Teaching children how to call emergency services and give clear information

Start with a calm, simple definition of an emergency

Children need a clear definition that they can remember under pressure. Explain that an emergency is a situation in which someone is in immediate danger or needs urgent medical help. Examples include a fire, choking, severe trouble breathing, a serious accident, or a person who is unresponsive. Use direct language, but avoid graphic descriptions or lengthy discussions of unlikely scenarios.

Clarify that emergency services are for situations requiring immediate assistance from professionals such as paramedics, firefighters, or police. A child should not call the emergency number for a joke, to ask a general question, or because they cannot find a toy. At the same time, reassure the child that calling is appropriate when they genuinely believe someone may be in danger. Dispatchers can help determine what assistance is needed.

Children may worry that they will get in trouble for calling. Tell them that seeking help in a real emergency is the right action. They do not need to know the medical diagnosis or use perfect words. Their job is to describe what they see and answer questions as accurately as they can.

Teach a memorable call sequence

A short sequence is easier to recall than a long list of instructions. Teach the child to use the following pattern:

Get to a safe place if possible and find a working phone.
Call the local emergency number, such as 9-1-1 where that service is available.
Give the exact location first, including the street address and apartment or unit number if applicable.
Explain what is happening, such as a fire, choking, trouble breathing, or a serious injury.
Answer the dispatcher's questions and follow instructions.
Stay on the line until the dispatcher says to disconnect.

Practice the sequence as a spoken script: "My name is ____. I am at ____. The emergency is ____. The person who needs help is ____." The child can then add what they observe, for example, whether the person is awake, breathing normally, bleeding heavily, or trapped. Do not require medical terminology. Observable details are more useful than guesses about a condition.

Explain that the dispatcher may ask the same information more than once or may give instructions while help is being sent. Reassure the child that questions are part of the response process and that staying calm, listening carefully, and speaking clearly are more important than answering instantly.

Build location and contact information into everyday learning

The location is often the most important information a dispatcher needs. A child should gradually learn the full home address, including the street number, street name, city or town, and apartment, floor, or unit number when relevant. Teach the child to identify the location of the emergency rather than automatically reciting the home address if the incident is elsewhere.

Use ordinary routines to reinforce this information. Point out the address when collecting mail, arriving home, or reading a school form. Ask the child to identify the home from outside and describe a nearby landmark. If the family spends time in more than one home, teach the relevant addresses separately. Children who are too young to memorize every detail can learn how to find an

address card placed near a commonly used phone.

Teach the child their own name and, when developmentally appropriate, the injured person’s full name. The child should also know how to identify the caregiver responsible for the home. A dispatcher may ask for a callback number, so include the primary phone number in practice. Do not rely exclusively on a child reading a label; combine written prompts with repeated verbal practice.

Review information after moving, changing phone numbers, or altering the household arrangement. Families should also learn how emergency access works in their area, including the appropriate number to call and any language or communication options available through local services.

Teach children to describe what they see, not diagnose

Children may use broad words such as "sick," "hurt," or "bad." Help them become more specific by asking observation-based questions: What happened? Where is the person? Is the person awake? Are they breathing normally? Is there blood? Is there smoke or fire? Is anyone still in danger? The child should report what they know and say "I don’t know" when they are uncertain.

For example, "My brother fell down the stairs and is not answering me" is more useful than "My brother has a brain injury." "My grandmother is awake but cannot breathe normally" is clearer than "She is having a lung problem." The child should not be expected to determine whether an event is a seizure, stroke, allergic reaction, or another medical condition. Diagnosis belongs to trained professionals.

Teach children to mention immediate hazards, including fire, traffic, electricity, aggressive animals, or unsafe water, and to avoid approaching danger to collect more information. If they can do so safely, they should move away and tell the dispatcher where they are. A child who is alone should say that clearly. This helps the dispatcher tailor instructions and locate the caller.

Children should understand that a dispatcher may ask them to describe breathing, responsiveness, or bleeding. They should answer only what they can observe and should follow instructions rather than attempting an unfamiliar

intervention independently. If a dispatcher provides step-by-step first-aid or resuscitation guidance, the child should listen and do only what is safely possible.

Use realistic practice without making the child anxious

Practice calling emergency services in a controlled way, but do not place a real emergency call as a drill. Contact the local emergency communications service or consult its public guidance to learn whether a designated training line, educational visit, or other practice option is available. A caregiver can also role-play as the dispatcher using a disconnected phone, a toy phone, or a written scenario.

Begin with a neutral situation, such as a pretend fall, and model a calm voice. Prompt the child to state the location, describe the event, identify the person needing help, and wait for questions. As confidence grows, vary the setting: the home, a relative’s house, a playground, or a car. Include situations in which the child is frightened or does not know every answer, because uncertainty is realistic. The expected response is simply, "I do not know, but I am at ____."

Keep sessions brief and repeat them periodically rather than conducting one intense lesson. Praise accurate communication and help-seeking, not performance perfection. Avoid threatening language such as saying that someone will die if the child makes a mistake. Explain that dispatchers are trained to guide callers, and that adults may also need to call while the child retrieves information or stays nearby safely.

Children with developmental, speech, hearing, mobility, or language differences may need an individualized plan. Discuss accessible communication options with healthcare professionals, school staff, caregivers, and local emergency services. The plan should reflect the child’s actual abilities rather than an idealized script.

Prepare the environment and the adults around the child

Teaching the call is only one part of preparedness. Keep a charged, accessible phone available, and ensure that caregivers know where the child can find it. A

clearly displayed address card near the phone may help younger children, visitors, or babysitters. The card should contain the location, relevant unit number, and caregiver contact information, but it should not replace memorization and practice.

Tell babysitters, relatives, and other regular caregivers what the child has been taught. They should use the same wording for the emergency number, location, and safety instructions. If the child spends time at school or in childcare, ask how emergency calls are handled and how the organization communicates with families. Children benefit when the expectations at home and in other settings are consistent.

Consider practicing safe positioning: moving away from smoke or an unsafe person, going to a nearby trusted adult when possible, and leaving a dangerous area rather than investigating. The child should never be taught to delay a call while searching for a caregiver, gathering belongings, or attempting to solve a serious emergency. If another responsible adult is present and the situation is urgent, the child can tell that adult to call while also helping provide the location.

Review the plan after changes in residence, phone access, family composition, or the child’s developmental abilities. A brief refresher every few months can keep the information available without making emergencies the focus of family life.

Support the child after a frightening call or event

Even when the child follows instructions correctly, an emergency call can be emotionally difficult. Afterward, use a calm voice and acknowledge what happened: "That was scary, and you worked hard to get help." Avoid interrogating the child repeatedly or implying that the outcome depended entirely on their performance. Emergency responders and adults share responsibility for managing the situation.

Children may temporarily show sleep disturbance, clinginess, irritability, concentration problems, or repeated questions after a frightening event. Offer predictable routines, honest age-appropriate explanations, and opportunities to talk or play. Do not promise that emergencies will never happen; instead,

emphasize that adults and trained responders have plans to help.

If distress is intense, persists, interferes with daily functioning, or follows exposure to a serious injury or death, consult a pediatrician or qualified mental health professional. A clinician can help distinguish an expected stress response from a problem requiring further assessment. Seek urgent help if the child has immediate safety concerns, expresses a wish to self-harm, or cannot be kept safe.