

**HEAD START POLICIES AND PROCEDURES
CHILD HEALTH AND SAFETY**

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SUBJECT: Health emergency procedures

PERFORMANCE OBJECTIVE: The program, when operating center-based programs, will establish and implement policies and procedures to respond to medical and dental health emergencies, with which all staff are familiar and trained.

OPERATIONAL PROCEDURE:

Emergency telephone numbers, such as fire department, police, hospital, ambulance, and poison control, must be posted next to the telephone and easily available for any staff members or volunteers. Telephone numbers of Head Start parents or emergency contact numbers for parents without telephones, must be readily available to any staff member responsible for children and must be available on the bus, on field trips, or when attending services off-site.

In case of a medical emergency that is **not** life threatening, (for example, an uncomplicated broken bone):

1. A staff member will perform necessary first aid measures observing universal precautions.
2. A staff member or trained volunteer will attempt to contact a parent or guardian through any of the people listed on the emergency information form.
3. The emergency information form will be checked for any medical conditions or allergies.
4. If necessary, the child's physician or another physician may be contacted for guidance.
5. A staff member will stay with the child, providing first aid needed, until the parent/guardian or contact person arrives.
6. If the parent cannot be contacted and immediate medical attention is needed, the child will be transported by ambulance or the Head Start bus or van, to the nearest emergency care facility. The child's center record, including the health history and physical exam, will be taken by the staff member with the child to the emergency facility, so that information needed to obtain treatment for the child will be available

to the health care workers. If transporting by ambulance, a staff member should go with the child. If transporting by Head Start bus or van, two adults, one of which is a staff member, should go with the child, if at all possible.

7. Continued efforts will be made to try to contact a parent as soon as possible.
8. A child accident report should be filled out as soon as possible after the incident by a staff member who witnessed the incident.

If a medical emergency that **is** life threatening occurs, (for example, excessive bleeding, unconscious child...etc.):

1. A staff member should stay with the child at all times performing necessary life saving measures, observing universal precautions.
2. Another staff member or volunteer should call an ambulance to have the child transported to the nearest emergency facility. A staff member should accompany the child to the emergency facility.
3. Another staff member should attempt to contact the parent/guardian. The Head Start Director or Health Coordinator should also be notified.
4. The staff member that accompanies the child to the emergency care facility should take the child's center record which contains health/medical information and the consent for emergency medical treatment.
5. A child accident report should be filled out as soon as possible after the incident by a staff member who witnessed the incident.

At least one full time staff member who has a current CPR card and has completed a first aid course within the last three years, will be scheduled to be on duty at all times. A first aid chart will be posted and all staff must be familiar with its contents.

The Head Start center will have a first aid kit readily accessible to the staff but kept out of reach of the children.

In case of a **dental emergency**, the following plan of action should be taken:

1. Assess the type of injury to determine the type of first aid needed.
2. Initiate first aid treatment.

Tooth Ache

Rinse the mouth vigorously with warm water to clean out debris. Use dental floss to remove any food that might be trapped between the teeth. If swelling is present, place a cold compress on the outside of the cheek. **Don't** use heat or put an aspirin on the aching teeth or gums. Encourage the parent to take the child to the dentist as soon as possible.

Knocked Out Permanent Tooth

If possible, save the tooth for re-implantation. If the tooth is dirty, rinse it under tap water, holding it by the crown, not the root. **Do not scrub.** Be sure to plug the sink so that the tooth will not be lost down the drain. Place the tooth in the child's saliva

in a cup or in a glass of milk or water.

Broken Tooth

If a tooth is fractured (broken), contact the child's parent immediately so that they can take them to the dentist immediately.

If a tooth is injured, broken or loosened, notify the child's parents immediately so that they can contact their dentist.

Bitten Tongue or Lip

Apply direct pressure to the bleeding area with a clean cloth. Apply cold compresses if bleeding is present. If bleeding doesn't stop, child should be transported to an emergency facility.

Object Wedged Between Teeth

Try to remove object with dental floss. Guide the floss to avoid cutting the gums. If unsuccessful in removing the object, have child taken to the dentist. **Do not** try to remove the object with a sharp or pointed instrument.

Possible Jaw Fractures

Immobilize the jaw by any means--handkerchief, necktie, towel. Apply cold compresses if swelling is present. Call a dentist or have the child taken immediately to the hospital emergency dept.

3. A staff member will contact the parent/guardian.
4. If the problem requires immediate medical follow-up, the child will be transported by ambulance or the Head Start van or bus to a dentist or an emergency care facility. If transported by ambulance, a staff member should accompany the child. If transported by Head Start van or bus, two adults (one being a Head Start staff member) should accompany the child, if at all possible. The child's center record which includes medical/health information and consent for emergency treatment should be taken with the staff member.