

SECTION 4. OVERVIEW

RESPONDING TO SPECIFIC INJURIES

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

- Describe how to use and practice using the emergency guideline handouts.
- Describe general prevention tips for passenger safety, falls, dental injuries, poisoning, burns and heat/cold emergencies.
- Use the emergency guidelines to describe important first-aid considerations for head, neck & back injuries, muscle & bone injuries, bites & stings, eye injuries, dental injuries, poisoning and burns.
- List the conditions under which it is absolutely necessary to move an injured child and describe how to safely move an injured child.

Topics

- A. Overview of Emergency Guidelines
- B. Passenger Safety
- C. Falls
- D. Head, Neck & Back Injuries
- E. Muscle & Bone Injuries
- F. Bites & Stings
- G. Eye Injuries
- H. Dental Injuries
- I. Poisoning & Over-medication
- J. Burns, including electric shock
- K. Heat & Cold Emergencies

Handouts Available:

- H1a-4 = Ohio Child Restraint Law
- H1b-4 = Rules for Transportation
- H2-4 = To Move or Not to Move an Injured Child
- H3-4 = Neck & Back Injuries
- H4-4 = Head Injuries
- H5-4 = Muscle and Bone Injuries
- H6-4 = Eye Problems
- H7-4 = Bites
- H8-4 = Tick Removal
- H9-4 = Stings
- H10-4 = Shedding Baby Teeth & Preventing Oral Injuries
- H11-4 = Dental First-aid Chart
- H12a-4 = Poison Prevention
- H12b-4 = Toxic Plants
- H12c-4 = Arts & Crafts Materials
- H12d-4 = Medication Administration
- H13-4 = Poisoning & Overdose
- H14-4 = Preventing Burns
- H15-4 = Burns
- H16-4 = Heat Emergencies
- H17-4 = Hypothermia
- H18-4 = Frostbite
- H19-4 = Preventing Heat & Cold Emergencies

Handout Available - continued

H20-4 = Blisters
H21-4 = Bruises
H22-4 = Cuts/Scrapes
H23-4 = Diarrhea
H24-4 = Ears
H25-4 = Electric Shock
H26-4 = Fainting
H27-4 = Fever
H28-4 = Headache
H29-4 = Rashes
H30-4 = Puncture Wounds
H31-4 = Splinters
H32-4 = Stomach Aches
H33-4 = Tetanus
H34-4 = Vomit
H35-4 = Unconsciousness

Transparencies/Slides Available:

T1-4 = Review of Emergency Procedures
T2-4 = Child Safety Seats
T3-4 = Preventing Injuries from Falls
T4-4 = Causes of Serious Head and Neck Injuries
T5-4 = Signs of Head and Neck Injuries
T6-4 = Immobilizing the Head and Neck
T7-4 = When to move ...
T8-4 = Repositioning an Injured Child
T9-4 = Neck Injury
T10-4 = Common Causes of Muscle/Bone Injuries
T11-4 = Prevention
T12-4 = Signs/Symptoms of Muscle/Bone Injuries
T13-4 = Crushed Leg
T14-4 = Eye Injury
T15-4 = Snake Bite
T16-4 = Sting
T17-4 = Prevention of Dental Injuries
T18-4 = Mouth/Jaw Injury
T19-4 = Poisons may be ...
T20-4 = Common Poisons
T21-4 = Poison Prevention
T22-4 = Poison Prevention (Continued)
T23-4 = Medication Administration
T24-4 = Signs/Symptoms of poisoning
T25-4 = Poisoning
T26-4 = Preventing Scald/Heat Burns
T27-4 = Food Heating Precautions
T28-4 = Stop, Drop, Roll and Cool
T29-4 = Preventing Sun Burn
T30-4 = Severity of Burns
T31-4 = Scald Burn Example
T32-4 = Prevention of Heat Emergencies

Instructions for Section 4

1. For this section, I will first present the injury or condition that we will be discussing.
2. Then we will discuss prevention.
3. Next I will briefly give you some background information such as signs and symptoms.
4. Then I will read a story which will contain the injury that we have been talking about.
5. I will ask you to determine what to do for the child in the story. You should use your emergency guidelines at that time. Later in the program, you will have the opportunity to practice using the guidelines on your own.

► **Note to Instructor:** After you read each injury/illness example, ask the participants to refer to their emergency guidelines to help them decide what they would do for the child in each situation. As the participants give their responses, make certain to correct any inappropriate answers. Provide any steps that have been left out of the participants' responses. Refer to the trainer notes that follow each example for guidance. **As time permits, use as many of the examples as possible.**

Does anyone have any questions now?

B. Passenger Safety

T2-4 Child Safety Seats - pictures

H1a-4 Ohio's Child Restraint Law

H1b-4 Rules for Transportation

Prevention

T Use T2-4 Now

Anytime you transport children in a car, even for very short distances, they must be secured in an age/size appropriate safety seat which follows Ohio's Child Restraint Law. Information is included in **H handout H1a-4** about the appropriate seats for children and **H handout H1b-4** offers some additional safety rules for transporting children. There are many resources available to assist you. Securing children properly in an appropriate child safety seat is very important. Please seek additional information on this issue. Your local SAFE KIDS Coalition is a great resource for information on child safety seats. A list of local coalitions is included in **H handout H12-1**.

Car crashes can lead to a number of different injuries. Always remember to follow the EAPs if you have children who have been injured in a car crash.

C. Falls & Collisions with Objects (3 minutes)

T3-4 Preventing Injuries from Falls & Collisions

- Use soft surfaces for play areas
- Equipment, materials and furniture shall be sturdy, safe, easy to clean and maintain, and free of sharp points, rough edges or rusty parts.
- Use age-appropriate play equipment
- Don't allow running inside
- Supervise closely around swings
- Do not allow children to go down slides head first.
- Follow ODHS rules

Prevention

T Use T3-4 Now

Recommendations for preventing injuries due to falls include:

- Use soft surfaces for play area (place wood chips, mulch or sand underneath equipment)
- Equipment, materials and furniture shall be sturdy and safe, easy to clean and maintain, and free of sharp points or corners, splinters, protruding nails, loose or rusty parts, or paint which contains lead or other poisonous materials
- Use age-appropriate play equipment
- Do not allow running inside
- Supervise children closely around swings. Do not allow children to twist swings, swing the empty seats or walk in front of moving swings. Teach children not to walk within an imaginary boundary while someone is swinging.
- Do not allow children to go down slides head first.
- Follow ODHS rules regarding safety for children

Falls can also lead to many different types of injuries including head, neck and back, muscle, bone, cuts/wounds, and dental injuries. When performing your head-to-toe exam, you will determine if there are injuries, where they are and how serious they may be. We will now look at some specific types of injuries and present first-aid recommendations. Please follow along with your emergency guideline handouts.

D. Head, Neck & Back Injuries (10 minutes)

T4-4: Causes of Serious Head & Neck Injury

If any of the following occur, do NOT move child:

- Falling from a height or down stairs.
- Being forcefully struck in the head, neck or spine.
- Being in a car crash.
- Being hit by a car.
- Being thrown from a bike
- Violent shaking from abuse

Description/Background

- **Head injuries** range from minor bumps and bruises to severe injuries causing brain damage.
- **Neck injuries** range from mild strains to broken bones and possible nerve damage/paralysis.
- Young children & infants are prone to head injuries because their heads are larger in proportion to their body than adults. Head injuries may occur frequently in day care centers but are generally of a less serious nature. Most will occur due to short falls and collisions with equipment and other children. Occasionally, a more serious head injury will occur.

Common Causes of Serious Head & Neck Injury

T Use T4-4 Now

If any of the following occur, do NOT move the child:

- Falling from a height such as falling off play equipment.
- Falling down stairs.
- Being forcefully struck in the head, neck or spine.
- Being in a car crash.
- Being hit by a car.
- Being thrown from a bike.
- Violent shaking, such as from child abuse.

T5-4: Signs of Head & Neck Injuries:

- Unconsciousness
- Seizure in a child without a history of seizures
- Confusion
- Sleepiness
- Severe bleeding from the head
- Blood or watery fluid in the ears
- Unequal pupils
- Child can't feel arms or legs or has a numb/tingling feeling in arms or legs
- Neck pain
- Vomiting
- Headache

T6-4 Immobilizing the Head

1. With child lying on back, hold the head still.
2. Kneel at head and brace your forearms on the surface that child is lying upon.
3. With hands on each side, gently hold head still.
4. Don't move head or neck while holding it. Support neck until help arrives.

T7-4: When to move

- If there is gas, fire or smoke
- If there is traffic that might further injure the child
- any other immediate danger
- the child must be moved in order to provide needed rescue breathing or CPR

Signs of Head & Neck Injuries

T Use T5-4 Now

Sometimes head and neck injuries may not be obvious immediately. Signs and symptoms may develop over 24-48 hours and may mimic other illnesses. Check hurt or unusually behaving children carefully. The child may have had an unwitnessed injury. The following could be signs of head/neck injury and indications that EMS should be called:

- Unconsciousness
- Seizure in a child without a history of seizures
- Confusion
- Sleepiness
- Severe bleeding from the head
- Blood or watery fluid in the ears
- Unequal pupils
- Child can't feel or has a numb/tingling feeling in arms/legs
- Neck pain
- Vomiting
- Headache

What is the first rule that we talked about with regard to head, neck and back injuries? (*Do NOT move the child.*)

Immobilizing the Head

► **Note to Instructor.** Demonstrate how to immobilize the head with a volunteer or mannequin if available. Display T6-4 while you are demonstrating and explaining.

T Use T6-4 Now

With suspected head, neck and back injuries, you also want to immobilize the neck so the child can not move it and cause further injury.

1. With the child lying on his/her back, hold the head still.
2. Kneel at the head and brace your forearms on the same surface that the child is lying upon.
3. With one hand on each side, gently hold the head still.
4. Make certain not to move the head or neck while holding it. Support the neck until help arrives.
5. OR, place rolled up towels/clothing on both sides of head.

When to move a victim

T Use T7-4 Now

- If there is gas, fire or smoke
- If there is traffic that might further injure the child
- child is in water (e.g. diving accident)
- any other immediate danger
- child must be moved to give rescue breathing or CPR

T8-4: Repositioning

1. Kneel beside child at a distance equal to width of child's body and at child's shoulders.
2. Raise child's arm closest to you over child's head. Legs should be straight or slightly bent.
3. Place one hand behind child's head and neck for support.
4. Place other hand under child's arm to brace shoulder and torso.
5. Roll child toward you by pulling steadily and evenly at shoulder while controlling head and neck. Body should be moved as a unit.
6. Once on his/her back, position arms alongside body.

H2-4: To Move or Not to Move an Injured Child

T9-4: Neck injury example

Darla falls from the top of the playground equipment. She lands hard on the ground and hits her head. When you approach her, she is lying crumpled on the ground and she tells you that her "head hurts a lot".

Moving a seriously injured child quickly:

- If you absolutely must move a seriously injured child quickly to prevent further harm, move the child as "one piece" so that there is no twisting of the head, shoulders, neck or back.
- Support the child's head and neck and pull the child in the direction of head without bending the neck or back.
- Do NOT drag the child sideways.
- If possible, have another adult help to move the child as a unit.

How to re-position a child safely

If a seriously injured child is unconscious and lying crumpled or face down, you may need to reposition the body so that you can provide needed rescue breathing or CPR. You will want the child to be lying flat on his or her back. To do this, roll the child as "one piece" so that the head, shoulders and body (torso) move at the same time with NO twisting. Twisting the head or neck may cause further injury.

► **Note to Instructor:** *Demonstrate how to reposition a child safely with a volunteer or mannequin if available. Stress that they do this only if absolutely necessary. Display T8-4 while you demonstrate and explain.*

T Use T8-4 Now

1. Kneel beside the child at a distance about equal to the width of the child's body and at the level of the child's shoulders. This allows space to roll the child while you support the neck.
2. Raise the child's arm closest to yourself over the child's head. The child's legs should be straight or slightly bent.
3. Place one hand behind the child's head and neck for support.
4. Place other hand under child's arm to brace the shoulder & torso.
5. Roll the child toward you by pulling steadily and evenly at the shoulder while controlling the head and neck. The head and neck should remain in line with the torso, and the body should be moved as a unit.
6. Once on his/her back, position child's arms alongside the body.

All of the previous information about moving/repositioning an injured child can be found in **H handout H2-4.**

Emergency Guideline Example - Neck Injury **T Use T9-4 Now**

Darla falls from the top of the playground equipment. She lands hard on the ground and hits her head. When you approach her, she is lying crumpled on the ground and she tells you that her "head hurts a lot".

H3-4 Neck & Back Injuries
H4-4 Head Injuries

Emergency Response based on the Emergency Guideline handouts:

What would you do in this situation? Please look at your Emergency Guideline **H** handout **H3-4 and H4-4** for help.

► **Note to Instructor:** Allow the participants to respond. If they leave out essential information or provide inaccurate information, see the notes below and highlight the appropriate information. **Please follow these instructions for the remainder of Part 3.** Use as many of the examples as time permits.

- Do not move Darla. There are no immediate hazards around and she is able to talk so she is conscious and breathing.
- Look for any bleeding. Wear gloves and provide direct pressure if bleeding.
- Keep Darla warm and quiet.
- Support her neck by placing rolled-up towels or your hands gently on both sides of her head.
- Send someone to call EMS and notify her parents/guardians.
- Watch for loss of consciousness or stopped breathing.
- Look for other injuries and provide first-aid until help arrives.
- Document the incident on the Incident Report Form.

E. Muscle & Bone Injuries

Background

Children may have minor falls and bumps throughout the day. The majority will result in minor bruises and strains. However, children will tend to break their bones before they pull or sprain a muscle or ligament. It is important to be able to recognize serious injuries such as broken bones (fractures).

T10-4: Common Causes:

- Falls
- Car crashes
- An object, such as a car or bicycle striking a child
- Overuse
- Abuse/rough handling of children

Common Causes:

T Use T10-4 Now

- Falls
- Car crashes
- An object, such as a car or bicycle striking a child
- Overuse
- Abuse/rough handling of children. Always remember to keep in mind the possibility of abuse with these types of injuries.

T11-4 Prevention

- Don't pick children up by the arms. Pick-up a child gently by supporting the child underneath the armpits.
- Maintain good supervision
- Preventing falls and car crashes will help to prevent these types of injuries.

T12-4: Signs/Symptoms:

- severe pain
- swelling
- feeling heat in the injured area
- discolorations
- deformities - bone bent wrong way or sticking through skin.
- child cradling or not using part

T13-4: Crushed Leg

Amanda, a 9 year old in the after school program, suffers a crushed leg as she walks between two cars in the day care center parking, when a parent unintentionally backs up his car and hits the other car's bumper. When you arrive at the scene, Amanda is lying on the ground. Her leg is deformed and something is sticking out of an open wound on her leg.

H5-4: Muscle and Bone Injuries

Prevention

T Use T11-4 Now

- Sometimes, we don't realize how much bigger and stronger we are than children. We can injure children by picking them up in certain ways. One cause of injury to children is picking them up by their arms. Children should NOT be picked up by their arms as this can result in dislocation of the elbow. Children need to be handled very carefully. Pick-up a child gently by supporting the child underneath the armpits.
- As always, good supervision is an important prevention strategy.
- As falls and car crashes are common causes, preventing those types of situations will also help.

Signs/Symptoms

T Use T12-4 Now

Signs of an injury in need of medical care are:

- severe pain
- swelling
- feeling heat in the injured area
- discolorations
- deformities - bone is bent the wrong way or bone is sticking through the skin.
- a child who is cradling or not using a part of the body such as her arm or wrist.

Emergency Guideline Example - Crushed leg

T Use T13-4 Now

Amanda, a 9 year old in the after school program, suffers a crushed leg as she walks between two cars in the day care center parking, when a parent unintentionally backs up his car and hits the other car's bumper. When you arrive at the scene, Amanda is lying on the ground. Her leg is deformed and something is sticking out of an open wound on her leg.

Emergency Response

H Refer participants to H5-4 Now

- Wear gloves. Perform the Emergency Action Principles - be sure to assess for any other injuries that may not be immediately obvious.
- Send someone to call EMS and notify her parents/guardians.
- Cover Amanda's open fracture with a dry sterile dressing.
- Stay with her and help quiet her until help arrives.
- Do NOT move injured part. Immobilize by supporting gently.
- Document the incident on the Incident Report Form.

F. Eye Injuries

T14-4 Eye Injury

Mark and Adrian (both 4-years old) are playing eye doctor. Adrian finds a pen and decides to examine Mark's eye with it. He punctures Mark's eye with the pen. Mark begins screaming and clutches his eye protectively.

H6-4 Eye Injury

Background:

Always call EMS if the injury looks severe, if there is a change in vision, if an object has penetrated the eye or if the eye has been burned by a chemical. It is always best to call EMS if there is any doubt as to how serious an eye injury is.

Emergency Guideline Example - Eye Injury T **Use T14-4 Now**

Mark and Adrian (both 4-years old) are playing eye doctor. Adrian finds a pen and decides to examine Mark's eye with it. He punctures Mark's eye with the pen. Mark begins screaming and clutches his eye protectively.

Emergency Response H **Refer participants to H6-4 Now**

- Have Mark sit upright.
- Cover Mark's eye with a paper cup or similar object so that Mark will not touch his eye. Be careful not to apply any pressure to the eye or bump the pen.
- Send someone to call EMS and notify his parents/guardians.
- Stay with Mark and try to calm him.
- Document the incident on the Incident Report Form.

Chemical in Eye

► **Note to Instructor:** Quickly demonstrate how to correctly flush an eye by placing the affected eye below the unaffected eye and rinsing from the nose outward to the side of the face. Refer participants to **H6-4** for additional first-aid steps.

G. Bites & Stings

H7-4: Bites

H8-4: Tick Removal

T15-4 Snake Bites

Treat as a possible poisoning.

T16-4 Stings

During outdoor playtime, Dell is stung by a bee. He does not appear to be having any difficulty breathing and you do not notice a large amount of redness or swelling.

H9-4: Stings

Background:

- Bites and stings can be minor or life-threatening depending on the severity of the wound, allergies, etc.
- Stings from bees, wasps hornets, etc. and spider bites can be serious if a child has a severe allergy. These can be life-threatening situations. We will discuss these in the next section.
- Human and animal bites can be found in **H** handout H7-4.

First-Aid Recommendations for other bites/stings

- **Ticks** - Always thoroughly inspect child after time in woods. Ticks may carry serious diseases and must be completely removed. Notify parent if tick is found. Procedures for removing a tick can be found in **H** H8-4.

T Use T15-4 Now

- **Snake bites** - treat as a possible poisoning. We will cover this later.

Emergency Guideline Example - Bee Sting **T Use T16-4 Now**

During outdoor playtime, Dell is stung by a bee. He does not appear to be having any difficulty breathing and you do not notice a large amount of redness or swelling.

First-Aid Recommendations for Stings

H Refer participants to H9-4

- Scrape area with a card.
- Do NOT squeeze.
- Apply cold compress.
- Observe Dell during normal activities for about 2 hours. Watch for any allergic reaction (*covered in next section*)
- Document the incident on the Incident Report Form.

H. Dental Injuries & Problems

H10-4: Shedding Baby Teeth & Preventing Oral Injuries

T17-4: Preventing Dental Injuries:

Do **NOT** allow children to:

- stand on swings or walk under a moving swing
- go down slides head first
- jump off moving merry-go-rounds
- run alongside of or push playmates into a pool
- hit, push or throw things at other children when they are drinking from a container or fountain.
- play on or near stairs
- trip or push their playmates.

T18-4 Mouth/Jaw Injury

Dana, a four-year old, is running through the center when she trips and falls. She lands on her chin and begins crying immediately. You see blood running from her chin & mouth. You look in her mouth & see that she has not lost any teeth but has bitten her tongue, which is bleeding. You fear she may have injured her jaw.

H11-4 Dental first-aid chart

Background

Many different types of injuries and problems can occur in the teeth and mouth. Teeth can be knocked-out, chipped, or displaced. The lip, tongue, jaw and cheeks can be injured as well. Children can also have bleeding gums and toothaches. Young children will shed their baby teeth. This is normal although it may cause the child to become upset. We will not cover all of these conditions but first-aid recommendations can be found in your handouts (**H**) **H10-4 - H11-4**). Feel free to ask questions about any specific problem.

Prevention of Dental Injuries

(T) Use T17-4 Now

General injury prevention steps will help to prevent dental injuries.

Do **NOT** allow children to:

- stand on swings or walk under a moving swing.
- go down slides head first.
- jump off moving merry-go-rounds.
- run alongside of or push playmates into a pool.
- hit, push or throw things at other children when they are drinking from a container or fountain.
- play on or near stairs.
- trip or push their playmates.
- walk around with a toy or object in their mouth.

Emergency Guideline Example

(T) Use T18-4 Now

Dana, a seven-year old, walks behind another child who is swinging on a swing. The seat of the swing hits her in the mouth. She begins crying immediately. You look in her mouth and see that one of her front teeth has been knocked out and several others seem loose. You are able to locate the tooth on the ground. Dana has already lost her front baby teeth so you know this tooth is one of her permanent teeth.

Emergency Response

(H) Refer participants to H11-4 Now

- Try to calm Dana down. Send a staff person to call her parents or guardians and arrange to take her to the dentist immediately.
- Observe her for any signs of head injury (see **H4-5**).
- Wear gloves. Apply pressure with clean gauze to control any bleeding.
- Gently rinse the tooth in Hank's Balanced Salt Solution (HBSS), saline or water. Don't scrub.
- If Dana is calm enough that you think she will NOT choke, place the tooth back in the socket and have her hold it in place. OR, place the tooth in HBSS/milk.
- Document the incident on the Incident Report Form.

I. Poisoning & Over-medication

T19-4: Poisons may be:

- Swallowed
- Inhaled
- Absorbed through the skin or eyes
- Injected

T20-4: Common Poisons

- Medicines
- Insect bites and stings
- Snake bites
- Plants/wild berries
- Chemicals/cleaners
- Drugs/alcohol
- Spoiled or contaminated food

T21-4: Poison Prevention

Poison proof your center. Ask:

- Is it a “pretty poison”? products that, through the eyes of a child, look like something good to eat/drink.
- Things that glitter, pretty colored pills, bottles and containers of all kinds can attract a child.

Medicine is a frequent cause of poisoning

Background

Poisons are substances which may cause injury or death when introduced into the body. It is impossible to list all possible poisons because the list would be too long. Almost any substance can be poisonous if used improperly.

Poisons may be:

T Use T19-4 Now

- Swallowed
- Inhaled
- Absorbed through the skin or eyes
- Injected

Common Poisons

T Use T20-4 Now

- Medicines
- Insect bites and stings
- Snake bites
- Plants/wild berries
- Chemicals/cleaners
- Drugs/alcohol
- Spoiled or contaminated food

Prevention

T H Use T21-4 & H12a-4 Now

Poison proof your center. With any product that is brought into your center, ask the following questions:

1. Is it a “pretty poison”? - products that, through the eyes of a child, look like something good to eat or drink. Children are curious - things that glitter, pretty colored pills, bottles and containers of all kinds can attract a child. For example:
 - Palmolive dish detergent is the same green color as a Sprite soda bottle.
 - Blue mouthwash, antifreeze, glass cleaner look like blue punch.
 - Raid Spray insecticide works like a spray can of cooking oil.
 - White plastic containers of ammonia or bleach look like milk containers.
 - Never store paint thinner, turpentine, gasoline or other chemicals in cups or soft-drink bottles.

T22-4: Poison Prevention

- Does it contain alcohol or gasoline (mouthwash)?
- Is it an insecticide or pesticide?
- Is it a cleaning agent?
If the answer to any of the above is yes, store it out of sight and locked up.
- Keep Syrup of Ipecac in 1st-aid kit.
- Keep Poison control number available.

H12a-4 Poison Prevention

H12b-4 Toxic Plants

H12c-4 Arts & Crafts Materials

T23-4: Medication Administration

- Take a medication administration course.
- If you ever are in doubt, contact the parent and/or physician before giving it.
- If you witness an unexpected reaction after giving medication, call the physician and/or the Poison Control Center for additional information.
- If child takes wrong medication, call Poison Control.

H12d-4 Medication Administration

Poison Prevention - Continued

T Use T22-4 Now

1. Does it contain alcohol or gasoline (mouthwash)? Even small amounts can be harmful to a child.
2. Is it an insecticide or pesticide?
3. Is it a cleaning agent? For example cleaners, such as toilet, drain, and oven cleaners
4. Is it a medication of any kind? Medicines can look like candy. Don't call medicine "candy". This can be confusing to children. When left alone, they may find the bottle and eat/drink its contents.

If the answer to any of the above questions is yes, store it out of sight and locked up.

- Make certain that any plants in your center are non-poisonous.
H Handout H12b-4 lists Toxic and Non-toxic plants. Keep in mind that this is not a complete list and the best precaution is to keep ALL plants out of the reach of children.
- Make certain that all toys, furniture, art supplies and equipment are made of non-toxic materials as young children may taste or chew anything. **H** Please see handout H12c-4 for guidelines on selecting safe arts & crafts materials.
- Always keep Syrup of Ipecac in your first-aid kit.
- Keep Poison control number with other emergency phone numbers readily available.

Special Considerations for Medication

Medications taken or given improperly can be poisonous. In fact, they are a common cause of childhood poisonings. There are important considerations to keep in mind when giving medications. We do not have time to review all issues involved in administering medication as this could be a separate course all by itself.

T Use T23-4 Now

- **If you are in a position to administer medication to children on a regular basis, I strongly encourage you to take a course specializing in this issue.** Check with your regional Resource and Referral Center for ongoing trainings.
- There are a few recommendations that I want to leave you with concerning medication administration:
 1. If you ever are in doubt about giving a medication, contact the child's parent and/or physician before giving it.
 2. If you witness an unexpected reaction after giving medication, call the child's doctor and/or the Poison Control Center for additional information.
 3. If a child takes or is unintentionally given the wrong medication, call Poison Control for more information.

H Handout H12d-4 contains more information on this subject.

T24-4: Signs/Symptoms of Poisoning:

- Pills, berries or unknown substance in child's mouth
- Burns around mouth or on skin.
- Strange odor on breath.
- Pain
- Difficulty breathing
- Sweating
- Upset stomach or vomiting
- Dizziness, fainting or unconsciousness
- Confusion
- Seizures

T25-4: Poisoning

You discover Kevin, a curious 2-year old, putting pills in his mouth from the purse of one of the staff.

H13-4 Poisoning & Overdose

Signs and Symptoms of Poisoning

It can be difficult to recognize unless you directly witness the poisoning. Many poisons cause symptoms that are similar to diseases or other injuries. Symptoms can also vary depending on the amount of poison ingested, the length of time it has been in the system and the size or weight of the child. This type of situation highlights the importance of surveying the scene with any emergency. The scene may provide you with clues about what happened. Other children or staff may be able to provide answers. Clues may be lying on the ground. An important step is to gather as much information as you can find about the poison.

Some signs and symptoms of poisoning follow T ***Use T24-4 Now***

- Pills, berries, leaves or unknown substance in child's mouth
- Burns around mouth or on skin.
- Strange odor on breath.
- Pain
- Difficulty breathing
- Sweating
- Upset stomach or vomiting
- Dizziness, fainting or unconsciousness
- Confusion
- Seizures

Emergency Guideline Example

T ***Use T25-4 Now***

You discover Kevin, a curious 2-year old, putting pills in his mouth from the purse of one of the staff.

Emergency Response

H ***Refer participants to H13-4 Now***

- Find the staff person to whom the purse belongs to find out more information such as: what type of pills, what strength, and how many were in the bottle before.
- Save the remainder of the bottle and its container. It may need to accompany Kevin to the hospital.
- Take Kevin and the bottle to the phone with you.
- Call Poison Control Center and follow their instructions. Be prepared to give Kevin's age, weight, and all relevant information about the poison.
- Do NOT give anything by mouth unless instructed by Poison Control.
- Keep the airway open and check breathing and pulse. Observe any changes in Kevin's level of consciousness or breathing.
- Call EMS if necessary and notify Kevin's parents/guardians.
- Document the incident on the Incident Report Form.

J. Burns, including electric shock

T26-4 Scald and heat burn prevention

- Keep matches/lighters out of children's reach.
- Set water heater temperature to 120 degrees Fahrenheit or less.
- Practice fire drills regularly
- Do not allow children to be in cooking areas or:
 - Turn all pot handles in and away from edge.
 - Turn off cooking appliances after use.
- Keep coffee maker and its electrical cord out of reach
- SUPERVISE, SUPERVISE!

T27-4 Food Heating precautions

- Never heat baby bottles or other liquids in a microwave.
- Regardless of how you heated the bottle, shake to distribute the warmed liquid.
- Test temperature of formula on your arm before feeding.
- Stir semi-solids well and test temperature before feeding.
- Open heated containers carefully to avoid steam burns

Background

Burns can be caused by contact with heat, electricity, chemicals or extreme cold. Always keep your own and the other children's safety in mind in case of a fire or electric shock. In the event of fire, evacuate the children from your facility or the area, call the fire department and get help. Only attempt to put out the fire yourself if it is small and easy to contain. ALWAYS remove the children first.

Suspect child abuse if:

- a child comes to your center with a burn which seems suspicious
 1. "stocking" or "glove" scald burns without splash marks
 2. burns on genitals or buttocks
 3. burn appears to have been made by a manufactured object such as a cigarette or iron
- explanation for how the burn occurred does not match the injury
- child tells you that someone burned him/her.

Prevention

Preventing Heat Burns & Scalds

T Use T26-4 Now

- Keep matches and lighters out of children's reach.
- Set water heater temperature to 120 degrees Fahrenheit or less.
- Practice fire drills regularly
- Keep children out of cooking areas or:
 - ◆ Keep children away from cooking and heating appliances. Turn all pot handles in toward stove and away from edge where they could be grabbed by a child.
 - ◆ Turn off cooking appliances after use.
 - ◆ Keep coffee maker and its electrical cord out of reach.

Heating Precautions

T Use T27-4 Now

1. Never heat baby bottles or other liquids in a microwave. Due to their uneven heating, a single food item may have both cold and very hot spots. Explosion of formula bottles has been known to occur even after having been removed for a period of time. The liquid may be hot enough to cause severe burns of the infant's mouth and throat, even though the external surface of the container may be comfortable to the touch.
2. Regardless of how the bottle is heated, shake to distribute the warmed liquid.
3. Carefully test temperature of formula on the inside of your lower arm before feeding it to an infant. This part of your arm is more sensitive than your hand.
4. Stir semi-solids or other foods well and test its temperature before feeding it to infant or child.
5. Open heated containers carefully to avoid steam burns.

T28-4 Stop, Drop & Roll

Teach children 3 and older to do the following if they catch on fire:

1. **Stop.** Stop where you are - do NOT run.
2. **Drop.** Drop to ground or to floor and cover your face with your hands.
3. **Roll.** Roll to put out flames
4. **Cool.** Cool burn right away with water only.
5. **Call EMS.**

T29-4: Preventing Sun Burn

- Avoid hottest sun (11:00 - 2:00). Plan outdoor time for early morning or late afternoon; if not, make sure there is adequate shade.
- Use sunscreen (SPF 15 or higher) with parent's permission. Be mindful of allergies.
- Encourage parents to bring hats and other protective clothing for children when in sun.
- Be a role model. Use sunscreen and protection yourself.

H14-4 Preventing Burns

T30-4: Severity of Burns

- Redness, No blisters, small area - 1st-aid
- Blisters, broken skin, large area - needs medical attention.
- White or Charred Skin, Burns to the face & neck, electric or chemical - Call EMS

Know and follow the administrative regulations on fire safety and the Licensure Rules to which reference has been made in this unit.

Stop, Drop & Roll

T Use T28-4 Now

Children age 3 and older can save their own lives by dropping and rolling when their clothes catch fire. Teach them to:

1. **Stop.** Stop where you are - do NOT run.
2. **Drop.** Drop to the ground or to the floor and cover your face with your hands.
3. **Roll.** Roll to put out flames
4. **Cool.** Cool the burn right away with water only.
5. **Call EMS.**

Preventing Sun Burn

T Use T29-4 Now

- Avoid children's exposure during the hottest sun (11:00 - 2:00). Try to plan outdoor play times for early in the morning or late in the afternoon; if not, make sure there is adequate shade.
- Block the sun with sunscreen with parent's permission. Use a sunscreen and lip balm with a sun protection factor (SPF) of 15 or higher. Apply sunscreen according to directions 30 minutes before going into sun. Choose a flavored lip balm that children will want to wear. Try to avoid heavily scented sunscreens that may bother some children. Be mindful of any specific allergies.
- Encourage parents to have children wear hats and other protective clothing when in sun.
- Be a role model. Use sunscreen and protection yourself. Show parents and staff how and when to apply sunscreen.

Preventing Electrical Burns

- Cover electrical outlets with protective covers.
- Keep electrical cords out of the reach of children. Children have been severely burned and electrocuted after chewing through electrical cords.

Burn prevention information can be found in **H** handout H14-4..

Severity of Burns

T Use T30-4 Now

Burns are another type of injury that can be relatively minor, serious or life-threatening. Anytime a burn is worse than a reddened area without blisters or covers a large part of the body, get medical attention immediately. The slide/transparency offers some general guides as to a recommended course of action:

- Redness, No blisters, small area - Give first-aid
- Blisters, broken skin, large area - Needs medical attention.
- White or Charred Skin, burns to the face & neck, electric or chemical - Call EMS

T31-4 Scald Burn Example

Cara, 2 years old, knocks a cup of hot coffee off a table. Her arm is scalded by the hot liquid. Her lower arm looks red and slightly swollen.

H15-4 Burns

Emergency Guidelines Example

T Use T31-4 Now

Cara, 2 years old, has made her way into the kitchen area of her center. She knocks a caregiver’s thermos filled with hot soup off the table. Her hand is scalded by the hot liquid. Her hand looks red and slightly swollen.

Emergency Response

H Refer participants to H15-4

- Flush the burn with cool running water. Don’t use ice.
- Bandage loosely.
- Contact the parent/guardian.
- Document the incident on an Incident Report Form.

L. Heat & Cold Emergencies

Background

Heat and cold emergencies are caused by exposure to extreme weather conditions. These conditions are very easy to prevent but they can be life or limb threatening if untreated. Caring for these conditions is covered in your emergency guidelines **H16-4 - H18-4**.

H16-4 Heat Emergencies

Heat Emergencies

Heat emergencies occur from a loss of fluid without adequate water replacement. Usually this is caused by spending too much time or performing strenuous activity in the heat. A child of any age may suffer from a heat emergency, but children ages 2-5 are most at risk because they have endless amounts of energy and are not able to distinguish between different levels of fatigue.

H17-4 Hypothermia

Hypothermia

Hypothermia, also known as exposure to cold, results when the body reaches a state where it is no longer capable of warming itself. Young children are particularly susceptible to hypothermia due to their large surface area to body size proportions. It can be a life-threatening condition if left untreated for too long.

H18-4 Frostbite

Frostbite

Frostbite can result in the same type of tissue damage as a burn. It is a serious condition and requires medical attention.

H19-4 Prevention of Heat & Cold Emergencies

T32-4 Prevention

1. Be aware of the weather. Do not allow children outside without appropriate clothing.
2. Plan outdoor activities that limit exposure in extreme weather
3. Never leave children unsupervised in vehicles.
4. Make sure children drink plenty of fluids..
5. Take EARLY action. Don't wait until symptoms worsen to remove child.

Prevention

T H Use T32-4 & H19-4 Now

1. Be aware of weather conditions & do not allow children outside without appropriate clothing.
2. Plan outdoor activities limiting exposure in extreme temperatures.
3. NEVER leave children alone in vehicles - even with windows cracked or when the temperature doesn’t seem that hot. Temperatures can rise very quickly inside vehicles. Many children have died from heat exhaustion in locked cars.
4. Make sure children are offered & have access to fluids.
5. Take EARLY action. Be aware of the early warning signs. It is much easier to prevent a serious complication than to wait until the child’s life is in danger to intervene.

H20-4 Blisters
H21-4 Bruises
H22-4 Cuts/Scrapes
H23-4 Diarrhea
H24-4 Ears
H25-4 Electric Shock
H26-4 Fainting
H27-4 Fever
H28-4 Headache
H29-4 Rashes
H30-4 Puncture Wounds
H31-4 Splinters
H32-4 Stomach Aches
H33-4 Tetanus
H34-4 Vomit
H35-4 Unconsciousness

Additional Emergency Guidelines:

In your handouts, we have included additional emergency guidelines (H H20-4 - H35-4) which are intended for use in an emergency situation. They cover topics such as bites, cuts/scrapes, electric shock, rashes, puncture wounds, splinters, ear and nose problems, etc. We do not have time to cover these topics in this program. I encourage you to review the guidelines on your own as they will be more effective if you are familiar with them before an emergency occurs.

You may find it to be helpful to go through your handout pack and copy all of the emergency guideline handouts, alphabetize them and keep them near the first-aid kit, emergency telephone numbers, etc. In that way, they will be ready and easy to use in an emergency situation.