Health Services Policy
Policy No. 210

Introduction
The overall goal of Head Start, Early Head Start and ECEAP is to promote the healthy development of children and families. Staff and families work together to address each child’s medical, nutritional, mental health and dental needs. The programs also help ensure that children have access to an on-going source of health care and to ensure they are on a schedule of preventative health care.

Family Files
1. Staff assigned to health tasks will be responsible for compiling complete health information on each enrolled child.
2. All staff will treat information as confidential and obtain any consent to release forms from parents when working with outside agencies.
3. All health information pertinent to the child’s safe and healthy participation in the program will be identified and a plan will be developed before the first day of attendance or as soon as identified. This shall include:
   a. Known health concerns and/or conditions;
   b. Medications taken regularly including possible side effects;
   c. Food allergies, preferences or other nutritional concerns;
   d. All other allergies identified by health history, including signs to watch for.

Immunizations
Immunization requirements will be those of the most current Washington Administrative Code.

Preventative Health Care
1. For children who are up-to-date on an age appropriate schedule of well child and dental care, staff shall ensure that they continue to follow the recommended schedule.
2. For children who are not up-to-date on an age appropriate schedule of well child or dental care, staff will assist parents/guardians in making necessary arrangements to bring their child up-to-date. Staff will work with parents/guardians on a plan to assist in accessing health services.

Financial Assistance
Head Start, Early Head Start and ECEAP programs designate medical and dental funds, which are made available for enrolled children. Funds are accessible through the Health/Nutrition Director, once all other resources have been exhausted.

Emergencies, Illness, Accidents
Medical/Dental Emergencies
1. Procedures for illness, accidents and emergencies shall be those listed in the Department of Health publication: “Recommended Procedures for Sickness and Injuries Occurring at School.”
2. Each Center Director shall ensure that all staff understands and follows policies and procedures relating to illness, injuries, first aid and emergencies.
3. All staff, whose main responsibility is working with children, must be currently certified in pediatric First Aid/CPR. One staff person currently certified in pediatric First Aid/CPR must be with the children at all times. It is recommended that substitute staff and parents/guardians who volunteer on a regular basis be currently certified in pediatric First Aid/CPR.
4. An emergency plan shall be developed and posted at each site.
5. Universal Precautions will be followed at all times.
6. A current and complete “Parent/Guardian Consent for Emergency Treatment” form must be maintained on all children.
7. Parents will be notified in case of an emergency involving their child.
8. Children who are unable to participate in activities or who pose a health risk to other children due to an illness should not attend. If a child is ill during program hours, the parent/guardian will be notified to pick up the child. Refer to Daily Health Check and Exclusion for Ill Children Policy.

First Aid Kit
At each site, there will be a clearly identified and easily accessible First Aid kit that meets Head Start, Early Head Start, Migrant Head Start, and ECEAP, state child care licensing requirements.

Illnesses
Children who are unable to participate in activities or who pose a health risk to other children due to an illness should not attend. If a child is ill during program hours, the parent/guardian will be notified to pick up the child.

Medication Administration/Storage
1. Medication should be administered at home when possible. The Public and Private Schools – Administration of Oral Medication guidelines (RCW 28a.210.260 and 270) will be followed when a site is located in a school district. The child care licensing requirements concerning medication management (WAC 110-300-0215) will be followed when a site is located in a licensed child care facility or child care home.
2. ESD 105 Head Start, Early Head Start, and ECEAP procedures will be followed for all administration and storage of medication.
3. Medications are administered only by trained staff that has been oriented to medication policies and procedures. These policies are reviewed with all staff members who administer medications on a yearly basis and/or more frequently as needed.
4. Children taking medication at school must have Child Health Plan (CHP-ECEAP) or Health Care Plan (HCP-Head Start) and/or Medication Chart completed before the first day of attendance or as the need is identified.
5. Before a staff member may administer medications, parents will provide instructions and demonstrate the use of specialized medication administration procedures (i.e. use of nebulizer or EpiPen, children’s preferences for swallowing pills, how to deliver eye drops, etc.). These instructions are documented on the Medication Chart.
6. Children’s medication will be kept in a locked storage box in the classroom, inaccessible to children. Rescue medications like EpiPens and nebulizers will be kept in the same inaccessible area, but
7. unlocked.
8. If a child has a condition where the Americans with Disabilities Act (ADA) applies, reasonable accommodations will be made and the child will be given medication.

Infectious Disease
Each site shall have on file a current copy of the OSPI/DSHS booklet, "Infectious Disease Control Guide for School Staff" and shall follow the procedures indicated. Programs that are licensed will have on file a copy of the "Minimum Licensing Requirements for Childcare Centers and Childcare Homes" and shall follow those procedures.

1. Procedures for proper hand washing will be utilized as the best way of preventing and limiting the spread of infectious disease.
2. Sites will follow school district, ESD 105 or Health Department procedures for disinfecting and sanitizing facilities and objects.
3. Parents/guardians and others who may have been exposed (e.g., bus drivers, volunteers, other staff) will be notified of infectious diseases at the site. (Except those with special protection under the law; see Health Information Protection Policy.) Notification will occur using the HS/ECEAP Communicable Diseases Exposure Notices.
4. Staff must follow local health department requirements for reporting infectious diseases.

Staff and Volunteer Health Requirements
1. Head Start and Early Head Start staff must have an initial health exam which includes a signed release from a health care provider that certifies there is no risk to the health/safety of others that cannot be accommodated. This includes a screening for tuberculosis.
2. ECEAP staff (upon initial employment) and regular volunteers (persons in the classroom once a week or more) are required to have a screening for tuberculosis in accordance with ECEAP Performance Standards.
3. Head Start, Early Head Start and ECEAP staff and volunteers should not come to the site when their illness poses a potential risk to others (except those with special protection under the law; see Health Information Protection Policy.) The person may be asked by his/her supervisor to see a physician and to bring verification of non-communicable status before returning to work.
4. All Head Start regular volunteers (persons in the classroom once a month or more) must have an initial tuberculin screening.
5. Food Worker Cards are required for all Head Start, Early Head Start and ECEAP staff and regular volunteers involved in preparation and/or serving of food.

Toilet Training
1. Toilet learning/training methods that punish, demean or humiliate a child are prohibited.
2. Toilet learning occurs when a child shows a readiness for using the toilet and the family is ready to support the child.
3. Toileting plans will be developed with staff and parents to support the child.
4. Toilet paper/dispensers and paper towels and soap dispensers shall be easily reached by children.
5. Children who can demonstrate the ability to use the toilet properly and request privacy are supervised by a staff person within hearing distance.
6. Children who are unable to use the toilet properly yet shall be within sight and sound of a staff member.

**Daily Health Check and Exclusion for Ill Children**
1. Staff members will visually assess the health of a child when they arrive into the classroom, and periodically during the day.
2. Staff will determine if the child can participate comfortably in activities, if the need for care is greater than what staff members can provide and if the child poses a risk of spread of harmful disease to others.
3. Staff will follow the exclusion criteria stated in WAC 110-300-0205 that is required in child care center licensing locations.
4. If the child becomes ill while at the center, the parents will be contacted to pick up the child.
5. Staff will follow re-admission criteria to determine when the child can return to the classroom.
6. Following surgery or injury requiring medical care, a note from the physician must be obtained stating the child may return to routine activities and state any environmental adaptions that need to occur.
7. Any child with a reportable disease may not be in attendance unless approved by the local Health District.

**Diaper Changing**
1. The diapering changing procedures are designed to reduce surface contamination that will later come into contact with uncontaminated surfaces such as hands, furnishing and floors.

**Rest Time Policy**
1. Children can benefit from a short quiet time or calm-down time. Rest time allows for children to rejuvenate. All children will be provided an opportunity to rest in a quiet and calm environment. The rest time routine will be consistent from day to day to ensure that children feel secure and can relax. Mats and all linen used during napping will be cleaned and disinfected in a manner that prevents spread of communicable disease.

**Hand Washing**
1. Staff will practice good hand hygiene techniques as outlined in ESD 105 procedures that are adapted from *Model Child Care Policies* and *Managing Infectious Disease in Child Care and Schools* from the American Academy of Pediatrics.
2. Children will be taught proper hand washing practices when considered as a developmentally appropriate activity.

**Care for Infants and Nurse Consultant**
1. Monthly consultant visits for each infant room are conducted by a licensed registered nurse. This consultant is also available by telephone, as needed.
2. Infant staff members will be trained in understanding and reacting appropriately to infant cues. Staff members interact regularly with each infant throughout the day.
3. The infant room has been designed so all accessible spaces are safe and secure for infant exploration and whole body movement. Infants are always supervised by an observant and engaged staff person.

**Sudden Infant Death Syndrome (SIDS)**
1. All staff that may provide infant care are trained in appropriate practices for “Safe Sleep” annually.
2. All staff providing infant care will follow “Safe Sleep” practices. Children will sleep on their backs to reduce the
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3. Infant environments (equipment and materials) will promote “Safe Sleep” practices.

Exclusion for Ill Children
1. Staff will follow the exclusion criteria stated in WAC 110-300-0205 that is required in child care center licensing regulations.
2. If the child becomes ill while at the center, the parents will be contacted to pick up the child.
3. Staff will follow the re-admission criteria to determine when the child can return to the classroom.
4. Following surgery or injury requiring medical care, a note from the physician must be obtained stating the child may return to routine activities and state any environmental adaptations that need to occur.
5. Any child with a reportable disease may not be in attendance unless approved by the local Health District.

Food Safety and Sanitation
1. Staff will abide by all applicable USDA/CACFP, Head Start and applicable WAC's to insure food served within the program is safe and healthy to consume.

Head Start Program Services
1. ESD 105 will provide all nutrition services (nutrition assessments, menu planning and meal service) as required in the Head Start Performance Standards and USDA/CACFP program.
2. Child Plus, and any other additional tracking systems deemed helpful by the program, will be utilized for health tracking for developmental, sensory and behavioral screening; medical and dental exams, immunizations and medical/dental follow-up and treatment. The tracking system will support collection for the PIR, provide community assessment information, facilitate the individualization of services to meet the needs of each child, and support timely support for all health services.
3. ESD 105 will use information from screenings for developmental, sensory and behavioral concerns, ongoing observations, medical and dental evaluations and treatments, and insights from the child’s parents to help staff and parents determine how the program can best respond to support individualization for each child.
4. Staff will engage and support program parents in the health, nutrition and dental services for their child as required by Head Start Performance Standards. Such engagement would include supporting parents to secure access to ongoing source of continuous, accessible care.
5. The program will have a Health Services Advisory Committee consisting of parents and local community professionals to address program service issues and respond to community needs.
6. ESD 105 will serve pregnant women and their families will provide services for the child and family upon delivery. The goal of serving pregnant women and expectant families is to provide early, continuous, intensive and comprehensive child development and family support services.

Electronic Information
1. Information received through Faxes, e-mail, phones and other electronic methods will be considered as original documents.

CJ/HR Dept. 5/8/15
Approved by Policy Council: 9/13/18
Approved by Board of Directors: 10/23/18
ECEAP Performance Standards: A-13, C-2, C-21, C-22, D-2, D-3, D-5, D-10, D-11, D-12, D-13, F-3, G-5, G-7, G-10
Head Start Act: TBD
Head Start Performance Standards: TBD