

# **SECTION 2. OVERVIEW**

## **EMERGENCY PREPAREDNESS & THE EMERGENCY ACTION PRINCIPLES**

### **Objectives for General Emergency Response Section: *Participants will be able to:***

- Identify important steps to take to prepare for emergencies.
- List situations when EMS should be called.
- Assess the severity of an emergency situation.
- Explain and perform the four Emergency Action Principles
- List important infection control precautions

### **Topics:**

- A. The Emergency Plan: Is your Center prepared? (5 minutes)
- B. What is an Emergency (20 minutes)
- C. Emergency Action Principles (45 minutes)
  1. Survey the Scene (5 minutes)
  2. Primary Survey (15 minutes)
  3. Access EMS (15 minutes)
  4. Practice steps in secondary survey - head to toe examination (10 minutes)
- D. Assessment (3 minutes)
- E. Infection Control/Universal Precautions (5 minutes)

### **Handouts Available:**

- H1-2 = Emergency Preparedness Checklist
- H2-2 = Required First-aid supplies
- H3-2 = Emergency Phone numbers
- H4-2 = When to call EMS?
- H5-2 = Is this an Emergency?
- H6-2 = Emergency Procedures for an Injury or Illness
- H7-2 = Approach to an Ill or Injured Child
- H8-2 = Emergency Action Principles - Overview and Survey the Scene
- H9-2 = Emergency Action Principle #2 - Primary Survey
- H10-2 = Emergency Action Principle #3 - Accessing EMS
- H11-2 = Emergency Action Principles #4 - Secondary Survey
- H12-2 = Infection Control
- H13-2 = How to Wash Hands

### **Transparencies/Slides Available:**

- T1-1 = Children are NOT Small Adults
- T2-2 = Emergency Preparedness
- T3-2 = Emergency Procedures
- T4-2 = Life Threatening Conditions
- T5-2 = Injury Severity
- T6a-2 = When to call EMS
- T6b-2 = When to call EMS (continued)
- T7-2 = Emergency Action Principles Overview

**Transparencies/Slides Available (continued):**

T8-2 = Survey the Scene  
T9-2 = Primary Survey - ABC's  
T10-2 = Loss of Consciousness: Common Causes  
T11-2 = Recognition of Loss of Consciousness  
T12a-2 = Comparison of Adult & Child Airway  
T12b-2 = Anatomy of the Airway  
T13-2 = Opening Airway: Head Tilt/Chin Lift Picture  
T14-2 = Opening Airway: Jaw Thrust Picture  
T15-2 = Checking Breathing  
T16-2 = Checking Circulation  
T17-2 = ABC's  
T17b = Monitoring the ABC's in a Conscious Child/Infant  
T18-2 = When you Call EMS?  
T19-2 = Secondary Survey: Overall Impression  
T20-2 = Secondary Survey: Head-to-toe Examination  
T21-2 = Daily Assessment  
T22-2 = Infection Control

**Activities Available:**

A1-2 = Severity Activity  
A2-2 = Calling EMS

## SECTION 2. EMERGENCY PREPAREDNESS & THE EMERGENCY ACTION PRINCIPLES (1 HOUR & 30 MINUTES)

Topics & Training Strategies	Trainer Notes
<p><b>Introduction to Part 2 (2 minutes)</b></p> <p><b>T1-2 Children are <i>NOT</i> Small Adults</b> Suddenly Ill &amp; Seriously Injured Children Can't Wait. (Picture of children in adult's clothes)</p>	<p><i>Introduction to Emergency Response</i></p> <p><span style="border: 1px solid black; padding: 2px;">T</span> <b>Use T1-2 Now</b></p> <ul style="list-style-type: none"> <li>• As we've said, sometimes injuries and illness happen even when we've tried to create the safest environment for children. As an (EMT/nurse/ etc.), I know that when I am called to care for an ill or injured child, it will be a different situation. Children are <b>NOT</b> small adults. They have their own special emergency needs. It is important for me to have special training for children because the more comfortable I am, the better able I will be to help the child.</li> <li>• This course was specially designed for people caring for children. Obviously, you don't want the children in your care to be injured. It can be a very frightening experience for all involved. But injuries and illnesses do happen. You need to be prepared because it is your responsibility to help the child. <b>SUDDENLY ILL AND SERIOUSLY INJURED CHILDREN CAN'T WAIT</b> until their parents/guardians pick them up at the end of the day. They need help immediately.</li> <li>• This next section of the program will begin our coverage of first-aid skills. First-aid is the immediate care for children who become injured or suddenly ill until further medical care, if necessary can be obtained. First-aid knowledge and skills can often mean:             <ol style="list-style-type: none"> <li>1. the difference between the life and death of a child</li> <li>2. the difference between temporary and permanent disability.</li> <li>3. the difference between rapid recovery and long hospitalizations</li> </ol> </li> </ul>

## A. Topic: The Emergency Plan: Is your center prepared? (5 minutes)

### H1-2 Emergency Preparedness

### T2-2 Emergency Preparedness

- Caregivers have roles and responsibilities.
- Caregivers certified in first-aid & CPR are present.
- A file is in order for each child.
- First-aid kit is stocked and readily available.
- First-aid kit and staff trained in first-aid go on all outings.
- Smoke detectors and other alarms work.
- Physician/nurse & dentist act as consultants.
- Providers have communicated with EMS
- Emergency phone numbers are accessible.

### H2-2 Required First-aid Supplies

### H3-2 Emergency Phone Numbers

### T3-2: Emergency procedures are near each phone & include:

- How to phone EMS
- Directions to your center
- Transportation to an emergency facility
- Notification of parents
- Evacuation and fire plans
- Plans to care for other children while a caregiver stays with injured child.
- Plans for missing children.

### Introduction

Being prepared for an emergency before it happens is an important part of first-aid. This section of the program will focus on emergency preparedness.

### Emergency Preparedness

**T Use T2-2 Now**

**H** Handout H1-2 summarizes this information for you. I hope you will use this information to assess how prepared your center is for an emergency and to become better prepared in the future.

- All caregivers have roles and responsibilities in the event of a fire, tornado, injury or other incident.
- One or more caregivers certified in infant and child first-aid and CPR are always present.
- A file is in order for each child. **H** Handout H1-2 lists the most important information to keep in each child's file. This information needs to be available in the event of an emergency.
- All first aid kits have the required supplies. **H** Handout H2-2 lists these. The kits are stored in a location where they are readily available in an emergency. The kit is checked at **least 4 times a year**. Staff are familiar with the contents and their function.
- The first-aid kit and trained staff accompany all field trips.
- Smoke detectors and other alarms work.
- A physician/nurse and a dentist are designated to act as consultants to providers with questions about various injuries and illnesses.
- Center providers have communicated with local EMS regarding:
  - ⇒ services available to the center
  - ⇒ important information about the center that would be helpful in an emergency.
  - ⇒ children with special health care or emergency needs, etc.
- Emergency phone numbers are posted by all phones. A list of necessary phone numbers is available in **H** Handout H3-2.
- **Emergency procedures are posted near each phone.**

**T Use T3-2 Now**

These procedures include:

- ⇒ how to phone EMS
- ⇒ written directions to find your center
- ⇒ transportation to an emergency facility
- ⇒ notification of parents
- ⇒ where to meet if the child care setting is evacuated
- ⇒ plans for an adult to care for children while a caregiver stays with injured child or escorts injured child to emergency care.
- ⇒ plans if a child is missing from the center.

These plans, especially evacuation and fire plans, should be practiced.

## B. Topic: What is an Emergency? (20 minutes)

### T4-2 Life Threatening Conditions

- Not breathing
- No pulse (heart stopped)
- Severe bleeding
- Unconsciousness

### T5-2 Injury Severity

- 1) Life Threatening Conditions  
- Call EMS
- 2) Needs medical attention  
NOW
- 3) Needs medical attention but  
can wait for parent/guardian
- 4) Can be managed with 1st-  
aid

*Quick Action can prevent a more serious condition.*

### H4-2 When to call EMS?

### *Injury Severity*

#### **T** Use T4-2 Now

Injuries and illness may fall along a range of seriousness from not at all serious to life-threatening. They can also include everything in between. Anytime someone is severely bleeding, unable to breathe, or can't be woken up (unconscious), this is a life-threatening emergency.

#### **T** Use T5-2 Now

- Other conditions may not be life-threatening but may require emergency care (e.g. knocked out teeth, eye injuries, & fractures).
- Some conditions require medical treatment but may not need immediate attention (e.g. infected wounds and some rashes).
- Others, such as minor cuts, scrapes and bruises may be managed with basic first-aid care by trained day care center staff.

### *Importance of Quick Action*

Another factor to keep in mind is that some situations may worsen over time. A condition that seemed somewhat minor at first may become life-threatening if untreated. For example, a child with heat exhaustion may be managed with first aid in the early stages. If left untreated, the child may suffer from heat stroke which is a life-threatening condition. This is why it is so important to react quickly when children are ill or injured. Quick action may help to prevent a more serious condition.

### *Introduction to EMS*

Anytime a condition is life-threatening, Emergency Medical Services (EMS) should be called. EMS is a generic term used to describe the emergency service in a particular area. This may be a fire department, rescue squad, ambulance company or police station. The type of service should be known by all staff who may be in a position to call EMS. Most areas dial 911 to access EMS but other areas use a 7-digit phone number. Know the emergency number for your area and post it near all phones. **H** Handout H4-2 lists some signs which indicate when to call EMS.

### T6a-2 When to call EMS?

- Unconscious, semi-conscious or confused.
- Not breathing, difficulty breathing or choking.
- No pulse.
- Bleeding that won't stop.
- Coughing/vomiting blood.
- Poisoning.
- Seizure for the first time
- Seizure > than 5 minutes.
- Head, neck or back injuries.

### T6b-2 When to call EMS?

- Sudden, severe pain.
- Injuries that may leave the child permanently disabled
- Condition could worsen or become life-threatening.
- Moving child could cause further injury.
- Needs skills/equipment of EMS.
- Conditions could delay getting to the hospital.

### A1-2 Severity Activity

### H5-2 Is this an Emergency?

### Call EMS anytime a child:

#### **T** Use T6a-2 Now

- is unconscious, semi-conscious or unusually confused.
- is choking, not breathing, having difficulty breathing or having shortness of breath.
- has no pulse (child's heart has stopped).
- has bleeding that can not be stopped with direct pressure or is spurting/pulsing or flowing freely from the body.
- is coughing up or vomiting blood.
- has been poisoned.
- has a seizure for the first time or one lasting *more than 5 minutes*.
- has injuries to the head, neck or back.

### Call EMS if:

#### **T** Use T6b-2 Now

- the child has sudden, severe pain anywhere in the body.
- the child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receives immediate care.)
- the child's condition could worsen or become life-threatening.
- moving the child could cause further injury.
- the child needs the skills or equipment of paramedics or EMTs.
- distance or traffic would delay getting the child to the hospital.

***If any of the above conditions exist, or if you are not sure, call EMS.***

Keep in mind that the list just provides guidelines for when to call EMS. You must use your best judgment based on the condition of the child and situational factors such as the distance to a hospital to determine if EMS should be called.

► **Note to Instructor:** Time permitting, complete Activity A1-2: Severity Activity. If you are running behind on time, skip this activity or save for the end of the program..

### Severity Activity (15 minutes)

You will now have the opportunity to examine several situations and decide how serious it is. Some situations will be obvious whereas others will require more thought. It will be up to you to decide what is the best action to take. **H** Handout H5-2 lists the emergency situations we will be using.

#### **A** Use A1-2 Now

## C. Topic: Emergency Action Principles Overview

### H6-2 Emergency Procedures for an Injury or Illness




### H7-2 Approach to an Ill or Injured Child

### T7-2 Emergency Action Principles Overview

1. Survey the Scene - What's going on? Is it safe for me to approach?
2. Primary Survey
3. Access EMS - How to be prepared when you call
4. Secondary Survey

### H8-2 Emergency Action Principles

### ***Introduction to Emergency Action Principles***

An important part of first aid is feeling confident about what to do in an emergency situation. It is essential to have some tools for emergency response. We are going to look at some of these tools now.  Handout H6-2 lists general procedures for an emergency and  Handout H7-2 offers tips for approaching a suddenly ill or injured child. You can read this information on your own. Now we will be turning to a very important set of emergency response tools: the *Emergency Action Principles*. First, I (we) will present an overview of the steps. Then, we will look at each of the steps individually. You can follow along with  Handout H8-2 - H11-2.

### ***Use T7-2 Now***

1. Survey the Scene - What's going on? Is it safe for me to approach?
2. Primary Survey - ABC's
3. Access EMS - How to be prepared when you call
4. Secondary Survey - Head-to-toe examination

The Emergency Action Principles are numbered in the order that they should initially be performed. However, if there are other adults nearby who can assist, then some of the steps can be performed at the same time. Also, accessing EMS (step 3) may be done at any time if the situation is obviously life or limb threatening, there are several victims who need immediate attention, the child's condition worsens or the secondary survey reveals a serious condition.

## #1-Survey the scene (5 minutes)

### T8-2 Survey the Scene

- Stay calm.
- Is the scene safe?
- What happened?
- How serious does the injury or illness appear to be?
- How many people are injured?
- Are there bystanders who can help?

### #1 Survey the Scene

**T** Use T8-2 Now

Surveying the scene is a formal way to say, “What’s going on here?”

**H** Handout H8-2 provides a checklist of some of the questions you may want to ask yourself as you are surveying the scene.

- The first and most important thing to keep in mind is to REMAIN CALM. Take a moment to stop, clear your head, and think before you act.
- The next most important thing is to determine whether the scene is safe for you to approach. What are the potential dangers to you? Always remember not to create another victim by helping. You can only be helpful if you are not injured yourself. Things like traffic, electric wires, fire, smoke, gas, chemicals and violence can be dangerous and require caution. If there is no way that you can assist the child without putting yourself in danger, call for help immediately.

Other important information to gather includes:

- What happened to the child? How was the injury caused?
- How serious does the injury or illness appear to be? Is it obvious that EMS should be called?
- How many people are injured?
- Are there others who can help? If possible, gather information from bystanders about what happened.

### **IMPORTANT CAUTION!**

A very important rule that I want you to remember about providing first-aid for injuries before we go any further is **DO NOT MOVE AN INJURED CHILD UNLESS IT IS ABSOLUTELY NECESSARY IN ORDER TO PREVENT FURTHER INJURY OR TO SAVE THE CHILD’S LIFE.** You may further injure the child by moving him/her.

## #2-Primary Survey (15 minutes)

### T9-2 Primary Survey

1. Is the child conscious?
2. Does child have a clear airway?
3. Is the child breathing?
4. Does the child have a pulse?
5. Is the child bleeding severely?

### T10-2: Common Causes

- Injuries, especially head injuries
- Illness or severe infection
- Blood loss and shock
- Poisoning
- Severe allergic reaction
- Diabetic reaction
- Heat exhaustion
- Fatigue
- Stress
- Not eating

### T11-2: Recognition of Loss of Consciousness

- Extreme weakness
- Dizziness or light-headedness
- Extreme sleepiness
- Nausea
- Pale, sweaty skin

If you recognize the signs of loss of consciousness, lay the child down to prevent further injury from falls.

### Introduction

The purpose of the primary survey is to make contact with the child and to find out how serious the condition is. It should take no more than **45 seconds** to complete. The primary survey is an assessment step. It is about discovering what is wrong - NOT necessary fixing it.

### Questions for the Primary Survey

 Use T9-2 Now

In the primary survey, you will be looking for answers to these questions. This information will immediately tell you if the child is suffering from a life-threatening condition. I(we) will demonstrate these steps in a moment.

1. Is the child conscious?
2. Does child have a clear airway?
3. Is the child breathing?
4. Does the child have a pulse?
5. Is the child bleeding severely?

We will now discuss each of these individually.


### Loss of Consciousness:

 Use T10-2 Now

You may or may not know the cause of unconsciousness if you discover an unconscious child. Unconsciousness can have many causes including:

- Injuries, especially head injuries
- Illness or severe infection
- Blood loss and shock
- Poisoning
- Severe allergic reaction
- Diabetic reaction
- Heat exhaustion
- Fatigue
- Stress
- Not eating

### Recognition of Loss of Consciousness:

 Use T11-2 Now

- Extreme weakness
- Dizziness or light-headedness
- Extreme sleepiness
- Nausea
- Pale, sweaty skin

If at any time you recognize the early signs of loss-of-consciousness, lay the child down to prevent further injury from falls.

## H9-2 Emergency Action Principle #2: Primary Survey

### Checking Level of Consciousness H Refer participants to H9-2

- There is a difference between fainting and unconsciousness. Both conditions can have the same causes, however fainting is usually much LESS serious than a state of unconsciousness. Most people who faint recover quickly when lying down. If a child does not regain consciousness quickly, call EMS.
- If a child appears unconscious, tap him/her gently but firmly on the shoulder and ask "Are you okay?" If you do not get a response, then your next step will be to check the child's Airway, Breathing and Circulation (pulse). We call this step the ABC's.
- It is important to check airway and breathing whenever you find an unconscious child. This is because a blocked airway or no breathing will cause a child to become unconscious due to the child not getting needed oxygen into the body.
- To check the ABC's, the child should be lying on his/her back, on a firm, flat surface. If the child is lying crumpled or face down, you will need to re-position the child onto his/her back. We will cover this procedure later. Since "not breathing" is life-threatening, moving the child may be necessary in order to save a life.

### Explain & Demonstrate ABCs:

► **Note to Instructor:** Demonstrate the ABCs on a volunteer or mannequin (if available) while you explain the steps using the following notes. After you have explained and demonstrated the ABCs, ask the participants to practice with a partner.

## T12a-2 Comparison of Adult & Child Airway

- Child (picture)
- Adult (picture)

### A = Airway

T Use T12a-2 Now

- Your first step is **A - the airway**. The airway is the passage through which air (& oxygen) travels to the lungs when we breathe. If a child's airway is blocked, oxygen cannot reach the lungs and death will soon follow. If a child is talking, crying and/or coughing, then he/she is getting SOME air through the airway.
- As we discussed before, children's airways are different than adults. They are smaller and the structures are proportioned differently. For example, a child's tongue takes up more space in the mouth than an adult's tongue. A child's windpipe is narrower than an adult's which can lead to choking. These differences cause children to experience more airway and breathing problems when they are ill or injured.

T Use T12b-2 Now

## T12b-2 Anatomy of Airway

- Airway Open (picture)
- Airway Closed (picture)

An airway can be blocked by the tongue when a child is lying on his/her back. In fact, the tongue is the most common cause of a blocked airway in an unconscious person. When you encounter an unconscious child, it is critical that you open the airway. There are 2 *methods* which you can use. Either method will lift the tongue away from the back of the throat and make breathing possible again.

### T13-2 Head Tilt/Chin Lift

- Place hand on forehead & apply gentle, firm pressure to tilt head back.
- Place 1-2 fingers under bony part of jaw and lift chin forward.  
(picture)

### T14-2 Jaw Thrust (picture)

1. Use if head/neck injury is suspected.
2. Sit at child's head facing length of body.
3. Rest elbows on ground.
4. Grasp bony part of jaw and lift with both hands.

### T15-2 Checking Breathing

- 1) Look for chest to rise and fall.
- 2) Listen for breath.
- 3) Feel for air coming from nose and mouth.

#### a. The Head Tilt/Chin Lift

**T** Use T13-2 Now  
(demonstrate technique on a volunteer or mannequin if available)

1. Place one hand on the child's forehead and apply firm (but gentle), backward pressure with the palm to tilt the head back.
2. Place one or two fingers of the other hand (use one finger for an infant) under the bony part of the lower jaw near the chin and lift to bring the chin forward.
3. Do **NOT** press the fingers into the soft tissue under the chin. This may block the airway.
4. Do **NOT** use the thumb for lifting the chin.
5. Do **NOT** close the child's/infant's mouth completely.

#### b. Jaw Thrust Technique:

**T** Use T14-2 Now  
(demonstrate technique on a volunteer or mannequin if available)

1. Use this technique if head or neck injury is suspected.
2. Sit at the child's head facing the length of the body.
3. Rest your elbows on the same surface on which the victim is lying.
4. Grasp the bony part of the child's lower jaw and lift with both hands, one on each side.

After you open the airway using one of the methods, look in the mouth. In an injured or suddenly ill child, the airway can be blocked by mucous, blood, vomit or a foreign object like a small toy or a piece of food.

- If you see blood or vomit in the mouth, wear gloves, and try to wipe the mouth clear with a tissue or piece of cloth.
- If a foreign object is clearly seen in the mouth, remove it. We will cover what to do if a child is choking in Section 3 of the program.

#### **B = Breathing**

**T** Use T15-2 Now

After you open the airway, check for breathing. Sometimes opening the airway will help the child to start breathing again. Look, listen & feel for breath.

1. **Look** for the chest to rise and fall.
2. **Listen** for breath with your face close to child's nose and mouth.
3. **Feel** for air coming out of the child's mouth and nose with your face close to child's nose and mouth.

Chest movement alone does not mean that the child is breathing. Do not rely on any one sign. Remember to keep the airway open.

**If child is breathing**, check the quality of the breathing. Does breathing seem normal for this child or is it rapid, shallow or labored? Is the child gasping for air or wheezing etc.? Abnormal breathing tells you that something is wrong.

## T16-2 Circulation

### 1) Pulse

- Infant (< 1 year) - arm
- Child (> 1 year) - neck

### 2) Bleeding

## Protecting the Airway

- If the child is unconscious due to an illness or medical condition (i.e. the child has not been injured) and you see, hear and feel that the child is breathing, you may roll the child onto his/her side. This will help to protect the airway from the tongue or in case the child vomits. **NOTE: ONLY TURN THE CHILD ONTO THE SIDE IF THE CHILD HAS NOT BEEN INJURED AND IS INJURED.**
- If the child is unconscious due to injury, and IS breathing, do NOT move the child. Continue to perform the jaw thrust to keep the airway open until help arrives.

## C = Circulation

T Use T16-2 Now

For C = Circulation, there are two steps: checking the pulse to see if the child's heart is beating and checking for severe bleeding.

### a. Pulse

You only need to check the pulse if the child is not breathing. If the child is breathing, then the heart must be beating. If the child is not breathing, check the pulse. There are two methods that you can use to check. Which method you use depends on the age of the child.

1. **If the child is less than one year old**, check the pulse by placing 2 fingers (**NOT** the thumb) on the inside of the infant's arm between the elbow and the shoulder (brachial pulse).
2. **If the child is one year old or older**, check the pulse by placing two fingers on either side of the neck, below the jaw (carotid pulse). Do **NOT** use your thumb.

▶ **Note to Instructor:** Ask the participants to locate and feel their own carotid pulse now. Allow about 1-2 minutes for this.

Feel for a pulse for **about 10** seconds. While checking the pulse, remember to keep the airway open by keeping gentle pressure on the child's forehead.

### b. Bleeding

Is the child bleeding severely? Without moving the child, check the child's body quickly for blood. Look for blood soaked clothing or pools of blood near the child. Bleeding is severe if blood is spurting or flowing freely from a wound or if you can not stop it. We will cover how to control bleeding later.

If you find that the child is not breathing and/or is bleeding severely, **CALL EMS!**

### T17a-2 ABC's

- With any serious illness or injury, always start with ABCs
- Continue to monitor because they can change.

### T17b-2 Monitoring the ABC's in a Conscious Child/Infant. Look for:

#### A= Threats to Airway

- Vomiting (could block airway)
- Severe congestion in the nose/throat

#### B = Breathing Difficulties

- Wheezing (high-pitched sound)
- Increased use of stomach/chest muscles.
- Short, rapid or shallow breaths
- Flaring (widening) nostrils
- Excessive coughing
- Turning blue around the mouth or nailbeds.

#### C = Circulation Problems

Severe bleeding

### **Importance of the ABC's**

**T Use T17a-2 Now**

- Whenever you have an unconscious child or a child with altered consciousness, check the ABC's first. DO NOT start any other first aid until you have checked them. By checking them, you will be able to identify the conditions most in need of immediate care.
- It is also important to keep checking the ABC's because they can change.

### **Monitoring the ABC's in a Conscious Child/Infant**

**T Use T17b-2 Now**

- If the child is not seriously injured or is awake, alert and talking or crying, check the ABC's by simply watching and talking with him/her. Ask yourself:
  - A.** Is the airway in danger of being blocked by anything such as vomit, blood, severe congestion/mucous? Is something partially blocking the airway?
  - B.** Does breathing seem normal or are breaths rapid, short and shallow or labored? Is child wheezing or turning blue? Basically, does breathing seem ABNORMAL?
  - C.** Is child bleeding severely?
- If you feel that any of the ABC's may be at risk, call EMS.
- If the child becomes unconscious or has any loss of consciousness, closer observation and monitoring of the ABCs, as we discussed a moment ago, will be necessary.

### **Practicing the Primary Survey (Time Permitting)**

Please practice the primary survey skills with a partner and I will walk around to see how you are doing and answer any questions. Later we will discuss what to do if a child is not breathing, but for now I just want you to practice checking the ABCs. I encourage you to use

**H** Handouts H8-2 - H11-2 as a reminder of the information.

## **#3-Accessing EMS (15 minutes)**

### **Introduction**

- Earlier, we discussed when a situation is serious enough that you should call for emergency help. Your first two Emergency Action Principles (EAP), "Survey the Scene" and "Primary Survey" will give you information you need to decide if the situation is life-threatening and EMS should be called. EAP #3 is about accessing EMS. You will be given information about what to expect when you call and what types of questions may be asked.
- Hopefully, in most emergency situations, there will be other trained adults who can provide assistance. If there are other adults nearby, shout for help and send one of them to call EMS. If you are alone, you may have to call EMS yourself. In either case, it is important to have answers to the necessary questions that may be asked by EMS.

**H10-2 Emergency Action  
Principle #3:  
Accessing EMS**

**T18-2 When you call EMS...**

- Speak calmly and clearly
- DON'T HANG-UP until the dispatcher tells you to.

**Expect the following:**

- What is the emergency?
- What is your name and where are you calling from?
- Where is the emergency?
- How old is the victim?

**You may also be asked:**

- How many victims are there?
- Is the victim awake?
- Is the victim breathing?
- Is there severe bleeding?
- What are the injuries?

**A2-2 Calling EMS.**

**When you call EMS...**

As we discussed a few moments ago, having the emergency phone number and directions to your center near all phones, are essential parts of an emergency plan. I will now provide you with some information that will prepare you for calling EMS. **H** Please see Handout H10-2.

Calling EMS may seem like a very easy task. But think about how you might be feeling in a true emergency. Your adrenaline will be pumping and your heart racing. You may be very nervous and possibly emotional. This is all normal. It may seem difficult to think clearly. If you find yourself feeling really nervous:

- Take a deep breath.
- Try to stay in control and remember what you have learned.
- Help the child. Action can have a calming effect.

I am now going to provide a demonstration of what is likely to happen if you call EMS. The two most important things to remember are:

- Speak calmly and clearly.
- DON'T HANG-UP until the dispatcher tells you to. She may need additional information or need to give you instructions.

**T Use T18-2 Now**

**► Note to Instructor:**

- Ask for a volunteer to simulate with you a caller and EMS dispatcher in an emergency situation. You will be the dispatcher and the volunteer will be the caller.
- Display T18-2 while the simulation occurs.
- You will ask the following "Dispatcher" questions while the volunteer will have the caller information to answer your questions. Do not allow the caller to hang-up until you have obtained all the information that the dispatcher may need.
- You may wish to stand back-to-back to simulate the call.
- **A Distribute A2-2 to the volunteer caller.**

**EMS Dispatcher:**

1. What's the emergency?
2. What is your name and where are you calling from?
3. Where is the emergency (i.e. where can the child be found?)
4. How old is the victim?
5. Is the victim conscious?
6. Is the victim breathing?
7. Does the child have a history of allergy to stings? Is there any medication available?
8. What has been done or is being done for the victim.
9. Do you know how to perform rescue breathing?

**Caller:**

- ⇒ You are at your center on a summer day (use your center's address).
- ⇒ Dave, a 5-year old, approaches you after playtime one day. He appears to be acting strange. As he approaches, you see that his face is swollen and hives are forming all over his body. He is starting to wheeze (make a high-pitched sound during breathing out).
- ⇒ He tells you that he has been stung by a bee. You think that he is having a severe allergic reaction to a bee sting. You do not know Dave to have a history of allergy but his symptoms are very concerning as they are affecting his breathing.
- ⇒ You have no medication for Dave's condition.
- ⇒ You have completed a first-aid and a CPR course and are prepared to give rescue breathing and CPR if necessary.
- ⇒ You take Dave with you and call EMS.

► **Note to Instructor:**

- *Once you have the essential information, end the call by stating that EMS is on the way.*
- *After completing the simulation, ask the participants if they have any comments or questions about accessing EMS.*
- *Conclude by highlighting the following points.*

As a person trained in first-aid, you should continue to provide care to the child and send another prepared adult to call EMS. You will want to make sure that the person you send has answers to the questions listed in H10-2.

Also, send an adult to find the child's file. The file should contain parent/guardian contact information and physician phone numbers and may contain information about the child's condition which will be important for the EMS personnel to know.

## #4- Secondary Survey (10 minutes)

### H11-2 Emergency Action Principle #4: Secondary Survey

#### T19-2 Secondary Survey Overall Impression

- Find out what is wrong. Talk to the child and bystanders
- Does breathing seem normal
- Does the color of the skin look normal?

#### T20-2 Secondary Survey Toe-to-Head Exam

- Tell the child what you are doing.
- Move from Toe-to-Head looking for anything unusual.
- Look for bleeding, cuts, swelling, bruises, etc.
- Check the legs and feet.
- Check the arms and hands.
- Check the shoulders, chest & stomach.
- Check the face, ears, nose and mouth.
- Write down what you find.

#### Introduction

- Our last emergency response step is called the secondary survey. This step, like the primary survey, is an assessment step. It will help tell you what is wrong. **H** The steps are listed in Handout H11-2.
- If the child has a life-threatening condition, for example, the child is not breathing or is bleeding severely, do NOT perform a secondary survey. Call EMS and care for the life-threatening condition instead.

#### Secondary Survey

► **Note to Instructor:** Demonstrate the secondary survey with a volunteer or mannequin (if available) while you explain the steps using the following notes.

##### a. Overall Impression

**T** Use T19-2 Now

- Talk to the child and/or any bystanders. Find out what is wrong.
- An injured child or infant may be frightened. Try to stay calm and reassure the child. Tell the child that you are there to help. Ask the child “What happened?”, “Where does it hurt?” or say, “Point to where it hurts.”
- As the child talks, pay attention to breathing. Does it seem normal OR is the child gasping for air or breathing very quickly?
- Does the color of the child’s skin look normal OR does it seem pale, bluish or flushed? Is the child sweating a lot?

##### b. The Toe-to-Head Examination

**T** Use T20-2 Now


- Tell the child what you are going to do. Say something like, “I’m going to see where you are hurt now so I can help you.”
- Start at the feet and move to the head, looking for anything which feels or looks unusual to you or causes the child pain. Calmly talk to the child as you are examining him/her.
- Look for bleeding, cuts, bruises, swelling and deformities.
- Ask if the child can bend his/her leg and wiggle the toes to check the child’s legs and feet. Check one leg at a time.
- Ask if the child can bend his/her arm and wiggle the fingers to check the child’s arms and hands. Check one arm at a time.
- Ask the child to take a deep breath and blow it out slowly to check the stomach and chest.
- Ask the child to shrug his/her shoulders.
- Check the child’s head, face, ears, nose and mouth. Look for blood or other fluid in the child’s ears, nose or mouth.

**Write down any information the child gives you as well as anything unusual that you find during your exam** so that you can give the information to EMS personnel or the parents. If you find injuries, give first-aid and call EMS, if needed. If you are not sure how serious the condition is, call EMS.

Things to keep in mind before examining:

1. Call EMS if you think the child has a head, neck, or back injury.
2. Do **NOT** ask the child to move any area that is painful.
3. Do **NOT** press on any area that the child says is painful.

**Practicing the Secondary Survey (Time Permitting)**


Please practice the secondary survey with a partner. I will be available to answer any questions.  Use Handout H11-2 as a reference.

**D. Topic:  
Assessment  
(3 minutes)**

**T21-2 Daily Assessment**

- Behavior changes - Is the child acting “normal”?
- New injuries which occurred at home. Document these. You may need to monitor condition.
- Anything else which seems abnormal for that child.

**Daily Assessment**

 **Use T21-2 Now**

- The assessment steps of the Emergency Action Principles - in particular the secondary survey, can be applied to any injury - even injuries which occurred at home. When children arrive at the center, assess their general condition. Look for:
  1. Behavior changes - Is the child acting “normal” for this child?
  2. New injuries - document any new injuries which occurred at home. This is important as you may need to provide first-aid or monitor conditions throughout the day. It will also help to protect the center from liability as you will be able to document that the injury was present when the child arrived and did not occur at the center.
  3. Anything else which seems abnormal for that child.
- This assessment may help you recognize problems occurring at home. It may give you clues about whether a child is being abused or neglected. It will help you determine if the parent needs some injury prevention information.
- Discuss your concerns and/or questions with the parent/guardian. If you believe it to be in the best interest of the child and/or parent, recommend the parent meet with the center administrator before departing for the day. These actions help to promote the child/parent/center partnership in meeting the child’s needs.

## E. Topic: Infection Control (5 minutes)

### ***Introduction to Infection Control***

Some people do not want to help an injured person because they fear infection from a contagious disease. This portion of the program will cover precautions you can take to protect yourself from infection.

### ***Use Infection Control Precautions with Everyone***

In order to be infected with anything, you must be exposed to someone who is carrying an infection, like a virus or bacteria. Most times, you can't tell by looking if someone is carrying an infection. Therefore, it is important to use precautions when providing first-aid to anyone. This idea is called universal precautions. Universal precautions will help protect you and the children in your care.

### ***Be Prepared***

Protecting yourself from infection can be easy. In fact, proper handwashing is the #1 way to prevent the spread of infections. Using latex gloves when providing first-aid is another effective way to protect yourself. Gloves can be purchased in bulk. *Avoid using latex if staff or children have latex allergies. Gloves are sold in other materials.*

### ***T H Use T22-2 now and refer participants to H12-2***

- Wash hands thoroughly:
  1. after physical contact with any body fluids (even if gloves have been worn).
  2. before and after eating or handling food.
  3. after cleaning.
  4. after using the restroom.
  5. after changing diapers.
- Wear latex gloves or use another type of barrier such as a plastic bag when in contact with blood and other body fluids.
- If possible, wear protective eyewear when body fluids may come in contact with eyes (e.g. squirting blood).
- Wipe-up blood or body fluid spills as soon as possible (wear gloves). Bag the trash in a plastic bag and dispose of immediately. Clean area with a bleach solution or approved disinfectant (1 part liquid bleach to 10 parts water).
- Send all soiled clothing (i.e. clothing with blood, stool or vomit) home with the child in a plastic bag.
- Do not eat, or touch your mouth or eyes, while giving any first aid.

### **Infection Control Guidelines for Children**

- Remind children to wash hands after coming in contact with their own blood or body secretions.
- Remind children to avoid contact with another person's blood or body fluids.

**H** Please refer to **Handout H13-2** for information on correct hand washing.

## H12-2 Infection Control

### **T22-2 Infection Control**

- Wash hands thoroughly.
- Wear gloves.
- Wear protective eyewear if possible.
- Wipe-up any blood or body fluid spills.
- Send soiled clothing home in a double-bagged plastic bag.
- Do not eat, or touch your mouth or eyes while giving first-aid.
- Have children wash hands often & avoid other's blood or body fluids.

## H13-2: How to Wash Hands

