

# FIRST AID FOR CHILDREN

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## INTRODUCTION

As a first aider your priorities, whether for a baby, child or adult are to:

- Prevent the condition getting worse
- Promote recovery
- Preserve life

However in the first instance you should ensure your own personal safety – Stop traffic, turn off electrical supplies, secure other potential falling objects.

Although this is a relevant guide to First Aid and the treatment of certain injuries, it is not a substitute for hands on practical training.

### Numbers to Remember

**999** For Emergency Services – Ambulance, Fire and Police

**111** The new 'non-emergency' number, where a casualty has been injured, is OK but you want reassurance from a professional.

**112** European Emergency Services

### First Aid - essentials

**Gloves** – essential, to protect the casualty (and you)

**Resuscitation Shield** – when giving Mouth-to-Mouth

**Wipes** – to use if water is not available

**Plasters (various sizes)** – Yes they can be used, for small cuts

**Sterile Dressings (various sizes)** – for larger cuts

Other contents such as scissors, tape, gauze, safety pins, triangular bandages are nice but NOT essential.

### Manage the Situation

Remember the child is injured, in pain and upset – they will react to your reaction, try to stay calm, don't 'belittle' the injury and take control of the situation.



## RECOVERY POSITION

This position is used to protect the casualty's airway and ensure they are able to breathe whilst unconscious. Use the following technique if you have to leave the casualty for any period of time.

### Under 1 year old



With baby in arms, tilt the body so their bottom is just higher than the head and their head is facing the floor – if they were to vomit, it would fall from their mouth.

### Aged 1 and over

As in the picture the casualty should be in a 'sleeping' position, on their side.

- Move the under arm out, for comfort
- Position the upper arm so the hand is under the casualty's cheek, to protect from the floor
- Tilt the head back to open the airway and down so that the tongue falls forward and vomit can drain away
- Bring the upper leg up, knee bent at right-angles, to help breathing



## RESUSCITATION

### DRAB

#### D = Danger

Ensure you are safe, turn off electricity, stop traffic, secure falling items.

#### R = Response

Try to wake the casualty, give them a command 'open your eyes', kneel next to them and 'tap' on the shoulders, sufficiently, to wake them.

#### A = Airway

Open the mouth, look for any obstruction that should not be in there (knocked out teeth, vomit, food, etc). Remove with gloved hands. Tilt head back- this lifts the chin and enables breathing.

#### B = Breathing

Get close, listen, feel for breath on your cheek and look to see the chest/abdomen move – check for a max 10 seconds.

If the casualty is breathing place them in the Recovery Position – if the breathing is not normal (quick, shallow, unusually noisy, deep, laboured, irregular, or absent) with:

### 5 ventilations (mouth to mouth)

Use a shield to protect you. Open the mouth wide, place your fingers around the casualty's mouth (nose and chin) – give 5 breaths. You may not see any chest movement, it is as though you are blowing on a large flame, short and sharp, (lighter for baby).

If no visual signs of response start CPR:

### 30 compressions

Place a hand (two fingers for a baby) in the centre of the chest (in the middle between the nipples), press and release rhythmically just under 2 compressions a second (to understand – look at a second hand and its just under 2 a second, so approx. 20 compressions in 30 seconds). Compress approximately 5-6 cm or about the length of your thumb (slightly less depth for a baby).



## CHOKING

### Two types of choking

**Minor choking** (something going down the wrong way) – the casualty will be coughing, red faced and upset

**Choking** – unable to breathe and speak, clutching throat

### Minor Choking

Comfort, check breathing and monitor – if breathing is OK there is no need for further emergency help. Sips of water may help to soothe irritation.

### Choking

Encourage the casualty to cough – there is no time to dial the emergency services – shout for help, then:

Lean the casualty forward and give 5 back slaps between the shoulder blades (hard enough to 'jolt' the casualty).

If the obstruction does not dislodge, follow with:

**5 Abdominal Thrusts** – position yourself behind the casualty (you may have to get on your knees), pull them in close to your chest, place an arm around their waist and place your fist between the navel and the bottom of the breastbone. Simply pull in and up and release - 5 times, to push air up behind the obstruction. If the obstruction is not removed (the casualty will be making noises when it is removed) repeat with alternate Backslaps and Abdominal Thrusts.

Continue until blockage is removed. If the casualty becomes unconscious you will need to start Resuscitation.

### Adaptations for children under 1



Babies are unlikely to clutch their throat, their face will probably turn bright red and will have a 'strained' appearance.

Place baby in the Recovery Position and use 2 fingers to slap between the shoulder blades.

If this does not work, **DO NOT PERFORM ABDOMINAL THRUSTS**, use 2 fingers and give up to 5 chest compressions.



INFORMATION ONLY

## ILLNESSES - MENINGITIS

The key to all illnesses is "if someone is ill and getting worse, get medical help."



**Cold hands and feet with possible fever**

**Drowsy, unresponsive, floppy**

**Convulsions, seizures**

**Dislike of bright lights and stiff neck**

**Refusing to feed and vomiting**

**Pale, blotchy skin**

**Severe headache**

**Severe muscle pain**

**Confusion and irritable**

In addition to the signs and symptoms listed here, **The Glass Test** can also be used for guidance. Press a glass on/over the rash - if the rash does not fade get medical help. On dark skin, check on palms of hands/soles of feet, roof of mouth and inside eye-lids.

**Do not wait for the rash, use your judgement.** For further information please visit the website: [www.meningitisnow.org](http://www.meningitisnow.org)

**Unusual cry or moaning**

**Fretful dislike of being handled**

**Rapid breathing or grunting**

**Tense or bulging fontanelle (soft spot)**

## HEAD INJURIES

If a child/baby has become unconscious, use the methods previously described. If a child/baby has a head injury – examine the injured site (don't prod or push on the area). Cool with a clean cool cloth/paper towel.



The casualty may look 'off colour', complain of pain over the site of the injury, feel sick or vomit and want to rest for a period of time – the casualty may be allowed to sleep (during a sleep gently tap their shoulders to check if they are sleeping or unconscious).

Depending on the height from which they fell and the severity of injury, a decision to go to Hospital or not, will have to be made – call 111 for further advice. However if the casualty's face becomes flushed, they start to lose balance and co-ordination, continuing to vomit - they need to be taken to hospital.



## BREAKS AND BURNS

### Breaks

A Fracture is the medical term for a Break. Have you ever broken a bone? If so you will know how painful it is!

If a casualty has broken a bone they are probably already in a position which is 'comfortable' – help them, by adding cushioning and supporting the area, sit/lie them and call for help. Only move them if they are in danger.

**Do not straighten, splint or put into a sling.**

Protect the fractured bone and comfort the infant. Send the patient to hospital – don't worry about getting it wrong, you haven't got x-ray vision – below are some examples.



Impacted



Greenstick



Compound



Compression

### Burns



A child's skin is thinner than an adult's, by between 20% - 30%, which means that items do not have to be that 'Hot' to cause a burn. Casualties with burns larger than 1% (the size of an open hand) should be dealt with quickly and sent to hospital. Do not remove clothing.

Cool the burn with cold running water for 10 minutes at a time, up to a max of 30 minutes, allowing colour and 'feeling' to return in between – running a bath will take too long, shower the area! Be quick – time is crucial.

**DO NOT pop blisters - those larger than a 10 pence piece should be seen by the hospital.**

After treatment, cover the burn with some clingfilm to protect the skin from further damage.

