Crossroads Head Start / Early Head Start

EMERGENCY MEDICAL AND DENTAL PLAN

Center: _____ Phone Number: _____

Classroom: _____

Two possible types of medical emergencies:

1. Minor problem (taken care of in classroom through first aid procedures)
2. Major problem (critical to child's health and well-being)

EACH OF THESE PROBLEMS REQUIRE DIFFERENT PROCEDURES

MINOR PROBLEMS

If the problem appears to be relatively minor, the teacher will:

1. Immediately notify parent/guardian of the accident/injury and request instructions.
2. If parents or guardian cannot be reached immediately the caregiver will use his/her best judgment, perhaps with other adults on the premises in providing necessary first aid (See attached list for basic FIRST AID PROCEDURES).

Parents/guardian will be notified immediately or no later than the end of that day, of what happened and how it was cared for.

CRITICAL EMERGENCY PROCEDURES

If, in the teacher's judgment, the injury is critical to the child's life, health, or welfare:

1. A designated Staff person (_____) will immediately arrange for transportation to the nearest medical facility by ambulance and accompany the child with the health section of the Child Folder and the Authorization for Emergency Care to Minors (H-307).

2. Another designated Staff person (_____) in the meantime will call ahead to the emergency health care facility to notify them of the specific emergency in route and will then notify parents or guardian of what is taking place.

3. The second designated Staff person (_____) will also call the Health Coordinator or another Administrative staff, to notify them of the situation.

EMERGENCY PHONE NUMBERS

Hospital _____
Ambulance _____
Fire Dept. _____
Sheriff _____
Dentist _____
Poison Control _____

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First Aid for Minor Injuries and Illnesses

I. GENERAL INSTRUCTIONS:

During treatment of the child and during cleanup, gloves will be worn by staff.

A. A child with a *fever* of 100.4° or greater (per temporal scan) or 100ºF (per axillary result) IF accompanied by behavior changes or other signs or symptoms of illness, should be considered ill enough to be sent home.

B. A child with a *headache* or a *stomach ache* should be allowed to lie down for thirty minutes. At the end of this time, if he/she feels better, he/she may return to his/her activities. If the ailment persists, he/she will need to be sent home.

C. *Small cuts* and *scrapes* should be cleansed with soap and water. A small adhesive bandage may be applied. Apply direct pressure to stop the bleeding, if necessary.

D. *Splinters protruding above the surface of the skin,* should be removed with tweezers after first washing the area with soap and water.

E. A child with a *nosebleed* should sit upright. Apply firm, continuous pressure to the side of the nose, which is bleeding, encourage mouth breathing if child is developmentally able and pinch the nostrils tightly for ten minutes. An ice pack covered with a cloth may be applied.

F. *Bruises* and *cut lips* should have an ice pack applied for fifteen minutes. An ice pack may be made with a few ice cubes in a plastic bag. Cover with a cotton cloth to protect the skin.

G. *Bee stings*: If the stinger remains, remove it carefully without squeezing. The edge of a card may be used to sweep/scrape the stinger out. Cleanse with soap and water. A cold-pack may be applied. If difficulty in breathing occurs, immediately contact 911.

H. *Small burns*: Apply cold cloth or ice pack for a few minutes. Apply sterile dressing (NO OINTMENT!).

I. Falls are handled by keeping the child where she/he fell:

(1) Ask the child if there is pain.

(2) If the child reports pain in a particular area, check for obvious signs of a problem, such as redness and swelling.

(3) If a deformity is apparent - immobilize and make immediate arrangements for transportation to medical facility.

II. DENTAL EMERGENCIES PROCEDURES

In the event of an accident to the tongue, lips, cheeks or teeth:

Attempt to calm the child. All incidents should be handled quietly and calmly: a panicked child is likely to create problems for treatment and may cause further trauma.

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Check for bleeding. If the child is bleeding:

A. Wash your hands first. Put on latex or latex-free gloves.

B. Wash the affected area with clean water.

C. Apply an ice pack or ice wrapped in a clean cloth, for swelling.

If tooth is knocked out, fractured, chipped, broken, or loose:

A. Staff should calm the child.

B. If injured area is dirty, clean gently. If blood is present, wash your hands first, and then apply gloves.

C. Place cold compress on the face, in the injured area, to limit swelling. If a tooth is knocked out, do not handle tooth by root, immediately have the child transported to the dentist or emergency facility with the tooth placed in milk. (DO NOT STORE OR TRANSPORT THE TOOTH IN REGULAR TAP WATER OR IN A DRY CLOTH OR PAPER TOWEL.)

If teeth are loosened in an accident and/or knocked into the gum:

A. Rinse out the child's mouth if needed.

B. Do not attempt to free or pull on the teeth or jaw.

C. Have the child transported to a dentist immediately.

If injury is to the tongue, cheeks or lips:

A. Rinse affected area.

B. Apply an ice pack or ice, wrapped in a clean cloth, to control swelling.

C. Have the child transported to a dentist or a physician if bleeding continues or the wound is large.

In the event of any other soft tissue injury, as in the case where the tongue or lips become stuck to an object and the tissue tears:

A. Stop the bleeding, by applying pressure.

B. Have the child transported to a dentist or a physician.

It is required that the parent or guardian give consent for the child to receive emergency care <u>BEFORE</u> the child attends Head Start. This Emergency Medical and Dental Plan will be posted in all classrooms.

Any medical/dental emergency listed above must be documented in the child's folder and the parent/guardian must be notified.