

SECTION 3. OVERVIEW

RESPONDING TO BREATHING EMERGENCIES, BLEEDING & SHOCK

Objectives: Participants will be able to:

- Explain and perform shock first-aid
- Explain and perform the steps of controlling bleeding
- Describe the steps involved with first-aid for infant and child choking and practice the motions
- Describe the steps involved with infant and child rescue breathing and practice the motions

Topics:

- A. Shock & Bleeding (10 minutes)
- B. Breathing Emergencies (50 minutes)

Handouts Available:

- H1-3 = Shock First-aid
- H2-3 = Controlling Bleeding
- H3-3 = Nosebleeds
- H4-3 = Prevention of Breathing Emergencies
- H5-3 = CPR for Children
- H6-3 = CPR for Infants
- H7-3 = Choking (Conscious)
- H8-3 = SIDS in Child Care Setting

Transparencies/Slides Available:

- T1-3 = Causes of Shock
- T2-3 = Shock prevention
- T3-3 = Shock Signs/Symptoms
- T4-3 = First-aid for Shock
- T5-3 = Controlling Bleeding
- T6-3 = Nosebleeds
- T7-3 = CPR is important!
- T8-3 = Causes of Breathing Emergencies
- T9-3 = Choking/Suffocation Hazards
- T10-3 = Obstructed Airway
- T11-3 = Examples of Choking Hazards
- T12-3 = Examples of Choking Hazards
- T13a-3 = Prevention of Breathing Emergencies
- T13b-3 = Prevention of Breathing Emergencies (Continued)
- T14-3 = Signs of Breathing Emergencies
- T15-3 = First-aid when victim is getting SOME air
- T16-3 = Rescue Breathing
- T17-3 = Differences for Infants
- T18-3 = Differences for Adults
- T19-3 = Choking: Conscious Child or Adult
- T20-3 = Choking: Unconscious Child or Adult
- T21-3 = Choking: Conscious and Unconscious Infant
- T22-3 = Sudden Infant Death Syndrome (SIDS) Background
- T23-3 = SIDS Risk Reduction

SECTION 3. RESPONDING TO BREATHING EMERGENCIES, BLEEDING & SHOCK (1 HOUR)

Topics & Training Strategies	Trainer Notes
<p>A. Topic: Shock & Bleeding (10 minutes)</p> <p>T1-3 Causes of Shock Most common causes:</p> <ul style="list-style-type: none"> • Internal and external blood loss. • Fluid loss from vomiting, sweating, diarrhea or burns. <p>Call EMS if you suspect shock.</p> <p>T2-3 Shock prevention should be started with:</p> <ul style="list-style-type: none"> • Broken bones • Serious burns • Bleeding • Head, neck or back injuries <p>T3-3 Signs & Symptoms</p> <ul style="list-style-type: none"> • Confused or light-headed • Agitated or restless • Sleepy or losing consciousness • Large amount of bleeding • Severe pain or swelling • Pale, cool, or clammy skin • Rapid, weak pulse • Weakness • Nausea and vomiting 	<p>Introduction to Section 3. In the next hour, we will be focusing on more specific situations of emergency response. A large portion of this hour will be devoted to breathing/respiratory emergencies. We will start this part of the program by talking about shock and bleeding.</p> <p>Background Information: Shock is the loss of enough blood and fluid that parts of the body become deprived of needed nutrition and oxygen. Shock has many causes but it is the final result of many severe illnesses and injuries. SHOCK IS A LIFE-THREATENING PROBLEM IF UNTREATED. It is a frequent cause of death in children. Learning to recognize the early warning signs of shock could help you save a life.</p> <p>Common Causes T Use T1-3 Now <u>The most common causes of shock are:</u></p> <ul style="list-style-type: none"> • Blood loss (internal and external) - even if you don't see bleeding, a child could have internal injuries. • Fluid loss from severe vomiting, diarrhea, sweating, or burns <p><u>Other causes include:</u></p> <ul style="list-style-type: none"> • Severe allergic reaction • Severe infection • Poisoning or drug overdose <p>We will discuss first-aid recommendations for these conditions later.</p> <p style="text-align: right;">T Use T2-3 Now</p> <p><u>Shock prevention steps should be started with the following injuries:</u></p> <ul style="list-style-type: none"> • Broken bones • Serious burns • Bleeding • Head, neck or back injuries <p>Signs and Symptoms of Shock T Use T3-3 Now</p> <ul style="list-style-type: none"> • Confusion or light-headedness • Agitation or restlessness • Sleepiness or loss of consciousness • Sudden or large amount of bleeding • Severe pain or swelling of trunk, arm or leg • Pale, cool, or clammy skin • Rapid, weak pulse • Weakness • Nausea and vomiting

► **Note to Instructor:** Demonstrate first-aid for shock with a volunteer or mannequin if available. Display **T4-3** as you demonstrate.

T4-3 First-aid for Shock

- Wear gloves.
- Perform the Emergency Action Principles. Check ABC's.
- DO NOT MOVE child if neck or head injury is suspected.
- Have child lie down and elevate feet 8-12 inches.
- Keep child warm, but not hot.
- Loosen tight clothing.
- Call OEMs.
- Contact parents/guardians
- If you know cause of shock, see first-aid recommendations for that condition.
- DO NOT give anything by mouth.

H1-3 Shock

H2-3 Bleeding

T5-3 Bleeding First-aid

- Wear gloves
- Perform the EAPs.
- Apply firm, direct pressure with palm of hand using gauze pads. If bleeding continues, add more pads to wound. DO NOT remove used compresses.
- Elevate injured area, if possible, unless it will cause further injury.
- Uncontrollable bleeding can lead to shock. Call EMS.
- DO NOT USE A TOURNIQUET.
- Bandage the wound firmly but do not cut off circulation after bleeding is controlled.

First-Aid for Shock

T H Use T4-3 and H1-3 Now

- Wear gloves when exposed to blood or body fluids.
- Perform the Emergency Action Principles. Check ABC's.
- DO NOT MOVE child if neck or head injury is suspected.
- Allow child to find a position of comfort, preferably lying down with feet elevated 8-12 inches.
- Keep child warm, but not hot. Cover child with a light blanket.
- Loosen tight clothing.
- Call EMS. Shock is life-threatening.
- Contact parents/guardians immediately.
- If you know the cause of the shock, refer to first-aid guidelines for that condition. For example, if child has a severe cut which is bleeding a lot, control the bleeding (more on bleeding shortly).
- DO NOT give anything by mouth.

► **Note to Instructor:** Demonstrate how to control bleeding with a volunteer. Use gauze pads and gloves to make demonstration more realistic. Display **T5-3** as you demonstrate.

Controlling Bleeding

T H Use T5-3 and H2-3 Now

- Wear gloves whenever exposed to blood or body fluids.
- Perform the Emergency Action Principles. Check the ABCs.
- Apply firm, direct pressure on the wound with palm of hand using a compress of gauze pads. If wound continues to bleed, add more pads to wound. Do not remove compress already in place. *EMS personnel may remove compress when they arrive but you should try to leave them in place until EMS arrives.*
- Gently support and elevate injured area, if possible, unless it will cause further injury.
- In most cases, bleeding can be controlled with direct pressure. If you are unable to control the bleeding (e.g. it is spurting, pulsing or flowing freely) or if the wound is excessively deep or wide or has foreign objects imbedded, call EMS. These wounds should be seen by a doctor immediately.
- Remember that uncontrollable/severe bleeding can lead to shock which is a life-threatening condition. Call EMS.
- DO NOT USE A TOURNIQUET.
- Bandage the wound firmly but do not cut off circulation after bleeding is controlled.

► **Note to Instructor:** *Time permitting, quickly demonstrate how to take care of an amputation. Use plastic bags and gloves. Explain the steps as you demonstrate.*

If an amputation has occurred:

- Call EMS
- Wear gloves and control bleeding with direct pressure as described before.
- Place detached part in a plastic bag and tie the bag. Put the bag in a container of ice water. Send bag to the hospital with child.
- DO NOT PUT AMPUTATED PART DIRECTLY ON ICE.

H3-3 Nosebleeds

T6-3 First-aid for Nosebleeds

- Wear gloves
- Place child sitting down with head leaning slightly **forward**.
- **Do NOT lean child backward or tilt head backward.**
- Do NOT have the child blow, wipe or rub the nose.
- Ask child to breathe through mouth.
- If blood is flowing, pinch nostrils shut for 10-15 minutes. Apply ice to nose.
- If bleeding does not stop in 15 minutes, contact parents and seek medical attention.

First-aid for Nosebleeds

T H Use T6-3 and H3-3 Now

- Wear gloves
- Place child sitting down with head leaning slightly forward.
- Do not have the child tilt her head backward.
- Do NOT have the child blow, wipe or rub the nose.
- Ask the child to breathe through the mouth.
- If blood is flowing freely from the nose, pinch both nostrils shut with thumb and forefinger. Provide constant pressure for about 10-15 minutes. Apply ice to nose.
- If bleeding does not stop within 15 minutes or if nosebleeds are frequent, contact parents/guardians and seek medical attention.
- If child has suffered a head injury, do NOT move child and follow recommendations for head injuries. Use the jaw thrust to open the child's airway.

B. Topic: Breathing emergencies (50 minutes)

Background Information:

- At this point in the program we will be focusing on problems affecting the breathing system of infants and children.
- Breathing emergencies are common in children. If a child or infant is having difficulty breathing or is not breathing, this is a breathing emergency. *A breathing emergency is life-threatening.*
- Children are likely to suffer from breathing emergencies much more often than adults. If a child's heart stops (cardiac arrest), it is usually the result of a breathing emergency. That is, the breathing emergency usually causes the heart stoppage. Therefore, it is so important to know what to do for a child who is having difficulty breathing or who has stopped breathing. By knowing what to do, you could very well save a child's life.
- Earlier in the program, we learned about how to open an airway and look, listen and feel for breathing. We will now talk about what to do if you find that a child has stopped breathing or is choking.

T7-3 CPR is important!

T8-3 Causes of Breathing Emergencies

- Choking
- Electric shock
- Near drowning
- Head injuries
- Poisoning
- Asthma
- Severe allergic reactions

T Use T7-3 Now.

► Note to Instructor: Read the following statement aloud.

I (we) strongly recommend that all day care personnel successfully complete a course in CPR (Cardiopulmonary Resuscitation). This course will in no way take the place of a formal CPR course. It will try to familiarize the day care provider with the recognition and emergency management of breathing difficulty, choking and cardiopulmonary arrest in infants and children.

T Use T8-3 Now

Common causes of breathing emergencies in infants and children

- **Choking** - Children's airways - the path which air travels from the nose or mouth, through the windpipe (or trachea), and into the lungs - are smaller than adults. This means that objects are more likely to lodge in the airway, causing choking. A child's tongue also takes up more space in the mouth and throat This is why it is so important to open a child's airway to lift the tongue away from the back of the throat.
- **Serious injuries** such as electric shock, near drowning, poisoning or injuries from a car crash.
- **Illness and medical conditions** such as asthma or severe allergies.

Choking and suffocation hazards:

- Choking or suffocation hazards in child care occur most frequently in those children under one year of age. The crucial time for concern is the first 3 years of a child's life. During these years the child is less able to move himself/herself from a suffocation hazard (such as an infant on a pillow) and their teeth, mouth and throat muscles are not fully developed to prevent choking hazards. While we typically think of choking as being a mealtime hazard, there are other high risk areas and times.
- Let's take a moment to think about some of the hazards that exist in a child care setting that might lead to choking, strangulation or suffocation. Think about your own center. What could be hazardous to a child?

► Note to Instructor: Allow participants to respond and list responses on the board/overhead. After participants have responded, use T9-3 to present hazards that have caused breathing emergencies in children. (Limit to 4 minutes)

T9-3 Choking & Suffocation Hazards

- Left in their high chairs unsupervised.
- Sliding boards by drawstrings on coats.
- Rattles around neck.
- Ribbons/strings on pacifiers
- Drapery and appliance cords near infants
- Toys small enough to lodge in child's airway.
- Toy boxes with a drop lid
- Space between slats of cribs, play equipment or banisters
- Large pieces of food
- Water, even small amount
- Diaper bags/plastic bags near cribs or within reach of child

T10-3 Obstructed Airway (Choking) Picture

T11-3 Examples of Choking Hazards (picture)

T12-3 Examples of Choking Hazards (picture)

T Use T9-3 Now

Children have also been suffocated, strangled or choked by:

- Being left in their high chairs unsupervised. A child can attempt to slide out of the chair and become caught between the tray and chair which can lead to strangulation.
- Drawstrings on coats, jackets or sport clothing.
- Rattles tied around the neck.
- Ribbons or strings on pacifiers
- Drapery and appliance cords near infants
- Toys small enough to lodge in a child's airway
- Toy boxes with a drop lid
- Space between slats of play equipment, banisters, fences
- Pieces of food that are large enough to lodge in a child's airway. (pieces of hot dog have caused choking in children)
- Water, even a small amount such as a bucket.
- Diaper bags or plastic bags near cribs or within reach of children.

T Use T10-3 Now

As I (we) mentioned a moment ago, children's airways are smaller than adults. This picture shows what happens when a small item becomes lodged in a child's airway. The obstruction is preventing air from entering the child's lungs.

T Use T11-3 Now

The small items (hot dogs, bubble gum, hard candy, marbles, grapes, small toys, etc.) in the picture present choking hazards to children who are 3 years of age and younger. Take a look at the items in the picture. Can these or similar objects be found in your center?

T Use T12-3 Now

This picture presents more choking hazards. Take a moment to study the picture.

Prevention of Choking and Suffocation:

Based on your experiences with your own children or the children in your care, what are some tips that you could recommend to help prevent choking, suffocation or strangulation? Think about the injury triangle and remember the problem behaviors and environments.

► **Note to Instructor:** Allow participants to respond and list responses on the board/overhead. After participants have responded, use T13a-3 and T13b-3 to present any prevention recommendations that were not mentioned by participants. This will help to reinforce their positive responses and fill-in any gaps.

T13a-3 Prevention

- **SUPERVISION!**
- Supervise children when eating and in high chairs.
- Check floor regularly for objects that may cause choking.
- Don't prop bottles.
- Dispose of any plastic bags in child-proof containers.
- Have only age-appropriate toys. within children's reach.

T13b-3 Prevention

- Give age-appropriate foods .
- Avoid feeding round foods such as hot dogs and hard candy.
- Encourage children to eat slowly and to chew and swallow before drinking beverages.
- No strings or ribbons around children's necks.
- NEVER leave young children alone with water.

H4-3 Preventing Breathing Emergencies

The following list presents additional prevention recommendations

T Use T13a-3 Now

- Adequate supervision is probably the most effective prevention tip for breathing emergencies.
- Always supervise children when they are eating and in high chairs.
- Check the floor regularly for small toys or objects.
- Don't prop bottles.
- Dispose of any plastic bags in child-proof containers.
- Allow only age-appropriate toys. If you have children of varying ages in your center, you will need to supervise the young children very closely to ensure that they are not playing with small toys or game pieces, etc. The best prevention is to make certain that choking hazards are no where to be found by children 3 and under. Products such as choke tubes/small object testers can be purchased for less than \$2.00 These items can help you determine if an object is too small for a child 3 years and under to have.

► **Note to Instructor:** *If possible and time permitting, bring a small object tester and demonstrate its use with various objects.*

T Use T13b-3 Now

- Give children age-appropriate foods and cut foods into small pieces for young children.
- Avoid feeding round foods such as hot dogs and hard candy.
- Encourage children to eat slowly and to chew and swallow completely before drinking beverages.
- Do not allow strings or ribbons to be tied around children's necks.
- NEVER leave young children alone with water. This includes buckets, toilets, bathtubs, swimming pools, fountains, etc.

Much of the information on preventing breathing emergencies which we just discussed is summarized for you in **H** handout H4-3.

T14-3: Signs of breathing emergencies

- Wheezing.
- Coughing w/small toy or food.
- Can't speak/ cough/breathe
- Flaring nostrils
- Clutching throat or wild gestures
- Blueness around the face
- Excessive drooling
- Agitation
- Loss of consciousness (late sign)
- Sitting up, leaning forward
- Head bobbing with each breath

T15-3 First-aid when child is getting SOME air:

- Shout for help and send someone to call EMS.
- Stay calm and calm child.
- Allow child to choose position of comfort.
- Stay and watch child closely for worsening of symptoms

Signs of breathing emergencies in infants and children

A child needs help if you observe these signs: T **Use T14-3 Now**

- Making a “wheezing” (high pitched) sound.
- Coughing while eating or playing with small toy.
- Inability to speak, cough, or breathe
- Flaring nostrils
- Clutching throat, or gesturing wildly
- Blueness around the face
- Excessive drooling
- Agitation
- Unexplained loss of consciousness (late sign)
- Sitting up, leaning forward
- Head bobbing with each breath

First aid for an infant or child who is experiencing breathing difficulty or choking:

When a child is having a breathing emergency, you will first need to determine how serious the condition is. The severity of the situation will tell you what type of first aid you need to give.

When Child is Getting SOME Air



Use T15-3 Now

When a child is having difficulty breathing for whatever reason, BUT is getting SOME air, first aid will differ from the situation when a child is not able to get any air. If a child is crying, coughing or speaking, the child is able to get SOME air. The most important things to do in this situation are to:

- Shout for help and send someone to call EMS. If no one is available, call EMS yourself.
- Stay calm. Try to calm the child. Tell child that you will get help.
- Allow the child to choose the position in which he/she is most comfortable. He/she will do this naturally.
- Stay or have another adult stay with the child until help arrives. Watch the child closely for worsening of symptoms.
- If you know the cause of the breathing difficulty, for example the child is having a severe allergic reaction or the child has asthma, then follow the first-aid recommendations for those conditions.

When Child is NOT Getting Any Air

When a child is unable to breathe at all or stops breathing on his/her own, rescue breathing is the first-aid which should be given. To do rescue breathing, you will breathe air from your own lungs into the child's lungs. This air contains more than enough oxygen to keep the child alive. In essence, you will be breathing for the child. I will now provide you with instructions and a demonstration of rescue breathing. Then, I will ask you to practice these skills with a partner. You will not actually be breathing into your partner, you will just practice the motions. I will show you as I explain the steps.

► **Note to Instructor:** Ask for a volunteer and demonstrate rescue breathing and first aid for choking with the volunteer (motions only). Explain what you are doing using the following notes as you demonstrate. Show and explain techniques for children. Then show the important differences in technique for infants and adults.

T16-3 Rescue Breathing (Child)

Open Airway. Look, listen & feel for Breath. If child is not breathing:

- Send someone to call EMS.
- If child is not breathing, pinch nose shut, give 2 slow breaths
- If air does not go in, re-tilt head. Give 2 more breaths.
- Check pulse. If pulse, but no breathing, begin rescue breathing.: 1 every 3 seconds.
- Check breathing & pulse every minute.
- Continue as long as child is not breathing or until help arrives.
- If no pulse, give CPR.

H5-3 CPR for Children Over 1 Year

Perform the Emergency Action Principles.

T Use T16-3 Now

- Always survey the scene and perform a primary survey (Check level of consciousness and the ABC's.)
- Tap child on the shoulder and ask "Are you okay?" to determine unresponsiveness.
- Shout for help and send someone to call EMS.
- Position the child on his/her back (be careful if you suspect neck or back injury). We will cover this later.
- Open airway with the head-tilt chin lift or jaw thrust .
- Check breathing. (look listen and feel for breath).

Rescue Breathing Child

H Refer participants to H5-3

- If child is not breathing, you will give 2 slow, small breaths (1 to 1-1/2 seconds/breath).
- Look for the child's chest to rise and fall. Listen and feel for air coming out of the child's nose and mouth.
- If air doesn't go into lungs, gently re-tilt head farther back. Give 2 more breaths. If air still doesn't go in, then you will follow procedures for choking. We will talk about this in a moment.
- If air does go in, then you will check the child's pulse by placing 2 or 3 fingers at the side of the neck for 5 to 10 seconds. If there is a pulse, but no breathing, begin rescue breathing. Give 1 breath every 3 seconds. You want to be giving breaths at a rate of about 20 per minute.
- After one minute, check breathing again by looking, listening and feeling. Call EMS unless someone has already done so.
- Check the pulse for about 3-5 seconds. If no breathing, but there is a pulse, continue rescue breathing at about 1 breath every 3 seconds. Check pulse and breathing every minute (about every 20 breaths).
- If breathing starts, keep the airway open. Keep checking breathing and pulse closely. Keep the child warm and as quiet as possible until EMS arrives.

H6-3 CPR for Infants Under 1 Year

T17-3 Differences with Infants

- Open airway using only one finger to lift the chin.
- Check pulse by placing 2 or 3 fingers on the inside of the infant's upper arm, between the elbow and the shoulder.
- Seal your lips tightly around the mouth AND NOSE to make sure that you form a seal.
- Blow less to make the chest rise and fall. Blow slowly and watch for the chest to rise.

T18-3 Differences with Adults

- Give 1 breath every 5 seconds (about 12 per minute).
- May need to blow more air to make chest rise and fall. Blow slowly and watch for the chest to rise.

H7-3 Choking

Rescue Breathing - continued

Infant T H **Use T17-3 and refer participants to H6-3 Now**

The main differences in providing rescue breathing to an infant are:

- open the infant's airway by using only one finger to lift the chin. Lift bony part of the chin. Do not push on the soft parts under chin.
- check the pulse by placing 2 or 3 fingers on the inside of the infant's upper arm, between the elbow and the shoulder.
- seal your lips tightly around the infant's mouth AND NOSE to make sure that you form a seal and air will not escape.
- You will need to blow less air into the infant to make the chest rise and fall. This is because an infant's lungs are smaller and the infant does not require as much air. Blow slowly and watch for the chest to rise.

Adult

T **Use T18-3 Now**

For adults, use the same procedure as you would use for children.

The only differences are that:

- you give one breath every 5 seconds (about 12 per minute).
- you may need to blow more air into an adult to make the chest rise and fall. Again, blow slowly and watch for the chest to rise.

Participants Practice Rescue Breathing Skills with a Partner (time permitting)

You will now have the opportunity to practice rescue breathing with a partner. You will not breathe into your partner. You will just practice the motions as I did when I demonstrated. I will be here to answer questions.

► **Note to Instructor:** Try to observe all the pairs if possible. Offer feedback to improve skills and reinforce correct technique.

Choking

A choking person will usually be conscious at first. If the airway is blocked for too long, the person will become unconscious as the brain is deprived of needed oxygen. Because of this, we will talk about choking first-aid for both conscious and unconscious victims. We will also cover infant and child procedures as they differ slightly.

H **Handout H7-3** reviews the steps for you.

- If someone is conscious and showing warning signs of choking as we discussed earlier: unable to speak, cough or cry, grabbing throat, face turning blue, or drooling; you will perform the following steps. We will talk about what to do for a child or an adult as the steps are the same. Then we will discuss what to do for an infant.

T19-3 Conscious Child or Adult

- Ask “Are you choking?” If child can’t make any sound, continue.
- Stand behind child & place your fist against stomach above navel. Grasp fist with other hand.
- Give 5 quick upward thrusts.
- Continue until object is coughed up or until child becomes unconscious.
- If unconscious, follow the recommendations for an unconscious child.

T20-3 Unconscious Child or Adult

- Open the airway.
- Check breathing. If child is not breathing, give 2 slow breaths.
- If air will not go in, re-tilt head & try to give 2 breaths again.
- If air still won’t go in, give 5 abdominal thrusts.
- If object is seen in mouth, sweep it out with finger.
- Re-tilt head and give 2 breaths.
- If air goes in, give rescue breathing. Recheck breathing and pulse every minute.
- Continue to do abdominal thrusts and check child’s mouth until air goes in.

Choking - continued

- Remember, do NOT do anything except call for help and stay with the child if the child is getting SOME air (can talk, cough effectively, cry) OR if the obstruction is due to infection or a medical condition such as croup, asthma, an allergic reaction, etc. You may make the situation worse. With serious conditions, it is very important to gather information about the situation by surveying the scene and doing a primary survey before actually giving first-aid.

Conscious Child or Adult

T Use T19-3 Now

- Ask the child: “Are you choking?” If the child is unable to make any sound, then continue.
- Perform the Heimlich maneuver: Stand behind the child and place the thumbside of your fist against the middle of the stomach just above the navel. Grasp the fist with other hand.
- Give up to 5 quick upward thrusts.
- Continue until object is coughed up or child loses consciousness.
- If child becomes unconscious, follow the recommendations for an unconscious child. We will discuss these in a moment.

Unconscious Child or Adult

T Use T20-3 Now

If you discover an unconscious victim, you may not immediately know why the person is unconscious. There could be many reasons. It will not be obvious that the person is choking unless you saw him/her actually start to choke and become unconscious. In order to find out if an unconscious person is choking, you will need to perform the Emergency Action Principles. You will:

- Open the airway.
- Check for breathing. If the child is not breathing, you will give two slow breaths until chest rises.
- If air will not go in (chest will not rise), re-tilt the head back again to open the airway and try to give two breaths again.
- If air still won’t go in, place the heel of 1 hand on the child’s stomach above the middle of the navel and below the rib cage. Place the second hand on top of the first.
- Give up to 5 abdominal thrusts in an inward and upward motion.
- Lift the jaw and tongue. If a foreign object is seen, sweep it out with your finger. Do NOT perform a blind sweep of the mouth.
- Re-tilt the head and try to give two more breaths.
- If air goes in, give rescue breathing for a minute. Re-check breathing and pulse about once a minute. Continue to breath for the child as long as child is not breathing & pulse is present or until help arrives.
- Continue to perform abdominal thrusts and to check the child’s mouth until you are able to make air go into the child’s lungs. You will know that the obstruction has been cleared when the chest rises and falls with your breath.

T21-3 Conscious and Unconscious Infant

- Position infant face down on your arm, supporting the head.
- Give 5 back blows with heel of your hand between the infant's shoulder blades.
- Put infant face up on forearm.
- Using 2-3 fingers, give 5 chest thrusts on center of breastbone.
- Lift jaw and tongue. Sweep out object with finger if you see it..
- Tilt head. Try to give 2 breaths.
- Continue until object is coughed up, breaths go in, infant breathes on own.

Choking - continued

Conscious & Unconscious Infant

T Use T21-3 Now

- Position infant face down on your arm, supporting the head.
- Give up to 5 back blows with the heel of your hand between the infant's shoulder blades.
- Position infant face up on your forearm.
- Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone. (Make sure that fingers are NOT over the very bottom of the breastbone).
- Lift jaw and tongue. If you see foreign object, sweep it out with your finger.
- Tilt head back. Try to give 2 breaths.
- Continue these steps until object is coughed up, breaths go in, infant starts to breathe on his own or help arrives.
- The steps for an unconscious infant are about the same as for a conscious infant. The main difference is that with an unconscious infant, you will perform the Emergency Action Principles before attempting to clear the airway.

Participants Demonstrate Choking First Aid Skills with a Partner (Time Permitting)

You will now practice choking first-aid in the same manner that you practiced rescue breathing. With your chest thrusts, **practice the motions only**. Do **NOT** use force or you could cause injury to your partner. I will be here to observe and answer questions.

► **Note to Instructor:** Try to observe all the pairs if possible. Offer feedback to improve skills and reinforce correct technique.

Sudden Infant Death Syndrome (SIDS)

► **Note to Instructor:** Time permitting, continue with discussion of SIDS. If time is short, refer participants to **H8-3** to read on their own.

T22-3 Sudden Infant Death Syndrome (SIDS)

Background

- Sudden and unexplained death of infant under one year. Death usually occurs during sleep.
- Strikes about 5,000 babies each year in U.S.
- NOT the same as infant choking or suffocating on an object.
- Baby may seem healthy.

T23-3 SIDS Risk Reduction and Response

- Place infants on their backs or in a side-lying position in cribs. Do not place on stomach for sleep, unless baby's doctor says to.
- Use firm mattresses in cribs. Do NOT place soft or fluffy material under infant or near head.
- Keep baby room comfortably warm, but NOT HOT.
- Don't smoke around children.
- If infant stops breathing, perform rescue breathing and call EMS.

H8-3 Sudden Infant Death Syndrome

T Use T22-3 Now

Background

- SIDS is the sudden and unexplained death of an infant under one year of age. Death occurs quickly, usually during sleep time.
- SIDS strikes about 5,000 babies each year in the U.S.
- Usually the baby stops breathing for an unexplained reason. It is NOT the same thing as an infant choking or suffocating on an object. With SIDS, the cause of the breathing failure is unknown and the baby often seems healthy.

T Use T23-3

SIDS Risk Reduction

Now

- The American Academy of Pediatrics (AAP) recommends placing infants on their backs in cribs. Babies 1 year and under should NOT be placed on their stomachs when placed in their cribs to sleep, UNLESS the baby's doctor has recommended this due to the baby's unique condition such as gastro-esophageal (acid) reflux or certain upper airway problems.
- Babies can also be placed in a sidelying position, but the lower arm should be brought forward to prevent the baby from rolling onto his/her stomach.
- Use firm mattresses in cribs. Don't use fluffy blankets, foam pads, comforters, pillows, sheepskin or other soft surfaces under the baby. **NEVER place a baby on a waterbed to sleep.**
- Babies should be kept warm, but not TOO warm. Keep the temperature in the babies' room so that it feels comfortable to you.
- Never smoke around children of any age, especially children under 1 year of age.

First-Aid

- If you discover an infant who has stopped breathing, follow the recommended steps for rescue breathing which we just covered and as with any life-threatening situation, send someone to call EMS

This information on SIDS is summarized in **H** handout H8-3.

Use of Rescue Breathing Barriers

There are many inexpensive products available which serve as breathing barriers when one is providing rescue breathing. These barriers allow your breath to enter the victim's body but air will not pass the other way. These barriers help to prevent infections that may occur from direct mouth to mouth contact. If you have a barrier, keep it in your first-aid kit with other supplies. Use the same rescue breathing techniques that you would if you did not have a barrier.

► ***Note to Instructor:*** *Demonstrate use of breathing barrier if available and time permits.*