

EMERGENCY MEDICAL CARE PLAN INSTRUCTIONS

(Use these Instructions when completing EMC Plan Sample 2)

ITEM NUMBER	DESCRIPTION
1. Emergency information on additional caregivers, substitutes and children is kept:	State the specific location where the emergency information is kept in the FCCH . 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 additional caregiver's or substitute's emergency information.
2. Medical Consultant	The medical consultant named should 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. Listing a Medical Consultant is optional for FCCHs.
3. Emergency Room and Hospital	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. Completion is optional for a FCCH.
4. Poison Control	Carolina Poison Control Center 1-800-222-1222 is available statewide and should be listed.
5. Available emergency transportation	The first two lines should list persons 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 third line 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 FCCH responsible for determining the degree of care needed	Specify a person and his/her alternate, if applicable , 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 FCCH responsible for giving First Aid	Specify a person and his/her alternate, if applicable , with current certification. Make sure designated staff members are scheduled to be present during all hours of operation. Include the expiration date of each person's certification with their name.
8. Persons in FCCH responsible for giving CPR	Specify a person and his/her alternate, if applicable , with current certification. Make sure designated staff members are scheduled to be present during all hours of operation. Include the expiration date of each person's certification with their name.
9. Persons responsible for contacting medical resource.	Specify a person and his/her alternate, if applicable , 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 persons are scheduled to be present during all hours of operation.

10. Persons responsible for determining appropriate transportation	Specify a person and his/her alternate, if applicable , who is responsible for arranging transportation in an emergency. This can include contacting the rescue squad if necessary. Make sure designated persons are scheduled to be present during all hours of operation.
11. Persons in FCCH responsible for accompanying the ill/injured person for medical attention and assuring that signed authorization is taken with person to emergency room	Specify a person and his/her alternate, if applicable , to be available to accompany ill/injured person in the emergency transportation arranged in step #10 (optional). If a staff member is driving to the medical facility, a second should accompany to tend to the ill/injured person. Make sure designated persons are scheduled to be present during all hours of operation.
12. Persons in FCCH responsible for notifying the medical facility about the ill/injured child being transported for treatment	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 (Optional). Make sure designated persons are scheduled to be present during all hours of operation.
13. Persons in FCCH responsible for notification of parents or emergency contact of illness/accident	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.
14. Persons in FCCH responsible for obtaining substitute staff	Specify at least one person and his/her alternate who will remain at the FCCH 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 persons 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 den, 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 date the emergency medical care plan is completed should be included. When changes are made to the emergency medical care plan, the date should reflect the most recent change to the emergency medical care plan.	
Implementation Plan	Describe the steps the operator will take in an emergency. The first step should be to notify the person responsible for determining the degree of care needed (if applicable). After that, additional steps should be written out clearly with a designated person, if applicable) responsible for each step (plus an alternate). Steps should include all information designated on the EMC Plan form as well as added steps for the person designated with responsibility (plus an alternate) for completing an incident report and the incident log, then mailing to DCDEE within 7 days of incident as required.