

Children's Ministry Manual

First Baptist Church of Palmetto, Inc.

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|---|-----------|
| CHILDREN’S MINISTRY WORKER QUALIFICATIONS | 3 |
| LENGTH OF COMMITMENT / ABSENCE POLICY. | 3 |
| CHILDREN’S MINISTRY WORKER APPLICATION AND SCREENING CHECKS | 3 |
| RESPONDING TO ALLEGATIONS OF CHILD ABUSE..... | 5 |
| CLASSROOM POLICIES AND PROCEDURES | 6 |
| GENERAL POLICY..... | 6 |
| WELLNESS POLICY | 6 |
| DIAPER CHANGING..... | 7 |
| BATHROOM PROCEDURES (PRE-K) | 8 |
| BATHROOM PROCEDURES (ELEMENTARY) | 8 |
| HAND WASHING..... | 8 |
| CLASSROOM PLACEMENT..... | 8 |
| PROMOTION | 8 |
| NURSERY / PRESCHOOL AGE PLACEMENT | 8 |
| GRADE SCHOOL AGE PLACEMENT..... | 8 |
| NURTURING LEADERSHIP | 8 |
| PRESCHOOL AREA..... | 9 |
| CLEAN UP | 9 |
| EMERGENCIES..... | 10 |
| EVACUATION! – CODE GREEN PROCEDURE | 10 |
| LOCKDOWN! – CODE RED PROCEDURE | 11 |
| HOLD IN CLASSROOM! – CODE YELLOW PROCEDURE | 11 |
| TORNADO PROCEDURES | 12 |
| MEDICAL EMERGENCY – CODE BLUE PROCEDURE..... | 12 |
| FIRST AID TREATMENT | 12 |
| CHOKING | 13 |
| NOSEBLEEDS | 16 |
| OBJECTS IN THE NOSE | 16 |
| EYE INJURIES..... | 16 |
| DISPLACED TOOTH | 17 |
| CUTS, WOUNDS AND LACERATIONS..... | 18 |
| HUMAN AND ANIMAL BITES..... | 18 |
| BEE AND WASP STINGS..... | 18 |
| SEIZURES | 19 |
| SYMPTOMS OF FRACTURES AND DISLOCATIONS | 19 |
| MISCELLANEOUS..... | 20 |

FIRST BAPTIST CHURCH OF PALMETTO CHILDREN'S MINISTRY Worker's Manual

Children's Ministry Worker Qualifications

Adult Christians in places of responsibility within the Children's Ministry are role models for young boys and girls. They must set a Christ-like example in their speech, actions, and in the demonstration of their faith. We maintain a high standard for all leadership.

The following qualifications are required:

- Be a "born-again" Christian.
- Demonstrate a desire to serve the Church by using their gifts to reach and teach children.
- Live a "changed" lifestyle, exemplifying Christ-like standards and morals.
- Children's Sunday School teachers and small group leaders, must be members of FBC Palmetto, in good standing for at least 6 months.
- Non-Members may serve in kids ministry in non-teacher/leader roles and always under the supervision of a director/leader.
- Be supportive of the ministries of FBC Palmetto, its leaders (both lay and pastoral) and /or its members.

Length of Commitment / Absence policy.

Most people enjoy Children's Ministry and don't want to leave once they get involved. Others serve for a season, and move into other areas of service. For the time you are involved, please give the best you have to the children. Come early, come prepared, and allow God to use you to mold the lives of children for His Kingdom.

If for some reason you have to miss your scheduled service, please do your best to find a replacement for yourself and let the Children's Ministry Director know as soon as possible.

Children's Ministry Worker Application and Screening Checks

First Baptist Church Palmetto seeks to provide a safe and secure environment for the children who participate in our programs and activities. By implementing the below practices, our goal is to protect the children of First Baptist Church Palmetto from incidents of misconduct or inappropriate behavior while also protecting our staff and volunteers from false accusations.

Definitions

For purposes of this policy, the terms “child” or “children” include all persons under the age of eighteen (18) years.

Selection of Palmetto Kids Volunteers

All employees and volunteers who desire to work with the children participating in our programs and activities will be screened. This screening includes the following:

- A. **Six Month Rule**--No volunteer will be considered for any position involving contact with minors until he/she has been involved with FBC Palmetto for a minimum of six months. This time of interaction between our leadership and the applicant allows for better evaluation and suitability of the applicant for working with children.
- B. **Written Application**--All persons seeking to work with children must complete and sign a written application. The application will request basic information from the applicant and will inquire into previous experience with children, previous FBC Palmetto affiliation, reference and employment information, as well as disclosure of any previous criminal convictions. FBC Palmetto will maintain the application on file.
- C. **Personal Interview**--Upon completion of the application, a face-to-face interview may be scheduled with the applicant to discuss his/her suitability for the position.
- D. **Criminal Background Check**--A national criminal background check is required for all employees (regardless of position) and for the following categories of volunteers:
 - Those who will be involved in our children/preschool areas
 - Those who will be involved in overnight activities with minors
 - Those counseling minors
 - Those involved in one-on-one mentorship of minors
 - Those having occasional one-on-one contact with minor (such as, church-sponsored athletic team coaches and vehicle drivers)

Before a background check is run, prospective Palmetto Kids Volunteers will be asked to sign an authorization form allowing the church to run the check. If an individual declines to sign the authorization form, he/she will be unable to work with children.

What constitutes a disqualifying offense that will keep an individual from working with children will be determined by Executive Pastor and/or members of the Children’s Ministry team, on a case-by-case basis in light of all the surrounding circumstances. Generally, convictions for an offense involving children and/or for offenses involving violence, dishonesty, illegal substances, indecency and any conduct contrary to our mission will preclude someone from being permitted to work with children. Failure to disclose a criminal conviction on the application form will also be a disqualifying event.

FBC Palmetto will maintain the background check authorization on file, however, volunteers will be asked to fill this out and be background checked annually.

Responding to Allegations of Child Abuse

For purposes of the policy, “child abuse” is any action (or lack of action) which endangers or harms a child’s physical, psychological or emotional health and development. Child abuse occurs in different ways and includes the following:

- ***Physical abuse*** – any physical injury to a child which is not accidental, such as beating, shaking, burns, and biting.
- ***Emotional abuse*** – emotional injury when the child is not nurtured or provided with love and security, such as an environment of constant criticism, belittling and persistent teasing.
- ***Sexual Abuse*** – any sexual activity between a child and an adult or between a child and another child at least four years older than the victim, including activities such as fondling, exhibitionism, intercourse, incest, and pornography.
- ***Neglect*** – depriving a child of their essential needs, such as adequate food, water, shelter, and medical care.

Palmetto Kids Volunteers may become aware of abuse or neglect of the children under our care. In the event that an individual involved in the care of children at FBC Palmetto becomes aware of suspected abuse or neglect of a child under his/her care, they should report it immediately to the Children’s Ministry Director or Associate Pastor of Discipleship for further action. This may include reporting to authorities as may be mandated by state law.

In the event that an incident of abuse or neglect is alleged to have occurred at FBC Palmetto or during our sponsored programs or activities, the following procedure shall be followed:

- The parent or guardian of the child will be notified.
- The worker alleged to be the perpetrator of the abuse or misconduct will immediately be placed on leave from working with children pending an investigation.
- Our insurance company will be notified and we will complete an incident report.
- We will comply with the state’s requirements regarding mandatory reporting of abuse as the law then exists.
- We will cooperate with any investigation of the incident by state or local authorities. In the event there is no investigation of the incident by state or local authorities, a team will be formed to investigate the circumstances of the incident. The team should act only in consultation with our insurance company and/or attorney.
- Any person against whom allegations of abuse or misconduct are substantiated will be removed from their position with children.
- The FBC Palmetto Executive Pastor will be the spokesperson to the media concerning incidents of abuse or neglect, unless he is alleged to be involved. **All other Palmetto Kids Volunteers and staff should refrain from speaking to the media.**
- A pastoral visit will be arranged for those who desire it.

Teenage Palmetto Kids Volunteers

We recognize that there may be times when it is necessary or desirable for teenagers, who are under age 18 to assist in caring for children during programs or activities. The following guidelines apply to such Palmetto Kids Volunteers:

- Paid childcare workers must be 18 years old or older
- Teenage Palmetto Kids Volunteers must be at least 14 years old.
- Teenage Palmetto Kids Volunteers will be screened as specified above.
- Teenage Palmetto Kids Volunteers must be under the supervision of an adult and must never be left alone with children.

Classroom Policies and Procedures

General Policy

Classroom policies and procedures have been incorporated to help protect FBCP children and teachers. All teachers, volunteers, and staff are expected to support the rules with a positive attitude and compliance.

- There will be a minimum of two (2) adults, 18 years or older, per room.
- Only those Palmetto Kids Volunteers 18 years or older are allowed to be in infant classrooms.
- All Palmetto Kids Volunteers must receive prior approval from the Children's Ministry staff.
- The value of each child will be respected in the classroom. All children will be treated fairly and equally, with no special regard to ability, race, creed, color, or economic status.

Wellness Policy

In order to ensure a safe, healthy environment for children and teachers, a "Wellness Policy" has been adopted by FBCP Children's Ministry. If a child displays symptoms of an illness while in the classroom, the Coordinator on duty should be notified immediately. It is the responsibility of the Coordinator (not the classroom teacher) to call the parents.

According to the American Academy of Pediatrics Control of Infectious Diseases, a child should not be placed in a classroom with other children when any of the following exist:

- Fever of 100° or higher (Child must be fever-free for 24 hours).
- Vomiting or diarrhea.
- Any symptom of childhood diseases such as scarlet fever, German measles, mumps, chicken pox, or whooping cough.
- Common cold.

- Persistent cough, sore throat or croup.
- Any unexplained rash or skin infection, including boils, ringworm, and impetigo.
- Pink eye or other eye infection.
- Any colored discharge from the nose.
- Any communicable disease.

**NO MEDICATION WILL BE DISPENSED BY THE CHILDREN’S MINISTRY!
We ask that all Leadership adhere to these same health guidelines.**

Diaper Changing

Please always follow these procedures to eliminate the spread of infectious, contagious diseases:

- Men are never permitted to change the diaper of a child which is not their own.
- Anyone under the age of 14 is not permitted to change the diaper of a child which is not their sibling.
- Assemble supplies: diapers, wipes, waxed paper, and gloves, before laying baby on diaper changing pad. Never leave a child unattended at the changing area. Keep one hand on the child at all times.
- Put a new pair of gloves on for each diaper change.
- Change diapers in designated area only.
- Clean every child with a wipe. (Note: clean girls from the front to the back.)
- Roll soiled diaper into waxed paper with gloved hand. Remove glove from that hand by pulling it over the diaper. Repeat by putting diaper in your other gloved hand and wrapping that glove over the diaper for a second “seal.” Discard diaper in trash.
- After changing, place a label on the child’s diaper to indicate a diaper has been checked/changed.
- Wipe down the diaper changing area with Wex-cide using a paper towel.
- Wash your hands after every diaper changing.
- If any of the necessary supplies (gloves, wax paper, wexcide, etc) are missing or have run out please inform the coordinator.

Bathroom Procedures (Pre-K)

Men should never accompany children who are not their own to the restroom. Women volunteers should take potty trained children to bathroom and should **NOT** send them by themselves.

Bathroom Procedures (Elementary)

Children who are in Kindergarten or above can be sent to the bathroom one at a time.

Hand Washing

Hands should be washed/sanitized:

- Before and after eating or handling food.
- Before and after changing diapers.
- After assisting a child in the bathroom.
- After wiping and blowing noses.
- After coming in from outside.

Classroom Placement

Promotion

FBC Children's Ministry promotion is an annual event, always occurring during the month of August prior to the beginning of school.

Nursery / Preschool Age Placement

Children are grouped developmentally until they are old enough to promote into the two-year-old class. Once a child becomes two (2) years old by September 1st, he or she will be placed in either our younger or older 2 year old class depending on their birth date. The same will be applied to the three's and four's. The September 1st date is the standard by which children enter school, thus these children will promote as a group.

Grade School Age Placement

Elementary children are placed with their grade level.

Nurturing Leadership

Some children will turn a year older shortly after promotion while others will be nearly a year younger. Nevertheless, they stay in the same class together. The older children will be strengthened by becoming "leaders" in the classroom. Teachers should recognize those children with advanced maturity, and give them "special," age appropriate assignments to further develop and challenge them.

Exceptions

A one-time exception MAY be made for first-time guests or out-of-town guests if age and space permits, based on the following guidelines:

- The area Director /Coordinator approves the one-time placement.
- The age difference between the children is not more that two years.
- Both children are placed in the class of the younger child. The Children's Ministry will not place a younger child in an older child's classroom.
- The children are both in Grade School. The Children's Ministry will not cross over between two departments.

Preschool Area

- Never leave children unattended when they are eating and familiarize yourself with first aid treatment for choking victims.
- All leftovers should be but in a zip-loc bag and returned to the snack cabinet. Please do not leave ANY food in the classroom.
- NOTE: Snacks should consist of small portions. Unless stated otherwise, parents generally do not want their children feeling full prior to mealtimes.

Clean Up

- All classroom supplies have a designated "place." Please neatly return them to the appropriate cabinet and shelf.
- All toys are to be cleaned with Wex-cide (red labeled bottle) and returned to appropriate cabinet or shelf.
- If additional supplies have been brought into classroom, return unused portion to the Resource Room.
- Tables and chairs should be cleaned with the disinfectant cleaner (yellow labeled bottle). Chairs are to be stacked against the wall.

Emergencies

Safety in the midst of an emergency depends on:

- Prior planning.
- Adequate communication of the plan.
- The ability of teachers to keep a calm, clear mind when facing danger.
- Flawless implementation of the plan.

EVACUATION! – Code GREEN Procedure

Fire, bomb threat, explosion, toxic spill, gas leaks, odors from inside the building

If the alarm sounds, do not assume it is a false alarm unless your Director/Coordinator tells you.

In the event of an evacuation, please follow the posted instructions on the classroom wall.

- Take the alarm seriously.
- Don't panic. Assure the children everything will be OK and keep them calm.
- Count heads before you leave, once you are at the assigned area, before and when you return to class.
- Assess the situation. Does your door feel hot? If not, check to see if it is safe to enter the hallway. Determine which exit is the safest.
- If you have walking children, keep them together and exit the building immediately. Follow exit signs to your assigned area outside the building.
- If you have infants or crawlers, put the children in your Emergency Rolling Crib and roll them to the nearest exit.
- If your door is hot and/or exits are blocked, stuff damp paper towels or something similar at the bottom of the door to keep smoke from filling the room.
- Keep children as far back as possible. Throw a chair through the window to break it for an exit.
- Clear away as much jagged glass as possible. Send an adult to the outside, and pass children out one at a time.
- Keep children together. When the entire class is out of the building, proceed to the meeting place.

- If your exit is blocked and you don't have a window, place a wet paper towel over each child's nose and mouth. All children and teachers should move as far away from the door as possible.

LOCKDOWN! – Code Red Procedure

Armed person on campus; hostage situation; shooting or stabbing; civil disturbance.

If usher, greeters, or Directors/Coordinators feel there is possible danger for any reason, we will immediately secure the area.

- Directors may or may not have time to inform you with the words "lock-down." Don't waste time by asking questions. Close and lock your door.
- Do not give the children cause for alarm.
- Stay alert.
- All doors will remain locked until any threat of danger is gone.
- No teachers or children will be allowed to exit the classrooms.
- In the unlikely event you hear loud shouting, gunfire, or other threatening sounds, take cover immediately. All children and teachers should move away from the door, lay flat on the floor, and use tables as cover. **KEEP THE CHILDREN AS QUIET AS POSSIBLE.**
- If you have a cell phone, call 911 and stay on the line with an emergency operator.
- Only open or unlock the door upon instruction from the director, coordinator, uniformed law enforcement or fire personnel or a badged member of the security.

HOLD IN CLASSROOM! – Code yellow procedure

Offsite chemical release, death onsite, student or employee abduction and other situations that would require students to be held for their safety.

- Direct all students in hallways or outside areas into classrooms.
- Maintain calm in the classroom.
- Take attendance and wait for further instructions from the main office.
- Add to your list any additional students who may have sought refuge in your room.
- When the "all Clear" is announced listen for further instructions.

Tornado Procedures

Tornadoes may strike with little warning. A quick response on the part of the teacher may save the lives of their students.

- Don't panic. Assure the children everything will be OK and keep them calm.
- Count heads.
- Move to a non-window room or hallway as orderly as possible, follow the evacuation plan displayed in the room.

MEDICAL EMERGENCY – Code BLUE Procedure

CPR/First Aid, Certified personnel will respond to the location announced.

- Code blue will be announced by administration or designee. (Example: Attention staff, Code BLUE Fellowship Hall. I repeat, Code BLUE Fellowship Hall.)
- Administration will call 911
- EMS will be responsible for coordination of all activities once they arrive on site.

First Aid Treatment

It is important for teachers to stay calm and know how to respond if a child becomes injured. In the event of a serious injury, all other children should be removed from the area by another adult as soon as possible.

Accidents and Injuries

Many classroom accidents can be avoided by a proactive teacher. Maintain control of the children and never take your eyes off of them. You must report broken toys or equipment immediately to the Director/Coordinator for removal and replacement.

If a child is injured in the classroom, **always fill out an accident form**, and notify the Director/Coordinator. This includes bumps, bites, scratches, etc., even if there is not mark left on the child. All bumps to the head (even if they seem minor) **MUST** be reported immediately. The Director/Coordinator will determine if the parent should be called and the injury will be notated on an "Accident Report."

- Assess the injury.
- If there is any bleeding or bodily fluid present, wear gloves.

- Render first aid.
- Treat open wounds and bites. Flush wound with water, cover with band-aid. Contact Director/Coordinator.
- Document accident or injury on an “Accident Report.” Indicate what happened and how the child and the injury were treated. Both the leader present and FBCP Children’s Ministry staff person will sign it.
 - Accident reports can be found with first aid kits. If not there, contact your coordinator.
- Tell the parents what happened. Have them sign the “Accident Report”. (Parents receive the yellow copy. Give the white copy to the Director/Coordinator on duty.)
- Report any suspected child abuse to the Director/Coordinator or Children’s Pastor.
- Any spills, potty accidents, throw up, etc. should be reported to the Director/Coordinator. They will be cleaned with a special solution.

Choking

If you believe a child is choking, do not interfere with them as long as they are coughing. If coughing doesn’t dislodge the object and they begin to have difficulty breathing or they turn a bluish color, quickly ask, “Are you choking?” A choking victim will not be able to speak. Call for help and immediately render aid.

Choking Victims Age 1 year to Adult

Get behind the victim and do the following:

- Wrap your arms around the victim’s waist.
- Make a fist with one hand, placing the thumb side of your fist against the middle of the victim’s abdomen (right about the navel and below the rib cage).
- Grab your fist with the other hand.
- Give abdominal thrusts by quickly pulling your fist inward and upward into the abdomen.
- Continue thrusts until the objects are forced out of the victim’s airway or the victim becomes unconscious.
- If the victim becomes unconscious, have someone call 911 for help.
- Lay victim onto back, support head and neck, and keep them in a straight line with his or her back.

- Clear any material out of victim's mouth, being careful not to lodge anything further into the throat.
- Check to see if the person is breathing. If not, you must begin rescue breathing.
- Tilt the victim's head back and pinch his nose shut using two (2) fingers.
- Make a seal with your lips around the victim's mouth.
- Give two (2) full breaths. Breathe into victim for 1 ½ seconds, watching for the chest to rise.
- Pause to let the air come out, then repeat procedure.
- If you don't see the chest rising, try tilting the head farther back. If this doesn't work, repeat abdominal thrusts with the victim.
- Place the heel of your hand on the victim's abdomen as before.
- Place your other hand on top of the first and point your fingers towards the victim's head.
- Give five (5) quick thrust toward the head into the abdomen.
- Keep repeating the sweeping of the mouth, the rescue breathing, and the abdominal thrusts until the object is removed and the victim's lungs can be inflated.
- Once you are able to get air into victim, check for breathing and a pulse.
- If there is no pulse, begin CPR.

Choking Victims Age 1 year and Under

- Determine if the baby is choking. If there is forceful coughing or crying, don't interfere.
- If the baby is not coughing, crying, or breathing, or if the cough becomes very weak, call for help and render aid immediately.
- Place the baby face down on your forearm so that the baby's head is lower than his chest.
- Support the baby's head and jaw as you turn him face down, keeping them in a straight line with his back.

- Give four (4) back blows between his shoulder blades, using the heel of your free hand.
- Turn the baby on his back supporting his head and jaw as you turn him.
- Rest his back on your thigh. The baby should be positioned “feet up.”
- Give four (4) thrusts to his chest in the following manner by placing 2 or 3 fingers in the center of baby’s breastbone (just under the level of the nipples). Thrust downward quickly about ½ to 1 inch.
- Repeat these steps until the baby begins to cough, breath, or cough up the object. If the baby is unconscious, make sure someone has called 911 for assistance.
- Roll the baby onto his back, supporting head and neck. Be sure to keep them in a straight line with his back. Lay the baby on a firm surface.
- Use the fingers and thumb of one hand to grasp and lift the baby’s lower jaw and tongue.
- Use the little finger of your other hand to try to sweep the object of food out. Be careful not to push the object of food farther down!
- Check to see if the baby is breathing. Watch for chest movement. Place your head near the baby’s nose and mouth to “feel” any breath.
- If the baby is not breathing, begin rescue breathing immediately.
- Use your lips to make a tight seal around the baby’s mouth AND nose.
- Give two (2) slow breaths. Breathe into the baby for about 1 to 1 ½ seconds, watching for the chest to rise.
- Pause to let the air flow out, then repeat.
- If the breaths don’t go in, tilt the head farther back, lift chin and try again.
- If the breath blows still don’t go in, the airway is probably blocked. Repeat the back blows and chest thrusts until the baby is able to breathe or you are able to inflate the lungs.
- If the baby does not have a pulse, begin CPR.

Nosebleeds

If a child has a nosebleed, follow these procedures:

- Wear protective gloves.
- Apply pressure by pinching the child's nose near the opening of the nostrils. Maintain pressure for about five (5) minutes.
- If the nose continues to bleed, repeat for ten (10) more minutes.
- Notify Director/Coordinator to clean any blood on carpet, tile, etc.

Objects in the Nose

Children sometimes place small items in their nose and they get stuck. If this happens:

- Calm the child. Have him breathe through his mouth.
- Ask the child to blow his nose into a tissue.
- If the object doesn't come out, do not try to remove it.
- Call for the child's parent to take the child to a physician.

Eye Injuries

Eye injuries should be attended to by a physician if the child has significant pain, blurring, or loss of vision. Have the child keep his eye closed to help reduce discomfort.

- If the eye has been punctured or cut, the child should be transported immediately to an emergency room.
- If there is fluid oozing from the eye, keep the child laying flat so additional fluid will not escape.
- You can use a paper cup to shield the eye for protection, but do NOT apply pressure.

Knocked Out Tooth

Knocked out permanent teeth have a 90% chance of being successfully re-implanted within the first two (2) hours of the injury. Baby teeth generally CANNOT be successfully re-implanted. If a child's tooth is knocked out, take the following steps:

- Find the tooth.
- Wearing protective gloves close the drain and rinse the tooth under tap water. Do not touch the dental roots.

- If the child will allow you, gently reinsert the tooth in its proper direction in the child's mouth. Hold in place while child is immediately transported to a dentist.
- If you are unable to reinsert the tooth, place it in cow's milk as soon as possible, while seeking emergency dental care.

Displaced Tooth

Sometimes a tooth is not completely knocked out, but it is dislodged from a blow, fall, or other injury.

- Wear protective gloves.
- Control bleeding with direct pressure and ice (if it does not increase the child's pain).
- If the child will allow you, reposition the tooth and gently hold it in place.
- Child should have immediate emergency dental care.

Loose Tooth

If a child's tooth is knocked loose, but it isn't displaced or knocked out, do the following:

- Wear protective gloves.
- Control bleeding, if present.
- Talk to the child about the importance of not wiggling the loose tooth.
- Don't allow the child to chew any food until a dentist has been consulted.

Abrasions

Abrasions or scrapes are superficial damage to the skin. Treat in the following manner:

- Wear protective gloves.
- Cleanse the wound gently with water.
- Cover with a nonstick wound dressing.

Cuts, Wounds and Lacerations

Injuries where the skin is “broken” can range from a small cut to a large, gaping wound. Most wounds deeper or wider than 1 or 2 mm should be examined by a physician.

If a child has a cut, wound, or laceration:

- Wear protective gloves.
- Apply steady pressure with a clean cloth until bleeding stops.
- Rinse with clean water.
- Keep covered with a clean cloth or sterile bandage until the wound is examined by a medical professional.
- Notify Director/Coordinator to clean any blood on carpet, tile, etc.

Human and Animal Bites

If a child is bitten, do the following:

- If the skin is broken, wear protective gloves.
- Clean the wound immediately with soap and water.
- If there is bleeding, apply steady pressure with a clean cloth until bleeding stops.
- If there is swelling, hold an ice pack on the affected area.

Bee and Wasp Stings

Bee and wasp stings may be more than just painful if a child has an allergic reaction to the venom. Parents should be notified and the following treatment is advised:

- If the sting is from a honeybee, the stinger is likely still present and should be removed immediately. (Wasp stingers don't remain in the skin.)
- To remove the stinger, scrape the skin at the stinger base with a credit card or other flat object. DO NOT grasp the venom sac with fingers or tweezers, because it will inject the remaining venom into the child's skin.
- Apply ice pack and elevate the affected area.
- If a child experiences a severe allergic reaction, you may notice certain symptoms including significant swelling, vomiting, diarrhea, light-headedness, or unconsciousness. If these symptoms are observed, the child should immediately be taken to an emergency facility for treatment.

Seizures

Seizures are a sudden abnormal surge of electrical activity to the brain. They are caused by a variety of conditions. Their severity may range from mild to severe. If a child is having a seizure:

- Call for help, the Director/Coordinator will contact the parents.
- Lay the child on a soft surface (such as carpet) away from all hard objects.
- Position the head to the side so saliva or vomit can drain from the mouth.
- Don't put your finger or a stick in the child's mouth. Don't try to grab the child's tongue.
- If possible, time the seizure and observe the movements so they can be communicated to medical personnel.
- If the seizure lasts more than five (5) minutes, call 911 for help. If the seizure ends, immediate medical attention should still be obtained.

Symptoms of Fractures and Dislocations

A child may have a bone fracture or dislocation following a fall or other injury if you notice one or more of the following:

- Swelling
- Deformity
- Moderate to severe pain
- Localized tenderness
- Poor function or movement of the affected area.

Treatment of Fractures and Dislocations

Treatment of a suspected fracture or dislocation:

- Call for help, the Director/Coordinator will contact the parents.
- Don't put pressure or weight on affected area.
- Gently splint the area to reduce pain and to prevent further damage.
- If the neck appears to be involved, do NOT move the child. Call 911.

- If possible, cover any open wounds to prevent contamination.
- Transport to an emergency facility for treatment.

Miscellaneous

Fussy/Crying Child

Children's ministry, particularly on Sunday mornings, provides a safe, loving environment that allows the parents an opportunity to engage in worship and discipleship without distraction. Inevitably, some children (particularly infants and toddlers) will cry in the course of their time with our ministry. The two driving factors in handling a crying child should be the child's safety and parental guidance. Additionally, below are some guidelines to assist Palmetto Kids Volunteers when confronted with a fussy or crying child.

- Fast goodbyes equal fewer tears: Separation anxiety is a prime cause of crying and fussiness. When you greet a parent and child and the child begins to cry attempt to move the child quickly from the entry way, removing the parents from view.
- Check for a dirty diaper, ill fitting clothes or shoes or anything else that might be causing discomfort.
- Attempt to engage the child in an age appropriate activity to redirect them.
- Soothe and comfort the child by holding or rocking them as appropriate to their age.
- Offer appropriate drinks/snacks. Most infants and toddlers will have something provided by the parents.
- Offer a pacifier (**Only** if provided by parents).
- If the child is *inconsolable* (cries non-stop, no matter what, for a period of 15 minutes or longer) contact the coordinator for assistance.

Suggestions for Children's Ministry Worker

- Greet and receive the children.
- Do ice breakers with children before class begins, i.e. puzzles, coloring, etc.
- Calm an unhappy or frightened child.
- Prepare and serve snacks.
- Assist with the craft.
- Play with the children.
- Change diapers or assist in the restroom.
- Praise and worship.
- Gather papers and belongings when children leave.