

Health Module 2

Child Health and Safety, First Aid Kits, and Acute First Aid and Guidelines

CHILD HEALTH AND SAFETY

Head Start will adhere to the following guidelines to support a healthy environment and establish the following procedures in response to a center's accidents, medical and dental emergencies. The following topics to be discussed are:

- A) First Aids Kits and Supplies
- B) Acute First Aid and Guidelines
- C) Center Accident Reports
- D) Dental Emergency
- E) Medical Emergencies
- F) Health Special Risk Inc. (HSR insurance form)
- G) Emergency Numbers

Health Specialist will review the following information with site managers and staff annually at the beginning of each year and when indicated.

FIRST AID SUPPLIES

All HEAD START Centers will have a **MAIN** First Aid kit. This kit will be kept in the site manager office. The Health Specialist will re-stock the MAIN First Aid kit on a monthly basis based on inventory.

Each classroom will have a tackle box First Aid kit to be kept inside the classroom closet, out of the children's reach. The Health Assistant will re-stock the tackle box classroom First Aid kits on a monthly basis based on inventory. The Health staff will check the expiration dates and replace any used or out-of-date supplies as needed.

- Each Teacher or Teacher Assistant will wear a fanny pack furnished with First Aid supplies to be taken on the playground, any outdoor activities and/or any field trips. The Teacher or Teacher Assistant will be responsible for re-stocking the First Aid supplies in their fanny packs from supplies available in their tackle box classroom First Aid kits.
- Main First Aid Kit - HS Center
- Tackle Box First Aid Kit - HS Classrooms
- Fanny Packs - Worn by Teacher(s)/Teacher Assistant(s)

FIRST AID KIT (CENTERS)

The following items are in the center's First Aid Kit. A list of the First Aid kit supplies should be attached to the inside of the Center's First Aid Kit for quick reference when checking for needed supplies. The Health Specialist will check the center's main first Aid Kit and restock when indicated.

1) FIRST AID KIT (MAIN/CENTER)

- ✓ ADHESIVE TAPE
- ✓ BANDAGE SCISSORS
- ✓ BAND-AIDS (3/4" AND 1")
- ✓ KLING GAUZE
- ✓ COTTON BALLS
- ✓ LIQUID DIAL SOAP (for First Aid Kit Only)
- ✓ DISPOSABLE GLOVES
- ✓ FIRST AID BOOK
- ✓ GAUZE PADS (2" X 2" AND 4" X 4")
- ✓ EYE IRRIGATOR + SOLUTION
- ✓ STERILE WATER
- ✓ INSTANT COLD PACK
- ✓ IPECAC SYRUP
- ✓ THERMOMETER
- ✓ TRIANGULAR BANDAGE
- ✓ TWEEZERS PLASTIC BAGS
- ✓ ANTISEPTIC WIPES
- ✓ MICRO-SHEILD (1)

2) FIRST AID KIT/FANNY PACKS (CLASSROOMS)

The following items are required for the tackle box (small first aid kit) in the classrooms. Teachers should stock their fanny packs from the supplies in the tackle boxes. The Health Assistant will monitor and replace health supplies when requested by center staff. There will be re-useable ice packs for each classroom in the center. Each ice pack will be label (#1, #2) and stored in the center's refrigerator

FIRST AID KIT/FANNY PACKS (CLASSROOMS)

- ✓ BAND-AIDS (3/4" AND 1") – 20 EACH SIZE
- ✓ 2 SETS OF DISPOSABLE GLOVES
- ✓ GAUZE PADS (2" X 2" AND 4" X 4") – 4 EACH SIZE
- ✓ 10 TEMPRA DOTS
- ✓ 1 HAND SANITIZER
- ✓ FACE SHEILD



ACUTE FIRST AID AND GUIDELINES

These medical procedure charts have been designed to aid staff in managing potentially dangerous or troublesome situations in the Head Start Centers. The steps are presented in concise situation outline without unnecessary details that can be distracting during an emergency.

1) WHEN A MEDICAL SITUATION OCCURS

- a) **Remain calm.** Take a deep breath. Read these instructions. With all health situations, except cardiac arrest or respiratory failure, one or two minutes spent getting the situation under control will improve effectiveness.
- b) **Look up the major problem in the Contents.** If a serious emergency occurs that not listed, the best procedure is to obtain emergency or medical assistance from the Health Staff or EMS, unless you are very familiar with the problem and its management.
- c) **Provide only the care outlined in these charts** unless you are a trained in emergency procedures or you receive instructions for additional care from a health care professional.
- d) **Use common sense** with these charts; only you know your particular situation. The primary rule of first aid is to cause no further injury.
- e) **Most important during any medical emergency – Remember your ABCs:** Make sure the *airway* is unobstructed. Make sure the person is *breathing*. Check for *circulation* and the pulse.

****THESE PROCEDURES ARE MEANT TO BE COMFORT STEPS USED TO SOOTH THE CHILD UNTIL HE/SHE IS PICKED UP BY THE PARENT/ GUARDIAN. FIRST AID BEGINS WITH ACTION AND ACTIVITY. THE FIRST AIDER SHOULD ASSURE THE PERSON THAT HE/SHE IS BEING HELPED.**

2) BITES – ANIMAL & HUMAN



SIGNS AND SYMPTOMS

Presence of a puncture and/or open wound, e.g. tear or laceration of the skin. Bleeding, pain, soreness, redness or swelling may be present at the wound site.



HEALTH CARE

- a) Wash the wound thoroughly and repeatedly with soap and water for at least 10 minutes and rinse well. Apply sterile dressing if needed.
- b) If bleeding heavily, apply direct pressure with the palm of the hand over the wound dressing.
- c) Take the child for medical treatment. If possible take the child's immunization record with date of last tetanus vaccine.

d) If animal bite, contact the City Health Department Animal Control with the following information to aid in the capture of the animal:

- Child's name, address, race, sex, age, and telephone number
- Time of the incident
- Description of the injury site
- Emergency care administered
- Description of the animal and the owner's name and address, if known

NOTE: DETAIN ANIMAL IF POSSIBLE. DO NOT KILL THE ANIMAL.

3) BITES & STINGS (INSECTS)

Quickly determine whether the person is experiencing a serious reaction to the site. If an allergic reaction occurs call 911.

SIGNS AND SYMPTOMS

1) Emergency Allergic Reaction

Breathing difficulty or wheezing, faintness, hives, blotches, red, swollen eyes, nausea/vomiting, and diarrhea. Serious allergic reactions occur within 5 - 10 minutes.

2) Localized Reaction

Local irritation with a swelling, redness, or itching at the sting site. Associated pain or swelling of a joint or body part may be present.

3) Situations not requiring EMS services

- a) Keep the child quiet and calm.
- b) Keep the area below heart level if on an extremity.
- c) Do not squeeze the stinger out. If there is a stinger in the skin, try to remove it by wiping a card over the area.
- d) Apply cold compresses for 15 - 20 minutes.
- e) Observe the child for any allergic reaction. If necessary, seek medical care.
- f) Fill out Center Accident report and notify parents

4) BLEEDING (CUTS & ABRASIONS)

SIGNS AND SYMPTOMS

Any sign of cut(s) or scrape(s) of the skin with bleeding and pain. Foreign material such as grass, dirt, rocks, etc. may be present in the wound.

HEALTH CARE

- a) Reassure the child and have him/her lie or sit in a comfortable position.
- b) Wash the wound or soak thoroughly with soap and water and rinse repeatedly to cleanse area of any foreign material for at least 10 minutes. Do not remove

imbedded material, e.g. glass, from the wound. Notify parents and refer for medical assistance.

- c) Cover the wound with a sterile dressing if needed.
- d) If bleeding heavily, apply direct pressure with the palm of the hand on the wound dressing.
- e) Refer the child for medical care if:
 - The child's tetanus immunization is not up-to-date
 - The wound is very deep, dirty, or has foreign matter imbedded
 - There are signs of infection, e.g. redness, swelling, soreness, etc.
- f.) Fill out Center Accident report and notify parents
- g.) Follow-up within 2 days, document and observed for signs of infection. If "scab" formed, do not remove. Maintain good hygiene. Keep area dry/ cover with Band-Aid if necessary.

5) BLEEDING (NOSEBLEED/FOREIGN OBJECTS IN THE NOSE)

1) BLEEDING

SIGNS & SYMPTOMS/BLEEDING

Spontaneous bleeding from the nose, which may be related to a head or face injury or changes in the environmental humidity.

HEALTH CARE/BLEEDING

- a) Have the child sit in an upright position, leaning slightly forward and breathing by mouth.
- b) Have the child or assist the child to pinch the nostrils together firmly with thumb and forefinger using soft thick tissues or cloths. Do not squeeze hard enough to cause damage or pain.
- c) Apply constant pressure for 5 - 10 minutes.
- d) Have the child continue to breath by mouth and avoid talking, physical activities or blowing nose for one hour.
- e) The child should have medical care if you suspect a fracture of the nose, or if the bleeding is uncontrolled.
- f) Treat the child for shock if there is excessive bleeding or suspected fracture.
- g) Notify parents of nose bleed and fill out accident report if indicated.

6) FOREIGN OBJECTS IN THE NOSE

SIGNS AND SYMPTOMS

Complaint of obstruction of the nostril. Other symptoms may be nasal drainage or swelling of the nose.

HEALTH CARE

- a) Have the child to blow the nose moderately into a tissue or cloth with both nostrils open.
- b) Seek medical care, if foreign material does not come out.
- c) Notify parent and fill out center accident report if indicated

7) **BLISTERS**

SIGNS AND SYMPTOMS

Pain with collection of fluid under the skin usually as a result of the skin being irritated or rubbed.

HEALTH CARE

- a) Leave blisters unbroken.
- b) Wash area gently with soap and water.
- c) Apply Band-Aid to protect from further irritation.

NOTE: IF THE BLISTER IS BROKEN, TREAT AS AN OPEN WOUND AND COVER WITH A BAND-AID.

8) **BRUISES**

SIGNS AND SYMPTOMS

A bruise is an injury as the result of a blow to the body, which does not break the skin, but, causes pain, swelling and discoloration. Redness of the skin at the injury site may be present initially. This may become blue or black and much later brownish yellow.

HEALTH CARE

- a) Medical care is necessary if there is a large injury site, related head injury, or deformity over a bone or joint. Treat a deformity as for fracture.
- b) If seen immediately following an injury: apply a covered ice bag to the injury site to reduce swelling and bleeding into the tissue.
- c) Elevate injured arm or leg to reduce swelling if present.
- d) Fill out center accident report and notify parents.
- e) Inform Child Protective Services if violence or child abuse is suspected.

9) **BURNS**

SIGNS AND SYMPTOMS

First-degree burns have redness of the skin, pain and may be mild, with swelling at injury site. Second Degree burns have deep reddening of the skin. Skin has a glossy appearance, blisters; leaking fluid from possible loss of skin. Third-degree burns have loss of all skin layers and are painless with possible white or charred skin.

HEALTH CARE

- a) For first or second-degree burns, soak in cool (or running) water or use cold wet compresses to burn area for 10 - 15 minutes.
- b) Do not apply cold water or wet compresses to third-degree burns.
- c) If possible, leave first-degree burns uncovered, or cover with sterile moist dressing. Cover all second or third-degree burns loosely with sterile dressing.
- d) Do not break or open blisters of burns.
- e) Do not use butter, oil, etc. on burns.

HEALTH CARE (cont'd.)

- f) Refer for medical care for extensive burns and all third degree burns
- g) Notify parents and fill out an accident report if the occurrence happens at the center.
- h) Inform Child Protective Services if violence or child abuse is suspected.

10) CONVULSION (SEIZURES)

SIGNS AND SYMPTOMS

Involuntary jerking of muscles, possible loss of bowel and bladder control, possible loss of consciousness, or cessation of breathing.

HEALTH CARE

- a) Do not move the child unless it is an unsafe area. Remove potentially harmful objects (e.g. furniture) from the area.
- b) Do not restrain the child or try to put anything into the child's mouth or between the teeth.
- c) Do not give the child anything to eat or drink.
- d) Time the seizure. If this is a first time seizure (no history) call 911.
- e) Give rescue breathing (artificial respiration) if the child stops breathing for more than 2 minutes.
- f) After the seizure stops, apply cool cloth to the child's face and provide area for undisturbed sleep.
- g) If the seizure lasts longer than 10 minutes, becomes worse, or different, or is followed by another seizure immediately (<2 minutes), call EMR and obtain emergency medical assistance.
- h) Notify parents of seizure activity and document in the Health Record.

11) EARACHES/FOREIGN OBJECTS IN THE EAR EARACHES

SIGNS AND SYMPTOMS

Painful and draining ear or feeling of fullness in the ear canal. May have other symptoms, i.e., hearing loss, "cold", injury to the ear or head, nausea, vomiting or abdominal pain or object in the ear. Fever may or may not be present.

HEALTH CARE

- a) Make child as comfortable as possible by having him/her lie down with the head turned to the earache side.
- b) Advise parent/guardian to seek medical care.
- c) If fever is present, notify parents and instruct them to pick child home and advise them to seek medical care.

12) FOREIGN OBJECTS IN THE EAR

SIGNS AND SYMPTOMS

Ear pain and/or feeling of fullness in the ear canal. Other symptoms may be hearing loss and a history of placing an object in the ear canal.

HEALTH CARE

- a) Make the child comfortable and provide reassurance.
- b) Do not attempt to remove anything from the ear canal. Only a health care provider or physician should remove foreign objects in the outer ear.
- c) Advise parent/guardian to seek medical care.

13) SORE THROAT

SIGNS AND SYMPTOMS

Pain or soreness of the throat when swallowing, speaking or eating. Additional symptoms may include nasal drainage, enlarged neck glands, fever, cough, headache, hoarseness, or injury to the mouth, throat, or neck.

HEALTH CARE

- a) Take the child's temperature. If she/he does not have a temperature of 100.4° F or above, the child may stay in the Center.
- b) If child does have temperature of 100.4°F or above, keep him/her at home and seek medical care.
- c) Have child gargle with warm salt water (½ teaspoon salt in an 8-ounce glass of water).
- d) Have child to rest quietly and encourage fluids.

14) SPLINTERS

SIGNS AND SYMPTOMS

Foreign material embedded in the skin usually relating to a minor injury. Other symptoms may include redness, swelling and/or pain at the injury site.

HEALTH CARE

- a) If splinter can be easily removed (splinter part is above the skin surface) grasp splinter with a tweezer and gently remove. Clean area with soap and water after removal and apply dressing.
- b) Clean the area with soap and water, and apply dressing, if splinter is deeply imbedded and splinter part is not above the skin surface. Do not attempt to remove the splinter.
- c) Advise parent to seek medical care.

15) STOMACH

SIGNS AND SYMPTOMS

Abdominal pain or discomfort. May have related cramping, bloating, gas, diarrhea or constipation, nausea and vomiting. Causes of upset stomach (nausea and vomiting) usually are not serious. Ask the child about other symptoms or conditions and about amount, consistency, and color of vomit. Fever may or may not be present.

Ask about additional signs and symptoms - i.e., headache, earache, sore throat, injury to chest, head or stomach, diabetes, high temperature, dietary intake, and stressful events.

HEALTH CARE

- a.) Assist child to become more comfortable by lying down on side with knees bent to relax stomach muscles.
- b.) Take the child's temperature when the nausea/vomiting subsides.
- c.) If pain persists (> 20 minutes), inform parent of child symptoms and inform parents with an option to pick the child up from the center.
- d.) If fever is present, instruct parent to seek medical attention.

16) VOMITING/THROWING UP

SIGNS AND SYMPTOMS

The voluntary or involuntary emptying of the stomach contents through the mouth.

HEALTH CARE

- a) Identify the contents of the vomit (food, blood, etc.)
- b) If blood is present, call the parents, Nurse Practitioners or Emergency Medical System (EMS).
- c) Give nothing to eat or drink until vomiting stops.
- d) Allow the child to rest and check the child for improvement.

HEALTH CARE (cont'd.)

- e) Seek medical evaluation based on symptoms if necessary.
- f) Keep the child calm

- g) If symptoms persist, instruct parents to pick child up and refer for medical treatment.

QUIZ:

- 1) TRUE FALSE Teachers are required to provide their own fanny packs.
- 2) What procedure would you use in case of a nosebleed?
- a) Have child blow his/her nose.
- b) Have child lean with head going back.
- c) Have child sit upright and lean forward, breathing by mouth.
- 3) TRUE FALSE If an object is embedded in the wound, you should remove the object.
- 4) What is the temperature that requires you to send a child home?
- a) 104.0 b) 100.4 c) 101.3 d) 98.6
- 5) How many hours does a child have to be fever free before returning to the center?
- a) 72 b) 12 c) 0 d) 24
- 6) TRUE FALSE Only a health care provider or physician should remove a foreign object from the outer ear.
- 7) TRUE FALSE Butter, petroleum jelly, and ointment should always be used to treat burns.