

Alexandria CERT: Community

Emergency Response Team

Police – Fire – Medical Emergency	911
Alexandria Non-Emergency	703-746-4444
Alexandria Animal Control	703-746-4774
National Poison Control Center	800-222-1222
National Suicide Prevention Lifeline	800-273-8255

March - April 2022

Children and First Aid

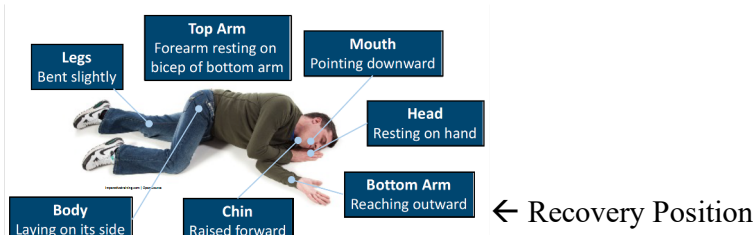
For any serious medical condition, call 911. Tell the operator the primary symptom(s) and, if known, the cause. Stay on the phone, as the operator can ask more questions or tell you what to do until professional responders arrive. Examples of when to call 911: • severe bleeding, vomiting blood, or large volume of bloody stool • second or third degree burn • unresponsive, decreasing responsiveness or alertness, or acting strangely • after a head injury exhibits inattentiveness, confusion, headache, vomiting, or difficulty walking • skin or lips that look blue, purple, or gray • exposed to or ingested something poisonous • seizure or convulsions • significant dehydration • fever accompanied by abnormal behavior, breathing, or skin condition • difficulty breathing, unable to speak • suddenly spreading purple or red rash • severe stiff neck, headache, and fever • increasing severe pain anywhere • severe allergic reaction • heat exhaustion • frostbite • impaled object.

Do not move a child with a head, neck, or back injury unless they are in danger, such as being on the street.

Good Samaritan laws and implied consent. If a child's parent or guardian is around, ask permission to help treat the child. If no responsible adult is present: a) Good Samaritan laws protect people who provide assistance in good faith and b) If the child is unconscious, there is implied consent to provide medical treatment.

Severe bleeding from wounds is life-threatening and must be addressed immediately. Children have just 2-3 liters of blood and can quickly bleed out, leading to irreversible shock and death. Apply firm, steady pressure to the bleeding site. For arm and leg wounds, fill the wound cavity completely with gauze or improvise with cotton material such as a tee shirt or sock, apply pressure for 3-5 minutes, then firmly wrap elasticized bandaging around the limb to hold the material in place.

Problems breathing have multiple causes such as fainting, an allergic reaction, or aspirating food, liquid, vomit, or a foreign object. If the child is unconscious or at risk of losing consciousness after initial treatment, lay them on their side in the recovery position.



Choking and CPR

Choking. If the infant (< 1 year old) or the child (ages 1 to 8) can breathe, cry, cough, sputter, or talk, choking first aid is NOT needed. First aid is needed if the chest does not move up and down, or they cannot cough or talk, look blue, or are unresponsive. Open the airway with head-tilt / chin lift; if you see a foreign object, remove it with your finger.

Infant choking. Alternate slapping the back hard 5 times with 5 chest compressions on a firm surface until the object dislodges or the infant becomes unresponsive. Do CPR if they are unresponsive or not breathing.

Child choking. Perform Heimlich maneuver until the object dislodges or the child is unresponsive or not breathing.

CPR. Administer when the child is unresponsive or is not breathing. With the child on a firm surface, alternate 30 chest compression with 2 rescue breaths. The rate of compressions is 100-120 times per minute.

Infant chest compressions. Put 2 fingers on the breastbone just below the nipple line and rapidly push down 1.5 inches 30 times.

Child chest compressions. Place the heel of one hand over the sternum and rapidly push down 2 inches 30 times.

More First Aid Techniques

Poisons. If the child is unconscious, drowsy, having convulsions, or having trouble breathing, call 911. Start CPR if the child is unconscious. For swallowed poisons, do not give anything by mouth and do not induce vomiting. Try to have the substance label or name available when you call 911 or the National Poison Control Center. If the child's skin, eyes, or hair was exposed to a poisonous substance such as chemical or poisonous plant, brush off any residual material while wearing nitrile or other rubber gloves, if possible. Remove contaminated clothing, eyeglasses, and jewelry. Rinse skin, eyes, or hair with lots of water or mild soap and water. Do not scrub. Bag the contaminated items for later cleaning or disposal. If the child has been exposed to fumes, gases, or smoke, get the child into fresh air.

Burns and Scalding. First, remove the child from contact with the hot object or liquid (water, cooking oil). If clothing is burning, smother the flames. Remove burned clothing unless it sticks to the skin. Run cool water over the skin until the pain stops. Never apply ice, butter, grease, or ointment. For burns on the face, hands, feet, genitals, or over a joint, call 911. After a large or deep burn, cover the child with a clean sheet and a blanket or use a mylar blanket to keep the child warm until professional help is available. For an electrical burn, unplug the power source. If the child is still in contact with the electrical device, do NOT touch the child. Instead, make sure the power is off, then pull the child away from the electrical device with something that has a long wooden handle. If blisters develop after a burn, do not break the blister.

Dehydration. Children can become dehydrated in hot weather, or when they have a fever, are vomiting or have diarrhea, or are on certain medications. Symptoms include being thirsty, fatigue, dizziness, or seizures in the case of severe dehydration. While plain water can help alleviate dehydration, it does not replenish electrolytes including lost salt. Pedialyte® is recommended as it is lower in sugars and higher in sodium and potassium than sports drinks. Sucrose in sports drinks can make diarrhea worse.

Convulsion or Seizure. For a prolonged seizure (more than 5 minutes), call 911. If the child is not breathing or is turning blue, perform CPR compressions with rescue breaths and call 911. If they are breathing or start breathing again, put the child in the recovery position to prevent choking. Protect the child's head and make sure the area is free of objects or obstacles that could injure the child. Loosen tight clothing.

Bites and Stings. For an animal or human bite, wash the wound with a soapy water solution. The child may need a tetanus or rabies shot or antibiotics. For an insect sting, scrape away the stinger using something with a firm, flat edge. Apply a cold compress to relieve pain. If trouble breathing, fainting, swelling of the face or throat, or hives over the whole body, call 911. For spider bites or any bite that becomes red, warm, swollen, or painful, contact the pediatrician.

Triaging Children for Treatment

Several methods exist to rapidly evaluate children for illness and injury to determine what emergency medicine intervention might be needed.

The Pediatric Assessment Triangle is used primarily by those with professional medical training, and has 3 parts. 1) Appearance is assessed for abnormality in muscle tone; not interacting or unable to be consoled; lack of eye contact or inability to recognize care-givers; inability to talk at an age-appropriate level or, for infants, not crying. 2) Breathing issues, such as noisy breathing: grunting by infants, wheezing, stridor; either excessive or decreased effort in breathing; nasal flaring; abnormal positioning of the body to assist breathing. 3) Circulation, where skin is pale or mottled or has a bluish-purple hue or obvious bleeding. These may indicate the child is in clinical shock.

JumpSTaRT is the pediatric version of adult Simple Triage and Rapid Treatment, often used in mass casualty incidents. Use it to assess children ages 1 – 8; it is not applicable to infants (< 1 year old). It is a flowchart of steps: If the child can walk, their condition is minor. If not breathing, intervene immediately. If breathing, assess respirations: very slow or very fast breaths require immediate attention, as does no pulse. Then check mental status. Immediate treatment is needed if they only reacts to a painful stimulus or are unresponsive. Treatment is delayed (but ahead of those rated as minor) if they are alert or respond to a verbal stimulus such as a simple command.