

ediatric Erst

# Pediatric First Aid, CPR, and AED

# PEDIATRIC FIRST AID, CPR, AND AED

**National Safety Council** 



Boston Burr Ridge, IL Dubuque, IA Madison, WI New York San Francisco St. Louis Bangkok Bogotá Caracas Kuala Lumpur Lisbon London Madrid Mexico City Milan Montreal New Delhi Santiago Seoul Singapore Sydney Taipei Toronto



#### **Higher Education**

#### PEDIATRIC FIRST AID, CPR, AND AED

Published by McGraw-Hill, a business unit of The McGraw-Hill Companies, Inc., 1221 Avenue of the Americas, New York, NY 10020. Copyright © 2005 by National Safety Council. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written consent of The McGraw-Hill Companies, Inc., including, but not limited to, in any network or other electronic storage or transmission, or broadcast for distance learning.

Some ancillaries, including electronic and print components, may not be available to customers outside the United States.

This book is printed on acid-free paper.

4 5 6 7 8 9 0 KGP/KGP 0 9 8 7 6 5

ISBN 0-07-301677-2

Publisher: David T. Culverwell

Senior Sponsoring Editor: Roxan Kinsey Developmental Editor: Patricia Forrest Editorial Coordinator: Connie Kuhl Outside Managing Editor: Kelly Trakalo

Outside Production Editor: Marilyn Rothenberger

Marketing Manager: *Lynn M. Kalb* Senior Project Manager: *Sheila M. Frank* Senior Production Supervisor: *Laura Fuller* Lead Media Project Manager: *Audrey A. Reiter* Media Technology Producer: *Janna Martin* 

Senior Coordinator of Freelance Design: Michelle D. Whitaker Cover/Interior Designer: Seann Dwyer/Studio Montage, St. Louis, MO

Lead Photo Research Coordinator: Carrie K. Burger

Photo Research: Karen Pugliano

Supplement Producer: Brenda A. Ernzen

Compositor and Art Studio: Electronic Publishing Services Inc., NYC

Typeface: 11.5/13 Minion Printer: Quebecor World Kingsport

Photo Credits: Figures 3-3, 3-4, 3-6, 3-7, 5-5: Image courtesy Bradley R. Davis; Figures 3-5, 5-7, 7-2: © Mediscan; Figures 5-3, 5-4, 5-6: © Dr. P. Marazzi/Photo Researchers, Inc.; Figure 9-2a: Courtesy www.poison-ivy.org; Figure 9-2b: Image courtesy M. D. Vaden, Certified Arborist, Oregon; Figure 9-2c: © Gilbert Grant/Photo Researchers, Inc.; Figure 9-3a: Centers for Disease Control; Figure 9-3b: CDC/Harold G. Scott; Figure 9-4a: © Brad Mogen/Visuals Unlimited; Figure 9-4b: Photo by Scott Bauer, Agricultural Research Service, USDA; Figure 9-6: © Science VU/Visuals Unlimited; Figure 9-7: © DV13/Digital Vision/Getty Images; Figure 10-1a: © Mediscan; Figure 10-1b: © SIU/Visuals Unlimited; Figure 13-1: CDC/J.D. Millar; Figure 13-2: © Dr. P. Marazzi/Photo Researchers, Inc.; Figure 13-4: © Mediscan; Figure 13-5: © St. Bartholomew's Hospital/Photo Researchers, Inc.; Figure 13-6, 13-7: Centers for Disease Control; Figure 13-8: CDC/Dr. Lucille K. Georg; Figure 13-9: © Mediscan; Figure 13-10: © Dr. P. Marazzi/Photo Researchers, Inc.; Figure 13-11: © St. Bartholomew's Hospital/Photo Researchers, Inc.; all other photographs © The McGraw-Hill Companies, Inc./Rick Brady, photographer.

Illustrations by Electronic Publishing Services Inc.: Jennifer Brumbaugh – Figures 1-1, 2-4, 2-5, 2-9, 3-1, 3-2, 3-12, 4-1, 6-1; Matthew McAdams – Figures 2-1, 2-6, 3-9, 5-2, 7-1, 8-1; Jay McElroy – Figure 9-1; Evelyn Pence – Figures 2-3b, c, Figures on page 33.

The information presented in this book is based on the current recommendations of responsible medical and industrial sources at the time of printing. The National Safety Council and the publisher, however, make no guarantee as to, and assume no responsibility for, correctness, sufficiency or completeness of such information or recommendations. Other or additional safety measures may be required under particular circumstances.

#### Publisher's Acknowledgements

Jason Goetz
Senior Safety Engineer
Worldwide Environmental, Health & Safety
Intel Corporation
Phoenix, AZ

James H. Howson Director, Emergency Preparedness New Jersey Hospital Princeton, NJ

Tom Link Safety and Health Council of North Carolina Harrisburg, NC

Robb Rehberg, Ph.D.

Director and Chief, Emergency Medical Services

Montclair State University

Upper Montclair, NJ

B. Drew Wellmon, D.O. Wellmon Family Practice Shippensburg, PA

## **Table of Contents**

Introduction	Allergic Reactions—Anaphylaxis61
Why Learn Injury Prevention and	Chapter 5
First Aid?1	Burns
Preventing Injuries in Childhood	Heat Burns
Preventing Emergencies	Chapter 6Serious Injuries71Head and Spinal Injuries71Chest Injuries76
Coping with a Traumatic Event	Abdominal Injuries
PART ONE FIRST AID	<b>Chapter 7</b> Bone, Joint, and Muscle Injuries 81
Chapter 1 Take Action in an Emergency8	Fractures. 81 Joint Injuries 82 Muscle Injuries 83
What You Can Do	Muscle Injuries
Moving a Child	Chapter 8
Moving a Child	Chapter 8
Moving a Child	Chapter 8Sudden Illness.93Meningitis.93Dehydration.94
Moving a Child	Chapter 8Sudden Illness93Meningitis93Dehydration94Near Drowning94
Moving a Child	Chapter 8Sudden Illness93Meningitis93Dehydration94Near Drowning94Asthma94
Moving a Child	Chapter 8         Sudden Illness       .93         Meningitis       .93         Dehydration       .94         Near Drowning       .94         Asthma       .94         Croup       .96
Moving a Child17Chapter 22Basic Life Support21Overview of BLS21The Recovery Position22BLS for Children22BLS for Infants36	Chapter 8         Sudden Illness       93         Meningitis       93         Dehydration       94         Near Drowning       94         Asthma       94         Croup       96         Hyperventilation       98
Moving a Child       17         Chapter 2       2         Basic Life Support       21         Overview of BLS       21         The Recovery Position       22         BLS for Children       22         BLS for Infants       36         Chapter 3	Chapter 8         Sudden Illness       93         Meningitis       93         Dehydration       94         Near Drowning       94         Asthma       94         Croup       96         Hyperventilation       98         Respiratory Distress       98
Moving a Child       17         Chapter 2       Basic Life Support       21         Overview of BLS       21         The Recovery Position       22         BLS for Children       22         BLS for Infants       36         Chapter 3       Bleeding and Wound Care       43         Types of External Bleeding       43         Controlling External Bleeding       43         Wound Care       46         Bandages       55	Chapter 8           Sudden Illness         .93           Meningitis         .93           Dehydration         .94           Near Drowning         .94           Asthma         .94           Croup         .96           Hyperventilation         .98           Respiratory Distress         .98           Fainting         .99           Seizures         .100           Severe Abdominal Pain         .101           Diabetic Emergencies         .101           Chapter 9
Moving a Child       17         Chapter 2       Basic Life Support       21         Overview of BLS       21         The Recovery Position       22         BLS for Children       22         BLS for Infants       36         Chapter 3       Bleeding and Wound Care       43         Types of External Bleeding       43         Controlling External Bleeding       43         Wound Care       46         Bandages       55         Internal Bleeding       56	Chapter 8         Sudden Illness       93         Meningitis       93         Dehydration       94         Near Drowning       94         Asthma       94         Croup       96         Hyperventilation       98         Respiratory Distress       98         Fainting       99         Seizures       100         Severe Abdominal Pain       101         Diabetic Emergencies       101         Chapter 9         Poisoning       104
Moving a Child       17         Chapter 2       Basic Life Support       21         Overview of BLS       21         The Recovery Position       22         BLS for Children       22         BLS for Infants       36         Chapter 3       Seeding and Wound Care       43         Types of External Bleeding       43         Controlling External Bleeding       43         Wound Care       46         Bandages       55         Internal Bleeding       56         Chapter 4	Chapter 8         Sudden Illness       .93         Meningitis       .93         Dehydration       .94         Near Drowning       .94         Asthma       .94         Croup       .96         Hyperventilation       .98         Respiratory Distress       .98         Fainting       .99         Seizures       .100         Severe Abdominal Pain       .101         Diabetic Emergencies       .101         Chapter 9       .104         Swallowed Poisons       .104
Moving a Child       17         Chapter 2       Basic Life Support       21         Overview of BLS       21         The Recovery Position       22         BLS for Children       22         BLS for Infants       36         Chapter 3       Bleeding and Wound Care       43         Types of External Bleeding       43         Controlling External Bleeding       43         Wound Care       46         Bandages       55         Internal Bleeding       56	Chapter 8         Sudden Illness       93         Meningitis       93         Dehydration       94         Near Drowning       94         Asthma       94         Croup       96         Hyperventilation       98         Respiratory Distress       98         Fainting       99         Seizures       100         Severe Abdominal Pain       101         Diabetic Emergencies       101         Chapter 9         Poisoning       104

Chapter 10	PART TWO
Heat and Cold Emergencies115	CHILDHOOD ILLNESSES
Cold Injuries115Heat Emergencies118	Chapter 13 Common Childhood Illnesses 134
Chapter 11 Common Minor Childhood Problems and Injuries	Colds.       134         Sore Throat       135         Whooping Cough       135
Object in Ear       122         Object in Nose       122         Swallowed Object       123         Bump on the Head       123         Splinters       124         Tongue Bite       124         Fingernail Injury       125         Losing a Baby Tooth       126         Blisters       126	Ear Infection       135         Chicken Pox       136         Conjunctivitis (Pinkeye)       137         Headache       137         Diarrhea       138         Constipation       138         Stomachache       139         Vomiting       140         Urinary Tract Infection       140
Chapter 12Child Abuse and Neglect128Why Abuse Occurs128Who Is Abused129Types of Abuse and Neglect129Results of Abuse and Neglect130Signs of Abuse and Neglect130Helping an Abused Child132	Fever       141         Diaper Rash       142         Cold Sore       143         Toothache       144         Skin Rashes       145         Head Lice       148

# Why Learn Injury Prevention and First Aid?

njuries are the number one health problem for children in the United States. Injuries to infants and children vary from simple cuts and bruises to life-threatening emergencies. According to the National SAFE KIDS Campaign, following are the most common injuries leading to death in children at different ages:

#### **CHAPTER PREVIEW**

- Preventing Injuries in Childhood
- · What Is First Aid?
- Emergency Medical Services
- Be Prepared
- Legal Issues
- Coping with a Traumatic Event

Infants (0–1 years)

- 1. Choking
- 2. Motor vehicle occupant injury
- 3. Drowning
- 4. Fires and burns

Children (1-4 years)

- 1. Drowning
- 2. Motor vehicle occupant injury
- 3. Pedestrian injuries
- 4. Fires and burns
- 5. Choking

Children (5–14 years)

- 1. Motor vehicle occupant injury
- 2. Pedestrian injuries
- 3. Drowning
- 4. Fires and burns
- 5. Bicycle injuries

Each year more than six million children under age 14 are treated in emergency rooms for unintentional injuries. Tragically, about 5,000 children die every year from their injuries. Tens of thousands more have permanent disabilities resulting from their injuries.

#### **COMMON CHILDHOOD INJURIES**

- Falls
- Struck by/against
- Overexertion
- Bite/sting
- Cut/pierce
- Poisoning
- Motor vehicle occupant
- Bicycle injury
- Airway obstruction from foreign object
- Fire/burn

(Adapted from National Safety Council, *Injury Facts, 2003 edition*)

# PREVENTING INJURIES IN CHILDHOOD

It has been estimated that 90% of all injuries to infants and children could have been prevented. Obviously, prevention is a better solution than simply being prepared to give first aid once an injury has occurred. For guidelines you can follow to prevent injuries and ensure your childcare center, home, school, and other settings are safe for infants and children, visit www.nsc.org.

#### WHAT IS FIRST AID?

First aid is the immediate help given to a child who is injured or experiences sudden illness by an adult, usually a caretaker, until appropriate medical help arrives or the child is seen by a healthcare provider. First aid often is not the only treatment the child needs, but it helps the child for the usually short time until advanced care begins.

Most first aid is fairly simple and does not require extensive training or equipment. With the first aid training in this course and a basic first aid kit, you can perform first aid.

#### Goals of First Aid

- Keep the child alive
- Prevent the child's condition from getting worse
- Help promote the child's recovery from the injury or illness
- · Ensure the child receives medical care
- Keep the child calm and distracted while providing care

# THE EMERGENCY MEDICAL SERVICES SYSTEM

People who are trained in first aid are the first step in the Emergency Medical Services (EMS) system. As a first aider you are *only* the first step, so part of your responsibility is to make sure the EMS system responds to help a child with a serious injury or sudden illness by calling 911 (or your local or company emergency number). You will learn more about calling EMS in Chapter 1.

In most communities in the United States, help will arrive within minutes. The first aid you give helps the child until then.

#### BE PREPARED

- *Know what to do.* This first aid course will teach you what to do.
- Stay ready. A first aid situation can occur to a child at any time and in any place. Think of yourself as a first aider who is always ready to step in and help. You should always feel confident that you can help an injured or ill child.
- Have a personal first aid kit, and know where kits are kept in your childcare center, home, or other setting. Be sure first aid kits are well stocked with the right supplies. Keep emergency phone numbers, such as EMS, the Poison Control Center, and other emergency agencies, in a handy place.
- Know whether your community uses 911 or a different emergency telephone number. Note that this manual says "Call 911" throughout. If your community does not use the 911 system, call your local emergency number instead.

#### PREVENTING EMERGENCIES

Remember that many injuries can be prevented, and always take the appropriate steps to ensure places where children are present are safe for them. Learn to be watchful for any hazards in the environment—do not wait for a problem to arise before acting to eliminate hazards and risks to children.

#### **DISASTER PREPAREDNESS**

Whether you are a parent or childcare provider, you should also be prepared in case of natural disaster and other incidents. In some states, such preparedness is required for childcare providers.

Childcare providers must be prepared for catastrophic emergencies such as earthquake, flood, and fire. Be prepared to evacuate areas, and know how to respond if basic services such as water, gas, electricity, or telephones are disrupted. Childcare providers should have an action plan for these types of emergencies. This plan can be prepared with the assistance of local EMS, fire, and/or law enforcement authorities.

The Federal Emergency Management Agency (FEMA) provides these basic guidelines if a disaster occurs:

- Use flashlights, not matches, candles, or other open flames. Do not turn on electrical switches if you suspect damage.
- Sniff for gas leaks and if suspected, turn off the main gas valve, open windows, and evacuate.
- Turn off any other damaged utilities.
- · Clean up any flammable liquids immediately.
- Have a plan that details your evacuation process and routes.
- Maintain a disaster kit that includes a supply of water, infant- or child-appropriate food, first aid kit, clothing, bedding, tools, emergency supplies, and special items such as individual medications. Keep the items that you would most likely need during an evacuation in an easy-to-carry container such as a backpack.
- Store water in plastic containers. Generally, children will need more than two quarts of drinking water per day.

 Store at least a three-day supply of nonperishable food such as high-energy bars, or ready-to-eat canned meats, fruits, and vegetables.

If you are employed in a childcare center, you should know other guidelines required at your center.

#### YOUR FIRST AID KIT

A well-stocked first aid kit should be present in your home, vehicle, and childcare center. Take one with you on activities such as camping and boating. A cell phone is also helpful in most emergencies.

Ensure the first aid kit is in a locked container kept where children cannot access it. In a childcare center, all adults should know where the kit is kept. The contents of the kit should be checked regularly, and all items should be replaced as used. Medicines taken by individual children should not be kept in the first aid kit but locked safely in another location.

Make sure your first aid kit includes the items shown in Figure I-1. Note that you may not necessarily use all items in a kit just because they are there. For example, first aiders other than a child's parents or authorized childcare provider generally do not give medications such

#### Learning Checkpoint 1

- **1.** True or False: When you give a child first aid, that child does not then need to see a healthcare provider.
- 2. True or False: First aid given promptly can save lives and reduce the severity of injuries.
- 3. Being prepared for an emergency means:
  - a. Knowing what to do
  - b. Being ready to act anytime, anywhere
  - c. Knowing how to get medical care for an injured or ill child
  - d. All of the above



Figure I-1 Components of a first aid kit (\*denotes required item).

as prescription or over-the-counter pain medication (for example, acetaminophen).

In addition to these first aid kit items, other items may be required. In California, for example, first aid kits in childcare centers must include a flashlight with extra batteries, pen and paper, and activated charcoal.

#### LEGAL ISSUES

#### Can You Be Sued for Giving First Aid?

Generally you do not need to be concerned about being sued for giving first aid. If you give first aid as you are trained in this course, and do your best, there is little chance of being found legally liable. To protect yourself always follow these guidelines:

- 1. Act *only* as you are trained to act.
- 2. Have permission to give first aid.

- **3.** Do not move an injured child unnecessarily.
- 4. Call for professional help.
- 5. Keep giving care until help arrives.

#### Must You Give First Aid?

In general, in most states you have no legal obligation to give first aid as a citizen or a bystander at the scene of an emergency. As the specific obligations may vary, ask your instructor about the law in your area. If you do begin giving first aid, however, it is important to note that you are obligated to continue giving care if you can and to remain with the victim.

In certain situations, however, you may have a legal obligation to give first aid. If you work as a childcare provider and giving first aid is part of your job, you have a legal responsibility to act appropriately. This is called a **duty to act.** If you are employed as a childcare provider and are unsure of your role in emergencies, talk with your employer to be sure you know your specific responsibilities.

In addition to employed childcare providers, parents and guardians also have a legal responsibility to give first aid to children in their care. This is called a pre-existing relationship and involves a legal responsibility. A pre-existing relationship also includes adults overseeing children in any situation, such as an adult who is transporting children in a vehicle or watching them at a playground.

As noted before, once you begin giving first aid, in any situation, you are obligated to continue giving care until emergency medical help takes over, another trained rescuer takes over, or you become physically exhausted.

#### **Good Samaritan Laws**

Most states have laws called **Good Samaritan** laws designed to encourage people to help others in an emergency without worrying about being sued. These laws protect adults who give first aid to other adults or children in their care, except for those employed in childcare. It is unlikely you would be found liable or financially responsible for a child's injury as long as you follow the guidelines described in this book. Ask your instructor about the specific Good Samaritan laws in your area.

#### **Get Consent**

You must have permission in order to give first aid. If you are employed at a childcare center, the center should already have the parents' permission to give emergency and other first aid to their children.

If you are the responsible adult supervising children in any other setting, and the child's parents or guardians are not present when a child is injured or becomes ill, you are assumed to have the parent's or guardian's permission to give emergency care. In a nonemergency situation you should try to reach a parent or guardian to get his or her permission, but in an emergency consent is assumed. This is called **implied consent**.

You may also encounter emergencies with adult victims of injury or sudden illness. A responsive (awake and alert) victim must give permission before you can give first aid. Tell the person you have been trained and describe what you will do to help. The victim may give permission by telling you it is okay or by nodding agreement. An unresponsive victim, however, is assumed to give consent for your help. Again, this is called implied consent.

#### Follow Standards of Care

Legally, you may be liable for the results of your actions if you do not follow accepted standards of care. **Standard of care** refers to what others with your same training would do in a similar situation. It is important that when you give first aid, do only as you are trained. Any other actions could result in the injury or illness becoming worse.

You may be guilty of negligence if:

- 1. You have a duty to act (as a childcare provider, parent or guardian, or adult with a pre-existing relationship with a child).
- **2.** You breach that duty (by not acting or acting incorrectly).
- **3.** Your actions or inaction causes injury or damages (including such things as physical injury or pain).

Examples of negligent actions could include moving a victim unnecessarily, doing something you have not been trained to do, or failing to give first aid as you have been trained.

Remember, once you begin giving first aid, do not stop until another trained person takes over. Stay with the victim until help arrives. If you leave the victim and the injury or illness becomes worse, this is called **abandonment**. Note that abandonment is different from justified instances of stopping care, such as if you are exhausted and unable to continue or you are in imminent danger because of hazards at the scene.

#### Documentation

A final legal responsibility in some childcare situations is documenting the child's injury or illness and the care you gave. Some states require such documentation. In California, for example, a special form must be filled out anytime a child

#### 6 Pediatric First Aid, CPR, and AED

receives professional medical care (including EMS personnel) while in a licensed childcare home or facility. Check with your employer about any state or facility policies for documentation.

Even if not legally required, it is a good idea whenever caring for children not your own to write down what happened and what you did. This information may be important for the child's parents or guardians and for healthcare providers who later treat the child.

# COPING WITH A TRAUMATIC EVENT

Emergencies are stressful, especially with injured or ill children. When a child is seriously injured or does not survive, the incident can be traumatic for caregivers. It is important to realize that not even medical professionals can

save every victim. Some injuries, illness, or circumstances are often beyond our control. If you experience such an emergency, you may have a strong reaction, or later on you may have problems coping. This is normal—we are only human, after all. To help cope with the effects of a traumatic event:

- Talk to others: family members, coworkers, local emergency responders, or your family healthcare provider (without breaching confidentiality of the victim)
- · Remind yourself your reaction is normal
- Do not be afraid or reluctant to ask for professional help. If you have an Employee Assistance Program or Member Assistance Program, they often can provide such help. Ask your personal healthcare provider who you can talk to for help.

Learning	
Checkpoint	<b>(2)</b>

1. True or False: Good Samaritan laws protect only professionals like paramedics and health-

care providers.

2. True or False: The best thing to do in any emergency is move the child to your car and

get him or her to an emergency room.

- 3. You have a duty to act when:
  - a. You stop at the scene of an emergency
  - **b.** You have taken a first aid course
  - c. You have a first aid kit with you
  - d. Your job requires you to give first aid when needed
- 4. Check off which victims you have permission to give first aid to:
  - \_\_a. An unresponsive adult victim
  - **b.** A child without a parent or guardian present
  - \_\_\_c. All victims, all of the time
  - \_\_\_d. An adult victim who nods when you ask if it is okay to give first aid
  - \_\_\_e. A child whose parent or guardian gives consent for the child

5. Check off things you should always do when giving first aid:
a. Move the child
<b>b.</b> Do what you have been trained to do
c. Try any first aid technique you have read or heard about
d. Be sure you have permission
e. Stay with the child until another trained person takes over
f. Transport all children to the emergency room in your vehicle

#### Chapter

# Take Action in an Emergency

his chapter describes actions to take in all emergencies involving injury or illness. Always follow these basic steps:

- 1. Recognize the emergency and check the scene.
- 2. Prepare to help.
- 3. Call 911 (when appropriate).
- **4.** Check the injured or ill child.
- 5. Give first aid.
- **6.** Ensure the injured or ill child sees a healthcare provider (when appropriate).

Later chapters describe the specific first aid to give in different situations. This chapter describes the six steps above, how to protect yourself from infectious disease when giving first aid, and how to assess an injured or ill child.

#### WHAT YOU CAN DO

In any emergency, try to stay calm and confident. Remember your training. Acting calmly and confidently will help calm the injured or ill child as well.

In a childcare situation, in which other children and adults are likely to be present, consider the complete situation and others involved. While it is important to care for the injured or ill child in your care, it is also important to properly handle others who may be affected by the incident. Calm and reassure parents during an emergency with their child. Tell the parent(s) that you are trained to handle the emergency situation and what you are doing to help their child. Calm and

 Avoiding Infectious Diseases

**CHAPTER PREVIEW** 

What You Can Do

 Assess the Injured or Ill Child

reassure other children as well. Whenever possible, have another childcare provider supervise the other children while you provide care for the ill or injured child. Explain that you will talk with the children about what happened as soon as possible and answer their questions.

Follow these six steps in any emergency:

## Recognize the Emergency and Check the Scene

You usually know there is an emergency when you see one. You see an injured or ill child, or a child acting strangely. Or you may not see a victim at first but see signs that an emergency has occurred and that someone may be hurt.

Although most childcare situations do not involve hazards to yourself and others, such hazards may be present. Always check the scene when you recognize an emergency has occurred—before rushing in to help the victim. This is particularly important when outdoors or in unfamiliar settings. You must be safe yourself if you are to help another. Look for any hazards such as the following:

- · Smoke, flames
- · Spilled chemicals, vapors
- · Downed electrical wires
- · Risk of explosion, building collapse
- · Roadside dangers, high-speed traffic
- Potential personal violence

If the scene is dangerous, *stay away and call for help*. Do not become a victim yourself!

As part of checking the scene, look to see if other children are injured or ill. More help may be needed for multiple victims. Check that all children are present and make sure you are not overlooking other injuries. Look also for any clues that may help you determine what happened and what first aid may be needed. As well, look for other adults who may be able to help give first aid or go to a telephone to call 911.

#### Decide to Help

When you see an injured child and have determined the scene is safe, you need to act. This is not always easy. Although you may be worried about not doing the right thing, remember that you have first aid training. Once you call for help, medical professionals will be there very soon. Your goal is to help the victim until they take over.

#### Call 911

Call 911 (or your local emergency number) immediately if you recognize a life-threatening injury or illness. A life-threatening emergency is one in which a problem threatens the child's airway, breathing, or circulation of blood, as described later in this chapter. Do not try to transport a child to the emergency room yourself in such cases. Movement may worsen the child's condition, or the child may suddenly need ad-

ditional care on the way. If you are not sure whether a situation is serious enough to call, don't hesitate—call 911. It is better to be safe than sorry (Figure 1-1).

If the child is responsive and may not be seriously injured or ill, go on to the next step to check the child before calling 911—and then call 911 if needed.

Always call 911 when:

- The child may have a life-threatening condition
- · The child is unresponsive
- The child's condition may become life threatening
- Moving the child could make the condition worse

Later chapters on first aid describe when to call 911 for other specific problems.

In addition to calling 911 for injury or illness, call in these situations:

- · Fire, explosion
- · Vehicle crash
- · Downed electrical wire
- Chemical spill, gas leak, or the presence of any unknown substances

#### **How to Call EMS**

When you call 911 or your local emergency number, be ready to give the following information:

- Your name and the phone number you are using
- The location and number of injured or ill children—specific enough for the arriving crew to find them
- What happened to the child and any special circumstances or conditions that may require special rescue or medical equipment
- The child's condition: For example, is the child responsive? Breathing? Bleeding?
- · The child's approximate age and sex
- What is being done for the child

It is important to not hang up until the dispatcher instructs you to, because you may be given advice on how to care for the child.

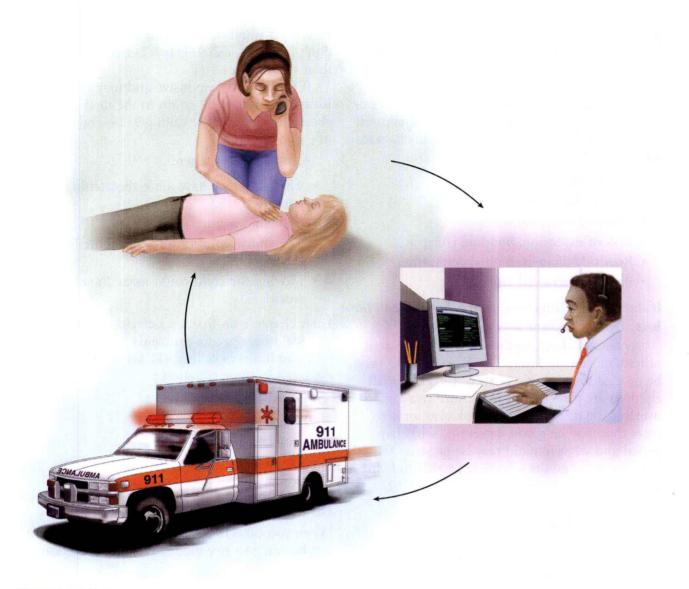


Figure 1-1 Call 911.

If other adults are present, ask them to call 911 while you go on to check the child and give first aid.

#### Check the Victim

First check the child and correct for life-threatening conditions requiring immediate first aid (see later section "Check the ABCs").

#### Give First Aid

Give first aid once you have checked the child and know his or her condition. Later chapters give the first aid steps for the conditions you are likely to find. In many cases first aid involves simple actions you can take to help the victim.

#### Get the Victim to a Healthcare Provider

You may have decided at first that the child's condition was not an emergency and did not call 911. In many cases, however, the child still needs to see a healthcare provider. If you have any doubt, call 911. If you are employed in a childcare center, follow your center's policy regarding contacting the child's parents. Later

#### Learning Checkpoint 1

- **1.** True or False: If you see a child injured in an emergency, the first thing to do is get to the child quickly and check his or her condition.
- 2. When you encounter an injured victim, you should:
  - a. Give first aid until help arrives
  - **b.** Help a victim only if the scene is safe
  - c. Call 911 for life-threatening injuries
  - d. All of the above
- 3. Call 911 for:
  - a. Medical problems only
  - b. Police and fire services only
  - c. Medical problems and fires only
  - d. Medical problems and all emergencies

chapters on specific conditions requiring first aid describe when a victim needs to go to the emergency room or see a healthcare provider.

#### **AVOIDING INFECTION**

In any emergency situation there is some risk of a first aider getting an infectious disease from a victim who has a disease. That risk is very low, however, and taking steps to prevent being infected greatly reduces that risk. You can take precautions to prevent transmission of bloodborne and airborne infectious diseases.

#### **Bloodborne Disease**

Several serious diseases can be transmitted from one person to another through contact with the infected person's blood. These are called bloodborne diseases. Bacteria or viruses that cause such diseases, called pathogens, are also present in some other body fluids, such as semen, vaginal secretions, and bloody saliva or vomit. Other body fluids, such as nasal secretions, sweat, tears, and urine, do not normally transmit pathogens.

Three serious bloodborne infections are HIV, hepatitis B, and hepatitis C.

#### HIV

The human immunodeficiency virus (HIV) is the pathogen that eventually causes AIDS (acquired immunodeficiency syndrome). AIDS is a fatal disease transmitted from one person to another only through body fluids.

Because HIV can be transmitted through pregnancy and occasionally through breast milk, some children in childcare situations may have the virus. There have been no known cases, however, of the virus spreading from one child to another in childcare settings or schools. Nonetheless, childcare providers should always take precautions when blood or body fluids of *any* child or adult victim are involved (see following section).

Note that a child's medical record is confidential. If you are employed in a childcare center, follow your center's policies when caring for a child known to have the HIV virus.