

## **SERIOUSLY ILL/INJURED CHILD POLICY** (Potential life-threatening illnesses or injuries)

### **Reason this policy is important:**

Emergency situations are not conducive to calm and composed thinking. A written policy provides the opportunity to prepare and to prevent poor judgments made under the stress of an emergency. An organized, comprehensive approach ensures that a safe environment is provided for all children in care.

### **Procedure and Practices, including responsible person(s):**

\_\_\_\_\_ (staff title/name) will contact the parent. If they can be reached, they must come right away and take the child to the child's doctor or, call 911 if emergency medical services are needed.

### **GET HELP IMMEDIATE FOR A CHILD EVENTS WITH ANY OF THE FOLLOWING:**

- Fevers: A baby less than 4 months of age with auxiliary temperature of 100 degrees F. or higher, or a child of any age, a temperature of 105 degrees F. or higher
- For infants under 4 months, forceful vomiting more than once
- Looking or acting very ill or getting worse quickly
- Neck pain when the child's head is moved or touched
- A stiff neck or severe headache and looking very sick
- A seizure for the first time
- A seizure lasting more than 3 minutes. (A child with a known seizure condition must have a plan of care and directions to follow when a seizure occurs).
- Acting unusually confused
- Unequal pupils (black centers of the eyes)
- A blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with injury
- A rash of hives or welts that appears and spreads quickly
- Breathing so fast or so hard that the child cannot play, talk, cry, or drink
- A severe stomach ache that causes the child to double up and scream
- A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall
- Stools that are black or have blood mixed through them
- Not urinating at least once in 8 hours, a dry mouth, no tears or sunken eyes
- Continuous clear drainage from the nose after a hard blow to the head
- Sore throat with drooling, difficulty breathing and swallowing
- Severe coughing or a high pitched whistling sound, redness or blueness in the face, difficulty breathing (fast breathing with inability to talk or feed comfortably)

\_\_\_\_\_ (staff title/name) should apply appropriate first aid measures for all medical emergencies and minor illnesses or injuries as outlined in publication received with approved First Aid training. The parent/guardian of a sick or injured child should be contacted by telephone as soon as possible. \_\_\_\_\_ (staff title/name) should continue to try to reach a parent/ guardian or emergency contact. However, whether or not he or she is able to contact a parent/guardian, the child should still be transported to the hospital by emergency personnel whenever a medical emergency exists.

### **When the policy applies:**

At all times

### **Communication plan for staff and parents:**

Staff and volunteers will receive a written copy of this policy in their orientation packets before beginning work at the facility. All parents will receive a written copy of this policy in the parent handbook and a copy of this policy will be posted on the parent bulletin board in each classroom. Parents, staff, and volunteers will receive written notification of any updates.

**References:**

American Academy of Pediatrics (2005) Managing Infectious Diseases in Child Care and Schools, a quick reference guide.

**Reviewed by:** \_\_\_\_\_ Director/Owner

\_\_\_\_\_ Health Professional (physician, nurse, health department, EMS, Health consultant)

\_\_\_\_\_ Staff member

\_\_\_\_\_ Other (parent, advisory committee, police, CPS)

**Effective Date and Review Date:**

This policy is effective \_\_\_\_\_ and will be reviewed annually or as needed.

\*This format is adapted from and used with permission of: National Training Institute for Child Care Health Consultants, UNC, 2000