

## Individual Care Plans – Medical and Safety

### Policy/Approach:

SOHS is committed to providing comprehensive services that support the individual health, nutrition, and safety needs of each child in the program. To this end, a comprehensive approach of referral, planning, follow-up, collaboration with families, consistent documentation and ongoing monitoring is used, which is designed to comply with all relevant Head Start Performance Standards and State licensing regulations.

Whenever a child has an individual health or nutrition need (e.g. allergies, asthma or chronic illness) that requires follow-up and/or support, the Health Services Manager and Health Team will collaborate with parents and the child's healthcare provider(s) to create an **Individual Care Plan**.

Staff are trained to understand and support these health issues, including administration of any medication needed, and ensure that whenever required, specific health procedures are completed only by a licensed health professional. Family Advocates and Home-Based Home Visitors also set goals with families to assist them to effectively manage their children's chronic health conditions, and to promote health and well-being in their home environments as needed.

#### Head Start Program Performance Standards:

1302.42 – Child health status and care 1302.44 – Child Nutrition

1302.46 – Family support services for health, nutrition, and mental health 1302.47 (7) (vi) – Safety Practices – Administrative Safety Procedures 1302.61- Additional services for children

#### Oregon Administrative Rules:

OAR 414-300-0230 – Medications

Our procedures are subject to adjustment based on Public Health needs or advisory from either our local, state or federal governing bodies. Any temporary modifications to procedures in this event will be documented and shared with staff.

### Procedures:

#### A. Individual Care Plans

Individual Care Plans (ICPs) are created by Health services staff, in collaboration with the child's parent/guardian, healthcare provider, and family service staff as needed.

1. Staff will notify Health Services whenever a health concern has been identified, e.g. through staff observation of a child (see [Health Observation procedure](#)), a conversation with the parent, information received from physician, or other

means.

2. The ICP is written by Health Services and can include:
  - Description of health concern
  - Signs/symptoms that staff should watch for, and how they should respond
  - Accommodations needed, e.g. restricted activity, dietary restrictions, environmental control
  - Child involvement (if the child understands the condition and is involved in its treatment)
  - Medication needed, if applicable
  - Training needs for staff
  - Follow-up and review plan for staff, as needed
3. The ICP is documented in the electronic database by Health Services and then reviewed with the child's center staff. Copies are then distributed to the Center GO TO file, Health Services, and Parent if they desire a copy.
4. The ICP is monitored by Health Services.
  - a. For high medical needs or medically fragile/complex children (which will be identified by our Health Manager and documented in their plan) additional monitoring practices will include:
    - Initial 1-4 weeks of child attendance Health Manager may check-in up to daily with staff including documentation reviews.
    - When the Health Manager feels it's appropriate, they may transition to monthly staffings where Site Manager will meet with the Health Manager to discuss the child's plan and how it is going. The parent, classroom staff and FA will be included on this as needed.
    - Additional staffing or check-in's will be scheduled as needed.
    - Staff are to contact the Health Manager immediately by phone if any deviations to the child's plan are made, or the child's medical condition or symptoms are outside of normal range (e.g. high blood sugars, increased breathing issues, other consistent or increased symptoms, or behaviors).
5. The ICP is revisited with the family at home visits or as needed. If the child's health needs have changed, staff will notify Health Services, so the plan can be revised as needed.
6. Guidance for when an ICP is needed, and documentation is provided in the table below.

| Health/Nutrition Issue                                 | Is an ICP Needed?                                                  | Is a Medication Authorization Form needed?<br>(If YES, get an ROI-S) | Is a Medical Statement to Request Special Meals and/or Accommodations Form needed?<br>(If YES, get an ROI-S) | How to document in the database                                                                                                                                                                                                         | Follow-up expectations                                   |
|--------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Seasonal Allergies (No Medication needed at school)    | No                                                                 | No                                                                   | No                                                                                                           | Enter as a Concern, chronic condition as an FYI<br><br>ICP- Allergies Non-Food                                                                                                                                                          | Only if anything changes<br><br>Date to 7/31             |
| Seasonal Allergies (Medication Administered at school) | Yes                                                                | Yes                                                                  | No                                                                                                           | Enter as a Concern, chronic condition Send Med Auth to Dr. to complete<br><br>ICP- Allergies Non-Food                                                                                                                                   | FA/HBHV Review at Home Visit, Conferences, and as needed |
| Asthma                                                 | Maybe – if meds or restrictions needed                             | Only if we need to administer medication                             | No                                                                                                           | Enter as a Concern, chronic condition Complete Asthma Form.<br><br>Send Med Auth to Dr. to complete<br><br>ICP-Asthma                                                                                                                   | FA/HBHV Review at Home Visit, Conferences, and as needed |
| Obesity                                                | Maybe – if changes to child's participation in class is prescribed | Only if we need to administer medication                             | Only if special diet has been prescribed by doctor                                                           | Enter as a Concern, chronic condition<br><br>If child on Special diet send to Dr. dietary Accommodation form.<br><br>ICP-Obesity                                                                                                        | FA/HBHV Review at Home Visit, Conferences, and as needed |
| Underweight                                            | Maybe                                                              | Only if we need to administer medication                             | Only if special diet has been prescribed by doctor                                                           | Enter as a Concern, chronic condition<br><br>If child on Special diet send to Dr. dietary Accommodation form.<br><br>ICP-Low Weight                                                                                                     | FA/HBHV Review at Home Visit, Conferences, and as needed |
| Diabetes                                               | Yes                                                                | Yes                                                                  | Yes, to accommodate any dietary restrictions or modifications from their Doctor                              | Enter as a Concern, chronic condition<br><br>If child on Special diet send to Dr. dietary Accommodation form.<br><br>Request School Orders from Provider, this will include medication administration instructions.<br><br>ICP-Diabetes | Monthly reviews with Center and Health                   |

|                                        |     |                                          |    |                                                                                                                                                      |                                                                                                                                                |
|----------------------------------------|-----|------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Seizure Disorder                       | Yes | Only if we need to administer medication | No | Enter as a Concern, chronic condition<br>Complete Seizure Form.<br><br>Send Med Auth to Dr. to complete if needed<br><br>ICP-Seizures                | Monthly reviews with Center and Health, as needed deemed by the Health Manager<br><br>FA/HBHV Review at Home Visit, Conferences, and as needed |
| Febrile Seizures                       | Yes | Only if we need to administer medication | No | Enter as a Concern, chronic condition<br>Complete Seizure Form.<br><br>Send Med Auth to Dr. to complete if needed<br><br>ICP-Seizures                | FA/HBHV Review at Home Visit, Conferences, and as needed if any seizure activity or medication changes                                         |
| High Lead Levels (Greater than 5µg/dL) | Yes | No                                       | No | Enter as a Concern, chronic condition<br><br>Follow-up with provider asking for treatment plan, and any restrictions at school.<br><br>ICP-High Lead | FA/HBHV Review at Home Visit, Conferences, and as needed<br><br>Health Manager review when lead level retested                                 |

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|---------------------------------|-------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Other Chronic Health Conditions | Maybe             | Only if we need to administer medication                          | Only if special diet has been prescribed by doctor for their condition                                    | Enter as a Concern, may be chronic or acute.<br><br>Notify Health Services for guidance.<br><br>ICP-Other, indicate what it is | FA/HBHV Review at Home Visit, Conferences, and as needed |
| Food Allergy (No medication)    | Yes               | No                                                                | Maybe                                                                                                     | Enter as a Concern, chronic condition<br><br>Complete Food Substitution Questionnaire<br><br>ICP-Allergy/Special Diet          | FA/HBHV Review at Home Visit, Conferences, and as needed |

|                                                   |       |                                             |                                                       |                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |
|---------------------------------------------------|-------|---------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Food Allergy<br>(Medication Required)             | Yes   | Yes                                         | Maybe                                                 | Enter as a Concern,<br>chronic condition<br><br>Complete Food<br>Substitution<br>Questionnaire<br><br>ICP-Allergy/Special<br>Diet                                                                                                                                 | FA/HBHV Review at<br>Home Visit,<br>Conferences, and as<br>needed<br><br>Monthly reviews with<br>Center and Health,<br>as needed deemed<br>by the Health<br>Manager |
| Failed<br>Hematocrit/Hemoglobin<br>Anemia         | Maybe | Only if we need to<br>administer medication | Only if special diet has been<br>prescribed by doctor | Enter as a Concern,<br>chronic condition<br>Notify Health Services<br><br>ICP-Anemia                                                                                                                                                                              | FA/HBHV Review at<br>Home Visit,<br>Conferences, and as<br>needed<br><br>Health Manager<br>review when iron<br>level retested                                       |
| Vegetarian                                        | No    | No                                          | If medically warranted                                | Enter as a Concern<br><br>Complete Food<br>Substitution<br>Questionnaire<br><br>ICP-Allergy/Special<br>Diet                                                                                                                                                       | FA/HBHV Review at<br>Home Visit,<br>Conferences, and as<br>needed                                                                                                   |
| Severe Dental Decay<br>that affects Eating        | Yes   | No                                          | Only if special diet has been<br>prescribed by doctor | Enter as a Concern,<br>chronic condition<br><br>Get info on provider<br>and treatment<br>appointments to<br>Health SAA<br><br>ICP-Dental Concern                                                                                                                  | FA follow-up monthly<br>until resolved or<br>treatment scheduled.<br><br>Health Manager<br>consult as needed                                                        |
| Acute Medication<br>Administration                | Yes   | Yes                                         | No                                                    | Enter as a Concern,<br>acute<br><br>Send Med Auth to Dr.<br>to complete ICP-<br>Other – Medication on<br>Site                                                                                                                                                     | FA/HBHV Review at<br>Home Visit,<br>Conferences, and as<br>needed<br><br>Health Manager<br>consult as needed                                                        |
| Lactose Intolerance or<br>Milk alternative needed | No    | No                                          | Maybe                                                 | Enter as a Concern,<br>chronic condition<br><br>Fill out Food<br>Substitution<br>Questionnaire.<br><br>Have parent fill out<br>Meal Preference<br>Request Form,<br>selecting either<br>Lactaid or Soy milk as<br>substitution.<br><br>ICP-Allergy/Special<br>Diet | FA/HBHV Review at<br>Home Visit,<br>Conferences, and as<br>needed                                                                                                   |

## A. Health Procedures & Accommodations

- a. See also the [Medication Administration Policy & Procedure](#), which outlines the training, documentation and monitoring that will be implemented whenever a child's individual health needs require medication to be administered in the program.

## B. Staff Training & Support

- a. Staff will be trained annually (or more often as needed) on the health referral process, medication administration, and, if needed, any health issues facing substantial numbers of enrolled children.
- b. When a child has a new or revised ICP, staff who work most directly with that child (classroom teacher, Family Advocate) will receive whatever training is needed to implement the plan.
- c. The Health Services Manager will be available as needed to support staff with understanding and supporting children's health needs through direct training/coaching or referral to community resources as appropriate.

## C. Seizures

- a. A Seizure Questionnaire is required for any child that has ever had a seizure, even if it was only once, and no medications are prescribed.
- b. Staff caring for children with seizure history will receive additional training if a child has non-febrile type seizure, or as requested by staff.
- c. In the event of a seizure at school, staff will follow standard Seizure First Aid and call 911 immediately for any seizure-like activity unless otherwise stated in a child's care plan.
  - i. If a child does not have prior seizure history, a release to return to school and staff training is required.
- d. Febrile Seizure
  - i. Health clearance is required before the child can start class if the febrile seizure happened in the last 12 months.
    1. If the febrile seizure was more than 12 months ago, clearance is not required. Staff will follow seizure first aid in the case of a seizure.
  - ii. If a child has a febrile seizure after starting the program, a release to return to school and staff training is required.
- e. Other Seizure Types
  - i. Clearance from a medical provider and Health is required before the child can be in or return to class.
- f. Annual seizure training will occur for all center staff. New staff will be trained at NEO.