

## Section 5: Health and Safety

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Applicable Forms (can be found in Section 9: Forms)

- 1) HS-1 Health and Safety Management Plan
- 2) CR-2 Child Health Form
- 3) HS-2 Emergency Numbers
- 4) HS-3 Accident or Illness Report (for injury to a child)
- 5) HS-4 AIL Claim Report
- 6) HS-5 Body Fluid Spill Report
- 7) HS-6 Supervisor’s Injury/Illness Report Form (for injury to an AmeriCorps member or site supervisor)
- 8) HS-7 Report of Injury (WV Form# WC-1)
- 9) HS-8 Witness Statement

# Health and Safety

## Health and Safety Management Plan (Form HS-1)

- Complete and send copy to the county contact
- Keep a copy near phone
- Keep a copy in 3-ring binder with children's health forms
- Inform mentors, volunteer coordinators and key volunteers at site of form and its location

## Child Health History Form (Form CR-2)—see Child Recruitment Section

- Send to parents with Child Application; if parents need help completing, this can be done during the home visit
- Keep forms in 3-ring notebook at site
- If taking a trip off-site, take notebook along

## Policy for Administering Medication

- Mentors cannot administer medication to children
- Site supervisors may administer medication (they are not required to do so)
- Prescription Medication must be:
  - brought to Energy Express by a parent or guardian in the original container
  - clearly marked with the student's name and dosage
  - accompanied by written instructions and written permission from parent or guardian
  - keep copies in site file
- Over the counter medication must be:
  - brought to Energy Express by a parent or guardian
  - accompanied by written instructions and written permission from the parent or guardian
  - keep copies in site file

## Lice

- Use the same procedures followed during the regular school year, or
- Call the County Health Department at the number listed on the **Health and Safety Management Sheet (HS-1)**

## Accident or Illness

- For injury to a child, follow guidelines listed on *In Loco Parentis* page
- For injury or illness to a site supervisor or AmeriCorps member, follow guidelines listed on *Site Supervisor or AmeriCorps Member Injury or Illness* page

## Body Fluid Spill

1. First call the custodian who should be trained to handle. If custodian is not available, then
2. Follow guidelines on *Protocol for Clean Up of Potentially Infectious Body Fluids* sheet
3. Complete **Body Fluid Spill Report Form (HS-5)**; put copy in site file

## Emergencies and the Concept of “*in loco parentis*” for Energy Express Staff

### “*In loco parentis*”

Anyone 18 years or older is considered an adult. Adults working with children in schools, day care centers and other programs where parents/guardians have entrusted the care of their children to these adults are responsible for the well being of those children. This responsibility requires adults to consider the concept of “*in loco parentis*” or “in place of the parents.” When parents are not available to make decisions about a child’s well being, adult caregivers are required to exercise good judgment and to consider the best interests of the child and the wishes of the family.

### Responding to an emergency in your room or in the building:

1. Your first responsibility is to make sure the children are safe. They are in your care. Get the children out of danger.
2. Have a co-worker or volunteer call for help. Do not leave the children alone to call someone. At least one adult should stay with the children while someone makes the necessary call.
3. Stay calm and use good judgment.

### Responding when a child is injured:

1. Assess the injury and act as a “reasonably prudent adult”, which means a sensible adult or parent. If you know you can treat the injury, do so. However, never pretend you know more than you do. If the injury looks serious and you aren’t sure you know how to treat the injury, don’t. Call immediately for help.
2. Make sure that at least one responsible adult stays with the child. That person should reassure the child and not offer any information about how bad the injury is to other children. Keep other children out of the way.
3. Stay calm and use good judgment.
4. Complete an **Accident or Illness Report** (HS-3) form and put in site file; send copies immediately to county Extension office, local contact if not agent, and state Energy Express office.
5. If an insurance claim is necessary, follow instructions under *How to File a Claim*. An insurance claim will be necessary if the parent or guardian expects to incur medical expenses which will not be covered by other insurance. AIL will only pay after all other forms of coverage are exhausted.

# How to File a Claim

## American Income Life Insurance (AIL)

1. Written notice of claim or **Claim Report** (HS-4) must be given to the company within twenty days of commencement of any loss covered by the policy or as soon as is reasonably possible.
2. Complete the following:
  - Part 1: our policy number is 4394E. The name of our group is Energy Express and the policyholder is West Virginia University.
  - Part 2: provide the child's name and address, age, and sex, and check the camper/member box.
  - Part 3: remember to include the date the injury occurred.
  - Part 4: must be signed by the site supervisor.
3. Give the Claim Report to the child's parent or guardian to take to the medical provider. The parent or guardian should complete Part 5 and also provide:
  - A. Complete medical diagnosis by the attending physician.
  - B. Itemized statements for services rendered by physician or hospital.
  - C. Prescription receipts complete with Rx number, name of prescription, and price.
  - D. Proof of payment with an itemized bill if payment has been made.

Reimbursement is made directly to the medical provider unless otherwise indicated.

ALL correspondence from AIL will be directed to Energy Express.

American Income Life Insurance Company  
Special Risk Division  
P.O. Box 50158  
Indianapolis, IN 46250  
800-849-4820      fax 317-849-2793

**American Income Life Insurance Company**

**PO Box 50158 Indianapolis, IN 46250**

**1-800-849-4820**

**GROUP ACTIVITIES**

**ACCIDENT COVERAGE**

Policy SRP #4394E West Virginia University - Energy Express Program

**MAXIMUM BENEFITS**

For expenses incurred within 52 weeks of the date of accident for Medical and Surgical Treatment, X-Ray Examinations, Hospital Confinement, and Ambulance Expense. \$ 2,500.00

Dental Services incurred within 52 weeks of the accident, involving sound, natural teeth. 500.00

For losses within 100 days of accident which result in the loss of life. 5,000.00

For losses within 100 days of the accident which cause loss of both hands, or both feet, or the total sight of both eyes, or one hand and one foot. 10,000.00

For losses within 100 days of the accident which cause loss of one hand, foot, arm, or leg. 5,000.00

For losses within 100 days of the accident which cause the loss of sight of one eye. 3,000.00

**Not covered:**

- illness
- eyeglass replacement
- suicide
- aviation accidents
- hernia

## Site Supervisor or AmeriCorps Member Injury or Illness

If a site supervisor, mentor, or volunteer coordinator is injured while completing service hours, you must report it! Please call the Energy Express State Office (304-293-3855) to report the incident **and** follow the steps below. Questions regarding workers' compensation may be directed to the WVU HR Medical Management staff at (304) 293-5700 x8 or via e-mail at [medicalmanagement@mail.wvu.edu](mailto:medicalmanagement@mail.wvu.edu).

### A. Supervisor's Injury/Illness Report

- 1) Filing deadline within **24 hours of injury**
- 2) Employee **and** Supervisor must sign this form
- 3) Send completed forms for processing to:

#### Original:

WVU Office of Environmental Health and Safety  
PO Box 6551  
Morgantown WV 26506-6551

#### Copy:

WVU Human Resources  
Medical Management Unit  
PO Box 6640  
Morgantown WV 26506-6640

### B. Employee Option for file **WC-1 Form**

- 1) **Six months from injury date to file**
  - a) If not filing, signed statement required
  - b) If filing, send completed form to:

WVU Human Resources  
Medical Management Unit  
PO Box 6640  
Morgantown WV 26506-6640

### C. **Witness Statement** required if injury was witnessed

### D. **Return to Work Notice**

- 1) Required if employee off longer than 3 days

### E. Option Election Notice – completed after consultation with Medical Management staff

### F. **Release Form** – authorizes review of medical records related to the injury/illness

# Protocol for Clean Up of Potentially Infectious Body Fluids

## Every site should have a clean-up kit available:

- Disposable gloves
- Face mask/shield
- Absorbent material (granular) — for large spills
- Scoop and/or paper towels
- Disinfectant
- Plastic bags with twist ties
- Antiseptic towelettes

1. Call the custodian who has been trained in this protocol. If the custodian is not available then move to Clean up.

2. Clean-up

### Technique:

- Put on disposable gloves.
- Wipe up spill with disposable towels.
- Clean spill area with a disinfectant such as:
  - Phenolic-type disinfectant (Lysol in brown bottle)
  - Ammonia-based disinfectant- leave on 10 minutes
  - Hydrogen peroxide — one part mixed with nine parts water
  - Household bleach — one part mixed with ten parts water (Bleach solution should not be mixed in advance, but prepared fresh daily)
- Place all clean up items in plastic bag — don't close.
- Remove gloves properly, place in bag, close securely.
- Wash hands, even if gloves are worn. If soap and running water are unavailable, use antiseptic towelettes; thoroughly wash hands as soon as possible afterwards.

### Large spills:

- Put on disposable gloves.
- Put on face mask/shield if possibility of splashing exists.
- Sprinkle absorbent material (Isolizer, Chlor-absorb) over spill and allow to set a few minutes to absorb fluid; cover spill with paper towels if absorbent material is not available.
- Use plastic scoop to pick up absorbent items. Cardboard can be used as a scraper with the scoop or two pieces of cardboard if scoop is not available.
- Clean area with a water-based detergent before using disinfectant, as protein (blood) tends to inactivate disinfectants.
- Use a disinfectant to thoroughly clean area.
- Place all disposable items in a plastic bag, tie securely closed; place in second bay and tie off securely.

## LICE ARE LOUSY BUT NOT UNHEALTHY

(This Article appeared in the December/January 2003 issue of *Youth Today*)

Head Lice are not a popular topic of conversation or research, but maybe they should be - 6 million to 12 million children (mostly ages 3-12) have them every year. This report sets the record straight and makes clear recommendations that may surprise many teachers, school administrators and youth workers at residential centers and other facilities where lice pose a potential problem.

The report starts with the statement, "Head lice are not a health hazard or a sign of uncleanliness and are not responsible for the spread of any disease." It explains that lice affect all socioeconomic groups, but are less common among blacks, probably because their oval-shaped hair shafts are harder for a louse (that's the singular of lice) to grasp.

It is "probably impossible" to totally prevent head lice infestations, but it helps to teach children not to share combs, brushes and hats, the report says.

It emphasizes that head lice screening programs are not cost-effective and often are not effective at all. Healthy children with lice should not be excluded from school nor even allowed to miss school because of lice: A child with live lice has probably had the lice for a month or more by the time they are discovered and poses little risk to others.

However, infected children should be discouraged from having "close head contact" with others.

The report recommends that the information about a child's lice be confidential rather than public, with a call to the parent or guardian stating that prompt treatment is in the child's best interest. Exceptions might be necessary if a child has hundreds of live lice.

The American Academy of Pediatrics and the National Association of School Nurses discourage the "no nits" policy that many schools have established. Nits are the tiny lice eggs, which can be easier to spot than live lice, since lice crawl up to 30 centimeters per minute. No-nits policies are especially problematic because flits are easily confused with the empty lice egg cases, dandruff and even dirt.

Treatments include a variety of toxic and not-so-toxic shampoos and creams. The report describes Nix as a cream rinse that is the "recommended treatment of choice" because it is less toxic to humans than other products and does not cause allergic reactions in children with plant allergies.

It describes Lindane as a prescription product that must be used carefully because it can cause severe seizures in children and is not very effective. Malathion is also a prescription lotion. Although it is also a neurotoxin, it is highly flammable and very dangerous if ingested.

Several lice shampoos are made from extracts from chrysanthemums---RID, A-200, R&C, Pronto, and Clear Lice System. These are toxic to lice but not very dangerous to humans.

However, some children and adults have allergic reactions, especially if they are sensitive to ragweed.

The report also lists several products that are sometimes used but not proven safe or effective for lice: creams such as Elimite and Eurax: Pills such as Septra, Bactrim and Strmectal: natural products such as HairClean 1-2-3: and petrolatum shampoo.

Traditional treatments such as gasoline, kerosene and other flammable substances should never be used, according to the report.