



ACTION INC. HEAD START
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Action Inc. 406-533-6855



Action Inc. Head Start
Health Policies
2019-2020

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Approved 11-1-19
Health Advisory Board

Approved 10/23/19
Policy Council

Wendy Baughman
Policy Council Chairperson



DETERMINING CHILD HEALTH STATUS POLICY

Regulation Reference: 45 CFR Part(s)

1302.42(a)(b)(c)

Policy:

In order to assess and meet individual needs, staff will determine if the child has ongoing access to health services and obtain documentation of an age appropriate health assessment upon enrollment date.

Procedures:

1. As part of the enrollment process, parent will be asked to identify their child's health care provider(s) and to give written consent to enable the Head Start program to establish communication with the provider(s).
2. As part of the enrollment process, parents will be informed of the health requirements of the program. Requirements are consistent with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule.
3. During the enrollment and family assessment process, the Family Advocates will identify the family barriers in accessing health care and a plan of action will be developed and documented.
4. If the family does not have a medical/dental provider (medical/dental home), the Family Advocates will assist them in choosing one and making/scheduling appointments:
 - a. If the child is not up-to-date on the recommended schedule of well child care, staff will assist families in making necessary arrangements (including transportation) to bring the child up-to-date. If a child is not eligible for Medicaid/Healthy Montana Kids or other payment sources, the Head Start staff will work with family to obtain health insurance or a payment source to cover the cost involved in the health assessments.



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HEMOGLOBIN/HEMATOCRIT POLICY

Regulation Reference: 45 CFR Part(s)

1302.42(a)(1)(iv)

Policy:

All Head Start children will be screened for an iron deficiency within 90 days of enrollment.

Procedures:

1. The Health/Nutrition Advocate is responsible to assure that all children are enrolled in a system of ongoing preventive healthcare, which includes an EPSDT well child exam within 90 days of enrollment.
2. The Health/Nutrition Advocate is responsible for requesting evidence that a hemoglobin/hematocrit has been completed.
3. If a child's medical provider has not completed a hemoglobin/hematocrit assessment the Health/Nutrition or Family Advocate will assist families in obtaining an assessment.
4. The Health/Nutrition Advocate will review all hemoglobin/hematocrit results and follow up with parents of children who need additional treatment.

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LEAD TESTING POLICY

Regulation Reference: 45 CFR Part(s)

1302.42(b)(i)

Policy:

All Head Start children will follow the lead screening requirement under the EPSDT program for Center for Medicare and Medicaid services.

Procedures:

1. All children will receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood test if they have not been previously screened for lead poisoning.
2. If a child's medical provider will not perform a lead screening blood test, the Health/Nutrition or Family Advocate will assist the family in obtaining the screening from other community resources available.
3. The Health/Nutrition Advocate will review all results and contact parents of children who need follow up treatment.



TOOTH BRUSHING POLICY

Regulation Reference: 45 CFR Part(s)

1302.43

Policy:

Oral hygiene will be promoted by ensuring all children are brushing their teeth daily using fluoride toothpaste in a supervised environment.

Procedures:

Sanitation/Storage:

1. Each child will have his/her own labeled toothbrush. Brushes will be stored in a holder labeled with each child's name.
2. Toothbrushes will be stored upright, not touching each other and out of reach of children.
3. Toothbrush holders will be disinfected weekly and brought to the kitchen 3 times a year for total sanitizing.
4. Each child will be provided with a new toothbrush as needed.

Tooth brushing with fluoride toothpaste:

1. Tooth brushing must take place once a day, at time designated on daily schedule, and must be supervised by either trained Head Start staff person or trained volunteer. The person supervising will wash their hands before and after brushing teeth.
2. Toothpaste will be dispensed by applying a pea size amount to a piece of wax paper or paper plate for each child.
3. Give each child their toothbrush. The child will use his/her toothbrush to scoop the paste from the wax paper or paper plate.
4. After child has completed brushing teeth, he/she will spit the toothpaste into a sink with running water.
5. Staff will assist child in rinsing toothbrush under running water after use.
6. Child will rinse and dry hands and use paper towel to wipe mouth if needed.



DIAPERING POLICY

Regulation Reference: 45 CFR Part(s)

1302.47(a)(6)

Policy:

Diapering will take place in a designated area and will occur in a safe, sanitary and respectful manner.

Procedures:

1. Designated areas have been established specifically for diapering. The diapering area is away from food and not easily visible to the other children. Careful planning is done to ensure that diapering occurs in a respectful and comfortable way.
2. Diapering surfaces will be kept clean, and sanitized.
3. All diapering and cleaning supplies will be stored off the diapering surface and out of the reach of the children.
4. Only Head Start staff or the child's parent will engage in the diapering of a child.
5. The following procedures must be followed:
 - a. Hands must be washed before and after changing or cleaning a child.
 - b. Gloves must be worn when changing diapers or soiled clothing.
 - c. Paper drapes must be used when diapering a child and thrown away after each diaper change.
 - d. Lysol wipes must be used for wiping the changing table after each use.
 - e. Extremely soiled diapers must be disposed of in the dumpster immediately.
 - f. In the event of extremely soiled clothing, clothes will be double bagged and marked with the child's name and placed out of reach of all children. The bag will be given to the parents with a note explaining the situation.



HAND WASHING POLICY

Regulation Reference: 45 CFR Part(s)

1302.47(a)(6)

Policy:

In accordance with School Readiness Goals, Head Start staff and volunteers working in Head Start classrooms will teach and model hygiene practices to maintain a healthier environment and to lower the risk of spreading communicable diseases.

Procedure:

1. All staff, volunteers, and children should abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC):
 - a. Upon arrival for the day, after breaks, or when moving from one group to another.
 - b. Before and after:
 - i. Preparing and serving food and beverages
 - ii. Diapering (see Diapering policy)
 - iii. Giving medication or applying ointments or creams (see Individual Health Care & Medication policy)
 - iv. Handling or touching animals
 - v. Mealtimes
 - vi. Brushing or helping a child brush his/her teeth
 - vii. Playing in water
 - c. After:
 - i. Using the bathroom or helping a child use the bathroom
 - ii. Contact with bodily fluids (use Universal Precautions)
 - iii. Caring for any child with nose, mouth, eye, or ear discharge
 - iv. Removing disposable gloves
 - v. Handling soiled items
 - vi. Inspecting hair for lice (see Head Lice policy)
 - vii. Playing in sand, on wooden play sets, and outdoors
 - viii. Cleaning or handling the garbage
2. Hand washing will be conducted using the following best practices:
 - a. Ensure a clean paper towel is readily available
 - b. Wet hands with warm water
 - c. Apply soap. Soap must be available within child's reach at each sink
 - d. Scrub to soapy lather for at least 15 seconds. Make sure to scrub hands both front and back, wrists, between fingers, and under nails
 - e. Rinse hands thoroughly with warm, running water
 - f. Dry hands with clean paper towels

- g. Turn off faucet with a paper towel, when applicable
 - h. Open restroom door with paper towel, when applicable
 - i. Discard paper towel
3. Hand washing posters must be posted at every hand washing sink. Posters should be at child's eye level when posting at sink used by children.
 4. Hand sanitizer may be used if it is with supervision of staff, non-expired, and is at least 60% alcohol based.
 5. When not being used, hand sanitizer must be stored out of reach of children.
 6. Hand sanitizer should not replace hand washing unless off-site and do not have access to running water.



BLOODBORNE PATHOGENS POLICY

Regulation Reference: 45 CFR Part(s)

1302.47(a)(b-4)

Policy:

Staff will ensure the prevention and control of infectious disease.

Procedures:

1. Staff will attend Bloodborne Pathogen training or view the video "Bloodborne Pathogen" within 30 days of employment and annually.
2. A copy of the Bloodborne Exposure Control Plan will be given to all employees upon hire.
3. All blood and body fluids shall be treated as contaminated. Disposable gloves and other protective supplies will be accessible and used to clean up vomit, blood, and body fluids that may contain blood.
4. Protective supplies will be in the center as well as in all vehicles that provide transportation to children. Supplies include; disposable, nonporous latex-free gloves, wipes, and other first aid supplies needed to safely and appropriately attend to an emergency.
5. Once first aid is completed, gloves should be removed immediately, and hands washed.
6. Upon completion of first aid, all materials that have come in contact with blood or any other body fluids will be placed in a plastic bag, tied and discarded in a dumpster or other outside secure trash receptacle for disposal.
7. All surfaces shall be cleaned and decontaminated after contact with blood or body fluids with a bleach solution according to Licensing Requirements for Child Care Centers. Gloves and infected material will be placed in a plastic bag, tied and discarded in a dumpster or other outside secure trash receptacle for disposal.
8. If there is contamination of a puncture in the skin or contamination of the mouth or eyes by another person's body fluids, all employees must follow the bloodborne Pathogen Exposure Control Plan.



MEDICATION ADMINISTRATION POLICY

Regulation Reference: 45 CFR Part(s)

1302.47(7)(iv)

Policy:

In order to ensure the safe handling and administration of medicines to children, the following procedures have been established to safeguard the health of all children, staff, and families.

Procedure:

1. Once it has been determined that a child will require prescription or non-prescription medication while at Head Start, a Medication Administration Form must be completed by the parent or guardian.
2. A prescription or order from the physician must be attached to the Medication Administration Form that must include the following:
 - Child's first and last name
 - Name of the medication
 - Dosage
 - Time interval
 - Method of administration
 - Duration of administration
 - Side effects
3. All medications will be brought into Head Start by the parent or guardian.
4. All medications will be kept in a locked cabinet in the nurse's office. Medications requiring refrigeration will be kept in a locked refrigerator. If medication is for acute and emergency use, it will be kept in the classroom, out of reach of children. (ex: Epi-Pen or Inhaler)
5. A medication log will be kept on each individual that will be used to document the date, time, name of medication, and the signature of the person administering the medication and any observed behavior changes or reactions each time the medication is given.
6. All unused medication will be returned to the parent or guardian at the end of the program year.



FIRST AID EMERGENCY POLICY

Regulation Reference: 45 CFR Part(s)

1302.47(7)(i)

Policy:

A system of health and safety practices are in place that ensure children are kept safe at all times.

Procedure:

1. Wash hands thoroughly and apply gloves
2. Minor injury-administer first aid, notify parent or guardian.
3. Major accident
 - a. Render necessary first aid and call the parent for preferred procedures.
 - b. If it is impossible to reach the parent, contact the family representative indicated in emergency contact information
 - c. If it is necessary to transport by ambulance, the nurse or designated representative should accompany the student to the hospital and remain with him until the family or hospital assumes charge.
 - d. In any case, the parent should be notified of the action taken as soon as possible.
 - e. Make out an accident report giving all details including the names of witnesses, give to the Program director by 3:00 p.m. on day of accident.

SPECIFIC FIRST AID PROCEDURES:

BURNS AND SCALDS

Minor Burns without Blisters

A small burn may be cooled by placing the extremity in cool water or covering with a cool wet towel. Do not use ice. Notify Parents.

Burns with Blisters

Same as above. Do not break the blisters. Notify Parents. Refer to physician for advice on how to cover the burn. Any burn on the face, hands, feet, or genitals and any large burn should be seen by a physician.

Large or Deep Burns

Removing clothing. Do not apply any medication. Keep child warm with a clean sheet and then a blanket until help arrives. Notify parents immediately.

Electrical Burns

Disconnect electrical power. Do not touch victim with bare hands. Pull victim away from power source with wood or thick, dry cloth. Notify parents immediately. All electrical burns need to be seen by a physician.

CHOKING

If a child is coughing but can't speak, he is probably choking and that's your cue to begin the Heimlich Maneuver. Here's how you do it:

1. Stand or kneel behind the child and wrap your arms around his waist.
2. With one hand, make a fist and place the thumb against the child's abdomen-above the navel and below the rib cage.
3. Grasp your fist with your other hand and pull up firmly into the child's abdomen, using distinct, quick, upward thrusts. This should help clear the airway.

CONVULSIONS

Protect the child from injury. Perform rescue breathing if child is blue or not breathing. If breathing lay child on side. Put nothing in the mouth. Notify parents immediately.

EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Notify parents. Call the Poison Control center or physician for further advice if necessary. Any injured or painful eye should be seen by a physician. Do NOT touch or rub an injured eye. Do NOT apply medication. Do NOT remove objects stuck into the eye. Gently bandage the painful eye shut until you can get medical help.

FAINTING

Lay child on back with head to the side and legs raised. Do NOT give anything by mouth. Notify parents.

FRACTURES AND SPRAINS

If an injured part is painful, swollen, deformed, or if motion causes pain, suspect a fracture and support the injury with a splint made of firm material such as a magazine. Then wrap with cloth strips. Apply a cold compress. Notify parents and call their physician.

HEAD AND NECK INJURIES

Do NOT move any child who may have a serious head and/or neck back injury, because this may cause harm. Notify parents. Call 911 for any of the following:

- Any loss of consciousness or drowsiness
- Persistent headache or vomiting
- Clumsiness or inability to move any body part
- Oozing blood or watery fluid from the ears or nose
- Convulsions (Seizures)
- Abnormal speech or behavior

NOSEBLEEDS

With child sitting, squeeze nostrils together between your thumb and index finger for 10 minutes. If bleeding persists, notify parent and if necessary, call the physician.

POISONS

If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 and Poison Control Center. Notify parent immediately.

SWALLOWED POISONS

Any non-food substance is a potential poison. Call the Poison Control Center immediately. Do NOT induce vomiting except on professional advice. The Poison Control Center will give you further instructions.

SKIN WOUNDS

For all these conditions, make sure your child is properly immunized for tetanus.

Bruises

Apply cold compresses for one-half hour. Notify parents. For extensive bruises, crushing injuries, or bicycle spoke injuries, call your physician. For continued pain or swelling, call your physician.

Cuts

Apply pressure with a clean cloth to stop the bleeding. If the cut is large and deep, call for help and maintain pressure until help arrives. For minor cuts, wash with soap and water and cover with dressing. Notify parents. If a cut may need stitches, seek medical care as soon as possible. Elevate extremity above the heart.

Scrapes

Wash scrape with soap and water. Cover with a nonstick dressing.

Splinters

Wash with soap and water. Do NOT soak splinter. Notify parents.

Puncture Wounds

Do NOT remove large objects such as knives or sticks. For minor puncture wounds, wash with soap and water. Notify parents. May need to be seen by a physician. Child may need a tetanus booster.

STINGS AND BITES

Stinging Insects

Do NOT pull the stinger out. Put a cold compress on the bite to relieve pain. Notify parents immediately. If hives, paleness, weakness, nausea, vomiting, tightness in the chest, breathing difficulty, or collapse occur, call 911. For spider bites, call physician or the Poison Control Center.

Animal or Human Bites

Wash the wound thoroughly with soap and water. Notify parents.

Ticks

Notify parents. Recommend that they see a physician if head remains attached, or if child later develops symptoms such as headache, fever or rash.

TEETH

Baby (Primary) Teeth

If knocked out or broken, apply clean gauze to control bleeding. Notify parents and call a dentist.

Permanent Teeth

If knocked out, find the tooth and rinse it gently without touching the root. Insert and gently hold the tooth in its socket or transport the tooth in cow's milk. Notify parents immediately. Go to the dentist or an emergency department. Time is important. If broken, save the pieces. Gently clean the injured area with warm water. Place a cold compress to reduce swelling. Go to the dentist immediately.

Oral herpes: (if child is drooling or lesions cannot be covered) - until lesions heal.

Shingles: (if lesions cannot be covered) - until lesions are dry.

4. Other communicable diseases, infections, etc. will be addressed in accordance with health regulations/recommendations. Reportable diseases shall be reported to the local health department.
5. When there is a confirmed case of a certain contagious illness, an informal health alert will be sent to those families directly affected. The notice will describe the signs and symptoms of the illness and when the child with that illness may return to school.
6. If a child displays any of the above signs or symptoms while at the center, staff will call the parent to pick up the child. The child must stay at home until he/she is well enough to return to class.
7. If the child is sent home with an illness that requires being seen by a physician; the child will not be allowed to return to school until he/she has a release from the physician.



SICK CHILDREN/SHORT TERM EXCLUSION POLICY

Regulation Reference: 45 CFR Part(s)

1302.47(b)(7)(iii)

Policy:

Children experiencing a short-term illness will be excluded from Head Start if they are not able to participate comfortably in all daily Head Start activities or if the signs/symptoms pose a risk to others at the site.

Procedure:

1. Any children experiencing signs of illness or an injury complaining of not feeling well will be taken to the nurse or designee for evaluation.
2. The nurse (or designee) will examine the child to determine if the child can remain at school or will contact the parent/guardian to pick up the child from school.
3. Signs or symptoms listed below indicate the need to call a parent/guardian:
 - Fever** (above 99 °F under the arm or above 100 °F orally) accompanied by behavior change and other signs or symptoms of illness (i.e., the child looks and acts sick.)
****The child must be fever free for 24 hours before attending classes.**
 - Signs and symptoms of possibly severe illness:** (i.e., persistent crying, extreme irritability, uncontrolled coughing, difficulty breathing, wheezing, lethargy)
 - Diarrhea:** Changes from the child's usual stool pattern (increased frequency of stools, looser/watery stools, or the child can't get to the bathroom in time.)
 - Vomiting:** more than once in the previous 24 hours.
 - Mouth sores with drooling.**
 - Rash with a fever or behavior change.**
The child has any of the following (until treated and/or no longer contagious):
 - Infectious conjunctivitis/pink-eye:** (with eye discharge) until 24 hours after treatment started.
 - Scabies, head lice, or other infestation:** until 24 hours after treatment & be nit free.
 - Impetigo:** until 24 hours after treatment started.
 - Strep throat, scarlet fever, or other strep infection:** until 24 hours after treatment started and the child is free of fever.
 - Pertussis:** until five days after treatment started.
 - Tuberculosis (TB):** until a health care provider determines that the disease is not contagious.
 - Chicken pox:** until six days after start of rash or all sores have crusted over.
 - Mumps:** until nine days after start of symptoms (swelling of "cheeks").
 - Hepatitis A:** until seven days after start of symptoms (e.g., jaundice).
 - Measles:** until six days after start of rash.
 - Rubella:** (German measles) - until six days after start of rash.

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TOBACCO FREE POLICY

Regulation Reference: 45 CFR Part(s) 1302.47(i)(iii)

Policy:

In order to insure a healthy and safe environment for all children, staff, and families, the following procedures have been established for a tobacco free environment.

Procedures:

1. There will be no tobacco use on the premises of any Head Start center at any time, including classrooms and playground, or inside any vehicle on the premises.
2. There will be no tobacco use in Head Start vehicles. There will be no smoking in personal vehicles used to transport children when occupied by children.
3. A designated smoking area is located 25 feet away from the back of the Head Start buildings.
4. Tobacco free signs will be posted at both Head Start buildings.