

1304.22 Child Health and Safety

- (a) Health Emergency Procedures
- (b) Conditions of Short-Term Exclusion and Admittance
- (c) Medication Administration
- (d) Injury Prevention
- (e) Hygiene
- (f) First Aid Kits

- (a) Health emergency procedures.

Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:

- (1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;
- (2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;
- (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);
- (4) Methods of notifying parents in the event of an emergency involving their child; and
- (5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

[Fire Evacuation Drill Procedures](#)

[Dental Emergency Poster](#)

[Medical Emergency Poster](#)

[Bus Emergency Poster](#)

[Child Files](#)

[Emergency Preparedness Plan Policy](#)

[Injury Report Record](#)

[Child Abuse & Neglect Policy & Procedure](#)

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

(1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

[Exclusion Policy](#)

(2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

[Medication Administration Policy](#)

[Services to Children with Disabilities](#)

(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

[Developmental and Health History Policy](#)

[Exclusion Policy](#)

[Medication Administration Policy](#)

[Confidentiality Policy](#)

(c) Medication administration.

Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:

- (1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;
- (2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;
- (3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;
- (4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;
- (5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and
- (6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

[Medication Administration Policy](#)

(d) Injury prevention.

Grantee and delegate agencies must:

- (1) Ensure that staff and volunteers can demonstrate safety practices; and
- Foster safety awareness among children and parents by incorporating it into child and parent activities.

[Fire Evacuation Drill Procedures](#)

[Discipline Guidance Policy](#)

[Curriculum Development](#)

[Policy for Parent Education](#)

[OSHA Hazard Communication Program](#)

(e) Hygiene.

(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:

- (i) After diapering or toilet use;
- (ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);
- (iii) Whenever hands are contaminated with blood or other bodily fluids; and
- (iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water:

- (i) Before and after giving medications;
- (ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and
- (iii) After assisting a child with toilet use.

(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.

(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures.

(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.

[Blood-Body Fluid Cleanup Kit Policy and Procedure](#)

[Hand Washing Policy and Procedure](#)

[Diapering Policy](#)

[Cleaning Guidelines](#)

[Toy Washing Policy](#)

[Early Head Start Sleeping and Napping Routine](#)

[Bloodborne Pathogens Exposure Control Plan](#)

(f) First aid kits.

(1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.

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

[Blood-Body Fluid Cleanup Kit Policy and Procedure](#)

[Health & Safety Checklist Procedure](#)