

1. Teachers should accompany classes to screening area and remain until screenings complete.
2. Provide appropriate literature to each teacher.
3. Teachers are to notify their class of pediculosis screenings, informing them that staff will be examining their hair and scalp.
4. Teachers should use this opportunity to discuss personal hygiene and pediculosis control with their students.

Suggestions to the teacher for student health education may include the following information:

1. Avoid sharing brushes and combs or wearing another person's hat or scarf.
2. Avoid touching your head to another person's head.
3. Avoid hanging your hat or scarf on a public hat rack.
4. Avoid putting your head on another person's pillow.
5. Avoid wearing another person's coat or clothes.
6. Avoid putting your clothes in another person's locker.
7. Avoid wearing another person's hair ribbons.
8. Thorough cleaning of personal articles, i.e., combs/brushes, clothing and bedding

HEAD START/EARLY HEAD START (STAND ALONE) CAMPUSES RE-ENTRY CRITERIA

1. Students must be brought to school by parent/guardian. Parent/guardian must bring signed initial treatment form along with the empty treatment container.
2. Students must be examined before re-entry to class.

3. (Upon re-entry exam, if active infestation noted student must return home with parent)
4. Parents/guardians are informed of required 2nd treatment and given 2nd treatment form at time of 1st re-entry.
5. Students must be brought to school after second treatment given.
6. Parent/guardian must bring empty treatment container and signed 2nd treatment form at that time.
7. (Upon second treatment exam, if active infestation noted- child must return home with parents)
8. Physician's statement does not indicate clearance to return to class, student must show no signs of active infestation.

CHILD ABUSE REPORTING (Standard 1302.47(b)(5)(1)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start adheres to the Texas Department of Family and Protective Services guidelines and a requirement for child abuse reporting and providing annual training to all CSNT Head Start/Early Head Start staff.

POISON INGESTION & DRUG OVERDOSE (Standard 1302.47(B)(7)(i)

POLICY

Community Services of Northeast Texas Head Start/Early Head Start adheres to the Texas Department of State Health Services guidelines regarding Poison Control. Children having ingested potentially fatal toxic substances are to be considered medical emergencies until proven otherwise.

PROCEDURE

1. Telephone the Poison Control Center.
2. Poison Control will tell you the toxicity of the substance in the amount ingested and will give staff direction until EMS arrives.
3. Supply them with all on the subjective and objective information you have obtained.
4. Telephone 911 when indicated and or when directed Poison Control or parent/s.
5. Supply them with all on the subjective and objective information you have obtained.
6. Contact parent/s as per protocol.

TOOTH BRUSHING (Standard 1302.43

{Refer to the Nutrition Policies and Procedures}

POLICY

Community Services teaching staff will promote effective dental hygiene in conjunction with at least one meal each day. Ordering tooth brushing supplies will be performed by the Health Component team.

PROCEDURE

1. Staff will wash hands and don gloves.
    a. Staff will wash hands and change gloves when cross contamination occurs.
    b. Do not leave tooth brushing area with gloves on.
2. Apply a "pea size" amount of toothpaste on wax paper or paper cup (one per child) the child then applies to tooth brush (staff is to assist the child if needed.) Do not touch the open end of the toothpaste container to toothbrushes.
3. Child should be instructed to wash hands and allowed to brush their own teeth. Staff

will provide assistance and instruction when needed.

4. Each child will utilize their toothbrush to manipulate the toothpaste on the individual toothbrush.
5. Child should be instructed to rinse/clean their toothbrushes before they are sanitized.
6. Toothbrushes must be sanitized after each use during the school day and left in the sanitizer unit.
7. Staff must dry toothbrushes with clean paper towel before placing in sanitizing unit
8. Staff must legibly label each toothbrush with child's name and place with bristles facing UV light and close lid. Sanitizing cycle takes ten (10) minutes.
9. Sanitizer units must be unplugged at the end of each day and plugged back in upon arrival the next school day.
10. If sanitizing unit must be transported to sink to perform tooth brushing, unplug from unit, not the wall.
11. Toothbrushes must be replaced every 3 months, after any contamination or appropriate illness requiring a new toothbrush, which may include but not limited to mouth sores or ulcers.

HANDWASHING (Standard 1302.47 (b)(6)(i)

POLICY

The practice used to prevent the transmission of communicable diseases by using good hand washing techniques and/or gloves when indicated.

Staff, volunteers, and children must wash their hands with soap and running water for the following.

1. After diapering or toileting.
2. Before food preparation, handling, consumption, or other food related activity (setting the table).
3. Whenever hands are contaminated with blood or other bodily fluids: and
4. After handling pets or other animals.

Staff and volunteers must also wash their hands with soap and running water:

1. Before and after administering medications;
2. Before and after treating or bandaging a wound (non-porous gloves should be worn if there is contact with blood or and/or body fluids)
3. After assisting a child with toileting.
4. After smoking

HANDWASHING PROCEDURE:

1. Have necessary supplies on hand: running water, soap and disposable towels.
2. Turn on the faucet
3. Scrub hands with soap, preferably liquid, and water for at least 10 seconds.
4. Rinse hands well under running water. Leave the water running/
5. Dry hand with a paper towel/
6. Turn off the faucet with the paper towel, instead of with bare hands.
7. Discard the paper towel in the trash can.

Keep the children's hands washed; especially before they eat or drink, and after they use the toilet. If they're too young to do it themselves, YOU wash their hands for them. Teach children to get into the habit of hand washing to help control the spread of disease.

MEDICATION ADMINISTRATION (Standard 1302.47 (b) (4) (c) (7) (iv))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will provide annual medication administration training for all designated staff and will adhere to the following Medication requirements to ensure safe administration of medications to children and will work in collaboration with ISD Partnerships, excepting their requirements for administration and storage of medications when Head Start/Early Head Start classrooms are located on their campus.

Head Start/Early Head Start classrooms located on ISD campuses- Staff must sign out students who are required to receive medication during Head Start/Early Head Start class time and then take to the ISD nurse to receive medication. Once medication is received, Head Start/Early Head Start staff must sign student back into the Head Start/Early Head Start classroom and monitor student for any adverse effects or behavioral changes and notify nurse and parents and document on "ISD Medication Monitoring Form" each time medication has been given.

Head Start/Early Head Start only campuses will follow the following guidelines to ensure safe administration of medication.

1. A physician's order/directive is required for all Routine and PRN medications, medical procedures (i.e. tube feedings, catheterizations), and Over the Counter medications including topical creams.
2. Dietary supplements (i.e. liquid thickener). (See Nutrition Content Policy & Procedures) *If the prescribed medication is a dietary supplement or alters student's diet, refer and/or contact the Health Coordinator and the Nutrition Manager.
3. Medication received through Emergency Room visit/s requires the following:
4. Physician's ER discharge directive required for any medications that may need to be administered during school hours. If a follow up with the child's primary care physician cannot be immediately obtained, Head Start/Early Head Start staff will assist parent/s with obtaining a medical home and a follow-up appointment.
5. Medications which warrant administration longer than fourteen (14) days (i.e. Inhalers or EPI Pen's), parents will be notified of the required Physician follow up visit and a standing physician directive for school administration.
6. If a follow-up appointment is required and is not received, parent/s will be notified that 911 will be contacted for assistance in the event that a child needs the required medication.
7. Prescribed Medications: Any prescribed medications brought into the facility by the parent or the legal guardian, must be dated and kept in the original container provided by the pharmacist, with the child's first and last name, the date of the prescription was filled, the name of the health care provider who wrote the prescription, the medication expiration date; and the specific, legible instructions for the administration and storage of the medication.
8. PRN medications: Medications administered "as needed" must have specific directions for administration, including minimum time between doses, maximum number of doses and criteria for administration.
9. A Medication Administration Form must be completed and maintained on an ongoing basis by Head Start/Early Head Start staff to include the following: Medication checklist, signed parental consent, special instructions and possible side effects, and administration log documenting the name of the medication, dose, date, time and signature of the staff member assigned to administer medication, and staff comments

and observation notes.

PROCEDURE

1. Staff must inform parents of required physician's order/directive for all medications and or medical procedures (i.e. tube feedings, catheterizations), and dietary supplements (i.e. liquid thickener).
2. To ensure all precautions and safety measures have been met before medication acceptance, staff must complete a Medication Checklist section of the Medication Administration Form with the parent. Staff must count medication and note on Medication Form the amount of medication received, date and initial. The checklist is completed upon acceptance of the medication, is signed by the staff member, and is included on the Medication Administration Form.
3. The Parent must complete and sign the top portion of the Authorization to Administer Medication section of the form giving Head Start/Early Head Start permission to administer their child's medication and verifying their child has received at least two doses of the medication and has had no adverse reactions.
    a. This section is used to document the administration of the medication. Staff will use this section to record date, time and dosage of medication. Staff will document any changes in the child's behavior or allergic reactions by checking the appropriate box and completing a Health Alert form if needed. This information will be reviewed with the parent and attached to the Medication Administration Form.
4. Staff will assist the parent in consulting with the physician if there are consistent administering problems.
5. Staff will ensure that safety measures are observed when preparing to administer medications as follows:
    a. Read medication labels when accepting medication.
    b. Read medication label a second time and compare with the Authorization to Administer Medication Section.
    c. Read medication label a third time and compare with the Authorization to Administer Medication section before administering any medication to the child
    d. Adhere to the "FIVE RIGHTS" to administering Medications:
        i. The Right Child
        ii. The Right Medication
        iii. The Right Dosage
        iv. The Right Time
        v. The Right Route
6. Staff should closely monitor a child for at least an hour after administering medication for any changes in the child's behavior. If a noticeable change does occur, staff should immediately contact the child's parent/guardian. If the parent/guardian cannot be contacted the Emergency Procedures will be followed.
    a. When the child exhibits behavior changes, staff must document changes on the observation section of the Medication Form.
7. All expired medications or medications belonging to a child that is no longer enrolled will be disposed of in the following manner:
    a. Parents/guardian/ must be notified to pick up any remaining medication/s left at school.
    b. Liquid medications not picked up by parents/guardians will be poured into cat litter and mixed with water and tablets/capsules will be crushed and placed in cat litter and water by a designated staff member while in the presence of another staff member. Once the water/medication mixture has been absorbed by the litter, the litter will be double bagged and disposed of in a regular trash receptacle. Both staff members must sign and date the disposal section of the Medication Administration Form.

8. The student medication record must be kept in the Medication Notebook until the end of the school year.
9. The Campus Director will be responsible for administering, handling and storing of all medications.
10. The Family Service Worker will be responsible in the absence of the Campus Director.
11. The Lead Teacher will be responsible in the absence of the Campus Director and the Family Service Worker.
12. All medications (including staff, volunteers and child) will be stored separate and out of reach of children in a locked cabinet. If the medication requires refrigeration, it must also be kept in a locked refrigerated container and kept separate from food items.
13. To ensure staff remain familiar with the EPI PEN administration process; (designated) staff is required to practice EPI PE administration one day a month and document on monthly training log.

MEDICATION INFORMATION:

Refer to each campus Medication Book for specific information regarding medication or contact the Health Coordinator for further assistance

SPECIAL SITUATIONS

POLICY

Head Start/Early Head Start Performance Standards for children with disabilities requires 10 % enrollment of children with disabilities in any of the following diagnosed by a diagnostician or physician. Such as: mental, hearing, speech/language, visual, emotional, orthopedic, autism, traumatic brain injury, and any other impairment. Many of these disabilities are life lasting and may be life threatening.

Disability / Mental Health Services staff of Head Start/Early Head Start and its delegate agencies ensures that children with special needs are enrolled by collaborating recruitment/enrollment efforts with Education, Transition, Health, and Social Services/Parent Involvement (SSIPI) staff members.

Special situations frequently occur for medically challenged and other children enrolled in Head Start/Early Head Start campuses. Special situations may be associated with the death of a parent or guardian; divorce; separation from parents; or any societal event that may affect a child. Often these children are referred to Disability / Mental Health Services in order to assist the child and family to move forward through their situation. However, any situation pertaining to child abuse/neglect is every ones responsibility. Head Start/Early Head Start will adhere to the state law and the policy previously presented.

PROCEDURES

1. Medical procedures are often needed for medically challenged children.
2. Often these procedures may be a temporary situation for any given child. This section outlines and/or described in generic formation the delivery of health care service for medical procedures for any child. These procedures are design to include all Head Start/Early Head Start staff and each procedure will be revised by the Health Manager and Disability / Mental Health Services for individual educational plan (IEP) for children enrolled in Head Start/Early Head Start campuses when indicated.
3. The Family Service Worker/s of the child should schedule an interdisciplinary meeting. For special situations or procedures it may be the Disability / Mental Health Services or Health Coordinator. Members present may include staff from the different components as well as parents), Campus Director, etc.

4. For special procedures, the initial instruction, training and demonstration will be provided by the caregiver (Parent or guardian) of the child.
5. The Family Service Worker will notify the Health Coordinator when assistance is needed with contacting the child's Primary Care Provider.
6. Health Coordinator will obtain Physician's Directive when medical procedures are needed if indicated.
7. The Health Coordinator will be present or obtain Health Care Professional to be present to clarify the procedures and to determine the scope of capability for Head Start/Early Head Start staff.
8. A decision for admittance into the campus will be determined at the initial meeting.
9. An IEP and protocol will be written specifically for the child's procedure and placed in the child's folder (health section) within 2-3 weeks following the initial meeting. A second meeting will be held to discuss the protocol, which should explain the "step by step procedure" to those individuals involved with performing the task.
10. The Campus Director will verify and monitor staff performance at regular intervals throughout the year.

SEASONAL FLU PREVENTION POLICY (1302.47 (b)(7) (iii)

The guidance is designed to decrease exposure to regular seasonal flu and H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in CSNT Head Start/Early Head Start Campuses. It outlines conditions of short-term exclusion and admittance to protect the health of the affected child, other children, and staff. Effective use of hygiene procedures significantly reduces health risks to children and adults by limiting the spread of infectious germs.

1. **Stay home when sick**: Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever of 100 degrees or greater, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.
2. **Conduct daily health checks**: Early childhood providers conducting daily health checks should observe all children and staff and talk with each child's parent or guardian and each child. He or she should look for changes in the child's behavior, a report of illness or recent visit to a health care provider, and any signs or symptoms of illness. During the day, staff also should identify children and other staff who may be ill. Ill children and staff should be further screened by taking their temperature and inquiring about symptoms. (refer to Daily Health Check Procedure)
3. **Separate ill students and staff**: Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill children and staff wear protective gear such as a mask.
4. **Hand Hygiene and Respiratory Etiquette**: Wash hands frequently with soap and water when possible following program's Hand Washing Procedure, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).
5. **Routine Cleaning**: Staff must routinely clean areas that students and staff touch often, areas and items that are visibly soiled should be cleaned immediately, with a particular focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (such as, toys and play areas). Staff must follow the CSNT Head Start/Early Head Start Procedure for Cleaning and Sanitizing Tables and Surfaces and the Procedure for Cleaning and Sanitizing Toys.
6. **Early Treatment of high-risk students and staff**: People at high risk for influenza complications who become ill with influenza-like illness should speak with their health

care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.

EXTREME WEATHER CONDITIONS (1302.47 (b) (7) (i))

CSNT Head Start/Early Head Start recognizes the value of time spent outdoors for children and the benefits that active play affords in the fight against childhood obesity. When properly clothed, children can participate in safe, vigorous play in an outdoor environment in most weather conditions.

1. During periods of extreme heat or cold, CSNT Head Start/Early Head Start campuses will monitor weather conditions using the Child Care Weather Watch chart and determine when safe outdoor learning activities and play can be permitted.
2. Head Start/Early Head Start Campus Directors must assess the humidity and heat index levels (in their local area) daily and refer to the Child Care Weather Watch chart to determine if weather and conditions permit any outdoor activity.
3. Staff must use discretion and caution as to whether or not to take children outside and/or for how long. Each campus will have some discretion due to different conditions on the playground and age of children.
4. When campuses have determined temperature range is in the "yellow" zone, staff must keep outside time short (going outside 2-3 times a day at shorter intervals). Children will not be outside during threatening weather such as severe snowstorms, thunderstorms, windstorms or bad air quality warnings.
5. To maintain Head Start/Early Head Start performance standard compliance, Head Start/Early Head Start teaching staff must provide required activities indoors.

GUIDELINES FOR CHRONIC HEALTH CONDITIONS Standard (1302.46)

Community Services of Northeast Texas Head Start/Early Head Start adheres to and follows all physicians'' directives regarding children health concerns and conditions.

ASTHMA

Asthma is a chronic inflammatory disease of the lungs causing episodes of difficult breathing. The airways are super-sensitive to many different things or "triggers."
The main signs and symptoms include

1. Coughing
2. Wheezing
3. Shortness of breath
4. Chest tightness

Triggers:

1. Allergens --Pollens, mold, dust mites, animal dander, cockroach allergen
2. Irritants --Smog (ozone), smoke (tobacco, wood), chemical odors and sprays
3. Infections -Colds and-upper respiratory tract infections

4. Exercise and sleep-related airway changes
5. Abrupt weather changes
6. Gastro esophageal reflux --upset stomach, spitting up
7. Strong emotions -laughing, crying, playing

When an asthma attack is occurring, the muscles surrounding the airway spasm and tighten. This is called a bronchospasm. The lining of the airways become inflamed and swollen. This is known as airway inflammation. Excess mucus is produced, and the airways become plugged with mucus.
Asthma episodes are prevented and controlled by appropriate medications and an asthma action plan. An asthma action plan is prepared by the doctor to help guide decisions about the type and dose of medication needed day to day. The plan is based on the severity of signs and symptoms of asthma and daily peak flow readings (if applicable).

HYDROCEPHALUS

Hydrocephalus is an excessive accumulation of cerebrospinal fluid (CSF) in the brain ventricles (cavities), which causes increased pressure within the brain. Hydrocephalus usually is treatable with surgery. The most common surgery is insertion of a narrow tube (shunt) into a ventricle to divert fluid away from the brain. The tube is passed under the skin and attached to a tube in the abdominal cavity (or occasionally the heart). The shunt is permanent and will require periodic surgeries to replace, usually when it stops functioning or needs to be adjusted for the child's growth. Hydrocephalus is a chronic condition, not a disease. Early identification and intervention may help compensate for known deficiencies and stimulate development of the child's abilities.
Many children with hydrocephalus have normal intelligence and physical development. However, they are at risk for delays in cognitive, motor and sensory development, such as hand-eye coordination and walking skills.

SIGNS AND SYMPTOMS frequently seen with untreated hydrocephalus and shunt malfunctions:
1. Abnormal enlargement of the child's head
2. Bulging or tense soft spot (fontanel), dilated scalp veins.
3. Vomiting and nausea
4. Feeding difficulties (poor oral-motor coordination)
5. Irritability
6. Sleepiness, lethargy
7. Downward deviation of the eyes
8. Seizures
9. Change in academic performance
10. Complaints of headache, coordination problems and/or vision changes

CAUSES: Hydrocephalus may be acquired or congenital:
- Acquired hydrocephalus may be caused by head injury, meningitis, intraventricular hemorrhage or brain tumor.
- Congenital hydrocephalus is caused by genetic factors during pregnancy and frequently is seen in children with spina bifida.

SICKLE CELL DISEASE and BETA THALIASSEMIA

PROBLEM: Malformation of red blood cells caused by a genetic factor. This result is an

almost constant anemia. The red blood cells tend to form into sickle shapes and break down rapidly. The most common complication is pain, which may be severe enough to require hospitalization.
MEDICATION: The usual treatment for painful episodes is pain medication.
Teachers and Center Directors must make themselves aware of the types of medication being used and how each medication is given.
• Note: Campus Directors and/or Teachers may give pain medication to a sickle cell child based on written instructions from the child's physician. As with all other medications, follow Medication administration policy.
SPECIFIC PROCEDURE: Contact the Campus Director, parent, immediately when a painful episode occurs, begin pain medication, encourage fluids and rest. Never leave the child alone and keep the child as comfortable as possible.

SICKLE CELL DISEASE

In sickle cell disease, the red blood cells contain abnormal hemoglobin called hemoglobin S. In sickle cell anemia, the individual inherits a sickle cell gene from each parent. In other forms of sickle cell disease, the individual inherits the sickle cell gene from one parent and abnormal hemoglobin from the other parent. The condition must be distinguished from sickle cell trait. In which the individual inherits only one sickle cell gene form one parent and a normal hemoglobin gene from the other parent. With sickle cell trait, the individual's health usually is not impaired.
Hemoglobin S causes the red blood cells to become deformed in shape or "sickle." The abnormal shaped cells do not flow smoothly through the capillaries, or smaller blood vessels. They may clog the vessels and prevent blood from reaching the tissues. This blockage causes anoxia, or lack of oxygen, which makes the sick ling worse. This can lead to sickle cell pain Hemolysis or premature destruction of red blood cell also occurs. This leads to chronic anemia. Sickle cell trait and sickle cell disease occur predominately in people of African descent and in individuals form parts of Italy, Greece, Arabia and India. About one in every 10 black Americans has sickle cell trait.
SIGNS AND SYMPTOMS
An individual with sickle cell disease may have symptoms of anemia, such as being more easily fatigued and having less stamina and endurance. Fever is a sign that may indicate that infection is present. Jaundice (yellowish eye color) is associated with the rapid breakdown of the red blood cells. The child's growth may be delayed.
WHAT ARE THE RISKS
There is virtually no risk from sickle cell trait, but a man and a woman who both have sickle cell trait may produce a child with sickle cell disease.
TREATMENT
Acute pain is the most common problem. This is treated with pain medications, extra fluids and rest. It is extremely important that the individual do everything to maintain good health, and obtain prompt treatment for fever. Also, the individual should see a physician regularly who is familiar with the disease. Special precautions may be necessary before any surgery.

BETA THALASSEMIA

Beta thalassemia is a blood disorder affecting the formation of the red blood cells. The majority of the red blood cells produced in this condition are destroyed constantly within the circulation. These red blood cells are smaller in size. Due to the small size and the constant destruction of the red blood cell, anemia is one of the features of the disorder.

Other features include changes in the facial bones and delayed growth. Beta thalassemia occurs primarily in people of Mediterranean and Asian origin. It is also presents in people of African, Southeast Asian and Middle Eastern ancestry. The most severe form of the disorder is Thalassemia Major. Thalassemia Major occurs if an individual inherits the beta thalassemia gene from both parents. If the beta thalassemia gene is inherited from only one parent, the individual will have beta thalassemia trait, which rarely causes symptoms. The treatment of thalassemia major includes regular blood transfusions.

HEMOPHILIA (FREE BLEEDER)

PROBLEM: Hemophilia is a genetic disorder in which one of the clotting proteins in the blood is decreased or absent, resulting in excessive bleeding. Hemophilia A is a deficiency of the factor VIII clotting protein and hemophilia B is a deficiency of factor IX. Bleeding most commonly occurs in the skin, muscles and joints. Life-threatening bleeds may involve the head, abdomen or neck. Any trauma to the head, neck or abdomen should be evaluated immediately.

SIGNS AND SYMPTOMS:

1. A bubbling or tingling sensation into a joint.
2. Warmth, pain, stiffness and/or swelling.
3. Refusal to bear weight or favoring a joint or limb.

MEDICATION: Bleeding episodes are promptly treated with factor concentrates, which are administered intravenously. These infusions replace the clotting protein that is deficient or absent. Some children receive infusions of factor concentrates on a regular basis (Le. 3 times a week) to prevent bleeding episodes whereas others receive treatment for the bleeds as they occur. Prompt treatment of bleeding episodes is essential. Parents or an authorized health care professional should administer the medication.

GENERAL PROCEDURE:

1. If a medical crisis occurs, get the child to a doctor immediately.
2. Contact the Center Director, parent, Health Manager and Disability / Mental Health Services immediately.
3. Keep the child quiet and resting until medical assistance has been obtained. A child with hemophilia should have periodic check-ups with a pediatric hematologist, which is a Coordinator in children's blood disorders.

CHILDREN WITH HIV / AIDS

Because of the seriousness of the issue, children with Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Disease Syndrome (AIDS) will be addressed separately from the other health policies. Children tested positive for HIV or children diagnosed with AIDS will be permitted to enroll into the Head Start/Early Head Start campuses. Head Start/Early Head Start will adhere to the Communicable Disease Chart for Schools and Child Centers recommended by the Texas Department of State Health Services.

Appropriate services will be provided based on the medical practitioner's recommendations. Head Start/Early Head Start campuses will provide the least restrictive environment for that child. Disability / Mental Health Services Manager will provide rules and guidelines of IFSPIIEP implementation. Campuses will not need to take any special precautions to protect other children beyond their routine procedures for cleaning up body fluids (UNIVERSAL PRECAUTIONS) after any child has an accident. These provisions generally allow for the attendance of a child with HIV / AIDS with the following exceptions:

1. Children who are biting
2. Children who have open sores

3. Incontinence
4. Behavioral problems (scratching)
5. Communicable diseases, etc.

If a HIV child exhibits the exceptions described (above), the child will placed immediately on hold. A meeting should be held by the Disability / Mental Health Services and all involved support staff to discuss a plan of action for intervention. The parent will be informed of the plan and re-admittance permitted for the child (if possible) once the accommodations have been made.

Children with HIV / AIDS will need protection if there is an outbreak (communicable) of measles or chicken pox since the child is unable to fight off or be protected by vaccines against such diseases. Those children with HIV will be exempt from school during this time for their protection.

PROCEDURES

All children diagnosed with disabilities must be pre-staffed by the Disability / Mental Health Services. An Admission/Review and Dismissal (ARD) committee will discuss the child's status and determine placement before a child enrolls into a Head Start/Early Head Start campus. The committee will consist of the parent (and medical provider if possible or paper work), Disability / Mental Health Services, Campus Director, Health Coordinator, and Family Services Coordinator. If it is determined that a risk of transmission exists (per ARD and medical doctor) then the child will not be enrolled or will be removed from the classroom until one of the following occurs:

- An appropriate program adjustment, alternative or special education program can be established.
- The physician/health authority determines the risk has abated and the child can return to the classroom.

A decision to remove a child from the classroom for his/her own protection (situation involving communicable diseases) shall be made in accordance with the Texas Department of Health guidelines; however, only an ARD committee can change the placement. The ARD committee and/or a group of professionals who are knowledgeable about the child's condition shall make any decisions regarding restriction, participation, and hygiene. This committee may consult the local authority, parent and physician in making such decisions.
All health information will be kept separate from the child's standard file in the Disabilities File.

GENERAL QUESTIONS AND ANSWERS RELATED TO HIV / AIDS

What is HIV?

- HIV is the acronym for human immunodeficiency virus. This is a retrovirus that causes AIDS.

What is AIDS?

- AIDS is the acronym for acquired immunodeficiency disease syndrome. AIDS is a disease that has a long incubation period manifested by various opportunistic infections.

How can it be transmitted?

- HIV a virus that is spread by
- Blood-to-blood contact (blood transfusions, open wound contact with another person's blood (indirect transfusion)

- Intimate sexual contact with persons infected with the virus
- IV drug use with an HIV infected needle/syringe NW mother to the unborn child
- To date, HIV is NOT spread by causal contact (shaking hands, hugging, etc.)

Can my child catch HIV from adults or other children?

- Children like adults can only catch this disease from intimate sexual contact or blood-to-blood contact with a person who has AIDS virus infection. The children who are known to have the disease received the infection from exposure to their mother's blood during pregnancy or in the course of childbirth, from a blood transfusion, or from blood products used in treating hemophilia.

Are there certain precautions that will be taken if a child with HIV is present in the school?

- Schools will not need any special precaution to protect other children beyond their routine procedures for cleaning up body fluids after any child has an accident or injury. The child with AIDS/HIV will need protection if there is an outbreak of measles or chickenpox, since the child is unable to fight off or be protected by vaccines against such disease.

Isn't there the possibility that the AIDS/HIV child can cut him/herself and not inform anyone? After all, a four-year-old cannot understand how serious the implication of this could be. What if the child bleeds in the bathroom and doesn't tell anyone?

- There is no risk of spread of infection from the blood of a child with HIV / AIDS unless the blood is inoculated into another person through a cut that is open to their bloodstream. Teachers monitor activities on the playground and children are taught to report any accident that may occur. Children will often seek care if they are injured, even for minor cuts.

What about spit/saliva? Are you 100% positive that this can't transmit HIV?

- From everything that has been studied, there has been no documentation of transmittal of the disease by saliva even in the intimacy of the family setting.

With all the cold germs that children carry, wouldn't it be a risk to the HIV child to be exposed to these germs?

- Most children with HIV / AIDS are under medical treatment to protect them as much as is possible from common germs. It is not considered appropriate to deprive any child with an immune deficiency of normal socialization with other children. Those who are too ill to tolerate childhood infections will not be sent to school.

CATHERIZATION

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will provide medical procedures prescribed for students and will obtain health care professionals or aids certified to perform catheterizations.

PROCEDURE

Clean intermittent catheterization may be provided upon receipt of a physician’s standing order and parental request indicating that catheterization is necessary for school attendance. Students should be taught self-catheterization as early as possible in order to develop independence.

Students who need clean intermittent catheterization may be on a training regimen, have no bladder control or have residual urine.

The purpose of catheterization is to empty the bladder, reduce the incidence of urinary tract infections, prevent bladder distension, remove residual urine and prevent urinary leakage.

OSTOMY CARE

POLICY

An ostomy pouch remains secure from one to seven days. Emptying an open-ended pouch may need to be done at school. Change of a pouch at school is usually needed only because of a leakage and should be done to control leakage, protect and inspect skin, to control odor and to provide comfort and security. Irrigation should be done at home.

PROCEDURE:

1. Assemble equipment in appropriate private location.
2. Position student, lying or sitting position.
3. Remove ostomy pouch. Gently peel pouch away from skin, using skin safe solvent as necessary
4. Place absorbent material over stomach to absorb drainage. It is important to protect the skin from irritating drainage. Absorbent material remains in place until you are ready to attach pouch.
5. Empty ostomy pouch into toilet.
6. Save reusable pouch or discard disposable pouch. Know whether pouch is reusable or disposable.
7. Rinse out reusable pouch over toilet, Send home in a suitable container.
8. Discard empty disposable pouch in waste receptacle
9. Clean skin thoroughly but gently with washcloth, soap and water; dry thoroughly.
10. Apply skin barrier according to skin condition and type of pouch.
11. Cut or mold skin barrier to completely seal skin around stoma. Skin barrier should be at least as large as a flange pouch. Failure to cover all skin surrounding stoma will cause leakage and skin breakdown.
12. Prepare pouch for application; cut to fit if necessary and apply additional adhesive if necessary
13. Inner flange of pouch should be 1/8 inch (3 mm) larger than the stoma. Cut to fit as needed.
14. Place pouch securely over skin barrier
15. If pouch is open-ended, secure open end according to package instructions.
16. Cut strips of tape 1 inch longer that flange of pouch. Apply half on skin and half on flange to completely seal to skin.
17. Window Pane outer flange of pouch with hypoallergenic tape and attach belt if used, and record procedure on log.

EMERGENCY CLEANING OF INNER CANNULA

POLICY

This procedure is used only when a mucus plug is present and there is not enough time to follow the procedure for care and cleaning of tube and stoma. This procedure is also used when you need to maintain airway by keeping inner cannula open; to relieve labored or interrupted breathing; to investigate signs of restlessness and/or apprehension.

PROCEDURE

1. If child is on a respirator, determine breathing tolerance when he/she is off the equipment.
2. Assemble supplies on a small disposable tray and wash hands per protocol.
3. Position child with tracheostomy area exposed.
4. If ventilation is needed during cleaning, the following may be done:
    a. Plug tracheostomy opening and child ventilates by gloss pharyngeal breathing (PB)
    b. Attach Elder Demand Valve or Amby bag to fit outer cannula.
    c. Place the correct size adapter into outer cannula and secure with spring or rubber band
    d. Check that the child is being adequately ventilated
    e. Be sure to suction thoroughly
    f. Two persons may be needed to complete this procedure
    g. Auscultate to determine adequate aeration in all lobes of the lungs. Postural drainage and percussion may be needed to dislodge mucus plugs.
5. Set out three paper cups
6. Fill one cup with hydrogen peroxide and one with sterile saline
7. Put on gloves
8. Unlock and remove inner cannula
9. Place inner cannula in paper cup filled with hydrogen peroxide
10. Soak inner cannula in peroxide. This removes mucus by bubbling action
11. Cleanse inner cannula, using pipe cleaners and/or plastic drinking straw
12. Place inner cannula in cup with sterile saline or water
13. Allow cannula to soak for a brief time
14. Remove cannula from cup and pour sterile saline over it until it is thoroughly clean
15. Shake out excess moisture and place cannula in clean cup
16. Suction outer airway according to appropriate suctioning procedure, if necessary
17. Replace inner cannula and secure in place
18. Attach respirator if removed prior to cleaning
19. Dispose of all supplies and wash hands
20. Record procedure in log

CAMPUS ACCIDENT REPORT (Standard 1302.47(b) (7) (c))

The Campus Accident Report is used to report any accident (severe or non-severe that occur either at HEAD START/EARLY HEAD START campuses or HEAD START/EARLY HEAD START sponsored activities. This form is usually filled out by the Teacher in charge of the child during the time of injury.

INSTRUCTIONS FOR CAMPUS ACCIDENT REPORT FORM

1. Fill in the Campus name.
2. Fill in child's name (first, middle, last)
3. Fill in birth date (month, day, and year)
4. Fill in age.
5. Fill in parent(s) or guardian(s) name, address (Street number, street name, city, state, zip) and telephone number including area code.
6. DESCRIPTION OF ACCIDENT
    a. Fill out, in the appropriate spaces, the date, time, location and nature of injury.
    b. BE VERY SPECIFIC & DETAILED.
7. OTHER CHILDREN/ADULTS INVOLVED
    a. Check off the appropriate answer. If "Yes", write a detailed explanation.
8. PERSONS CONTACTED REGARDING INJURY
    a. Check off the appropriate answer(s). Write the full name (first and last) including a contact number for that person.
9. MEDICAL SERVICES PROVIDED (FIRST AID, AMBULANCE, HOSPITAL)
    a. Write in the specific services the child received.
10. Have teacher or person in charge of the child at the time of injury.
11. Date and sign the Campus Accident Form.
12. Have Campus Director Date and sign the Campus Accident Form.

IF CHILD IS TAKEN TO EMERGENCY ROOM/CLINIC OR TREATED FOR DENTAL EMERGENCY

Submit the following to the Health Coordinator:

1. Two (2) Copies of the Campus Accident Report
2. One (1) Copy of the Insurance Claim Form
3. One (1) Copy Of the Hospital/ clinic Or Dental Invoice
4. Original Copies of the Preceding Forms

PROCEDURES FOR CHILD WITH MINOR INJURIES

1. Notify the parent/guardian about the accident.
2. Complete the Campus Accident Report Form
3. Copy - Parent/Guardian
4. Copy - Health Coordinator
5. Copy - Child's Health Folder

EMERGENCY ACCIDENT PROCEDURES (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

1. PRIORITIES TO CONSIDER IN AN EMERGENCY
2. BASIC EMERGENCY ACTION PLAN
3. EMERGENCY ACCIDENT PROCEDURES POSTED
4. ADHERE TO THE FOLLOWING PROCEDURES FOR A CHILD(REN) SEVERELY INJURED OR MINOR INJURIES AT HEAD START/EARLY HEAD START CAMPUSES AND/OR HEAD START/EARLY HEAD START SPONSORED ACTIVITIES.
   - Designated staff trained in First Aid/CPR must remain with the child.
   - Cover the child with a blanket to prevent shock.
   - Keep the child quiet and calm.
   - Apply direct pressure to pressure points or to bleeding area with latex- gloved hands.
   - Perform CPR if necessary

DESIGNATED HEAD START/EARLY HEAD START EMPLOYEE

1. Designated employee should telephone an Emergency Ambulance if needed - Dial 911.
2. Designated employee must notify the child's parent/s or guardian of the emergency and instruct parent/guardian to meet the child at the emergency room or clinic.
3. Designated employee must notify the Campus Director
4. Instruct the Paramedic to transport the child to the nearest hospital.
5. Bring the child's Health Record and Insurance Claim Form to the Emergency room or clinic.
6. If parent/guardian or emergency contact person(s) is not available, then use the Services Permission Form for authorization for the child to receive emergency medical attention.
7. Notify the Health Coordinator and Head Start/Early Head Start Director for any major emergency.
8. Notify Child Care Licensing Representative per protocol.

DENTAL EMERGENCY FIRST AID (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Dental Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

THE DENTAL EMERGENCY FIRST AID FORM SHOULD BE:

1. Posted at each Campus in the following locations.
2. Main Bulletin Board and each Classroom.
3. Posted in a location visible to all Head Start/Early Head Start staff; parents and volunteers.
4. Posted in languages of staff members and the population being served.
5. Read thoroughly by Head Start/Early Head Start staff at the beginning of the school year (August) and reviewed periodically by all campus staff, to ensure comprehension.

IN THE EVENT OF A DENTAL EMERGENCY

1. The Campus Director should notify the Health Coordinator immediately.
2. Designated employee should telephone the child's parent/s or guardian/s immediately.
3. Designated employee should telephone the child's dentist if applicable for instructive care.
4. The child's complete folder, as well as the insurance claim form needs to be taken to the dentist's office.
5. If the emergency is severe and requires immediate attention, the Campus Director or designated employee needs to transport the child to the dentist's office and another designated employee must notify the child's parents. In addition, the child's complete folder, as well as, the insurance claim forms, needs to be taken to the dentist's office.
6. The Health Coordinator will meet all parties involved at the dentist's office if applicable.

In the event of an accident involving the tongue, lips, cheek or teeth:

1. Attempt to calm the child. All incidents should be handled quickly and calmly; a hysterical child is likely to complicate the treatment and cause further trauma.
2. Wearing latex gloves, check for bleeding.
    a. If the child is Bleeding:
        i. Stop bleeding by applying pressure to the area.
        ii. Wash the area with clean, cool water
        iii. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.

If tooth is knocked out, fractured, chipped, broken, or loose:

1. Calm the child.
2. If injured area is dirty, wash gently with clean, cool water.
3. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.
4. Place tooth in Emergency Tooth Saver kit, located in Campus' First Aid Base Kit.
5. Take child and wrapped tooth to dentist immediately.

If teeth are loosened in an accident:

1. Rinse out the child's mouth with clean, cool water
2. Do not attempt to move the teeth or jaw.
3. Take the child to the dentist immediately.

If tooth is knocked into the gums:

1. Do not attempt to free or pull on the tooth.
2. Rinse out the child's mouth with clean, cool water
3. Take the child to the dentist immediately.

If the tongue, cheeks or lips are injured:

1. Rinse affected area with clean, cool water
2. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.
3. Take the child to the dentist or a physician if bleeding continues or if wound is large.

If in the event of any soft tissue injury, as in the case where the Tongue or lips become stuck to an object and the tissue tears:

1. Cover the affected area with gauze.
2. Stop the bleeding by direct pressure with latex gloved hands.
3. Take the child to the dentist or a physician.
4. If tooth is knocked out wrap it in a damp paper towel and take it with the child to the dentist.

MINOR FIRST AID GUIDELINES (Standard 1302.47 (b)(7) (c))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.
(Foot injuries may require modified footwear) (Footwear modifications found in Health Policy & Procedures, section XVII G & Family Service Area Section VII # 10)

ACUTE MEDICAL PROCEDURE CHART

These medical procedure charts have been designed to aid staff in managing potentially dangerous or troublesome situations in the Head Start/Early Head Start Centers. The steps are presented in concise situation outline without unnecessary details that can be distracting during an emergency.

WHEN A MEDICAL SITUATION OCCURS:

1. Remain calm. Take a deep breath. Read these instructions. With all health situations, except cardiac arrest or respiratory failure, one or two minutes spent getting the situation under control will improve your effectiveness.
2. Look up the major problem in the Contents. If a serious emergency occurs that you cannot find listed, the best procedure is to obtain emergency or medical assistance, unless you are very familiar with the problem and its management.
3. Provide only the care outlined in these charts unless you are a health care professional trained in emergency procedures or you receive instructions for additional care from a health care professional.
4. Use common sense with these charts; only you know your particular situation. The primary rule of first aid is to cause no further injury.
5. Most important during any medical emergency -. Remember the ABCs: Make sure the airway is unobstructed. Make sure the person is breathing. Check for circulation and the pulse.

{These Procedures are meant to be comfort steps used to sooth the child until he/she is picked up by the parents/guardians.}

BITES—ANIMAL & HUMAN

SIGNS AND SYMPTOMS:

In the presence of a puncture and/or open wound, e.g. tear or laceration of the skin, bleeding, pain, soreness, redness or swelling may be present at the wound site.
HEALTH CARE:
1. Wash the wound thoroughly and repeatedly with soap and water for at least 10 minutes and rinse well.
2. Apply sterile dressing if needed.
3. If bleeding heavily, apply direct pressure with the palm of the hand over the wound dressing.
4. Take the child for medical treatment.
5. If possible take the child's immunization record with date of last tetanus vaccine.
6. If animal bite, contact the City Health Department Animal Control with the following information to aid in the capture of the animal:
7. Child's name, address, race, sex, age, and telephone number.
8. Time of the incident.
9. Description of the injury site.
10. Emergency care administered.
11. Description of the animal and the owner's name and address, if known.

****NOTE: DETAIN ANIMAL IF POSSIBLE. DO NOT KILL ANIMAL ****

BITES & STINGS (INSECTS)

SIGNS & SYMPTOMS:

Emergency Allergic Reaction: Breathing difficulty or wheezing, faintness, hives, blotches, red, swollen eyes, nausea/vomiting, and diarrhea.
Serious allergic reactions: Occur within 5 - 10 minutes.
Localized Reaction: Local irritation with a swelling, redness, or itching at the sting site may occur. Associated pain or swelling of a joint or body part may be present.
HEALTH CARE:
1. Treat as an Allergic Reaction, if the child has a history of any allergic reaction symptoms to insect stings.
2. Keep the child quiet and calm.
3. Wash the sting site with soap and water.
4. Keep the area below heart level if on an extremity.
5. Apply cold compresses for 15 -20 minutes.
6. Do not squeeze the stinger out.
7. If there is a stinger in the skin, remove it with tweezers.
8. Observe the child for any allergic reaction. If necessary, seek medical care.
9. Do not give anything by mouth if unconscious.

BLEEDING (CUTS & ABRASIONS)

SIGNS AND SYMPTOMS:

1. Cut or scrape of the skin with bleeding and pain.
2. Foreign material such as grass, dirt, rocks, etc. may be present in the wound.

HEALTH CARE:

1. Reassure the child and have him/her lie or sit in a comfortable position.
2. Wash the wound thoroughly with soap and water and rinse repeatedly to cleanse area of any foreign material for at least 10 minutes. Do not remove imbedded material, e.g. glass, from the wound.
3. Cover the wound with a sterile dressing if needed.
4. If bleeding heavily, apply direct pressure with the palm of the hand on the wound dressing.
5. Take the child for medical care if:
   (a) The child's tetanus immunization is not up-to-date
   (b) The wound is very deep, dirty, or has foreign matter imbedded.
   (c) There are signs of infection, e.g. redness, swelling, soreness. etc.
6. If "scab" formed do not remove. Maintain good hygiene. Keep area dry/ cover with adhesive bandage if necessary.

BLEEDING (NOSEBLEED/FOREIGN OBJECTS IN THE NOSE)

SIGNS & SYMPTOMS:

Spontaneous bleeding occurs from the nose which may be related to a head or face injury or changes in the environmental humidity.

HEALTH CARE:
1. Have the child sit in an upright position, leaning slightly forward and breathing by mouth.
2. Have the child or assist the child to pinch the nostrils together firmly with thumb and forefinger using soft thick tissues or cloths. Do not squeeze hard enough to cause damage or pain.
3. Apply constant pressure for 5 - 10 minutes.
4. Have the child continue to breath by mouth and avoid talking, physical activities or blowing nose for one hour.
5. The child should have medical care if you suspect a fracture of the nose, or if the bleeding is uncontrolled.
6. Treat the child for shock if there is excessive bleeding or suspected fracture.

FOREIGN OBJECTS IN THE NOSE

SIGNS AND SYMPTOMS:
1. Complaint of obstruction of the nostril.
2. Other symptoms may be nasal drainage or swelling of the nose.

HEALTH CARE
1. Have the child to blow the nose moderately into a tissue or cloth with both nostrils.
2. Seek medical care, if foreign material does not come out.

BLISTERS

SIGNS & SYMPTOMS

Pain with collection of fluid under the skin, usually as a result of the skin being irritated or rubbed

HEALTH CARE:
1. Leave blisters unbroken and wash area gently with soap and water.
2. Apply adhesive bandage to protect from irritation.
3. Complete Health Alert/Accident Report if incident occurred at school.

MODIFIED FOOTWEAR CRITERIA

{Styles of footwear will vary and depend upon type of injury-Socks required for sandals}.

1. Child may wear type of modified footwear as deemed necessary per parent. (Per Campus Director discretion, policy may be modified)
2. Head Start/Early Head Start staff will monitor child's injury site for signs and symptoms of infection. (S/S infection-redness, warmth, swelling and intense pain)
3. Staff will monitor child's ambulatory status daily and notify Campus Director of any changes noted.
4. A physician's statement is required to continue to wear the modified footwear after 5 days. {Note: If the blister is broken, treat as open wound}

BRUISES

SIGNS & SYMPTOMS

A bruise is an injury as the result of a blow to the body, which does not break the skin, but causes pain, swelling and discoloration. Redness of the skin at the injury site may be present initially. This may become blue, black then brownish yellow.
{Note: If large or unusual bruising, notify Health Coordinator}
HEALTH CARE:
1. Medical care is necessary if there is a large injury site, related head injury or deformity over a bone or joint.
    a. Treat a deformity as for a fracture.
2. If bruising seen immediately following an injury; apply a covered ice compress to the injury site to reduce swelling and bleeding into the tissue.
3. Elevate injured arm or leg to reduce swelling if present.
4. Inform Child Protective Services if violence or child abuse is suspected.

BURNS

SIGNS AND SYMPTOMS:

1. First-degree burns have redness of the skin, pain and may be mild, with swelling at injury site.

2. Second Degree burns have deep reddening of the skin. Skin has a glossy appearance, blisters; leaking fluid from possible loss of skin.
3. Third degree burns have loss of all skin layers and is painless with possible white or charred skin.

HEALTH CARE: (Applicable only per Physician's Directives)

1. For first or second-degree burns, soak in cool (or running) water or use cold wet compresses to burn area for 10 - 15 minutes
2. Do not apply cold water or wet compresses to third degree burns.
3. If possible, leave first degree burns uncovered, or cover with sterile moist dressing.
4. Cover all second or third degree bums loosely with sterile dressing.
5. Do not break or open blisters of burns.
6. Do not use butter, oil, etc. on burns.
7. Seek medical care for extensive bums and all third degree bums.

CONVULSION (SEIZURES)

SIGNS AND SYMPTOMS:

The exhibiting of involuntary jerking of muscles, possible loss of bowel and bladder control, possible loss of consciousness, or cessation of breathing

HEALTH CARE:

1. Do not move the child unless it is an unsafe area.
2. Remove potentially harmful objects (e.g. furniture) from the area.
3. Do not restrain the child or try to put anything into the child's mouth or between the teeth.
4. Do not give the child anything to eat or drink.
5. Time the seizure and document.
6. If this is a first time seizure (no history)-call 911.
7. Give rescue breathing (artificial respiration) if the child stops breathing for more than 2 minutes.
8. After the seizure stops, apply cool cloth to the child's face and provide an area for undisturbed sleep.
9. If the seizure lasts longer than 5 minutes, becomes worse, or different, or is followed by another seizure, call EMS (911) and obtain emergency medical assistance.

EARACHES

SIGNS AND SYMPTOMS:

Complaints of pain or drainage from the ear and/or feeling of fullness in the ear canal voiced. Child may have other symptoms, i.e. hearing loss, "cold", injury to the ear or head, nausea, vomiting or abdominal pain or object in the ear. Fever mayor may not be present.

HEALTH CARE:

Make child as comfortable as possible by having him/her lie down with the head turned to the earache side.
Advise parent/guardian to seek medical care.

FOREIGN OBJECTS IN THE EAR

SIGNS AND SYMPTOMS:

Complaints of ear pain and/or feeling of fullness in the ear canal voiced. Other symptoms may be hearing loss and a history of placing an object in the ear canal.

HEALTH CARE:

1. Make the child comfortable and provide reassurance.
2. Do not attempt to remove anything from the ear canal. Only a physician should remove foreign objects in the outer ear.
3. Advise parent/guardian to seek medical care.

SORE THROAT

SIGNS AND SYMPTOMS:

Complaints of pain or soreness of the throat when swallowing, speaking or eating voiced. Additional symptoms may include nasal drainage, enlarged neck glands, fever, cough, headache, hoarseness, or injury to the mouth, throat, or neck.

HEALTH CARE:

1. Take the child's temperature. If she/he does not have a temperature of 100.4 or above, the child may go to the Campus.
2. If child does have temperature of 100.4 or above, keep him/her at home. Seek medical care if necessary.
3. Have child rest quietly, encourage fluids.

SPLINTERS

SIGNS AND SYMPTOMS:

Foreign material embedded in the skin usually relating to a minor injury. Other symptoms may include redness, swelling and/or pain at the injury site.

HEALTH CARE:

1. Grasp splinter with tweezers and remove, if splinter can be easily removed (splinter part is above the skin surface).
2. Clean area with soap and water after removal and apply dressing.
3. Clean the area with soap and water, and apply dressing,
4. If splinter is deeply imbedded and splinter part is not above the skin surface.
    a. Obtain medical care.

b. Do not attempt to remove the splinter.

STOMACH

SIGNS AND SYMPTOMS:

Complaints of abdominal pain or discomfort voiced. May have related cramping, bloating, gas, diarrhea or constipation, nausea and vomiting. Causes of upset stomach (nausea and vomiting) usually are not serious. Ask the child about other symptoms or conditions and about amount, consistency, and color of vomit. Fever may or may not be present.
{Ask about additional signs and symptoms - i.e., headache, earache, sore throat, injury to chest, head or stomach, diabetes, high temperature, dietary intake, and stressful events}.

HEALTH CARE:

1. Assist child to become more comfortable by lying down on side with knees bent to relax stomach muscles.
2. Take the child's temperature when the nausea/vomiting subside.

VOMITING I THROWING UP

SIGNS AND SYMPTOMS:

The voluntary or involuntary emptying of the stomach contents through the mouth.

HEALTH CARE:

1. Identify the contents of the vomit (food, blood, etc.)
2. If blood is present, call the Emergency Medical System (EMS)
3. Give nothing to eat or drink until vomiting stops.
4. Allow the child to rest and check the child for improvement.
5. Seek medical evaluation based on symptoms if necessary.
6. Keep the child calm until assistance arrives.

FIRST AID SUPPLIES (Standard 1302.42(b) (1) (6))

POLICY

Community Services of Northeast Texas Head Start/Early Head Start will provide adequate First Aid supplies following Child Care Licensing guidelines.

Base first aid kit (Red or Navy) – HS/EHS
campuses Vehicle first aid kit (Red or Navy) -
HS Vehicles

Classroom first aid kit (red/navy) – HS/EHS classroom/playground

1. All Head Start/Early Head Start campuses will have a base first aid kit. The custodian and/or Campus Director (applicable for ISD classrooms) will monitor and re-stock the base first aid kit on a weekly basis or when significant inventory depletion has occurred. Extra supplies will be located in the campus storage room.
2. Each kit has a supply checklist which is to be completed bi-weekly. Copies of completed checklist must be submitted to the Health Coordinator by the 10th of each month.
3. Each classroom will be equipped with a fanny pack furnished with first aid supplies to be taken on the playground, any outdoor activities and/or any field trips. The custodian and/or teaching staff (applicable only for ISD campuses) will be responsible for re-stocking the first aid supplies in their fanny packs from supplies available from the base first aid kit.
4. Each HS Vehicle will be equipped with a first aid kit furnished with first aid supplies to be taken on the vehicle The driver of the vehicle will be responsible for re-stocking the first aid supplies from supplies available from the base first aid kit.
5. The Campus Director is responsible for maintaining an inventory count and submitting a supply request to the Health Coordinator as inventory needs occur. Responsibilities include, but not limited to, checking kits weekly to ensure protocol is met, reordering needed supplies, checking the expiration dates and replace any used or out-of-date supplies as needed.

SUPPLY CHECK LIST:

BASE FIRST AID KIT (CAMPUSES)

This form lists the items required in the base first aid kits. These items may be acquired from the Health manager/Health Coordinator/Family Services Administrator . A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive tape Antiseptic spray Antiseptic Wipes Disposable gloves Self Adhesive Wrap
Sterile Gauze Tweezers Bandage scissors CPR Mask Kleenex Packets
Cotton balls Thermometer Probe Covers First Aid book Adhesive bandages
Emergency Tooth Saver Kit

CLASSROOM FIRST AID KIT

This form lists the items required in the classroom's first aid kits. These items may be acquired from the center base first aid kit or Health manager/Health Coordinator/Family Services Administrator. A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive bandages Antiseptic wipes CPR mask Sterile Gauze Pads
Thermometer Self-Adhesive Wrap Disposable gloves First Aid book
Adhesive tape Probe Covers Travel Size Eye Wash

VEHICLE FIRST AID KITS

This form lists the items required in the vehicle first aid kits. These items may be acquired from the base first aid kit or the Health Manager/Health Coordinator/Family Services Administrator /Family Services Administrator . A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive tape Antiseptic spray Antiseptic Wipes Disposable gloves
Kleenex Packets Gauze pads Bandage scissors CPR Mask

Tweezers Adhesive bandages Self-Adhesive Wrap

Cotton ball Thermometer Probe Covers First Aid book
Emergency Tooth Saver Kit Travel Size Eye Wash

BLOODBORNE PATHOGENS: Standard1302.47 (b) (6) (iii)

POLICY

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 19 I 0, 1030, the following Exposure Control Plan has been developed. It is not meant to replace the individual facility's responsibility to be familiar with the standard and its requirements.

The purpose of the Exposure Control Plan is to provide guidelines for minimizing or eliminating occupational exposure of employees of the Head Start/Early Head Start to blood and other potentially infectious materials.

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV) which causes AIDS.

Exposure Incident means a specific eye, mouth, or other mucous membrane, non ¬intact skin, or parenteral contact with blood or other potentially infectious materials that occurs during the performance of any employee's duties.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Potentially infectious materials means:

1. Any body fluids: including but not limited to semen, vaginal secretions amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any open skin, tissue or organ (other than intact skin) from human (living or dead);
3. Blood, organs, and tissues from animals and cultures and solutions containing HIV or HBV.

Regulated waste means:

1. Liquid or semi-liquid blood or other potentially infectious materials
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps
4. Pathological and microbiological wastes containing blood or other potentially infectious materials.

EXPOSURE DETERMINATION

POLICY

OSHA requires employers to perform an exposure determination concerning which

employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

CATEGORY I -Exposure anticipated in normal routine of job: Health Coordinator and Health Coordinator/Family Services Administrator /Family Services Administrator .
CATEGORY II - Only occasional exposure anticipated in normal routine of job: Campus Director, Teacher, Teacher Assistant, Custodian, and Family Service Worker.
CATEGORY III - No exposure anticipated in normal routine of job: However, exposure may occur if emergency is encountered: Receptionists, Disability / Mental Health Coordinator, Bus Drivers, Cooks, Cooks Assistant, Nutrition Manager, Education Coordinator, Family Service Coordinator, Mental Health Providers, Speech Pathologist.

METHODS OF MINIMIZING EXPOSURE

POLICY

Employees will adhere to the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
The following controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

The Campus Director will review and monitor:

(a) Maintenance personnel to ensure daily, weekly and monthly duties and inspections are performed.
(b) Teaching staff to ensure good hygiene practices are maintained.
(c) Cooking staff to ensure safe meal preparations are being performed.
(d) Track and submit request for sanitation supplies when indicated.

Hand washing facilities

1. Hand washing facilities are readily available for use by staff in individual classrooms, or a central restroom area.
2. Where hand-washing facilities are not readily accessible, antiseptic towelettes are available. When antiseptic towelettes are used, hands should be washed with soap and running water as soon as possible following child contact or following any procedure.
3. Employees will carry "fanny packs" on all field trips and playground activities, as well as any activities, which require leaving the immediate area of the room. "Fanny packs" will contain antiseptic towelettes, including other personal protective equipment, while away from hand washing facilities. The teachers/aides will be responsible each day to check and re-stock "fanny packs *as required." The Campus Director will be notified when supplies are low.

WORK PRACTICE CONTROLS

In addition to engineering controls, the work practice controls described below have been implemented to minimize exposure to blood borne pathogens. Many of these practices have been in effect as part of the Infectious Control Program.

Hand washing

- Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment. An employee shall wash hands and any other skin with soap and water as soon as feasible following child contact and immediately following any procedure.
- Removal of contaminated personal protective equipment:
  (a) Any employee wearing personal protective equipment shall remove the equipment upon
  (b) Leaving the work area and shall place the equipment in area or container designated for
  (c) Storage, washing, decontamination, or discarding.
    a. Contaminated personal protective equipment will be double bagged in the trash and placed
  (d) In appropriate garbage receptacles.
    a. Unused equipment will be returned to appropriate storage containers in each classroom or
  (e) Other designated areas.

Eating, drinking, and hygiene:

1. Eating, drinking, applying cosmetics, or handling contact lenses is prohibited in work areas where potential exposure could occur.
1. Smoking is also prohibited in work areas.

Minimizing splashing, spraying:

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering of droplets

Handling laundry:

1. Contaminated laundry, which includes laundry that has been soiled with blood or other potentially infectious materials, shall be handled with caution.
2. Contaminated laundry shall be removed and cleaned as soon as possible, using soap and water at a hand washing facility.
3. While wearing latex gloves, care shall be taken not to splash blood tinged droplets into mucous membranes.
4. Further laundering shall be done as soon as possible and in a manner to prevent contamination.

Contaminated equipment:

1. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.
2. Permanent items such as furniture, toys, etc. which become contaminated shall be decontaminated immediately using gloves and a bleach solution of one part bleach solution to ten parts water, or other designated disinfectant. If using a bleach solution, it must be mixed daily to ensure that it meets OSHA standards.

3. Soiled cleaning cloths and gloves that contain infectious materials shall be disposed of in a separate trash bag, which shall be closed tightly and then placed in regular trash and carried to outside container immediately.

Handling regulated trash and regular trash:

1. The Maintenance personnel at each campus will be responsible for bagging all trash at the end of the day, and at any other times.
2. Gloves must be worn while collecting the trash and or regulated trash/waste.

Overseeing work practice controls:
The Campus Director is responsible for overseeing the implementation of work practice controls.

PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Personal protective equipment will be provided to employees in the following manner:

1. Micro-shields will be provided for CPR. They will be located in each fanny pack and the first aid kit.
2. Latex gloves will be provided for use prior to any first aid exposure. They will be located in each classroom, first aid kit, and fanny pack. The employer will provide various sizes of gloves as needed and. hypo allergenic gloves for those sensitive to powdered gloves.
3. Goggles will be provided for use prior to any activity, which might produce splashing into mucous membranes. They will be located in the Base first aid kit. The Campus Director will be responsible for monitoring stock levels and submit supply request to the Health Coordinator or Health Coordinator/Family Services Administrator in a timely manner.

GLOVES

1. Gloves shall *must be worn when an employee anticipates contact with blood or other potentially infectious materials including mucous membranes
2. The employee will make an effort to avoid picking up a child to comfort him/her without first evaluating and anticipating possible exposure to blood before handling or touching contaminated items or surfaces.
3. All employees cleaning up feces, vomitus or other potentially infectious material must exercise Universal Precautions by wearing gloves.

MASKS, EYE PROTECTION, AND FACE SHIELDS

Masks in combination with eye protection devices, such as goggles or glasses with solid-side shields, or chin-length face shields, are to worn whenever splashes or sprays may

generate droplets of infectious materials such as in the case of suctioning fluids, or brushing teeth of the physically and developmentally disabled.

GOWNS AND/OR APRONS

Appropriate protective clothing such as gowns, aprons, lab coats, jackets or similar outer garments are to be worn whenever exposure is anticipated.

RESUSCITATION MASKS

Resuscitation masks, such as micro-shields, shall be worn in situations where CPR in anticipated or initiated.

ACCESSIBILITY

1. Appropriate personal protective equipment is available in various sizes.
2. Hypoallergenic and powdered gloves available in various sizes.
3. Personal protective equipment is available in designated areas

CLEANING, LAUNDERING, DISCARDING, REPAIRS:

So that personal protective equipment is not contaminated, the Head Start/Early Head Start adheres to these practices:

1. Non-disposable or re-usable personal protective equipment is to be inspected by the Campus Director or designated employee to repair or replace when indicated.
2. The Campus Director or designated employee will clean, launder, and decontaminate reusable personal protective equipment as needed (at no cost to the employee).
3. Contaminated single-use personal protective equipment (or equipment that cannot be decontaminated) that is defined as regulated waste is discarded per double bagged containers. If it does not meet the definition of regulated waste, it shall be disposed of in the regular trash.

HOUSEKEEPING CONTROLS: Standard1302.47(a)(b)

Maintaining the Head Start/Early Head Start Campus in a clean and sanitary condition is a critical part of this plan.

1. Cleaning schedule:
    a. Each employee is required to ensure that work areas as assigned (on ISD campuses) are maintained in clean and sanitary conditions.
    b. Each classroom teacher/teacher assistant, as assigned (on ISD campuses) Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses, shall maintain and implement schedules for regular cleaning and decontaminating work areas.
    c. Maintenance personnel on Head Start/Early Head Start Campuses will clean/disinfect classrooms and restrooms daily.
    d. Diapering/changing areas are maintained and sanitized after each use by assigned personnel.

2. Decontamination will be accomplished by utilizing disinfectant materials acquired by CSNT per its purchasing protocol. Examples of materials used are: Cleanworks #3, Cleanworks #4, Aero Class Cleaner, Phenomenal Hospital Grade Spray and Clorox Disinfectant Wipes/Spray.
3. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
4. Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses will wipe down/spray toys weekly and when/if there is evidence of visible blood, sinus drainage, etc. using a designated disinfectant.
5. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis: Maintenance personnel (Head Start/Early Head Start Campuses and/or assigned staff on ISD Campuses) will do so on a weekly basis.

   Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses must inspect weekly and decontaminate all bins, pails, cans and similar receptacles.
6. Any broken glassware, which may be contaminated, will not be picked up directly with the hands. A brush, dustpan, forceps and/or tongs are available for picking up contaminates glassware.
7. Broken glass shall be placed in a plastic/boxed container labeled to identify contents and discard per contaminated waste protocol. CSNT Head Start/Early Head Start will use a "Vomitus/Body Fluid Absorbent substance to clean up vomit, and/or blood spills.
8. The school Maintenance personnel will be contacted and responsible to clean up the spills.
9. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded, if they are cracked, peeling, tom, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
10. Contaminated laundry shall be handled as little as possible. Employees who handle contaminated laundry shall wear protective gloves and any other protective equipment that may be considered necessary.
11. Contaminated laundry shall be bagged at the location where it was used. Wet contaminated laundry, which presents a reasonable likelihood of soaking, or leaking from the bag or container shall be placed and transported in bags or containers, which prevent leakage of fluids.
12. Laundry at this facility may be cleaned by employees using universal precautions if a contamination occurs.
13. Laundry will not be sent off site and paid for by the employer at this time.
14. Completion of the following Duties Checklist must be completed by assigned Head Start/Early Head Start staff and copies sent to the Health Coordinator by the 10th of each month.
    - Daily/Weekly/Monthly Duty Checklist—Completed by Head Start/Early Head Start Custodial staff only.
    - Daily/Weekly/Monthly Duty Checklist not required for Campus Directors whose classrooms are located on ISD campuses.
    - Campus Director Building & Playground Monitoring Form (Head Start/Early Head Start only) completed by Campus Director
    - Campus Director Building & Playground Monitoring Form (ISD) completed by Campus Directors whose classrooms are located on ISD campuses.

HEPATITIS B VACCINE

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wished to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will sign a waiver, which uses the wording in Appendix A of the OSHA standard. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

POST-EXPOSURE VACCINATION (De minimis Classification)

OSHA will consider it a de minimis violation - a technical violation carrying no penalties - if employees who administer first aid as a collateral duty to their routine work assignment are not offered the Hepatitis B vaccination until they give aid involving blood or other potentially infectious materials. OSHA will allow employers to offer Hepatitis B vaccinations to certain employees within 24 hours of possible exposure rather than offering pre-exposure vaccination. Collateral duty means resounding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. The de minimis classification for failure to offer Hepatitis B vaccination in advance of exposure would NOT apply to personnel who provide first aid at a first aid station, clinic or dispensary or to health care, emergency response or public safety personnel expected to render first aid in the course of their work.
Procedure to merit the de minimis classification:

1. Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during, which the incident occurs.
2. Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time as well as a determination of whether an exposure incident, as defined in the standard, has occurred The Campus Director will be the person to determine if a true exposure incident occurs.
3. The first aid incident report must be signed off and dated by that person. If a determination has been made that a true exposure incident occurred, then the employee must be provided the Hepatitis B vaccinations, and post-exposure follow-up.
4. Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provided to OSHA upon request.
5. First aid providers must receive training under the blood borne pathogens standard that covers the specifics of the reporting procedures.
6. All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occur, must be offered the full immunization series, as soon as possible but in no event later than 24 hours. If an exposure incident as defined in the standard has taken place; other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

The employer at this named facility, Community Services of Northeast Texas Head Start/Early Head Start, has determined to offer Hepatitis B vaccinations under the following

manner:

CATEGORY I
1. Employees will be offered the vaccinations pre-exposure.

CATEGORY II & III
1. Employees will be offered the vaccinations post-exposure.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

When the employee incurs an exposure incident, it should be reported to the Center Director first, then the Health Manager who will inform the Safety Director.
If an exposure incident occurs, then the employee must complete an Occupational Exposure Incident Report (form 101). Exposure incidents are also recorded as work-related injuries and on the OSHA log 200. All employees who incur an exposure incident will be offered post-exposure follow-up.

Procedures for Follow-up:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employer shall offer the exposed employee blood collection and testing. The employee has the right to refuse either or both. Any blood test shall be performed by an accredited laboratory at no cost to the employee. The designated accredited laboratory this facility will use is:
   GOOD SHEPARD MEDICAL ASSOCIATES
   402 N. KAUFMAN
   LINDEN, TEXAS 75563
   (903)756-5581
5. The employee will be offered the option of having his/her blood collected for testing of his/her HIV /HBV serological status. The blood sample will be preserved for at least ninety (90) days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. The exposed employee shall be offered a medical evaluation of any reported illnesses within twelve (12) weeks of the exposure incident and counseling at no charge to the employee.

7. Healthcare Professional's evaluation: The employer shall provide the employee with a copy of the evaluation healthcare professional's written opinion within fifteen (15) days of completion of the evaluation. Such evaluation shall be included in the employee's medical record, and, in keeping with confidentiality, the opinion shall be limited to the following information.

8. The Health care professional's determination of administering the Hepatitis B vaccination and whether or not the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

9. The designated healthcare professional that this facility chooses to use is:
   GOOD SHEPARD MEDICAL ASSOCIATES
   402 N. KAUFMAN LINDEN, TEXAS 75563
   (903) 756-5581

MEDICAL RECORDKEEPING

Confidential medical records are kept on an employee involved in an exposure incident. The Health Coordinator and the Human Resources Director shall be responsible for setting up and maintaining medical/health records which shall include:

1. Employee's Name and Employee ID and or Social Security (if required) Number.
2. A copy of the employee's Hepatitis B vaccination status (including dates of vaccinations, and signed consent of declination forms).
3. Copies of the evaluation of the examination, medical testing and follow-up procedures took place as a result of the exposure incident.
4. A copy of the healthcare professional's written opinion.
5.

STORAGE:

Medical records regarding an employee's exposure incident shall be kept for the length of employment, plus three (3) years.

CONFIDENTIALITY:

Employee medical records are confidential and are not to be released except with the employee's written consent or in accordance with federal and state law.
Employee medical records shall be maintained separately from the employee's personnel file.

SIGN & LABELS

The most obvious warning of possible exposure to blood borne pathogens is biohazard labels. CSNT Head Start/Early Head Start will use double bagging for all regulated trash/waste such as vomitus and blood and apply labels clearly marked “Regulated Waste/Trash” and immediately transport to outside waste receptacle.

The Health Coordinator is responsible for setting up and maintaining this program. The labeling program includes:

a. Containers of regulated waste.
b. On labels tagged to contaminated equipment, the employee shall also indicate which portions of the equipment are contaminated.

INFORMATION & TRAINING

The employer recognized that having informed employees is important when attempting to prevent or minimize occupational exposure to blood borne pathogens. Employees who have a potential for exposure to blood borne pathogens are presented a comprehensive training

program and furnished with information on a variety of subjects dealing with blood borne pathogens. Employees will be trained at least annually to keep their knowledge current. Any new employees or any employee, who is changing tasks or job classifications, will be given the additional training.

RESPONSIBILITIES

The Health Coordinator is responsible for developing the training program. The Health Coordinator shall monitor the effectiveness of the training program through monitoring or employee work practices.

TRAINING TOPICS

The training program shall include the following:

1. OSHA standard for Blood borne Pathogens
2. Epidemiology and Symptomatology of blood borne diseases
3. Modes of Transmission of Blood borne Pathogens
4. Exposure Control Plan (i.e. Points of the Plan, Lines of Responsibility, how the plan will be implemented, etc.)

Procedures which might cause exposure to blood or other potentially infectious materials at this facility:

1. Control methods, which will be used at the facility to control exposure to blood or other potentially infectious materials.
2. Personal protective equipment available at this facility and who should be contacted.
3. Post Exposure evaluation and follow-up
4. Signs and labels used at the facility
5. Hepatitis B vaccine program at the facility

Program methods and schedule.

Training presentations make use of the following techniques:

1. Classroom atmosphere with personal instruction.
2. Professional presentations by individuals trained in the specific programs being presented.
3. Training manuals and handouts.
4. Audio-visual materials.
5. Time is allotted for a question and answer session.

TRAINING RECORDS

1. The Head Start/Early Head Start Office Coordinator shall maintain employee-training records, which shall include:
2. Dates of training sessions and copies of materials covered.
3. Names and job titles of the trainers and their qualifications.
4. Names and Employee ID number of the employees in attendance.
5. The employee must attend the full session; no partial attendance of sessions will be permitted.
6. Training records shall be on file for three years from the date of the training programs. Training records are available upon request of the employee or if requested by on OSHA officer. If the employer should cease to do business and there is no employer to take over the business, the clinic must notify OSHA at least three months prior to discarding of the records.

PROGRAM MANAGEMENT

Refer to Human Resource

ANNUAL TRAINING AND REVIEW:

This plan shall be reviewed annually and updated as necessary. This review and updating shall include, but is not limited to:
1. Review of tasks and procedures in which exposure might occur.
2. Additions and changes to job classification

AVAILABILITY OF PLAN TO EMPLOYEES:

1. A copy of this exposure control plan must be available to all employees at any time.
2. The plan is located in the Campus Director's office under Health Policies & Procedures.

RESPONSIBILITIES:
The Health Coordinator or designated employee is responsible for the overall implementation of the plan, which shall include:
1. Implementation of the plan
2. Annual review and updating
3. Acting as a liaison during OSHA inspections
4. Overseeing the training of all employees with potential occupational exposure facility to bring the employee(s) into compliance (e.g. employee discipline for not following Universal Precautions, etc.)
5. Yearly posting, in the month of February, of the OSHA 200 log, in an employed work area.
6. The training outline is located in the Exposure Control Plan book.

EMPLOYEE RESPONSIBILITIES:

1. Knowing what tasks they perform that may result in occupational exposure
2. Attend the training program
3. Conduct their tasks in accordance with designated work practice controls

TRANSITION PROCEDURES

Refer to the Education Section

POLICY
The transition process usually occurs towards the end of the school year in the month of April. The transition process involves all content areas. The Health Coordinator and Health Coordinator/Family Services Administrator /Family Services Administrator is responsible for completing the Health Summary, which will be included in the Transition Packet.
All Health Summaries should be ready for distribution by the end of April.

HEALTH SUMMARY

The information from the Health Summary is obtained from the child's Health Record, the Immunization status form and the Dental Health Form. This form must be signed by the Family Service Worker/s distributing the Health summary and also signed by the parent/guardian.
- Original - Included in Transition Packet
- Stamped copy - Child's Health Record

HEALTH SUMMARY FORMS (INSTRUCTIONAL):
1. Child's name and birth date.

2. Child's address.
3. Parent/guardian's name.
4. Campus child enrolled in.
5. Campus's address.
6. Campus's telephone number.
7. Enrollment date.
8. Termination date (the last day of school)
9. Physical examination findings (i.e. well child or any abnormalities detected along with the treatment plan and the completion date).
10. Screening (date and the results).
11. Immunization (list in chronological order).
12. Other (utilize for other immunizations not listed i.e. Varicella).

RE-ENROLLMENT PROCEDURE

The FSW schedules re-Enrollment during the spring. The purpose of reenrollment is to re-enroll eligible second year students for the upcoming program school year.

1. All of the information obtained from the child's Health History form must be updated during re-enrollment.
2. If there are any changes, the updated information will need to be recorded with the date.
3. If there are not any changes, you will need to indicate "no changes" the date and your initials at the bottom of each form in black ink.
4. Inform the parent/guardian that the child will be receiving the same preventative and acute services he/she received throughout the school year.
5. The parent/guardian will need to mark the box stating:
   "I give permission for my re-enrolled child to receive the above listed services."
6. The parent/guardian will need to sign and the Services Permission form in the space indicated "Signature of Parent or Legal Guardian or Re-enrolled Child."
7. The parent/guardian needs to be made aware of any services that are needed over the summer, I.e. immunizations, physical/dental examinations, follow-up treatment etc.

   Give the parent/guardian the appropriate paperwork to be completed and instruct the parent/guardian to return the paperwork with him/her when school reconvenes in August.

INTRA RELATIONSHIPS WITH OTHER COMPONENTS

The Health Component staff will work in collaboration with all the components of Head Start/Early Head Start. Due to the time constraints for the performance standards and availability of equipment, Family Service Worker staff will work together in "team" format to obtain the following requirements within the screening time line:

1. Health screenings results to include-anemia and blood lead test results, height/weight measures and
2. Vision/hearing screens.
3. Obtaining Dental and Physical exam results.

FAMILY SERVICES

Refer to Family Services Section

In addition to other duties, the Family Service Worker/s is also responsible for recruitment,

enrollment and case management for the families of Head Start/Early Head Start. A Family Service Worker is required during enrollment to inform parents of the health standards and requirements. Due to the fact that the Health Coordinator has multiple campuses, it is expected that case management meetings be scheduled in such a manner, which would allow the Health Coordinator to be present. For any given case with a health problem or concern, the Health Coordinator will be informed of the status weekly and immediately of any changes made to the child's care.

NUTRITION

The Health Coordinator, Health Coordinator/Family Services Administrator /Family Services Administrator , Family Service Worker/s and the Nutrition Manager will work collaboratively to obtain height/weight with in the 45 day entry time line for returning and newly enrolled children at Head Start/Early Head Start.

If a health concern is identified with the initial screenings an in-house referral should be processed between the components. Health concerns relating to height, weight or anemia level should adhere to the guidelines or referred to the child's Primary Care Physician for follow-up evaluation.

The Family Service Worker/s will notify the Nutrition Manager, Teaching staff and Cooks of all children with food and other known allergies, supplying each area with a compiled Allergy list of all students on campus. The allergy list will include food and medication as well insect bite allergies and other known allergy information supplied to campus staff per parents.

DISABILITIES/MENTAL HEALTH

Refer to Disabilities/Mental Health Section

The Health Component will assist Disabilities/Mental Health services per request pertaining to history, physical or other health services provided by the Health component or received by Head Start/Early Head Start children. The Health component will assist within its scope of practice or delivery of service.

Services to include:

1. Health information for staff and parents
2. Provide skills training for staff or parents upon request by obtaining certified trainers. (Health Care Professionals)
3. Medical interpretation.
4. Writing protocols (Health Considerations) for health concerns of procedures by assisting to obtain or obtaining written physician's directives for medical treatments/prescriptions.

EDUCATION

The Family Service Worker/s will notify teachers and Education Coordinators of children with hearing/vision and medical problems.

The Health Coordinator will participate in IEP planning for children identified with special needs to facilitate assistance with the transition in Head Start/Early Head Start.

TRAINING: Standard 1302.47 (a)

The Health Coordinator will be kept informed and abreast of all Head Start/Early Head Start standards and procedures as so published the Standard Operations of Procedure Manual.

The Health Coordinator will attend Head Start/Early Head Start and Health conferences (meetings, classes, and trainings) to keep up to date with the most current medical and health practices for Head Start/Early Head Start and its surrounding health community.

The Health Coordinator will implement appropriate changes for Head Start/Early Head Start once approved by administration and advisory boards and will provide health trainings to all staff when indicated.

The Health Coordinator/Family Services Administrator will schedule all CPR & First Aid training as well as Vision/Hearing training classes and will assist with providing health education trainings for parents at each campus as time permits.

The Health Coordinator will participate in Case Management meetings when indicated and as schedule time permits, with prioritization for health concerns implemented.

Family Service Worker/s training will enable them to perform most screenings with minimum guidance from the Health Coordinator.

Family Service Worker/s or other designated Head Start/Early Head Start staff will be certified for Vision/Hearing screenings. They will adhere to and follow the Head Start/Early Head Start performance guidelines and health manual for these tasks.

Family Service Worker/s should attend other health training to maintain performance efficiency.

STANDARDIZED HEALTH TRAINING SERVICE

There should be consistent health trainings established throughout the agency. The health Coordinator should present these trainings during annual pre-service trainings and new hire orientations.