Standard 5: Health

Definition of Standard 5 – Health

The program promotes the nutrition and health of children and protects children and staff from illness.

Rationale

To benefit from education and optimize quality of life, children need to be as healthy as possible. Health is a state of complete physical, oral, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization 1948). Children depend on adults (who also are as healthy as possible) to make healthy choices for them and to teach them to make healthy choices for themselves. Although some degree of risk taking is desirable for learning, a quality program prevents hazardous practices and environments that are likely to result in adverse consequences for children, staff, families, or communities.

The Health Standard is made up of three topic areas (5.A, 5.B, and 5.C).

Topic Areas

- 5.A—Promoting and Protecting Children's Health and Controlling Infectious Disease
- 5.B—Ensuring Children's Nutritional Well-Being
- 5.C—Maintaining a Healthful Environment

5.A—Promoting and Protecting Children's Health and Controlling Infectious Disease

Topic 5.A addresses practices for health promotion and protection for children and adult staff in the program, including plans and policies concerning immunization, communicable disease, and CPR and first-aid training, as well as standards for diapering, hand washing, feeding, dispensing medication, and using health professionals.

Recommended Best Practices

Health records

The program maintains current health records for each child: within six weeks of a child beginning the program, and as age appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the websites of the American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the Academy of Family Practice. When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using a religious exemption. Child health records include current information about any health insurance coverage required for treatment in an emergency; results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results; current emergency contact information that is kept up-to-date by a specified method during the year; names of individuals authorized by the family to have access to health information about the child; instructions for all of the child's special health needs, such as allergies and chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes); supporting evidence for cases in which the child is under-immunized due to a medical condition (documented by a licensed health professional) or the family's beliefs. If a vaccine-preventable disease to which children are susceptible occurs in the program, staff promptly implement a plan to exclude the child who is under-immunized.

Health consultants

The program has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or a health professional with specific training in health consultation for early learning programs. For programs serving children older than 2, the health consultant visits at least two times a

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year and as needed. Where infants, toddlers, and twos are in care, the health consultant visits the program at least four times a year and as needed. The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social and emotional, nutritional, and oral health, including the care and exclusion of ill children. Unless the program participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), at least two times a year a registered dietitian or pediatric public health nutritionist evaluates the menus for nutritional content; portion sizes; nationally recommended limits on juice, sugar, sodium, and saturated fats; food service operations; special feeding needs to be met by the program; and procedures used for food brought from home. The program documents compliance and implements corrections according to the recommendations of the consultant (or consultants).

Staff training and program practices in the event of illness

At least one staff member who has a certificate showing satisfactory completion of first aid training and satisfactory completion of pediatric CPR (cardiopulmonary resuscitation) is always present with each group of children.

The program follows these practices in the event of illness: If an illness prevents a child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children, or if a child's condition is suspected to be contagious and requires exclusion (e.g., chicken pox, influenza, whooping cough), as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where other individuals will not be exposed. The program immediately notifies the parent, legal guardian, or other person authorized by the parent, when a child has any sign or symptom that requires exclusion from the program (e.g., head lice, measles, impetigo, chicken pox). A program that allows children or staff who are ill to remain in the program implements plans that have been reviewed by a health professional about the levels and types of illness that require exclusion, how care is provided for those who are ill but who are not excluded, and when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.

Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which children were exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.

Outdoor activities

Children of all ages have daily opportunities for outdoor play (when weather, air quality, and environmental safety conditions do not pose a health risk). To ensure air quality in the outdoor learning environment, programs should have a written policy that vehicles (buses as well as families' automobiles) do not idle in the program's parking areas, unless they must do so in extreme temperatures to heat or cool car systems or interiors.

When children are outdoors, they are protected against cold, heat, sun injury, and insect-borne disease. To protect against cold, the program ensures that children wear clothing that is dry and layered for warmth. To protect against heat and sun injury, children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing (e.g., broad-brim hats, long sleeve shirts, full length pants/skirts), applied skin protection, or both. Applied skin protection will be non-aerosol broad-spectrum sunscreen or sunblock with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so). When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children over 2 months of age.

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Do not use a product that combines sunscreen and insect repellent. Staff apply insect repellent no more than once a day and only with written parental permission.

When outdoor opportunities for large motor activities are not possible because of conditions, the program provides similar activities inside. Indoor equipment for large motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

Diapering

For children who are unable to use the toilet consistently, the program makes sure that the facility is equipped to change diapers and soiled clothing in safe and sanitary fashion. Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day. Diapers, underwear, and other clothing are changed when wet or soiled. Staff check children for signs that diapers or pull-ups are wet or contain feces when sleeping children awaken, and they check at least every two hours when children are awake. Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility. At all times, caregivers have a hand on the child when the child is being changed on an elevated surface. In the changing area, staff post and follow changing procedures. These procedures are used to evaluate teaching staff who change diapers.

Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. Changing areas may include changing tables, bathrooms, curtained or semiprivate nooks or corners within larger classroom spaces. For kindergartner and school-age children, the program may use an underclothing changing area designated for and used only by these age groups. Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects—and especially not for any object involved with food or feeding. Diaper bins -- containers that hold soiled diapers and diapering materials -- must have a lid that opens and closes tightly by using a hands-free device (e.g., a step can), or be in-counter, drop-in bins allowing for hands-free disposal. Containers must be kept closed, and both the inside and outside of the bin must not be accessible to children.

For children who require cloth diapers, the diaper should have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

Hand washing

Proper hand-washing technique is followed by adults and children and includes using liquid soap and running water; rubbing hands vigorously for at least 20 seconds, including backs of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., using a paper towel to turn off water).

The program follows consistent practices regarding hand washing. Staff members and children who are developmentally able to learn about personal hygiene are taught hand-washing procedures and are periodically monitored. Hand washing is required by all staff, volunteers, and children when it would reduce the risk of transmission of infectious diseases to themselves and to others, as described in the next paragraph. Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults wash their hands upon arrival for the day; after diapering or using the toilet (use of wet wipes is acceptable for infants); after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit); before meals and snacks, before preparing or serving food, and after handling any raw food that requires cooking (e.g., meat, eggs, poultry); after playing in water that is shared by two or more people; after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and when moving from one group to another (e.g., visiting) when it involves contact with infants, toddlers, and twos. Adults also wash their hands before and after feeding

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a child, before and after administering medication, after assisting a child with toileting, and after handling garbage or cleaning.

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement to, but not a substitute for, handwashing in any required hand-washing situation listed above. Staff wear gloves when contamination with blood may occur. Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material. In situations in which sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food. For children over 24 months and for adults, hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an alternative to traditional hand washing with soap and water when visible soiling is not present.

Children's medications

Safeguards are used with all medications for children. All medications are kept in a locked container with the exception of medications that must be readily available such as epi-pens, asthma inhalers, sunscreen, lotions, or diaper creams. These medications must be stored in a safe manner that is inaccessible to children while also allowing quick access by trained staff. Staff administer prescription or over-the-counter medication to a child only if the child's record documents that the parent or legal guardian and a licensed health provider have given the program written permission. Written permission is also obtained from parents or legal guardians to apply skin protectants and cosmetics to children. This includes such items as insect repellants, sunburn relief gels, sunscreens, diaper creams, lip balms, moisturizers, toothpastes, deodorants, perfumes, and fingernail polish. The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff. Any administrator or teaching staff who administers medication has (a) specific training in and (b) a written performance evaluation, updated annually by a health professional, on the five correct practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method, with documentation of each time the medication is given. The person giving the medication signs documentation of items (1) through (5) above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider. Medication is labeled with the child's first and last names; the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider; the name of the licensed health care provider; the expiration date of the medication or the period of use of the medication; the manufacturer's instructions or the original prescription label that details the name and strength of the medication; and instructions on how to administer and store it.

Water play

Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed for each group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table.

Infants, toddlers, and twos do not have access to large buckets that contain liquid.

Sudden infant death syndrome

To reduce the risk of sudden infant death syndrome (SIDS), infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. Common infant sleep equipment includes cribs, play yards (pack n' play), cots, mats, Montessori floor beds, and bassinets. Sleep positioners such as bolsters, wedges, rolled blankets, and elevated crib mattresses are not used on a temporary or permanent basis without written authorization from a physician. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or sleep equipment for infants younger than 12 months. Blankets are not allowed in cribs or sleep equipment for infants younger than 12 months. The infant's head remains

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uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position. Infants that fall asleep in equipment not designed for sleeping (e.g., car safety seats, swings, bouncers, strollers, or highchairs) are promptly removed from the equipment and placed in an age-appropriate sleep surface such as a crib, cot, or bassinet.

Feeding

Infants younger than 12 months are held for bottle feeding. All others sit or are held to be fed. Infants, toddlers, and twos do not have bottles while in a crib or bed and do not drink from propped-up bottles anytime. After each feeding, an infant's teeth and gums are wiped with a disposable tissue (or a clean, soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. Toddlers and twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

At least once daily in a program where children older than 1 year receive two or more meals, teaching staff provide an opportunity for tooth brushing to remove food and plaque. (The use of toothpaste is not required.)

The program documents compliance and any corrections that it has made, in accordance with the recommendations of the program's health consultant, nutrition consultant, or sanitarian, that reflect consideration of federal and other applicable food safety standards.

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