

1304.22
CHILD HEALTH AND SAFETY
Program Year —2012-2013

	<p style="text-align: center;">INTRODUCTION TO 1304.22</p> <p>Head Start’s commitment to wellness embraces a comprehensive vision of health for children, families, and staff. The objective of 45CFR 1304.22 is to support healthy physical development by encouraging practices that prevent illness or injury, and by promoting positive, culturally relevant health behaviors that enhance life long well-being.</p> <p>The Standards in this section include Health emergency procedures, conditions of short term exclusion, medication administration, injury prevention, hygiene, and first aid kits.</p>
<p>Performance Standard 1304.22</p> <p>Child Health and Safety</p> <p>(a) Health Emergency Procedures</p> <p>(b) Conditions of short term exclusion</p> <p>(c) Medication Administration</p> <p>(d) Injury Prevention</p> <p>(e) Hygiene</p> <p>(f) First Aid Kits</p> <p>(a) Health Emergency Procedures</p> <p>Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:</p>	<p>Strategies:</p> <ul style="list-style-type: none"> • All Waldo Community Action Partners Head Start Program Staff, are familiar with and are trained to respond to medical and dental emergencies. • Plans of action for emergencies that require rapid response including CPR and first aid information, emergency numbers and family emergency contact information are carried with EHS Home Visitors. • Home Visitors help each family develop a home safety and evacuation plan.
<p>(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;</p>	<ul style="list-style-type: none"> • Policies and plans of action for emergencies that require a rapid response on the part of staff or immediate medical or dental attention are clearly posted in each classroom. • All Direct Service Staff are certified in CPR and First Aid.
<p>1304.22 (a)(2)(3)(4)(5)</p> <p>(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;</p>	<ul style="list-style-type: none"> • Emergency Numbers are posted in a highly visible location on the wall in each classroom. • All children’s emergency contact information is kept on a clipboard or in a binder in the classroom.
<p>(3) Posted emergency evacuation routes and other safety procedures for</p>	<ul style="list-style-type: none"> • Emergency evacuation routes and evacuation procedures are posted by the door in each classroom.

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<p>emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);</p>	<ul style="list-style-type: none"> • Fire drills are performed and recorded monthly in each building by center staff.
<p>(4) Methods of notifying parents in the event of an emergency involving their child; and</p>	<ul style="list-style-type: none"> • A Child Emergency Contact Sheet is filled out at the time of the initial home visit by the parent or guardian and updated as necessary. • In cases of emergencies staff will notify parents by phone. If the parent is unreachable the staff will use the emergency contact list to ensure that someone is notified and the child is picked up if necessary.
<p>(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.</p>	<ul style="list-style-type: none"> • All Waldo Community Action Partners Head Start Program employees are mandated reporters. . • All staff must follow the procedures and guidelines that are given in the WCAP Policy on “Reporting abuse, neglect, and exploitation to the state authorities.” • Staff is given training on these procedures upon hire and annually. ,
<p>1304.22 (b)(1)</p> <p>(b) Conditions of short-term exclusion and admittance.</p> <p>(1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.</p>	<ul style="list-style-type: none"> • Early Head Start Home Visitors will work with the EHS Manager on a case-by-case basis to make a determination of the appropriateness of a home visit based on illness of either the Home Visitor or a parent or child in the home. The EHS Nurse and/or Home Visitor will be available by phone or email to support the family during times of exclusion if needed. This support will not be counted as a regular Home Visit. Home visits cancelled due to illness will be rescheduled when appropriate. • Waldo Community Action Partners Head Start Program follows the 1304.22 “Determination and Care of a Sick Child Policy”. . The legal guardian or other person authorized by the parent will be notified immediately when the child exhibits signs or symptoms requiring exclusion from the center, as described below: <ul style="list-style-type: none"> – The illness or injury prevents the child from participating comfortably in the center’s activities. – The illness or injury results in a greater care need than the center staff can provide without compromising the health and safety of other children. – The child has any of the conditions listed in the policy (Determination and Care of a Sick Child).
<p>1304.22 (b)(2)(3)</p> <p>(2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or</p>	<ul style="list-style-type: none"> • Waldo Community Action Partners Head Start Program follows the “Determination and Care of a Sick Child” policy which states: Waldo Community Action Partners Head Start Program does not deny admission to or exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs.

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<p>medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.</p>	<ul style="list-style-type: none"> – If it is determined that a child can participate in the program without posing a significant risk to staff and other children an Individual Health Plan is developed with input from the child’s physician, the Head Start/ EHS Staff, Health Coordinator, the EHS Nurse and the family. – All necessary center staff will receive training and instruction on the child’s Individual Health Plan prior to the child’s admission to the classroom.
<p>(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.</p>	<ul style="list-style-type: none"> • Parents are required at the time of application and home visit to inform staff of any health or safety needs the child might have. • Any health concerns will be noted in the Health Information section of the application and a copy is to be forwarded to the Health Coordinator or EHS Nurse. • An Individual Health Plan will be developed with the Health Coordinator, the EHS Nurse, parents and the child’s physician. • Staff will be trained on the needs of the child and provided with any necessary equipment prior to the child’s admission to the classroom.
<p>1304.22 (c)</p> <p>(c) Medication administration.</p> <p>Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:</p>	<ul style="list-style-type: none"> • Waldo Community Action Partners Early Head Start Program enrolls infants & toddlers in a program operated by a collaborative partner – Broadreach Family & Community Services. Broadreach is under contractual agreement to adhere to all Head Start Performance Standards of medication administration. Implementation of health and safety standards is monitored by the Early Head Start Nurse. • Following the Head Start Medication Administration Policy, Head Start employees may administer medication to children during Head Start hours if the following criteria are met. <ul style="list-style-type: none"> – A current prescription, doctor’s note or a physician signed IHP or Asthma Plan is received. – A completed Authorization to Administer Medication Form is completed by the Teacher or person dispensing medication and immediately forwarded to the Health Coordinator or EHS Nurse for approval.
<p>(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;</p>	<ul style="list-style-type: none"> • The medication is in the original container appropriately labeled with the child’s name, date, name of medication, physician’s name, dosage, frequency, pharmacy’s name and date medication was sold. Also a completed, signed Authorization to Administer Medication Form and any required or requested training has been completed. • All medication must be stored in the locked containers that are provided for each center. • Recovery medications such as epi pens and inhalers may be carried in first aid backpacks. Backpacks must be kept out of children’s

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	reach at all times.
(2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;	<ul style="list-style-type: none"> All Head Start employees dispensing medication must be designated by the Health Coordinator or EHS Nurse and receive instruction prior to dispensing.
(3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;	<ul style="list-style-type: none"> See 1304.22(c)
(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;	<ul style="list-style-type: none"> Head Start personnel dispensing medication shall maintain a daily log that includes the child's name, date dispensed, time, dosage amount, and the initials of the person responsible for administering or monitoring the dose. (Authorization to Administer Medication Form)
(5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and	<ul style="list-style-type: none"> Staff will communicate with parents in person or via the phone (as the situation dictates) about any changes in the child's behavior or appearance while on the medication. This information will be noted in the child's file and a call to the Health Coordinator or EHS Nurse will be made that day.
(6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.	<ul style="list-style-type: none"> Staff receives annual and individual medication administration training.
(d) Injury prevention. Grantee and delegate agencies must:	
(1) Ensure that staff and volunteers can demonstrate safety practices; and	<ul style="list-style-type: none"> All Staff are certified in First Aid and CPR.
(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.	<ul style="list-style-type: none"> Teaching/ Home Visiting staff incorporate safety in the home, school and bus in their curriculum on a regular basis. Information on child safety is presented at Parent Group meetings, Socializations, and sent home to parents thru the weekly parent pack.
(e) Hygiene. (1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:	<ul style="list-style-type: none"> Staff, Volunteers and children are required to wash their hands: See 1304.23 Hand Washing Policy
(i) After diapering or toilet use;	<ul style="list-style-type: none"> All Staff is given is given Universal Precautions training upon hire and on an annual basis.
(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);	
(iii) Whenever hands are	

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<p>contaminated with blood or other bodily fluids; and (iv) After handling pets or other animals. (2) Staff and volunteers must also wash their hands with soap and running water: (i) Before and after giving medications; (ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and (iii) After assisting a child with toilet use. (3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.</p>	
<p>(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.</p>	<ul style="list-style-type: none"> • OSHA (Occupational Safety and Health Administration) training for Blood Borne Pathogens/Universal Precautions is received by the staff upon hire and on an annual basis. Staff are provided with the necessary equipment to clean up hazardous spills.
<p>(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conducts these procedures.</p>	<ul style="list-style-type: none"> • Wet or soiled diapers or clothing must be changed promptly. See 1304.22 Diapering and Toileting Policy
<p>(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.</p>	

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<p>(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.</p>	<p>Waldo Community Action Partners Early Head Start Program enrolls infants & toddlers in a program operated by a collaborative partner – Broadreach Family & Community Services. Broadreach is under contractual agreement to adhere to all Head Start Performance Standards including spacing of cribs and cots. Implementation of health and safety standards is monitored by the Early Head Start Nurse and Health Coordinator.</p>
<p>(f) First aid kits. (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.</p>	<ul style="list-style-type: none"> • First aid kits are present in each classroom, socialization site, and kitchen. First aid kits (backpacks) are also in each classroom to be taken outside or on field trips. Home Visitors keep their kits in their vehicle. All first aid kits are kept out of the reach of children at all times.
<p>(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.</p>	<ul style="list-style-type: none"> • First aid kits are checked on a monthly basis by the Lead Teacher/ Home Visitor or designated staff person. These inspections are documented on the First Aid Kit Checklist. • Staff request supplies for the kit as they are used. • First aid kits are returned to the Health Coordinator over the summer to be inspected, cleaned and restocked.