

MEDICAL EMERGENCY PLAN OF ACTION

IMPORTANT: ASSURE THAT UNIVERSAL PRECAUTIONS ARE FOLLOWED WHENEVER BLOOD OR BODY FLUIDS ARE PRESENT.

FOLLOW THESE PROCEDURES IF AN EMERGENCY OCCURS AT THE HS/EHS CENTER IN WHICH A CHILD **NEEDS IMMEDIATE MEDICAL ATTENTION**:

1. IF staff determine that the child needs **immediate** care (life threatening), or that the child will be harmed if moved, **call 911**. Head Start staff will contact the child’s parent/guardian and staff will go with the child and stay at the hospital until parent/guardian arrives.

2. IF staff determine that the child does not need an ambulance, but needs medical attention:

HS staff will notify the child’s parent/guardian of the accident and ask the parent/guardian to transport the child to the nearest medical facility providing emergency care.

“OR”

IF staff are unable to reach the child’s parent/guardian, two staff members who are trained in first aid will transport the child (in agency bus) immediately to the nearest medical facility providing emergency care. Take the **Parent/Guardian Agreement** and the child’s **Health Record** with you to the medical facility. HS staff will continue to contact parent/guardian and will stay with the child at hospital until parent/guardian arrives.

3. To locate a facility which provides emergency care, consult the list below.

Catoosa County	Hutcheson Medical Center
Chattooga County	Floyd Medical Center
Dade County	Primary Health Care Center
Murray County	Murray Medical Center
Walker County	Hutcheson Medical Center
Whitfield County	Hamilton Medical Center

4. Whenever a child is transported to an emergency facility, a staff member should phone ahead and inform the facility of the nature of the injuries and that the child is being transported there.

5. Once the child is transported, Head Start staff will contact the parent/guardian and the Family Services Specialist to notify them of the location in which the child is receiving medical care and the condition of the child.

6. Report the incident the same day it occurred, by completing report #1007-6 *Report of Incident Requiring Professional Medical Attention*.

HOSPITAL EMERGENCY ROOM _____

Ambulance Service _____

Center/FSS Ext _____