

## NEIGHBORIMPACT HEAD START & EARLY HEAD START

### Policy & Procedure

<b>Policy #:</b> HS-13 <b>Title:</b> OWIE & Injury <b>Section:</b> Child Development & Health Services	<b>Approval Date:</b> 5/8/2025 <b>Procedure Revision Date:</b> <b>Most Recent Board Review:</b> 5/8/2025 <b>PC Approval Date:</b> 10/17/2024
<b>Forms Required:</b> Injury Incident Report Form, Owie Report, Emergency Contact Form	
<b>Performance Standards:</b> 1302.41, 1302.47, CCD: 414-300-0030, 0040 CFOB: 1.4.2.3, 3.4.3.1, 9.2.4.1, 9.4.1.0	Page 1 of 2

**Policy:** The NeighborImpact Head Start & EHS program ensures that a system is in place for staff to respond to medical emergencies, and minor injuries/incidents, and to inform parents in a timely manner.

**Purpose:** To ensure that staff are trained and understand the system to respond to medical emergencies and minor injuries/incidents. Staff will also understand procedures for reporting the incident including notification of the parents of injuries/incidents.

#### **Procedure:**

1. CPR/Choking and Emergency First Aid posters are posted in each classroom as well as Emergency Contact Phone Numbers.
2. All Staff are trained in CPR/First Aid and have a valid CPR/First Aid certification, refer to First Aid/CPR Food Handlers Certificate Policy.
3. Staff are trained annually on Head Start's OWIE & Injury policy.
4. Emergency Contact Forms are kept current and located in the Teacher/Classroom Binder. The Emergency Contact Form includes consent to treat and transport the child in the event of an emergency. Individual Child Classroom Health Plans for children with special accommodations are also be located in the Teacher/Classroom Binder.
5. Conditions that are considered an emergency and require immediate medical services, and parent notification, are:
  - a. Anytime you believe a child needs immediate medical assessment and treatment that cannot wait for parents to take the child for care.
  - b. Fever in association with abnormal appearance, difficulty breathing, or a problem with circulation indicated by an abnormal skin color, such as looking exceptionally pale, having a bluish skin tone, or having skin that is exceptionally pink.
  - c. Multiple children affected by injury or serious illness at the same time.
  - d. A child is acting strangely, is much less alert, or is much more withdrawn than usual.
  - e. Difficulty breathing or unable to speak.
  - f. Skin or lips that look blue, purple or gray.
  - g. Rhythmic jerking of arms and legs and a loss of responsiveness
  - h. Unresponsive
  - i. Decreasing responsiveness
  - j. After a head injury, decreasing level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.

- k. Vomiting blood
  - l. Severe stiff neck (limiting child's ability to put chin to chest) with headache and fever.
  - m. Severe dehydration with sunken eyes, lethargy, no tears, and not urinating.
  - n. Suddenly spreading purple or red rash
  - o. A large volume of blood in the stools
  - p. Hot- or cold weather injuries (eg, frostbite, heat exhaustion)
  - q. After administering emergency medication for an allergic reaction
6. Situations that require urgent medical attention but do not necessarily require emergency medical services if parent notification and transport to medical care can be achieved within an hour or so:
- a. Fever in a child of any age who looks more than mildly ill.
  - b. Elevated temperature for a child who is younger than 2 months, with an armpit temperature of 100.5°F Appearing and acting very ill for a child of any age
  - c. Severe vomiting or diarrhea
  - d. An injury that may require medical treatment, such as a cut that does not hold together after it is cleaned
  - e. Any animal bite that breaks the skin
  - f. Venomous bites or stings with spreading local redness and swelling, or evidence of general illness
  - g. Any medical condition that is outlined in the child's Care Plan as requiring medical attention.
  - h. After successful administration of CPR or Heimlich first aid

7. In the event of a medical emergency the staff members present determine the level of care required:

If the child requires or **may require immediate or outside medical attention:**

- i. Provide appropriate CPR or First Aid.
  - ii. The Teacher Advocate or designee notifies parents/guardian or emergency contact and ask that they meet you at the hospital.
  - iii. If parent/guardian is not available for notification, Head Start will contact the emergency contact, follow EMS advice, and maintain supervision of the child until a parent/guardian or emergency contact is available.
  - iv. Teacher Advocate or designated staff contact Site Coordinator and Head Start Director.
  - v. If the child is transported to the emergency room, the Teacher Advocate or Site Coori (or designee) goes to the emergency room and takes (or gives to EMS) the Emergency Contact Form. If the child has an ICCHP or any medication ensure these go with the child to the emergency room.
- The Teacher Advocate or designee completes an **Injury Incident Report Form** immediately after incident, no later than end of day, and emails it to the Site Coordinator, Regional, EHS/HS Manager, Health Services Manager and Director
  - Health Services Manager uploads form to CP
  - Form is stored in OWIE binder
  - Provide a copy of the Injury Incident Form is given to the parent.
  - Health Services Manager sends a copy of the Injury Incident Report to the NeighborImpact Director of Finance who will notify the insurance company.
  - The Health Services Manager emails a copy of the Injury Incident Report Form to CCD no later than 5pm the day after the incident.
  - Director reports any reportable injuries to the Office of Head Start and DELC within 7 days of the incident

- Director adds any reportable incidents to the Health & Safety Incidents Spreadsheet
  - The Health Services Manager in collaboration with the Teacher Advocate follows up with parent/guardian and arranges for any accommodations that may be required.
7. If the child has a **minor injury that does not appear to require outside medical attention:**
    - i. Administer appropriate First Aid
    - ii. Notifies the parent as soon as possible, on the same day as the incident.
    - iii. Complete an Owie Report, send home to parents/guardian on the same day as the incident.
    - iv. Parents sign/date the **Owie Report**. The parent keeps a copy and return signed copy to Head Start.
    - v. Signed copy is uploaded to ChildPlus
    - vi.
  8. Any conversations with parents about injuries are documented in the Family Services Event tab in ChildPlus.
  9. Monitoring of the injuries and incidents at each site will take place at minimum, monthly at CTM's.
  10. OWIE and Injury Reports are reviewed at Regional Monitoring and trends are discussed at quarterly monitoring meeting
  11. The Health Services Manager will notify CCD of any injury or incident that requires outside medical attention within 7 days. In the event of the death of a child, CCD is notified within 48 hours.
  12. Any plans of action that are developed or trends identified are forwarded to the appropriate Manger or Coordinator.