24 *Responding to emergencies*

This chapter includes:

- **First aid in emergencies**
- **Examining a casualty**
- **ABC of resuscitation**
- **Recovery position**
- **First aid for minor injuries**
- **First aid box**
- **Asthma**
- **Diabetes**
- **Febrile convulsions**
- **Workplace policies and procedures**

With good supervision in a safe environment, accidents and injuries will be kept to a minimum. All child-care establishments should have at least one qualified first aider. Ideally, everyone who works with children should have completed a recognised first aid course. It is vital for all child-care workers to know how to deal with emergency situations and when to call for medical assistance.

This chapter provides a basic overview of emergency aid for children, but does not offer a replacement for a recognised first aid course.

You may find it helpful to read this chapter in conjunction with:

➧ **Book 2, Chapter 20** Safety

First aid in emergencies

First aid is the assistance given to casualties before an ambulance arrives or the casualty arrives at a hospital. The principles are to:

- preserve life
- prevent the worsening of the condition
- promote recovery.

It is important to act logically and calmly in any emergency situation and remember the following four actions.

- *Assess the situation* If you are the first person to arrive at the scene of any accident, it is vital to assess quickly what happened and how it occurred. Find out how many children are injured and whether there is

Assess the situation

any continuing danger. Are there any other adults who can help? Is an ambulance required?

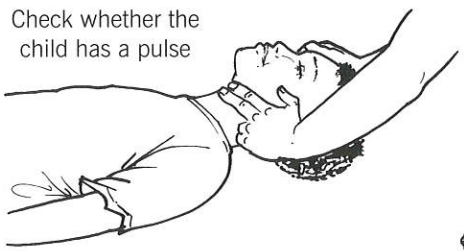
- *Safety first* Thinking of safety includes the safety of all children and adults, including yourself. You cannot help if you are injured too. Remove any dangerous hazards from the child and move the child only if it absolutely essential. Try to make the area safe.
- *Priorities* Treat the serious injuries first. Generally this means the quietest casualty is in most need of help – they may be unconscious. Conditions which are immediately life-threatening in children are:
  - severe bleeding
  - inability to breathe.
- *Seek help* Shout for help or ask others to get help, for example if a playground accident occurs another child may be sent to fetch the first aider or another adult from the establishment. Call an ambulance and administer first aid. Move the child to safety if this is required.

Examining a casualty

unconscious
Showing no response to external stimulation

It is vital to find out if the child is conscious or **unconscious**. This can usually be done by gently talking to the child to assess their condition.

- Check for response – call the child's name, pinch the skin.
- Shout for help.
- Open the airway and check for breathing.
- Check the pulse.
- Act on your findings according to the chart on page 444.



The unconscious child

How to deal with an unconscious casualty

Unconscious **Breathing** **Pulse present**	**Unconscious** **Not breathing** **Pulse present**	**Unconscious** **Not breathing** **No pulse**
1 Treat life-threatening injuries, e.g. bleeding, burns	1 Artificial ventilation (see opposite) – about 20 breaths of mouth-to-mouth ventilations for 1 minute	1 Cardiopulmonary resuscitation (CPR) (see opposite) – 5 chest compressions – 1 breath of mouth-to-mouth ventilations Repeat for 1 minute
2 Place in recovery position (page 446)	2 Call an ambulance	2 Call an ambulance
3 Call an ambulance	3 Continue ventilations	3 Continue CPR until help arrives
	4 Check for pulse each minute	

Progress check

1 What are the principles of first aid?
2 Which four steps should the child-care worker remember if an accident occurs?
3 Explain why it is important to remain calm in the event of an accident.
4 How can you find out whether the child is conscious?
5 What steps should be taken for a child who is unconscious, breathing and with a pulse?
6 What is CPR?

ABC of resuscitation

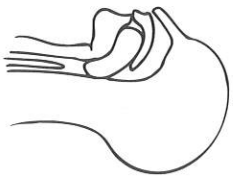
If a child stops breathing, they will quickly become unconscious because no oxygen can reach the brain. The heartbeat will slow down and eventually stop because of lack of oxygen.

The ABC of resuscitation

A is for **airway**

Is it clear?

Open the airway (mouth) and remove any obstructions. Lift the head and tilt the chin to bring the tongue away from the back of the throat.

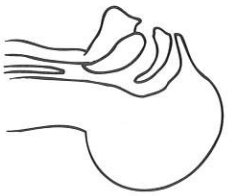


Blocked airway

Head is not tilted

Tongue has fallen back

Airway is blocked

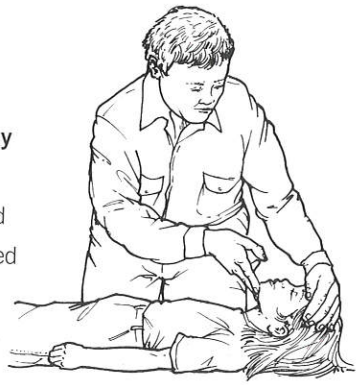


Unblocked airway

Head is tilted

Tongue is forward

Airway is unblocked

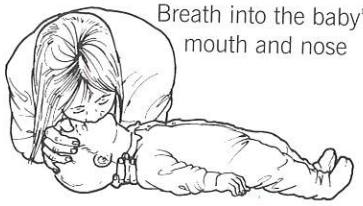


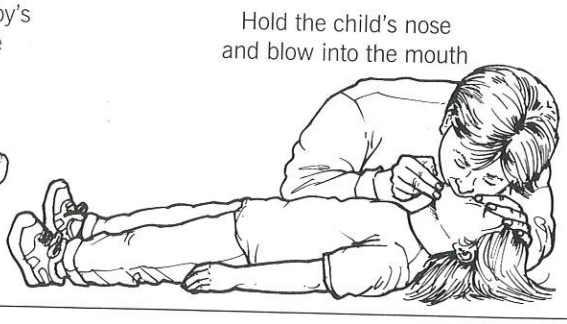
B is for **breathing**

Is she breathing?

Putting your cheek close to the child's mouth and nose should enable you to feel their breaths. Look for the rise and fall of the chest. If breathing has stopped **artificial ventilation** should be started, by blowing your breaths into the child's lungs so that oxygen can continue to circulate around the body.

artificial ventilation
Mouth-to-mouth breathing to get oxygen into the lungs of the casualty



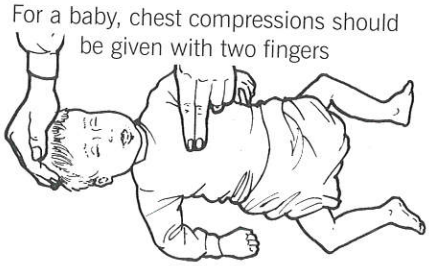


C is for **circulation**

Is her heart beating?

Feeling for the pulse for 5–10 seconds will detect whether or not the heart has stopped. Use the first two fingers (not the thumb) to feel the carotid pulse in the hollow of the neck between the Adam's apple and the large neck muscle at the side of the neck. If there is no pulse, start **cardiopulmonary resuscitation (CPR)**.

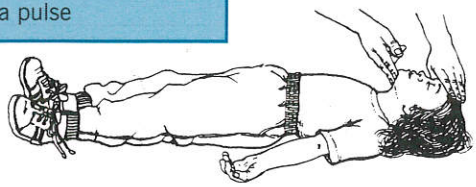
cardiopulmonary resuscitation (CPR)
Chest compressions and artificial ventilation to get oxygen circulating around the body



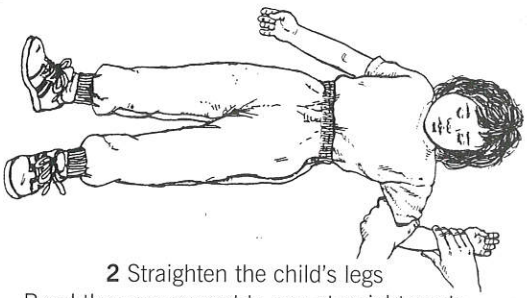
Recovery position

recovery position
Safe position to place an unconscious casualty in if they are breathing and have a pulse

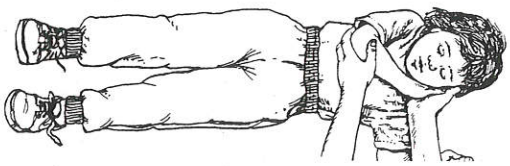
An unconscious child who is breathing and has a pulse should be put into **recovery position** to keep the airway clear by preventing choking on the tongue or vomit. Check for breathing and the pulse until medical help arrives.



1 Lay the child on their back
Tilt the head back
Lift the chin forward
Ensure the airway is clear

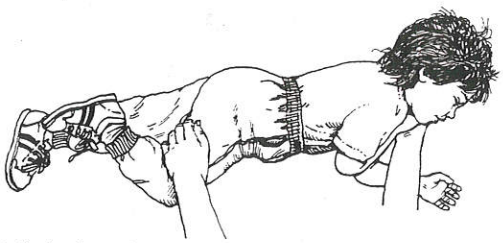


2 Straighten the child's legs
Bend the arm nearest to you at a right angle

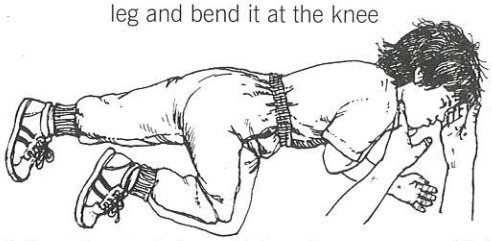


3 Take the arm furthest away from you and move it across the child's chest, bend it and place it on the cheek

4 Keep this leg straight
Place foot flat on ground
Clasp under the thigh of the outside leg and bend it at the knee



5 Pull the bent leg towards you to roll child onto their side
Use the knees to stop the child rolling onto their front
Keep hand against cheek



6 Bend top leg into a right angle to prevent child rolling forward
Tilt head back to keep airway open
Adjust hand under child's cheek

The recovery position

Progress check

1 Why does a child quickly become unconscious when they stop breathing?
2 What does ABC stand for?
3 How can you check the airway?
4 How can you tell if a child is breathing?
5 Where can the pulse be most easily felt in a child?

Do this! 24.1

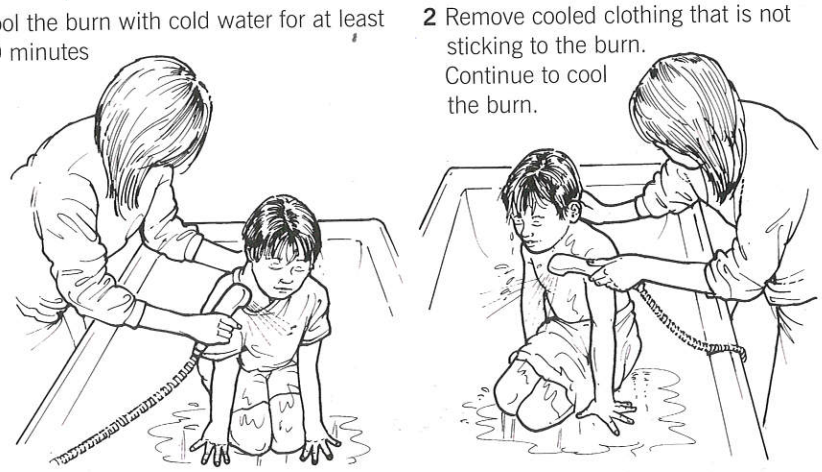
1 Practise putting a child in the recovery position.
2 Practise checking the carotid pulse of colleagues and family – with their co-operation!

First aid for minor injuries

It is essential to remain calm when dealing with an injured child. They need to be reassured that they are in safe hands and everything will be alright.

Burns/scalds

- Do not remove any fabric that may be sticking to the area.
- Use cold water to cool the burn or scald for at least 10 minutes. (Use another cool liquid, such as milk, if cold water is unavailable.)
- Avoid touching burn or blisters.
- Avoid immersing the child in cold water.

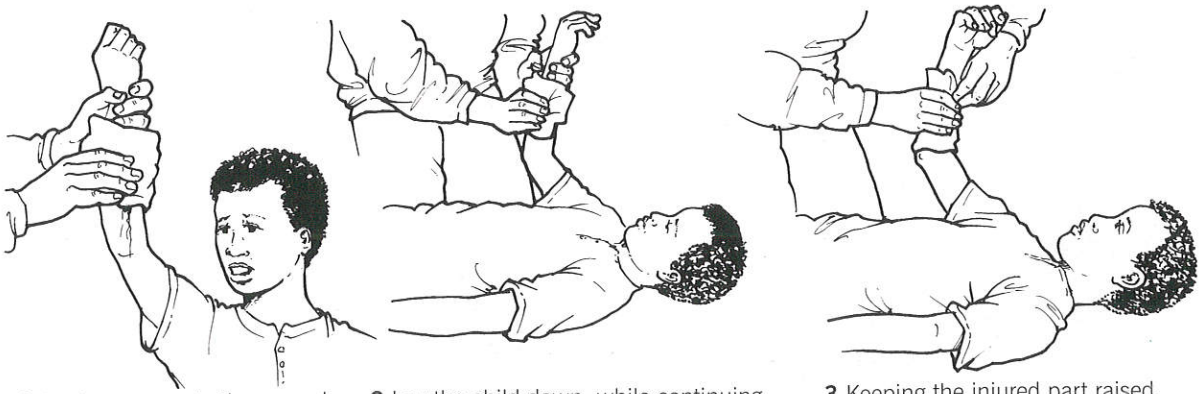


Dealing with burns and scalds

Bleeding

- Minor bleeds must be cleaned and covered.
- Major bleeds must be stopped by direct pressure as quickly as possible.
  - If possible, keep the injured part raised.
  - Lay the child down to keep the head low.
  - Cover the wound with a firm, sterile dressing and a bandage.

Remember that you should always wear gloves when dealing with blood or any other body fluids.



Dealing with bleeding

Nose bleeds

- Sit the child leaning forwards and pinch the soft part of the nose above the nostrils for 10 minutes.
- Allow the child to spit or dribble into a bowl.
- Continue to pinch the nose until the bleeding has stopped, checking after 10 minutes.
- Clean the child gently and tell them not to blow their nose, and breathe through their mouth.

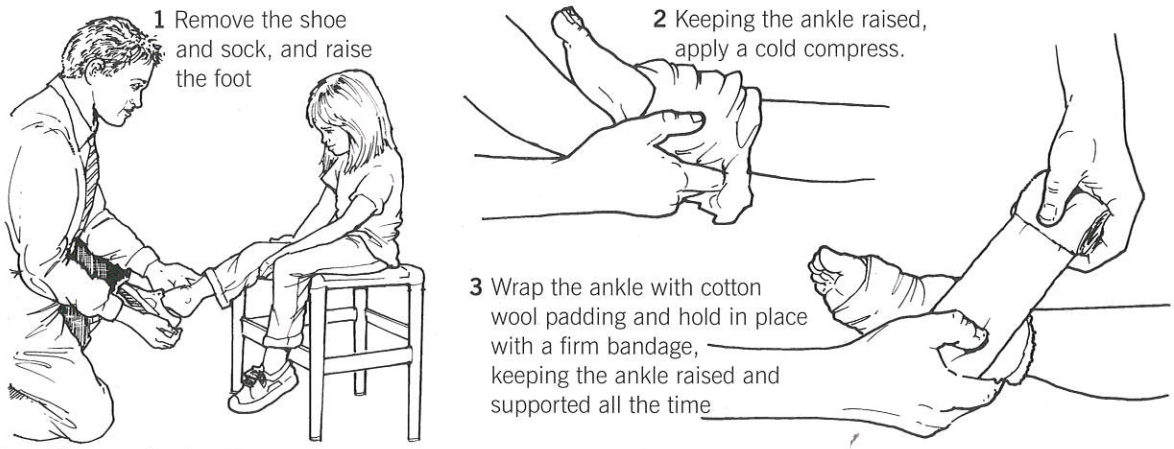
Dealing with a nose bleed

Sprains

- Raise and support the injured limb to minimise swelling. Remove shoe and sock if it is a sprained ankle.
- Apply a cold compress – a polythene bag of ice or a pack of frozen peas would do, if available.
- Wrap the limb in cotton wool padding and then bandage firmly.
- Keep the limb raised.

RICE will help you remember what to do:

- **R**est
- **I**ce
- **C**ompression
- **E**levation



Dealing with a sprained ankle

Foreign body

Children who have poked an object into their nose or ears should be taken to the nearest Accident and Emergency Department where the object can be safely removed.

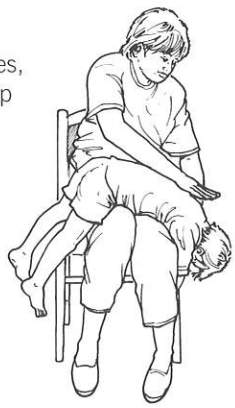
Choking

If you are dealing with a young child:

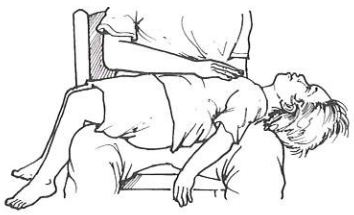
- Put the child over your knee, head down.
- Slap sharply between the shoulder blades up to five times.
- Turn the child over, and give five downward thrusts – place the heel of your hand on the child's lower breastbone (at the base of the sternum). Push sharply downwards five times.

a For a small child

1 Bend the child over your knees, face down, and give five sharp slaps between the shoulder blades



2 Turn the child over, support their back on your thigh, and give five downward thrusts (see text above)



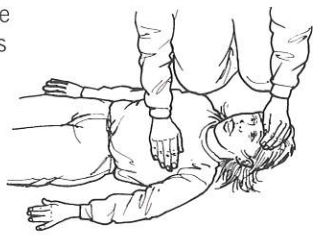
3 Check the mouth and remove object if possible.
If not, continue by giving five upward thrusts (see page 450)

4 Check the mouth and remove object if possible

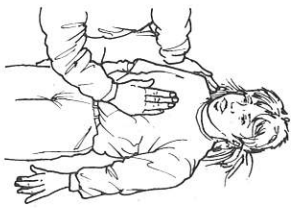
b For an older child

1 Bend the child forwards and give five sharp slaps between the shoulder blades

2 Lay the child on their back and give five downward thrusts (see text above)



3 Check the mouth and remove object if possible. If not, continue by giving five upward thrusts (see page 450)



4 Check the mouth and remove object if possible

5 If object cannot be removed, call for medical aid. Continue the process, starting with 1 again, until the object can be removed or help arrives. (With an older child, the back slaps can given by turning them onto their side.)

Dealing with (a) a small child and (b) an older child who is choking

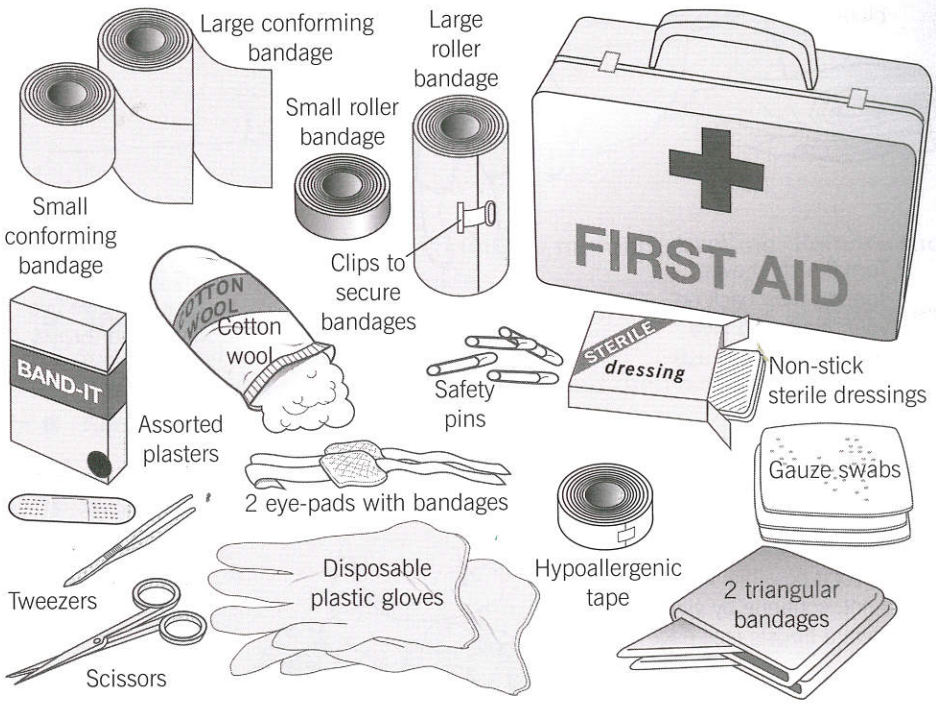
- Check to see if the object has become dislodged and is in the mouth.
- If the object cannot be removed, give five upward thrusts – place the heel of your hand on the abdomen just below the ribcage. Push firmly upwards five times. Then check the mouth again.
- Call for medical aid – take the child to the phone with you if you are alone.
- Check ABC.

Repeat the process again until help arrives or the object can be removed.

If you are dealing with an older child, start by giving back slaps with the child standing and bent forwards. Then lie the child on the floor and continue as for the young child.

First aid box

All establishments and homes should have a first aid box that is easily accessible and contains all the items shown in the illustration below.



The contents of a first aid box

Progress check

1 What should the first aid box in a child-care establishment contain?
2 What is the emergency procedure for dealing with a child who is choking?
3 What is the first aid treatment for a nose bleed?
4 How long should burns be cooled with cold water?
5 What does RICE stand for in connection with the treatment of sprains?

Do this! 24.2

Look at the prices of all the vital items that should be in a first aid box. Make a chart of all the items and their cost.

How much would it cost an establishment to provide all the required items?

Asthma

Asthma attacks are very frightening for children – the airways go into spasm making breathing difficult, especially breathing out. The typical picture is of a child leaning forwards with a hunched posture, gasping for breath – taking air in but unable to blow it out. Speech is impossible during an attack.

Immediate action

If a child is suspected of having asthma, a doctor should be seen within 24 hours.

If an undiagnosed child has an asthma attack, call an ambulance, In the meantime, follow the steps below.

Management of an asthma attack

- Reassure the child.
- Encourage relaxed breathing – slowly and deeply.
- Loosen tight clothing around the neck.
- Sit the child upright and leaning forward against a support, such as a table, supporting themselves with their hands in any comfortable position.
- Stay with the child.
- Give the child their bronchodilator to inhale – two doses – if they are known asthmatics.
- Offer a warm drink to relieve dryness of the mouth.
- Continue to comfort and reassure and *do not panic*. Your panic will increase the child's anxiety which will impair their breathing even more.
- When the child has recovered from a minor attack they can resume quiet activities.
- If the condition persists, call for an ambulance and contact parents.
- Report the attack to the parents when the child is collected. If the child is upset by the episode, they should be contacted immediately.

When to call an ambulance

Call an ambulance immediately, or get someone else to do so if:

- this is the first asthma attack
- the above steps have been taken and there is no improvement in 5–10 minutes.

- the child is exhausted
- the lips, mouth and face are turning blue.

Progress check

1 What happens during an asthma attack?
2 How would you recognise an asthma attack in a young child?
3 How would you deal with a child who is having an asthma attack?
4 When would you consider it necessary to call an ambulance?

Diabetes

hypoglycaemia
Low levels of glucose in the blood

Because this condition arises when there is a disturbance in the way the body regulates the sugar concentrations in the blood, **hypoglycaemia** (too little sugar in the blood) or hyperglycaemia (too much sugar in the blood) may occur. Both conditions will eventually lead to unconsciousness, but hyperglycaemia usually develops slowly, so it most likely that a diabetic child will experience episodes of hypoglycaemia.

Hypoglycaemia

This may result from too much insulin, not enough food, illness or unusually vigorous exercise. Signs include:

- irritability and confusion
- loss of co-ordination and concentration
- rapid breathing
- sweating
- dizziness.

Management of a hypoglycaemic attack

If the child is conscious:

- Sit the child down and stay with them.
- Give sugar, for example glucose tablets, chocolate or a sugary drink, such as lucozade.
- The condition should improve within a few minutes.
- If so, offer more sweetened food or drink.
- Inform parents who should seek necessary advice to stabilise the condition. Parents must be informed of any hypoglycaemic attack because it could indicate the need for adjustment to the diet and/or insulin.

If the child is unconscious:

- put them in recovery position (see page 446).
- call an ambulance, ensuring that somebody stays with the child at all times.

It is good practice to carry glucose tablets or a sweetened drink when accompanying a child with diabetes on a school trip or a swimming lesson.

Case study: A hypoglycaemic attack

Sally is 6 years old and she is diabetic. Her condition is controlled by insulin injections in the morning before school and in the afternoon after school. She is aware of controlling her diet and knows which foods she can eat and when.

Sally's class have just started to go swimming on Tuesday afternoons and she is very excited. She is so busy chatting about swimming at lunch time that she only eats a small amount of her school dinner. Sally trips up the top step when getting out of the pool, and is very slow to get her clothes on, buttoning her blouse the wrong way. The teacher, Miss Brown, notices that her face looks damp when she gets on the bus and that she is breathing quickly. She looks pale and starts to cry quietly. Miss Brown always carries a packet of dextrose tablets in her bag and she offers them to Sally. After sucking two tablets, Sally seems more in control. She stops sweating and by the time the bus arrives back at school, she feels much better. Sally climbs down the bus steps and into the classroom to eat some digestive biscuits and drink a carton of milk.

1 What signs of hypoglycaemia was Sally displaying?
2 What did the child-care worker do to remedy the situation?
3 What caused this attack?

Progress check

1 What is the role of the child-care worker during a hypoglycaemic attack?
2 What action should be taken if you are not sure whether the child is hyperglycaemic or hypoglycaemic?
3 Why is it so important to report any hypoglycaemic episodes to parents?

Febrile convulsions

A febrile convulsion is a type of fit or seizure which occurs as a direct result of a raised body temperature. They usually occur in children between the ages of 6 months to 5 years at the beginning of an illness – children are vulnerable because the developing brain cannot cope with the sudden increase in temperature. A child who has had one febrile convulsion is more likely to have another one.

Signs

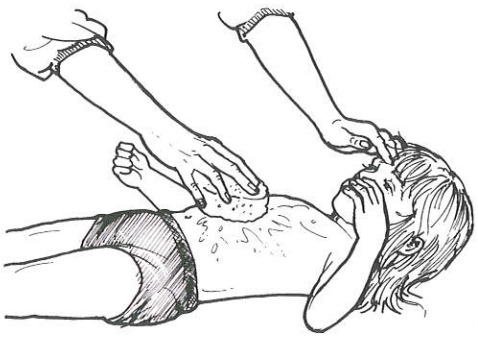
- Loss of consciousness
- Rigidity (stiffness) of the body
- Twitching movements of the body and/or face – eyes may roll back
- Possible incontinence of urine or faeces

The child may regain consciousness briefly and then sleep or lapse straight into a deep sleep. They will probably be confused and irritable when they wake up.

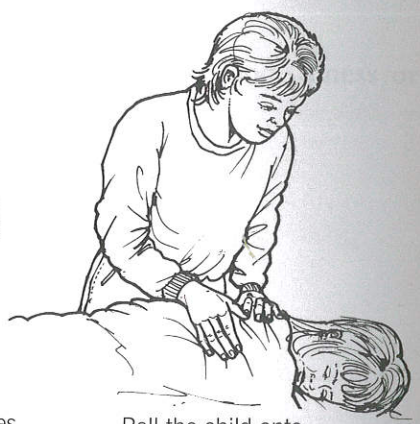
Management of a febrile convulsion

- Stay with the child throughout the convulsion and prevent them damaging themselves, by falling out of bed for example. *Do not interfere* with the process of the convulsion – allow it to take its course.
- Ask a colleague to send for the doctor if possible.
- Put the child into recovery position when movements have stopped – loosen tight garments.
- Gently reassure the child if they regain consciousness before sleeping.
- Call the doctor when the convulsion is over, if this has not been done already.
- Continue efforts to reduce the temperature, i.e. tepid sponging and removing clothing.

The doctor may prescribe antibiotics to fight bacterial infections and may prescribe sedatives to be given if the temperature increases again to prevent future attacks.



Cool the child by removing clothing and bedclothes. Sponge with tepid water until temperature falls



Roll the child onto their side and cover with a sheet

Dealing with a febrile convulsion

Case study: Febrile convulsion

Geraldine had completed a first aid course for children at her local college before taking up her new post as playworker at the local out-of-school club. She thought she should be prepared for any accidents the children may have in the playground or elsewhere. She thoroughly enjoyed the new job. At the end of the first month she joked with her colleagues that she was pleased not to have found any need for her first aid skills.

One evening, a few of the children were watching a video, sitting on beanbags on the school hall floor. Frazer, who had seemed a little under the weather, suddenly rolled off his cushion onto the floor and began to convulse. Geraldine immediately went to his side and stayed with him. She checked his

airway was clear, but did not interfere with the progress of the convulsion. One of her colleagues reassured the other children and took them into another play area. Another child-care worker telephoned Frazer's parents to tell them what was happening and request that they come to collect him as soon as possible. The parents agreed that the doctor should be contacted. Frazer had never had a convulsion before and although Geraldine had not taken his temperature, she could feel that Frazer was hot. He settled off to sleep on the beanbags when the convulsion was over.

1 What had happened to Frazer?
2 What did Geraldine do immediately to help Frazer?
3 How did her colleagues support her?
4 What else could be done to reduce Frazer's temperature?

Progress check

1 What is a febrile convulsion?
2 What are the possible signs of a febrile convulsion?
3 What action should the child-care worker take?
4 How can a child's temperature be reduced?

Workplace policies and procedures

Informing parents

Parents must be informed of all injuries, however minor, which occur to their child, with as much detail as possible about how the injury happened. This ensures continuity of care between the establishment and home – the child may need to talk about their experiences with their parents who are then prepared to deal with any consequences.

Accident book

accident book
Legal documentation of all accidents and injuries occurring in any establishment

Every accident should be recorded in an **accident book** to comply with health and safety regulations.

The information recorded in the accident book should include:

- time and date of the accident
- name and address of the injured child or adult
- the location of the accident
- who was involved and what happened (details of witnesses)
- details of the injury
- any treatment that was given
- who was informed of the accident.

Accident books should be kept safely for at least three years.

Progress check

1 Why is it important to inform parents about any accidents which their child is involved in?
2 What information should be recorded in an accident book?
3 How long should accident books be kept for?

Do this! *24.3*

1 Find out the policy in your setting for reporting and recording accidents.
2 Ask to see the accident book in your placement.
   a) What are the most common accidents?
   b) Could they be prevented?
3 Find out who the first aiders are in each establishment you are placed in.
4 In each establishment, check the location of :
   - fire alarms
   - fire extinguishers
   - fire exits
   - first aid box.

   Make a plan of the location of all the vital safety equipment.

Key terms

You need to know what these words and phrases mean. Go back through the chapter to find out.

accident book
artificial ventilation
cardiopulmonary resuscitation (CPR)
hypoglycaemia
recovery position
unconscious

Now try these questions

1 What action should a child-care worker take if they found an unconscious child in the playground?
2 Explain why a comprehensive knowledge of first aid is important for child-care workers.
3 Describe the workplace health and safety policies and procedures in your establishment.