

Staff Health Protection Policy and Procedures

Informing: As a worker in this facility, I have been informed about special health concerns and risks associated with my work roles by

Title/Name of Staff Member

These concerns and risks include:

1. Exposure to infectious diseases
2. Falls
3. Musculoskeletal injuries related to lifting, squatting, and sometimes using child-sized furniture
4. Need for frequent hand hygiene
5. Use of cleaning, sanitizing, and disinfecting chemicals
6. Stress related to high expectations for performance, restricted scheduling time for breaks, sick or personal time and limitations on compensation/benefits compared with other professions
7. Special health concerns for pregnant teachers/caregivers from infections and activities that can affect the outcome of their pregnancy

Reference: *Caring For Our Children, 3rd edition (CFOC3) Standards 1.7.0.4, 1.7.0.5, and Appendix B* (available in updated format at www.nrckids.org)

An Adult Health Appraisal must be completed by the staff member's health care provider before the first involvement in child care work, and subsequently at least every two years. The appraisal should identify any accommodations required to carry out assigned duties per the person's job description. (See Staff Health Assessment form in *Model Child Care Health Policies, 5th edition*, available online at www.ecels-healthychildcarepa.org or in hard copy from the American Academy of Pediatrics: Section 16.B: Staff Health Assessment and Appendix W: Child Care Staff Health Assessment.) The staff health appraisal must include:

1. Health history.
2. Physical examination.
3. Dental examination.
4. Vision and hearing screening.
5. Results and appropriate follow-up of pre-employment tuberculosis (TB) screening using the tuberculin skin test or interferon-gamma release assay once on entry into the child care field with subsequent TB screening as determined by a history of high risk for TB thereafter (e.g., foreign born, history of homelessness, HIV infected, contact with a prison population or someone with active TB).
6. Review and certification of up-to-date immunization status per the current adult immunization schedule on the CDC Web site at www.cdc.gov/vaccines . Remaining up to date with current recommended vaccines is a job-related requirement. Pay particular attention to the need for yearly flu shots and the need for a Tdap vaccine to protect against diphtheria, tetanus and pertussis (whooping cough). Unless an under-immunized employee or volunteer staff member has a medical exemption for a specific type of vaccine, failure to obtain the vaccines recommended by the CDC is grounds for termination.

7. Review and plan for reducing or managing the risks and health concerns associated with the special health concerns associated with my work roles, listed above.

Release to Return to Work After an Illness or Injury: Staff members and volunteers must have a release from their health care professional to return to work when they have a condition or an illness that may affect their ability to do their job, require accommodations to perform the tasks specified in their job descriptions, have a job-related injury, or have worker's compensation issues that put the facility at risk related to the health problem.

Reference: *CFOC3* Standard. 1.7.0.3

Acceptance of Occupational Risk by Staff Members:

Each staff member (paid or volunteer) is required to review with a supervisor the following acknowledgment of occupational risk and sign the statement to acknowledge understanding and agreement to accept the applicable health risks:

I understand there are health risks related to working in child care. These include, but are not limited to, exposure to the special health concerns related to my work role infectious diseases (including infections that can damage a fetus during a pregnancy), stress, noise, injuries from back strain and biting, skin injury from frequent hand washing, and environmental exposures to art materials and indoor cleaning and disinfecting materials. I have been informed about these risks. I know that I can read the Safety Data Sheets for all products I am required to use. These are located

LOCATION OF THE SAFETY DATA SHEETS:

I agree to follow this facility's written policies and procedures to reduce my exposure to these hazards. I agree to report any significant health problem I may be having to my supervisor. I understand that I may need to obtain medical treatment for a condition caused by the occupational risks listed herein.

REVIEWED, UNDERSTOOD, AND AGREED TO BY

_____ DATE _____