

HEALTH



Preschool Services

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Unit: PDM

Effective: 3/16/2020 Issued: 3/16/2020

Phalos Haire
Approved by: Phalos Haire, Director

Novel Coronavirus (COVID 19) Guidance

Overview

Timeframe

This policy was updated on 3/16/2020. PSD Administration will be monitoring the CDC and Public Health notifications and will update the policy as information updates.

Purpose

The purpose of this policy is to give information on the virus and establish protocol for prevention.



Important: Health risk is low

According to the California Department of Public Health, at this time, the health risk to the general public in California from novel coronavirus remains low but childcare and preschool settings can take common-sense precautions to prevent the spread of all infectious diseases.

One case has been reported in San Bernardino County as of 3.16.2020.

Overview, Continued

Questions

If you have questions, you may call one of our Health Specialists at:

909-383-2039

909-383-2051

909-383-2052

If there is an active case, contact a Program Manager, Deputy Director, Assistant Director, one of our Health Specialists, or if unable to reach anyone at PSD Administration, contact the Public Health Department at 1-800-722-4794.

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Class Suspensions

Partial Class Suspensions

Suspension of Part Day and Extended Duration Classes (128, 175, 228 schedules) will commence on Monday, March 16, 2020 through Friday, March 20, 2020.

Spring Break will follow as scheduled on March 23 through March 27, 2020. Staff are to report to work as scheduled for their tour of duty until further notice

Families enrolled in suspended program options will be informed by phone, parent letter, email, and text through the ChildPlus system beginning on Sunday, March 15, 2020.

Additional Notification on March 16th

Center Clerks and Program Generalists are to begin phone notification of Part Day families immediately on Monday, March 16, 2020.

Encourage families to continue working with their child on School to Home activities and the Footsteps2Brilliance application.

Provide the step sheet to access Footsteps2Brilliance and School to Home activities if requested.

Teaching staff will conduct virtual home visits via telephone or other electronic methods such as Skype, FaceTime, Zoom, etc.

Teaching Staff and Home Visitors tasks

Teaching staff and Home Visitors can work on the following:

- Family outreach
 - Center conferences via electronic methods
 - School to Home Activities
 - Data entry into ChildPlus and Learning Genie
 - PIR
 - Virtual trainings and webinars
 - Corrective Action Plans (CAPs)
 - Maintaining files
 - School readiness goals
 - Family calls
 - Paperwork
 - Screenings
 - Assessments
 - Other tasks that can be completed on site
-

Continued on next page

Class Suspensions, Continued

**Staff impacted
by school
district closure**

For Staff that are impacted by school district closures:
Staff that are impacted by childcare issues due to school district closures should notify their supervisor as soon as possible prior to their scheduled shift as they normally would.
County Administration and PSD will be meeting with Teamsters this week to outline options and next steps.

**Meal Service
Options**

The Child and Adult Care Food Program (CACFP) has provided guidance on allowing Head Start facilities to provide food to children in the event of class suspensions:
Food services to Part Day and Extended Duration classes will be discontinued until Tuesday, March 17, 2020 to finalize logistics for continued meal service.
Information on PSD food distribution will be forthcoming.
Referrals to resources in the community for food and other resources should be provided to families to include local schools, churches, and other community organizations.

Full Day classes

For Full Day classes:
In order to promote social distancing, full day classroom children will be distributed to other classrooms and/or sites in the place of the suspended part day and extended duration classes.
Families will be notified of the practice and the placement of their child if impacted by the redistribution.
Teacher/child ratios and classroom capacity will be reduced to 2 staff to 8 children for PreK and 2 staff to 4 children for infant/toddler classrooms.

**Suspension of
EHS&HVP Home
Based Visits &
Socialization
activities**

Home visits and Socialization activities have been suspended until further notice.
Staff will continue to provide consultation and outreach services to families during their scheduled home visit times via telephone and other electronic methods such as Skype, FaceTime, Zoom, etc.
Home Visit plans and any relevant documentation will be completed and uploaded to ChildPlus.

Continued on next page

Class Suspensions, Continued

**Communication
with the public**

Updates and Information outlining PSD's activities were distributed to families on Sunday, March 15, 2020.

Questionnaires relating to travel within the past 14 days for staff and clients entering the facility was presented to staff on March 1, 2020.

All communication with the public should be aligned with the information provided in the parent letter (attached at the end of this policy). If staff are unable to answer a question related to PSD activities surrounding COVID 19, please refer to a supervisor and/or manager.



What we know about COVID 19

**Important:
Health risk is
low**

According to the California Department of Public Health, at this time, the health risk to the general public in California from novel coronavirus remains low but childcare and preschool settings can take common-sense precautions to prevent the spread of all infectious diseases.

One case has been reported in San Bernardino County.

Symptoms

The following symptoms may appear 2-14 days after exposure:

- Fever
 - Cough
 - Shortness of breath
-

How it spreads

The virus is thought to spread mainly from person to person.

Between people who are in close contact with one another (within about 6 feet).

Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

People are thought to be most contagious when they are most symptomatic (the sickest)

It is possible, but **not** thought that the main way the virus spreads is:

- before people show symptoms
 - contact by touching a surface or object that has the virus on it, then touching your mouth, nose, or eyes.
-

**Call the doctor
if you...**

Call your doctor if you:

Develop symptoms and have been in close contact with a person known to have COVID 19

or

Have recently traveled from an area with widespread or ongoing community spread of COVID 19

Continued on next page

What we know about COVID 19, Continued

Facemasks

Facemasks are most useful for preventing disease spread when they are worn by people who have symptoms. This is why people are asked to wear a mask at doctor's offices and hospitals if they are coughing or sneezing.

Face masks are allowed to be worn by staff.

International Areas with Sustained ongoing transmission

The following are International Areas with sustained, ongoing transmission:

- China
- Iran
- Italy
- Japan
- South Korea

Not considered mainland China

At this time, Hong Kong, Macau, and Taiwan do not have widespread transmission of the novel coronavirus and are not considered part of mainland China for this guidance.

The California Department of Public Health will update this guidance if the outbreak spreads to other countries or regions.

Travelers from China



What to do

In the unusual event that an infant, child, or staff member is identified who:
Has symptoms of respiratory illness, such as fever and cough,
AND
Traveled from mainland China in the prior 14 days

Please take the following steps:

1. Separate the individual from others as much as possible and make arrangement for the individual to go home, and
2. Contact any Program Manger
 - 1) If unable to reach any Program Manager, Deputy Director, or Assistant Director, contact a PSD Health Specialist at:
 - I. 909-383-2039
 - II. 909-383-2051
 - III. 909-383-2052
 - 2) Or if unable to reach anyone at PSD Administration, call the Public Health department at: 1-800-722-4794

Policy

The following is the policy for PSD:

Travelers from mainland China arriving in the United States since February 3, 2020 should be excluded from childcare and preschool settings for 14 days, beginning the day after they left China.

Ensure privacy, confidentiality, and prevent discrimination by not sharing health information and not stigmatizing any person due to race, gender, cultural practices, or any other distinction.

Continued on next page

Travelers from China, Continued

Risk Categories The following are Risk Categories for Exposures Associated with International Travel or Identified during Contact Investigations of Laboratory confirmed Cases.

Risk Level	Geographic (Travel-associated) Exposures*	Exposures Identified through Contact Investigation
High	Travel from Hubei Province, China	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions</i> for home care and home isolation
Medium (assumes no exposures in the high-risk category)	<ul style="list-style-type: none"> • Travel from mainland China outside Hubei Province or Iran • Travel from a country with widespread sustained transmission, other than China or Iran • Travel from a country with sustained community transmission 	<ul style="list-style-type: none"> • Close contact with a person with symptomatic laboratory-confirmed COVID-19 • On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction • Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions</i> for home care and home isolation
Low (assumes no exposures in the high-risk category)	Travel from any other country	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
No identifiable risk	Not applicable	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

*In general, geographic exposure categories do not apply to travelers who only transit through an airport.

Children's Absences

Excused Absences

PSD has updated the Child Attendance Policy to include a "COVID 19" Family Emergency absence reason code.

Children staying home sick due to a COVID 19 related illness is an excused absence in ChildPlus using code COVID 19 and is considered a family emergency.

Use absence codes as usual and use the COVID 19 code for:

- School District closures

- Class suspensions

- Illness related to COVID 19 (child or family member)

Family Emergency

During this time, until further notice, there is no limit to family emergency absences.

Staff Absences

If you are sick, stay home

All employees are expected to report to work, however employees who are sick and/or exhibiting signs associated with COVID 19 are encouraged to stay home.

Staff Absences

Please connect with your supervisor prior to your scheduled shift as you normally would for illness or a need to be absent from work due to child care issues associated with COVID 19.

If you are unable to report to work due to illness, use of available sick leave is appropriate.

If you are unable to report to work due to childcare, you would use leave time.

We will update you with other options that are approved moving forward.

MOU: Use of sick leave

According to the MOU:

Sick leave is defined to mean the authorized absence from duty of the employee because of physical or mental illness, injury, pregnancy, confirmed exposure to a serious contagious disease or for a medical, optical, or dental appointment, for certain purposes related to being a victim of domestic violence, sexual assault, or stalking, or other purpose authorized herein.

Tracking

Strictly for the purposes of recapturing funding, tracking forms for staff absences related to COVID 19 will be completed by the immediate supervisor and forward to the Administration office.

Tracking information will be documented from March 9, 2020 until further notice.

Preventative Measures: Good Public Health Hygiene

Introduction Practicing good public health hygiene requires very little change from what you do now. Keep up the hygiene routines below that you practice already as well as the policies below.

Maintain the procedures in the handwashing policy and sanitization policies.

Effective Date The following policies under Good Public Health Hygiene are effective immediately.

Public facing services For Public Facing Services:
Practice good public hygiene and follow social distancing guidance of at least 6 feet when making contact with the public, when possible.
Consider other options to obtain information from the public (i.e. Telephone, FAX, email, screenshot from cell phone, etc.).
Signage outlining the requests to the public to refrain from entering a facility if they are exhibiting signs of illness associated with COVID 19 provided at the end of this policy.
As a reminder, we are open for business and continue to serve our community to the best of our ability.

Policy Practice good public health hygiene to avoid spread of all contagious illness.

Stay home when sick Keep children home and have staff stay home when sick:
Remain at home until fever has been gone for at least 24 hours without the use of fever-reducing medicines
Seek immediate medical care if symptoms become more severe such as high fever or difficulty breathing.
Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread.

Continued on next page

Preventative Measures: Good Public Health Hygiene, Continued

Respiratory etiquette

Use respiratory etiquette:
Cover cough with at tissue or sleeve
Provide adequate supplies within easy reach, including tissues, hand sanitizer, and not-touch trash cans. Sites are encouraged to order supplies to maintain the site.

Wash hands frequently

Encourage hand washing by children and staff thorough education, scheduled time for handwashing, and the provision of adequate supplies. See the Hand Washing Policy at the end of this document.



Important: Hand Sanitizer

Hand Sanitizer must not be in the classroom and must be out of reach of children.

Clean and sanitize

Routinely clean and sanitize frequently touched surfaces and toys. Home Visitors should clean and sanitize shared toys between each visit. See Cleaning in this policy.

Flu vaccine

Encourage flu vaccine for those who haven't had it this season to reduce illness and absences on campus. This however will not prevent coronavirus.

Sick room

Separate sick infants, children, and staff from others until they can go home. When feasible, identify a "sick room" through which others do not regularly pass.

Cleaning, Sanitizing, and Disinfecting

Logistics and Maintenance

Logistics and Maintenance staff will be using a sanitizing agent on all work surfaces and sites after every Friday.

The process is initially wet, so please clear your work surfaces of paper every Friday, Saturday, and Sunday.

L&M will disinfect hard surfaces, playground equipment, awnings, indoor and outdoor toys, and trikes.

Refer to the attachment at the end of this policy to learn more about the PURTABS process.

Online training

To use disinfectant, staff must have completed the online pesticide/chemicals training by the California Department of Pesticide Regulation. <https://online2.cce.csus.edu/dpr/login/index.php>

Definitions

The difference between cleaning, disinfecting, and sanitizing is the following:
Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces.

This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

When cleaning use the standard Quat cleaner/sanitizer as directed.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects.

This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

L&M are disinfecting using the PURETAB process.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements.

This process **works by either cleaning or disinfecting** surfaces or objects to lower the risk of spreading infection.

When sanitizing use the standard Quat cleaner/sanitizer as directed.

Continued on next page

Cleaning, Sanitizing, and Disinfecting, Continued

Frequency of cleaning

Use the following to determine the frequency of cleaning:

Tables, Desks, and Counter Tops

At the beginning of the day

At the end of the day

Before and after meals

After table activities

Toys

After large and small group times

After work times

At the end of the day

Sites

Sites will be disinfected by the PURETAB process by Logistics and Maintenance

Clean and disinfect

Clean and disinfect surfaces and objects that are touched often. Follow your standard procedures for routine cleaning and disinfecting.

Typically, this means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys.

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

Continued on next page

Cleaning, Sanitizing, and Disinfecting, Continued

Clean and disinfect correctly

To clean and disinfect correctly, use the following guidelines:

Always follow label directions on cleaning products and disinfectants.

Wash surfaces with a general household cleaner to remove germs. Rinse with water, and follow with an EPA-registered disinfectant to kill germs.

Read the label to make sure it states that EPA has approved the product for effectiveness against influenza A virus.

Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant.

Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes).

Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes.

It may be necessary to use more than one wipe to keep the surface wet for the stated length of contact time.

Be safe

To be safe, use the following guidelines:

Pay close attention to hazard warnings and directions on product labels.

Cleaning products and disinfectants often call for the use of gloves or eye protection.

For example, gloves should always be worn to protect your hands when working with bleach solutions.

Do not mix cleaners and disinfectants unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.

Read and understand all instruction labels and understand safe and appropriate use.

Handle waste properly

To handle waste properly, use the following guidelines:

Place no-touch waste baskets where they are easy to use.

Throw disposable items used to clean surfaces and items in the trash immediately after use.

Avoid touching used tissues and other waste when emptying waste baskets.

Wash your hands with soap and water after emptying waste baskets and touching used tissues and similar waste.

Continued on next page

Cleaning, Sanitizing, and Disinfecting, Continued

If someone is ill on site

The following is recommended:

Close off areas used by the ill person.

Wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets.

If possible, wait up to 24 hours. Before beginning cleaning and disinfection.

Open outside doors and windows to increase air circulation in the area.

Clean and disinfect common areas where other providing services may come into contact with an ill person.

Removing cleaning protective equipment

When removing personal protective equipment:

First remove and dispose of gloves.

Then immediately clean your hands with soap and water or alcohol-based hand sanitizer.

Place all used gloves, facemasks and other contaminated items in a lined container before disposing of them with other household waste.

Gatherings

Purpose

The goal of this recommendation is to prevent people physically coming together unnecessarily, where people who have the infection can easily spread it to others.

This guidance does not apply to activities such as attendance at regular school classes, work, or essential services.

Effective date

These policies are effective immediately and remain in place at least through the month of March.

CDC guidance will be continually monitored to evaluate if any elements of this policy need to be changed.



What is a gathering?

A *gathering* is any event or convening that brings together people in a single room or single space at the same time, such as an auditorium, stadium, arena, large conference room, meeting hall, cafeteria, or any other indoor or outdoor space.

Order on gatherings

The California Department of Public Health has put in place the following orders:

Large gatherings that include 250 people or more should be postponed or canceled. This includes resource fairs.

Smaller gatherings held in venues that do not allow social distancing of six feet per person should be postponed or canceled. This includes:

- Parent or Staff meetings

- Policy Council meetings

- Shared Governance Board meetings

- In service trainings

- Family and child socialization activities

Gatherings of individuals who are at higher risk for severe illness from COVID 19 should be limited to no more than 10 people. This includes people who are elderly or have health conditions.

Continued on next page

Gatherings, Continued

Is the gathering essential?

Gatherings should only be conducted when they are essential. If they can be postponed, then postpone them. If they can be conducted by phone, or teleconference, or other alternative methods, use those methods.



What if a gathering is essential?

If a gathering is essential and you are unable to facilitate it using the phone or teleconference, use the following guidelines:

Stagger activities.

Add frequency of an event to spread out attendance, e.g. hold more, smaller gatherings.

Add distance between where individuals sit or stand around tables.

Add additional hand washing stations and restrooms.

Limit the number of people in lines.

Avoid direct, physical contact, such as hand-shaking, holding hands, and hugging.

Extend hours to allow for staggering of attendance or participation.

Use phones, videos or video conferencing to reduce the need for close interactions

Remind people to stay home if they have a fever and/or respiratory symptoms.

Home Visiting

All in home visits are suspended. A Home Visitor may still keep a scheduled Home Visit and offer resources and consultation via telephone or other electronic methods such as Skype, FaceTime, Zoom, etc.

Preventative Measures: Community Transmission

Policy criteria Enact the following policies if the San Bernardino County Public Health Department has confirmed:
Two or more community transmission cases,
but
no individuals (staff or students) at the school have tested positive for COVID 19.

Effective date Only use the Community Transmission policies if the Policy Criteria above is in place.

Policy: Continue all measures Continue all good public health hygiene measures as well as the following policies.

Policy: Teachers and staff The following is policy for teachers and staff:
Teachers and staff with any fever and/or respiratory infection symptoms should not come to work.
Teachers and staff should self-screen for respiratory infection symptoms (such as fever and/or cough) each morning before interacting with students.

Policy: Visitors Limit visitors to the school by not allowing those:
With symptoms of fever and/or respiratory infection
or
who have a travel history over the course of the last 14 days to an area defined on Page 2.

Refer to the attached signs in this policy.

Policy: Group Programs Consider alternatives to group programming within the school site including any large or communal activities.

Continued on next page

Preventative Measures: Community Transmission, Continued

Policy: outdoor time

Consider implementing staggered outdoor times to limit the number of students who are together; and if possible, group outdoor times by classrooms.

Policy: social distancing measures

Implement social distancing measures. Reduce the frequency of large gatherings and limit the number of attendees per gathering.

Policy: regular screening

Screen children, staff, and visitors for respiratory symptoms and temperature. Follow the Health Check Procedures and include staff.

Symptoms would be:

Fever

Cough

Difficulty breathing, shortness of breath

Preventative Measures: One Person Tests Positive

Policy: Continue all measures Continue all good public health hygiene measures, community transmission measures and the following policies.

Effective date Only use the One Person Tests Positive policies if the Policy Criteria is in place.

Policy Criteria Enact the following policies if:
one child, family member, or staff member tests positive for COVID 19
and
this person exposed others at school.

Policy: School closure/ Home visiting suspension Closing schools is a difficult decision as it has impacts on families and employees.

Any school closure or suspension of Home Visiting should be in consultation with PSD Administration and the Department of Public Health. The local public health officer determines if school closure is warranted and the length of time based on the risk level.

1. Contact the Program Manager, Deputy Director, or Assistant Director
2. If Management is not available, call a PSD Health Specialist at:
 - 1) 909-383-2039
 - 2) 909-383-2051
 - 3) 909-383-2052
3. If unable to reach anyone at PSD Administration, call the Public Health department at: 1-800-722-4794

Policy: readmission to school PSD Administration determines readmission criteria based on a consultation with the San Bernardino County Public Health Department.

Continued on next page

Preventative Measures: One Person Tests Positive, Continued

**Policy:
notification
procedures**

Follow current emergency notification procedures if a site is closing.

Provide guidance to parents and staff reminding them of the importance of community social distancing measures while school is closed, including discouraging children or staff from gathering elsewhere. Community social distancing measures include canceling group activities or events.

**Policy:
continuing
education**

Encourage parents to continue to complete school to home activities and track them for Non-Federal Share.

**Policy: cleaning
to reopen the
school**

Consult CDC guidelines for schools to determine what additional cleaning protocols are needed, if any. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

If there are any questions, contact the Health Specialist or the Department of Public Health.

Hand Washing Policy

Policy

All staff and volunteers must follow these handwashing guidelines.



Important: sinks for food preparation

Do not wash your hands in sinks used for food preparation, including bottle and formula preparation.



How to wash your hands

Use the following to wash your hands:

Step	Action
1	Wet hands and apply soap.
2	Rub hands together vigorously for at least 20 seconds. Wash all surfaces; i.e. wrists, back of hands, between fingers and under fingernails.
3	Rinse hands well under the running water.
4	Dry hands with a clean paper towel.
5	Turn the water off using a paper towel, not bare hands to prevent recontamination.
6	Discard paper towel in a garbage container with a lid and a plastic liner.

Continued on next page

Hand Washing Policy, Continued

**When to wash
your hands**

This list is inclusive of all staff and children. Wash hands at the following times:

Before

- Preparing, serving, or eating food
- Handling clean food equipment or utensils
- Giving medication
- Feeding an infant
- Treating or bandaging a wound
- Messy activities
- Eating or drinking

After

- You arrive at the center
 - Assisting a sick or injured child, volunteer, or staff
 - Giving medication
 - Feeding an infant
 - Treating or bandaging a wound
 - Using the restroom
 - Diapering or assisting with toileting
 - Assisting with/conducting health or dental screening
 - Any contact with any body secretion
 - Removing disposable gloves
 - Handling animals or pets
 - Messy Activities
 - Returning from outdoor play
 - Diaper changes or after using the restroom
-

Posters, Letters, and Signs To Use

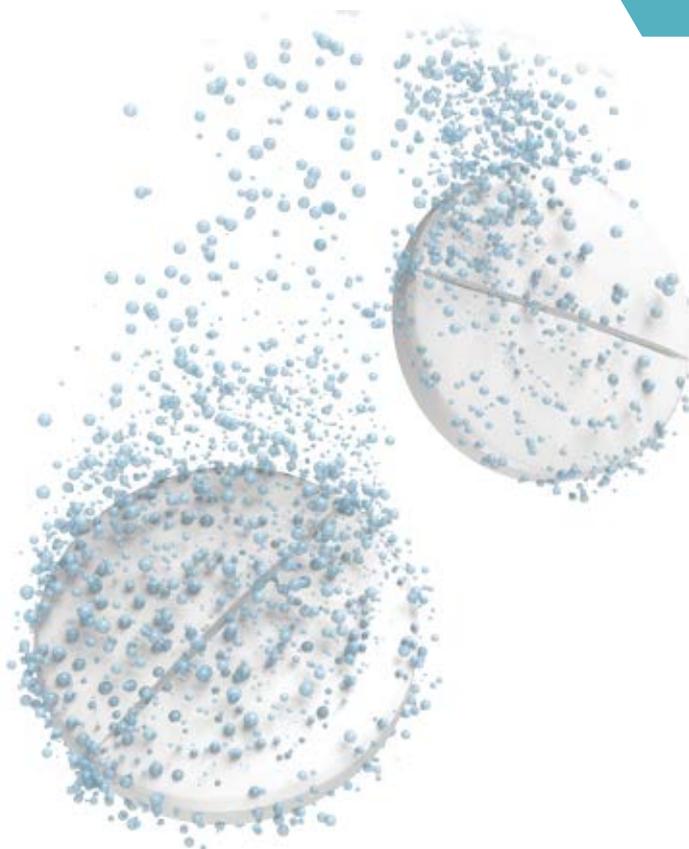
**Instructions for
use**

Use the following to identify the use of the posters, letters, and signs.
Use the following posters on your site parent board.
Send the parent letter to all parents.
Use the last sign at the entrance to the office at the site.



PURTABS

EFFERVESCENT SANITIZING / DISINFECTION TABLETS



Disease Prevention is the Cure.
NaDCC/ (HOCL) is the Answer.



EARTHSAFE
CHEMICAL ALTERNATIVES

PUR TABS

EFFERVESCENT SANITIZING / DISINFECTION TABLETS



INFECTIOUS DISEASES ARE SERIOUS BUSINESS.

What is the probability of contracting an infectious disease?

ENORMOUS. Every public surface can potentially be contaminated with bacteria or viruses including (but not limited to) staph, hepatitis, norovirus, strep, HIV, salmonella, influenza H1N1, rhinoviruses. C. Diff spores and much more. No surface is safe, and some are worse than others.

- Desks were found to have **400X** more bacteria than a toilet seat.
- Tests have proved that in just a few hours, viruses can spread to **60%** of a building's occupants from a single doorknob.
- Studies determined that **28%** of gym surfaces tested positive for contamination
- CDC statistics showed **3 out of 4** norovirus outbreaks occur in long-term care facilities and nursing homes



Who is at risk? Everyone.

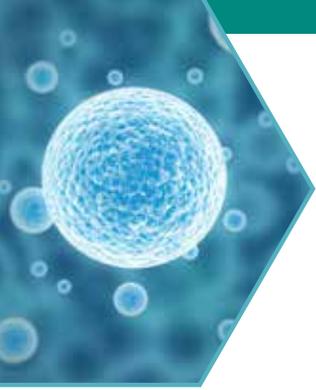
**From children to our pets to our elderly,
we are all at risk!**

Daycares and schools • athletic facilities and gyms • offices and stores • food processing • restaurants and grocery markets • trains, Planes and buses • hotels and cruise ships • shipping and boats of all types • theatres and amusement parks • hospitals, medical facilities and first responders • agriculture • animal care

Even residential homes are all known to spread infectious diseases, as well as exposure to mold and allergens.



EARTHSAFE
CHEMICAL ALTERNATIVES



What's wrong with using Bleach and Quats to sanitize and disinfect?

Traditional sanitizer/disinfection approaches like chlorine bleach and quaternary ammonium compounds, or quats, are toxic to humans, corrosive to materials and harm the environment they are released to. NaDCC tablets that produce hypochlorous acid (HOCL) when added to water are the less toxic alternatives to chlorine bleach & quats.

- Because chlorine bleach is a hypochlorite (-OCL) and is highly reactive, impure, unstable and sensitive to light and temperature. Quats & chlorine bleach exacerbate or cause asthma.
- Chlorine bleach concentrate begins to degrade from the moment it's manufactured and, within a month, easily loses a third or more of its activity. When diluted bleach is effective for only hours.
- In addition, bleach and quats are highly corrosive to metals and other surfaces, extremely toxic to the environment, and unsafe for humans to handle or inhale its fumes.

FRIGHTENING FACTS

According to the Center for Disease Control and Prevention (CDC):

▶ **More than two million Americans develop antibiotic-resistant infections each year, resulting in 23,000 deaths**

▶ **Each year 20% of the US population contracts the flu and tens of thousands of people are hospitalized.**

▶ **Norovirus is the #1 cause of acute gastroenteritis outbreaks worldwide.**

- Norovirus affects about 21 million Americans annually
- Leads to over 2 million outpatient/ER visits or hospitalizations, and 800 deaths
- Touching a contaminated surface, then touching your mouth, spreads 61% of diarrhea or vomiting outbreaks.
- There is no vaccine to prevent norovirus infection.

▶ **As of March 2015, half the estimated 25,000 individuals infected with Ebola virus ultimately died.**

▶ **The common cold, Rhinovirus, is the main reason the majority of our population misses school or work every year.**



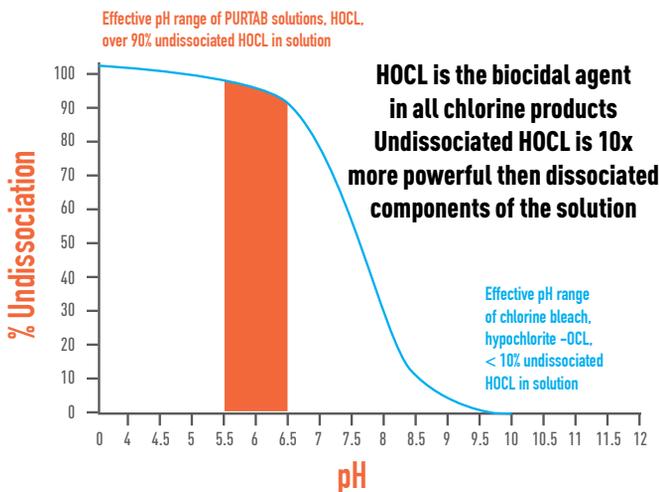
IT'S TIME FOR A **PROACTIVE SOLUTION**
TO INFECTIOUS DISEASE PREVENTION—
ONE THAT IS **QUICK, SAFE AND EFFECTIVE.**

AN OUNCE OF PREVENTION IS PRICELESS

Billions are spent in the war on infectious diseases every year. Proactive approaches have been hard to implement in the past but that is no longer the case. EarthSafe's revolutionary technology combines the right chemicals with the perfect tools, resulting in an easier, safer and more effective way to sanitize and disinfect, any time and anywhere. In the long run, this superior level of protection will **save millions of dollars in work hours and productivity and medical costs as well as save lives.**

EarthSafe's Proactive Solution – PURTABS

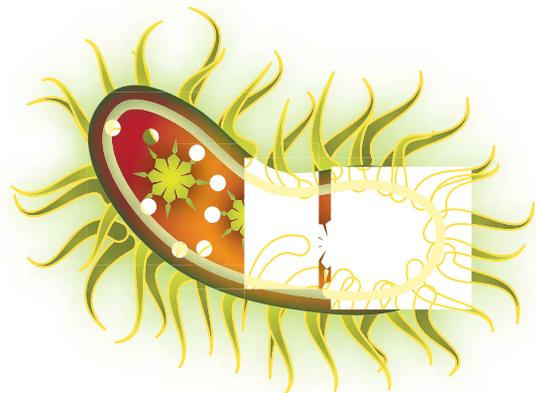
PURTABS is a sustainable, solid tablet form of Sodium Triclosene, NaDCC, which dissolves readily in water to become a powerful hypochlorous acid (HOCL) that is versatile enough, depending on concentration, to use as a food surface sanitizer and a hospital grade disinfectant. If you aren't aware of the many benefits of HOCL, it's time you were. This multi-tasking, EPA registered sanitizer/disinfectant, when coupled with green cleaning formulations and the right application technology, **literally SOLVES the time constraints and process problems of daily cleaning and sanitizing / disinfection.** PURTABS is changing the janitorial/custodial industry for the better.



The Science Behind EarthSafe's PURTABS (NaDCC → HOCL)

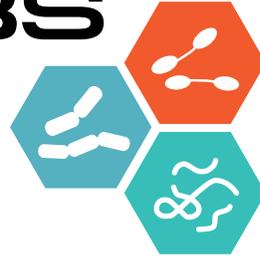
The active agent in PURTABS is sodium troclosene (NaDCC). While it does provide chlorine in the form of hypochlorous acid (HOCL) for sanitizing and disinfection purposes, it is not a hypochlorite like chlorine bleach. The chemistry and mode of action of NaDCC is significantly different, producing a solution that is stable once diluted, particularly in the presence of organic contaminants.

Studies show that HOCL has four times the anti-microbial killing power of hypochlorites (-OCL). **It is believed that this is due to the fact that HOCL is very similar to the structure and molecular size of water and is electrically charged**—thus allowing it to penetrate cell walls as easily as water. Conversely, the hypochlorite ion is electrically charged and thus has a harder time getting through the cell wall.



PURTABS

EFFERVESCENT SANITIZING / DISINFECTION TABLETS



\$
In the U.S., infectious diseases are associated with an economic burden of over **\$120 billion**

\$
The projected loss of earnings due to the illness was approximately **\$16.3 billion annually**

\$
Last year, Americans missed more than **70 million workdays** because of the flu

\$
Reports estimate that employers lost **\$10.4 billion in direct costs** during each flu season

\$
Antibiotic resistant infections cost Americans **\$20 billion in direct medical costs and \$35 billion in lost productivity**

\$
60 million school days are lost each year to colds and flus in the U.S.

What are infectious diseases costing?

3 Tablet Sizes Kill a Multitude of Microbes

PURTABS multi-purpose tablets have many various uses and are available in 3 tablet sizes for easy mixing and precise dilution. PURTABS targets the most virulent microbes that affect every sector, from no-wipe sanitization for restaurants to high-powered hospital grade disinfection, and everything in between.



PURTABS Versatility

Kill Claims	Concentration	Dilution
Food contact surface sanitizer (No Rinse)	100 ppm	(1) 0.3g tab / 1qt (1) 3.3g tab / 2.5 gal (1) 13.1 tab / 10 gal
Hospital grade disinfectant claims (Bleach alt.) Cold & flu virus* (including H1N2) Salmonella & Staph.	538 ppm	(6) 0.3g tb / 1 qt (1) 3.3g tab / 2 qts (1)
Bloodborne pathogen, Herpes & Polio Norovirus, MRSA & Ecoli HIV & Hep B claims Many Animal pathogens	1076 ppm	(11) 0.3g tabs / 1 qt (1) 3.3g tab / 1 qt (1) 13.1 tab / 1 gal
C. Diff 10 minute claim	2153 ppm	(2) 13.1 g tabs / 1 gal
C. Diff spore 4 minute claim	4306 ppm	(4) 3.3 g tabs / 1 qt (4) 13.1 g tabs / 1 gal

THE FUTURE OF INFECTION CONTROL IS HERE AND IT IS SUSTAINABLE AND SAFER.

PURTABS is designed to be the most convenient and cost effective option to ship, store and apply a less toxic, more potent disinfection solution. Protecting environments and people from harmful pathogens has never been easier or more affordable.



Concentrated PURTABS tablets **weigh 95% less** per case than liquid concentrate sanitizer/disinfectant. Making it **more ergonomic** to lift, and uses less plastics and cardboard, creating less solid waste.



PURTABS **saves money** on shipping, storage space and overall chemical cost.



PURTABS **weighs 7x less** than traditional liquid concentrate sanitizers/disinfectants, so **you pay 7x less** in shipping costs. PURTABS takes up less square footage, saving money on storage.



PURTABS is **less-toxic** and **less-corrosive** to humans, materials and the environment.

Unique advantages of Earthsafe PURTABS NaDCC/Hypochlorous acid (HOCL) vs Chlorine bleach/hypochlorite (-OCL)

- Hypochlorous acid is **naturally produced** in our bodies by white blood cells and tears
- The CDC and EPA substantiate HOCL **kills pathogens up to 50 times better** than chlorine bleach
- Undissociated HOCL has **4 times the anti-microbial killing power** of -OCLs
- PURTABS kills mold and mildew, plus eliminates and **controls odors**
- PURTABS is **versatile**, from a no-rinse food contact sanitizer, to a hospital grade disinfectant with a **4-minute C Diff kill rate**
- PURTABS is a **broad-spectrum disinfectant** with more kill claims than other sanitizing alternatives, while also being more cost effective
- PURTABS neutral pH is surface, **human and environmentally-friendly**.
- Testing on metal substrates prove PURTABS is **50% less corrosive** than bleach, plus won't harm fabrics or substrates with normal use
- pH at neutral levels ensures the more **effective bactericide**, HOCL, remains dominant in the solution
- Diluted PURTABS is **stable in closed containers for 7 to 30 days**, depending on ppm of Free Available Chlorine (FAC); while chlorine bleach lasts only for hours once diluted
- PURTABS are **cost-effective and sustainable**, costing less to ship and store

BEAT BACTERIA WITH A POWERFUL SANITIZER / DISINFECTANT IN A COMPACT TABLET.

Biocidal Efficacy of Purtabs

EarthSafe PURTABS has the power to kill 99.999% of Bacteria and eradicate C Diff Spores in 4 minutes! PURTABS proactive effervescent sanitizing and disinfecting tablets are effective against a broad range of microorganisms on pre-cleaned, nonporous, inanimate surfaces, including:

Salmonella enterica
Staphylococcus aureus
Pseudomonas aeruginosa
Klebsiella pneumoniae
Staphylococcus epidermidis
Escherichia coli O157:H7
**Staphylococcus aureus –
MRSA & GRSA**
**Carbapenem resistant Klebsiella
Pneumoniae**
Acinetobacter baumannii
Poliovirus type 1
Herpes simplex virus type 1
Hepatitis A virus
Hepatitis B virus

Clostridium difficile
Influenza virus H1N1
Respiratory syncytial virus
Canine Parvovirus
Newcastle Disease Virus
Pseudorabies
Canine Distemper Virus
Human Immunodeficiency Virus Type 1
Feline Calicivirus
Norovirus
**Enterococcus faecalis Vancomycin
Resistant,**
Trichophyton mentagrophytes
Mycobacterium bovis (TB)

Sectors for Use

Daycares, Schools, Universities • Hospitals, Nursing Homes, Medical and Dental Facilities • Gyms, Health Clubs, Spas and Salons • Restaurants, Food Service and Kitchens • Ambulances and First Responders • Office Buildings, Shopping Centers and Grocery Stores • Theaters, Stadiums, Amusement Parks • Hotels and Cruise Ships • Residential Homes • Kennels, Stables and Veterinary Clinics • Agriculture and Farming • Beverage and Food Processing Plants • Transportation Vehicles, Trains, Buses and Airlines • Marine, Fishing Boats, ferries, Personal Boats



EARTHSAFE
CHEMICAL ALTERNATIVES

PUR TABS

EFFERVESCENT SANITIZING / DISINFECTION TABLETS



A SMALL TABLET THAT PACKS THE POWER TO PREVENT INFECTIOUS DISEASES

There are many outstanding differences between EarthSafe's PUR TABS and common sanitizer/disinfectants, such as chlorine bleach, quats and other harsh chemicals, not the least of which are its efficacy and cost efficiency. This unique chemistry is less toxic and safe enough for daily use, yet powerful enough to kill dangerous microbes. It is proven to disinfect 99.999% of a wide variety of bacteria and viruses, including "super bugs" like MRSA and H1N1, without causing the mutation of other "super bugs."

PUR TABS puts the power of disease prevention in your hands.



Saves Lives and Budgets

- Depending on the concentration, HOCL kills 99.999% of bacteria and destroys C Diff in 4 minutes!
- Mitigates the spread of infectious diseases and illnesses are stopped before they start
- Less sick days converts to higher productivity and lower financial losses



More Versatile

- Emergency pathogen crisis can be addressed immediately even in an ambulance
- Safely sanitizes food contact surfaces without rinsing
- Can also become a heavy-duty disinfectant



Safer and More Sustainable

- Shelf stable for 3 years
- User friendly and safer for humans and materials
- Less hazardous to the environment and less corrosive
- Easily transported and stored at a fraction of the cost of alternatives

Revolutionary stabilized NaDCC tablet that forms hypochlorous acid (HOCL) when dissolved in water.



EARTHSAFE

CHEMICAL ALTERNATIVES

www.earthsafeca.com

Keeping the workplace safe

Encourage your employees to...

Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and schedule regular hand washing reminders by email
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

Be careful with meetings and travel



- Use videoconferencing for meetings when possible
- When not possible, hold meetings in open, well-ventilated spaces
- Consider adjusting or postponing large meetings or gatherings
- Assess the risks of business travel

Handle food carefully



- Limit food sharing
- Strengthen health screening for cafeteria staff and their close contacts
- Ensure cafeteria staff and their close contacts practice strict hygiene

Stay home if...



- They are feeling sick
- They have a sick family member in their home

What every American and community can do now to decrease the spread of the coronavirus

Keeping the school safe

Encourage your faculty, staff, and students to...

Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and at regular intervals
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

Consider rearranging large activities and gatherings



- Consider adjusting or postponing gatherings that mix between classes and grades
- Adjust after-school arrangements to avoid mixing between classes and grades
- When possible, hold classes outdoors or in open, well-ventilated spaces

Handle food carefully



- Limit food sharing
- Strengthen health screening for cafeteria staff and their close contacts
- Ensure cafeteria staff and their close contacts practice strict hygiene

Stay home if...



- They are feeling sick
- They have a sick family member in their home

What every American and community can do now to decrease the spread of the coronavirus

Keeping the home safe

Encourage your family members to...

All households



- Clean hands at the door and at regular intervals
- Create habits and reminders to avoid touching their face and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

Households with vulnerable seniors or those with significant underlying conditions



Significant underlying conditions include heart, lung, kidney disease; diabetes; and conditions that suppress the immune system

- Have the healthy people in the household conduct themselves as if they were a significant risk to the person with underlying conditions. For example, wash hands frequently before interacting with the person, such as by feeding or caring for the person
- If possible, provide a protected space for vulnerable household members
- Ensure all utensils and surfaces are cleaned regularly

Households with sick family members



- Give sick members their own room if possible, and keep the door closed
- Have only one family member care for them
- Consider providing additional protections or more intensive care for household members over 65 years old or with underlying conditions

What every American and community can do now to decrease the spread of the coronavirus

Keeping commercial establishments safe

Encourage your employees and customers to...

Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door, and schedule regular hand washing reminders by email
- Promote tap and pay to limit handling of cash
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

Avoid crowding



- Use booking and scheduling to stagger customer flow
- Use online transactions where possible
- Consider limiting attendance at larger gatherings

For transportation businesses, taxis, and ride shares



- Keep windows open when possible
- Increase ventilation
- Regularly disinfect surfaces

What every American and community can do now to decrease the spread of the coronavirus

Qué hacer si contrae la enfermedad del coronavirus 2019 (COVID-19)

Si usted está enfermo con COVID-19 o sospecha que está infectado por el virus que causa el COVID-19, tome las medidas mencionadas a continuación para ayudar a prevenir que la enfermedad se propague a personas en su casa y en la comunidad.

Quédese en casa, excepto para conseguir atención médica

Debe restringir las actividades fuera de su casa, excepto para conseguir atención médica. No vaya al trabajo, la escuela o a áreas públicas. Evite usar el servicio de transporte público, vehículos compartidos o taxis.

Manténgase alejado de otras personas y de los animales en su casa

Personas: en la medida de lo posible, permanezca en una habitación específica y lejos de las demás personas que estén en su casa. Además, debería usar un baño aparte, de ser posible.

Animales: mientras esté enfermo, no manipule ni toque mascotas ni otros animales. Consulte [El COVID-19 y los animales](#) para obtener más información.

Llame antes de ir al médico

Si tiene una cita médica, llame al proveedor de atención médica y dígame que tiene o que podría tener COVID-19. Esto ayudará a que en el consultorio del proveedor de atención médica se tomen medidas para evitar que otras personas se infecten o expongan.

Use una mascarilla

Usted debería usar una mascarilla cuando esté cerca de otras personas (p. ej., compartiendo una habitación o un vehículo) o de mascotas y antes de entrar al consultorio de un proveedor de atención médica. Si no puede usar una mascarilla (por ejemplo, porque le causa dificultad para respirar), las personas que vivan con usted no deberían permanecer con usted en la misma habitación, o deberían ponerse una mascarilla si entran a su habitación.

Cúbrase la nariz y la boca al toser y estornudar

Cúbrase la nariz y la boca con un pañuelo desechable al toser o estornudar. Bote los pañuelos desechables usados en un bote de basura con una bolsa de plástico adentro; lávese inmediatamente las manos con agua y jabón por al menos 20 segundos o límpieselas con un desinfectante de manos que contenga al menos 60 % de alcohol, cubra todas las superficies de las manos y fróteselas hasta que sienta que se secaron. Si tiene las manos visiblemente sucias, es preferible usar agua y jabón.

Evite compartir artículos del hogar de uso personal

No debe compartir platos, vasos, tazas, cubiertos, toallas o ropa de cama con otras personas o mascotas que estén en su casa. Después de usar estos artículos, se los debe lavar bien con agua y jabón.

Límpiese las manos con frecuencia

Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Si no hay agua y jabón disponibles, límpieselas con un desinfectante de manos que contenga al menos un 60 % de alcohol, cubra todas las superficies de las manos y fróteselas hasta que sienta que se secaron. Si tiene las manos visiblemente sucias, es preferible usar agua y jabón. Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.

Limpie todos los días todas las superficies de contacto frecuente

Las superficies de contacto frecuente incluyen los mesones, las mesas, las manijas de las puertas, las llaves y grifos del baño, los inodoros, los teléfonos, los teclados, las tabletas y las mesas de cama. Limpie también todas las superficies que puedan tener sangre, heces o líquidos corporales. Use un limpiador de uso doméstico, ya sea un rociador o una toallita, según las instrucciones de la etiqueta. Las etiquetas contienen instrucciones para el uso seguro y eficaz de los productos de limpieza, incluidas las precauciones que debería tomar cuando aplique el producto, como usar guantes y asegurarse de tener buena ventilación mientras lo esté usando.

Vigile sus síntomas

Busque atención médica rápidamente si su enfermedad empeora (p. ej., si tiene dificultad para respirar). Antes de hacerlo, llame a su proveedor de atención médica y dígame que tiene COVID-19, o que está siendo evaluado para determinar si lo tiene. Póngase una mascarilla antes de entrar al consultorio. Estas medidas ayudarán a que en el consultorio del proveedor de atención médica se pueda evitar la infección o exposición de las otras personas que estén en el consultorio o la sala de espera.

Pídale a su proveedor de atención médica que llame al departamento de salud local o estatal. Las personas que estén bajo monitoreo activo o automonitoreo facilitado deben seguir las indicaciones provistas por los profesionales de salud ocupacional o de su departamento de salud local, según corresponda.

Si tiene una emergencia médica o necesita llamar al 911, avísele al personal del centro de llamadas que tiene COVID-19 o lo están evaluando para determinarlo. De ser posible, póngase una mascarilla antes de que llegue el servicio médico de emergencias.

Interrupción del aislamiento en la casa

Los pacientes con COVID-19 conrmado deben permanecer bajo precauciones de aislamiento en la casa hasta que el riesgo de transmisión secundaria a otras personas se considere bajo. La decisión de interrumpir las precauciones de aislamiento en la casa debe tomarse según cada caso en particular, en consulta con proveedores de atención médica y departamentos de salud estatales y locales.



如果您患有 COVID-19 或怀疑您感染了引起 COVID-19 的病毒，请遵循以下步骤，以帮助防止疾病传播给您的家人和社区中的其他人。

除进行医疗救治之外，请留在家中

除了去看医生外，您应该限制出门活动。不要去工作场所、学校或公共场所。不要使用公共交通工具、拼车、或乘出租车。

将您自己与家中其他人和动物隔离

人员：您在家时应尽可能与家中其他人隔离。此外，如果可能的话您应使用单独的洗手间。

动物：生病时，不要处理宠物或其他动物。有关更多详细信息，请参见 [《COVID-19 和动物》](#)。

在去就诊之前先打电话

在您预约就诊之前，请致电医务人员并告诉他们您感染了 COVID-19 或疑似感染。这将有助于诊所的人员采取措施，以免其他人受到感染。

戴口罩

当您与其他人（如共处一室或在同一辆车里）或宠物一起时，及进入诊所或医院前，应戴上口罩。如果您因为某些原因，比如无法呼吸，而不能戴口罩时，那些跟您住一起的人应避免跟您共处一室。一旦他们进入您的房间必须戴口罩。

遮挡咳嗽和喷嚏

咳嗽和打喷嚏时，用纸巾遮住口鼻，然后将纸巾扔进封闭的垃圾箱。然后立即用肥皂和水洗手至少 20 秒，或立即用含至少 60% 至 95% 酒精的酒精类手部消毒液进行手部消毒，将消毒液涂满全手，搓揉直到手干爽。看到手脏了，首选用肥皂和水清洗。

避免共用个人物品

您不应与家里的其他人或宠物共用碗碟、饮水杯、杯子、餐具、毛巾、或床上用品。一旦使用这些物品后，应用肥皂和水对其进行彻底清洗。

经常洗手

经常用肥皂和水洗手，每次至少 20 秒钟。如果没有肥皂和水，立即用含至少 60% 酒精的酒精类手部消毒液进行手部消毒，将消毒液涂满全手，搓揉直到手干爽。看到手脏了，首选用肥皂和水清洗。避免用未清洗过的手触碰眼睛、鼻子和嘴巴。

每天清洁所有“高频接触”的物体表面

高频接触的物体表面包括柜台、桌面、门把手、洗手间用具、厕所、手机、键盘、平板电脑和床旁桌子。另外，清洁可能带血、粪便、或体液的任何表面。根据标签说明使用家用清洁喷雾剂或湿巾。标签中包含了安全有效使用清洁产品的说明，包括您在使用产品时应采取的预防措施，例如佩戴手套，以及确保在使用产品期间通风良好。

监测您的症状

如果您的病情恶化（例如呼吸困难），请立即就医。在您预约就诊之前，请致电医务人员并告诉他们您感染了 COVID-19 或怀疑被感染。在进入诊所或医院前戴上口罩。这将有助于诊所的人员采取措施，以免诊所或候诊室的其他人受到感染或暴露。

要求您的医务人员致电当地或州卫生部门。已经被监测或提供自我监测的人应适当遵循当地卫生部门或卫生专职人员的指示。

如果您出现紧急医疗情况，需要致电 911，请通知调度人员您已感染或疑似感染 COVID-19。如果可能，在紧急医疗服务到达之前戴上口罩。

终止隔离

确诊为 COVID-19 的患者应继续在家隔离，直到被认为二次传染给他人的风险降低。在个案的基础上咨询医生、州和地方卫生部门作出终止家庭隔离措施的决定。



详细信息请参见：<https://www.cdc.gov/COVID19-ch>

What to do if you are sick with coronavirus disease 2019 (COVID-19)

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate. When working with your local health department check their available hours.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.



Lo que necesita saber sobre la enfermedad del coronavirus 2019 (COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

Sí. El COVID-19 se está propagando de persona a persona en partes de los Estados Unidos. El riesgo de infección con COVID-19 es mayor en las personas que son contactos cercanos de alguien que se sepa que tiene el COVID-19, por ejemplo, trabajadores del sector de la salud o miembros del hogar. Otras personas con un riesgo mayor de infección son las que viven o han estado recientemente en un área con propagación en curso del COVID-19.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero ahora se está propagando de persona a persona. Se cree que el virus se propaga principalmente entre las personas que están en contacto cercano unas con otras (dentro de 6 pies de distancia), a través de las gotitas respiratorias que se producen cuando una persona infectada tose o estornuda. También podría ser posible que una persona contraiga el COVID-19 al tocar una superficie u objeto que tenga el virus y luego se toque la boca, la nariz o posiblemente los ojos, aunque no se cree que esta sea la principal forma en que se propaga el virus. Infórmese sobre lo que se sabe acerca de la propagación de los coronavirus de reciente aparición en <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html>.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Algunos pacientes presentan neumonía en ambos pulmones, insuficiencia de múltiples órganos y algunos han muerto.

¿Qué puedo hacer para ayudar a protegerme?

Las personas se pueden proteger de las enfermedades respiratorias tomando medidas preventivas cotidianas.

- Evite el contacto cercano con personas enfermas.
- Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Use un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.

Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:

- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si he regresado recientemente de un viaje a un área con propagación en curso del COVID-19?

Si ha llegado de viaje proveniente de un área afectada, podrían indicarle que no salga de casa por hasta 2 semanas. Si presenta síntomas durante ese periodo (fiebre, tos, dificultad para respirar), consulte a un médico. Llame al consultorio de su proveedor de atención médica antes de ir y dígame sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir infecciones es tomar medidas preventivas cotidianas, como evitar el contacto cercano con personas enfermas y lavarse las manos con frecuencia.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.



什么是冠状病毒疾病 2019 (COVID-19)?

冠状病毒疾病 2019 (COVID-19) 是一种呼吸道疾病，可在人与人之间传播。引起 COVID-19 的病毒是一种新型冠状病毒，在对中国武汉暴发的疫情进行调查时首次被发现。

在美国，人们是否会患上 COVID-19?

是的。COVID-19 正在美国部分地区在人与人之间传播。对于和已知患 COVID-19 的人有过密切接触的人员（例如医护人员或家庭成员），COVID-19 感染的风险较高。其他感染风险较高的人是居住在或最近去过 COVID-19 持续传播的地区的人员。

美国是否已经出现 COVID-19 的病例?

是。美国首例 COVID-19 报告于 2020 年 1 月 21 日。美国 COVID-19 病例的当前数量可参见美国疾病控制与预防中心网页 <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>。

COVID-19 是如何传播的?

引起 COVID-19 的病毒可能是从动物身上产生的，但现在正在人与人之间传播。人们认为，这种病毒主要通过感染者咳嗽或打喷嚏时产生的呼吸道飞沫从而在彼此密切接触的人（约 6 英尺内）之间传播。人们也有可能通过触摸带有病毒的表面或物体，然后触摸自己的嘴、鼻子或可能通过触摸眼睛而感染 COVID-19，但这并不被认为是病毒的主要传播方式。在 <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-chinese.html> 上了解有关新型冠状病毒传播的知识。

COVID-19 有哪些症状?

COVID-19 的患者有轻度至重度的呼吸系统疾病伴以下症状

- 发热
- 咳嗽
- 呼吸困难

该病毒有哪些严重并发症?

一些患者有双侧肺炎，可患多器官衰竭甚至在某些情况下会死亡。

我该如何保护自己?

人们可以通过日常预防措施来保护自己免受呼吸道疾病的侵害。

- 避免与患病的人近距离接触。
- 避免用未清洗过的手触碰眼睛、鼻子和嘴巴。
- 经常用肥皂和水洗手，每次至少 20 秒钟。如果没有肥皂和水，可以使用酒精含量至少为 60% 的酒精类洗手液。

如果您患病，为了避免将呼吸系统疾病传播给他人，您应该

- 生病时待在家里。
- 咳嗽或打喷嚏时用纸巾遮住，然后将纸巾丢进垃圾桶。
- 对频繁接触的物体和表面进行清洁和除菌。

如果我最近从持续传播 COVID-19 的地区旅行归来怎么办?

如果您是从疫区旅行归来，则您的行动可能会受限制，最长不超过 2 周。如果在此期间出现症状（发热、咳嗽、呼吸困难），请就医。出发之前，请致电您的医务人员的办公室，并告诉他们您的旅行情况和症状。他们将为您提供有关如何获得诊疗，而又不会使其他人接触感染的指导。生病时，避免与人接触，不要外出并延迟任何旅行，以减少将疾病传播给他人的可能性。

是否有疫苗?

目前尚无疫苗可预防 COVID-19。预防感染的最佳方法是采取日常预防措施，例如避免与生病的人密切接触并经常洗手。

是否有治疗方法?

对于 COVID-19，没有特异性抗病毒的治疗方法。感染了 COVID-19 的患者可以寻求诊疗护理以缓解症状。







**Prevent spread of flu and coronavirus.
Do your part.**

**SICK?
STAY HOME UNTIL NO
FEVER FOR 24 HOURS**

**WASH HANDS
FREQUENTLY**

**COVER COUGHS &
SNEEZES**



Preschool Services Department Administration

Phalos Haire
Director

You may be feeling worried about the spread of the coronavirus, COVID-19. Given the widespread media attention of this illness, that is understandable. Many of us and our loved ones have runny noses, coughs and sneezes these days. Almost everyone with these symptoms will ultimately have the flu, a cold, or even bad allergies. Below are some things you can do to minimize your exposure and prevent the spread of these illnesses, including COVID-19.

- **When you or your loved ones are sick**—stay home from work and school to prevent infecting others.
- **Wash your hands regularly with soap and water.** This is one of the best ways your caregivers protect themselves from the spread of germs—it **will help protect you, too!** Remember to clean the ‘webs’ between fingers and thumbs.
- Don’t have access to soap and water? **Use hand sanitizers.**
- **Avoid touching** your face, particularly your eyes or nose, with your hands.
- **Sneezing into tissues** or your elbow are great ways to minimize spread of germs. Always wash your hands with soap and water after you sneeze.
- Unless you are in the healthcare profession or caring for an ill family member or friend, always **try to avoid others who are sick.**

If you do feel ill, you can contact your physician to discuss the most appropriate treatment option.

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Reminders for Using Disinfectants at Schools and Child Cares

Given the concern over the 2019 Novel Coronavirus, many schools and child cares in California are making it a priority to disinfect frequently-touched surfaces.

Disinfectants are pesticides and must be used according to the label.



Reminders for using disinfectants properly at schools and child cares:

- Use EPA-registered disinfectants **and follow all label directions**
- Keep the surface wet for the required **contact time**. The contact time, specific to each product, is the amount of time that a surface must remain wet in order to work. If using disinfectant wipes, multiple wipes may be required.
- Keep all disinfectants **out of the reach of students**. Never allow students to use disinfectants or touch the applied product.

General information about the 2019 Novel Coronavirus:

- *California Department of Public Health Novel Coronavirus 2019 website*
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- *California Department of Education 2019 Novel Coronavirus Guidance for Schools and School Districts*
<https://www.cde.ca.gov/nr/el/le/yr20ltr0214.asp>
- *Center for Disease Control and Prevention*
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

DON'T FORGET

Under the Healthy Schools Act, DPR provides **online training** on how to use disinfectants.
<https://apps.cdpr.ca.gov/schoolipm/training/>



school-ipm@cdpr.ca.gov



California
School & Child Care IPM



ccipmlist@cdpr.ca.gov

[SCCIPM 26 (3/2020)]

PLEASE DO NOT ENTER IF
YOU HAVE A FEVER, COUGH, OR HAVE
TRAVELED TO A HIGH RISK AREA
WITHIN THE LAST 14 DAYS OR HAVE
BEEN EXPOSED TO THE CORONA
VIRUS



Phalos Haire
Approved by: Phalos Haire, Director

Potential COVID 19 Exposure Questionnaire

Overview

Purpose The purpose of this policy is to protect the health and safety of children, families, and staff from potential COVID 19 exposures.

Reference The policies and regulations referenced are:
• California Department of Public Health (CDPH)
• Center for Disease Control (CDC)

Policy overview Give a summary of the policy:
• Any person visiting the preschool site is required to complete the Potential COVID 19 Exposure Questionnaire every 14 days until further notice.
• Any person who has been exposed or has traveled to one of the countries listed on the form in the last 14 days must be excluded from the site.

Contents The following is a table of contents.

Topic	See Page
How to Use the Questionnaire	2

How to Use the Questionnaire

Background

The California Department of Public Health (CDPH) has provided guidance to “exclude student, teacher, or staff who have a travel history over the course of the last 14 days to an area identified by the Center for Disease control as Level 3 Travel Health Notice.”

Additionally, The CDPH has advised school administrators to “exclude those who have been in close contact with someone diagnosed with COVID 19 from the school for 14 days from the day of their last exposures.”

Policy

The following are the policies related to the Questionnaire:

Any person visiting the preschool site is required to complete the Potential COVID 19 Exposure Questionnaire.

Any person who has been exposed or has traveled to one of the countries listed on the form in the last 14 days must be excluded from the site.

Effective date

This policy is effective immediately upon receipt.



Who completes the questionnaire?

Any person visiting a preschool site has to fill out the Potential COVID 19 Exposure Questionnaire. This includes staff members.



How often is the questionnaire completed?

Once the Potential COVID 19 Exposure Questionnaire is on file, it is complete for 14 days. Each person will complete a new questionnaire every 14 days, or when your information changes.



What do I do with the Questionnaire?

Keep all Potential COVID 19 Exposure Questionnaires on file at the site.

How to get the questionnaire

The Potential COVID 19 Exposure Questionnaire is attached to this policy and in the ERSEA forms in ChildPlus.



**Preschool Services Department
Administration**

Phalos Haire
Director

Child/Staff Name	Caregiver Name

Potential COVID-19 Exposure Questionnaire

The California Department of Public Health (CDPH) has provided guidance to “Exclude students, teachers, or staff who have a travel history over the course of the last 14 days to an area identified by the CDC as Level 3 Travel Health Notice.” Additionally, the CDPH has advised school administrators to “exclude those who have been in close contact with someone diagnosed with COVID-19 from the school for 14 days from the day of their last exposure.”

For the safety of the children, staff and all visitors of the site, anyone visiting a preschool site is required to complete this travel questionnaire. Please answer the following questions

1. If you or your enrolled child have traveled to any of the following countries within the last 14 days, please check the applicable country.

- | | | | |
|---|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> China | <input type="checkbox"/> Finland | <input type="checkbox"/> Liechtenstein | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> Iran | <input type="checkbox"/> France | <input type="checkbox"/> Lithuania | <input type="checkbox"/> Slovenia |
| <input type="checkbox"/> South Korea | <input type="checkbox"/> Germany | <input type="checkbox"/> Luxembourg | <input type="checkbox"/> Spain |
| <input type="checkbox"/> Austria | <input type="checkbox"/> Greece | <input type="checkbox"/> Malta | <input type="checkbox"/> Sweden |
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Hungary | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Switzerland |
| <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Iceland | <input type="checkbox"/> Norway | <input type="checkbox"/> Monaco |
| <input type="checkbox"/> Denmark | <input type="checkbox"/> Italy | <input type="checkbox"/> Poland | <input type="checkbox"/> San Marino |
| <input type="checkbox"/> Estonia | <input type="checkbox"/> Latvia | <input type="checkbox"/> Portugal | <input type="checkbox"/> Vatican City |

- My child and I have not traveled to any of the countries listed above within the last 14 days.

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2. Have you or your enrolled child been in close contact with someone diagnosed with COVID-19, also know as the Corona Virus?

Yes

No

PSD Staff Only	
Supervisor Approval to not exclude	Date of Approval

Administering Prescribed Medication & Special Health Plans

Overview

In case of Emergency



In an emergency CALL 911 and ask others to call:

- Parent/Guardian
- Health Education Specialist at Administration



STAY Stay with the child until emergency response arrives; watch for side effects of the medication.

RELAY Relay to the paramedics: medication received, symptoms, known allergies to medication, and/or provide the emergency card.

Purpose

Preschool Services Department (PSD) accommodates the special health needs of children allowing medication at its centers when necessary.

Reference

The policies referenced are:

- Head Start Performance Standards: 1302.42(d), 1302.47(a)(b)(4)(7)
- Community Care Licensing 101226(e)

Policy overview

The following is an overview of the policies in this document.

- In an emergency, call 911, stay with the child, and relay information to emergency response
- PSD allows medication at its centers to accommodate special health needs
- The Health Education Specialist (HES) approves all medication
- Only staff listed on a child's medication consent form may administer medication
- To avoid errors when administering medication, always ask the "Five Rights" questions

The following is an overview of responsibilities

- Parent/guardian: Gives written consent and brings medication and instructions
- Site Supervisor: Meets with parent/guardian and collects medication
- Generalist: Notifies HES of medication needs
- HES: Trains PSD staff, makes Special Health Care Plans, and clears medication for use and child to attend class
- Trained PSD Staff: Stores and administers medication and transports medication outside of the classroom

Overview, Continued

Contents

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Emergency Procedures

In case of
Emergency



In case of an emergency:

Step	Action
1	CALL 911 and ask others to call: <ul style="list-style-type: none"> < Parent/Guardian < Health Education Specialist at Admin
2	STAY with the child <ul style="list-style-type: none"> < until emergency response arrives and < watch for side effects and/or reactions to any medication
3	RELAY to paramedics: <ul style="list-style-type: none"> < medication received, < known allergies to medication, < symptoms, < and/or provide the emergency card
4	Call Community Care Licensing to report the incident within 24 hours of calling 911.
5	Submit an Unusual Incident Report within 7 business days.

	Do I have the right...	✓
1	Child?	<input checked="" type="checkbox"/>
2	Medication?	<input type="checkbox"/>
3	Dose?	<input type="checkbox"/>
4	Route/Method?	<input type="checkbox"/>
5	Time & Frequency?	<input type="checkbox"/>

Emergency: Epi-
pen or Asthma



Epi-pen
 Call 911, follow emergency procedures *and*

- < Safely enclose the needle after injection
- < Give used Epi-pen to the paramedics

Asthma
 Call 911 and follow emergency procedures if:

- < Quick-relief medicines have not helped
- < Trouble walking or talking due to shortness of breath
- < Lips or fingernails are blue or gray
- < Child has not responded normally and while breathing, has a sucked-in appearance in the neck and ribs

Disaster
response

During an emergency, designated staff:

- < carries the medication backpack
- < ensures the backpack is out of the reach of children at all times
- < follows

 Important: Never allow a child to carry/handle any type of medication or medical equipment

Policy: Medication & Approval

Policy statement

PSD accommodates the special health needs of children allowing medication at its centers when necessary.

All staff follows protocol for handling, storing, and administering medication. The Health Education Specialist (HES) trains PSD staff on all general protocols for medication.

Training: medication administration

The HES or registered nurse provides annual training to designated staff for medication administration.

Trained staff members are responsible to know:

- < Possible side effects
- < Labeling
- < Storage in a safe place, inaccessible to children
- < Medication Refrigeration

\\ medication.

Know your site, staff, and children

All staff are responsible to know the medication needs of all children at their site.

Make it part of your daily routine to know:

- < Who is working on site that can administer medication
- < Where medication is stored
- < Who are the children approved to receive medication

Incidental Medical Service Plan

u o o h \ @ U o h

The Site Supervisor

- < Posts the plan in a secure and accessible location
- < Gives the plan to licensing upon request

Continued on next page

Policy: Medication & Approval, Continued

Bus service and medication Bus services may only accept medication from the Site Supervisor once medication has been approved. Bus staff should not accept medication from the parent/guardian directly.

The Site Supervisor notifies the Health Education Specialist (HES) if a child needs medication while using bus services. The HES coordinates with the transportation vendor services to meet the need and conduct training.

Before accepting When a child has a health condition that requires medication, use the following process prior to accepting and storing medication at the site.

Who	Does What
Generalist	<ul style="list-style-type: none"> < Copies medication forms < Provides a medication packet to the parent/guardian < Sends a referral immediately to the HES < Reviews the Medical History Profile (MHP) with the parent/guardian < Asks for a signature on the MHP stating medication is not required when the parent/guardian decides not to leave medication at school
Site Supervisor	<ul style="list-style-type: none"> < Verifies the accuracy of medication and forms < Reviews the completed MHP with the parent/guardian < Submits a copy of the: <ul style="list-style-type: none"> ! MHP to the HES within 72 hours of the referral ! Medication box showing the complete pharmacy label, expiration date, and completed medication packet
HES	<ul style="list-style-type: none"> < Reviews the forms < Provides annual training < Reviews the case with the parent < Generates a Special Health Care Plan when the parent/guardian decides not to have medication on site < Clears children requiring medication and/or a Special Health Care Plan <p><i>Important: Child may not attend class until cleared.</i></p>

Continued on next page

Policy: Medication & Approval, Continued

HES approval The Health Education Specialist (HES) approves all medication and required paperwork before staff accepts medication on site.

To approve the medication, the HES must have:

- < Parent consent *and*
- < Physician instructions

Important: The parent/guardian provides all medication to the school site.

Site Supervisor medication review Site Supervisors check that prescribed medications for the following:

Package

- < In original child resistant container
- < Prescribed by a doctor or health care provider,
- < Labeled by a pharmacist

Names

- < #
- < Medication
- < Doctor or health care provider who prescribed the medication
- < Pharmacy with phone number

Date

- < Prescription was filled
- < Medication expires

Administration

- < Method of administration (ex: oral, topical)
 - < Correct dosage
 - < Time and date of administration
-

The Medication Backpack

Access to medication: Medication backpack

When in class, medication is in locked storage; however, the medication must be readily available for the child in all circumstances.

Designated staff takes the backpack when the children go outside, on the bus, or any other time they leave the classroom.

Preparing medication for the backpack

A zip lock bag for each individual medication is placed in the backpack. More

Inside the zip lock bag is:

- < The medication
- < Completed, required forms

Outside on the zip lock bag is:

- < u
- < A picture of the child for identification purposes

How to assemble a medication backpack

Use the following to assemble a medication backpack.

Step	Action
1	<p>Important: Do not place any other materials in the backpack</p>
2	<p>Place the following in a clear zip lock bag:</p> <ul style="list-style-type: none"> < The medication(s) < Completed, required forms
3	<p>Label the zip lock bag with:</p> <ul style="list-style-type: none"> < u < A picture of the child for identification purposes
4	<p>Store all medications in a backpack with a lock and key</p>
5	<p>Place the backpack in an area inaccessible to children</p>

Continued on next page

The Medication Backpack, Continued

Medication and children outside the classroom

When a child is outside of the classroom, on the playground, or on a field trip:

- < Carry the medication backpack
 - < Keep the backpack out of the reach of children at all times
 - < 7
-

Storing & Returning Medication

Storing medications:
children

Medication for children is stored separately from medication for adults.

Use the following to store prescribed medications for children.

Step	Action
1	Is the medication for a child? < Yes, go to Step 2 < No, go to Step 3
2	Is the medication prescribed <i>and</i> does it have a label? < Yes, go to Step 4 < No, go to Step 3
3	When the medication is missing a label and/or is not prescribed: < Notify the HES < Explain to the parent/guardian that the child cannot attend until the discrepancy is resolved.
4	Does the medication require refrigeration? < Yes, place in a separate door shelf and label it 'U' < No, store in a medication backpack

Storing medications:
adults

Medication for adults is stored separately from medication for children.

Use the following if staff or adult volunteers must have medication at a center.

Step	Action
1	Is the medication for an adult? < Yes, go to Step 2 < No, go to Step 3
2	< Label a Zip Lock bag with the adult/volunteer name < Place medications in the bag
3	Does the medication require refrigeration? < Yes, place in a separate door shelf and label it 'U' < No, go to Step 5
4	< Place the medication in a container with lock and key < Label the container with the adult/volunteer name < Place the container where it is inaccessible to children

Continued on next page

Storing & Returning Medication, Continued

Returning Medications

Medication can no longer be used when the:
< medication is discontinued, or the
< child drops from the program;
return these medications to the parent/guardian.

Before medication is returned: u
U - h @ U
) U U - h o
U U - o
permanently.

Parent/guardian is out of contact: After three unsuccessful, documented attempts to contact the parent/guardian, give medication to the Site Supervisor.

The Site Supervisor contacts the Health Education Specialist and/or Disabilities Coordinator for a disposal procedure.

Administering Medication

Who can administer?

\ medication

Training

The Health Education Specialist (HES) and/or the Registered Nurse trains designated staff. The HES monitors to ensure correct administration of prescribed medications.

Training includes:

- < Annual Medication Administration Procedure Training
- < Possible side effects
- < Labeling
- < Storage under lock and key
- < Refrigeration

Important! The five rights

Before you begin to administer any medication, check the Five Rights.

) @	J
1	Child?	
2	Medication?	
3	Dose?	
4	Route/Method?	
5	Time & Frequency?	

Continued on next page

Administering Medication, Continued

How to administer medication

Consistently complete each step every time you administrate medication.

Step	Action	J
1	Check for the Five Rights (see above)	
2	Review emergency procedures (page 2)	
3	Put on nonporous gloves	
4	Administer the medication as prescribed by the physician	
5	Observe the child for possible side effects and/or reactions	
6	Is the child in distress and/or was an Epi-pen used? < Yes, follow Emergency Procedures (page 2) then go to Step 7 < No, go to Step 7	
7	Document in the Medication Administration Record and in ChildPlus (using a health event) any reactions to medication and if it had an effect. Example: did it stop the wheezing?	

Documentation & Forms

Filing medication forms

Keep medication forms readily available in more than one place.

Keep:

< \

< Copies of the medication forms with the:

! #

! Health Services at Administration

Medication log sheet and ChildPlus

The following describes situations and what to enter on the Medication log sheet and ChildPlus.

@	u U # h
medication is administered at the Child Care Center	< medication and dose, <i>and</i> < the effect once the medication has been given. Example: Did it stop the wheezing?
child refused the medication	< the reasons, <i>and</i> < notify the: ! Site Supervisor, ! Health Education Specialist (HES), ! Disabilities Coordinator <i>and</i> ! Parent/Guardian.
Child reacts or changes during medication administration Example: Lethargy, moodiness, aggressiveness, or allergic reactions, such as rashes.	< the condition(s) observed <i>and</i> < immediately notify the Parent/Guardian.

Continued on next page

Documentation & Forms, Continued

Medical Administration Record	Each time a medication is administered to the child, the PSD staff who administered the dose updates the Medical Administration Record.
-------------------------------	---

Required Forms by condition	The file needs the forms listed below.
-----------------------------	--

For ALL Conditions

- < Medication Consent/Medical Equipment Form: Part I - completed by the parent/guardian. Part II - completed by the Site Supervisor.
- ! One consent form per medication. Example: three medications = three consent forms

Additional forms for:

Asthma

- < Parent Interview for Asthma Referrals

Asthma with Nebulizer

- < Parent Interview for Asthma Referrals
- < Voucher for Nebulizer (one for each staff member).

Allergy

- < Parent Interview for Allergy Referrals

All other conditions requiring medication

- < Medication label and expiration date
-

Required forms for medication	The following are the required forms for medication.
-------------------------------	--

- < Medication Consent/Medical Equipment Form
- < Physicians Action Plan completed by doctor
- < Copies of the medication label and expiration date

Health Concern Job Aids

Health Concern identified

Use the following when a health concern is identified.

Step	Action
1	Complete the following: < Parent Interview/Questionnaire < ChildPlus health referral
2	Email the Health Education Specialist (HES)
3	Is there medication? < Yes, Go to Step 4 < No, V U o U =h copies of the Questionnaire and MHP to the HES. Stop here.
4	< Give parent/guardian the Medication Packet < Make a note in ChildPlus with the date the packet was given
5	After the parent/guardian returns with the Medication Packet and Medication: < Copy medication forms and medication label < File the original forms and copy of medication label < Return meds to parent in a zip lock bag with copy of paperwork Warning! Do not keep the medication
6	Send copies of the following to the HES: < MHP < Medication packet < Medication label

Continued on next page

Health Concern Job Aids, Continued

Site Supervisor
and HES

The Site Supervisor and the HES holds a pre-enrollment meeting with staff and the parent/guardian of the child with a health concern.

Children without medication

The Site Supervisor and HES discuss a PSD Action Plan.

Child with medication

The Site Supervisor and HES discuss the medication and medication consent forms. The parent brings the medication that is kept at the school.

Chronic Health Conditions

Examples of a chronic health condition

The following are examples of a chronic health condition.

- < Asthma
- < Cerebral Palsy
- < Diabetes
- < Any other serious health condition
- < Heart condition
- < Spina Bifida
- < Muscular Dystrophy
- < Seizures
- < Cancer
- < Blindness/Deafness

If you are not certain if a condition is chronic, call the Health Education Specialist (HES)

Clearance to attend school

Children with a chronic health condition must be cleared by the HES before they may attend school. These conditions may require medication, a special health care plan, or medical clearance from a physician.

Once approved by the HES, pre-enrollment meeting is scheduled to complete training and additional forms.

Medication Error Policy

In case of
Emergency



In an emergency CALL 911 and ask others to call:

- < Parent/Guardian
- < Health Education Specialist at Administration

STAY Stay with the child until emergency response arrives; watch for side effects of the medication.

RELAY Relay to the paramedics: medication received, symptoms, known allergies to medication, and/or provide the emergency card.

Warning! Avoid
errors

u
questions.

	Do I have the right...	✓
1	Child?	
2	Medication?	
3	Dose?	
4	Route/Method?	
5	Time & Frequency?	

Error process

The following is the process for an error in administering medication.

Who	Does What
Administering staff	<ul style="list-style-type: none"> < Initiates CPR if needed < Calls 911 if life threatening (e.g. child is having shortness of breath). < Remains with the child until medical assistance is available < Notifies the Site Supervisor immediately
Site Supervisor	Notifies as soon as possible, the: <ul style="list-style-type: none"> < # _____ < Disabilities Coordinator < Health Education Specialist (HES) < Education Managers
Administering staff	<ul style="list-style-type: none"> < Completes the following: <ul style="list-style-type: none"> ! Child Incident Report ! Unusual Report ! Child Protective Services Report if child abuse is suspected < Forwards copies to: <ul style="list-style-type: none"> ! Community Care Licensing ! PSD License and Facilities Coordinator at the PSD main office. <) _____ U _____ Record/Log and Child Plus (using a health event).
HES	<ul style="list-style-type: none"> < Tracks and monitors medication errors < Provides additional training if needed



Head Lice (Pediculosis)

Overview

Purpose The purpose of Head Lice (Pediculosis) policy is to prevent and control the spread of Head Lice in children enrolled in a Preschool Services Department (PSD) program.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: 1302.47 (b)(7)(iii)
- Community Care Licensing 101226.1, 101212(g)(1)

Policy overview *All Programs*
The following is an overview of the Head Lice policies.

- Conduct daily health checks before admitting children to class.
- When a child has live head lice, send the child home for treatment to prevent spreading to other children.
- Distribute notices at the Center about possible exposure
- Clean the classroom/center as soon as possible
- The child may reenter class after treatment as long as they are free of live lice

Contents The following is a table of contents.

Topic	See Page
Head Lice Policy	2

Head Lice Policy

Policy

When the child arrives and you complete a daily health check for the, use the following if Head Lice is suspected.

- < Look for Head Lice privately and discreetly as possible.
- < A parent must pick up their child within an hour if Head Lice is found.
- < The child may return when they have received treatment and are free of live lice.

Reporting policy

If two or more children have Head Lice:

- < Notify the Health Education Specialist (HES) *and*
- < Complete an Unusual Incident Report and send copy to the HES.

Document any child with head lice on the Site Monitoring Form for Communicable Diseases and Illnesses. Submit this form to the HES monthly.

Definition:
Chronic Head Lice

Chronic Head Lice is head lice that last for six consecutive weeks or in three separate months of the school year.

Important!
Privacy

The following is the privacy policy for Head Lice:

- < Take precautions to maintain the privacy and confidentiality of any child with Head Lice.
- <) ho) staff.
- < Complete checks privately/discreetly and not in the presence of the public or parents of other children.
- < Act cautiously around a child with Head Lice; avoid damaging their self-esteem.

What does Head Lice / nits look like?

The following picture shows Head Lice and Nits.



continued on next page

Head Lice Policy, Continued

Site procedure

Complete the following at the site when a case of Head Lice is found.

Step	Action
1	Clean and sanitize all: < Toys < Cots < Cubbies < Listening centers < Chairs < Bedding < Play hats < Headphones < Tables < Coat hooks < Telephones
2	< Vacuum the carpet and furniture. < Replace the vacuum bag and discard the used one outside.
3	Store in a sealed bag, for two weeks, any items that cannot be cleaned or washed.

Child and Family procedure

Use the following when a child is found to have Head Lice

Step	Action						
1	Call parent to pick up the child.						
2	< Educate the family with ! " h 8 = O ! - " V M < k Department for guidance on treatment and precautions. < Review <i>Child's home procedure</i> on the following page.						
3	Distribute an exposure notice to parents.						
4	Document Head Lice on the following: < Daily Health Check < Site Monitoring form for Communicable Diseases and Illnesses < ChildPlus using a Health Event						
5	Has the child been out for more than three days with Head Lice? < Yes, notify the Health Education Specialist (HES). < No, go to Step 6.						
6	May the child return to class? <table border="1" data-bbox="581 1522 1421 1761"> <thead> <tr> <th>If the child has...</th> <th>Then the child...</th> </tr> </thead> <tbody> <tr> <td>live lice</td> <td>< cannot return to class, <i>and</i> < go back to Step 5.</td> </tr> <tr> <td>nits only and no live lice</td> <td>< may return to class, <i>and must</i> < continue with treatment and removal of nits to prevent a reoccurrence.</td> </tr> </tbody> </table>	If the child has...	Then the child...	live lice	< cannot return to class, <i>and</i> < go back to Step 5.	nits only and no live lice	< may return to class, <i>and must</i> < continue with treatment and removal of nits to prevent a reoccurrence.
If the child has...	Then the child...						
live lice	< cannot return to class, <i>and</i> < go back to Step 5.						
nits only and no live lice	< may return to class, <i>and must</i> < continue with treatment and removal of nits to prevent a reoccurrence.						

Continued on next page

Head Lice Policy, Continued

Child's home procedure

Stress the importance of Head Lice treatment and cleaning the home environment to the parent/guardian.

y
relatives or caregivers homes that the child frequents.

Step	Action
1	# the Health Dept.
2	Follow the directions on medicated shampoo to treat the child
3	Check all family members for Head Lice. <i>Only family members with Head Lice should be treated</i>
4	Soak in hot, 130° F, water at least for 5-10 minutes all: <ul style="list-style-type: none"> < Combs < Hairbands < Brushes < Barrettes
5	Wash in hot, 130° F, water and dry on a hot cycle for at least 20 minutes all of the following: <ul style="list-style-type: none"> < Bedding < Sheets < Blankets < Clothing < Towels
6	Store in a sealed bag, for two weeks, any items that cannot be cleaned or washed.
7	<ul style="list-style-type: none"> < Vacuum the carpet, furniture, and car seats. < Replace the vacuum bag and discard the used one outside.
8	Clean telephones, headphones, or anything that is worn close to the head.



Immunization

Overview

Purpose Immunization policy is designed to protect children from serious infection. PSD follows CA Child Care and School Immunization Regulations.

References The policies and regulations referenced are:

- Head Start Program Performance Standards §1302.15 (e), 1302.16(c)(1), 1302.42
- CA Department of Public Health Guide to Immunizations Required for Child Care
- CA Health and Safety Code 120335 (b), 120340
- McKinney-Vento Homeless Assistance Act of 1987 722
- CA Education Code 48853.5
- CA School Immunization Handbook for Childcare Providers, 3/2016
- CA Senate Bill 277
- CA Child Care Licensing 10122.1
- CA Code of Regulations Title 17, Division 1, Chpt. 4 §6000, 6025, 6035, 6051, 6055, 6065, 6070, 6075

Policy overview Unconditional Admission is granted to children who have:

- documentation of all immunizations completed **and** 18 months -5 yrs. **or**
- Permanent Medical Exemption with a physician’s statement on file.

Conditional admission is granted to children who are:

- Currently up to date at enrollment but need more doses according to their schedule, **or**
- Identified as homeless according the McKinney-Vento Act, **or**
- Foster Children transferring from another program, **or**
- Temporarily exempted due to a medical condition **and** a physician’s statement is on file.

PSD staff follows up with the family to help get immunization records.

Continued on next page

Overview, Continued

Contents

The following is a table of contents.

Topic	See Page
Definitions	3
Immunization Policy	5
Reviewing and Documenting Records	7
Conditional & Unconditional Admission	9
Follow Up & Temporary Exclusion	11
Medical Exemption	13
Immunization Forms and Charts	14

Definitions

Completed

The term *completed* describes a child 18 months – 5 years who received all vaccinations required by the [CDPH Guide to Immunizations Required for Child Care or Preschool](#)

The column to the right shows the totals of a child who completed all doses required before kindergarten.

Vaccine	18 Months–5 Years
Polio (OPV or IPV)	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	4 doses
Measles, Mumps, and Rubella (MMR)	1 dose on or after the 1st birthday
Hib	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months)
Hepatitis B (Hep B or HBV)	3 doses
Varicella (chickenpox, VAR or VZV)	1 dose

Completed means all doses in this column are administered

The full chart is in the forms section.

Currently up to date

The term *currently up to date* describes a child who has the vaccinations required by the California Child Care and School Immunization Requirements for their age or catch up schedule, but more doses are required later.

These children do not have every requirement in the column above. They are either younger than 18 months or have not received all doses required.

Catch up schedule

The term *catch up schedule* describes a child who is behind on their immunizations due to a late vaccination, which results in a new schedule that changes the dates for upcoming vaccinations.

The child:

- < Receives a vaccination, but the date received was late according to their schedule
- < Starts a new schedule on the day they received the late vaccination
- < Waits the required number of months between doses (the next dose is late)
- < All upcoming doses are now later than what the schedule states

Continued on next page

Definitions, Continued

Due date vs
deadline

Use the Guide to Immunizations Required for Child Care or Preschool Chart.

The term:

- < *Due date* is the earliest date a child can be immunized.
- < *Deadline* is the last day that a child should receive the immunization.

Example:		
	Due Date: <i>First day child is 2 mos.</i>	Due Date: <i>First day child is 4 mos.</i>
Polio (OPV or IPV)	1 dose	2 doses
	Deadline: <i>Last day child is 3 mos.</i>	Deadline: <i>Last day child is 5 mos.</i>

Past Due

The term *past due* describes a child who:

- < Missed the deadline for the dose that is due on their schedule *and*
- < Has not received that dose to become current

A child can be past due on the:

- < California Child Care and School Immunization Requirements schedule, *or*
 - < Catch up schedule
-

Immunization Policy

Important:
Starting school All children new and returning must be currently up to date on their immunizations to attend a licensed day care facility.

Important!
Communicable diseases Immediately report all cases of communicable diseases to the:
 < Health Education Specialist (HES) *and*
 < Site Supervisor

The following is the process for reporting and informing.

Who	Does What
HES	Reports the outbreak to the San Bernardino County Health Department.
Site Supervisor	<ul style="list-style-type: none"> < Identifies the: <ul style="list-style-type: none"> ! Risk period using the Communicable Disease Chart ! Children who cannot attend during the risk period < Calls the parents/guardians stating the child: <ul style="list-style-type: none"> ! Cannot attend class, socialization, or receive Home Visits during the outbreak ! May return when the risk period is over

Communicable Disease:
Children who cannot attend The following children may not attend class, socialization, or receive Home Base Visits when there is a case of a communicable disease at the site.

Children who are:

- < Infected with the identified communicable disease
- < Not completed with all doses for the identified communicable disease
- < Identified by a physician as having a compromised immune system

Exemption Exemption from immunization requirements are only allowed for medical

Continued on next page

Immunization Policy, Continued

Requesting records

If a parent/guardian needs help to get immunization records, they may sign the Permission for Release of Information form allowing PSD staff to contact the:

< #

< [California Immunization Registry \(CAIR\)](#)

Parent Notification

Notify the parent/guardian when the child cannot be enrolled until the immunization requirements are met.

Who sets immunization requirements?

The California Health and Safety Code sets the requirements for immunization.

PSD uses the [California Department of Public Health \(CDPH\) Guide to Immunizations Required for Child Care or Preschool](#) chart to establish the minimum immunization schedule for each child.

Annual Report

All sites submit a Child Care Immunization Assessment work sheet to the status annually to the [CDPH](#).

Worksheets are due to the HES by the 3rd week of September.

Reviewing and Documenting Records

Acceptable records

The following are acceptable records for documenting immunization:

- < Immunization record (Yellow Card)
 - < CAIR Print-Outs
 - < Electronic Health Records
 - < Out of State or International records
-

How to review

Use the following to review, document, and update immunization records

Step	Action
1	U
2	Verify the < # V) \" < Vaccination type and date of each dose < Name of Doctor, agency, or clinic which provided the dose
3	Complete the Blue Card (CSIR form) < Transfer the information to the Blue Card < Fill out the Documentation and Status of Requirements box Errors: Cross out errors, correct the error, and initial. Do not remove errors by erasing or using white out.
4	Document in the Immunization Tab in ChildPlus.

Referrals

When immunization requirements are not met, refer the parent/guardian to:

- < # or
 - < San Bernardino County Public Health Department
 - ! Use for children without insurance or a medical home
-

Updating information

ho) ongoing. As doses are received, the Blue Card and ChildPlus are updated.

Continued on next page

Reviewing and Documenting Records, Continued

Information not
available in
ChildPlus

The following are two incidents where ChildPlus cannot identify compliance.
Check documentation to identify the correct vaccine.

ChildPlus does not show the difference between:

- < Hib or MMR *on* the 1st birthday or *after* the 1st birthday
 - < HepB#3: *under* 18 months or 18 months and *over*
-

Conditional & Unconditional Admission

Unconditional Admission

Unconditional Admission to a PSD program is for a child who:

- < Is age 18 months – 5 years old *and*
- < Completed all immunizations and provided documentation *and*
- < Does not require additional vaccines until the child goes to Kindergarten, *or*
- < Is permanently exempted due to a medical condition *and* statement is on file

No immunization follow up is required after unconditional admission.

About Conditional Admission

The goal of a conditional admission is to assist the family to ensure the child is currently up to date on immunizations and eventually be eligible for unconditional admission.

Conditional Admission criteria

Conditional admission is granted to children with one of the following:

- < Currently up to date and need more doses later according to the immunization schedule, *or*
 - < Identified as homeless according the McKinney-Vento Act, *or*
 - < Foster children; only when transferring from another program *or*
 - < EHS children under 18 months that received all immunizations for their age and continue to get age appropriate immunizations, *or*
 - < = statement is on file
-

Continued on next page

Conditional & Unconditional Admission, Continued

Before you begin

Before you begin the action below, check the CAIR system to identify records that may be used by the family for admission requirements.

Procedure

The following is the procedure for completing a Conditional Admission.

Step	Action											
1	<p>Does the child meet the criteria for Conditional Admission?</p> <ul style="list-style-type: none"> < Yes, go to Step 2. < No, stop. Evaluate if the child is eligible for enrollment. 											
2	<p>Is the child in Foster Care or Homeless?</p> <ul style="list-style-type: none"> < Yes, use the chart below. < No, go to Step 3. <p>Use the following if the child is in Foster Care or is Homeless:</p> <table border="1"> <thead> <tr> <th>If the child is...</th> <th></th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Foster Care</td> <td>transferring from another program</td> <td>< verify placement prior to enrollment, <i>and</i> < request record from previous program</td> </tr> <tr> <td>not transferring</td> <td>Do not enroll without an immunization record.</td> </tr> <tr> <td>Homeless</td> <td>meets McKinney Vento act definition</td> <td>follow up with the family weekly.</td> </tr> </tbody> </table>	If the child is...		Then ...	Foster Care	transferring from another program	< verify placement prior to enrollment, <i>and</i> < request record from previous program	not transferring	Do not enroll without an immunization record.	Homeless	meets McKinney Vento act definition	follow up with the family weekly.
If the child is...		Then ...										
Foster Care	transferring from another program	< verify placement prior to enrollment, <i>and</i> < request record from previous program										
	not transferring	Do not enroll without an immunization record.										
Homeless	meets McKinney Vento act definition	follow up with the family weekly.										
3	<p>Does the child have a primary physician?</p> <ul style="list-style-type: none"> < Yes, refer the parent to the physician. < No, refer the parent to the Public Health Department. 											
4	Email the HES with the names of conditional admissions within two business days.											
5	<p>Review the next steps with the parent/guardian.</p> <p>For example:</p> <ul style="list-style-type: none"> < Provide a written notice of the next immunization due date and deadline < Discuss the need for a weekly follow up with homeless families < Any added documentation needed for ongoing enrollment 											

Follow Up & Temporary Exclusion

Starting follow up Use the following chart to identify when to start following up on a *conditional admission*.

If the		Then follow up when the child is
currently up to date	has more doses due	the first day the child is eligible for the next dose.
Homeless	< not currently up to date <i>and/or</i> < has no records	assist the family to get the required vaccinations or records.
Foster Care	transferring from another program	assist the family to get the required vaccinations or records.

Continuing follow up Use the following to continue follow up on immunization documentation for a conditional enrollment.

If verification is	And the child is enrolled in	u	
19 calendar days before the deadline	CSPP or co-mingled	send the: < Notice of Action CD-7617 < Health Compliance Letter	< notify the HES < upload letter and NOA. to ChildPlus
	any other program	send the Health Compliance Letter	< notify the HES < upload letter to ChildPlus
2 calendar days before the deadline	any program	no notice is required	notify the HES.
The deadline	any program	no notice is required	notify the HES.

Temporary exclusions A *temporary exclusion* is prevention from attending class until requirements are met and the parent/guardian provides documentation for missing vaccines:

A temporary exclusion is *only* applied with written permission from the Health Education Specialist (HES).

Continued on next page

Follow Up & Temporary Exclusion, Continued

Home Base

A child enrolled in EHS or HS Home Base may continue those visits; but the temporary exclusion prevents the child from attending socialization.

Medical Exemption

Policy:
exemption and
reporting

U
immunization exemption allowed.

Exemptions can be:

- < Temporary which may provide conditional admission
- < Permanent which may provide unconditional admission.

Report medical exemptions to the Health Education Specialist (HES) within 2 days.

What should be
on the written
statement?

A written statement for medical exemption requires the following:

Who provided it
Written and signed by a licensed physician

What are the specifics

- < †
- < A physical condition or medical circumstance that prohibits immunization
- < U
- < List of vaccines that are exempt
- < Statement of temporary or permanent exemption from the vaccine
- < The expiration date of any temporary exemption

Process

The following is the exemption process.

Who	Does What
Parent/Guardian	o before admission
Generalist	<ul style="list-style-type: none"> < Reviews and notifies the HES within 2 work days < Attaches the statement to the Blue Card (CSIR form) < Updates for new vaccinations or changes in medical statements
Site Supervisor	<ul style="list-style-type: none"> < Maintains the records for children with immunization exemptions < Informs the parent/guardian the child may not attend class during an outbreak of a communicable disease and when they may return

Immunization Forms and Charts

Guide to Immunizations Chart (CDPH)

The following Guide to Immunizations Required for Child Care or Preschool chart from the CA Dept. of Public Health shows the required immunization standard. [Immunization Guide](#)



GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL

Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2-3 Months	4-5 Months	6-14 Months	15-17 Months	18 Months-5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

First four columns:
total # of doses a child needs at that age.

Last column:
total # of doses a child needs to be complete

INSTRUCTIONS:
To enter a child care center, day nursery, nursery school, family day care home, or development center, children must have received immunizations required by California law.

- Parents must submit their child's immunization record as proof.
- Copy the date of each vaccine onto the California School Immunization Record (Blue Card, CDPH-286).
- Determine whether children meet requirements above.

ADMIT A CHILD UNCONDITIONALLY WHO:

- Is 18 months and older and has all immunizations required for their age, or
- Submits a personal beliefs exemption (PBE) filed at a prior California child-care facility for missing shot(s) and immunization records with dates for all required shots not exempted. **The PBE must have been filed before January 1, 2016 and is only valid until entry to transitional kindergarten/ kindergarten.** For complete details, see [ShotsforSchool.org](#).
- Submits a licensed physician's written statement of a permanent medical exemption for missing shot(s) and immunization records with dates for all required shots not exempted.

ADMIT A CHILD CONDITIONALLY IF THE CHILD:

- Is under age 18 months, has received all immunizations required for age, but will have more required at next age checkpoint.
- Is missing a dose(s) in a series, but the next dose is not due yet (This means the child has received at least one dose in a series and the deadline for the next dose has not passed.) The child may not be admitted if the deadline has passed or the child has not yet received the 1st dose.
- Has a temporary medical exemption to certain vaccine(s) and has submitted an immunization record for vaccine(s) not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

WHEN MISSING DOSES CAN BE GIVEN:

Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio #2	6 weeks	10 weeks
Polio #3	6 weeks	12 months
DTP/DTaP #2, #3	4 weeks	8 weeks
DTP or DTaP #4	6 months	12 months
Hib #2	2 months	3 months
Hep B #2	1 month	2 months
Hep B #3 (under age 18 months)	2 months after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose and at least 4 months after 1st dose
Hep B #3 (age 18 months and older)	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose and at least 4 months after 1st dose

DO NOT ADMIT A CHILD WHO:
Does not fit one of the prior categories. Refer parents to their physician with a written notice indicating which doses are needed.

FOLLOW-UP IS REQUIRED AFTER ADMISSION:

- At every age checkpoint above until all doses are received.
- If child was behind schedule and admitted **conditionally**.
- If child has a temporary medical exemption.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.

Questions? Visit [ShotsForSchool.org](#) or contact your local health department ([bit.do/immunization](#)).

WMM-230 (1/16)
California Department of Public Health - Immunization Branch - [ShotsForSchool.org](#)

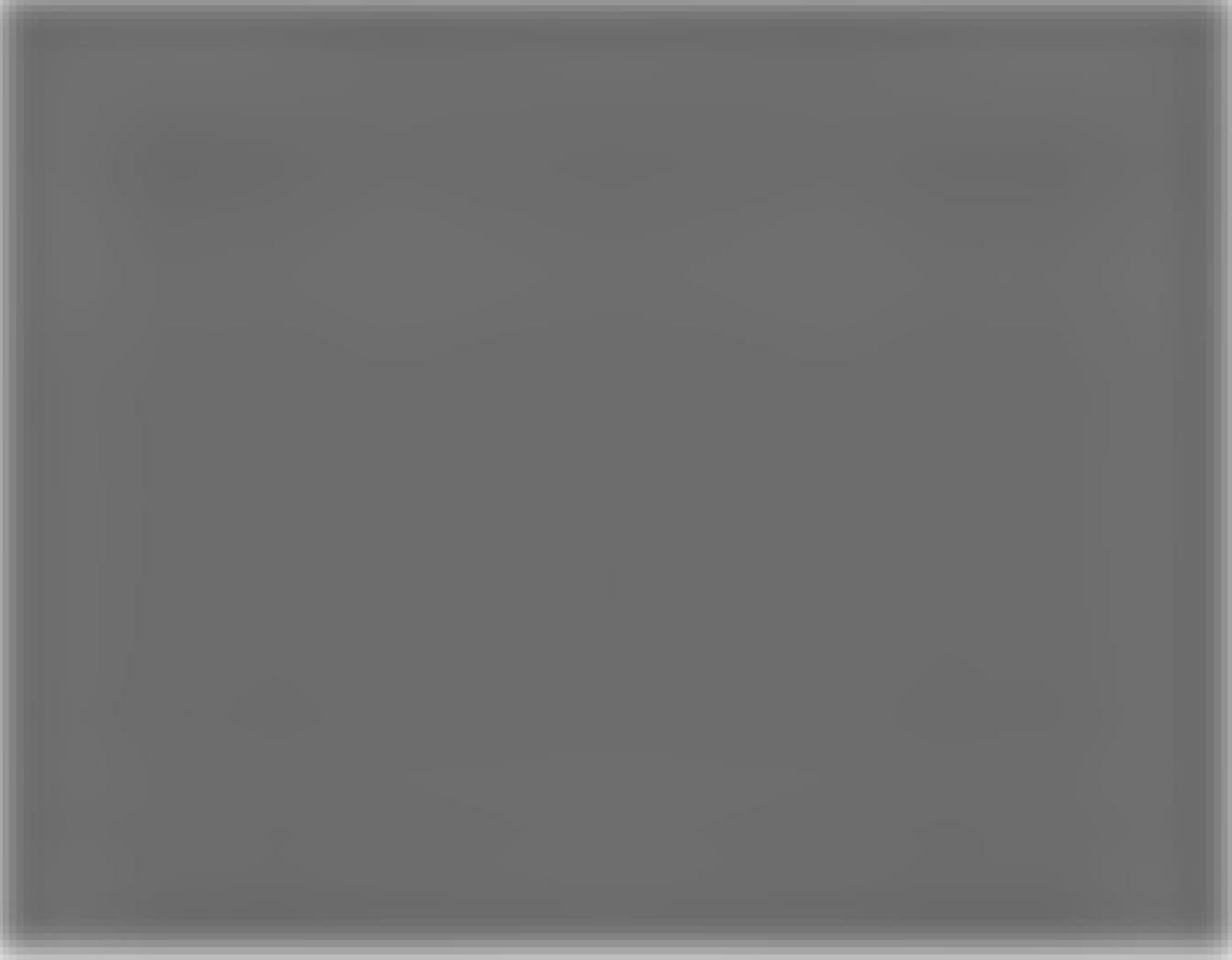
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Immunization Forms and Charts, Continued

CDC
immunization
schedule

The chart below is the CDC Immunization schedule.

Use this hyperlink ([Full CDC schedule and catch up schedule](#)) to see more information about this schedule including a catch up schedule.



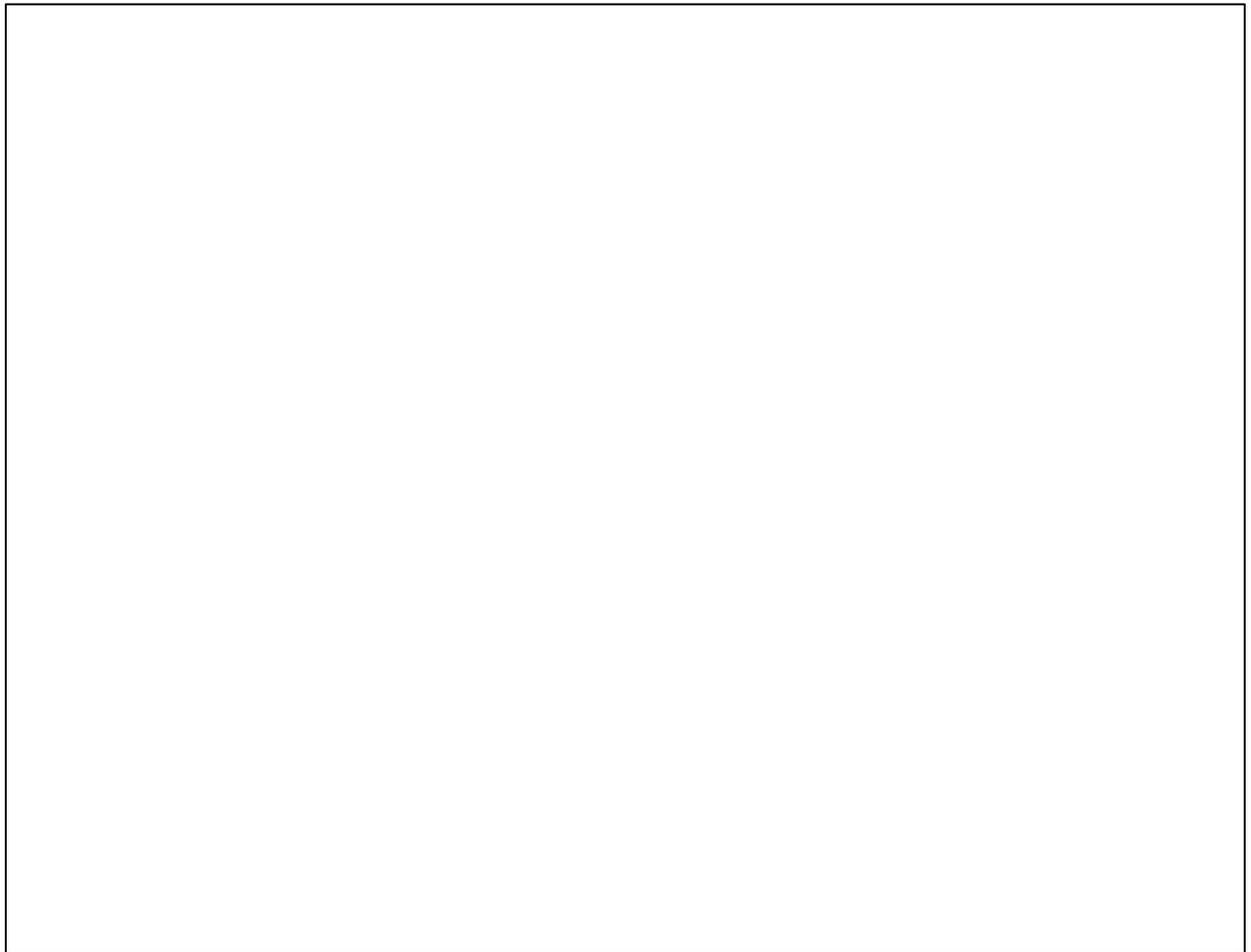
Continued on next page

Immunization Forms and Charts, Continued

CDC
immunization
schedule (Easy
to Read)

The chart below is the CDC immunization schedule (Easy to Read).

Use this hyperlink ([CDC Easy to Read Schedule](#)) to see more information about this schedule.



Continued on next page

Immunization Forms and Charts, Continued

CA
Immunization
Handbook

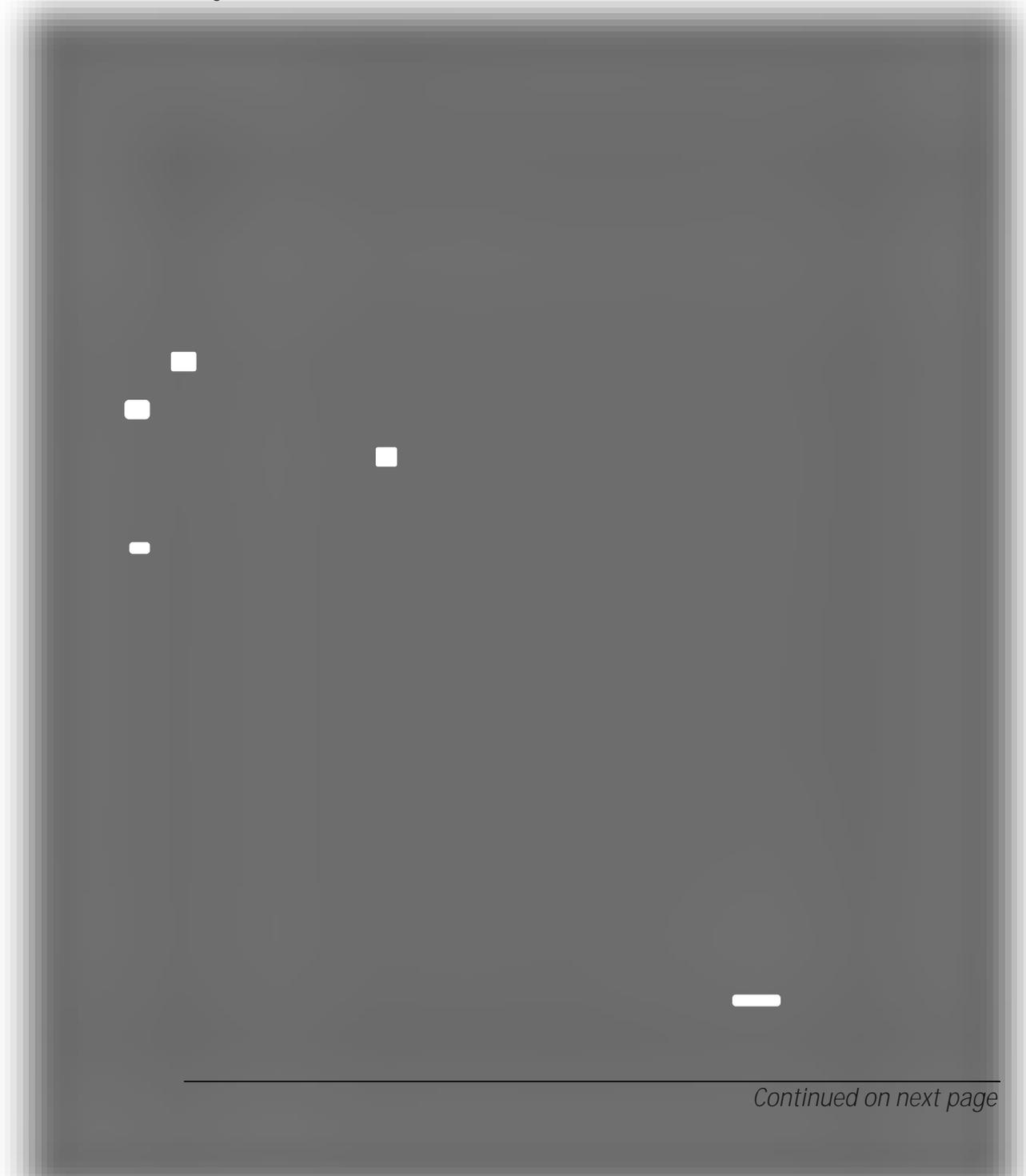
Immunization Forms and Charts, Continued

Immunization
Record (Yellow
Card)

Immunization Forms and Charts, Continued

Permission for
release of
information

Use the permission for release of information form if a parent/guardian needs additional help in retrieving records. It allows PSD staff to contact agencies.



Continued on next page

Immunization Forms and Charts, Continued

NOA CD-7617
Page 1

The [Notice of Action \(NOA\) CD-7617](#)

Follow Up & Temporary Exclusion, Continued

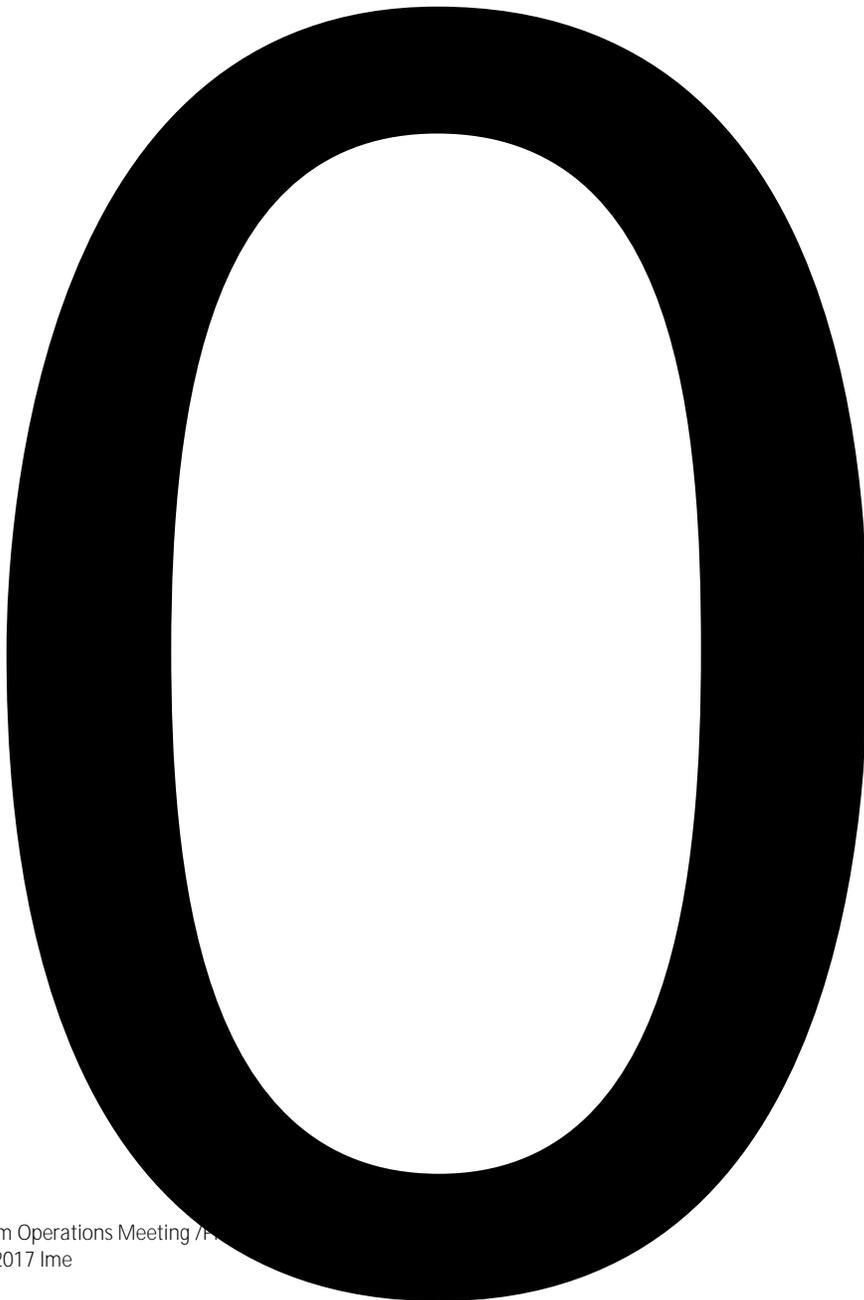
Notifying the
HES: 28th day list

Email a list of potential non-

Forms

HS Start/State
Preschool Child

Job Aid: HS Periodicity Table



Job Aid: Periodicity Table Notes EHS, EHS-CCP & HS, continued

28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm>) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).

Hearing Screening

Policy

Screen every Head Start and Early Head Start child for undetected hearing loss before 45 days of enrollment

Hearing Screening, Continued

Incomplete
screening

Screening is incomplete



Phalos Haire
Approved by: Phalos Haire, Director

Universal Blood & Body Fluid Precautions

Overview

Purpose The purpose of this policy is to reduce health risks to children and adults by limiting the spread of infectious germs.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: 1302.47(b)(6)(iii)
- Occupational Health and Safety: 1910.1030(d)(1), 1910.1030(d)(2)

Policy overview Implement effective hygiene, sanitation and disinfection procedures to reduce health risks by limiting the spread of infectious germs.

- Staff, volunteers, and children must wash their hands with soap and water around contaminated fluids or treating a wound.

...in contact with bodily fluids; disinfect the
... along with any equipment that is contaminated.
... contaminated materials in a plastic bag, securely tied.

... area immedia

- Dispose of con

a table of contents.

Contents

The following is

Topic	See Page
Universal Blood & Body Fluid Precautions	2
	4

Universal Blood
Guidelines

Universal Blood & Body Fluid Precautions

Policy

Implement effective hygiene, sanitation and disinfection procedures to reduce health risks by limiting the spread of infectious germs.

Staff, volunteers, and children must wash their hands with soap and water around contaminated fluids or treating a wound.

Wear nonporous gloves when in contact with bodily fluids; disinfect the area immediately along with any equipment that is contaminated.

Dispose of contaminated materials in a plastic bag, securely tied.

Germs transmitted by direct contact

The following are transmitted by direct contact: bacteria and viruses that can cause colds, flu, hepatitis, HIV, parasites, and common childhood diseases such as chicken pox and measles.



What is body fluid?

For the purposes of this procedure, any reference to body fluids include blood, urine, feces, saliva, nasal discharge, eye discharge, vomit or any other discharge.

Clean-up kits

Personal protective emergency Clean-up Kits are available to employees for their use and protection at the Center, and must be discarded after each use per directions.

Follow directions in each individual packet for clean-up and disposal.



Cleaning procedure

When an area is contaminated with bodily fluids, complete the following:

Step	Action
1	Clean the soiled area with soap and water, rinse with water only.
2	Disinfect the area with Quat.
3	Dispose of waste and contaminated materials in a plastic bag with a secure tie.
4	Wash hands thoroughly with soap and water.

Continued on next page

Universal Blood & Body Fluid Precautions, Continued



What is an exposure incident?

An **exposure incident** is specific eye, mouth or other mucus membrane, non-intact skin, or parenteral contact with blood, body fluids or other potentially infectious material that results from performance of an employee's duties.

Parenteral contact means piercing mucous membranes or the skin barrier through such events such as:

- needle sticks,
- human bites,
- cuts, and
- abrasions.



The exposure incident process

The following is the exposure incident process:

Stage	Who	Does What
1	Employee	Notifies their immediate Supervisor right away.
2	Supervisor	Notifies Human Resources (HR) department at PSD Administration Office. Completes the <i>Blood borne Pathogen & Tuberculosis Exposure Report</i> and forwards a copy to the HR Department at PSD Administration.
3	PSD	Makes available to the exposed employee: A confidential medical evaluation and follow up through the Center for Employee Health and Wellness. Hepatitis B Vaccination at no charge.
4	Employee	When the employee declines vaccination or recommended treatment, they are asked to sign a waiver of declination.

Guidelines

Using gloves

Use the following guidelines to prevent the spread of germs and infections.

- Wear disposable non-latex or vinyl gloves when giving first aid, diapering, or cleaning up any body fluids.
- Wear non-porous gloves during all cleaning.
- Dispose of gloves after each use.
- Remove gloves by pinching them at the wrists and turning them inside out as you remove them to avoid touching the dirty outside surface of the glove.
- Wash hands after removing soiled gloves.

Tissues

Only single-use disposable tissues are used for cleaning runny noses, etc. Tissues must never be shared.

Soiled items

Complete the following for soiled items that have been exposed to body fluids:

Step	Action
1	Place the item belonging to a child in a plastic bag, seal securely, and give to the parent/guardian. Note: Properly bagged items may be stored in the diaper changing area until parents can take the items home.
2	Place any disposable item (diaper wipe, paper towel, gloves, etc.) in a plastic bag with a secure tie before discarding in a covered or step trash can.
3	Wash hands immediately after providing care, before touching anything else.

Using Quat

When to use Quat:

- Clean body fluids immediately with Quat.
- Immediately disinfect toys, equipment, counters, tables, and floors with Quat if they are soiled with body fluids.



Phalos Haire
Approved by: Phalos Haire, Director

Parent Refusal of Health Services

Overview

Purpose The purpose of this policy is to have a standard way of approaching the situation when a parent/guardian refuses Health Services.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: §1302.41
- Child Care Licensing Division 12 Chapter 1: §101220(f) (1)(2)

Policy overview Respect the parent’s rights to refuse health services for their infant, toddler or child.

Contents The following is a table of contents.

Topic	See Page
Refusal of Health Services	2

Refusal of Health Services



When can the parent refuse Health Services?

The parent may not refuse immunization and physicals and continue in the program.

The parent may refuse:

Referrals from screenings

Classroom screenings such as growth, hearing, vision, etc.



What to do

Complete the following when a parent/guardian refuses Health Services for their child:

Step	Action
1	Ask the parent why they are refusing treatment.
2	Educate the parent on the benefits and reasons for the recommended health procedures.
3	Ask the parent to fill out the: Refusal of health services form explaining the reason for refusal Medical History Profile Child History Profile Put a copy of each in the child's file.
4	Document all conversations and upload all forms into ChildPlus.
5	Send a copy to the Health Education Specialist.



Tooth Brushing and Oral Hygiene

Overview

Purpose The purpose of this policy is to reinforce oral health, prevent gingivitis, and prevent tooth decay.

Reference The policies and regulations referenced are:
• Head Start Performance Standards: §1302.42(c)(1)(3), 1302.43

Policy overview All children and pregnant mothers should brush their teeth with fluoride toothpaste daily. Children should brush their teeth following the first meal provided at the center.

Teaching Staff supervises children and serves as a role model by teaching with props or brushing their own teeth after meals.

Contents The following is a table of contents.

Topic	See Page
Tooth Brushing & Oral Hygiene	2

Tooth Brushing & Oral Hygiene

Policy

All children and pregnant mothers should brush their teeth with fluoride toothpaste daily. Children should brush their teeth following the first meal provided at the center.

Teaching Staff supervises children and serves as role models by teaching with props or brushing their own teeth after meals.

Storage of toothbrushes

Use the following guidelines to store toothbrushes:

Each toothbrush must be:

clearly labeled with the child’s name

rinsed before storing

Store upright with bristle end of toothbrush up in a holder to air dry

The bristles of one toothbrush should not touch or drip on any surface, including another toothbrush

Store away from bathrooms/diaper changing area

Replacement of toothbrushes

Replace toothbrushes:

Twice a year

When bristles look frayed and worn

If it falls on the floor, or touches any other surfaces (sink or another toothbrush)

After a child has been ill with a cold, flu, or bacterial infection



Infants to 12 months

To clean gums and brush teeth for infants to 12 months, use the following:

Step	Action
1	Wash your hands
2	Put on disposable gloves
3	Does the infant have teeth? Yes , brush the baby’s teeth with a moist soft brush without toothpaste No , wipe the infant gums after each feeding using a wet gauze pad
4	Wash your hands

Continued on next page

Tooth Brushing & Oral Hygiene, Continued

Brushing in a group setting

Brushing in a group setting (at the table) provides an educational group activity to learn about oral health. This group setting also maximizes an opportunity for role modeling, adult supervision, and time efficiency.

Preparing the group setting

Before you begin a session of tooth brushing:

Step	Action								
1	Have children remain seated at the table after the meal								
2	Sanitize the sink to reduce risk of infection								
3	Wash your hands and put on disposable gloves								
4	Dispense fluoride toothpaste onto a paper cup for each child								
	<table border="1"> <thead> <tr> <th>If the child is...</th> <th>Then dispense fluoride toothpaste...</th> </tr> </thead> <tbody> <tr> <td>1-2 years old</td> <td>In a rice grain size smear.</td> </tr> <tr> <td>3-5 years old</td> <td>In a pea size smear.</td> </tr> <tr> <td>Special Needs</td> <td>With any needed adaptation.</td> </tr> </tbody> </table>	If the child is...	Then dispense fluoride toothpaste...	1-2 years old	In a rice grain size smear.	3-5 years old	In a pea size smear.	Special Needs	With any needed adaptation.
	If the child is...	Then dispense fluoride toothpaste...							
	1-2 years old	In a rice grain size smear.							
	3-5 years old	In a pea size smear.							
Special Needs	With any needed adaptation.								
Note: Do not dispense directly on the tooth brush									
5	At the table, give each child: A paper towel A paper cup with toothpaste Their own toothbrush labeled by name so that toothbrushes are never shared								

Continued on next page



Tooth Brushing & Oral Hygiene, Continued

Group setting 1-5 year olds

Younger children and children with Special needs may need additional assistance.

To brush teeth for the 1-5 year old in a group setting, use the following table.

Step	Action
1	Ensure all children are sitting at the table
2	Use an egg timer or song that lasts 2 minutes
3	Assist children with brushing using the following technique which should take 2 minutes: Model technique by using props or brushing your own teeth Place the toothbrush at a 45-degree angle to the gum Move the brush back and forth gently in short strokes Brush the outer surfaces the inside surfaces, and the chewing surfaces of all teeth and the tongue Clean the inside surface of the front teeth by tilting the brush vertically and make several up and down strokes
4	After 2 minutes have the children spit excess toothpaste into a paper cup and wipe their mouths Collect and dispose of the cups
5	Provide each child with a new paper cup Have children thoroughly rinse their own toothbrush and mouth at the sink with water Have each child store their toothbrush in the toothbrush rack
6	Disinfect the sink with Quat to reduce the risk of infection
7	Wash hands

Away from the classroom

If brushing teeth after meals is not possible (i.e. field trip), offer children drinking water. Rinsing with water helps to remove particles from teeth and prevent cavities.



Services to Pregnant Women

Overview

Purpose To assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, assessment data, and home visits after enrollment in the program.

Reference The policies and regulations referenced are:
• Head Start Performance Standards: §1302.80(c)(d), 1302.81, 1302.82

Policy overview Assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, assessment data, and home visits after enrollment in the program.

Provide services, which are culturally sensitive while meeting the needs of the family.

Contents The following is a table of contents.

Topic	See Page
At Enrollment	2
Home Visits	3

At Enrollment

Policy

Assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, assessment data, and home visits after enrollment in the program.

Provide services, which are culturally sensitive while meeting the needs of the family.

Procedure

Complete the Early Head Start application registration packet upon enrollment, which includes:

- HS/EHS Enrollment application form

- Income calculation worksheet

- EHS Eligibility verification

- Parent/Home Visitor consent to participate

- Emergency information card for parent, then for child when they are born

- Picture consent form

- Parent's rights

- Personal rights

- PSD Parent Handbook acknowledgement form

- Permission for release of information

Home Visits

Policy

The Registered Nurse (RN)/Home Visitor provides LIFT/EHS service for the expectant family throughout the pregnancy and collaborate with the Program Generalist for support.

The Home Visitor joins the RN once a month on a visit.

The initial home visit

Complete the following during the initial home visit:

Pregnancy Nutrition Questionnaire

Initial Social Emotional Screening

Prenatal Development Questionnaire

History and Physical Exam form provided to parent for completion by the OB care practitioner

Family Service Needs Assessment

Establishment of health goals related to prenatal period

Ongoing home visits

The following happens during the ongoing home visits.

Registered Nurse/Home Visitor:

Completes Pre/Postnatal health profile visit summary

Reviews data and determines the needs of the family

Ensures the pregnant mother has a medical and dental home

Assists pregnant mother with securing medical care if a need is identified

Educates the pregnant mother on the importance of health promotion and treatment such as prenatal care and dental examinations

Assists pregnant mother in identifying health and social goals based on family needs

Assists in scheduling prenatal and dental appointments if needed

Supports the family with achievement of goals

Completes the home visit summary and supports the family

Continued on next page

Home Visits, Continued

Ongoing home visits schedule

Ongoing home visits are provided:

Weekly, bi-weekly, or monthly as agreed upon by the RN/Home Visitor and parent

Weekly as agreed upon with the RN, Home Visitor, or Generalist and parent. This begins during the postpartum period

Referrals

If any health, wellness, or daily living needs are identified that are outside the scope of the RN/Home Visitor or Generalist, generate a referral.

Internal referrals are provided through the referral procedure

External referrals are provided through community resources and community partners



Phalos Haire
Approved by: Phalos Haire, Director

Vision Screening

Overview

Purpose

The purpose of this policy is to ensure that every child receives a vision screening before 45 calendar days after enrollment.

Children who do not pass the 45-day timeframe and do not have a follow-up...

...follow-up, children are assured of receiving proper diagnosis, therapy, treatment, and vision aids such as glasses.

Early intervention is essential in helping the child develop to their maximum potential at home and school.

The policies and regulations referenced are:
Head Start Performance Standards: §1302.42 (b)(2)
Community Care Licensing: §101220(a)

All staff must obtain or perform evidence-based vision screening on every Head Start and Early Head Start child before 45 calendar days of enrollment.

The following is a table of contents.

Topic	See Page
Vision Screening	2
Vision Screening Follow-Up	8

Reference

The
• H
• C

Policy overview

PS
Hea

Contents

The

Vision Screening

Policy

PSD staff must obtain or perform evidence-based vision screening on every Head Start and Early Head Start (HS/EHS) child prior to the 45 calendar days of enrollment.

Rationale

The vision screening process identifies children who may have vision problems and need to be referred to a physician for more formal assessments.

By performing vision screenings prior to the 45-day time frame and through timely follow-up, children are assured of receiving proper diagnosis, therapy, treatment, and vision aids such as glasses.

Deadlines

All HS/EHS children receive a vision screening by their physician, trained PSD Staff, or Community Partners prior to 45 days of enrollment.

If there is no record from the physician, attempt the screening within 30 days of enrollment, but no longer than 45 days.

The Health Education Specialist submits the screening date to the Program Generalist one week prior to the beginning of school.

The Program Generalist obtains the parent/guardian signature on the Screening Consent form before the screening. File the form in the child's file.



Who does the screening?

Community based organizations perform vision screening and in their absence, the Program Generalist and Teacher performs the screening.

The Program Generalist performs the screening and the Teacher sits with the child and assists.

The Outside agency performs the screening and the Teacher's Aide sits with the child and assists.

In either case, the Teacher supervises the other children in class making sure to keep the level of noise to a minimum.

Continued on next page

Vision Screening, Continued

The screening experience

Screenings should be a pleasant experience for the child.
Conduct screenings:
In a quiet setting in a positive, friendly, 'game-like' manner.
In small groups: each child is screened individually.
Without coercion, every child has the right to refuse.

Incomplete screening

Screening is not considered completed if the person screening the child indicates or states any language such as the child:
Lost focus.
Unable to follow instructions.

Completed screenings

Medical Provider

A screening is considered completed by a medical provider if they indicate:
Numerical results
Passed
Failed

PSD Staff

A screening is considered completed by PSD Staff when the child:
Completes and passes the screening with numerical results.
Passes the rescreening with numerical results.
Does not respond correctly or fails to identify letters correctly during the vision screening and has been rescreened.
In this case, give a referral to the parent/guardian for a medical provider to complete further assessment and treatment.
Does not pass.

Before you screen

Before you begin screening:
Measure 10 feet of distance to conduct the training.
Use masking tape to mark the place where the child's chair must remain.
You may find it helpful to make a masking tape box on the floor for the child's chair.

Continued on next page

Vision Screening, Continued

Screening lines Use the following lines based on the child's age:
3 years old: 20/32
4 years old: 20/25
5 years old: 20/20

Using occluding tools Occlude the child's eye by using an eyepatch.



Completing a vision screening Use the following to complete a vision screening.

Step	Action
1	Does the child wear prescription glasses? <i>Yes</i> , have the child put on their glasses and go to Step 2. <i>No</i> , go to Step 2.
2	Give the child the response panel to hold on their lap. Introduce the 'matching game' by asking them to show you the 'baby' letter that looks like the 'big' letter you point to, or name the shape.
3	Screen the child on one line with both eyes.
4	Did the child identify 4 letters correctly? <i>Yes</i> : go to Step 5. <i>No</i> : move up one line and go to Step 2.
5	Screen each eye individually.
6	Did the child identify 4 letters correctly? <i>Yes</i> : go to Step 7. <i>No</i> : move up one line and go to Step 4.
7	Document results in ChildPlus. Note: Always refer to the child's right and left eye, not your own right and left.

Continued on next page

Vision Screening, Continued

Passing results The following are passing results based on age.
3 years old: 20/50 or better in both eyes.
4 years old: 20/40 or better in both eyes.
5 years old & older: 20/32 or better in both eyes.

Results causing a rescreen or referral Rescreen or refer when the results are:
20/60 for a 3 year old.
20/50 for a 4 year old.
A two line difference or more between right and left eye, even if both eyes are in the passing range.
Refer for any visible sign of eye problems.
If the child is uncooperative or refuses.

ABCs of Vision Problems The ABCs of Vision problems are:
Appearance
Behaviors
Complaints

See specifics on the next page

Continued on next page

Vision Screening, Continued

**A is for
Appearance**

Rescreen or refer the child's eye/s appear to be any of the following:

- Crossed or misaligned eyes.
- Inflamed, watery, or swollen eyelids with discharge.
- Unusual or unequal pupil size.
- Red-rimmed, encrusted or swollen.
- Infected on eyelids or has recurring sties.
- Showing white pupil in color photos.

**B is for
Behaviors
concerning eyes**

Rescreen or refer when the child:

- Rubs eyes excessively.
- Shuts or covers one eye.
- Tilts head or thrusts head forward.
- Hold objects close to eyes.
- Blinks more than usual or is irritable when doing close-up work.
- Cannot identify distant objects clearly.
- Squints or frowns during acuity test.
- Peeks, distracts screener or refuses to have one eye covered.
- Is uncooperative or refuses.

**C is for
Complaints**

Refer if the child complains of any of the following:

- Itchy, burning, or scratchy eyes.
- Cannot see well.
- Dizziness, headaches, or nausea following close-up work.
- Blurred or double vision.

Continued on next page

Vision Screening, Continued



Infant/Toddler screening The following is the infant/toddler screening process.

Stage	Who	Does What									
1	Home Base Visitor	Puts child's name and the date on the form.									
2	Parent	Completes the vision-screening questionnaire.									
3	Home Base Visitor	Reviews the results <table border="1" data-bbox="597 632 1404 989"> <thead> <tr> <th>When the parent/guardian...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>marks yes to questions 1-11</td> <td rowspan="2">refer the child to a physician.</td> </tr> <tr> <td>marks yes to any three questions in 12-25</td> </tr> <tr> <td>has a child with a referral</td> <td>discuss a medical home with the parent/guardian.</td> </tr> <tr> <td>does not have insurance</td> <td>notify the Health Education Specialist.</td> </tr> </tbody> </table>	When the parent/guardian...	Then ...	marks yes to questions 1-11	refer the child to a physician.	marks yes to any three questions in 12-25	has a child with a referral	discuss a medical home with the parent/guardian.	does not have insurance	notify the Health Education Specialist.
When the parent/guardian...	Then ...										
marks yes to questions 1-11	refer the child to a physician.										
marks yes to any three questions in 12-25											
has a child with a referral	discuss a medical home with the parent/guardian.										
does not have insurance	notify the Health Education Specialist.										
4	Home Base Visitor	Shares the results with the parent/guardian. Documents the results in ChildPlus.									

Resources

If the family needs more assistance, use the following resources:

- Enroll in Medi-Cal.
- Children may qualify for assistance through the California Children's Services.
- Children's Fund may be accessed if the above resources do not meet the child's needs.

Vision Screening Follow-Up



When a child does not pass the 2nd screening

Use the following when a child does not pass the 2nd vision screening.

Step	Action
1	Notify the parent/guardian using the PSD Health Screening follow-up Letter.
2	Provide a copy of the Vision Screening Results form to the parent/guardian.
3	Advise the parent/guardian that you will re-screen the child in 2-4 weeks.
4	Put a copy of the PSD Health Screening follow-up Letter in the child's file.
5	Document the conversation in ChildPlus.
6	Rescreen the child in 2-4 weeks.



1st contact parent/guardian does not respond

Use the following when the parent/guardian does not respond in 2 weeks

Step	Action
1	Contact the parent/guardian.
2	Explain the screening results and the need for follow-up care.
3	Offer assistance as needed.
4	Document the conversation in ChildPlus.



2nd contact parent/guardian does not respond

When the parent/guardian does not respond to the 1st contact, the Generalist completes the following.

Step	Action
1	Contact the parent/guardian in person at school or using a home visit.
2	Explain the need for follow-up and offer assistance.
3	Contact the Program Supervisor or the Health Education Specialist.
4	Document the contact in ChildPlus.

Continued on next page

Vision Screening Follow-Up, Continued



**3rd contact
parent/guardian
does not
respond**

When the parent/guardian does not respond to the 2nd contact, the Generalist completes the following.

Step	Action
1	Notify the Health Education Specialist.
2	Review the case circumstances with the Program Supervisor and they can discuss it at the Service Delivery Team meeting.
3	Is the child's health in jeopardy? <i>Yes:</i> Consider referring to Child Protective Services. <i>No:</i> The parent is exercising their right to refuse care. The Program Supervisor can decide to close the case.

**Child absent on
screening day**

When a child is absent on the screening day, the screening is still required to be completed prior to 45 days of enrollment.



Use of Cold Compress

Overview

Purpose The purpose is to establish a policy for injuries likely to result in swelling or bruising.

Reference The policies and regulations referenced are:

- Head Start Performance Standards: §1302.47(7)(vi)
- Community Care Licensing: §101226(a)(2)

Policy overview Use a cold compress in the event of an injury that is likely to result in swelling or bruising.

Contents The following is a table of contents.

Topic	See Page
Use of Cold Compress	2

Use of Cold Compress

Policy Use a cold compress in the event of an injury that is likely to result in swelling or bruising.

Ordering The Site Supervisor uses the Health Supplies Requisition form to order cold compresses from Logistics and Maintenance.

A sign out log noting date of injury, name of child, and name of teacher giving first aid is kept to track usage of cold compresses. The log is sent with the Supplies Requisition when more compresses are needed.

When to use Use a cold compress in the event of an injury that is likely to result in swelling or bruising. Rapid application of cold can reduce bruising and swelling.



When not to use Do not use a cold compress to stop bleeding. Gauze dressings are used to apply pressure to bleeding wounds, using universal blood and body fluid precautions.

How to use Directions for use are printed on each compress. You may use a paper towel to wrap the compress if the child feels it is too cold.

If the child complains that the compress makes the injury feel worse, discontinue using it immediately.



The cold compress process

The following is the process for using a cold compress:

Who	Does What
Site Supervisor	Files a Child Incident Report for each injury.
Site Supervisor or Teacher	Calls parent to inform them of the incident.
Teacher	Supervises the child closely while the cold compress is applied.



Phalos Haire
Approved by: Phalos Haire, Director

Screen Medical History Profile/Early Health History

Overview

Purpose

The purpose of this policy is to promote and ensure a healthy development for the child. To quickly identify and address health, behavior, nutrition, and developmental concerns.

Also to determine if the families have a need for a medical and dental home.

Reference

The policies and regulations referenced are:

- Head Start Performance Standards: §1302.42(b)
- Community Care Licensing: §101221(8)

Policy overview

Review the Medical Health Profile (MHP) and the Early Health History (EHH) and discuss the parent/guardian’s concerns.

Contents

The following is a table of contents.

Topic	See Page
Screen MHP/EHH	2

Screen MHP/EHH

Policy

Review the Medical Health Profile (MHP) and the Early Health History (EHH) and discuss the parent/guardian’s concerns.



Procedure

The Generalist or the Home Visitor completes the following:

Step	Action
1	Review the MHP and EHH.
2	Ask parent/guardian if they have concerns about: Development Health Behavior Nutritional needs
3	Ask parent/guardian if the child is being seen by a doctor or therapist and determine if the family has a source of ongoing accessible care. If the family does not, give the parent/guardian a resource letter to help connect to resources. Follow up in 1 week.
4	Document all resources provided in ChildPlus.
5	If parent/guardian indicated a concern, generate a referral in ChildPlus.
6	Complete a referral packet: Release of information form Professional list letter Parent interview form Copies of reports and IEPs
7	Send to the Disabilities Clerk.



Phalos Haire
Approved by: Phalos Haire, Director

Determination of Health Status

Overview

Purpose

The purpose of this policy is to determine the health status of children in collaboration with parents and to provide ongoing health screening throughout the duration of the program.

Reference

The policies and regulations referenced are:

- Head Start Performance Standards: §1302.42 (a-e), 1302.80(d), 1302.42(c)(2), 1302.42(b)(i)(ii), 1302.42 (c-d). 1302.42 (e)(2)
- Community Care Licensing: §101220

Policy overview

Before 90 days from enrollment, identify the Health Determination Status of the child. Enter this as a Health Event in ChildPlus and state what referrals, screenings, and documents are received and which are still needed.

Contents

The following is a table of contents.

Topic	See Page
Health Screening Packet and Timeframes	2

Health Screening Packet and Timeframes

Policy

Within 90 days after enrollment, identify the Health Determination Status of the child. Enter this as a Health Event in ChildPlus and state what referrals, screenings, and documents are received and which are still needed.

Eligibility Determination packet

The following health forms should be included in the Eligibility Determination Packet.

- Medical History Profile
- Head Start Oral Health Form
- Request for copy of Immunization Card
- Nutrition Survey
- Screening Consent Form
- Social Emotional Questionnaire
- Physical Exam

Re-enrollees

For re-enrollees, have parents review the Medical History Profile and Nutrition Survey during the month of April.

Did the information change?

If *Yes*, have the parent complete a new form

If *No*, have the parent sign and date the bottom section of the forms

Questions to ask parents

Ask the parents the following questions:

Do you have concerns about development, health, behavior or nutritional needs?

Is the child being seen by a doctor, specialist or therapist?

Do you have a source of ongoing accessible care?

If the family does not have a source of ongoing accessible health or dental care, give the parent a resource letter and follow-up with the family referral procedure

Continued on next page

Health Screening Packet and Timeframes, Continued

Documentation Document the following in ChildPlus:
 All resources provided.
 Any referral generated; document referrals within 72 hours.

Timeframes The following are the timeframes for initial screenings, referrals, and documentation.

When	Screening/Referral/Documentation
Before enrollment	Immunization Medical Health Profile Nutrition Survey Social Emotional Questionnaire (SEQ)
Within 72 hours	Referrals
Within 30 days after enrollment	Physical Well baby exam TB Screening If there is a Medical and Dental Home Insurance
Within 45 days after enrollment	Hearing Vision Height and Weight ASQ SE2 ASQ 3/Acuscreen
Within 90 days after enrollment	Dental screening Hemoglobin Lead
Determination of Health Status	
Ongoing	Mid-year height and weight Physicals and screenings when needed Update Immunization and TB when needed End of the year developmental screenings

Continued on next page

Health Screening Packet and Timeframes, Continued

Determination of Health Status Within 90 days after enrollment, enter a Determination of Health Status as a Health Event in ChildPlus.

In the notes identify either:

 All items are received, or

 Which specific screening, referral, or documentation is missing.



Phalos Haire
Approved by: Phalos Haire, Director

Hand Washing

Overview

Purpose

The purpose of the handwashing policy is to prevent the spread of infection.

Reference

The policies and regulations referenced are:

- Head Start Performance Standards: §1302.47(4)(A), 1302.47(6)
- Community Care Licensing: §101227(14)

Policy overview

All staff and volunteers must follow these guidelines.

Contents

The following is a table of contents.

Topic	See Page
Hand Washing	2

Hand Washing

Policy

All staff and volunteers must follow these handwashing guidelines.



Important: sinks for food preparation

Do not wash your hands in sinks used for food preparation, including bottle and formula preparation.



How to wash your hands

Use the following to wash your hands:

Step	Action
1	Wet hands and apply soap.
2	Rub hands together vigorously for at least 20 seconds. Wash all surfaces; i.e. wrists, back of hands, between fingers and under fingernails.
3	Rinse hands well under the running water.
4	Dry hands with a clean paper towel.
5	Turn the water off using a paper towel, not bare hands to prevent recontamination.
6	Discard paper towel in a garbage container with a lid and a plastic liner.

Continued on next page

Hand Washing, Continued

**When to wash
your hands**

This list is inclusive of all staff and children. Wash hands at the following times:

Before

- Preparing, serving, or eating food
- Handling clean food equipment or utensils
- Giving medication
- Feeding an infant
- Treating or bandaging a wound
- Messy activities
- Eating or drinking

After

- You arrive at the center or the office
 - Assisting a sick or injured child, volunteer, or staff
 - Giving medication
 - Feeding an infant
 - Treating or bandaging a wound
 - Using the restroom
 - Diapering or assisting with toileting
 - Assisting with/conducting health or dental screening
 - Any contact with any body secretion
 - Removing disposable gloves
 - Handling animals or pets
 - Messy Activities
 - Returning from outdoor play
 - Diaper changes or after using the restroom
-



Phalos Haire
Approved by: Phalos Haire, Director

Health Education

Overview

Purpose

The purpose of this policy is to provide health education programs to families and program staff.

Reference

The policies and regulations referenced are:

- Head Start Performance Standards: §1302.46

Policy overview

Provide medical, dental, nutrition, and mental health education programs for parents, program staff, and families that includes assisting parents in understanding how to enroll and participate in a system of ongoing family health care.

Contents

The following is a table of contents.

Topic	See Page
Heath Education	2

Heath Education

Policy

Provide medical, dental, nutrition, and mental health education programs for parents, program staff, and families that includes assisting parents in understanding how to enroll and participate in a system of ongoing family health care.

Nutrition Education

Provide education in the selection and preparation of foods and the management of food budgets to meet family needs.

Mental Health Education

Provide a variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health.

Health Education

Provide parents with the opportunity to learn the principles of preventative medical and dental health, emergency first aid, occupational and environmental hazards, and safety practices.

In addition to general topics such as maternal and child health and prevention of Sudden Infant Death Syndrome.

Resource Fairs

All staff works together to plan a Resource Fair for the parents at the Family Learning Centers (FLC) and local Head Start sites. Use information gathered from the Community Assessments and Parent Interest Surveys to create a resource fair relevant to the family's needs.

Elements of a Resource Fair

The following are elements of a Resource Fair:

- Notification by flyers, phone calls, and face to face contact
- Hands-on health education experiences
- Brochures and information on Mental Health, Medical Health, and Nutrition
- Materials in parent's primary language and translators as needed

Continued on next page

Heath Education, Continued

Training

The Generalist works with Teachers, Site Supervisors, and Specialists in scheduling health related workshops that assist the parent/guardian in learning more about health resources available in the community.

At the end of training

At the end of training, collect all materials, agendas, and sign-in sheets.

Document training and file in Training Binder at the FLC or at the Site.



Phalos Haire
Approved by: Phalos Haire, Director

Health Information for Seizures

Overview

Purpose

In emergencies, staff members are prepared to act quickly to ensure the health and well-being of each child.

Staff who are knowledgeable and well trained in their agency health emergency procedure protect the children in their care.

Reference

The policies and regulations referenced are:

- Head Start Performance Standards: §1302.47(7)(i)(vi)
 - Community Care Licensing: §101216.1(i)
-

Policy overview

When a child has a seizure:

1. Call 911
 2. Protect the child
 3. Remain with the child
 4. Comfort the child
 5. Notify the parent
-

Contents

The following is a table of contents.

Topic	See Page
Child has a seizure	2

Child has a seizure



What to do during the seizure

Complete the following when a child has a seizure.

Step	Action
1	Call 911.
2	Protect the child during the seizure: Do not attempt to halt the seizure. Protect the child's head at all times. Ease the child down to the floor. Turn the child on their side to prevent choking. Keep the child from hitting hard or sharp objects that might hurt them.  Warning: Do not force objects into the child's mouth.
3	Loosen restrictive clothing.
4	Remain with the child until they are conscious and oriented.
5	If fluid is coming from the mouth, turn child onto their side to prevent choking.
6	Start CPR as needed.

About the child

A child may be embarrassed by the seizure or events that occur during a seizure such as loss of bladder or bowel control, vomiting, disruption of the classroom, etc.

Preserve the dignity and privacy of the child by offering a change of clothing, washing the hands and face, combing their hair may help to calm them and freshen appearance.

Continued on next page

Child has a seizure, Continued

What to do after the seizure If possible, identify possible cause of the convulsion such as epilepsy or high fever.

Complete the following after the seizure.

Step	Action
1	Remain with the child and allow them to rest; confusion and drowsiness may be present for 15-20 minutes.
2	Notify the parent and recommend attention by the health care provider. An individual with a convulsive disorder may need re-evaluation of medication.
3	Document the event as an unusual incident, document: actions taken, any call made, and follow-up information in the child's file and ChildPlus.
4	Notify the Site Supervisor and the Health Unit.
5	Follow the unusual incident reporting policy.



Phalos Haire
Approved by: Phalos Haire, Director

Postpartum/First Well Baby Visit

Overview

Purpose

The purpose of this policy is to ensure a postpartum/well baby visit within two weeks after the infant's birth.

Reference

- The policies and regulations referenced are:
- Head Start Performance Standards: §1302.80(d)
 - Community Care Licensing: §101220(a)

Policy overview

To ensure the well-being of both the mother and the child, the Registered Nurse visits the newborn within two weeks after the infant's birth.

Contents

The following is a table of contents.

Topic	See Page
Postpartum/First Well Baby Visit	2

Postpartum/First Well Baby Visit

Policy

To ensure the well-being of both the mother and the child, the Registered Nurse visits the newborn within two weeks after the infant's birth.



Completing the first Well Baby visit

The Registered Nurse uses the following to complete the first Well Baby visit.

Step	Action
1	Document the birth information in ChildPlus upon notice of delivery of the infant.
2	Contact the parent to arrange a home visit within 14 days post-delivery.
During the initial post-delivery visit	
3	Perform a head to toe newborn assessment.
4	Complete the Newborn Assessment form.
5	Provide the EHS well baby/postpartum educational packet.
6	Obtain parent signature verifying receipt of the educational packet.
7	Assess maternal physical well-being and recovery based on parent's report and/or observation and provide referral assistance as needed.
8	Have parent complete the Social Emotional Screening.
9	Evaluate results of the Social Emotional Screening tool and provide referral assistance as needed.
