



H&S Department
St Joseph School Sliema (Senior Section)

16th may 2016

Dear parents, guardians and girls,

As usual at this time of the year I have prepared some guidelines to do with the H&S of our students. This is the last time I will be preparing this as I will be retiring soon and a new H&S teacher has been appointed.

This year I have researched the latest methods of First Aid for children and I hope that you will print out these few sheets and keep them handy in case of an emergency.

First Aid for Children

Allergic Reactions

Common causes of a severe allergic reaction are medicines, pollens, some food items such as nuts, shellfish or eggs, and stings and bites.

The baby or child may develop a red, blotchy rash, itchiness or swelling on their hands, feet or face. Their breathing may slow down.

Vomiting and diarrhoea can also occur.



Immediately phone emergency services 112

The baby or child needs urgent medical assistance. An allergic reaction can affect someone very quickly, and is potentially very serious as it may result in swelling of their airway, which causes them to stop breathing.



Burns Caused by Flames

Smother any flames by covering them with a blanket or water.

If the flames are in a frying pan with fat or oil do not pour water over it. This will make the oil float and spread the fire and will result in burning oil spluttering all over you.

Put a metal lid or baking tray over the pan to cut off the oxygen supply and then turn off the heating element or gas supply.

If your clothing catches fire, do not run:



Stop, drop, and roll on the ground to smother the flames

Minor Burns

It is important to cool the affected area.



Cool the burn under cold running water for at least ten minutes.

Do not put ice on the burn.

Loosely cover the burn with cling film or a clean plastic bag.

If necessary, call 112 or get someone else to do it.

Do not put butter or milk or anything else on the burn because these measures do not help and can damage the skin tissue.

Do not attempt to remove clothing that is stuck to the burnt area.



Nose Bleeds in Children

The most common causes of nosebleeds in children are:

Minor trauma such as nose picking or a hit to the nose

Upper respiratory tract infections or allergic rhinitis

Nasal foreign bodies

Exposure to warm, dry air

Nasal medications such as steroid sprays

How to stop a nosebleed



Child sits in adults lap



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RCH, Melbourne

Sit up straight and lean slightly forward.

Lean your head forward. Tilting your head back will only cause you to swallow the blood.

Pinch the nostrils together and apply direct pressure with the

thumb and index finger for approximately 10 minutes.

Spit out any blood in the mouth. Swallowing blood may make the affected individual vomit.

Once the bleeding has stopped, try to prevent any further irritation to the nose, such as sneezing, nose blowing, or straining for 24 hours.

If the blood loss continues and the child is dizzy or fainting, call 112. Be sure to tell the health professional if the child is on any blood thinning medicine such as Asprin.



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Cuts and grazes

If the bleeding doesn't stop, or if there's a foreign object in the cut, or you think it might be infected, then you should see a health care professional.



For simple cuts and grazes:

Clean the wound by rinsing it under running water or using alcohol-free wipes.

Pat it dry using a gauze swab and cover it with sterile gauze. If you don't have these, then use a clean, non-fluffy cloth.

Raise and support the part of the body that's injured. If it's a hand or arm, raise it above the head. If it's a lower limb, lay them down and raise the cut area above the level of the heart. This will help stop the bleeding.

Remove the gauze covering the wound and apply a sterile dressing.

If you think there's any risk of infection then suggest they see a health care professional.

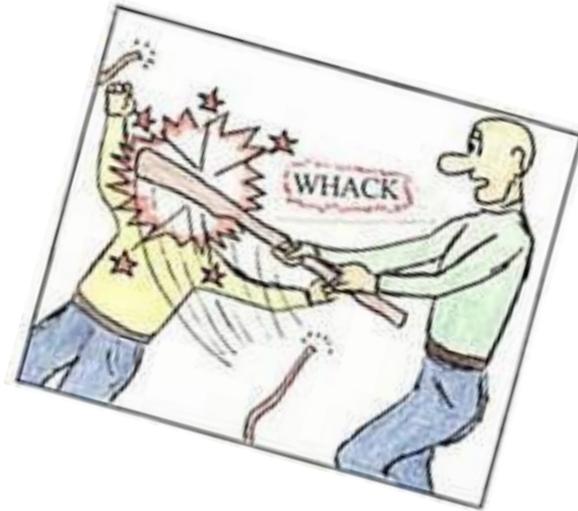


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Electric Shocks

Caution

Don't touch the injured person if he or she is still in contact with the electrical current.



Turn off the main if it is still on and use a *wooden* implement (not metal) to push him away from the wire.

Don't hurt him with the wooden implement!!

An electrical shock may cause burns, or it may leave no visible mark on the skin. In either case, an electrical current passing through the body can cause internal damage, cardiac arrest or other injury. Under certain circumstances, even a small amount of electricity can be fatal.

When to contact your doctor

A person who has been injured by contact with electricity should be seen by a doctor.

Call 112 if the injured person experiences:

Severe burns

cardiac arrest

Confusion

Muscle pain and contractions

Difficulty breathing

Seizures

Heart rhythm problems (arrhythmias)

Loss of consciousness



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Take these actions immediately while waiting for medical help:

Turn off the source of electricity, if possible. If not, move the source away from you and the person, using a dry, non-conducting object made of cardboard, plastic or wood.

Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement.

Try to prevent the injured person from becoming chilled.

Cover any burned areas with cling film. Do not use a blanket or towel, because loose fibres can stick to the burns.

Choking

Step 1: Assess the situation quickly.

If a child is suddenly unable to cry, cough, or speak, something is probably blocking her airway, and you'll need to help her get it out. She may make odd noises or no sound at all while opening her mouth. Her skin may turn bright red or blue.

If she's coughing or gagging, it means her airway is only partially blocked. If that's the case, encourage her to cough.

Coughing is the most effective way to dislodge a blockage.

If the child isn't able to cough up the object, ask someone to call 11 2 as you begin back blows and abdominal thrusts (see step 2, below).

On the other hand, if you suspect that the child's airway is closed because her throat has swollen shut, call 112 immediately. She may be having an allergic reaction – to food or to an insect bite, for example – or she may have an illness, such as croup.



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Also call 112 right away if the child is at high risk for heart problems.

Step 2: Try to dislodge the object with back blows and abdominal thrusts.

First do back blows.

If a child is conscious but can't cough, talk, or breathe, or is beginning to turn blue, stand or kneel slightly behind him. Provide support by placing one arm diagonally across his chest and lean him forward or sit down and place him face down across your knees.



Firmly strike the child between the shoulder blades with the heel of your other hand. Each back blow should be a separate and distinct attempt to dislodge the obstruction.

Give five of these back blows.

Then do abdominal thrusts

Stand or kneel behind the child and wrap your arms around his waist.

Locate his belly button with one or two fingers. Make a fist with the other hand and place the thumb side against the middle of the child's abdomen, just above the navel and well below the lower tip of his breastbone.



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Grab your fist with your other hand and give five quick, upward thrusts into the abdomen. Each abdominal thrust should be a separate and distinct attempt to dislodge the obstruction.

Repeat back blows and abdominal thrusts.

Continue alternating five back blows and five abdominal thrusts until the object is forced out or the child starts to cough forcefully. If he's coughing, encourage him to cough up the object.

If the child becomes unconscious

If a child who is choking on something becomes unconscious, you'll need to do what's called modified CPR. Here's how to do modified CPR on a child:

Place the child on his back on a firm, flat surface. Kneel beside his upper chest. Place the heel of one hand on his sternum (breastbone), at the centre of his chest. Place your other hand directly on top of the first hand. Try to keep your fingers off the chest by interlacing them or holding them upward.



Perform 30 compressions by pushing the child's sternum down about 2 inches. Allow the chest to return to its normal position before starting the next compression



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Open the child's mouth and look for an object. If you see something, remove it with your fingers.

Next, give her two rescue breaths.



- Tilt the head back and lift the chin up.
- Child: Pinch the nose shut, then make a complete seal over child's mouth.
- Infant: Make complete seal over infant's mouth and nose.
- Blow in for about 1 second to make the chest clearly rise.
- Give rescue breaths, one after the other.

If the breaths don't go in (you don't see his chest rise), repeat the cycle of giving 30 compressions, checking for the object, and trying to give two rescue breaths until the object is removed, the child starts to breathe on his own, or help arrives.



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Meningitis

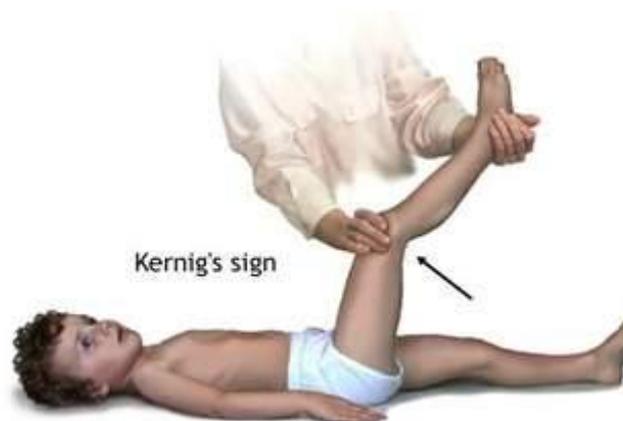
Meningitis is a life threatening inflammation of the lining of the brain which if recognized quickly improves the chances of complete recovery a great deal.

Some, but not all of these symptoms may be present:

Flu-like symptoms with a high temperature

Joint or muscle pain

Kernig's sign: If the child is lying down with his knees bent he will find it very painful to straighten his legs.



Neck stiffness - the child may be unable to touch her chest with her chin

Eyes sensitive to light – the child wants a dark room

A rash of purple spots that do not fade when a glass is pressed against them.

Action:

If you notice some of these symptoms especially eye- shielding or neck stiffness, and suspect meningitis:

- Call the doctor immediately.
- Give recommended dose of paracetamol or calpol to lower the temperature.
- Give sips of water and cool forehead with a wet face cloth



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Ref:

<http://www.redcross.org.uk/What-we-do/First-aid/Baby-and-Child-First-Aid/Allergic-reaction>

<http://www.redcross.org.uk/What-we-do/First-aid/Everyday-First-Aid/Fast-first-aid-tips#>

<http://www.webmd.com/first-aid/tc/burns-home-treatment>

<http://www.rch.org.au/uploadedImages/Main/Content/kidsinfo/Nosebleeds---KHI-RCH.jpg>

http://www.emedicinehealth.com/nosebleeds/page7_em.htm#nosebleed_self-care_at_home

<http://www.sja.org.uk/sja/first-aid-advice/bleeding/cuts-and-grazes.aspx>

<http://www.mayoclinic.org/first-aid/first-aid-electrical-shock/basics/art-20056695>

http://www.babycenter.com/0_first-aid-for-choking-and-cpr-an-illustrated-guide-for-child_11241.bc

http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf

St John Ambulance British Red Cross First Aid Manual

I hope you will never need to use this information but if indeed there is an emergency I hope you will find it useful. I have really enjoyed looking after you students for the past seven years as your H&S teacher and wish you all the best. I also wish the new H&S teacher as much satisfaction in her new job as I have had.

Regards,

Josette Camilleri (H&S Teacher)