

CHILD HEALTH AND SAFETY WRITTEN PLAN

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: HEALTH EMERGENCY PROCEDURE
1304.22(a)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HOME VISITOR
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY31

RATIONALE: In emergency situations, staff members are prepared to act quickly to ensure the health and well-being of each child. Staff will be knowledgeable and well trained in Kids Central health emergency procedures. Staff will protect the children in their care at all times.

RESOURCES: Performance Standards, Health Advisory, Health Department, Local School Systems, Sheriffs Department and Emergency 911.

OPERATIONAL PROCEDURE:

Grantee and delegate agency 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;

- a. Health Emergency Procedures will be developed by working with the local Health Advisory, health department, school systems, sheriff's dept. and emergency 911.
- b. Staff will be knowledgeable and trained during orientation of emergency procedures and responsibility of each staff person.
- c. Staff will be trained in techniques for reacting quickly and calmly in implementing emergency procedures geared to the age of the children.
- d. Emergency procedures will be posted at each center in designated area and printed in parent handbook.
- e. Home Visitors and other staff who work with families will help develop plans of action for dealing with emergencies in the home.

CHILD HEALTH AND SAFETY WRITTEN PLAN

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: EMERGENCY PROCEDURES REQUIRING RAPID RESPONSE. 1304.22(a)(1)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HOME VISITOR
COOK
BUS DRIVER
BUS MONITOR
HEALTH SPECIALISTS

TIME LINE : JUNE 1- MAY31

RATIONALE: In emergency situations, staff members are prepared to stay calm, act quickly and ensure the health and well-being of each child. Staff will be knowledgeable and trained for emergency procedures.

RESOURCES : Performance Standards, Health Advisory, Health Department, Fire Department, Sheriff's Department, Local School System and 911 Emergency.

OPERATIONAL PROCEDURE:

1304.22(a)(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.

- a. Health emergency procedures are posted in designated area at center and in Parent Handbook.
- b. Teachers, Assistants, cooks, bus drivers, and home visitors are certified in First aid and CPR.
- c. Short term exclusion, Medication Administration, storage of medication, injury prevention and first aid kits posted in centers.
- d. Communicable disease chart is posted in each center.
- e. Emergency numbers of staff and children are in the center, bus and home visitors.
- f. Emergency numbers, Child Abuse and poison control numbers are posted in center and on bus.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: EMERGENCY RESPONSE SYSTEMS
1304.22(a)(2)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HOME VISITOR
EDUCATION SUPERVISOR
BUS DRIVER
HEALTH SPECIALISTS

TIME LINE: JUNE 1- MAY 31

RATIONALE: Staff will be able to access emergency contact in case of emergency

RESOURCES: Local Sheriff's office, 911, telephone, Parents, Health Advisory,
Rescue/ambulance service and Department of Social Services.

OPERATIONAL PROCEDURE:

1304.22(a)(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:

- a. Staff training during orientation for emergency procedures.
- b. Emergency telephone numbers of staff and children easily accessible.
- c. Evacuation routes for fire, flood, and weather related emergency and spills will be marked clearly.
- d. All emergency procedures will be practiced each month and posted.

Emergency contact information for each child includes:

- a. Names and telephone numbers (both at home and at work) of the parents/guardians.
- b. Names and telephone numbers (both at home and at work) of parent or contact persons to whom child may be released, if parent/guardian is unavailable.

CHILD HEALTH AND SAFETY WRITTEN PLAN 1304.22(a) (2)(CONTINUED)

- c. Name, address, telephone number of the child usual source of medical and dental care.
- d. Information on the child's health insurance, including name, identification number, and subscriber's name.
- e. Special conditions, disabilities, allergies, or medical and dental information, such as the date of latest DPT immunization.
- f. Parents or guardian's written consent, in case of emergency care is needed.

CHILD HEALTH AND SAFETY WRITTEN PLAN

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: EMERGENCY EVACUATION ROUTES AND OTHER SAFETY PROCEDURES 1304.22(a)(3)

PERSON RESPONSIBLE: TEACHERS/ASSISTANTS
HOME VISITORS
HEALTH SPECIALISTS
COOKS
BUS DRIVERS
BUS MONITORS

TIME LINE: JUNE 1- MAY 31

RATIONALE: All staff will attend training before being placed in classroom on emergencies and evacuation procedures to insure the safety of all children and staff.

RESOURCES: Performance Standards, Licensing Standards, Fire Marshall, Local School System, Sheriff's Department and Health Advisory.

OPERATIONAL PROCEDURE:

1304.22(a)(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);

- a. Each classroom will have a diagram posted with at least 2 exits from the building.
- b. Each classroom will have two fire drills a month for the first two months of school and one each month thereafter.
- c. Each bus driver will have the same fire drill for the children riding bus.
- d. Each teacher and bus driver will keep a log posted as to number of children in attendance, time of drill, how long children were getting to safety, date of drill and number of adults, as well as initials of children in attendance during fire drill.
- e. Home Visitors will help families practice good safety practices at home.
- f. Posted emergency procedure will include who is responsible for head count, child's emergency phone numbers, calling 911, hospital, local sheriff department parents, main office, and fire department.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: METHODS OF NOTIFYING PARENTS IN
EMERGENCY 1304.22(a)(4)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
BUS DRIVER/MONITOR
HEALTH SPECIALISTS

TIME LINE: JUNE 1- MAY 31

RATIONALE: Staff will contact parent/guardian staying calm and give all relevant information.

RESOURCES : Performance Standards, procedures in place, Parent/Guardian

OPERATIONAL PROCEDURE:

1304.22(a)(4) Methods of notifying parents in the event of an emergency involving their child;
and

- a. Teacher/assistant will notify parent/guardian in a calm manner.
- b. In case parent/guardian could not be reached, next person on contact list will be contacted.
- c. Teacher/assistant obtains signed consent from parent for emergency Medical service if incident should occur before child enters school.
- d. Incident report is filed and a log kept.
- e. Incident report documents staff notifying parent and their response

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: CHILD ABUSE AND NEGLECT 1304.22(a)(5)

PERSON RESPONSIBLE: ALL KIDS CENTRAL STAFF

TIME FRAME: JUNE 1 – MAY 31

RATIONALE: All Kids Central staff is required to report all suspected cases of abuse and neglect.

RESOURCES: Performance Standards, State Licensing, and Department of Social Services.

OPERATIONAL PROCEDURE:

1304.22(a)(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.

- a. All Staff receives training during orientation by the local Social Service Department.
- b. All Kids Central Staff abides by the Virginia Department of Social Services regulations.
- c. Kids Central has a child abuse and neglect policy and procedures.
- d. All staff will follow proper procedures and document each case.
- e. Prevention through working with family to clarify appropriate expectations, Enhance parenting skills, and offer family emotional support and resources.
- d. Ensure confidentiality of individual reporting of suspected abuse.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: EXCLUSION AND ADMITTANCE 1304.22(b)(1)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HOME VISITOR
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Temporarily excluding a child from program participation protects the health of the affected child, other children and staff.

RESOURCES: Health Department, Consultant and Health Advisory committee

OPERATIONAL PROCEDURE:

1304.22(b) Conditions of short-term exclusion and admittance.

- a. Clear policies and procedures developed by agency and Health Service Advisory.
- b. Policies are explained to staff during orientation.
- c. Parent/guardians are given policy at time of enrollment.
- d. Protecting the health of the affected child, other children and staff.

.. .

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: TEMPORARILY EXCLUSION 1304.22(b)(1)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HOME VISITOR
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Temporarily excluding a child from program participation protects the health of the affected child, other children, and staff.

RESOURCES: Health Department, Consultant and Health Advisory Committee

OPERATIONAL PROCEDURE:

1304.22(b)(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.

- a. Policies and Procedures are developed by Kids Central Staff and the Health Advisory Committee and comply with performance standards and Virginia Licensing.
- b. All staff will attend training during orientation to comply with standards.
- c. Health Specialists will be notified any time a child is excluded.
- d. Health Consultant will be contacted if there is a question or concern.
- e. Communicable disease chart is used to help determine return date.
- f. Parents are encouraged to visit their child's medical provider.
- g. A child may be readmitted to the program when he or she meets appropriate criteria.
- h. When feasible, alternative child care may be worked out.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: SPECIAL HEALTH CARE NEEDS (1304.22(b)(2))

PERSON RESPONSIBLE : TEACHER/ASSISTANT
HOME VISITOR
EDUCATION SUPERVISOR
DISABILITIES COORDINATOR
FAMILY ADVOCATE
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE: All eligible children are given equal opportunity to be included in Head Start, regardless of special health needs or medication requirements, so that they and their families may benefit fully from the experience as long as Head start can accommodate them.

RESOURCES: Performance Standards, Health Advisory, Health Department, Local Education Association, Part C and Health Consultant.

OPERATIONAL PROCEDURE:

1304.22(b)(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 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.

- a. Kids Central staff will recruit all eligible children with special health care needs or medication requirements, such as diabetes or disabling conditions actively.
- b. Kids Central will serve all eligible children providing they can reasonably accommodate them.
- c. Staff training will be provided to staff who is serving special health needs.
- d. Reassure parents of other children that their children are no health risk
- e. Staff will promote understanding of the child's special health needs.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: HEALTH AND SAFETY NEEDS OF CHILD
1304.11(b)(3)

PERSON RESPONSIBLE: FAMILY ADVOCATE
HOME VISITOR
TEACHER/ASSISTANT
DISABILITIES COORDINATOR
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE: This requirement will prepare the staff to provide better care for the child and to help protect the health of other children and staff. This will also facilitate the appropriate and prompt reporting of diseases.

RESOURCES: Part C, LEA, Performance Standards and Behavioral Health.

OPERATIONAL PROCEDURE:

1304.22(b)(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.

- a. Kids Central staff and parents will share responsibility for the health of all children.
- b. During recruitment enrollment process the child's health status is determined.
- c. Staff will help parents complete a health history of each child.
- d. Staff will give parent an opportunity to share any accommodations their child may require..
- e. Plans to accommodate for a special condition will take place before entry.
- f. Staff will keep parents informed on any changes with their child.
- g. Staff will maintain confidentiality policy.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: MEDICATION ADMINISTRATION 1304.22(c)

PERSON RESPONSIBLE
TEACHER/ASSISTANT
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE : Proper storage of medication and its administration by designated staff, following the written authorization of the child's physician and parents, safeguard the health of children, staff, and families.

RESOURCES: Medical Professionals, Health Advisory, Health Consultant, and Local Health Dept.

OPERATIONAL PROCEDURE:

1304.22(c) 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:

- a. Kids Central Staff is trained by a Registered Nurse for administering medication, storage, measuring properly, identification of medication for child, handling of medication, date of medication prescription, documentation of date, dosage and staff giving medication. Staff will have MAT Training Certificate.
- b. Kids Central Health Specialists along with Health Advisory developed procedures for administering medication.
- c. Individualized plan for each individual child is developed.
- d. Virginia Licensing guidelines are met along with head start performance standards.
- e. In home-based option, parents administer medications to their children.
- f. Classroom teacher/assistant administers medication unless otherwise directed.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: MEDICATION LABELING AND STORAGE
1304.22(c)(1)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE: The proper storage of medication, labeling and transporting to safeguard children and staff.

RESOURCES: Medical Provider and parent/guardian

OPERATIONAL PROCEDURE :

1304.22(c)(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;

- a. All prescribed medication must be labeled by a pharmacist and in original container.
- b. Container must have child's first and last name.
- c. Container must have name of medication and dosage.
- d. Container must have date of prescription filled.
- e. Container must have name of health care provider.
- f. Container must have expiration date.
- g. Container must have dosage, storage and disposal instructions.
- h. All medication will be kept in a lock box, out of reach of children.
- i. Medication that requires refrigeration will be kept in a small lock box in refrigerator.
- J. Medication that has to be transported by bus will be kept in lock box, out of the reach of children.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: DESIGNATING A TRAINED STAFF
1304.22(c)(2)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HEALTH SPECIALISTS

TIME LINE: JUNE 1- MAY 31

RATIONALE: To ensure child's safety as well as staff

RESOURCES: Local Health Department, Registered Nurse, and Parent

OPERATIONAL PROCEDURE:

1304.22(c)(2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications:

- a. Kids Central Teacher will be designated to administer, handle medication, and store medication and assistant if teacher is absent.
- b. Staff will be trained in medication procedures annually by LPN.
- c. School nurse would administer medication if center is located in the public school.
- d. Staff who administers medication will have MAT Certificate.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: OBTAINING PERMISSION FOR ADMINISTERING
MEDICATION 1304.22(c)(3)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HEALTH SPECIALISTS

TIME LINE: JUNE 1- MAY 31

RATIONALE: Obtaining permission from both physician and parent consent

RESOURCES: Medical Provider and Pharmacy

OPERATIONAL PROCEDURE:

1304.22(c)(3) Obtaining physicians instruction and written parent or guardian authorization for all medications administered by staff;

- a. Written procedures are in place for authorization to give medication.
- b. Staff trained by Licensed Practical Nurse.
- c. All prescriptions must be authorized by physician or other person legally authorized
- d. Prescription must include dosage, frequency and method.
- e. Written Parent permission.
- f. Adverse reaction of medication
- g. Log kept by teacher/assistant who document time, dosage, date, of medication administered.
- h. Health Specialists will monitor all medication logs and prescriptions
- i. No non-prescription drugs will be administered without the prescription of child's Physician.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: RECORD KEEPING OF MEDICATION
ADMINISTRATION 1304.22(c)(4)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Information pertaining to the dispensation of medication will be well documented, so that administration is accurate and accomplishes its intended purpose. Any changes in child's behavior, physical symptoms, will be documented and may indicate need to communicate with physician and parent.

RESOURCES: Medical Provider and parent

OPERATIONAL PROCEDURE:

1304.22(c)(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parent;

- a. Staff will keep daily medication log that list date, dosage, staff giving medication, name of medication, time given, adverse reaction, and action taken.
- b. Staff will keep authorization to give medication form in child's file.
- c. Teacher will turn in medication log at the end of the month to the Health Specialists.
- d. Health Specialists will monitor all authorization to give medication and Medication logs regularly.
- e. Parent will be notified immediately if any changes occur in child's behavior or physical symptoms.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: RECORDING CHANGES IN CHILD'S BEHAVIOR
AND COMMUNICATION WITH PARENT
1304.22(c)(5)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HEALTH SPECIALISTS

TIME LINE: JUNE 1- MAY 31

RATIONALE: Observing child receiving medication for adverse reactions

RESOURCES: Medical Provider, Pharmacy and Parents

OPERATIONAL PROCEDURE:

1304.22(c)(5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communication with their physician regarding the effect of the medication on the child; and

- a. Staff will encourage parents to give first dose of medication at home, so that they can observe whether the child has any type of reaction.
- b. If first dose has to be given at center, staff will observe child's normal behavior patterns such as signs of lethargy, moodiness, aggressiveness, or physical reactions such as rashes.
- c. When administering medication to infants and toddlers, staff watch for allergic reactions such as swelling, rashes or difficulty breathing.
- d. Staff are trained on policies and procedures for administering of medicine.
- e. Staff will notify parents immediately if any changes occur after medication administering medication.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: STAFF MEMBERS WILL DEMONSTRATE
PROPER TECHNIQUES FOR MEDICATION
1304.22(c)(6)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HEALTH SPECIALISTS

TIME LINE: JUNE 1- MAY 31

RATIONALE : Staff knowledgeable of proper techniques for handling medication
Safeguards the health of all children enrolled.

RESOURCES: Local health department nurse, medical provider and performance
standards

OPERATIONAL PROCEDURE:

1304.22(c)(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.

- a. Teachers and assistant will be trained by a registered nurse as to medication administration to include:
 1. Reading the label and prescription directions in relation to the required dose, frequency, storage, and other circumstances relative to administration.
 2. Using age appropriate administration techniques to gain the child's cooperation.
 3. Documentation of medication given
 4. Using appropriate instrument to measure medication.
- b. All staff will be trained on the written policies and given copies.
- c. Parents will have a copy of policy in handbook.
- d. All classrooms will have at least one staff with MAT training.

WRITTEN PLAN: CHILD HEALTH AND SAFETY

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: INJURY PREVENTION 1304.22(d)(1) & (2)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HOME VISITOR
BUS DRIVER
BUS MONITOR
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Fostering and incorporating safety awareness

RESOURCES: Fire Department, Department of Social Services, Performance Standards, sheriffs department and behavioral health

OPERATIONAL PROCEDURE:

1304.22(d)(1)&(2) Injury prevention. Grantee and delegate agencies must: (1) Ensure that staff and volunteers can demonstrate safety practices; and (2) foster safety awareness among children and parents by incorporating it into child and parent activities.

- a. All staff will have CPR and First Aid Certification
- b. Staff is aware of safety practices and Kids Central Safety Plan
- c. Staff, children, parents and volunteers is provided education and prevention training.
- d. Injury prevention plan is explained during in-service training.
- e. Health Specialists reviews incident reports to work on injury prevention.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: HYGIENE 1304.22(e)(1)&(2)

PERSON RESPONSIBLE: ALL KID CENTRAL STAFF

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Effective implementation of hygiene, sanitation, and disinfection procedures. Reduces health risks to children and adults by limiting the spread of infectious germs.

RESOURCES: LOCAL HEALTH DEPARTMENT AND PERFORMANCE STANDARDS

OPERATIONAL PROCEDURE :

1304.22(e)(1)&(2) Hygiene. (1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times;

- a. After diapering or toilet use.
- b. Before food preparation, handling, consumption, or any other food-related activity
- c. Whenever hands are contaminated with blood or other bodily fluids.
- d. After handling pets or other animals.

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

- a. Before and after giving medications.
- b. Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or Bodily fluids containing blood)
- c. After assisting a child with toilet use.
- d. Staff will have hand washing procedure posted in center.

HEALTH AND SAFETY WRITTEN PLANS:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: NONPOROUS GLOVES WORN FOR BODILY FLUID SPILLS AND BLOOD 1304.22(e)(3)

PERSON RESPONSIBLE: ALL KIDS CENTRAL STAFF

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Nonporous gloves are available to all staff for Safety precaution

RESOURCE : Health Department and Performance Standards

OPERATIONAL PROCEDURE:

1304.22(e)(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.

- a. Latex or Vinyl gloves are available to all staff of Kids Central.
- b. Certified Trainer in OSHA trains Kid Central Staff during orientation each year.
- c. Gloves are properly disposed of after use.
- d. All bodily fluid or blood saturated items are disposed of in red bag and Health Service Specialist will pick up and transport to Occumed

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: UNIVERSAL PRECAUTIONS AND OSHA
1304.22(e)(4)

PERSON RESPONSIBLE : ALL KIDS CENTRAL STAFF

TIME LINE: JUNE 1- MAY 31

RATIONALE: Staff will be knowledgeable and follow procedures for Blood Borne
Pathogens

RESOURCES : Health Department and performance standards

PERAOTIONAL PROCEDURE:

1304.22(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.

- a. Established policies and procedures include universal precautions and OSHA guidelines for cleaning and disinfecting bodily fluid spills.
- b. Staff will clean the soiled area, then disinfect the area with a solution of 1/4 cup of household liquid chlorine bleach in one gallon of tap water, made fresh daily.
- c. Dispose of waste and contaminated materials (e.g., diapers, rags) in a plastic red bag with a secure tie and
- d. Use the solution recommended above rinsing and disinfecting the materials used for cleaning spills, and then wring materials as dry as possible, before hanging them up to dry further.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: DIAPERING PROCEDURES 1304.22(e)(5)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
EARLY HEAD START SUPERVISOR
HEALTH SPECIALISTS

TIME LINE: JUNE 1- MAY 31 (daily)

RATIONALE: Ensuring adequate toileting, diapering, and hand washing facilities are provided.

RESOURCES: Local Health Department, Virginia License Standards, American Academy of Pediatrics and Performance Standards.

OPERATIONAL PROCEDURE:

1304.22(e)(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.

- a. Staff will make sure child is safely secured at all times.
- b. Staff will Diaper on elevated nonporous surface used only for diapering purpose.
- c. Staff will talk to infant or toddler while diapering.
- d. Staff will make note of anything unusual in child's diaper.
- e. Staff will situate diaper changing area close to water source.
- f. Staff will change children at regular intervals or when obviously appropriate.
- g. Staff will wash hands properly, dispose of diapers, clean and disinfect all soiled surface.
- h. Staff will follow diapering procedures posted in center.
- i. Log will be kept on diapering time, date, and texture of bowel movement. 23

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: POTTIES UTILIZED IN CENTER 1304.22(e)(6)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
EARLY HEAD START SUPERVISOR
HEALTH SPECIALISTS

TIME LIME: JUNE 1 – MAY 31

RATIONALE: Potties if used will be emptied into the toilet and cleaned and disinfected after each use .

RESOURCES: Local Health Department, Performance Standards, and Health Advisory

OPERATIONAL PROCEDURE:

1304.22(e)(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.

- a. Empty contents into the toilet
- b. Rinse potties with running water in a utility sink never used for food preparation purposes, and empty the rinse water into a toilet
- c. Wash all parts of the potty with soap and water, empty soapy water in toilet
- d. Rinse again; empty into the toilet
- e. Spray with bleach solution
- f. Air dry
- g. Wash and disinfect sink
- h. Wash hands

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: SPACING OF CRIBS AND COTS AT LEAST
THREE FEET APART TO PREVENT SPREADING
GERMS 1304.22(e)(7)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
EARLY HEAD START SUPERVISOR
EDUCATION SUPERVISOR
HEALTH SPECIALISTS

TIME LINE: JUNE 1- MAY 31

RATIONALE: Spacing cribs and cots will prevent spreading contagious illness and
to allow for easy access to each child.

RESOURCES: Local health Department, Performance Standards, Virginia Licensing
Department, and American Academy of Pediatrics.

OPERATIONAL PROCEDURE:

1304.22(e)(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 allow for
easy access to each child.

- a. Staff will space cribs and cots at least three feet apart.
- b. Staff will have a bottom cover and top cover for all mats.
- c. All linens will be washed once a week
- d. All mats and cots will be washed and disinfected with a bleach solution
- e. Each child will be assigned to one mat or crib
- f. Each child will have own linens
- g. Staff may place children in alternating head-to-foot positions, this would prevent
face-to-face spread of germs.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: FIRST AID KITS 1304.22(f)(1)

PERSON RESPONSIBLE: TEACHER/ASSISTANT
HOME VISITOR
BUS DRIVER
HEALTH SPECIALISTS

TIME LINE: JUNE 1 – MAY 31

RATIONALE: Many injuries may be treated by staff, who are trained in first aid and are provided appropriate first aid supplies

RESOURCES : Certified Instructor in First Aid and CPR, Performance Standards, and Virginia Licensing,

OPERATIONAL PROCEDURE:

1304.22(f)(1) First Aid Kits. 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.

FIRST AID KIT WILL INCLUDE:

1. 1 pair Scissors
2. 1 pair tweezers
3. 1 Fever Thermometer
4. 2 Triangle bandages
5. Assorted Band aids
6. Antiseptic Cleansing Solution Pads
7. Single use gloves such as surgical or exam gloves
8. First aid instruction manual
9. Activated Charcoal- Exempt variable allowance
10. 2 Ice Packs
11. Gauze Pads
12. Adhesive Tape

CHILD HEALTH AND SAFETY WRITTEN PLAN:1304.22(f)(1) Continued

BUS FIRST AID KIT

1. 1 pair latex gloves
2. 1 pick-up spatula or scoop
3. 1 face mask
4. Infectious liquid spill control powder
5. Anti-microbial hand wipes - individually wrapped germicidal/tuberculocidal wipes
6. Plastic disposal bag ties

BUS VDOT FIRST AID KIT

1. 3- 4 inch sterile gauze bandages
2. 2 - 2 inch sterile gauze pads
3. 2 - 1 x 3 inch non-adhering pad
4. 2 Triangular bandages
5. 2 - 4 inch gauze bandage
6. 1 Absorbent gauze bandage
7. Antiseptic applicators (swab type) 10 per unit
8. Bee sting applicators (swab type) 10 per unit

Kid Central Staff will:

- a. Each Center and Bus will have a supplied First Aid Kit
- b. Each Staff member will have training in First Aid and CPR
- c. First aid kits will be stored out of reach of children
- d. Each center will carry first aid kit to all field trips
- e. Each center will take first aid kit outside during play time
- f. Each home visitor will have a supplied first aid kit
- g. All home visitors' will take first aid kit on all socializations
- h. Home Visitor's will help families make first aid kit
- i. Home Visitor's will assist parents with resources to secure supplies they don't have.

CHILD HEALTH AND SAFETY WRITTEN PLAN:

SUBJECT: CHILD HEALTH AND SAFETY

PERFORMANCE OBJECTIVE: RESTOCKING OF FIRST AID KITS 1304.22(f)(2)

PERSON RESPONSIBLE: TEACHER
HOME VISITOR
BUS DRIVER
HEALTH SPECIALISTS

TIME LINE : JUNE 1 – MAY 31

RATIONALE : To ensure that kits will be restocked regularly

RESOURCES: Virginia State Licensing, Performance Standards, and Health Wagon

OPERATIONAL PROCEDURE:

1304.22(f)(2) First aid kits must be restocked after use, and on inventory must be conducted at regular intervals.

- a. Teacher and Home Visitor will inventory and restock supplies through Health Specialists.
- b. Bus Driver's will inventory and restock supplies through Health Specialists.
- c. Inventory checklist will be in each first aid kit, body fluid kit and VDOT kit
- d. Health Specialists will monitor first aid kits, body fluid kit and VDOT kit
- e. Health Specialists and other staff mentioned will check first aid kit expiration dates on supplies.
- f. Health Specialists will keep supplies ordered for all first aid and VDOT kits.



Health & Safety Written Plans 2014-2015

Revised by: Terry Gentry & Becky Bolling, LPN