Contents

Foreword by Dr. Donald Palmer

Standard Precautions

- Hand Washing
- Non-Latex Gloves
- Cleaning and Sanitizing

Planning and Preparation

- Staff Training
- Authorization and Documentation
- First Aid Kit

1. Bleeding

• Controlling Bleeding

2. Nosebleed

3. Wounds, Cuts, and Blisters

- Open Wounds
- Puncture Wounds
- Splinters/Slivers
- Blisters

4. Rescue Breathing

- Opening the Airway
- Performing Rescue Breathing
- Chest Compressions
- Asthma or Chronic Respiratory Condition
- Near-Drowning and Drowning
- Strangulation or Suffocation

5. Choking

- Infant Choking
- Toddler or Older Child Choking

6. Poisoning

- Swallowed Poison
- Inhaled Poison
- Skin Contact
- Poison Ivy, Poison Oak, or Other Plants

7. Allergic Reactions

- Anaphylaxis
- Auto-Injector of Epinephrine
- Mild Allergic Reactions

8. Bites and Stings

- Animal Bite
- Human Bite
- Insect Bite or Sting
- Spider Bite
- Tick Bite
- Scorpion Sting
- Snake Bite

9. Burns

- Thermal Burns
- Chemical Burns
- Electrical Burns

Contents

10. Head, Neck, and Spine Injuries

11. Bone and Muscle Injuries

12. Heat-Related Conditions

- Heat Exhaustion
- Heat Stroke
- Heat Cramps
- Dehydration
- Sunburn

13. Cold-Related Conditions

- Frostnip
- Frostbite
- Hypothermia

14. Convulsions and Seizures

15. Sudden Illness

- Shock
- Fainting
- Diabetic Reaction/ Hypoglycemia
- Abdominal Pain
- Other Symptoms that May Indicate Illness or Injury

16. Fever

- Response to Elevated Body Temperature
- Types of Thermometers
- Taking a Child's Temperature
- Taking an Infant's Temperature

17. Dental Injuries

- Injury to the Lip, Tongue, or Gums
- Broken Tooth
- Knocked-Out Tooth
- Toothache

18. Eye, Ear, and Nose Emergencies

- Eye Trauma
- Chemical Injury to Eye
- Scratch, Cut, or Penetrating Injury to Eye or Eye Area
- Foreign Object in Eye
- Blunt Force Trauma to Eye or Eye Area
- Other Symptoms Related to Eyes and Vision
- Earache
- Foreign Object in Ear
- Foreign Object in Nose

Resources

Credits

Foreword

Dr. Donald Palmer

This book is written for you, the caregiver. Its purpose is to provide you with a quick and accurate reference for appropriate action during medical emergencies occurring in the early care and education (ECE) setting. Take some time to familiarize yourself with the information in and organization of this book so you can use it effectively if needed during an emergency situation.

First aid is the immediate care given to a person who has been injured or suddenly becomes ill, in order to stabilize and possibly address the situation until medical help is obtained as indicated. First aid in the ECE setting may involve something as simple as washing and bandaging a scratched knee, or it may mean performing abdominal thrusts to clear a blocked airway.

All staff members who are involved in providing direct care for children should have training in pediatric first aid, including management of a blocked airway and administration of rescue breathing.

The provision of first aid should be thoughtful, orderly, and rapid. During an emergency, first evaluate the situation. Find out what happened and who is involved. Quickly inspect the child who is injured or ill with a "hands off" approach (without touching the child). Evaluate the child's ABCs: **A**ppearance, **B**reathing, and **C**irculation. You should complete the ABCs in 30 seconds or less.

After this brief appraisal, be sure noninvolved children are adequately supervised and out of the way.

Quickly return to the child to perform a "hands on" evaluation. Does Emergency Medical Services (EMS) need to be called? What first aid actions can you give?

After these steps are completed, notify the child's parent or guardian. Comfort the ill or injured child, explain what has happened, and answer questions. Write a thorough incident report.

Remember that prevention is the first, best form of treatment.

Dr. Palmer is nationally recognized for his expertise and efforts to promote child health. Some of his accomplishments include being a member of the American Academy of Pediatrics (AAP) Committee on Early Childhood, Adoption, and Dependent Care; a reviewer of Caring for Our Children; a member of the Steering Committee for Pediatric First Aid for Caregivers and Teachers; a certified playground inspector; a member of the AAP Committee on Injury, Violence, and Poison Prevention; and the former president of the Alabama Chapter of AAP.

Standard Precautions

Most medical emergency situations in ECE settings are not life-threatening. These situations allow you time to wash your hands, put on gloves, and access first aid supplies. By following simple practices known as "standard precautions," you can help reduce the spread of infection and prevent transmission of blood-borne germs such as those that cause HIV/AIDS or hepatitis B.

Follow standard precautions in all medical emergencies or situations involving first aid or medical care. These procedures will help protect you, the injured or ill child, and other children and adults in the environment. The basics of standard precautions are:

- Wash hands with soap and running water.
- Wear non-porous disposable gloves.
- Carefully clean up spills that may contain blood or other body fluids.
- Clean contaminated surfaces.
- Sanitize (disinfect) contaminated surfaces.
- Properly discard used gloves, bandages, tissues, and so on.
- Wash hands again after removing gloves.

Hand Washing

- Wash hands with liquid soap and running water. Lather well, then rub hands for **at least** 10 seconds. Clean the wrists, palms, fingers, in between fingers, back of hands, and around fingernails.
- Liquid hand sanitizers (waterless soaps) and premoistened wipes are not an effective substitute for soap and running water. However, if soap and running water are not available (when transporting children or during nature walks, for example) the first aid responder should remove dirt from her hands with the wipes, and then apply liquid sanitizer using the following procedure.
 - » Apply a generous amount of hand sanitizer into the palm of one hand.
 - » Rub hands together until sanitizer covers fingers, palms, and wrists. Hands should be completely covered.
 - » Let sanitizer air dry.

Non-Latex Gloves

- Because of possible allergic reaction, always use non-latex gloves.
- Maintain an ample supply of single-use, non-porous, disposable non-latex gloves. Gloves should be powder-free.
- Gloves must be available at all times when children are present.
- Gloves must be discarded after one use. Never use gloves twice.
- Hands must be washed **before** putting on gloves, and **after** gloves are removed.

Cleaning and Sanitizing

Cleaning removes visible spills, dirt, debris, and so on. Clean all surfaces, including outdoor surfaces, possibly contaminated with blood or other body fluids (including vomit, urine, stool, and saliva).