

FAINTING-

1. Keep the child lying down until recovery is complete (5 to 10 minutes).
2. Be sure that the child has plenty of fresh air.
3. If child doesn't improve or stops responding, call 911

FAINTING

BLEEDING-

1. Put on latex or vinyl gloves. Put a dressing on the wound.
2. Apply direct pressure on the dressing, use the flat part of your fingers or the palm of your hand.
3. If bleeding does not stop, add more dressings on the top of the first and press harder.
4. Keep pressure on the wound until it stops bleeding.
5. If you can't keep pressure on the wound, wrap a bandage firmly over the dressing to hold the dressing in place.
6. A tourniquet should not be used except in rare situations where direct pressure does not control bleeding.

If used:

- (a) place tourniquet 2 inches above the injury, if possible.
- (b) tourniquet should be tight to reduce bleeding to an ooze.
- (c) note time you put tourniquet on.
- (d) **get medical help as soon as possible (911)**
- (e) leave tourniquet on until someone with more advanced training can take over.
- (f) notify the parent.

BLEEDING

NOSEBLEED-

1. Calm the child down and have the child sit upright with the head tilted forward, breathing through the mouth.
2. Reassure the child.
3. Put a vinyl or latex glove on.
4. Use constant firm pressure over both nostrils for a few until bleeding stops.
5. Encourage the child not to blow or rub his nose for a few hours in order not to remove the clot.
6. If bleeding continues – press harder, notify the parent and advise parent to consult a physician.
7. Call 911
 - (a) if you cannot stop the bleeding in 15 minutes.
 - (b) the bleeding is heavy, such as gushing blood.
 - (c) the child has trouble breathing.

NOSEBLEED

CONVULSIONS-

1. Make sure the area is safe, keep calm.
2. Protect the Child by
 - (a) moving furniture or other objects out of the way.
 - (b) placing a small pad or paper towel under the child's head if it's easy to do so.
3. Do not try to restrain muscular contractions, but try to prevent child from injuring himself.
4. When jerking is over, lay child on his side with head turned to one side so that, if there is vomiting, the vomitus will not be drawn into the windpipe or lungs.
5. Cover the child and keep under constant observation.
6. Do not move until quiet and relaxed.
7. Call or have someone call 911.

CONVULSIONS

EARACHE-

1. Make the child as comfortable as possible while notifying parent.
2. Do not use oil or other eardrops. Most earache is due to infection inside the ear drum. The use of oil will make difficult for the physician to get a clear view of the ear drum and make an accurate diagnosis.
3. Advise the parent to take the child to a physician.

FOREIGN BODIES IN THE EAR-

1. All objects in the ear should be removed by a physician. Do not try to dislodge these objects because of danger of seriously injuring the ear.
2. Advise the parent to take the child to a physician.

EARS

SHOCK-

Shock may be caused by severe pain, hemorrhage, burns, fractures or other injuries especially to the head and chest. It is due to failure of the circulation. Symptoms of shock are:

Pallor	Nausea
Cold Sweat	Weakness
Cold and Clammy Hands	Ashen Grey Appearance
Dizziness	Feeble Pulse
Unconsciousness	

1. Call 911
2. Help the child to lie down on his/her back.
3. Cover the child to keep him/her warm. Do not apply external heat.
4. If there is bleeding, control it.
5. Try to keep child quiet and reassured.
6. Call 911 or get the child to a hospital as soon as possible and notify parent.

SHOCK

Dental emergency first aid plan in Health Plan

FOREIGN BODIES in the THROAT-

1. Allow child to cough. Do not probe with fingers you might push the object further down.
2. Bend the child forward with the head and shoulders hanging loosely.
3. If breathing ceases, call 911, start CPR.

DENTAL EMERGENCY

1. Wear gloves and calm child down.
2. Check for bleeding if injury to cheek, lips, or mouth occur and there is bleeding:
 - (a) Wash affected area with water.
 - (b) Apply ice pack or ice wrapped in a towel **Do not apply ice directly to skin.**
3. If tooth is broken, knocked out or knocked into gums: call parent and take child to dentist immediately (within 30 minutes).
 - (a) Recover knocked out tooth & place in milk or water (do not rinse tooth)

MOUTH

LOW BLOOD SURAR CAN OCCUR IF A PERSON WITH DIABETES HAS:

- (a) not eaten or is vomiting
 - (b) not eaten enough food for the level or activity.
 - (c) Injected too much insulin.
1. Signs of low blood sugar may include:
 - (a) a change in behavior, such as confusion or irritability
 - (b) sleepiness or not responding
 - (c) hunger, thirst or weakness
 - (d) sweating, pale skin color
 - (e) a seizure
 2. Action: Follow these steps if someone is responding and is showing signs of low blood sugar.
 - Step 1. if the person can sit up and swallow, give him/her something that contains sugar to eat or drink (milk, juice).
 - Step 2. have him/her sit quietly or lie down.
 - Step 3. Call 911

DIABETES & LOW BLOOD SUGAR

**A. ACTIONS FOR SMALL BURNS
FIRST DEGREE BURNS (Skin Reddened) AND SMALL
AREA SECOND DEGREE BURNS (Skin Blistered)-**

1. Immerse the burned area as soon as possible in cold, but not ice water or apply cold, moist compresses. This provides immediate relief of pain and allows faster healing. Continue this cold water treatment until seen by the physician. Run cold water on burn until it doesn't hurt.
2. You may cover the burn with a dry, non stick sterile or clean dressing.

**B. ACTIONS FOR LARGE BURNS
EXTENSIVE SECOND DEGREE OR THIRD DEGREE
BURNS (Charring or Cooking of Tissue)-**

1. Make sure scene is safe. Get the 1st aid kit. Call 911, get help
2. If person is on fire, put fire out.
3. Remove jewelry & clothing that is not stuck to the skin.
4. Cover the person with a dry blanket.
5. For signs of shock.
6. Treat for shock if necessary.
7. Keep the child lying down.
8. Do not try to remove clothing that is adhered to the burned area.
9. Do not use absorbent cotton or other materials that may stick to the burned area.
10. Call 911 arrange for immediate transportation of child to hospital and notify the parents.

BURNS AND SCALDS

A. ELECTRIC SHOCK-

1. Call 911.
2. Do not touch child with any part of your body while he is still in contact with the current.
3. Break the contact immediately between child and current by (a) turning off the electric current or (b) removing the child with a dry piece of wood or other non-conductor.
4. If child is not breathing, start when it is safe to touch the injure person.
5. Treat for shock.

B. BRUISES-

1. Treat with cold compresses directly following injury.
2. If bruise is severe, advise parent to obtain medical attention.

C. VOMITING-

Vomiting is frequently due to hasty eating followed by long riding on buses or strenuous exercise as well as more serious conditions.

1. A child who becomes nauseated or vomits should be permitted to lie down. Keep him quiet and under observation for other symptoms.
2. May give small sips of plain water by mouth if desired and may apply cool wet cloth to the face.
3. The child should be sent home and parent advised to consult a physician.

ELECTRIC SHOCK, BRUISES, VOMITING

A. FOREIGN BODIES IN THE EYE-

1. If a foreign body is embedded in the eyeball no attempt should be made to remove it. The child should be kept lying down with loose dressing placed over injury. The parent should be notified to take child to a physician as soon as possible.
2. If foreign (such as sand) body is on the surface of the membrane lining of the eyelid, flush the eye with clean water.
3. Superficial bodies can sometimes be removed by everting the eyelid and gently touching the foreign body with a corner of a clean handkerchief. Occasionally, a foreign body under the upper lid can be removed by grasping the lashes between the finger and thumb and pulling lid forward and downward over the lashes of lower lid.
4. Never under any circumstances, use any instrument to remove foreign bodies from the eye. Never rub the eye for in doing the object may be driven further into the tissue and make removal more difficult. Examine the eye with clean hands only.

B. EYE WOUNDS OR BRUISES-

For wounds or bruises of the eyeball, notify the parent and advise him to place the child in the care of a physician immediately.

C. CHEMICAL BURNS OF THE EYE-

1. Irrigate chemical burns of the eye immediately and copiously for twenty minutes clean water, by tilting the head toward the injured side, holding the eyelid open with the finger and pouring the water slowly into the eye. Water poured into the corner of the eye with eyelids held apart, will enable the chemical to be flushed out of the eye.
2. Call 911 and notify parent immediately and take child to a hospital.

EYES

A. MINOR ABRASIONS AND CUTS-

Abrasions are made by rubbing or scraping of the skin or mucous membrane. Cuts are made by sharp cutting instruments such as knives, broken glass, razor blades, and similar objects. Profuse bleeding may occur if blood vessels are cut cleanly.

1. Wear vinyl or latex gloves.
2. Control bleeding (see bleeding).
3. Clean the wound very carefully with soap and clean water.
4. Apply an antiseptic solution gently with an applicator and apply a band-aid.

B. MINOR LACERATIONS AND PUNCTURE WOUNDS-

Lacerations and puncture wounds are made by instruments such as nails, splinters, thorns and ends of wire. These wounds usually do not bleed freely unless a fairly large blood vessel is injured. They are difficult to clean and tetanus or “lock jaw” is a greater risk with them.

1. Wear vinyl or latex gloves.
2. Control bleeding if it occurs.
3. Clean carefully around the wound with soap and clear water and apply an antiseptic solution to and around the wound (use gloves).
4. Apply sterile gauze dressing or a band-aid.
5. Notify the parent.
6. Remove a sliver or splinter with a sterile needle or sterile tweezers when it is lodged superficially and when it can be easily extracted.
Before and after removing the sliver or splinter, cleanse the wound with soap and clear water and apply an antiseptic solution. If the sliver or splinter is deeply embedded in the wound, advise the parent to take the child to a physician.

C. SPRAINS AND STRAINS-

1. Apply cold compresses.
2. Elevate the injured part and keep the child at rest.
3. Notify the parents to consult a physician for appropriate treatment.

ABRASIONS, LACERATIONS & SPRAINS

A. FRACTURES-

1. Keep the child quiet and warm.
2. Do not attempt to straighten or set the bone.
3. If skin is broken, wear vinyl or latex gloves cover the area with a dry sterile dressing.
4. Do not cleanse the wound.
5. Do not remove the child from place of accident until limb is properly supported to prevent further damage. The injured part may be immobilized using a splint of other support such as a pillow, folded blanket, magazine, board, etc.
6. Call 911 and notify the parent.

B. HEAD INJURY-

1. Call 911, call parent.
2. Keep the child lying down, warm quiet as possible.
3. Minimize movement of head & neck.
4. If bleeding, control bleeding.
5. Keep child under constant observation.

C. BACK, NECK, OR SPINE INJURIES-

1. Call 911, notify parent
2. Keep child lying straight with head in line.
3. Keep patient warm and quiet as possible.
4. Only if no 911. Move child as little as possible and with great care.

FRACTURES, HEAD & BACK INJURIES

HUMAN BITE-

1. Wearing gloves, cleanse the wound with soap and water, if skin is broken notify parent immediately.
2. Stop the bleeding with pressure & dressings.
3. If there is a bruise or swelling, place a bag of ice & water wrapped in towel or up to 20 minutes.
4. Notify the parent of the child that was bit.

See Policy & Procedures for Biting for plan of action.

INSECT BITES AND STINGS:

1. Remove the stinger use something with a dull edge such as a credit card. If it is still present.
2. Wash with running water & soap. Call 911 if person shows signs of an allergic reaction.
3. Apply a paste made of baking soda mixed with water.
4. Cold compress may be used to relieve the pain.
5. Calamine lotion may be used to relieve itching.

DOG AND OTHER ANIMAL BITES:

1. Cleanse the wound with soap and water immediately and cover with dry dressing.
2. Be able to describe the dog or animal so that it may be picked up by authorities and confined for observation. Try not to kill the animal. If possible, capture for confinement. If animal must be killed, do not damage the head because this may be examined to determine if the animal has rabies.
3. Call 911 and then notify the parent to consult physician concerning treatment needed.

BITES AND STINGS

1. Call 911 have child transported to the nearest medical facility.
2. **MOST IMPORTANT AS SOON AS POSSIBLE CONTACT PHYSICIAN FOR ADVICE AND CARE.** If unable to contact physician, rush to emergency room. Parents should be contacted simultaneously with physician.
3. Identify poison and if container signifies and antidote, use as described. Retain container and sample to take with child to physician. (Use MSDS sheets, call Poison Control 1-800-860-0620.
4. For strong acids give Milk of Magnesia or baking soda solution.
5. For strong alkalies, give solution of vinegar or lemon juice.
6. **DO NOT INDUCE VOMITING IF POISON IS PETROLEUM PRODUCT, STRONG ACID OR STRONG ALKALI.**
7. Induction of vomiting may be attempted by placing finger on soft palate or taking three teaspoonsful of baking soda in a glass of water. Do not waste time in unsuccessful attempts at induction of vomiting.
8. If child is vomiting he should be kept on his side or other position to prevent aspiration of vomitus.

POISONING BY MOUTH

UNIVERSAL PRECAUTIONS

Staff members should adhere to the following universal precautions.

- ❖ Wear latex gloves when coming into contact with blood, skin and mucous membrane cuts or any open skin lesion.
- ❖ Use gloves only for the care of one child, then discard the gloves.
- ❖ Wash hands after discarding the gloves.
- ❖ Properly dispose of contaminated materials that have been exposed to blood such as needles.

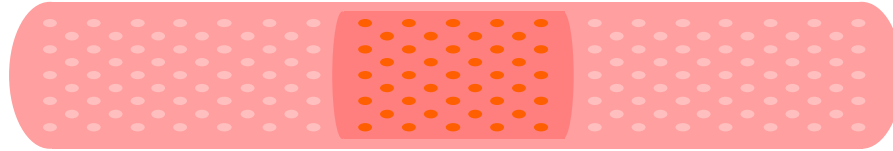
UNIVERSAL PRECAUTION



College of Southern Idaho Head Start/ Early Head Start



Emergency Care of Accidents and Illness



Remember in all accident or illness cases

1. One designated person stays with the injured/ill child
2. One designated person to be in charge of the classroom
3. One designated person to make emergency phone calls