

Health Services Procedures Manual

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Consent for Child's Emergency Medical/Dental Treatment and Transportation

Performance Standard 1302.41 (b) (2)

Policy: A written parental consent for emergency medical/dental treatment and transportation for all children is mandatory. This consent outlines the procedures staff will follow in the case of an emergency, including contacting parents/guardians and making necessary medical/dental decisions.

Procedure:

To ensure children's safety, we will communicate our emergency response protocols to parent/legal guardian, detailing how staff is trained to respond rapidly and provide immediate medical attention when necessary.

The consent form gives written consent to transport and provide emergency medical/dental care to child should an accident occur at the campus and parent/legal guardian cannot be found. This information is to be explained to parent/legal guardian in their primary language.

The consent form must be

- Signed by parent/legal guardian at time of enrollment.
- Uploaded to the medical records section in GoEngage.
- A copy is to be used for Emergency Preparedness Plan.

Medical Emergency

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (G)

Policy: In the event of a medical emergency, staff will respond by following a pre-determined action plan and emergency protocols to ensure safety and well-being of a child. The action plan is detailed in the procedures.

Procedure:

- 1. Do not leave an ill or injured child alone.
- 2. When a child has an emergency, the classroom teacher will stay with the injured child; the assistant will stay with the other children.
- 3. Staff trained in First Aid/CPR will provide **FIRST-AID** as necessary.
- 4. Send for the Family Service Worker or Nurse (if available).
- 5. If unsure about the urgency of the situation, call the listed physician on the child's emergency form.
- 6. Seek Medical assistance from:
 - 911
 - Preferred physician listed on child's emergency form.
 - Local emergency room or clinic
- 7. Staff must send emergency information with the child if emergency treatment is needed.
- 8. Notify the Health Services Director within 24 hours of the emergency.
- 9. Classroom staff (or whoever was present at time of accident) will fill out the **Accident/Incident Report Form** located on GoEngage. A copy will be sent/given to the parent and notify the Health Services Department.

CALL 911 FOR THE FOLLOWING EMERGENCIES:

- 1. RESPIRATORY DISTRESS DIFFICULTY BREATHING OR ABSENCE OF BREATHING
- 2. CHOKING
- 3. HEMORRHAGES
- 4. SERIOUS BURNS
- 5. HEART CONCERNS DETERIORATION OF BLOOD CIRCULATION
- 6. ANAPHYLACTIC SHOCK
- 7. POISONINGS
- 8. HEAD, NECK, BACK OR BONE INJURY
- 9. LOSS OF CONSCIOUSNESS/FAINTING
- 10. MOTOR VEHICLE ACCIDENTS
- 11. DROWNING
- 12. SMOKE INHALATION
- 13. SEIZURES
- 14. ALLERGIC REACTION
- 15. ANY OTHER SITUATION THAT IS LIFE THREATENING

THIS PROCEDURE WILL BE POSTED IN ALL HEAD START CAMPUSES AND/OR CLASSROOMS



Emergencia Médica

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (G)

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Procedimiento:

- 1. No deje al/la niño(a) enfermo(a) o herido(a) solo(a).
- 2. Cuando un(a) niño(a) tiene una emergencia, el/la maestro(a) se quedará con el niño(a) que está herido y el/la asistente se quedará con el resto de los niños.
- 3. El personal de Head Start capacitado en primeros auxilios y resucitación cardiopulmonar proporcionará **PRIMEROS AUXILIOS** según sea necesario.
- 4. Solicitar el apoyo del trabajador/a de servicio de familia o de la enfermera. (Si está disponible).
- 5. Si no está seguro sobre la urgencia de la situación, llamar al médico indicado en la forma de información médica de emergencia.
- 6. Buscar asistencia médica llamando:
 - 911
 - Médico recomendado en la forma de información médica de emergencia del niño(a).
 - Clínica o sala de emergencia local.
- 7. El personal de Head Start deberá mandar la forma de información médica de emergencia con el niño si es que necesita tratamiento de emergencia.
- 8. El personal de Head Start notificará al Director(a) de Servicios de Salud al (956) 383-0706 dentro de las 24 horas en que ocurrió la emergencia.
- 9. El personal del aula (o quienquiera que estuviera presente en el momento del accidente) completará el Formulario de informe de accidente/incidente que se encuentra en GoEngage, se enviará/entregará una copia a los padres y se notificará al Departamento de Servicios de Salud.

LLAME AL 911 PARA LAS SIGUIENTES EMERGENCIAS:

- 1. DIFICULTADES RESPIRATORIAS DIFICULTAD PARA RESPIRAR O PARO RESPIRATORIO.
- 2. ASFIXIA
- 3. HEMORRAGIAS
- 4. OUEMADURAS GRÁVES
- 5. PROBLEMAS CARDÍACOS DETERIORAMENTO DE LA CIRCULACIÓN SANGUÍNEA.
- 6. CHOQUE ANAFILÁCTICO
- 7. ENVENENAMIENTOS
- 8. LESIONES EN LA CABEZA, EL CUELLO, LA ESPALDA O EN LOS HUESOS.
- 9. PÉRDIDA DEL CONOCIMENTO/DESMAYO
- 10. ACCIDENTES AUTOMOVILÍSTICOS
- 11. AHOGAMIENTO
- 12. INHALACIÓN DE HUMO
- 13. CONVULSIONES
- 14. REACCIÓNES ALÉRGICAS
- 15. CUALQUIER OTRA SITUACIÓN QUE PONGA EN PELIGRO LA VIDA

ESTE PROCEDIMIENTO SE PUBLICARÁ EN TODAS LAS ESCUELAS Y / O SALONES DE CLASE DEL PROGRAMA HEAD START DEL CONDADO DE HIDALGO.



Medication Administration Agreement Not Requiring Supervision

Performance Standards

1302.47 (b) (4) (i) (C) & 1302.47 (b) (7) (iv)

Policy: Program staff can administer certain medications to children without direct

supervision only with written consent from a licensed physician and parent/guardian.

This agreement will detail the specific medication, dosage, administration schedule, and

any potential side effects. Parents must ensure children understand proper medication

use, if age-appropriate. Staff will document administration and any observed reactions.

Procedure:

The Medication Administration Agreement Not Requiring Supervision Form informs of

a person other than the program nurse who will administer all medication at the campus.

This agreement allows the management of children's medications at school with your

permission. Campus staff will explain the agreement in parent's primary language to

ensure the parent/guardian can get a clear understanding of its purpose.

Campus staff and parent must sign this form.

It will be uploaded to the medical records section on GoEngage.

Policy Council Approval: 6/17/19

Commissioners' Court Approval: 6/18/19

March 2023

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Consent for Medication Administration

Performance Standards 1302.47 (b) (4) (i) (C) & 1302.47 (b) (7) (iv)

Policy: A written consent from a parent/guardian and a physician's order is required for any medication administration to a child. This consent will outline the specific medication, dosage, administration schedule, and potential side effects. Parents are responsible for informing staff of any changes in the child's health or medications. Staff will document administration and any observed reactions, adhering to all medication safety protocols.

Procedure:

The Medication Authorization Form and Individual Medication Daily Log methods are intended to ensure the safe administration of medication to children with chronic conditions, mild illnesses, or special health needs. This consent and policy apply to all medication administration for any child within the facility.

- 1. Medication will be administered at best if the parent/legal guardian has agreed, signed, and dated consent to include:
 - Child's first and last name
 - Name of medication
 - Medication criteria
 - How much medicine to give
 - A time when the staff should give medication and how often
 - How the staff shall administer the medication (oral, topical, injection, etc.)
 - Medical conditions or possible allergic reactions
 - Length of time the authorization is valid if less than six months
- 2. A parent/ legal guardian may withdraw their authorization to administer medications at any time. They must provide a stop medication order in a letter or prescription form, signed by the doctor stating why the child will stop receiving the medication. The staff will upload the original letter/prescription order to the child's medical records section and notify the Health Services Department for revision and approval.
- 3. The parent/legal guardian signature must be present on this form before the staff administers any medications to the child. Control substances, such as ADHD medications, must be counted or measured and verified by both staff and parents.

4. An Exception to Parental Authorization

A caregiver may administer the child's prescribed medication to the child without parental authorization in the event of an emergent medical condition. The child's prescribed medication must be administered following Head Start Emergency Protocols and following the instructions of a healthcare provider/911 operator.

5. In Case a Reaction to the Medication is Noted

In such case, any noted reaction's signs or symptoms must be documented in the Health Case notes and brought to the attention of the parent/legal guardian, Health Services Department, and child's doctor, **IMMEDIATELY**!



Consent for Release of Information

Performance Standard 1302.41 (b) (1)

Policy: To protect the privacy of children's information, we only disclose information to authorized individuals or entities with written parental consent, except as permitted by law. This consent will specify the information to be released, the recipient, and the purpose for disclosure. Parents have the right to review and revoke consent at any time.

Procedure:

Hidalgo County Head Start Program will use the Consent for Release of Information form when requesting health records from a community agency or health care provider. Campus staff is to explain to the parent/legal guardian the purpose and the type of information being requested through this form.

The privacy of all medical records and other individually identifiable health information must be protected at all times. Information relating to a patient's health care history, diagnosis, condition, treatment, or evaluation shall be considered individually identifiable health information. Staff must maintain confidentiality of this health information at all times. Health information may only be disclosed with the expressed written consent of the child's parent. An individual's health information can be used for health purposes only.

Note: When requesting medical records by fax always use HIPAA Fax Cover Sheet Disclaimer for your protection. Using a fax cover sheet can keep the child's protected health information protected from public view when the fax is sent or received.

Hidalgo County Head Start Program Penalties: Any employee who violates the privacy and confidentiality of patient health information, through disclosure or otherwise, may be subject to disciplinary action, including termination of his/her employment with the Hidalgo County Head Start Program.

Penalties for Misuse of Personal Health Information

Violation of the confidentiality of health information will incur serious penalties:

- State Penalties. Various state laws impose criminal and civil penalties on individuals who misuse or disclose individually identifiable health information without explicit consent by the patient.
- Federal Penalties. HIPAA (Health Insurance Portability and Accountability Act) is a piece of federal legislation that directly addresses the privacy and security protection of individually identifiable health information. HIPAA calls for civil and criminal penalties for privacy and security violations, including:
 - Fines up to \$25,000 for multiple violations of the same standard in a calendar year.
 - Fines up to \$250,000 and/or imprisonment up to 10 years for knowing misuse of individually identifiable health information.



Consent for Screening/Testing Procedures

Performance Standard 1302.41 (b) (1)

Policy:

The Consent for Screening/Testing Procedures Form must be completed and signed by the parent/legal guardian and staff upon enrollment. With this document, the parent/legal guardian provides written consent for the Hidalgo County Head Start Program to perform developmental screenings/tests required by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

Procedure:

This form provides the parent/legal guardian with information about the developmental screenings/tests that the child needs within 45 days of the enrollment date, such as vision/strabismus screen, hearing screen, height, and weight; additionally, within 90 days of enrollment physical exam, hemoglobin & hematocrit, blood pressure, and dental exam.

Campus staff will explain the form to the parents in their primary language.



Anaphylaxis

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (C)

Policy:

The Management of an Anaphylactic Reaction in the School Form details a swift and effective response in case a child experiences a severe allergic reaction (anaphylaxis). All Hidalgo County Head Start Program Campuses follow safety procedures to care for a child going through anaphylactic shock.

Procedure:

Staff must post the form on the Health Bulletin Board in classrooms where there are children with this condition. This form is intended for staff information. Staff are responsible for ensuring that this form is posted, in accordance with our **Health Bulletin Board Policy.**



Management of an Anaphylactic Reaction in the School

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (C)

What is Anaphylaxis?

Anaphylaxis or anaphylactic shock is an allergic reaction that can be fatal within minutes either through swelling that shuts off airways or through a dramatic drop in blood pressure. Anaphylaxis occurs in individuals when they are exposed to an allergen to which they are allergic (the most common of which are: peanuts, tree nuts, egg, insect bites/stings, latex, medications or inhaled substances).

- 1. A PERSON HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE <u>ANY</u> OF THESE SIGNS AND SYMPTOMS:
 - Skin: Hives, swelling, itching, warmth, redness, rash
 - Respiratory/breathing. Wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing) or trouble swallowing
 - Gastrointestinal (stomach): Nausea, pain, cramping, vomiting, diarrhea
 - Cardiovascular (heart): Pale, blue color, weak pulse, passing out, dizzy/lightheaded, shock
 - Other: Anxiety, feeling of "impending doom", headache.

*Early recognition of symptoms and immediate treatment could save a child's life.

2. ACT QUICKLY! THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE VERY QUICKLY.

Every child with anaphylaxis should have an Anaphylaxis Action Plan on file. This individualized plan explains how to handle a child's specific medical need at the campus and it outlines how to handle anaphylaxis for a child in special situations such as on field trips.

An Anaphylaxis Action Plan might include:

- Give epinephrine auto-injector (e.g. Epipen/Epipen, Jr. or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.
- Call 911. Tell operator that someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
- Call parent/guardian or emergency contact.
- Go to the nearest hospital. Even symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours but at the discretion of the ER physician, should the reaction reoccur.

*Note: Always document the child's Signs and Symptoms in Health Case Notes.



Food Allergies

Performance Standards 1302.47 (b) (4) (i) (D)

Policy: A documented healthcare professional diagnosis and a signed action plan is required for each child with allergies. Staff receive regular training on identifying and responding to allergic reactions. We promote a nut-aware environment and work with parents to minimize the risk of exposure to allergens during meals, snacks, and celebrations.

Procedure:

- 1. Any child with a diagnosed food allergy <u>MUST</u> have a **Food Allergy Emergency Plan** in place.
- 2. A Food Allergy Emergency Plan is an individualized plan prepared by the child's medical doctor which must include a list of each food the child is allergic to, possible symptoms if exposed to food on the list and steps to take if the child has an allergic reaction.
- 3. A Food Allergy Emergency Plan MUST be in place BEFORE admitting a child who has a diagnosed food allergy. Child CANNOT be at campus without a valid Food Allergy Emergency Plan.
- 4. The child's Food Allergy Emergency Plan MUST be signed and dated by the child's medical doctor and the child's parent/legal guardian.
- 5. Food Allergy Emergency Plans and any associated medications must be taken to any field trips, regardless of the type or duration of the trip due to risks of cross-contamination. A Food Allergy Emergency Plan and medication must always be available as an extra precaution to ensure safety.
- 6. A Food Allergy Emergency Plan is required for <u>ALL</u> allergies that have been diagnosed, regardless of sensitivity and severity (i.e., even if parent states her child only has a "mild reaction", licensing still requires a Food Allergy Emergency Plan in place). Food Allergy Emergency Plans must be posted during all hours of operation in:
 - a. Kitchen, where food is being served/prepared.
 - b. The child's classroom and in each room where the child may spend time.
- 7. Staff must be aware of, and be able to easily access each child's Food Allergy Emergency Plan at all times.



Asthma

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (C)

Policy:

All Hidalgo County Head Start Program Campuses follow the procedures to care for a child going through an asthmatic episode described on the Management of an Acute Asthma Episode in the School Form.

Procedure

- 1. Every child with asthma should have an **Asthma Action Plan** on file. This individualized plan explains how to handle a child's specific medical needs on the Campus, and it outlines how to handle asthma for a child in special situations, such as during field trips.
- 2. Staff must post this form in the classroom's Health Bulletin Board that the child may spend time in.
- 3. Staff will be responsible for ensuring that this form is posted following our health bulletin board policy.
- 4. Asthma can be life threatening. Most asthma episodes can be prevented with proper care and attention along with clear communication between parents and school staff.

Management of an Acute Asthma Attack in the School

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (C)

1. Symptoms/Warning

Signs: A) Anxious

look

- B) Stooped body posture
- C) Sweating
- D) Shortness of breath
- E) Rapid respirations (greater than 25-30 at rest)
- F) Retractions (visible sinking-in of skin between and around ribs) G) Nasal flaring (widening of nostrils during breathing)
- H) Depressed sternal notch
- I) Fatigue
- J) Problems working or playing

2. What to look for:

- A) Complaints of chest tightness
- B) Frequent or cough that worsens C) Irregular breathing
- D) Abnormal breathing sounds:
 - i) Decreased or absent breath sounds
 - ii) Wheezing (high-pitched sound during breathing)
 - iii) Rales/Crackle (bubbling noise upon breathing in)
 - iv) Ronchi (rumbling sound mostly heard breathing
- out) E) Prolonged exacerbation (breathing out)
- F) Rapid heart rate (greater than 120 per minute)



Management of an Acute Asthma Attack in the School (continued)

3. What to do in an Asthma Crisis at school:

- A) If possible, review the child's Asthma Action Plan for personal best, current medications and emergency medications
- B) Have the child sit upright and check breathing.
- C) Administer prescribed medication by inhaler (medication should be inhaled slowly and fully).
- D) Administer medication by nebulizer, if prescribed.
- E) Reassure the child and attempt to keep him/her calm and breathing slowly and deeply.
- F) The child should be able to respond to treatment within 15-20 minutes.
- G) If **NO** change or breathing becomes significantly worse, contact parent immediately and call for emergency help.

4. Seek Immediate Emergency Care if Student:

- A) Coughs constantly
- B) Is unable to speak in complete sentences without taking a breath
- C) His/her lips, nails, mucous membranes that are gray, purple or blue
- D) Demonstrates severe retractions and/or nasal flaring
- E) Is vomiting persistently
- F) Medicine is not working and/or shows no improvement after 15 minutes
- G) Has pulse greater than 120/minute
- H) Is severely restless

*Note: Always document any signs or symptoms on Health case notes.



Procedures for Handling Seizures

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (C)

Policy: When handling seizure, staff are trained to remain calm and ensure a safe environment during a child's seizure. If the seizure lasts more than 5 minutes, if breathing difficulties arise, or it's the child's first seizure emergency services will be contacted. Staff will work with parents/guardians to develop a seizure action plan specific to each child's needs.

Procedure:

The Procedures for Handling a Seizure Form describes the procedure followed at all Head Start campuses to care for a child having a seizure. Staff will be responsible for ensuring that this Form is posted following our Health Bulletin Board policy.

In the event of a child or adult experiencing a seizure, Campus Staff have to follow these established procedures to ensure a safe and prompt response.

NOTE: Document in the **Health Case Notes** ALL the **Signs & Symptoms** during the seizure episode. Staff are required to familiarize themselves with the steps.

1. Immediate Safety:

- Ensure the safety of the person having the seizure and those around them.
- Remove any nearby objects that could cause harm.
- Do not forcefully restrain the person having the seizure.
- Gently loosen any tight clothing around the neck.
- DO NOT put anything in the person's mouth during a seizure episode.
- Turn the person on the left side to keep the airway open and prevent saliva or vomit aspiration. Remove any oral secretions by suctioning or wiping away when possible.

2. Observe:

- Note the length of the seizure.
- Note if the person was incontinent or if any injury has occurred.
- Note of the person's skin color remains bluish-gray after the seizure.
- Note the behavior and body movements.

3. Seek Medical Attention if:

- The person is not breathing or having difficulty breathing.
- The person has not regained consciousness after the seizure.
- The person has sustained severe injury.
- If this is their first seizure.
- If the person has two or more seizure episodes

Procedures for Handling Seizures (continued)

4. Post-Seizure Care:

- Note the person's condition after the seizure.
- Maintain privacy until the person is fully recovered.
- Document the seizure details in the Health Case Notes and medical record, including the date, time, duration, and any observations.
- Notify parent/legal guardian (or emergency contacts, if necessary) and primary physician.
- Send a notice of illness to the parent/legal guardian.
- Request a doctor's excuse for readmission to the classroom.
- Notify the Health Services Department and send a copy of the accident/incident report.

Every child/adult suffering from seizures should have a **Seizure Action Plan** in their file. This individualized plan explains how to handle the child/adult specific medical needs at the campus. It outlines how to handle a seizure in particular situations, such as field trips.



Diabetes

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (C)

Policy: With a healthcare provider's guidance and written parental consent, staff can assist with blood sugar monitoring, medication administration (if ordered), and following individualized care plans to ensure a safe and inclusive environment for all children.

Procedure:

All Hidalgo County Head Start Program Campuses follow the procedures listed in the Procedure for Diabetic Children Form on how to care for a diabetic child requiring a blood sugar check at the campus.

Staff must post this form on the classroom's Health Bulletin Board where there is a child with this condition. This form is intended for staff information. Staff are responsible for ensuring that this form is posted in accordance with our **Health Bulletin Board Policy**.



School Guidelines for Diabetic Children

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (C)

- 1. Blood sugar check should be done when:
- a. The student's test indicates low blood sugar level or is symptomatic during or after exercise
- b. The student has symptoms of low blood sugar, including:
 - Irritability
 - Erratic responses to questions
 - Sleepiness
- 2. Blood Glucose Log Record will be kept in child's health record, and discussed with parent accordingly. If needed, a copy will be sent to physician for evaluation.
- 3. The procedure to follow based on the child's sugar reading is as follows:
 - Under 60 Give juice or milk, followed immediately by food containing 30 of carbohydrates. If the student does not respond within (10) ten minutes, parent should be called for further instruction.
 - 61 to 100 Give a meal or snack if it is within 30 minutes, the student can wait, otherwise give the student a snack including carbohydrates and protein, such as cheese crackers with peanut butter, or cookies and milk.
 - 101 to 125 The student is fine, if exercise is planned before a meal or snack, the student must have a snack before participating. This includes recess.
 - 126 to 200 The student is fine. The student could feel low if the student was previously high and is dropping.
 - 210 to 240 The student's blood sugar is a bit high, but this is common for him or her, especially in the early morning.
 - Over 240 The student's blood sugar is too high. The student must be given access to water or other non-caloric fluids. Use of the bathroom must be allowed as needed.

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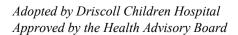
Hidalgo County Head Start Program

School Guidelines for Diabetic Children (continued)

- 4. When giving sugar, the following are roughly equivalent:
 - Four ounces of fruit juice
 - ½ to 1 cup of milk
 - Two Glucose Tablets (there are a wide variety of glucose tablets, it is recommended to take 10-15 grams of sugar, if prescribed).
 - Chocolate candy is not to be used unless there is no other source of sugar available (it is often not absorbed quickly enough due to fats in candy).

If blood sugar remains low despite treatment and the student is not thinking clearly, the parents or primary physician should be called for advice immediately.

Following an episode of low sugar, it can take several hours to fully recover. Hence, the student should not be expected to perform at optimal levels. Personalized plans help children with diabetes manage the illness in a way that does not affect their school performance and progress.



Individual Healthcare Plan

Performance Standard 1302.47 (b) (7) (vi)

Policy:

The Hidalgo County Head Start Program develops Individualized Healthcare Plans (IHPs) for children with specific healthcare needs. These IHPs, created collaboratively with parents/guardians and healthcare providers, outline the child's medical conditions, medications, dietary restrictions, and any necessary accommodations to ensure their safety, participation, and well-being in our program.

Procedure:

Th Individual Healthcare Plan Form will be used by the Health Services Department to collect information from parents that have children with medical conditions and specific healthcare needs.

During a virtual or in-person meeting with parents, this form will be completed by a nurse and uploaded to Medical Records section. The nurse will enter all Individual Healthcare Plans within thirty days or as needed on GoEngage.

A Family Service worker is responsible for documentation of outcome on Health case notes about child's condition after staffing.



Medication Administration Procedure

Performance Standards 1302.47 (b) (4) (i) (C) & 1302.47 (b) (7) (iv)

Policy: Only authorized staff, trained on medication safety protocols, can administer medications. This requires a physician's order, written parental consent, and adherence to the IHP. Medication will be given in the original, labeled container, with accurate documentation of dosage, time, and any observed reactions.

Parents must administer medications for a short-term illness at home, unless the doctor's instructions specifically state that the treatment needs to be given at a specific time during school hours. The Hidalgo County Head Start will only allow the dispensing of medications for chronic conditions and, in specific cases, when they cannot be given at home. These instructions include all over-the-counter prescribed medications.

- All prescription and non-prescription medication (such as diaper rash ointments, insect repellants, and sunscreen) to be received at a Head Start campus require written authorization from the child's Primary Care Physician (PCP) as well as parent/legal guardian medication administration consent form.
- The PCP's written authorization must match the medication label and Action Plan instructions (if applicable). The staff must complete a new Medication Authorization Form and an Individual Medication Daily Log (Health Services Procedures Manual), and a Medication Administration Agreement Not Requiring Supervision Form (Health Services Procedures Manual) for each child.

Procedure:

- 1. Head Start's campus director, family service worker, and facilitators are responsible for handling and administering medications. They *must assist* in <u>two</u> (2) medication administration training cycles throughout the school year to be qualified and maintain compliance to witness, administer, and store medications. In addition, teachers, ISD teachers, and teaching assistants must assist in <u>one (1)</u> medication administration training per school year to be qualified and maintain compliance to witness medication administration and administer medications in emergency situations.
- 2. To administer medication, the staff will identify the *five (5)* rights of medication administration accurately. The staff will determine what is considered a medication error and what to do. The staff in charge of medication administration will read, follow, and understand the doctor's written orders, and will use a safety technique when handling and preparing medications into appropriate containers. The staff will monitor the child and detect any side effects after medication administration; and will be able to report any reactions/incidents/accidents to the corresponding departments.

Approved by PC on 06/17/19 and by CC on 06/18/2019



Medication Administration Procedure (continued)

- 3. On Campus, the staff in charge of medication administration will only receive medications directly from the parent/legal guardian or appointed individual. The parent/legal guardian must bring the medication(s) to the campus in their original labeled container prepared by the pharmacy, PCP's office, or pharmaceutical company (i.e., no envelopes, foil, or baggies). The label must include the child's first and last names, name of the medication, the dosage of medication to be given, frequency of administration, route of administration, name of physician ordering medication, date of prescription, medication's expiration date, medication's administration, and storage instructions. The medication administration staff will not administer medicines that do not contain the above information.
- 4. Medications will **never** be transported **nor given to any child** on the Head Start bus. However, in case of a medical EMERGENCY, staff will provide First-Aid/CPR, and 911 will be called.
- 5. All medication information will be reviewed by the Health Services Department. The Health Services Department will only conduct health staffing's on children with complex medical history backgrounds or specific cases. A health staffing is requested for a child with the conditions mentioned above. The parent/legal guardian must bring all the pertinent documentation for the Health Services Department to create a specific healthcare plan. A health staffing will require the presence of the campus director, family service worker, child's teacher, the parent/guardian, and the nurse. Health staffing for children with chronic conditions will be conducted by the campus manager, support service assistant, child's teacher, and parent/guardian. Health Services Department should be contacted for any questions regarding health staffing.
- 6. Once the Health Services Department has authorized medication administration for a specific child, parent/legal guardian must sign the **Medication Administration Agreement Not Requiring Supervision** and the **Medication Authorization Form** (Health Services Procedures Manual). The Parent/legal guardian must sign the Medication Authorization Form **every month** to confirm that there are/are no changes. The parent/legal guardian **must** always give the first dose of medication at home.
- 7. The medication administration staff must wash their hands properly before and after administering **any** medication. Therefore, the medication administration staff will use **gloves** when handling medication.
- 8. Before administering any medication to a child, the staff in charge of medication administration must verify the name, the strength, the date, the time, the dose, and the route of the medication. Then they will document and provide a full signature (No initials); in conjunction, the witness will also provide a full signature (No initials) on the Individual **Medication Daily Log** (Health Services Procedures Manual). Finally, the staff in charge of medication administration will advise the teacher to report any changes observed after the medication has been given on the child's state or behavior. Also, if no side effects were noted document on GoEngage health case notes.
- 9. In the absence of the staff in charge of medication administration, campus staff must notify the parent/legal guardian to come to the campus to administer medication or for the child to stay at home. In addition, the parent/legal guardian may administer medication to their child at the campus if requested. If the parent/legal guardian must give the medicine, it must not be administered in the classroom but in the designated area for medication administration. The parent must stay with the child at least ten (10) minutes after giving the medication to monitor for adverse reactions. The staff in charge of medication administration must still verify that the medication is prescribed for that child and supervise the parent/legal guardian giving the medication to the child. After the medication is given, the staff in charge of medication administration will document observations in the Health Case Notes in GoEngage.



Medication Administration Procedure (continued)

- 10. If a medication dose is missed, the staff in charge of medication administration must notify the parent, PCP, and Health Services Department. Medication doses that are not given should be documented appropriately (i.e., child absent, left early, refused medication). The staff in charge of medication administration will write their observations in the **Health Case Notes** in GoEngage.
- 11. For new medication or changes in medication dosages (increase or decrease), a copy of the new prescription and a copy of the new medication labeled container must be emailed/faxed to the Health Services Department for review. After approval, input a new Medication Authorization Form and Individual Medication Daily Log (Health Services Procedures Manual) and a Medication Administration Agreement Not Requiring Supervision Form (Health Services Procedures Manual). Also, it must be documented in the Health Case Notes.
- 12. All medication must be in a locked medication cabinet at all times, away from food and out of reach of children. Medications must be **refrigerated** if necessary. Exceptions are rescue medications, such as EpiPen and asthma medications. These medications will be stored in carrying cases and will be placed in the classroom, to be available to the corresponding child at all times. All medications will be labeled individually per child, utilizing a **name-to-face recognition system** (Child's photograph).
- 13. Unused/expired medications must be returned to the parent/legal guardian for disposal and obtain their signature. No medication that has expired will be administered at the Head Start campus This information is also included in the Medication Authorization Form and the Individual Medication Daily Log Form (Health Services Procedures Manual). However, when the medication is close to the expiration date (one [1] month before the expiration date), the parent/legal guardian must be informed of the soon-to-expire medication and bring a new medication refill (if applicable). For controlled medications, a new prescription is required.
- 14. New controlled substances or refills, such as attention-deficit/hyperactivity disorder (ADHD) medications, must be counted or measured and **verified** by both the staff in charge of medication administration and parent/legal guardian and must be documented on the **Medication Authorization Form** and **Individual Medication Daily Log** (Health Services Procedures Manual). Also, the staff in charge of medication administration will keep a weekly count to check for medication quantity accuracy and document in the Health Case Notes.
- 15. The staff in charge of medication administration must contact the prescribing physician if the medication label is unclear to request clarification in writing or they have any questions regarding the medication to be administered. If questions still arise, they must call the Health Services Department for assistance.
- 16. The Health Services Department will train the staff in charge of medication administration to use any equipment needed to administer medication. The staff in charge of medication administration shall not perform medication administration, treatment, or procedure (i.e., nebulizer treatment, injection, etc.) without first being trained or checked off by the Health Services Department.

Health Case Notes

Monthly Medication Condition Roster

Performance Standard 1302.42 (d) (1) & (2)

Policy:

The Hidalgo County Head Start Program maintains confidential health case notes for each child. These notes document daily health observations, medication administration records, accident reports, and communication with parents/guardians regarding the child's health and well-being.

Procedure:

- 1. Staff will document all changes regarding child's health in Health Case Notes, communicating with parents or any pertinent information that is necessary to monitor the child's health progress.
- 2. Staff will use the **Monthly Medical Conditions Roster** to aid in tracking the current status and medical information such as the action plan expiration date for all children in the Head Start Campus with Medical Conditions. Staff have to fill a monthly form following the due dates listed on the program ongoing monitoring calendar.



Dental Emergency

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (G)

Policy:

In case of a Dental Emergency, Staff will follow a pre-determined plan, contacting parents/guardians immediately. If unavailable, staff will provide first aid (if applicable) and transport the child to the dentist or emergency room following emergency protocols, ensuring proper documentation.

Procedure:

- 1. When a child is involved in a dental emergency, the classroom teacher will send for or take the child to the campus Family Service Worker with the injured child, while the assistant will remain with the other children.
- 2. Staff will follow these guidelines when there is a dental emergency:

In case the tongue, lips, jaw, or teeth are injured:

• Stay calm and try to reassure the child.

Check for bleeding. If the child is bleeding:

- Using protective gloves, stop the bleeding by putting pressure on the affected area.
- Wash the affected area with clean water.
- Apply ice, wrapping it in clean cloth/sterile gauze, to prevent or relieve swelling.
- Contact the child's parent to transport the child to the dentist.

If the tooth has been hit, fractured, chipped, chipped, or loosened:

- Using protective gloves, clean the affected area carefully.
- Apply cold compresses to the face or wound area to limit swelling.
- If the tooth is dirty, rinse it with water, being careful not to scratch it.
- Carefully insert and hold the tooth in the hole. If this is not possible, place the tooth in a jar of fresh milk or water.
- Contact the child's parent/legal guardian to transport the child to the dentist.

If teeth loosen in an accident:

- Using protective gloves, rinse child's mouth carefully.
- Do not try to move the tooth or jaw.
- Contact the child's parent/legal guardian to transport the child to the dentist.

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Hidalgo County Head Start Program

Dental Emergency (continued)

For wounds on the tongue, cheeks or lips:

- Using protective gloves, rinse child's mouth carefully.
- Apply ice, wrapping it in clean cloth/sterile gauze, to prevent or relieve swelling.
- Contact the child's parent/legal guardian to transport the child to the dentist.

<u>In the event that there is any other injury to the soft tissues (if the tongue or lips are caught in an object and the tissues are torn):</u>

- Using protective gloves, stop the bleeding by putting pressure on the affected area.
- Cover the affected area with sterile gauze.
- Immediately contact the child's parent/legal guardian to transport the child to the dentist.
- 3. If unsure about the urgency of the situation, call the listed dentist or physician on the child's emergency form.
- 4. If unable to locate parent/legal guardian, call 911.
- 5. Staff will notify the Health Services Department at (956) 383-0706 within 24 hours of the emergency.
- 6. Classroom staff will fill out the Accident/Incident Report Form on GoEngage. One copy will be provided/sent to the parent. The emergency will be documented on Health Case Notes. Once everything is completed, Accident/Incident Report Form will be uploaded to Incident Report section at GoEngage.

Dentist:	Telephone:	
	 _ 1	

THIS PROCEDURE WILL BE POSTED IN ALL HEAD START CAMPUSES AND/OR CLASSROOMS

Emergencia Dental

Performance Standards 1302.41 (b) (2) & 1302.47 (b) (4) (i) (G)

XXXXXXX

Procedimiento:

- 1. Cuando un niño está involucrado en una emergencia dental, el maestro del salón de clases se quedará con el niño lesionado y el asistente permanecerá con los otros niños.
- 2. Envíe a buscar o lleve al niño al/con el personal de trabajadora/o de servicio de familia.
- 3. El personal de servicios de apoyo seguirá estas pautas cuando haya una emergencia dental:

En caso de que se lesionen la lengua, los labios, la mandíbula o los dientes:

- Intente tranquilizar al niño(a). Todos los accidentes deben de ser tratados con calma Revise si hay sangrado. Si el (la) niño(a) está sangrando:
- Utilizando guantes protectores, detenga el sangrado ejerciendo presión sobre el área afectada.
- Lave el área afectada con agua limpia.
- Aplique hielo, envolviéndolo en un paño limpio/gaza esterilizada, para prevenir o aliviar la hinchazón.
- Contacte a el padre/guardián legal del niño para que sea transportado al dentista.

Si el diente ha sido golpeado, fracturado, astillado, quebrado o aflojado:

- Calme al niño(a). Utilizando guantes protectores:
- Si el área afectada está sucia, límpiela cuidadosamente.
- Aplique compresiones frías en la cara o en el área de la herida para limitar la hinchazón.
- Si el diente está sucio, enjuáguelo con agua, teniendo cuidado de no rasparlo.
- Inserte cuidadosamente y detenga el diente en el orificio. Si no es posible hacer esto, coloque el diente en un vaso con leche o agua fresca.
- Inmediatamente contacte a el padre/guardián legal del niño para que sea transportado al dentista.

Si los dientes se aflojan en un accidente:

- Utilizando guantes protectores, enjuague la boca del (de la) niño(a).
- No intente mover el diente o la mandíbula.
- Inmediatamente contacte a el padre/guardián legal del niño para que sea transportado al dentista.

Para heridas en la lengua, mejillas, o labios:

- Utilizando guantes protectores enjuague el área afectada.
- Aplique hielo, envolviéndolo en un paño limpio, para prevenir o aliviar la hinchazón.
- Contacte a el padre/guardián legal del niño para que sea transportado al dentista si sigue sangrando, o si la herida es grande o profunda.

En el evento que haya cualquier otra herida en los tejidos suaves, tales como en el caso donde la lengua o labios se atoran en un objeto y los tejidos se desgarran:

- Utilizando guantes protectores detenga el sangrado ejerciendo presión sobre el área afectada.
- · Cubra el área afectada con una gaza esterilizada.
- Inmediatamente contacte a el padre/guardián legal del niño para que sea transportado al dentista.
- 4. Si no está seguro de la urgencia de la situación, llame al dentista o médico de atención primaria que figura en el formulario de emergencia del niño. Si no puede localizar al padre/tutor del niño llame al 911.
- 5. El personal del centro notificará al Departamento de Servicios de Salud al (956) 383-0706 inmediatamente pero no más de 24 horas posteriores a la emergencia.

6. El personal del aula (o quienquiera que estuviera presente en el momento del acc	ccidente) completará e
Formulario de informe de accidente/incidente en GoEngage. Se enviará una copia a los	os padres. Notifique a
Departamento de Salud y documente las notas del caso de Salud. Una vez que todo est	té completo, cargue e
Formulario de informe de accidentes/incidentes en la sección Informe de incidentes en Gol	Engage.

Dentista:	Teléfono:	



Dental Screen/Exam and Follow-Up

Performance Standards 1302.42 (b)(i)(ii) & (c)(1)(2)(3) & (d)(1) & (e)(2)

Policy:

A child must have a **comprehensive dental exam performed yearly** and a **preventive treatment/screening every six (6) months.** The parent/legal guardian is strongly encouraged to have a dental exam done on their child before the first day of school.

Procedure:

- 1. The campus staff will print the dental form from GoEngage and provide it to the parent/legal guardian.
- 2. The dental provider will document the treatment on the Head Start Oral Form and will note whether the treatment was complete. Parent/legal guardian must return the completed form to Head Start campus. If a child requires further treatment, the dental provider must provide an estimate.
- 3. The campus staff will follow up with the dentist within seven (7) to ten (10) working days on any abnormal findings in the exam and document on Health Case Notes accordingly.
- 4. The Family Service Workers will assist parent with planning and scheduling appointments as needed. The program will also accept results from the child's primary dentist form.
- 5. For children without insurance, staff will print the dental form from GoEngage and provide it to the parent/legal guardian.
- 6. If the child needs complex dental treatment, the parent/legal guardian will be referred to a community resource that may assist with payment.
- 7. Once all possible community resources to help with dental complex treatments are financially exhausted, the parent/legal guardian must obtain and provide the Head Start campus with a <u>Denial Letter</u> from <u>MEDICAID</u> proving insurance ineligibility.



Dental Screen/Exam and Follow-Up (Continued)

- 8. The campus staff must fill a Healthcare Promissory Note (Refer to **Health** Care Promissory Note Form) and send it along with the Medicaid Denial Letter to the Health Services Department.
- Once all documentation is received, the Health Services Director will review, approve, and authorize services through the Hidalgo County Head Start Program funds.
- 10. The parent/legal guardian is their child's primary advocate. They are encouraged to notify the HCHSP or the campus staff of any difficulties they have in acquiring a dental exam or follow-up; if so, the appropriate measures can be taken to assist them in attaining what their child needs.
- 11. A Parent Notice for Dental Follow-Up will be sent to inform the parent/legal guardian of their child's six (6) months dental follow-up. The Campus Staff will be responsible for sending notices according to the procedure and in a timely manner.

Referral Procedure:

- Campus Staff will assist the parent/legal guardian in arranging appointments for further diagnostic testing as needed.
- All follow-up treatments are recorded in the Health Case Notes.
- The Health Advisory Committee will be consulted for further action when the dental provider cannot complete the treatment or examination due to the child being uncooperative.

Campus directors will assist if the family does not comply after receiving two (2) notices of their non-compliance from campus staff. All of the information mentioned above must be noted in the Health Case Notes, and everything in the Child's Health Record is absolutely confidential.



Recommendations for the Use and Handling of Toothbrushes in Schools and Institutions

Performance Standard 1302.43

Policy: To promote oral health and prevent germ transmission, the Hidalgo County Head Start Program will follow recommended measures for hygienic tooth brushing in schools based on *The Centers for Disease Control and Prevention* guidelines.

Tooth brushing with fluoride toothpaste is a simple, widely recommended and widely practiced method of caring for one's teeth. When done routinely and properly, tooth brushing can reduce the amount of plaque which contains the bacteria associated with gum disease and tooth decay, as well as provide the cavity-preventing benefits of fluoride.

Recommended Toothbrush Care:

- Do not let children share toothbrushes. The exchange of body fluids would place toothbrush sharers at an increased risk for infections. This is a particularly important consideration for persons with compromised immune systems or infectious diseases.
- After brushing, rinse the child's toothbrush thoroughly with tap water to ensure the removal of toothpaste and debris, allow it to air-dry, and store it in an upright position. If multiple brushes are stored in the same holder, do not allow them to touch each other.
- It is not necessary to soak toothbrushes in disinfecting solutions or mouthwash.
- This practice actually may lead to cross-contamination of toothbrushes if the same disinfectant solution is used over a period of time or by multiple users.
- It is also unnecessary to use dishwashers, microwaves, or ultraviolet devices to disinfect toothbrushes. These measures may damage the toothbrush.
- Do not routinely cover toothbrushes or store them in closed containers. Such conditions (a humid environment) are more conducive to bacterial growth than the open air.
- A few toothbrushes will be provided to Head Start children each August and January or as need arises.

A decision to purchase or use products for toothbrush disinfection requires careful consideration, as the scientific literature does not support this practice at the present time.



The Use and Handling of Toothbrushes (continued)

Tooth brushing Programs in Schools and Group Settings:

Tooth brushing in group settings should always be supervised to ensure that toothbrushes are not shared and that they are handled properly. The likelihood of toothbrush cross-contamination in these environments is very high, either through children playing with them or toothbrushes being stored improperly. In addition, a small chance exists that toothbrushes could become contaminated with blood during brushing. Although the risk for disease transmission through toothbrushes is still minimal, it is a potential cause for concern.

Recommended measures for hygienic tooth brushing in schools:

- 1. Children must have adult supervision while brushing their teeth.
- 2. Ensure that each child has his or her own toothbrush, clearly marked with identification (labeled with the child's full name).
- 3. Do not allow children to share or borrow toothbrushes.
- 4. To prevent cross contamination of the toothpaste tube, ensure that a pea-sized amount of toothpaste is always dispensed onto a piece of paper before dispensing any onto the toothbrush.
- 5. After the children finish brushing, ensure that they rinse their toothbrushes thoroughly with tap water, allow them to air-dry, and store them in an upright position so they cannot contact/touch each other with those of other children.
- 6. Provide children with paper cups to use for rinsing after they finish brushing. **Do not allow them to share cups**, and ensure that they dispose of the cups properly after a single use.

This procedure follows recommendations by The Centers for Disease Control and Prevention

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Hidalgo County Head Start Program

First Aid Monitor Check

Performance Standard 1302.47 (b) (1) (vi)

Policy:

The Hidalgo County Head Start Program conducts regular first aid monitor checks. Staff visually inspect first aid kits for missing or expired supplies and ensure proper functioning of equipment. Replenishment procedures are in place to maintain a fully stocked and up-to-date first aid kit for any minor injury that may occur.

Procedure:

Campus staff must fill out The First Aid Monitor Check Form weekly, and post it near the first aid kit. This form serves as the inventory of the first aid supplies tracking record tool, and it ensures that first aid kits are fully stocked and items readily available at all times.

Once the form is filled out, staff must email it to the Health Services Department and keep a copy for your records.

Place a checkmark on the day of the week when the kit is inspected. The letter "R" is to be written when an item is restocked or replaced.

Each month, both the Family Service Worker and the teachers must sign the form at the beginning of the month to assure acknowledgement of the inspection. If any items are missing from the first aid kit please email your request of any missing inventory to the Health Secretary for inventory replacement.



Daily Health Check

Performance Standard 1302.42 (c) (2)

Policy:

The Hidalgo County Head Start Program conducts daily health checks for all children upon arrival. This may include temperature checks (following guidance), observing for signs of illness or injury, and briefly asking about the child's well-being. Parents will be notified of any concerning observations, and children exhibiting symptoms of contagious illness may be excluded to protect the health of others.

Procedure:

Daily health checks are an essential tool to help identify sick or injured children. The American Academy of Pediatrics (2011) offers three critical factors in deciding whether a child is too ill for childcare:

- The child cannot participate in activities
- The child's illness presents a risk to other children or staff
- The staff cannot care for the child while maintaining appropriate care for the other children

A health check is a quick evaluation of a child's body, mood, and behavior.

The purpose of this tool is to notice any illnesses or health concerns the child might be experiencing; therefore, each child's day will begin with a simple health check and should be completed before the parent/legal guardian leaves the center.

Using this tool, the staff will ensure that all children attending are checked for overall health, the hair needs to be checked for lice and nits weekly, and that they receive their daily fluoride application.

Additionally, make sure you fill out the form on GoEngage.

Note: If child is not accepted at the center due to illness, please fill out the illness form indicating symptoms observed.



Child Medical Tests

Performance Standards 1302.42 (b) (1) (i) & (ii)

Policy: Child Medical Tests require informed consent and parental involvement. Screening tests (vision, hearing, etc.) may be conducted with parental permission, and any further diagnostic testing will require a physician's order and parental consent.

Procedure:

It is the RESPONSIBILITY of the campus staff to complete and enter the following medical information to GoEngage.

The Child Health Record should be completed and entered as follows:

1. **Height and Weight:**

Staff will obtain one (1) height and weight measurement immediately. Measurements are due in **September**. If a height and weight is provided on the physical form you may enter it as a valid value.

2. **Blood Pressure:**

Staff will obtain blood pressure readings from the physical exam. In the event that the blood pressure is missing, staff will conduct a blood pressure and enter on GoEngage. Blood pressure taken at campus should be greater than 86 mmHg but less than 110 mmHg (Systolic) and greater than 44 mmHg but less than 70 mmHg (Diastolic). If blood pressure falls out of parameters retake the blood pressure on opposite arm and document accordingly. If the blood pressure is still abnormal after second time taken then notify one of the Head Start nurses for further evaluation and guidance.

3. **Blood Count:**

Staff will acquire information from the physical exam. Referrals should be made in this area if needed.

- In the event that the screen (Blood count) is not completed at the time of the physical exam, staff will inform parents and refer to other agencies that can provide the screen for the children and assist parents in obtaining the screen.
- Normal reference range mandated by the Texas Department of Health for hemoglobin is 11.0-16.0 g/dL. If the screen results fall below 11.0 g/dL or above
 - 16.0 g/dL for the hemoglobin test, parents will be **IMMEDIATELY** given a health notice and follow-up referrals will be made, accordingly.
- Children with low or high hemoglobin results will be re-screened every 30 days as needed until the test results are normal or a cause is noted.



Child Medical Tests (continued)

• Blood count and lead results can be obtained from the State Laboratory Services at 1-888-963-7111, Ext. 7318. Fax: 512-776-7533 or 513-776-7223. **Request Results for only 10 children at a time.**

4. **<u>Lead:</u>**

The staff will acquire information from the physical form. Proof of **one lead result** will be required at the time of enrollment. Referrals should be made in this area if needed. **Normal reference range mandated by the Texas Department of Health for lead is** <3.5 ug/dl (less than 3.5). If lead results are >3.5 ug/dl (greater than 3.5) a referral will be initiated and notify Health Services Department for further guidance.

5. Vision:

Staff will acquire vision screen immediately, but no later than 45 days from the time a child enters the program.

6. Hearing:

Staff will acquire hearing screen immediately, but no later than 45 days from the time a child enters the program.

7. TB Test/Questionnaire:

Staff will attain medical results/questionnaire from parent/legal guardian at enrollment or on the first day of school. Staff will get results from immunization record or physical exams, if unsuccessful will acquire a medical consent signed by parent/legal guardian for release of medical information from the doctor's office or clinic.

Referral Procedure:

- 1. Staff will carefully review all results and refer accordingly. (For example: WIC, Health Department, etc.)
- 2. Any area of concern noted by the health care provider will be discussed with the child's parent and initiation of the referral will take 7-10 working days.
- 3. The child will be referred out to their primary healthcare provider for further action when services cannot be completed due to the child's behavior or other areas of concern.
- 4. Staff will continue to work with parents and other staff to follow instructions from the healthcare provider. A medical clearance will be required upon return.

Health Services Deadlines

- Day count is based on calendar days including weekends, holidays, and varies depending on child's date of enrollment.
- Campus with an earlier school start date will have different deadline dates. (See your ongoing monitoring calendar)
- All Items must be entered on GoEngage before or on **Deadline Date**.

Before	September	30 Days	45 Days	45 Days	90 Days	90 Days	90 Days	90 Days	90 Days
Child's									
1st Day of									
Class									
TB Test with	Height	Medical	Hearing	Vision		Blood	Blood	Lead	Oral
NEG	&	Insurance	Exam	Exam	Exa	Pressure	Count	blood	Health
Results/TB	Weight	& Primary			m	SBP	(Hemoglobi	check	Exam
Questionnai		Care				86-110	n/	<3.5 or	
re Yearly		Providers/				DBP:	Hematocrit	lead	
		Specialists				44-70) HGB: 11-	Questionnaire	
							16 g/dl HCT:		
							34-40		
							34-40		
Negativ	Yearly	Yearly or	Yearly	Yearl	Yearly	Yearly	Once; Any	Once; Any	Every 6
e TB		update		y			Year	Year	Months
skin TEST		as							
Once; ANY		needed							
Year ok.									
Yearly TB									
questionnair									
es required									
for all									
returnees									
and new									
students									



Audiometer Monthly Biological Calibration Check

Performance Standard 1302.40

Policy:

Texas Department of Health Services regulations require that audiometers be calibrated on a **MONTHLY BASIS** in order to ensure that the audiometer is functioning properly. Each month, a monthly biological calibration check is required on one person whose hearing record is known.

Audiometric screeners should establish baseline-hearing records for three people (three coworkers, or the screener and two co-workers) who, ideally, would be available for comparison throughout the year.

If a hearing record difference of at least 10dB is found for any of the screening frequencies between 250 Hz and 6000 Hz on the monthly check of one individual, the other two people should then be checked.

If a change of 10 dB or more in the same direction is confirmed by the additional biological checks, an electronic calibration of the audiometer is required.

The results of each monthly biological calibration check shall be recorded on a form, which is kept with the audiometer.

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