



# ARKANSAS HEALTHY CHILDREN HANDBOOK

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## Chapter 14 **First Aid in Emergencies**

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Division of Child Care and Early Childhood Education

## Chapter 14 **First Aid in Emergencies**

**THIS FIRST AID INFORMATION IS TO BE USED AS A GUIDE ONLY.**

**Follow the advice of emergency medical personnel or a health care provider.**

**First aid and CPR certification is a valuable asset for work in the child care field.**

**Preparation is KEY – staff members should be trained at the time of hire and annually thereafter. Regular drills to practice emergency response should be scheduled.**

When a child becomes ill or injured at child care, it may be necessary to obtain emergency medical care. Contact the parents immediately. It is critical that families provide updates to the child care facility whenever there are changes in emergency contact information.

The following are examples of symptoms that could mean that a child needs immediate medical attention.

- Serious injury.
- Breathing that is difficult or fast.
- Child sucks in ribs and doesn't seem to get enough air.
  - » Severe cough or wheezing
  - » Child appears blue around lips or fingernails
- Child who is extremely irritable, is crying uncontrollably or is very lethargic.
- Fever in a young infant (less than 4 months of age).
- Child is confused.
- Seizures or convulsions.
- Severe pain.
- Severe bleeding.

### **DIAL 911 FOR EMERGENCY HELP.**

Post emergency numbers by the telephone along with the address and telephone number of the child care site, as these can be easily forgotten in an emergency.

**When calling for emergency help, be prepared to give the operator the following information:**

- Your name, address and telephone number.
- Describe the situation or child's condition.
- Child's name, age, any pertinent medical history and parent's name

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### **FIRST AID KIT**

Keep a stocked first aid kit in a convenient location that is known to all staff. The kit should be out of reach of children. Assign one person to check it regularly and restock it as necessary. You should also have a first aid kit in any vehicle used for transportation or field trips.

### **SUPPLIES**

- List of important local emergency telephone numbers, including police, fire, EMS and Poison Control
- First Aid Quick Reference Guide (American Academy of Pediatrics, American Heart Association or equivalent)
- Disposable nonporous gloves – minimum of two pair
- Scissors
- Tweezers
- A nonglass thermometer to measure a child’s temperature
- Bandage tape
- Sterile gauze pads
- Flexible roller gauze, 2 inches and 4 inches
- Triangular bandages
- Absorbent compress
- Safety pins
- Eye dressing
- Pen/pencil and note pad
- Cold pack
- Water
- Small plastic or metal splints
- Liquid antibacterial soap
- Adhesive strip bandages
- Plastic bags for disposing of materials used in handling blood
- Any other supplies needed to conform to facility policies and/or child care licensing regulations

**NOTE: Ointments, first aid sprays or other medications should not be used without the written, signed authorization of a physician and parent.**

## **GLOVES**

Put on clean, disposable gloves if you expect to come into contact with blood; for example, if you care for a bloody nose or cut or clean a spill that has blood in it.

After you finish, throw away the soiled gloves, bandages, paper towels, etc., in a plastic bag and wash your hands.

If, in the confusion of the moment, you forgot to put on gloves, do not panic! But do wash the parts of your body exposed to the blood. Washing will reduce the risk that any virus or bacteria that may have a chance to enter your body through a cut or break in your skin.

## **YOUR RESPONSE DURING EMERGENCIES:**

While help is being summoned, give immediate attention to the following first aid priorities:

### **IF YOU DETERMINE THAT A MEDICAL EMERGENCY EXISTS:**

#### **TREAT LIFE THREATENING PROBLEMS FIRST**

- Make sure the scene is safe for you and the child.
- Remove child if in immediate danger, e.g., fire or gaseous fumes.
- Call 911.
- Start CPR if child is unresponsive.
- Control severe bleeding (use gloves if available).
- Notify parents.
- Appropriate personnel should remain with the child until help arrives.

#### **EVALUATE GENERAL CONDITION**

- Avoid moving child until initial assessment is done.
- Assess child from head to toe.
- Determine if child is alert enough to respond to commands (conscious or unconscious).
- Find out what happened and the extent of child's injury.

#### **THINK OUT A COURSE OF ACTION AND FOLLOW IT THROUGH**

- Use calm, reassuring manner.
- Speak quietly and avoid making negative comments about the situation or child's condition.
- Avoid unnecessary wound contamination. Wash your hands!
- Refer for further evaluation and treatment.

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### **CONSULT WITH PARENTS**

- **Parents should be notified of all injuries.**
- Immediate notification should be determined by the extent of the injury and the condition of the child.

### **DOCUMENTATION (incident report and additional recording)**

- Describe incident, observations, date and time.
- Outline course of action taken.
- List persons notified (e.g., parents, doctor and supervisor).
- Review the incident with all staff and determine whether there are ways to prevent reoccurrence.
- Encourage parents to keep immunizations up to date.

## **SHOCK**

### **SIGNS AND SYMPTOMS:**

- Child feels weak, faint or dizzy.
- Child has pale or grayish skin.
- Child acts restless, agitated or confused.
- Skin is cold and moist to the touch.
- Sometimes occurs after bad allergic reaction or loss of a lot of blood.

### **TREATMENT:**

- Keep child lying down.
- Offer calm reassurance.
- Elevate legs.
- Do not give food or fluid.
- Maintain body temperature – add blankets if indicated.

***(Injuries are listed in alphabetical order from this point on.)***

## **BITES AND STINGS**

### **HUMAN OR ANIMAL BITES**

- Cleanse wound thoroughly with soap and running water unless there is tissue loss or severe bleeding. In that case follow severe wound first aid instructions.
- Apply a sterile dressing and immobilize bitten area.
- If there is a bruise or swelling, place an ice bag wrapped in a towel on the bite for up to 20 minutes.
- Stay away from any animal that is acting strangely. An animal with rabies can bite again.
- Report all animal bites to police and/or animal control – provide animal description and last location.
- Notify family or guardian so that medical professionals can be consulted.

### **INSECT BITES AND STINGS**

**Some insect bites can be serious and even fatal if the child has a bad allergic reaction to the bite or sting or if venom is injected by a poisonous spider. Watch the child for at least 60 minutes after a bite or sting and call 911 if you see any of these signs after a sting or spider bite:**

- Trouble breathing
- Swelling of the tongue or face
- Fainting
- Severe pain at the bite site
- Muscle cramps
- Vomiting or fever
- Seizures
- Unresponsiveness

### **Bee stings and spider bites**

- Scrape off bee stinger if present, using a credit card or dull knife.
- Cleanse with soap and water.
- Apply ice bag wrapped in a towel on the bite.

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### Ticks

- Remove **all** of the tick with tweezers by grasping close to point of insertion. A small tag of skin may be attached.
- Wash area well with soap and water.

### SNAKE BITES

- Call 911.
- Keep the child calm and still.
- Tell child not move the part that was bitten.
- Gently wash the bite area with running water and soap if available.
- Remove any jewelry near the bite (risk of swelling).

## **BLEEDING**

### MINOR WOUNDS

- If possible, before administering first aid, wash your hands with soap and water and use gloves.
- Cleanse wound thoroughly with **soap and water only**; rinse and dry well.
- Apply a sterile bandage or dressing.

### SEVERE WOUNDS (deep cuts; gaping wounds)

- Use gloves when available. Control bleeding by applying direct pressure, using a sterile dressing and the palm of your hand. If these dressings become saturated – **do not remove** – reinforce with additional dressing.
- Amputated parts (finger, ear, foot, etc.): Rinse part in clean water, cover/wrap in clean dressing.
  - » Put into a clean plastic bag.
  - » Place that bag in another container of ice or ice water.
  - » Label with child's name, date and time.
  - » Send the part with the child to the hospital.

## **BONE-JOINT INJURY**

- Inspect fracture.
- Do not move the injured part.
- Support the injured part (pillows, clothing or splints).

- Control bleeding.
- Apply sterile dressing if open wound.
- Apply ice bag wrapped in towel.
- Observe for shock.

## **BRUISES**

- Apply ice bag wrapped in a towel.
- Call 911 if the injured part is abnormally bent or is severely painful or if you are not sure what to do.

## **BURNS**

**SMALL BURNS** (redness with mild swelling and discomfort)

- Cool the burn area immediately with cold, but not ice cold, water.

**LARGE OR BLISTERED BURNS** (red matted appearance with blisters, swelling, wet appearances of skin surface)

- Call 911 for large burns, electrical/chemical burns or shock or if you are unsure what to do.
- Cool the area with cold water as above until pain has subsided; blot dry.
- Apply dry sterile dressing.
- **Do not** break blisters.
- **Do not** apply medication, ointment or any household product on a burn.
- Burns on hands, feet, face or genitalia should receive prompt medical attention.
- Elevate if on arms or legs.
- Contact parent, regarding medical referral for treatment.

## **CHEMICAL BURNS**

- Wash away the chemical with large amounts of water for at least five minutes. Remove affected clothing.
- First aid treatment for acid burns of the eye should begin as quickly as possible. Flush affected eye with water from the inner corner outward for 15 minutes. **Do not** allow chemical to contaminate unaffected eye.

## **CHOKING ON SMALL OBJECTS (FIRST AID FOR AIRWAY OBSTRUCTION)**

### **START CPR AND/OR CALL 911.**

#### **Choking infant (less than 1 year):**

- Hold infant facedown on your forearm. Support the infant's head and jaw with your hand. Sit or kneel and rest your arm on your lap or thigh.
- Give up to five back slaps with the heel of your free hand between the baby's shoulder blades.
- If the object does not come out after five back slaps, turn the infant onto his or her back. Move or open the clothes from the front of the chest only if you can do so quickly. You can push on the chest through clothes if you need to.
- Give up to five chest thrusts using two fingers of your free hand to push on the breastbone in the same place you push for compressions, supporting the head and neck. Hold the infant with one hand and arm, resting your arm on your lap or thigh.
- Alternate giving five back slaps and five chest thrusts until the object comes out and the baby can breathe, cough or cry or until the infant stops responding.

#### **Choking children over 1 year and adults: (*Heimlich maneuver*)**

- Ask "are you choking?" If yes, offer help.
- Kneel or stand behind person and wrap arms around so that your hands are in front.
- Make a fist with one hand.
- Put the thumb side of your fist slightly above person's navel and well below the breastbone.
- Grasp the fist with your other hand and give quick upward thrusts into the abdomen.
- Give thrusts until the object is forced out and person can breathe, cough or talk; until person stops responding; or until trained help arrives.

## **CONVULSIONS/SEIZURES**

- Keep calm.
- Do not try to restrain or put anything between the teeth.
- Protect the child from injury – clear the area.
- Call 911 if this is the child's first seizure or if you are unsure.
- When the seizure is over, let the person rest – turn person on side or turn head to side.
- Following the seizure, observe for absence of breathing and start CPR if needed.

## **DENTAL INJURIES**

### Treatment of Dental Problems in the Child Care Setting

Dental problems for children can range from mild inflammation of the gums (gingivae) to traumatic tooth loss or even jaw fracture. Fortunately, most dental problems that arise in the child care or academic setting can be handled by competent staff. However, some conditions will need the attention of a dentist as soon as possible.

#### **Inflamed or Irritated Gum Tissue**

Red, inflamed or even bleeding gums are most likely caused by poor oral hygiene. Diligent removal of plaque by regular brushing will allow the gums to heal until they regain their normal color and tone. Less frequently, inflamed gum tissue may be caused by vitamin deficiency or other systemic problem. If the tissue does not respond to regular brushing or flossing, the child should be referred to his/her dentist for evaluation.

#### **Cold Sores, Fever Blisters and Canker Sores**

These infections are usually not serious, and the only required treatment is to keep the child comfortable without irritating the affected areas. A child's first infection with the *Herpes simplex* virus (responsible for cold sores and fever blisters) may leave the child with a fever and feeling sluggish, with widespread sores in and around the mouth.

Appropriate treatment with Tylenol® or other non-aspirin pain reliever may be indicated, consistent with child care center policy. Subsequent *Herpes* virus infections appear as cold sores or fever blisters, usually at the corner of the mouth. Ensure that the child does not rub or scratch at the sore because it may become further infected. With or without treatment, these sores will usually disappear within two weeks.

Canker sores are red-rimmed white lesions located inside the mouth on the oral soft tissues. Canker sores are extremely sensitive to spicy or acidic foods. Choose foods for the child that will not irritate these areas. If appropriate under child care center policy, small amounts of Orabase® with Benzocaine can be applied to the sores, after meals and before nap time.

***NOTE: Aspirin containing pain relievers are not recommended for use in children. Even in adults, aspirin should never be placed on a tooth or sore in the mouth; the aspirin will actually burn the tissue!***

#### **Toothaches**

Toothaches can be caused by many different problems but are most common due to tooth decay (dental caries) or gum (gingival) infections. Other causes can include food or objects trapped between teeth. Pain of the upper teeth, usually not specific to any one tooth, can be due to sinus infection. This type of infection is usually more severe when the child bends over and may even make all the upper teeth throb.

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For tooth or gum pain, first rinse the mouth vigorously with warm water to clean away any debris. Use dental floss to remove any food trapped between teeth. If swelling is present, apply a cold compress to the outside of the cheek. Non-aspirin pain reliever may be given to relieve pain, consistent with child care center policy. Pain that appears to be caused by decayed teeth or large swelling of the gums should be treated as soon as possible. Contact the child's parents and refer the child to the dentist.

### **Prolonged or Recurrent Bleeding After Tooth Loss or Extraction**

Teeth extracted, or even baby teeth lost normally, sometimes will cause continued bleeding long after the tooth is removed. After a tooth is removed, ensure that the child does not rinse with liquids for 24 hours.

If bleeding persists or recurs, place 2 inch x 2 inch sterile gauze on the extraction site and have the child bite on it for 30 minutes. Replace the gauze with a clean one if necessary. If bleeding does not stop within two hours, contact the child's parents and recommend that the child see the dentist immediately.

### **Tooth Eruption Pain**

Sometimes even normal loss of baby teeth can be uncomfortable for children. If the child seems to be in pain from a tooth being shed, try to determine if the pain is from a loose baby (primary) tooth pinching the gum or due to a permanent tooth coming into the mouth.

Prolonged pain (more than one week) is unusual and may be caused by infection in the gum tissue. Pain from new teeth coming into the mouth is usually intermittent and less painful than the pain associated with badly decayed or abscessed teeth. If pain persists, have the child's parents contact their dentist.

Discomfort can be managed by use of non-aspirin pain relievers, consistent with child care center policy. Especially for infants and toddlers, letting the child eat something cold may alleviate the pain.

### **Broken or Displaced Teeth**

If teeth are broken or moved within the socket, first try to clean any soil, blood or other debris from the injured area with a cotton swab and warm water. If swelling is present, apply a cold compress on the cheek next to the injured tooth. Evaluate for displaced teeth by having the child bite gently together. See if any teeth seem to be out of their normal alignment. If the tooth appears to have been moved or pushed farther into its socket, refer the child to a dentist for evaluation and treatment.

If a tooth is broken, the sharp edge may be covered with soft wax to prevent cutting the lips or tongue. Contact the child's parents and refer the child to the dentist as soon as possible.

### **Tooth Loss (Traumatic Avulsion)**

If a permanent tooth is knocked out, you must act immediately. Time is of the essence for successful treatment. Look in the immediate area of the accident to locate the missing tooth. If found, do not try to clean the tooth. Washing or wiping it could remove the connective fibers that will help anchor the tooth when it is replaced.

Contact the parent if possible and get the child to the dentist within 30 minutes. Wrap the tooth in a moist paper towel or gauze and be sure the tooth goes with the child. Delays in seeking treatment will greatly affect the success of replacing the tooth.

### **Jaw Fracture or Dislocation**

Dislocation of the lower jaw is not often a true emergency – although dislocation can be extremely uncomfortable, it is not life threatening. However, untrained persons may not easily tell the difference between a suspected dislocation and a jaw fracture. Therefore, both suspected dislocation and fracture should be treated with the same sense of urgency.

After a trauma, jaw fractures or a dislocated jaw are commonly recognized because the child's teeth no longer bite together normally. If a fracture or dislocation is suspected, immobilize the jaw by any means possible. Place a towel, scarf, handkerchief or tie under the chin and tie the ends on top of the child's head. Only tie tightly enough to prevent jaw movement.

Contact the child's parents and arrange for the child to be taken to the dentist or oral surgeon immediately. If the child must go to the hospital emergency room, the child should be seen by an oral or maxillo-facial surgeon or an orthopedic or plastic surgeon.

## **BE PREPARED**

The management of dental emergencies can be done by child care or school staff. However, you must be prepared for these emergencies. Your first aid kit should contain cotton swabs, dental floss, ice packs or cold compresses, soft wax, and sterile 2 inch x 2 inch gauze pads. Orabase® with Benzocaine and non-aspirin pain relievers may be used, but their use must be consistent with your child care center's policies and parental permission as appropriate.

Proper handling of dental emergencies in the child care setting will not only relieve pain and discomfort, but it may also ensure that the children in your care have a smile they can be proud of for a lifetime.

**For more information, please contact the Office of Oral Health at the Arkansas Department of Health, 501-661-2595.**

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### **EYE INJURIES**

- If child is hit hard in the eye or if the eye is punctured, call 911 and the parent; cover eye with clean, dry dressing. Have child keep eyes closed if possible and stay with child until help arrives.
- If eye is mildly irritated (e.g., with sand particle, eyelash, etc.), flush affected eye with water from the inner corner outward for 15 minutes.
- If object does not come out or if child is in extreme pain, call parent or health care provider. Ask child to keep eyes closed until trained help arrives.

### **HEAD/SPINAL INJURIES**

#### **Suspect a head or spine injury if a child:**

- Fell from a height
- Was hit on the head or upper body
- Was hit by falling object or forceful blow to head or chest
- Was involved in a car or bicycle accident
- If a baby was shaken (reportable to Child Abuse Hotline)

#### **Signs of a head or spine injury:**

- Does not respond or only moves or moans
- Is sleepy or confused
- Vomits
- Complains of a headache, neck/back pain, tingling or weakness in arms/legs
- Has trouble seeing
- Has trouble walking or moving any part of the body
- Has a seizure

#### **Actions for head, neck and spine injuries:**

- Make sure the scene is safe.
- Call 911.
- Hold the head and neck so that they do not move, bend or twist.
- Only move the child if he or she is in danger, if you must open airway or if child is vomiting.
- Start CPR if child is not responsive and if you know how.

## **POISON INGESTION**

### **Contact:**

**The emergency phone number for most areas is:**

**911**

**The toll-free phone number for the Arkansas Poison Control Center is:**

**1-800-222-1222**

Remember to place this Poison Hotline number in your cell phone's speed dial and somewhere conveniently located so you can see it. The Arkansas Poison Center is available 24/7 and is staffed with licensed doctors, pharmacists and registered nurses. Whether someone has ingested an extra dose of medicine or swallowed a cleaning substance or you just have a poison question, feel free to call! You will speak to a live person in two rings or less each time! A caring voice on the other end of the line is always eager to help you through any poisoning situation, so remember to call if you need to.

### **Be sure to:**

Follow the Poison Control directions.

Take the container with you when you call. Poison Control may need information from the label.

Give Poison Control your telephone number in case you are disconnected.

Don't hang up until instructed.

Contact parent.

### **References:**

*American Heart Association Heartsaver Pediatric First Aid handbook*

*Arkansas Poison Control*

*Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-Home Child Care, 2nd Edition*

*[www.healthychildcare.org](http://www.healthychildcare.org)*