CCLC-591-1-1-.21(p)

**The Little Village Montessori**

# **Emergency & Medical Care Plans and Procedures**

 **Emergency Location Address**

150 Warwick Street Dahlonega GA 30533

Street intersection: Church St and Waters St

**Emergency Phone Numbers**

If an emergency requires calling for an ambulance, Police, and/or Fire Department, the following procedures should be followed:

* **Ambulance services: 911**
* **Police: 911**
* **Fire: 911**
* **Poison Control Center: 1-800-222-1222,**
* ***Ferrell Gas 706-864-6151* Emergency: 1-877-427-4321**
* **For all area-wide emergencies, listen to the radio for instructions from emergency personnel.**
* **Bright from the Start: Georgia Department of Early Care and Learning (DECAL) Child Care Services- 404-657-5562**
* **Lumpkin County Dept. of Child and Family Services**

**Nearest Hospital**:

Chestatee Regional Hospital 227 Mountain Dr, Dahlonega, GA 30533 [(706) 864-6136](https://www.google.com/search?client=safari&rls=en&q=Chestatee+Regional+Hospital&ie=UTF-8&oe=UTF-8)

**Relocation Policy**

**Local Safe Haven**: *Dahlonega* *First Baptist Church,* 234 Hawkins St, Dahlonega, GA 30533 [(706) 864-3676](https://www.google.com/search?client=safari&rls=en&q=Dahlonega+First+Baptist+CHurch&ie=UTF-8&oe=UTF-8)

As you will see in this plan, in some situations we evacuate our building and go to our Safe Haven. In other situations, we ‘lock down’ or ‘shelter in place’ in our building.

**Secondary Safe Haven** If the danger is located in our immediate neighborhood and we need to travel farther, our second SAFE HAVEN is *University of North Georgia, 82 College Circle, Dahlonega, GA 30597*

**Transportation of toddlers, children with disabilities and chronic medical conditions:** DPC has three handicap accessible exits on ground level that will be used in the event of an evacuation to our safe haven including Children with Disabilities. Our facility meets building code standards and access guidelines for accessibility under the requirements of the Americans with Disabilities Act (ADA which states that children must be able to exit the building quickly in case of an emergency. All rooms are located on the ground floor, eliminating the need for transporting these children down the stairs in the event of an emergency exit.

**Dismissal of Children Policy**

**ON WALK TO SAFE HAVEN**: Once we are en route to our Safe Haven, no child will be released until we have reached our destination. A parent’s responsibility, should s/he arrive during our safe movement to our site, is to assist in whatever may be needed. We will release children only when we have received advisement from the Lumpkin County Emergency Services.

**SHELTERING IN PLACE**: Should we need to ‘shelter in place’ or ‘lock down,’ no parents will be allowed in or out of the building until we receive advisement from the Lumpkin County Emergency Services (listen to the radio).

**PARENT NOTIFICATION**: If possible, parents will be notified by e-mail and we will leave a message on the answering machine in the school office. Teachers will use their classroom lists to make calls by cellular phone should there not be enough time to notify parents by e-mail or change the message on the answering machine. If cellular phones are inoperable, the children will remain with their teachers at the Safe Haven until a parent or approved adult arrives to retrieve them.

***NOTE:*** *Whether we are in our Safe Haven or in our building, we will ONLY release children to those whose names are on the approved pick-up lists provided by the parents.*

**Reunification Policy with Families**

**When returning children to the facility:**

1. Calmly walk in a single file line. Be cautious and yield the way for emergency/parent vehicles entering the property.
2. Once inside the facility, staff will immediately take a head count of each classroom to ensure that everyone is present and accounted for. Lead teachers shall report the final head count to the Director or designee. Names of any missing children or missing personnel must be given to the Director and emergency official.
3. Pick up routines of children by parent(s) should remain as close to normal as possible.
4. DECAL will be notified with-in 24 hours by the Director or designated person in charge.

**When returning children to families at safe haven evacuation site:**

1. Children should be grouped together by classrooms. Be cautious and yield the way for emergency/parent vehicles entering the property.
2. The center will communicate its location to parents by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Staff will periodically take a head count of each classroom to ensure that everyone is present and accounted for. Lead teachers shall report the final head count to the Director or designee. Names of any missing children or missing personnel must be given to the Director and emergency official.
4. When children are picked up, release signatures from parents should be recorded in a notebook/clip board.
5. DECAL will be notified with-in 24 hours by the Director or designated person in charge.

**Special Accommodations**

* Medical supplies including children’s medication and emergency contact information should be taken when facility relocates.
* The Director or designated staff person shall have a fully charged, working cell phone with them at all times.
* Keep a weather radio with extra batteries in a central location.
* Maintain an emergency or “ready-to-go” file which includes copies of sign-in/sign-out forms, medication administration forms, and incident/injury forms. The Director or designated staff should be responsible to take the emergency file. Additionally, there must be a designated back-up staff person should they be off site or unable to fill this responsibility.
* Take and maintain a current digital photo of each child enrolled in the program that can be used if it is necessary to post the child’s photo to aid in reunification.
* Become familiar with the National Emergency Family Registry and Locator System (NEFRLS) and the National Emergency Child Locator Center which have been developed to help reunite families who are separated during an emergency.

# **Annual Inspection**

The Executive Director and her designees will undertake a physical survey of the facilities and grounds for identification and correction of potential hazards. This inspection will occur during the summer of each year.

# **Staff Orientation to the Emergency Plan**

The Executive Director will orient employees to the Emergency Plan at least annually. Orientation includes a review of employees’ mandated roles as Disaster Service Workers during declared disasters, our emergency management program, and how to conduct and evaluate required drills.

The Executive Director may ask employees with specific skills to fulfill certain emergency management roles (e.g., first aid, CPR).

# **Home and Family Disaster Preparedness**

An immediate post-disaster consideration for most people is the well-being of family members and loved ones. Since it may not be possible for some employees to return home following a disaster, all employees are encouraged to inform their loved ones of the The Little Village School plan and develop a home and family disaster plan.

# **Emergency Contact & Release Forms for Parents**

Each year all parents are asked to complete and sign the emergency contact and release forms that provide emergency and trip releases for the child and designate persons who are authorized to pick up their child.

# **Classroom Disaster Kits**

## Daily Emergency Packs Contain:

• Small box Kleenex in ziplock bag

• Pen and small memo pad in ziplock bag

• Box of bandages

• Latex gloves (several pairs) in a ziplock bag

• Emergency First Aid booklets (Teachers may have from first-aid training)

• Waterless soap

• Antiseptic cream

• Wet wipes

• An assortment of ziplock bags in a larger ziplock bag

• Laminated Class Roster with Allergies and Parents’ Emergency Numbers

• A three-day supply of students’ and teachers’ medication

• Epipen if child or adult has a prescription

## Evacuation Backpacks (2 per Classroom/Office):

• 3 Fleece Blankets

• 1 Wind-up Flashlight

• 2 Food Bars

• 2 Water pouches for each child and adult

• 25 5oz. paper cups

• Baby wipes in ziplock bags

• 3 Diapers for Each Child

• 3 Orange Safety Vests (for teachers to wear)

• Insulated Cooler Bag (to hold bottles from Infant Rooms)

• Small Safety Scissors

## Portable Disaster File

A portable disaster file, containing student emergency contacts and other disaster information, will be maintained in the School Office and there will be duplicates in each classroom’s disaster kits. The Office Staff will remove the office file box whenever the building is evacuated.

## Disaster Supplies

Disaster supplies projected to last for 12 hours, including food, first aid, blankets, and tools, will be kept in a supply closet. Some of these supplies will be stored in the classroom disaster kits.

# **Training, Drills and Responsibilities of Staff**

In accordance with State law, fire drills are conducted monthly. Building evacuation drills to our Safe Haven are conducted at least annually. All students and staff are required to participate in these mandated drills. The Office Staff will maintain a record of these drills. Staff/faculty will receive training on the TLVM School Emergency Plan implementation, including their respective assigned emergency response functions and use of supplies in the disaster kits.

**Classroom Staff**—Classroom staff are responsible for sealing rooms and caring for students. Specific responsibilities will be assigned to staff, but all staff should be comfortable with all classroom activities in order to act as a back-up. One teacher per classroom will be designated as leader and will be responsible for managing an individual classroom plan. Staff members who are outside of their classroom at the time of an emergency should return to their classrooms immediately.

**Office Staff**—Office staff are responsible for sealing public rooms on the first floor, giving assignments to visitors, parents, and caregivers in the building, and assisting teachers in caring for the students. Specific responsibilities will be assigned to the staff, but all staff should be comfortable with all office and classroom activities in order to act as a back-up. One office staff member will be designated as leader and will be responsible for managing the office plan. Staff members who are in a classroom at the time of an emergency should return to the office immediately.

# **Emergency Plan Procedures Defined**

## Evacuation

1. The Director or designated person in charge will contact 911.
2. Children’s emergency contact numbers will be taken to the evacuation area and parents will be notified of the situation.
3. Post a message on the front door of the facility or on the answering machine telling parents where the children have been relocated.
4. Use the nearest clear exit to evacuate the building during all continuous alarms.
5. Ensure the Director or designee has a fully charged, working cell phone to contact parents and/emergency personnel.
6. Know two evacuation routes.
7. Calmly walk to the outside assembly area located at \_\_\_\_\_\_\_\_\_\_unless the wind is blowing smoke or other hazards in that direction. If so, assemble inside at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Be cautious and yield the way for emergency vehicles entering the property.
8. At the assembly area, staff will immediately take a head count of each classroom to ensure that everyone is present and accounted for. Lead teachers shall report the final head count to the Director or designee. Names of any missing children or missing personnel must be given to the Director and emergency official.
9. Do not re-enter the building until you are given the “ALL CLEAR” command. Many times the situation must be verified as safe, so be patient. Remember, this is for your protection.
10. DECAL will be notified with-in 24 hours by the Director or designated person in charge.
11. Medical supplies including children’s medication and emergency contact information should be taken when facility relocates.

## Lockdown

1. Lock outside doors and windows.
2. Close and secure interior doors.
3. Close any curtains or blinds.
4. Turn off lights.
5. Keep everyone away from doors and windows. Stay out of sight, preferably sitting on floor.
6. Maintain calm atmosphere in room by reading or talking quietly to children.
7. If phone is available in classroom, Director or designated person in charge will call 911 to ensure emergency personnel have been notified.
8. Remain in lockdown until situation resolved and police give the all clear.
9. DECAL will be notified with-in 24 hours by the Director or designated person in charge.

\*Notify parents/guardians about any lockdown, whether practice or real.

## Shelter-In Procedures (Tornado/Severe Weather i.e. thunderstorm, ice storm, etc.)

1. An emergency radio with extra batteries is located in the front office.
2. If a severe weather watch is issued staff will gather children at the shelter-in place centrally located in the two windowless bathrooms of the building.
3. Lead teachers will take a head count to ensure all children are accounted for. Names of any missing children or missing personnel must be given to the Director.
4. Children will sit with their backs to the wall and heads tucked between knees during a tornado warning.
5. Staff will keep children calm by reading books and singing songs.
6. Ensure the Director or designee has a fully charged, working cell phone. If possible, the Director will make contact with all parents to let them know of the situation.
7. No children are allowed to leave the Center while a severe weather watch is in effect without the legal parent or guardian.
8. When the threat has passed, staff may continue with the daily schedule.

# **Event Specific Guidelines**

## Structural Damage

### **FIRE-EVACUATE**

1. If heavy smoke or flames are seen or if the fire alarm is sounded staff will line children up at the nearest exit door.
2. A head count will be conducted of all children.
3. Teachers should search their rooms and close all doors before leaving. Director will shut down HVAC system (air conditioning and fans).
4. The Director or designee will search all areas within the Center and ensure all occupants have been safely evacuated.
5. Children will be escorted outside in a single file line.
6. Children will be taken to the designated assembly area located at: Dahlonega First Baptist Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
7. Emergency personnel (911) will be contacted by the Director after all persons have been evacuated.
8. At the assembly area, teachers will immediately take a head count of each classroom to ensure that everyone is present and accounted for. Lead teachers shall report the final head count to the Director or designee. Names of any missing children or missing personnel must be given to the Director and emergency official.
9. Ensure the Director or designee has a fully charged, working cell phone to contact parents and/emergency personnel.
10. Parents will be contacted (i.e. phone, email, text) to be made aware of the situation.
11. If the building cannot be reentered then all children will be taken to the designated evacuation area located at name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
12. If necessary, all parents and emergency contacts will be contacted via phone to arrange for pick up.
13. If the program will be closed for an extended time then DECAL will be notified with-in 24 hours by the Director or designee in charge.

*Fire Safety Tips*

* Each teacher should know at every moment where each child in his/her group is.
* Safe, orderly leaving is to be observed; there is much danger in running.
* Keep calm. Never try to hide. If the room is smoky, crawl along the floor.
* Feel the doors. If they are warm, do not open them.

### **CARBON MONOXIDE POISONING-EVACUATE**

*Symptoms of carbon monoxide poisoning:*

* Sudden flu-like illness
* Dizziness, headaches, sleepiness
* Nausea or vomiting
* Fluttering or throbbing heart beat
* Cherry-red lips, unusually pale complexion
* Unconsciousness

*If you suspect carbon monoxide poisoning:*

* Get the victim out and into fresh air immediately.
* Call **911** or emergency medical help at once.
* Get everyone else out.
* Open the windows.

*To prevent carbon monoxide poisoning:*

1. Be alert for the symptoms of carbon monoxide poisoning.
2. Install and maintain carbon monoxide detectors.
3. Never operate internal combustion engines indoors.
4. Never use a charcoal grill indoors.
5. Have all fuel-burning appliances, flues, vents, and chimneys checked regularly.

### **DAMAGE TO UTILITIES-EVACUATE**

1. Staff will line children up at the nearest exit door.
2. A head count will be conducted of all children.
3. Teachers should search their rooms and close all doors before leaving. Additionally the Director or designee will search all areas within the Center and ensure all occupants have been safely evacuated.
4. Children will be escorted outside in a single file line.
5. Children will be taken to the designated assembly area located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Emergency personnel (911) will be contacted by the Director after all persons have been evacuated.
7. At the assembly area, teachers will immediately take a head count of each classroom to ensure that everyone is present and accounted for. Lead teachers shall report the final head count to the Director or designee. Names of any missing children or missing personnel must be given to the Director and emergency official.
8. Parents will be contacted (i.e. phone, email, text) to be made aware of the situation.
9. Building will only be reentered if emergency personnel gives the all clear.
10. If the building cannot be reentered then all children will be taken to the designated evacuation relocation site at name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Medical supplies including children’s medication and emergency contact information should be taken when facility relocates.
12. If necessary, all parents and emergency contacts will be contacted via phone to arrange for pick up.
13. DECAL will be notified with-in 24 hours by the Director or designated person in charge.

### ***\*Loss of Water***

1. Bottled water will be provided to wash hands, flush toilets and for drinking
2. A supply of bottled water is kept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. The Director or designated person in charge will contact the water company for assistance if applicable. The phone number is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Parents will be contacted (i.e. phone, email, text) to be made aware of the situation.
5. If the water will not be restored with-in \_\_\_\_\_ hours then all parents and emergency contacts, if necessary will be contacted via phone to arrange for pick up.
6. The program will remain closed until water is restored.

### ***\*Loss of Electricity***

1. Flashlights are kept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for emergency use.
2. Curtains and blinds will be opened to provide light.
3. The Director or designated person in charge will contact the power company for assistance. Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If the Center also losses the cooling system then see emergency plan below.
5. Parents will be contacted (i.e. phone, email, text) to be made aware of the situation.
6. The Director will make a determination on if the Center can operate safely. If necessary, all parents and emergency contacts will be contacted via phone to arrange for pick up.
7. If the program will be closed for an extended time then DECAL will be notified with-in 24 hours by the Director or designated person in charge.

***\*Loss of Heat***

1. Children will be made comfortable by putting on coats and outer garments.
2. The Director or designated person in charge will contact a HVAC company for assistance.
3. Parents will be contacted (i.e. phone, email, text) to be made aware of the situation
4. If the temperature of the building drops to 65 degrees Fahrenheit or lower the program will then close. All parents and emergency contacts, if necessary will be contacted via phone to arrange pick up.

### ***\*Loss of Cooling System***

1. Children will be made comfortable by removing excess clothing and opening windows.
2. The Director or designated person in charge will contact a HVAC company for assistance.
3. Parents will be contacted (i.e. phone, email, text) to be made aware of the situation.
4. If the temperature of the building rises to 85 degrees Fahrenheit or higher the program will then close. All parents and emergency contacts, if necessary will be contacted via phone to arrange pick up.

***\* If the program will be closed for an extended amount of time do to the loss of any above utilities DECAL will be notified.***

## Emergency Response

### **LOSS OF A CHILD** (i.e. loss on site or during a field trip)

1. Teacher should let the Director know immediately that a child is missing.
2. The teacher will conduct a head count to ensure all children are accounted for.
3. Teacher will write down a description of what the child was wearing.
4. The playground, Center vehicles and bathrooms will be immediately checked.
5. The classroom cabinets and closets will be checked.
6. If child is not located call 911 or emergency personnel. Numbers posted next to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
7. The Director or designated person in charge will contact the child’s parents.
8. Director will notify other parents regarding the incident as necessary.
9. DECAL will be notified with-in 24 hours by the Director or designee in charge.

### **DEATH OF A CHILD**

 If a child appears unresponsive:

1. Call for assistance from Director or other staff person.
2. Remove all children away from the child.
3. Do not move the child.
4. Call 911 or emergency personnel. Numbers posted next to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Contact parents and tell them only that the child is being transported to the hospital located at Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. Director will notify other parents regarding the incident.
7. DECAL will be notified with-in 24 hours by the Director or designee in charge.

### **SERIOUS INJURY**

1. Remove all children away from the injured child.
2. Do not move the child.
3. Provide first aid as trained in an approved First Aid training course until emergency personnel arrive. The first aid kit is located:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Call for assistance as needed.
5. If necessary, Call 911 or emergency personnel. Numbers posted next to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
6. Contact parents and tell them only that the child has been injured and is being transported to the hospital located at Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
7. Take the child’s emergency medical information form(s) with you to the hospital and remain with the child until a parent arrives.
8. Director will notify other parents regarding the incident as necessary.
9. DECAL will be notified with-in 24 hours by the Director or designee in charge.

## Communicable Disease

1. **A child shall not be accepted nor allowed to remain at the Center if the child has the equivalent of a one hundred and one (101) degrees or higher oral temperature and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat.**
2. **Parents will be notified of a contagious illness by the Guide or the Director.**
3. **Other parents will be notified of a contagious illness by the Guide or the Director.**
4. **The health department will be notified on any communicable diseases as outlined on the communicable disease chart.**

## Natural Disasters

### **LIGHTNING -Shelter in Place**

1. If outside- move indoors immediately.
2. Avoid use of telephone, electrical appliances, and plumbing as much as possible. (Please note: wires and metal pipes can conduct electricity)
3. Move away from windows. Cover windows with shades or blinds, if available.

### **EARTHQUAKE- Lock Down –Shelter in Place**

* Do NOT attempt to leave the building you are inside at the time of the quake.
* Take cover where you are, if possible, under a heavy piece of furniture, inside a doorframe, or against an inside wall.
* Stay away from windows.
* Use arms and hands to protect head and neck.
* If outdoors, move away from buildings, trees, and power lines.
* Stay in place until shaking stops.
* Once the quake is over, shut down gas, water, and electrical service; check for hazardous materials spills; and exercise caution before opening any closet doors.
* Do not restore utility services without approval from company officials.
* Approval must be received from officials of the Fire Department and utilities companies, as well as the Executive Director, before entering damaged buildings.

### **TORNADO-Lock Down–Shelter in Place**

* Call all students and employees into buildings.
* Shut down gas, water, and electrical service (time and safety permitting).
* Seek shelter in classrooms, away from windows.
* If time is short, seek shelter in an interior room with few windows or in a hallway, close all doors to room or hallway, and try to get as many walls between people and the outside as possible.
* Avoid corners of rooms.
* If possible, take cover under a heavy piece of furniture.
* Use hands and arms to protect head and neck.
* If outside and unable to reach shelter indoors, lie flat, ideally in a ditch or depression.
* Do not restore gas, water, or electricity to tornado-damaged buildings without approval of utility company officials.
* Check for hazardous materials spills in damaged buildings.
* Approval must be received from Fire Department officials and the Executive Director before entering damaged buildings.

### **HEATWAVE**

1. Follow the weather watch chart as provided on Bright from the Start website regarding outdoor play.

<http://www.decal.ga.gov/documents/attachments/Weatherwatchchart.pdf>

1. Ensure everyone drinks plenty of water.
2. If loss of air-conditioning occurs, follow emergency plan for loss of cooling system.

*Please note:*

*Children may not adapt to extremes of temperature as effectively as adults because they produce more heat (relatively) than adults when exercising and have a lower sweating capacity.*

## Terrorist Threat (Domestic & Environmental)

### **DANGEROUS PERSON-Lockdown**

1. If a person at or near your program site is making children or staff uncomfortable, monitor the situation carefully, communicate with other staff, and be ready to put your plan into action.
2. Immediately let staff know of dangerous or potentially dangerous person*.*
3. Initiate **LOCKDOWN**. (See lockdown procedures)
4. Call 911 from a safe place.

**If the person is in building:**

* Try to isolate the person from children and staff.
* Do not try to physically restrain or block the person.
* Remain calm and polite; avoid direct confrontation.

**If children are outside:**

* And dangerous person is outside: Quickly gather children and return to classrooms and initiate lockdown procedures. If it is not safe to return to the classrooms, evacuate to designated evacuation site.
* And dangerous person is in the building: Quickly gather children and evacuate to designated evacuation site.

**If children are inside:**

* Keep children in classrooms and initiate **LOCKDOWN**

### **CONVENTIONAL WEAPONS (NON-NUCLEAR EXPLOSIVES)-Lockdown-Shelter in Place**

* Follow procedures for Nuclear Weapons above and lock exterior doors.

### **BOMB THREAT-Evacuate**

1. Check caller ID if available.
2. Signal to another staff member to call 911, if able. (Write “BOMB threat” on piece of paper, along with phone number on which call was received.)
3. **Before you hang up**, get as much information from caller as possible.

**Ask caller:**

* *Where is the bomb?*
* *When is it going to explode?*
* *What will cause the bomb to explode?*
* *What does the bomb look like?*
* *What kind of bomb is it?*
* *Why did you place the bomb?*

**Note the following:**

* *Exact time of call*
* *Exact words of caller*
* *Caller’s voice characteristics (tone, male/female, young/old, etc.)*
* *Background noise*
* Do not touch any suspicious packages or objects
* Avoid running or anything that would cause vibrations in building. Avoid use of cell phones and 2-way radio
1. Confer with police regarding evacuation. If evacuation is required, follow **EVACUATION** procedures.

### **CHEMICAL OR RADIATION EXPOSURE-Shelter in Place Or Evacuate**

1. If emergency is widespread, monitor local radio for information and emergency instructions.
2. Prepare to **SHELTER-IN-PLACE** or **EVACUATE**, as per instructions.
3. If inside, stay inside (unless directed otherwise).
4. If exposed to chemical or radiation outside:
* Remove outer clothing, place in a plastic bag, and seal (Be sure to tell emergency responders about bag so it can be removed).
* Take shelter indoors.
* If running water/shower is available, wash in cool to warm water with plenty of soap and water. Flush eyes with plenty of water.

### **CHEMICAL ATTACK (AREA-WIDE) – Lock Down – Shelter in Place**

* Call students and employees into building.
* Seek shelter in your classroom and take roll.
* Close all windows and doors.
* Shut down HVAC systems (air conditioners and fans).
* Tape plastic sheeting over windows and doors in all rooms used as shelter.
* Place wet towels or clothing in cracks under exterior doors and under doors to rooms used as shelter.

**Localized Chemical Attack (Agent released inside a building) – Evacuate the Building**

* Evacuate building and take roll.
* If vapors are migrating, go to our Safe Haven.
* Approval must be received from Emergency Service/Health Department officials before reentering building.

### **RADIOLOGICAL RELEASE (“DIRTY BOMB,” NUCLEAR REACTOR BREACH)**

**Lock Down – Seal It Up**

* Call students and employees into buildings.
* Seek shelter in safe rooms and take roll.
* Close all windows and lock exterior doors.
* Shut down HVAC systems (air conditioners and fans).
* Tape plastic sheeting over windows and doors, exhaust fans, electrical outlets, and vents in all rooms used as shelter.
* Tape plastic sheeting over exterior doors.
* Place wet towels or clothing in cracks under exterior doors and under doors to rooms used as shelter.

### **BIOLOGICAL ATTACK (AREA-WIDE) – Lock Down – Seal It Up**

* Call students and employees into our building.
* Seek shelter in classrooms and take roll.
* Shut down HVAC systems (air conditioners and fans).
* Close windows and doors.

**Localized Biological Attack (Agent found inside a building) –EVACUATE**

**Call the Administration**

* Place a plastic sheet, towel, or cloth over the item or substance and leave the room.
* Close and, if possible, lock door to room where item or substance was found.
* Tape plastic sheeting at entry to room where item or substance was found.
* Shut down HVAC system (air conditioners and fans).
* Evacuate entire building and lock exterior doors; take roll.
* If necessary, tape plastic sheeting at all entrances to building.
* Do NOT handle, shake, touch, or in any way disturb the item or substance.
* If item must be handled, wear surgical gloves.
* Record names of all persons who came in direct contact with the item or substance, or were in the room at the time of discovery.
* All persons who came in direct contact with the item or substance should wash hands with soap and water.
* Approval must be received from Emergency Service/Health Department officials before reentering building.

### **NUCLEAR WEAPON Lock Down – Shelter in Place**

* Call students and employees into building.
* Seek shelter in classrooms, away from windows.
* If time is short, seek shelter in hallways (close doors leading to hallways).
* Kneel on ground in the “duck and cover” position.
* If time allows, shut down gas, water, and electrical service to buildings used for shelter.

# **EMERGENCY CONDITIONS: CLASSIFICATIONS**

**from the Department of Homeland Security**

[**http://www.dhs.gov/dhspublic/display?theme=29&content=320**](http://www.dhs.gov/dhspublic/display?theme=29&content=320)

## LEVEL 1: Low Condition (Green)

This condition is declared when there is a low risk of terrorist attacks.

## LEVEL 2: Guarded Condition (Blue)

This condition is declared when there is a general risk of terrorist attacks. In addition to the protective measures taken in the previous threat condition, Federal departments and agencies consider the following general measures in addition to agency-specific protective measures: checking communications with designated emergency response or command locations; reviewing and updating emergency response procedures; and providing the public with any information that would strengthen its ability to act appropriately.

## LEVEL 3: Elevated Condition (Yellow)

 An elevated condition is declared when there is a significant risk of terrorist attacks. This includes any event outside our area OR within our area that may affect commerce, transportation, and communication AND utilities, like electric power and gas. This includes public lighting, traffic lights, etc. as well as residential utilities.

## LEVEL 4: High Condition (Orange)

A high condition signifies an event outside or within our area that may require immediate evacuation. This situation includes any event that presents an immediate danger to area residents. Such events may include explosions, chemical/biological, and nuclear events that may pose an immediate threat to life, property, and safety in our area.

Law enforcement personnel (NYPD) and or State/Federal authorities will coordinate all evacuations.

**Note: Unless directed otherwise, the best form of security during an emergency is to stay local and remain at school.**

# **Medical Accident Procedures**

## For Children's Care

**Hospital**

Northeast Georgia Urgent Care Center

Northeast Georgia Medical Center 743 Spring St NE, Gainesville, GA 30501

In case of child injury, basic first aid will be applied. In the event of a serious injury, a parent will be notified. If the parents are not available, the emergency numbers on the child’s emergency card will be called. If these person(s) cannot be reached, the school’s pediatrician(s) may be called for medical direction and/or the child taken to the hospital ER.

**For minor scrapes/bruises ("boo-boos"):** wash off the area with soap and water, put on a Band-Aid if appropriate, and fill out an accident report stating what happened so that parent(s) can receive it at pick-up time. If another adult is picking up, call the parent(s) at work that day, or at home that evening.

**For bites:** check to see whether skin was broken. Quickly wash off the area with soap and water if unbroken skin; fill out form stating what happened so that parent(s) can receive it at pick-up time and advise them to confirm that their child's tetanus immunization has been administered. Call parents to notify. Also inform office.

**For sick child (fever of 101.0° in ear, three diarrheas, one incident of vomiting, unexplained rash, or child complains of ills):**call the parent(s) immediately, explain the problem, and tell them to come and pick up their child. Until a parent arrives, the sick child shall be placed on a cot in an isolated area; decide what's manageable for the child. Consider calling 911 if the temperature is over 104 and is accompanied by additional symptoms (trembling limbs, eyes glazed, etc).

**Serious wounds (bump on the head, loosening of teeth):**apply ice to the area,call the parent(s) immediately, and explain what happened. Describe the nature of the wound and tell them to come pick up their child. Child should be kept quiet. **Call Parents immediately.**

**Serious wounds (nosebleeds):**using plastic gloves, pinch the area at the top of the nose, place sterile gauze or tissue lightly at the base of the nose to catch the drips (make sure child breathes through his/her mouth), and hold the pressure for 3-5 minutes. Have another staff member call the parent(s) immediately, tell them what happened, and decide with the parent if that child needs immediate medical attention. Nosebleeds can be scary for a child, as noses may bleed profusely; remain calm, speak reassuringly to the child about what is happening.

Should the nosebleed be slight or spontaneous and the child stays at school, after following above procedures, gently wash the child's face and hands (before you remove the gloves). Child may read quietly for a while before returning to more active work. Instruct the child to leave his/her hands away from the nose.

**More serious wounds (bloody wounds that do not clot, possible stitch wounds):**if actively bleeding use plastic gloves, sterile gauze, and apply pressure to the area. If not an immediate crisis, have another staff member call the parent(s) immediately, tell them what happened, the nature of the wound, and state that the child needs immediate medical attention. Parent(s) may decide to:

* Meet you at the hospital **(staff should bring copies of both the child's medical authorization release form and medical records form)** *or*
* Come and take the child to his/her own physician.

The teacher calls the family that night to follow up.

Very serious wounds (possible broken bones): get weight of the child off the affected area. If not an immediate crisis, call the parent(s), tell them what happened, the nature of the wound, and state that the child needs immediate medical attention. Parent(s) may decide to:

* Meet you at the hospital **(staff should bring copies of both the child's medical authorization release form and medical records form)** *or*
* Come and take the child to his/her own physician.

The teacher calls the family that night to follow up.

Immediate medical emergency (choking):

1. Trained staff person in CPR performs the Heimlich maneuver.
2. If child becomes unconscious and is not breathing, start rescue breathing and have someone call 911. Stay with the child when s/he is transported to the ER.
3. If child is breathing and object has been dislodged, take the child to the Emergency Room anyway to be checked out by a physician. **Staff should bring copies of both the child's medical authorization release form and medical records form.**
4. Notify the Administration and parents as soon as possible.

Immediate medical emergency (open fracture, unconscious child):

*When at school:*

Two adults—lead teacher and member of the Administration—accompany child to the ER of either Northeast Georgia Urgent Care Center

 or Northeast Georgia Medical Center 743 Spring St NE, Gainesville, GA 30501

1. Call 911 and go to the hospital with the child with **copies of both the child's medical authorization release form and medical records form.**
2. At the hospital, tell ER staff that you are from The Little Village Montessori School in order to get immediate attention.

*When on a trip:*

1. Teacher calls 911 and goes with injured child to the nearest hospital with **copies of both the medical authorization release form and medical records form in his/her emergency bag**.
2. Another adult calls the School to notify the Administration and give details of the accident.
3. School will:
	1. Send staff person to remain with the teacher and the child until the parents arrive.
	2. Send teacher to accompany class back to school.
	3. Call parent(s), notify them of the details of the accident, and direct them to the hospital used.

**On the day of the incident, teachers must fill out an accident/illness form for all accidents/illnesses. All signed and completed accident reports must be kept on file in the accident report binder in the school office.**

## For Staff Care

*When an employee is injured:*

Report to the Administration, in writing, details of the accident within twenty-four (24) hours. Every injury is to be reported.

*In the case of minor injury*, teachers are responsible for administering first aid to themselves, if needed.

*In the case of more serious injury*, teacher(s) will request assistance from the Administration.

*In the case of major injury*, the teacher will:

* Ask Administration to call 911 so that s/he may be transported to the ER for treatment or
* Be accompanied by another staff person to the ER for treatment.

*When a teacher becomes ill during the school day:*

If immediate attention or sick leave is required, the safety and supervision of the children will remain an immediate responsibility for all staff members.

**Reporting Incidents of Child Abuse/Neglect Procedures, Identification and Assessment**

***What to Do When Child Abuse is Disclosed:***

**1.** Find a private place to talk with the person disclosing.

**2.** Reassure the person making the disclosure with statements such as:

a.“I believe you.”

b. “I am glad you told me.”

c. “It is not your fault this happened.”

d. Affirm that abuse is wrong.

**3.** Listen openly and calmly, with minimal interruptions. Try to keep your own emotions and nonverbal cues neutral.

**4.** Write down the facts and words as the person has stated them. The first statement made spontaneously has forensic significance to the investigators and the exact words can be important.

**5.** Respect the individual’s need for confidentiality by not discussing the abuse with anyone other than those required by agency policy and the law. The staff member should not tell the parents/guardians of the child that a report is being made until the safety of the child has been established.

**What NOT to SAY When Someone Discloses to You:**

1. Don’t ask “why” questions such as:

a) “Why didn’t you stop him or her?”

b) “Why are you telling me this?”

2. Don’t say “Are you sure this is happening?”

3. Don’t ask, “Are you telling the truth?”

4. Don’t say, “Let me know if it happens again.”

5. Don’t ask, “What did you do to make this happen?”

If a disclosure is made, don’t try to get all the details. It is not your role to be an investigator. Remember that disclosures are made in different ways. Understand that some disclosures are more subtle or indirect.

Above all, MINIMIZE the number of questions you ask the child and avoid the use of leading questions or questions that suggest an answer (e.g., “Did your uncle touch you in the private area too?” “Was he wearing a blue jacket?”).

***Identification and Assessment***

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| All public health employees must participate in training related to the identification and intervention of child abuse as part of new employee orientation and receive an annual update. Such training provides personnel with knowledge and skills needed to appropriately respond to child abuse allegations and determine needed prevention efforts. Some possible indications of child abuse include:

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| --- | --- | --- |
| **Type of Abuse** | **Physical Indicators** | **Behavioral Indicators** |
| **Sexual Abuse** is the exploitation of a child for the sexual gratification of an adult or older child. Sexual abuse is most commonly perpetrated by an individual known to the victim, rarely is the offender a stranger. One-third of all sexual abuse is perpetrated by another child. Sexual abuse includes touching offenses: fondling, sodomy, rape; and non-touching offenses: child prostitution, indecent exposure and exhibitionism, utilizing the internet as a vehicle for exploitation. **Note:** Sexual abuse does not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors at least 14 years old or between a minor and an adult who is not more than four years older than the minor.  | **Possible Signs of Sexual Abuse:** Difficulty walking or sitting  Torn, stained or bloody underclothing  Pain, swelling or itching in the genital area  Pain on urination  Bruises, bleeding, discharge or laceration in external genitalia area  Presence of sexually transmitted disease  Frequent urinary or yeast infections  | **Possible Signs of Sexual Abuse:** Inappropriate sex play or advanced sexual knowledge and promiscuity  Hysteria, lack of emotional control  Sudden school difficulties  Withdrawal or depression  Excessive worrying about siblings  Difficult peer relationships, resists involvement with peers  Self-imposed social isolation  Avoidance of physical contact or closeness  Sudden massive weight change (loss or gain)  |
| **Emotional Abuse** is a pattern of behavior that impairs a child’s emotional development or sense of self-worth. It frequently occurs as verbal abuse, but can also include the following: rejection, terrorizing, shameful forms of punishment, withholding physical and emotional contact; developmentally inappropriate expectations; exposure to domestic violence that may impact a child’s personal safety. Emotional abuse is usually not an isolated incident, but instead it is a pattern of behavior that occurs over a period of time.  | **Possible Signs of Emotional Abuse:** Speech or other communicative disorder  Delayed physical development  Exacerbation of existing conditions, such as asthma or allergies  Substance abuse  | **Possible Signs of Emotional Abuse:** Habit disorders (sucking, rocking)  Antisocial or destructive behaviors, including delinquency  Neurotic traits (sleep disorders, inhibition to play)  Behavioral extremes (passivity or aggression)  Developmental delays  |
| **Neglect** is the most common form of child abuse. It is the failure of a parent or other caregiver to provide for the child’s basic needs. Neglect may be: **Physical**: Lack of adequate food, shelter, clothing, or medical care **Emotional**: Inattention to a child’s emotional needs, or permitting the use of alcohol or other drugs **Educational/cognitive** neglect **Lack of supervision** for optimal growth and development **Medical**: Failure to provide medical or mental health needs  | **Possible Signs of Neglect:** Consistent hunger  Poor hygiene  Inappropriate dress  Consistent lack of supervision  Unattended physical problems or medical needs  Delay in seeing medical care for an injury  Underweight  Poor growth patterns  Failure to thrive  Distended stomach, emaciated look  Children with special health care needs are at higher risk for neglect  | **Possible Signs of Neglect:** Self-destructive behaviors  Begging, stealing food  Extended stays at school (early arrival and late pickup)  Constant fatigue, listlessness, or falling asleep in class  Assuming adult responsibilities and concerns  States there is no caretaker in the home  Frequently absent or tardy  Truancy or never enrolling child in school  Neo-natal abstinence syndrome  |

***Reporting Procedure***1. Any suspected cases of child abuse shall be reported immediately, and at least within 24 hours. An oral report shall be followed up with a written (or online) report with the patient’s name and address, the nature and extent of the injuries, and any other information that might be helpful in establishing the cause of the injuries and the identity of the perpetrator. The reporter may choose to consult with the District Health Director before making the report, so long as the report is still made within the required time.
2. Depending on the identity of the suspected abuser, the report shall be made either to the Division of Family and Children Services (DFCS) or to the employer of the suspected abuser. If the suspected abuser had access to the child through her or her work as a volunteer or employee of a hospital, school, social agency, or similar facility, then the report shall be made to the person in charge of such hospital, school, social agency, or facility. In all other cases, the report shall be made to DFCS in accordance with its procedures.
3. After making the report, the employee should notify the District Health Director (DHD) that a child abuse report has been made and provide a copy.
4. Sexual abuse is a common type of child abuse. However, it is important to remember that *not all sexual activities of minors are reportable as child abuse*. In particular, sexual abuse does not include (a) consensual sex acts involving persons of the opposite sex when the sex acts are between minors at least 14 years old, or (b) consensual sex act between a minor and an adult who is not more than four years older than the minor.
5. The statewide phone number for the DFCS Child Protective Center *to make an oral report* is 1-855-422-4453. Contact information for local county DFCS office can be found at http://dfcs.dhs.georgia.gov/county-offices. To access the online DFCS Mandated Reporter Form visit https://cps.dhs.ga.gov/Main/Default.aspx. Mandated reporters also have the following options to submit this form electronically (use only one option per report): Option One: E-mail to CPSIntake@dhs.ga.gov. The system may restrict you to receive only one auto-reply per day per email stating that the CPS report has been received. Option Two: Fax to 229-317-9663. Faxed reports convert to a PDF (Adobe) format and are automatically forwarded to the CPSIntake@dhs.ga.gov e-mail box.
6. If you provide an e-mail address, you can receive a confirmation e-mail. If the child is in a life threatening situation or immediate danger, a report should be made **immediately** to law enforcement or the district attorney in the county where the child lives or is receiving treatment. The identifying employee should follow up with DFCS as soon as possible to make an official report in accordance with DFCS reporting forms and procedures.
7. The incident as reported or observed shall be documented in the child’s health record and a copy of the written report shall be maintained in the child’s health record. A child abuse report must be labeled as confidential and not available for release pursuant to the Georgia Open Records Act or any other form of request. If there is a request for child abuse records, then legal counsel should be consulted before any response is made.
8. The reporter must follow up to assure that the report was received.
9. The obligation to report arises when there is “reasonable cause to believe that child abuse has occurred.” “Reasonable cause” means you have an objective, factual basis to believe that the child may have been abused. This does not mean you that are sure beyond a reasonable doubt that the child has been abused. It means that your belief is based on more than a hunch.
10. Public health personnel **do** have the authority to photograph injuries without the knowledge or consent of the child’s parent or guardian.
11. Pursuant to O.C.G. A. § 15-11-131, a physician licensed to practice in Georgia who is treating a child may take temporary protective custody of the child, without a court order and without the consent of a parent, guardian, or custodian, if the physician has reasonable cause to believe the child is in a circumstance or condition that presents imminent danger to the child’s health as a result of suspected abuse.
12. The responsibility of a mandated reporter is to ensure that a report is made whenever there is reason to believe that a child has been the victim of abuse. It is the responsibility of DFCS to review the report and decide whether further investigation is warranted. If the report is on a family that already has an open case with DFCS, the current suspicions must still be made to the DFCS intake worker.
13. Mandated reporters may contact DFCS to find out whether their report was substantiated. Even if the report was not substantiated, it is the responsibility of the mandated reporter to report future concerns regarding the child.

***Report Contents***Reports should contain the following information: 1. Name, age, address and current location of the child.
2. Name and address of the child’s parents or caretakers, if known
3. Name and address of suspected perpetrator
4. Location where the abuse took place, if known.
5. The nature and extent of the child’s injuries, including any evidence of previous injuries.
6. Any other information the reporter believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.
7. Photographs, if available

See Georgia Child Protective Services Mandated Reporter Form, Appendix B. The report becomes part of the child’s health records, but it should be labeled as confidential and not available for release. If a request for release of records related to child abuse is made, then contact legal counsel for advice on how to respond. ***Rights of the Mandated Reporter***All reports are confidential, and the identity of the reporter will not be disclosed to the child’s family. However, a public health reporter should provide his or her contact information. Mandated reporters who provide their name at the time of filing the child abuse report may request information from DFCS on the outcome of a report. Legally, DFCS cannot share any information other than whether the allegation was substantiated. Mandated reporters are to receive a letter of acknowledgment and acceptance for investigation or screen-out of the case (see Appendix C). ***Penalties for Failure to Report***Any public health employee who suspects a case of child abuse and who knowingly and willfully fails to file a report shall be guilty of a misdemeanor O.C.G.A. §19-7-5 (c)(2)(h). Moreover, the employee may be subject to employment discipline up to and including termination.  |  |  |
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