

WCMCA Health Policies Orientation and Annual Review

Objective: Participants will implement and follow written health, safety, and emergency policies and procedures of WCMCA Head Start and ensure compliance with Head Start Program Performance Standards and MN Rule 3 licensing requirements.

- 2 hrs Establishing Healthy Practices

For approved clock hours; Level 2: Implements

Course Description

This course is designed to orientate new staff on written policies and procedures of WCMCA Head Start to ensure safe and healthy environments and serve as an annual refresher of health and safety policies review.

- VII.A- Establishing Healthy Practices
 1. Planning a safe, healthy learning environment

Intellectual Property: This training is exclusively owned by WCMCA Head Start, developed with requirements of Head Start Program Performance Standards, MN Rule 3 Child Care Licensing and policies of WCMCA Head Start.

Course Category: Early Childhood



SAFE & HEALTHY FACILITIES and ENVIRONMENTS

Allergies
and
Chronic Health Conditions

- Prevention
- Response
- Special Care Plans

Infectious
and
Communicable Disease
Prevention/Control

- Handwashing and Hygiene
- Cleaning and Sanitation
- Bloodborne Pathogens: Universal Precautions
- Daily Health Checks and Exclusion Policies
- Food Safety

Incident and Injury Prevention

- Risk Reduction and Emergency Procedures Safety Checklists Safety Checklists
- Safety Checklists
- Active Supervision
- First Aid Kits
- Abuse and Neglect Reporting
- Abusive Head Trauma
- Sudden Unexpected Infant Death Syndrome
- Background Studies

*Standards from MN Rule 3 Licensing Rules and
Caring for Our Children <https://nrckids.org/CFOC>*

Allergy Prevention and Response

Identification of Allergies and Chronic Conditions

Health History	Summarize health condition(s) with parents/guardians
	Ask questions for clarification and discuss concerns with parents
	If parent reports an allergy or chronic health condition on the Health History, there will be an expectation for a Special Care Plan and possible follow-up with a medical provider
Health Action Plan	Agreement between parent and provider (doctor statement)
	The Action Plan includes, but is not be limited to, a description of the allergy, specific triggers, procedures and medications for responding to an allergic reaction
	Reviewed regularly; to be updated annually or as child's health conditions change
ICCPP Individual Child Care Program Plan	Agreement between parent and staff providing direct services.
	ICCPP outlines staff responsibilities to accommodate child's needs for prevention and response . <i>(what needs to be done, who will do it, and when)</i> Plans are modified as needed or annually to support the child.
	Could require additional training (medication administration, epi-pen) to be documented on this form.

What's the Difference?

Intolerance

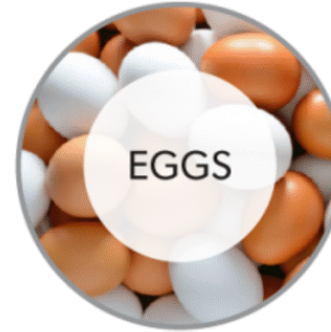
- Food intolerance is a reaction to food that involves the digestive system.
- Is not life-threatening, but symptoms can cause discomfort requiring accommodations.

Allergy

- Allergies are a potentially serious reaction involving the immune system.
- Is life-threatening, often associated with anaphylaxis requiring immediate response.

Prevention

- ❑ Secured documentation.
- ❑ Control triggers entering the classroom.
 - **No outside food allowed.**
 - Menus are reviewed regularly for common allergens.
- ❑ Ensure all partners are informed.
 - Food Service/Cafeteria Leads
 - ECSE/Para
 - Substitutes
 - Parents/Volunteers
- ❑ Cover sheet and allergy special/diet list in food service areas.



"The Big 8"

Special Diet, Allergy and Religious Preferences

Accommodation requires a medical professional's signature to exclude a food group.

Religious preference may be a Head Start specific accommodation.

Milk substitution can be a parent preference only if it's related to an allowable milk substitute. (nutritionally equivalent to fluid cow's milk).

The image shows a screenshot of a form titled "ALLERGIES, INTOLERANCES, SPECIAL DIETS" from West Central Minnesota Communities Action. The form contains several sections for recording information, each with a "Name" field, an "Allergy" dropdown menu, a "Food/Item" field, and a "Food Substitute:" field. A large green rectangular overlay covers the right side of the form, containing the title "ALLERGIES AND SPECIAL DIETS" and a "CONFIDENTIAL INFORMATION" notice. The notice states that the information is for the sole use of Head Start staff, collaborative partners, and volunteers involved in serving children and ensuring their safety in the classroom, and that it is confidential and privileged information.

ALLERGIES AND SPECIAL DIETS

CONFIDENTIAL INFORMATION: This information is for the sole use of the Head Start staff, collaborative partners and volunteers involved in serving children and ensuring their safety in this classroom. This is confidential and privileged information.

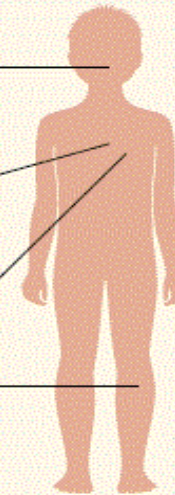
Response

- ❑ ICCPP (Individual Child Care Program Plan) outlines specific responsibilities to respond to an emergency.
- ❑ Follow medication administration policies and procedures for any emergency/rescue medications.
See [Medication Administration policies](#)
- ❑ Contact 911 immediately, be prepared to report details of child's condition and provide medication administered.
- ❑ Notify parents immediately with any identified symptoms and document incident on I/I/I report following incident.

ANAPHYLACTIC REACTION

Just a tiny trace amount can cause a reaction.
DON'T HESITATE—TAKE ACTION!

Mouth and throat swelling
Wheezing and difficulty breathing
Weakness, rapid heart rate, and anxiety
Itchy hives and general body redness (anywhere on body)



- **Be prepared and alert:** First signs of a food allergy may occur when a child is in your care.
- **Immediately** give medication to stop reaction.
- **Document** any concerns and report to parents and health care provider.

Symptoms can appear in a few seconds or show up hours later.

ASK AND KNOW

What does the diet modification request say?

What does the health care plan say?

Where are medications stored?

Who administers medications?

Who will call 911?

Who accompanies child to the ER?

How do I contact parents?

Where do I record and report?
What happened?



WHAT A CHILD MIGHT DO

Pull tongue

Hold throat

Put hand in mouth to scratch.

Voice may change or sound hoarse.



WHAT A CHILD MIGHT SAY

"My tongue is hot."

"My mouth is tingling."

"My tongue itches."

"There is something stuck in my throat."

"My lips feel thick."



Medication Administration

- Should be administered at home unless necessary; requires additional documentation and training.
- Prescribed by a licensed medical provider; or
- OTC (Over The Counter) **and** accompanied by doctor's instructions. Medicine must be in its original container, labeled to identify the child.
- Rescue medication must be secured before attendance.
- **Every administration is logged; logs are submitted monthly, regardless of administration.**
- Parent dispose expired medication.



Infectious Disease Control and Response

Hand Hygiene

Infectious and
Communicable Disease
Prevention/Control



Hand Hygiene

- Hand Washing
- Hand Sanitizer
- Gloving/barriers

[MDH Hand Hygiene page link](#)

MDH Hand Washing Procedure Video



Daily Health Checks

Infectious and
Communicable Disease
Prevention/Control



Daily Health Check

- ✓ Conducted at arrival time for every child *(even when the child arrives late).*
- ✓ Temperament (listen) Physical
- ✓ Appearance(look)
- ✓ Odor (smell)
- ✓ Temperature (indicated by thermometer)



Incident/Injury/Illness(I/I/I) Reporting

Completed for:

- a) An incident, injury, illness that requires first aid treatment
- b) An identified or parent reported, communicable or infectious disease or ailment, including parasites and infestation
- c) Any illness or injury that requires emergency medical treatment
- d) An unusual or unexpected incident that jeopardizes the safety of children or staff, such as suspected maltreatment, attempted pick-up by unauthorized individual, or a child leaving the premises unattended.
- e) All staff members are responsible for creating I.I.I. Reports in ChildPlus



Within 24 hours or next day following exclusion of child with symptoms, FES or HS Supervisor follow-up with family or staff to check on changes to severity. (FES for child/Head Start Supervisor with staff) Encouraging families and staff to follow-up with medical provider.



Illness and Exclusion

If you are sick, stay home!

Home visits to households with sick individuals will be rescheduled.

A child who gets sick at the center will be separated from others with a designated staff person and the parent or guardian will be contacted immediately for pick-up. Follow additional exclusion policies.

Exclusion will be determined using the ongoing CDC and MDH guidance:

[Infectious Diseases in Childcare Settings and Schools](#)

Covid-19 Exposure/Fact Sheet now included

Cleaning, Sanitizing, Disinfecting

Infectious and Communicable Disease Prevention/Control

Cleaning

1. Remove loose debris
2. Spray soap and water
3. Wipe dry

WCMCA Head Start Cleaning/Sanitizing/Disinfecting Guidelines and Schedule

Adapted from: Infectious Diseases in Child Care by Hennepin County Human Services and Public Health and Caring for Our Children: National Health and Safety Performance Standards

ITEM/AREA	HOW OFTEN	CLEAN	DISINFECT	SANITIZE
Child Areas				
Shared Objects (mouthed)	At least daily when soiled	X		X
Thermometers	Use contactless and between each child	X		X
Tabletops	Before and after each food activity and when soiled	X		X
Cots/Mats	Weekly/before use by another child	X		X
Water play tables	Before and after each use	X	X	
Play Clothes, washable cloth toys	Monthly	X laundry		
Sheets/Bedding for Cots and Mats	Weekly ;before use by another child	X laundry		
Play activity centers	Daily	X		
Toilet/Diapering Areas				
Diaper Changing Area	After each use	X	X	
Toilet seats, bowls, handles and door knobs	Daily and when visibly soiled	X	X	
Handwashing sinks, faucets, counters, floors, door knobs, soap dispensers	Daily and when soiled	X	X	
General				
Mops and cleaning rags	After each use	X	X	
Carpet	Vacuum daily. Spot clean/disinfect following body fluid spill	X	Following body fluid spill	
Surfaces and objects contaminated with blood, urine, vomit or stool	Immediately after each soiling	X	X	X if mouthed item
Floors	Vacuum or sweep and mop daily when soiled.	X	X	
Eating/Food Preparation Area				
Food preparation surfaces	Before and after food preparation or service	X		X
Dishes and Utensils	Between each use	X		X dishwasher or 3 compartment sink
Refrigerator	Monthly	X		

HOW TO MIX BLEACH SOLUTIONS:

Bleach Solution 1 Disinfectant (For hard surfaces) : 2.5 tablespoons(TBS) bleach to 1 gallon of cool water **OR** 2 teaspoons bleach 1 quart water

Bleach Solution 2 Sanitizer (Toys, food contact surfaces, etc.): 1 teaspoons bleach to 1 gallon cool water **OR** 1/4 teaspoon bleach to 1 quart water

- ✓ Make bleach solutions fresh daily, label with 1. date and 2. contents
- ✓ Date bleach bottle when opened. Do not keep longer than 30 days
- ✓ Date bleach when purchased. Do not keep longer than 3 months
- ✓ Always follow instructions exactly
- ✓ Store bleach bottles and solutions out of the reach of children
- ✓ NEVER mix bleach with any other products

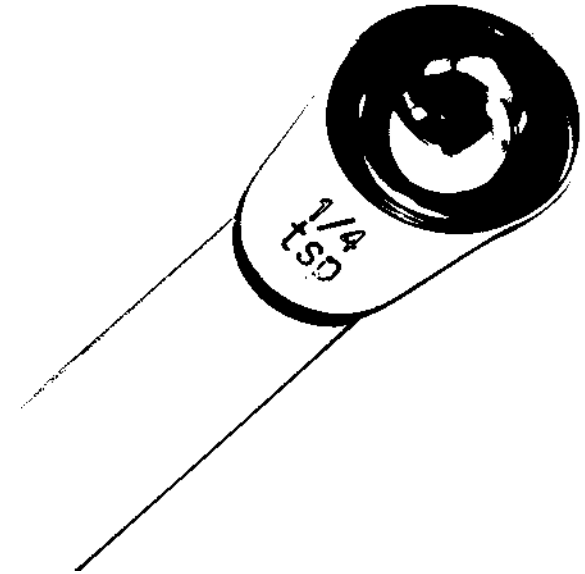
Cleaning Sanitizing Disinfecting Guidelines

[Click here to open this document for printing](#)

Sanitizing

100ppm

- mouthed objects
- toys
- food preparation



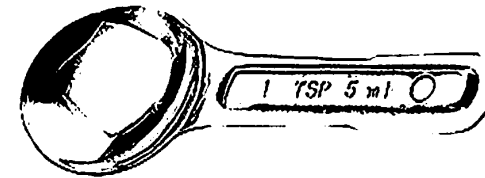
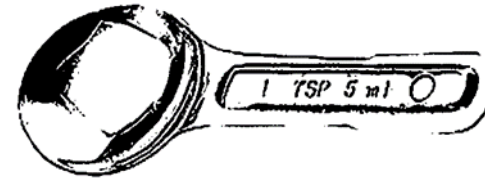
Disinfecting

800+ ppm

- toilets
- floors
- blood, bodily fluids



1 quart (32 oz)



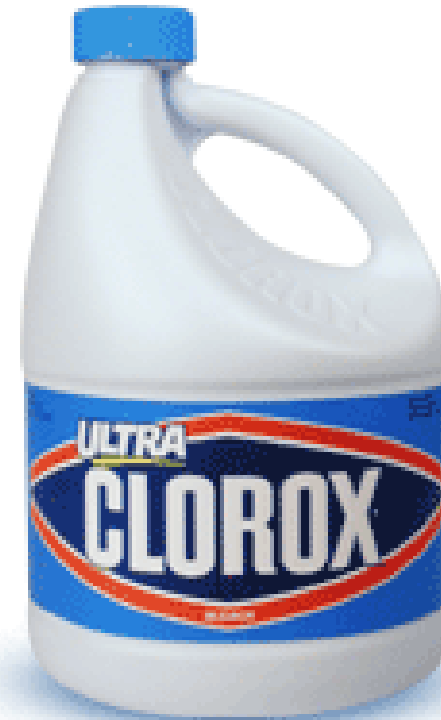
2 teaspoons

Bleach

- unopened bottle-dated (3 months)
- opened bottle-dated (30 days)

Bleach Solutions

- mixed **daily**
- clearly labeled (solution/date)
- funnels/cool water-reduces fumes
- clouded bottle-reduces breakdown



Bleach Solutions Disinfectant Alternatives

Bleach solution remains the primary sanitizing/disinfecting product used in the program.

Possible exception*:

- facility partners required
- high touch areas
- back-to-back home visits (EHS)

*Meets EPA requirements
Requires Material Safety Data Sheet

MATERIAL SAFETY DATA SHEET		
1. IDENTIFICATION		
Product Description:	Agglomerated Quartz Slabs and Tiles	
Manufacturer:	Name: Address: City, State, Country: Telephone:	
2. HAZARDOUS INGREDIENTS		
Componentes:	% by Volume	CAS #
Methyl Ethyl Ketone Peroxide	<0.05%	1338-23-4 1331-11-3
Acetyl Acetone Peroxide	<0.05%	37187-22-7
Diacetone	<0.05%	123-42-2
3. HAZARDS		
Physical - chemical:	No known hazards	
Health:	No known hazards	
4. FIRST AID		
Inhalation:	No known hazards	
Skin contact:	No known hazards	
Eye contact:	Flush particles out using standard procedures.	
Ingestion:	Seek medical assistance	
5. FIRE & EXPLOSION DATA		
Flammability:	Very hardly flammable	
Extinguishing Media:	Use any extinguishing media. Recommended are powder based extinguishers (sodium bicarbonate based, with a water scavenging agent added to prevent lumping of powder due to moisture absorption).	
Special Exposure Risks:	No explosion danger. Class F0 (Opacity and toxicity of fumes is practically zero)	
Firemen Protection:	Standard equipment	

Application Procedure for Sanitizers/Disinfectants



WASH



APPLY
DISINFECTANT/SANITIZER



WAIT
AS DIRECTED ON LABEL
AIR DRY 5-10 MIN



IF NEEDED
WIPE EXCESS

Changing Procedure



Preparation



Dirty Phase



Toileting



Clean Phase



Clean-up



Communicate



***Pull-up
Video link**

***Diapering
Video link**

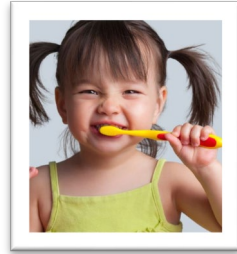
[Required
Diapering
Procedure
Posting](#)

Injury and Incident Prevention



Healthy Habits through Daily Routine

Daily Toothbrushing



- Table toothbrushing is expected; efficiency and sanitary control over sink brushing.
- EHS emphasizes oral health on home visits and access to routine care.
- May be modified depending on the setting; infectious disease precautions are recommended during high-risk situations.

Family Style Meal Service



- Emphasizing positive food experiences and eating environments.
- EHS emphasis on food security and engagement during feedings.
- Modified dependent on setting; infectious disease precautions recommended during high-risk situations.



Hazardous Materials

- Medication
- Chemicals
- Sharp objects
- Household objects (hot beverages, cords)
- Poisonous plants
- Plastic bags

“Must be stored out of the reach of children”
The program expectation is that it is locked

Health and Safety Checklists

Health and Safety is a priority area for WCMCA Head Start funds.

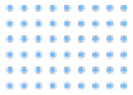
- Safety concerns need to be brought to the attention of the Head Start Supervisor to ensure that prompt follow-up is achieved.
- Daily Safety Inspections are conducted for all learning spaces indoors and out.
- Home health and safety in Early Head Start is discussed during home visits.



Health/Safety Checklist Summary

FORM	METHOD FOR SUBMITTING	TIMELINE
Facility Health and Safety Inspection includes Classroom/Socialization Posters and Signs Checklist	Scanned/emailed 1 per classroom	Due 1. Before classes begin 2. January 3. April
Daily Health Check	Scanned/emailed per classroom	Due by 5th of following month
Daily Safety Inspection	Scanned/emailed 1 per classroom and/or EHS socialization event	Due by 5th of following month
Outdoor Equipment and Play Area Inspection	Scanned/emailed 1 per center	Due 1. Before classes begin 2. Following spring melt
Emergency Response Procedures	Posted at entrance of each classroom/Stored in socialization binder	Ongoing and updated as needed.
Playground Safety Plan	Posted at entrance of each classroom 1 per center	Due before classes begin
Fire Drill and Tornado Log	CP Online Module	Monthly
First Aid/Emergency Kit Inventory	Stored with First Aid Kit/Emergency Kit	Completed quarterly Supplies requested as needed or during routine health supply orders
Socialization Safety Checklist (*EHS Only)	Stored in EHS safety binder	Reviewed prior to each socialization event

Emergency Preparedness and Response



Systems for Emergency Preparedness

**RULE 3: DHS Child Care
Emergency Plan and
Child Care Center Risk
Reduction Plan**

01

**CENTER HEALTH-SAFETY
POSTINGS**

02

SAFETY DRILLS

03

EMERGENCY/FIRST AID KITS

04

EMEGENCY BINDERS

05

**Teams must regularly to review
emergency response practices for
consistency.**

**Define roles and responsibilities in
preparing and responding to
emergencies.**



Emergency Kits for Head Start Classrooms

Required for emergency response situations, evacuations and transitions outside of the classroom. (emergency drills, field trips, playground, etc.)

Emergency Kit Contents Guide

Emergency/Rescue
Medication



Daily Sign-in/Sign-out
Emergency Phone

Emergency Kit Contents cont.



First Aid Kits

- Included in combination with Emergency Kits
- Routinely checked using First Aid Kit Inventory.
- Contact the Supervisor or Health Administrative Assistant for additional First Aid/Health Supplies items.



Emergency Binder: Index

Part 1

CHILD SAFETY

1. Emergency Enrollment Agreement (enrolled child)
2. Special Care/Action Plans and ICCPP forms

Tab 1

STAFF & PARTNER EMERGENCY AGREEMENTS

Tab 2

EMERGENCY PREPAREDNESS

1. Child Care Center Risk Reduction Plan
2. WCMCA Emergency Response Procedures (Additional copy posted in the classroom)
3. DHS Child Care Emergency Plan

Active Supervision

☐ Set Up the Environment

☐ Position Staff

☐ Scan and Count

☐ Listen

☐ Anticipate Children's Behavior

☐ Engage and Redirect

ACTIVE SUPERVISION

SIX STRATEGIES TO KEEP CHILDREN SAFE

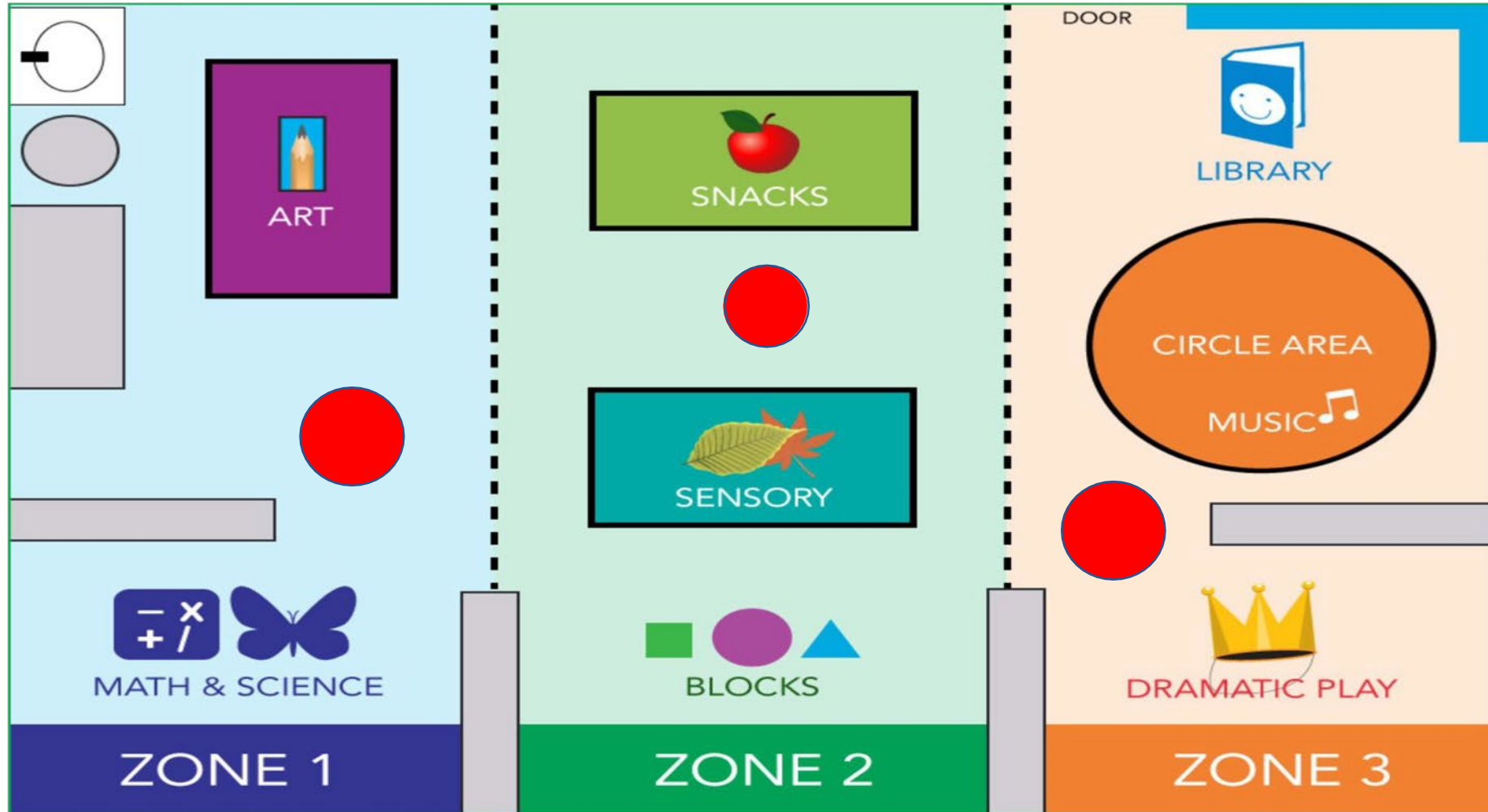


Set Up the Environment

- Unobstructed sightlines
- Free of clutter
- Clear pathways
- “Child-centered”



Positioning Staff: Classroom Zoning



Find more about zoning and the well-organized classroom at:
<https://eclkc.ohs.acf.hhs.gov/video/zoning-maximize-learning>

Scanning and Head Counting

Scan and Count



What is a fail safe or
redundant system?

“A part that has the same function as another part and that exists so that the entire system will not fail if the main part fails.”

-Merriam Webster Dictionary





Home Visiting

Q: How do I support families Active Supervision with my EHS Families or during Home Visits?

A: **Socialization locations ensure the same health and safety policies as a MN Rule 3 licensed classroom.**

Home visits ensure families understand the importance of safety and supervision through resources and referrals.

Emergency Plans

In addition to this presentation, please review the corresponding written policies for this training at www.wcmcahs.com and site-specific documents for your location of work:

- Child Care Emergency Care Plan
- DHS Risk Reduction Plan
- Individual Child Care Program Plans (ICCPPs)
- Mandated Reporting

