

EMERGENCY MEDICAL CARE PLAN and INSTRUCTIONS

1. Emergency information on children is kept:

Emergency information on staff is kept:

State the specific location where the emergency information is kept in the facility. It may be helpful to describe the format of the information (for example, on forms in a notebook or on index cards in a file box). Provide the location for both children's and staff member's emergency information.

2. Medical Consultant:

Name _____

Address (physical street address, city and zip code)

Phone Number _____

The medical consultant named must be a licensed medical professional (i.e. physician, physician's assistant, registered nurse) who has agreed beforehand to be available and to serve in this capacity. Include the name, address, and phone number. Note the medical consultant named on the Plan may be different from the doctor named on the child's application.

3. Emergency Room: Name _____

Address (physical street address, city and zip code) _____

Phone Number _____

Hospital: Name _____

Address (physical street address, city, and zip code) _____

Phone Number _____

State the name of the hospital where the emergency room is located. Include physical address and phone number. Note the hospital named on the Plan may be different from the child's hospital preference listed on child's application.

4. Poison Control: **Carolinas Poison Center 1-800-222-1222**

Carolinas Poison Control Center 1-800-222-1222 is available statewide and should be listed.

POST IN SEVERAL LOCATIONS AT THE FACILITY THAT ARE EASILY ACCESSIBLE TO STAFF AND PARENTS

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5. Available emergency transportation:

Name _____ Means of transportation _____

Phone Number _____

Name _____ Means of transportation _____

Phone Number _____

Rescue Squad: _____ Phone Number: _____ **911** _____

The first entries should list staff members who have vehicles available for use to transport children in an emergency that does not require the use of an ambulance. The vehicles should meet all vehicle safety standards, be current on inspection and tags, and the driver should have a valid driver's license. The last entry should list the local rescue squad that provides emergency transportation services. The phone number should be listed as 911 unless 911 services are not available in the facility's area (in which case, the direct number for the Rescue Squad should be listed.)

6. Persons in center responsible for determining the degree of care needed:

Names: _____

Alternate Names: _____

Specify a person and his/her alternate as those responsible for determining the degree of care needed. This person will be in charge during the emergency since the degree of care needed determines the need for the remaining steps, including if a medical resource should be contacted and if transportation to a medical facility is needed.

7. Persons in center responsible for giving first aid:

Names/Certification Expiration Date: _____

Alternate Names/Certification Expiration Dates: _____

Specify a person and his/her alternate with current certification. Make sure designated staff members are scheduled to be present during all hours of operation

8. Persons in center responsible for performing CPR:

Names/Certification Expiration Date: _____

Alternate Names/Certification Expiration Dates: _____

Specify a person and his/her alternate with current certification. Make sure designated staff members are scheduled to be present during all hours of operation

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9. Persons in center responsible for contacting medical resource:

Names: _____

Alternate Names: _____

Specify a person and his/her alternate who is responsible for speaking to the medical consultant if medical advice is needed. This may be the same person(s) named in step #6 or another staff member. It may be necessary to speak to the medical consultant AND/OR the child's doctor before determining plan of care if it will not result in serious delay in obtaining medical attention. Make sure designated staff members are scheduled to be present during all hours of operation.

10. Persons in center responsible for determining appropriate transportation:

Names: _____

Alternate Names: _____

Specify a person and his/her alternate who is responsible for arranging transportation in an emergency. This can include contacting the rescue squad if necessary. Make sure designated staff members are scheduled to be present during all hours of operation.

11. Persons in center responsible for accompanying the ill/injured person for medical attention and assuring that signed authorization is taken with person to the medical facility:

Names: _____

Alternate Names: _____

Specify a person and his/her alternate to be available to accompany ill/injured person in the emergency transportation arranged in step #10. If a staff member is driving to the medical facility, a second staff member should accompany to tend to the ill/injured person. Make sure designated staff members are scheduled to be present during all hours of operation.

12. Persons in center responsible for notifying the medical facility about the ill/injured child being transported for treatment:

Names: _____

Alternate Names: _____

Specify a person and his/her alternate who will call the medical facility ahead of time to notify that the ill/injured child is being transported to their medical facility. Make sure designated staff members are scheduled to be present during all hours of operation.

13. Persons in center responsible for notification of parents or emergency contact of illness/accident:

Names: _____

Alternate Names: _____

Specify at least one person and his/her alternate who will contact the parent or emergency contact. Note that this is typically someone different than the person named in #6 and #11. Make sure designated staff members are scheduled to be present during all hours of operation.

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14. Persons in center responsible for obtaining substitute staff:

Names: _____

Alternate Names: _____

Location of Substitute Staff List: _____

Specify at least one person and his/her alternate who will remain at the facility to ensure substitute staff members are obtained and placed with children to meet supervision and staff/child ratio requirements. Note that this is typically someone different than the person named in #6. Make sure designated staff members are scheduled to be present during all hours of operation. Post the list of substitute staff in all locations where the EMC Plan is posted or state the location of the list on the EMC Plan form.

15. Location of telephones: _____

Specify location of telephones within the facility. Be specific about the location (on the wall in each classroom, on the desk in the director's office, etc.). Having a corded telephone ensures the location of the phone does not change, it is in working order as opposed to a cordless or cellular phone that may not work due to low battery charge, and a corded telephone can be located quickly in an emergency.

NOTE: The Emergency Medical Care (EMC) Plan should be reviewed and updated at least twice per year and/or whenever staff changes affect the assignment of EMC responsibilities. When changes are made, the EMC Plan should include the most recent change(s) and the changes documented in the appropriate space below (Updated on _____.)

POST IN SEVERAL LOCATIONS AT THE FACILITY THAT ARE EASILY ACCESSIBLE TO STAFF AND PARENTS