



POLICY AND PROCEDURE FOR HEALTH PRACTICES

Policy

Programs must 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) At a minimum, a program must: (1) Obtain advance 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; and, (2) Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention. (a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, available at http://www.acf.hhs.gov/sites/default/files/ecd/caring_for_our_children_basics.pdf, for additional information to develop and implement adequate safety policies and practices described in this part. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. *Head Start Performance Standards 1302.41 Collaboration and communication with parents, 1302.47 Safety practices.*

What types of illness would prohibit a child from attending the child-care center? What communicable diseases would exclude a child from attending my child-care center? What if a child becomes ill while in care? When may a child who was ill return to my child-care center? How should caregivers respond to an illness or injury that requires the immediate attention of a health-care professional? *Minimum Standards for Child Care Centers 746.3601, 746.3603, 746.3605, 746.3606, 746.3607.*

Based on the above policies UTRGV-PSJA-EHS-CCP Program staff has the responsibility to preserve the safety, protect the welfare, and promote the physical, mental and emotional health of children, families, staff and volunteers. The staff is responsible for reporting communicable illness and following Universal Precautions. The Program staff will follow the communicable disease exclusions required for schools as defined by the Texas Department of State Health Services (DSHS) in 25 TAC §97.7 (relating to Diseases Requiring Exclusion from Schools). You can access this information from DSHS or Licensing staff. Minimum Standards for Child-Care Centers Texas Department of Family and Protective Services

Procedure

1. If a child is ill then the child is not allowed to attend the Child Care Center if the one of the following exist:
 - a. The illness prevents the child from participating comfortably in the Early Head Start center activities including outdoor play;
 - b. The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care;



- c. The child has one of the following (unless a medical evaluation by a health-care professional indicates that you can include the child in the child-care center's activities).
 - i. An oral temperature above 101 degrees that is accompanied by behavior changes or other signs or symptoms of illness;
 - ii. A tympanic (ear) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness. Tympanic thermometers are not recommended for children under six months old; An axillary (armpit) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness;
 - d. Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill;
 - e. As with temperatures a child does not have to be sent home unless there are multiple symptoms and signs of possible severe illness. Some children may also have medical issues that cause one or more symptoms, but the symptoms may not be a sign of possible severe illness (for example, a child that is lactose intolerant).
 - f. To clarify "uncontrolled diarrhea", this is when
 - i. A diapered child's stool is not contained in the diaper; and/or
 - ii. Exceeds two or more stools above the normal for that child;
 - iii. A toilet-trained child's diarrhea is causing soiled pants and clothing.
2. If a child becomes ill while in the Early Head Start Child Care Center's care:
 - a. Call the parent to pick up the child;
 - b. Care for the child apart from other children;
 - c. Give appropriate attention and supervision until the parent picks the child up;
 - d. Give extra attention to hand washing and sanitation if the child has diarrhea or vomiting.
 3. The child who was ill can return to the Child Care center when:
 - a. The child is free of symptoms of illness for 24 hours;
 - b. The parent has obtained a health care professional's statement that the child no longer has an excludable disease or condition.
 4. If a child gets an illness or injury that requires the immediate attention of a health-care professional the Caregiver must:
 - a. Contact emergency medical services (or take the child to the nearest emergency room after they have ensured the supervision of other children in the group);
 - b. Give the child first-aid treatment or CPR when needed;
 - c. Contact the child's parent
 - d. Contact the physician or other health-care professional identified in the child's record;
 - e. If emergency medical services have been contacted it is not necessary to also contact the child's physician unless directed to do so by EMS personnel.
 - i. If parent, legal guardian, or emergency contacts are unable to be located, child will be transported to the emergency room designated on the Child Admission Form under Emergency Medical Authorization.

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5. Parents will be given an Incident/Illness (Form 7239) informing them that their child may have been exposed to a communicable illness or has been injured. The form will be given within 48 hours of the incident/illness. A copy will be kept in the Center Manager or Center Director's office. incident/illness. A copy will be kept in the center manager's office.
6. Licensing will be notified as soon as possible but no later than two days of the diagnosed illness and is deemed notifiable by the Texas Department of State Health Services (DSHS) as specified in 25 TAC 97, Subchapter A (Relating to Control of Communicable Disease).
7. Health Program Coordinator or Manager at Grantee level will be notified of any diagnosed communicable illness.
8. Communicable Diseases chart will be posted in the center managers office and or entry hallway
9. Staff will space cribs and cots at least three feet apart to further avoid spreading contagious illness and to allow for easy access to each child.

Note: Center Manager or Center Director will make determination in regard to sending the child home.

Head Lice Procedure

1. Early Head staff will conduct visual daily health checks as the child arrives in the morning.
2. Staff will escort child to the Center Manager or Center Director's office so he or she can evaluate the health concern. The Center Manager or Center Director will inform parent of the concern. If available, treatment may be given to parent to use for child.
3. The Center Manager or Center Director will evaluate the child upon return to class.
4. Staff will provide Notice to parents within 48 hours to the parent of all children in a group when there is an outbreak of lice.
5. In the event that health is a concern or a recurring problem, the child will be referred to primary physician and a home visit may be conducted the teacher or family services coordinator.