HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: Confidentiality **ESC Board Approval: 6/26/19**

Policy: Confidentiality of all records must be maintained to protect Head Start children and families. All correspondence, discussions, staffing, and records are to remain confidential. Head Start will follow Health Insurance Portability and Availability Act (HIPAA), FERPA, and the local school district standards and procedures for keeping child and family information private and secure.

Related Regulations: 1303.20

Operational Procedures:

1. Health records must be stored under lock and key and kept away from public access to prevent unauthorized review.
2. Health records will be made available to appropriate Head Start staff, when requested, in order to access information.
3. Information may not be shared with unauthorized persons without the specific consent of the parent/guardian.
4. If information is to be shared with someone other than the legal guardian, a signed Permission for Release and Exchange of Information is required.
5. Head Start staff will only share information regarding a Head Start child with other Head Start staff on a need to know basis.
6. Telephone requests for information are not acceptable unless the parent has previously authorized the release of this information in writing, or a witnessed telephone consent has been obtained.
7. Information collected by others and forwarded to the Head Start staff with parental consent becomes part of the child's record and thus becomes the burden of confidentiality for the Head Start program.
8. All Release of Information forms completed by Head Start should be properly placed in the child's folder .
9. Parents have a right to see all information in their child's file at any time.
10. On the Release of Information form, parents will be made aware of the nature and type of all information shared/received and how it will be used.
11. Parents may ask to speak to the staff in confidence. The staff must receive this information in a responsible, confidential manner. The staff's primary responsibility is to protect the child.
12. Head Start staff will receive training in the area of confidentiality annually.

HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: Ongoing, Continuous, Accessible Health Care **ESC Board Approval: 6/26/19**
Policy: The program determines child health status in accordance with these procedures.

Regulations: 1302.42
Operational Procedures:

1. In collaboration with the parents and no later than 30 calendar days from the child's entry into the program, the Head Start staff will make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, the program will assist the parent/guardian in accessing a source of care.
2. In collaboration with the parents and no later than 90 calendar days from the child's entry into the program, the Head Start staff will:
    a) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care, which includes medical, dental and any mental health services received. Such a schedule incorporates the requirements for a schedule of well child care utilized by the Texas Health Steps program of the state Medicaid agency, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:
        i. For children who are not up-to-date on an age-appropriate schedule of well child care, the program will assist parent/guardian in making the necessary arrangements to bring the child up-to-date.
        ii. For children who are up-to-date on an age-appropriate schedule of well child care, the program ensures that they continue to follow the recommended schedule of well child care; and
        iii. The program establishes procedures to track the provision of health care services.
    c) Develop and implement a follow-up plan for any condition identified so that any needed treatment has begun.
3. The program obtains direct guidance from a mental health or child development professional on how to use the findings to address identified needs, as appropriate.
4. The program utilizes multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.
5. Written documentation will be kept in the child's files concerning parents who refuse to give authorization for child health services.
6. Child Health services will be supported by staff or consultants at the site level.
7. In the event that the child is identified to have an infectious disease/communicable disease while at school, parents will be contacted quickly and the local health department will be notified in accordance with local ISD policy.

HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: New or Recurring Medical, Dental or Developmental Concerns **ESC Board Approval: 6/26/19**

Policy: The program implements ongoing procedures for staff to identify health concerns.

Regulations: 1302.43

Operational Procedures:

1. In addition to assuring children's participation in a schedule of well child care, the program will implement ongoing procedures by which Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals.
2. These procedures include periodic observations and recordings, as appropriate, of:
    a) Individual children's development progress
    b) Changes in physical appearance (e.g., signs of injury or illness)
    c) Emotional patterns
    d) Behavioral patterns
3. In addition, these procedures include observations from parents and staff.
4. Children with documented allergies are protected from known allergens.
5. Individual child food allergies must be posted prominently where staff can view wherever food is served.
6. Staff is aware of any food or allergy sensitivities documented on the Child Nutrition Assessment or the "Blue Card".

HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: Conditions of Short-Term Exclusion and Admittance **ESC Board Approval: 6/26/19**
Policy: The Region 9 Head Start program does not deny admission nor exclude any children from program attendance solely on the basis of his/her health care or medication requirements.

Regulations: 1302.50
Operational Procedures:

1. The Head Start program requests that parents inform the Head Start program staff of any health or safety needs of the child that the program may be required to address. The program shares information, as necessary, with appropriate staff according to the confidentiality policy.
2. The program may temporarily exclude a child with a short-term injury or an acute or contagious, short-term illness that cannot readily be accommodated from program participation for a short-term period, when keeping the child in school poses a significant risk to the health of the child or anyone in contact with the child.
3. Parents will be informed of this policy in one or more ways, such as the parent handbook, home visits or parent/teacher conferences, or parent meetings.
4. The program does not deny admission to any child, nor exclude any child from program participation for a long-term period, solely on the basis of his/her health care needs or medication requirements.
5. If keeping the child in school poses a significant risk to the health or safety of the child or anyone in contact with the child, and the risk cannot be eliminated or reduced to an acceptable level through reasonable and appropriate modification in the program's practices or providing supplementary aids, which would allow the child to participate without fundamentally altering the nature of the program, short term home program options will be pursued to maintain current enrollment.

HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: Medication Administration **ESC Board Approval: 6/26/19**

Policy: In an effort to ensure safe practices in the administration of medications and the performance of special procedures, trained and designated staff will perform medication administration for the Head Start Program.

Regulations: 1302.47

Operational Procedures:

1. Prescription medication label is checked for accuracy to include:
   a. Must be in the original, child-resistant container
   b. Clearly labeled by a pharmacist
   c. Child's full name (first and last)
   d. Name and dosage of medication
   e. Date the prescription was filled and prescription number
   f. Name of the prescribing physician
   g. Medication expiration date
2. Over the counter medications are kept in the original containers and must have written orders from a physician that includes dosage and length of time to administer the medication.
3. All medication that is to be kept at room temperature must be stored in a locked cabinet. Medication that is to be refrigerated will be kept in a locked box and stored in the refrigerator. No food or drinks may be stored in the refrigerator designated for medications.
4. A designated staff member or nurse will administer, handle, and store child medications.
5. Physician's instructions and written parent/guardian authorization for medication administration will be obtained.
6. An individual record of all medication dispensed will be kept and reviewed with the child's parents.
7. Staff will record changes in a child's behavior that have implications for drug dosage or type. Staff will assist parents in communicating this information to the child's physician as needed.
8. Staff designated to administer medication can demonstrate proper techniques for administering, handling and storing medication, including special needs of children with health issues, and any necessary equipment needed to administer medication.

HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: Lead Requirement **ESC Board Approval: 6/26/19**
Policy: The program ensures children are up-to-date on a schedule of age appropriate preventive and primary health care, which includes lead testing.

Regulations: 1302.42
Operational Procedures:

1. The Texas Department of State Health Services *Risk Assessment for Lead Exposure: Parent Questionnaire* (screener) will be completed at enrollment on every enrolled child and placed in the chart.
2. All enrolled Head Start children are required to have a blood lead level (test) on file, per the Head Start Program Performance Standards. This can be obtained by getting documentation of a prior blood lead level (test) or referring the child to have one completed. Some available options include the local Health Department, North Central Texas Community Health Care Center, or the child's Primary Care Physician. This requirement must be met within 90 days after the child's entry date.
3. Children/families that have difficulty obtaining a blood lead level test will be assisted by Head Start staff in accessing necessary resources to assist them in becoming compliant with the Head Start Standards.

HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: Hemoglobin Requirement **ESC Board Approval: 6/26/19**
Policy: The program ensures children are up-to-date on a schedule of age appropriate preventive and primary health care, which includes hemoglobin testing.

Regulations: 1302.42
Operational Procedures:

1. The Pronto Pulse Co-Oximeter machine will be used if there is no record of a hemoglobin from the child's doctor, the state lab, or WIC and the Community Healthcare Center does not have an upcoming site visit scheduled.
2. The Promo Pulse Co-Oximeter machine will be administered by Head Start Staff only.
3. Tips on performing the reading:
    a. Begin by using the thumb of the child. If no reading registers, try the middle or ring finger of the non-dominant hand.
    b. If hands are cold, attempt to warm them up by gently rubbing for 30 seconds then try again or give the child a glove filled with warm water to hold for a few minutes.
    c. Child needs to be seated, not moving or talking.
4. A normal child Hemoglobin reading is between 11.0-15.0. If the hemoglobin reading is not within these parameters, the value will be documented and a referral to the child's primary doctor. The parent will also be notified of this information.
5. If a hemoglobin value is not able to be obtained, this will be documented on the Head Start physical exam form and a referral will be made to the child's primary doctor.
6. All hemoglobin results documentation will be documented on the Head Start Child Health Record: Screenings, Physical Examination/Assessment

Performance Measurement Range:

PERFORMANCE Measurement Range	
SpO_2:	0 -100%
SpHb	0 - 25 g/dl
Pulse Rate:	25 - 240 (bpm
Perfusion Index:	0.02% - 20%

Cleaning Instructions:

WARNING: BEFORE CLEANING THE INSTRUMENT, ALWAYS TURN IT OFF AND REMOVE THE BATTERIES.

The Pronto is a reusable device. The device is supplied and used non-sterile.

Cleaning

The outer surface of the Pronto can be cleaned with a soft cloth dampened with a mild detergent and warm water solution. Do not allow liquids to enter the interior of the instrument. The outer surface of the instrument can also be wiped down using the following solvents: Cidex Plus (3.4% Glutaraldehyde), 0.25% Ammonium Chloride, 10% Bleach, 70% Isopropyl Alcohol.

CAUTIONS:

- Do not autoclave, pressure sterilize, or gas sterilize the Pronto.
- Do not soak or immerse the Pronto in any liquid.
- Use the cleaning solution sparingly. Excessive solution can flow into the Pronto and cause damage to internal components.
- Do not touch, press, or rub the display panels with abrasive cleaning compounds, devices, brushes, rough-surface materials, or bring them into contact with anything that could scratch the panel.
- Do not use petroleum-based, acetone solutions, or other harsh solvents, to clean the Pronto. These substances erode the instrument's materials and instrument failure can result.

Refer to *Section 8, Cleaning and Reuse of Masimo Reusable Sensors and Cables* for cleaning instructions of the sensor.

HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: Hearing/Vision Screening Outcomes **ESC Board Approval: 6/26/19**
Policy:

Regulations:
Operational Procedures:

1. 3 or 4-year-old: Unable to test due to immaturity, behavior, etc.
   - complete Hearing/Vision screening form for 3-year-old students (use for 4's also)
   - Child Plus entry – enter event as "meets requirements" to satisfy 45-day screening standard; In results section type "unable to test ", document reason in the Notes box and rescreen plan
   - Document on tracking form
   - rescreen in 3 months
   - 2nd screening – if they fail or are still unable to test
     - Child Plus entry - Add as action under original Health event - Action type will be either follow up or referral
     - Notify parent
     - Make referral to their healthcare provider
     - Follow up as needed
     - Document on tracking form

2. 3 or 4 year old: Failed screening
   - Child Plus entry – enter event as "meets requirements" to satisfy 45 day screening standard; In results section type "failed", document rescreen plan in the Notes box.
   - Document on tracking form
   - Retest in 3-4 weeks
   - If they pass 2nd screening - Child Plus entry - Add as follow up action under original Health event
   - If they fail 2nd screening,
     - Child Plus entry - Add as action under original Health event – Action type will be either follow up or referral
     - Notify parent
     - Make referral to their healthcare provider
     - Follow up as needed
     - Document on tracking form

HEALTH SERVICES **Policy Council Approval: 6/20/19**
Subject: Procedures for Obtaining Medical Records **ESC Board Approval: 6/26/19**
Policy:

Regulations:
Operational Procedures:

1. March: Families complete applications. It will be explained that the physical and dental are not required to apply, but it is a requirement of being enrolled in Head Start that your child be up to date with all immunizations, physical and dental THS appointments. This is also stated on the Application Cover Sheet.
   April/May: Acceptance letters – Acceptance letters ask families to please bring the dates of your child's last physical and dental exam to enrollment.
   Enrollments - all, including ones that occur during the school year:
   - Physical / Dental Release form will be completed for all enrollments, regardless of what we have on file. This will serve as our documentation of the medical/dental home and the status/plan for obtaining services.
   - A copy of the release and completed physical/dental exam form (if needed) will be completed and sent to Region 9 within 10 days of their enrollment. Region 9 Staff will send these to providers and return the documentation as soon as it is received.
   - The date of appointments will be documented on the Records request form and tracking form, along with any other information obtained from the parent/guardian. If the parent/guardian does not know the date, they can call their provider to find out.
   - All incoming medical records will be stamped, initialed, and dated the day they are received.

   Returning Students: New releases must be obtained on all returning students, even if the provider has not changed. Physical/Dental exam status will be reviewed with every parent. Appointment date and/or plan will be documented and tracking update. Records request, copy of the release, and completed physical/dental exam form will be completed and sent to Region 9. Region 9 Staff will send these to providers and return the documentation as soon as it is received.

2. 90 day Guidelines:

September 30th –

- Every child will have either a documented scheduled appointment or plan in place.
- CHC onsite services will be scheduled for October and the 2nd week in November

November 1st - If we do not have a current exam on file, documented efforts, appt. schedule, etc. will be entered into the Child Plus Notes.

November - 2nd week: Onsite CHC services –

- CHC onsite physicals and the CHC dental van will be available to provide exams for all children that do not have a current exam on file. CHC paperwork will be completed by the parent/guardian. Also, they will be provided with the date/time of the dental van, inviting them to attend.
- If necessary, local school district funds will be used to pay for services needed. If local funds are not available, the crisis fund form and procedure will be implemented and HS funds will be used to pay for the exam if Medicaid will not pay (they will bill Medicaid first).

After 90 day deadline: arrangements will be made immediately to have the service completed, including payment arrangements if necessary.

**Community Healthcare Center can be utilized anytime throughout the year. Please remember that the spreadsheet must be sent to the CHC one week before the services are provided onsite.