

 <b>Policy #:</b> H-2	<b>Effective Date:</b> 5/9/94	<b>Page #:</b> 1 of 3
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**COMPONENT: HEALTH**

**SUBJECT: MEDICAL AND DENTAL EMERGENCIES**

**PERFORMANCE OBJECTIVES:** To establish procedures for Head Start staff to deal with medical or dental emergencies, children and staff.

In the event a child arrives at the center ill or becomes sick / injured while at school, the following procedures will be followed by the Head Start staff:

1. Staff will notify the Central Office of the illness or emergency situation. The parent/guardian will be notified immediately as well. Emergency phone numbers must be posted in the centers in a conspicuous location.
2. If the condition warrants, the physician or dentist will be notified of the problem and any special instructions for transporting, etc., will be followed.
3. The child's medical record and history will be taken from the center with the child to the appropriate physician or dentist. If transportation to a medical or dental facility is necessary, transportation will be by school bus only! If the child's condition is such that he/she cannot be transported by bus, and ambulance should be called by dialing 911.
4. If a child's tooth is dislodged, handle the tooth by the crown only, and place in a cup of milk or water (if no milk available). Do not wrap the tooth in anything. Take the tooth with the child to the dentist.
5. The phone number and location of the medical or dental facility will be given to the parent, and the parent should meet the child and staff member at the facility. If the parent cannot be at the facility, they must arrange to have an adult family member or other responsible adult meet them at the attending physician or dentist's facility.
6. The staff member will stay with child until the attending physician or dentist begins care or the parent/guardian arrives. The staff member may remain with the parent if requested.
7. The Head Start Health and Disability Manager will submit the proper documentation to the Insurance Company for claim purposes.
8. Medical and/or dental emergencies will be investigated by the Head Start Health and Disability Manager (see attached form). The investigation form and all information will be submitted to the Head Start Director for disposition.

### **Medical/Dental Emergency Investigation Questions**

- 1. What happened? Please describe the incident fully with names.**
- 2. Who was supervising the children?**
- 3. How many classrooms in the center?**
- 4. How many children in the center?**
- 5. Was the incident reported to Licensing?**
- 6. How long until child was picked up?**

**Attach accident injury report when sending to regional office.**



## ACCIDENT/INJURY REPORT

Name of Child Injured \_\_\_\_\_

Description of Event:

1. What was the child doing when injured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How was the child hurt or injured? (Describe the injuries): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Incident occurred at what time? \_\_\_\_\_ Indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

4. If any equipment or toy was involved, what was it? \_\_\_\_\_

5. Name of any other person(s) involved: \_\_\_\_\_

6. Caregiver(s) who witnessed the accident/injury: \_\_\_\_\_

7. What treatment was given, if any? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Was a doctor contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Follow-up suggested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Parent contacted at \_\_\_\_\_ (time). If not parent, give name and time of contact: \_\_\_\_\_

\_\_\_\_\_

Date of Event

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_

Administrator's Signature