

PAEDIATRIC FIRST AID MANUAL



First Stop
Safety Training

Paediatric First Aid Kit



First Stop
Safety Training

- 1 Leaflet with guidance
- 1 CPR face shield
- 40 Sterile hypo-allergenic plasters
- 2 Sterile eye pads
- 4 Triangular bandages
- 4 Medium wound dressings
- 2 Large wound dressings
- 2 Conforming bandages
- 5 Low adherent dressings
- 1 Pair of sheers



- 1 Roll of hypo-allergenic tape
- 10 Packs of gauze
- 1 Finger dressing
- 1 Foil blanket
- 1 Litre of sterile water
- 6 Pairs of disposable gloves

First Aid kits should be green with a white cross. Here is a list of content based on advice from the Health and Safety Executive. This list is not mandatory. Keep the contents list near or in the kit and replenish items straight after use. Check expiry dates regularly.

CPR

D

Danger

Check for dangers to yourself, the casualty & bystanders

R

Response

Shout, tap. If no response shout for help

A

Airway

Infant : slight chin lift only
Child: full head tilt & chin lift

B

Breathing

Check up to 10 secs,. Look, listen & feel.
No breathing; ensure an ambulance is on its way then do 5 rescue breaths

C

Circulation

30 compressions: 2 rescue breaths
Infant : 2 fingers Child: 1 hand

D

Defibrillator

Get one asap. Send someone to source one
If you are a lone rescuer do not leave your casualty wait on ambulance crew

30:2

30 Compressions : 2 Rescue Breaths

Choking Prevention



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1 ALWAYS stay with babies and children when they are eating.

2 Babies & children should be sitting up, supported to eat

3 Quarter grapes & cherry tomatoes lengthways. Cut large fruit into slices, not chunks

4 Children should be sitting down to eat with no other activities, focusing on chewing & swallowing

5 Mealtimes should not be hurried, let children eat at their own pace.

6 Risk assess every room you are in. Be proactive.

7 Ensure button batteries are secure and out of reach of children

8 Popcorn is unsafe for under 5s

RECOGNITION

- Seen situation unfold
- Coughing
- Recent history of playing with something small
- Child is unable to speak or goes quiet
- If child is old enough ask - Are you choking?

MILD CHOKING

Child can speak, cough, cry and breathe.

SEVERE CHOKING

Silent, unable to cough, may nod but unable to speak breathing can sound wheezy or absent, skin can go blue

Choking Treatment

Instruct the casualty to cough.

Only take action if cough becomes ineffective or they are silent.

INFANT

1



Shout for help. Lay infant over your lap face down, head low. Give up to 5 sharp back blows with the heel of your hand.

2



Turn infant to face you, head low. Use 2 fingers to give up to 5 chest thrusts. Sharp and slow. Repeat steps 1 and 2.

CHILD

1



Shout for help. Lean child forward and give up to 5 sharp back blows between their shoulder blades with the heel of your hand.

2



Stand behind the child, place both arms around them. Deliver up to 5 sharp abdominal thrusts. Repeat steps 1 and 2.

Burns Treatment



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1



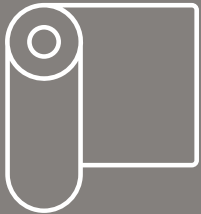
Flood the area with COOL or luke warm running water for at least 20 mins.

2



If clothing is stuck to burn do not remove. Gently remove any jewellery in the area.

3



Once cooled, cover the burn with cling film lengthways. You can use a clean plastic bag if cling film is unavailable.

4



Always seek medical advice if the casualty is a child or infant.

Asthma

This is a common lung condition that causes breathing difficulties.

1



Help the child to sit upright. Leaning on a table or chair may help

2



Child should use reliever inhaler (usually blue).

One puff every 30-60 secs for up to 10 puffs. Use spacer if possible.

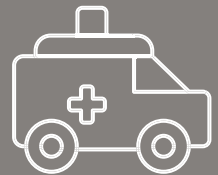
3



Try and take their mind off the attack.

Calm and reassure, make light conversations but do not encourage them to speak back

4



Call 999 if they feel worse or if the attack

doesn't ease after 10 puffs. 10 puff treatment can be repeated until ambulance arrives.

RECOGNITION

Difficulty breathing/ speaking, wheezing breathes, coughing, tight chest, pale, clammy skin, exhaustion, distress, unconsciousness

Anaphylactic Shock



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- It's a severe, life threatening allergic reaction
- Call 999 and say anaphylaxis asap
- Lie the child down. Do not sit up
- Follow child's personal care plan
- May have to use auto-injector pen
- If Epi-pen- wrap your hand around it
- Pull off blue safety cap
- Push orange tip firmly into outer thigh
- Hold firmly in thigh for 3 seconds
- Will go through one layer of clothing
- Check expiry date regularly
- Use out of date adrenaline if nothing else is available
- If second pen is available you can use in alternative thigh 5-15 mins after first dose



Febrile Convulsions



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These are seizures children can have because their core temperature spikes very quickly.

These are usually harmless.

Information

- Most common between the ages of 6 months - 3 years
- Usually last for less than 5 mins
- Children are more likely to have these if their parents did
- About 1 in every 3 kids who have had one febrile seizure will have another
- Most children outgrow these by the age of 5



Signs & Symptoms

- Children can become stiff
- Limbs can twitch
- Loss of consciousness
- Eyes rolling back
- Frothing at the mouth
- Vomit/ urinating
- Arched back
- Clenched fists
- Red in the face
- Hot to touch



Treatment

- Make sure the child is safe, with head protected
- Remove nearby objects
- Time the seizure
- Take child's temperature
- Call an ambulance if first seizure . If it's not their first one but lasts longer than 5 mins also call an ambulance
- Do not restrain them
-

Bleeding



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Nose Bleeds - tilt head forward and squeeze under the bridge of the nose. Hold pressure for 10 mins. If continues repeat process (3x10 mins). Hospital treatment will be required if it doesn't stop after 30 mins



Eye Injury - debris in white part of eye can be flushed with tap water or eye wash. If it's embedded do not remove, cover up and seek medical advice.



Knocked Out Tooth - if an adult tooth has been knocked out, rinse under the tap and try to replace into socket before seeking dental treatment. If it does not align the patient can store it in their mouth safely or into a cup of milk.



Embedded Object - do not remove it. Apply dressings around the foreign object but never over it. Hospital treatment required.



Amputation - control the bleed with pressure. Place limb in plastic bag or clingfilm. Place bag on ice or cold compress - hospital. Do not wash

Helpful Tips



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Make sure first aid equipment is in date & refilled

Ensure staff know address if needing to call 999. Print address next to phones

What3words app is a great tool for ambulance crew locating you

Have a procedure in place, who would get a defibrillator in an emergency?

Do all staff know what's inside each first aid box and how to use equipment?

Find out where your nearest defibrillators are to your home & workplace

Familiarise yourself with Care Inspectorate Choking Best Practice Guidance

Store clingfilm in case of serious burns

Set up your medical ID in the health app on your phone

If you take the children outside it is a good idea to carry travel first aid kits

Have a procedure for ambulance arrival that all staff are familiar with



First Stop

Safety Training



Mental Health
First Aid



Moving &
Handling
of Patients



First Aid
Workplace
Courses



Outdoor First
Aid



Fire Safety



Kids First
Aid
Workshop



Food Hygiene



Moving &
Handling
of Objects



Baby &
Child First
Aid
Workshop



Safeguarding
& Child
Protection for
Early Years



Blended
Learning First
Aid Courses