



Child Care First Aid

Acknowledgements

Each time a program is revised, it is built on the great work completed in the previous revisions. The Canadian Red Cross would like to recognize everyone who worked on developing these programs in the past; their work set the foundation for our success.

We would like to thank our Training Partners, Master Instructor Trainers, Instructor Trainers, and Instructors who provided the feedback that helped guide this revision and shape our new programs.

This revision required the hard work and dedication of many teams, who put in countless hours to contribute to its success. The Canadian Red Cross extends its thanks to the First Aid Technical Advisory Group (FATAG) for its overall leadership, dedication, and direction. FATAG members include:

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This publication is available in English and French.

Illustrations by Allison MacAlister | Photos by Matt Bork, Tara Hillyer, and Lisa Petrole

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ISBN: 978-1-58480-680-6

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1

The Red Cross

The Fundamental Principles

Humanity: We serve people, but not systems.

Impartiality: We care for the victims and the aggressors alike.

Neutrality: We take initiatives, but never take sides.

Independence: We bow to needs, but not rulers.

Voluntary Service: We work around the clock, but never for personal gain.

Unity: We have many talents, but a single idea.

Universality: We respect nations, but our work knows no bounds.

Red Cross Symbols

There are three official symbols (red cross, red crescent, and red crystal) used to identify the International Red Cross and Red Crescent Movement. These symbols are recognized around the world as signs of protection and neutrality.



How We Help

DISASTER MANAGEMENT



INTERNATIONAL OPERATIONS



FIRST AID PROGRAMS



SWIMMING & WATER SAFETY PROGRAM



RESPECT EDUCATION



COMMUNITY HEALTH AND WELLNESS



2 Responding to Emergencies

Preparing to Respond

First Aid Kit

Keep a well-stocked and regularly inspected first aid kit in your home, car, and workplace.



Willingness to Act

Sometimes people don't want to get involved in an emergency. The four most common reasons are:

1. **The Bystander Effect:** "Someone else will look after the person." Never assume that someone will take action. Offer to help in any way you can.
2. **Unpleasant injuries or illnesses:** "That makes me feel sick!" Close your eyes or turn away for a moment to calm yourself, then deal with the situation.
3. **Fear of catching a disease:** "I don't want to get sick!" Taking simple steps, such as wearing gloves, will limit the risk of catching a disease.
4. **Fear of doing something wrong or causing more harm:** "What if I make the person worse?" The most harmful thing you can do is nothing at all.



Legal Issues Around First Aid

First Aiders must:

- Get permission, if possible, before giving care.
- Give only the care they were trained to provide.
- Continue giving care until another trained person takes over, they are too exhausted to continue, the scene becomes unsafe, or the person's condition improves and care is no longer required.

Getting Permission to Help

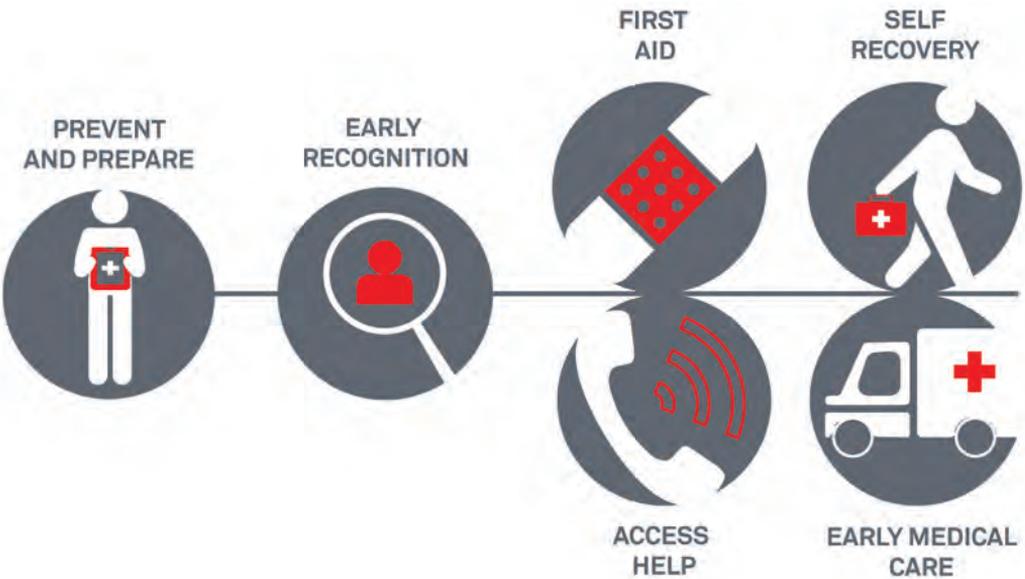
You must get permission (consent) before giving care.

- For an unresponsive person, the law assumes you have permission.
- For a young child without a caregiver, provide care.



Chain of Survival Behaviours

The Chain of Survival Behaviours is a series of actions that, if integrated together, will help ensure a positive outcome for an ill or injured person.



Your Role as a First Aider

1. Recognize the emergency.
2. Protect yourself and others.
3. Access help (one of the simplest and most important ways of providing first aid).
4. Act according to your skills and training.

The Emergency Medical Services System

The emergency medical services (EMS) system is a network of community resources and trained personnel organized to give emergency care in cases of injury or sudden illness.

When to Call EMS/9-1-1

Call EMS/9-1-1 if there is a danger to you or others or if a person:

- Is not easily accessible.
- Is unresponsive or has an altered mental state.
- Is not breathing normally.
- Has life-threatening bleeding.
- Has a seizure.
- Has a head, neck, or spinal injury.
- Has an apparent mental health crisis.



Calling EMS/9-1-1 for a Child in Your Care

Once you have activated EMS, call another caregiver to come and stay with any other children in your care. If the ill or injured child is being taken to the hospital, call the child's parent or guardian and ask him or her to meet you there. If you cannot go with the child, give the paramedics the child's medical information and your contact information.

After an Emergency

Being involved in an emergency and providing first aid can be stressful. After the emergency is resolved, you may have lingering feelings such as uneasiness, doubt, anxiety, and fear. It is often helpful to talk to somebody about the situation.

Consider seeking professional help (such as from your family doctor or mental health professional) if you experience any of the following for more than two weeks after the emergency:

- Crying fits or uncontrollable anger
- Trouble eating or sleeping
- Loss of engagement with former interests
- Feelings of guilt, helplessness, or hopelessness
- Avoiding family and friends
- Ignoring daily tasks, such as going to work

Lowering the Risk of Infection

Equipment Precautions

“Personal protective equipment” (“PPE”) are items that protect you from contact with germs. You should always use some type of barrier device when giving first aid.



Removing Gloves

1. Touching only the outer surface, pull the glove off your hand, form it into a ball, and hold it in the palm of your gloved hand.



2. Insert your fingers under the rim of the glove on your other hand.



3. Pull the glove off the hand, trapping the balled glove inside, and discard appropriately.



4. Wash your hands properly.



Handwashing

1. Take off your jewellery, wet your hands, and then apply soap.



2. Rub your hands together for at least 30 seconds and rinse.



3. Dry with a towel.



4. If you are in a public washroom, turn the faucet off using the towel.



If handwashing facilities are not available, use an alcohol-based hand sanitizer to clean your hands.

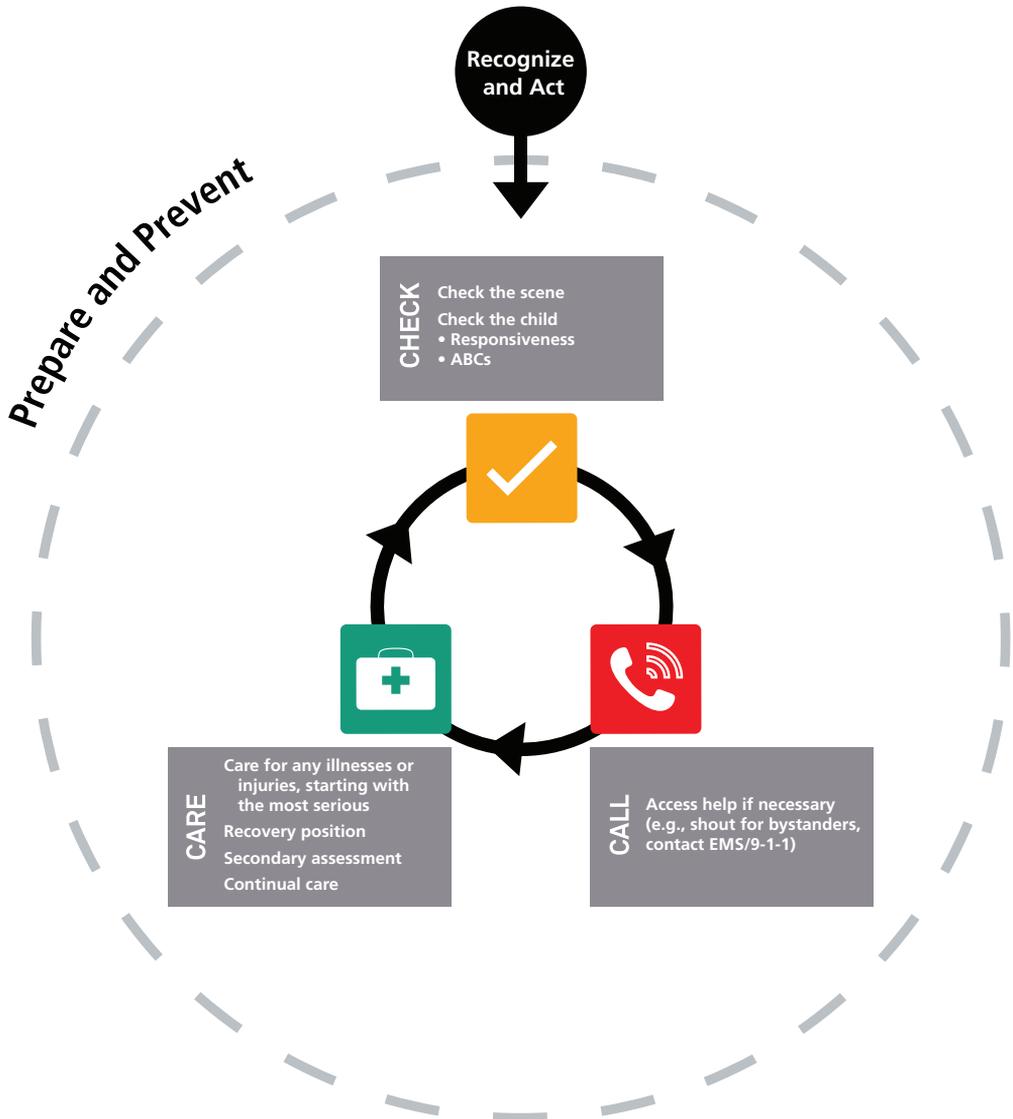


Clean under your fingernails by rubbing them against the palms of your hands. Be sure also to scrub your palms and wrists, the skin between your fingers, and the backs of your hands.

3

Check, Call, Care

When you encounter an ill or injured child, you will repeat the check, call, and care steps until the child's condition improves or EMS personnel arrive.





Check

Once you recognize an emergency, you must first check the scene, and then check the child.

Check the Scene

Before approaching an ill or injured child, stop and take a good look at the scene:

- Is the scene safe?
- Are there any hazards?
- What happened?
- How did it happen?



Check the Child (Primary Assessment)

If the scene is safe, quickly check the child:

1. Check whether the child is responsive.
2. Check the child's ABCs:
 - Airway
 - Breathing
 - Circulation



Checking ABCs

A = CHECK THE AIRWAY

Make sure the child has an open airway. If the child is speaking, moaning, or crying, the child's airway is open.

If the child is unresponsive, perform a head-tilt/chin-lift by gently tilting the head back until the chin is pointing up.



B = CHECK BREATHING

Check for normal breathing for 5 to 10 seconds. A child is breathing normally if air is moving into and out of the lungs and the chest is rising and falling in a normal, regular pattern. Someone who can speak or cry is breathing.



C = CHECK CIRCULATION

Quickly look at the child from head to toe for signs of life-threatening bleeding.



A child who is not breathing normally may be occasionally gasping for air. This is a reflex action called “agonal respiration.” Unlike normal breathing, it is irregular and sporadic. Care for the child as if he or she is not breathing.

Unresponsiveness, difficulty breathing, and life-threatening bleeding are life-threatening emergencies. These conditions must be your top priority. Obtain an automated external defibrillator (AED) and first aid kit if these items are available.



Call

If a child is unresponsive or has a life-threatening condition, you must always activate EMS. Whenever possible, use a mobile phone or ask a bystander to call EMS/9-1-1.



If you are alone with the child and you do not have a mobile phone, call out loudly for help. If no one comes, get to a phone as quickly as you can and call EMS/9-1-1. As soon as you hang up, return to the child. If you are able to carry the child safely, take the child with you.

If a child becomes unresponsive, his or her vital signs deteriorate, or your secondary assessment reveals a condition that requires emergency care, call EMS/9-1-1 immediately.



Care

Care for any life-threatening conditions first. Give the care that is needed, within the

scope of your knowledge and training. Continue to Check, Call, and Care, providing continual care with these guidelines:

- Monitor the child's breathing, level of responsiveness, and overall condition.
- Help the child rest in a comfortable position.
- If necessary, roll the child into the recovery position.
- Keep the child from getting chilled or overheated.
- Reassure the child.



Recovery Position

A child who is unresponsive or has an altered level of responsiveness should be rolled into the recovery position.



When placing a child in the recovery position, remember:

- Support and protect the head while rolling the child.
- Try to roll the child as one unit (head, back, and legs at the same time).
- Roll the child into a position where the body will stay safely on its side.
- Check the ABCs after you complete the roll.

Secondary Assessment

Once you are confident that all life-threatening conditions have been addressed, perform a secondary assessment to check for conditions that may not be as obvious. The secondary assessment consists of three steps:

1. Ask **SAMPLE** Questions

Interview the ill or injured child and any bystanders at the scene using the acronym **SAMPLE** to guide your questions:

Signs and symptoms

Allergies

Medications

Past medical history

Last oral intake (food or drink)

Events leading up to the emergency



2. Check the **Vital Signs**

LEVEL OF RESPONSIVENESS

Is the child alert, sleepy, or confused? Is the child's responsiveness changing?

BREATHING

Listen for sounds. Is breathing fast or slow? Shallow or deep? Painful?

SKIN

Is skin dry or wet? An unusual colour or temperature?

3. Perform an **Injury Check**

Look carefully for injuries that were not identified during the primary assessment. An injury check may involve a focused examination or a hands-on check. If you find a medical-identification product during your check, read it carefully.

Focused Examination

If the child is responsive and able to answer questions, do a focused examination. If the child's condition deteriorates, respond immediately (e.g., call EMS/9-1-1, provide care).

1. Explain that the purpose of the examination is to identify injuries.
2. Ask the child if anything hurts or feels uncomfortable.

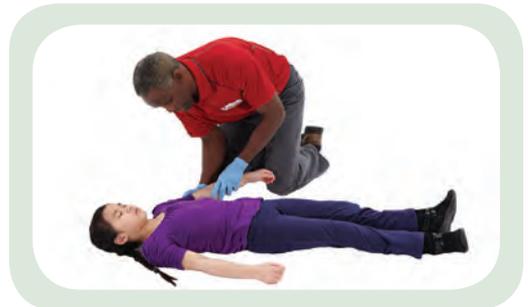


3. If the child indicates an area of pain or concern, look at the area for signs of injury.
4. Ask focused questions about how the child feels.



Hands-On Check

If a child is breathing but unresponsive or unable to communicate, you may need to do a hands-on check. Begin by checking the head for injuries, and then work downward, focusing on the chest, abdomen, and legs before checking the arms.



Shock

Be on the lookout for shock when providing care for any injury or sudden illness or whenever someone has been involved in a serious incident. Shock is a life-threatening condition.

What to Look For

The following are signs and symptoms of shock:

- Anxiety or confusion
- Cool, clammy skin that may be paler than normal
- Weakness
- Excessive thirst
- Rapid breathing
- Drowsiness or loss of responsiveness
- Nausea and vomiting



Call

Call EMS/9-1-1.



Care

People in shock need medical care. Call EMS/9-1-1 if you haven't already done so. While you are waiting for EMS personnel to arrive:

1. Care for the suspected cause of the shock.
2. Provide continual care.

4 Choking

If the child is able to cough or speak, his or her airway is not completely blocked. Encourage the child to cough and be prepared to provide care if the child stops coughing. If the child's airway is completely blocked, you must begin first aid immediately.



Children younger than 5 years old have a particularly high risk of choking, but a person of any age can choke.

Child



Call

Immediately begin providing care. Call EMS/9-1-1 as soon as you or a bystander is able to do so.



Care

1. Alternate between any two of the following methods until the object comes out: back blows, abdominal thrusts, and chest thrusts.



2. If the choking child becomes unresponsive, ensure that EMS has been called and begin CPR, starting with chest compressions.

BACK BLOWS

1. Place your arm across the child's chest.
2. Bend the child forward and deliver up to 5 firm blows between the shoulder blades.



ABDOMINAL THRUSTS

1. Place your fist just above the belly button.
2. Give up to 5 quick, inward and upward thrusts.



CHEST THRUSTS

1. Place your fist in the middle of the child's chest with your thumb facing inward, and place your other hand over your fist.
2. Give up to 5 chest thrusts by pulling straight back.



IF YOU ARE BY YOURSELF AND CHOKING

1. Dial EMS/9-1-1 and move to a place where you can be noticed.
2. Attempt to dislodge the object by performing abdominal thrusts against a safe object.



Baby (Less Than 1 Year)

Call

Immediately begin providing care for choking. Call EMS/9-1-1 as soon as you or a bystander is able to do so.

Care

1. Sit or kneel with the baby face down along your forearm, holding the jaw in your hand but keeping the mouth clear.
2. Deliver 5 firm back blows.



3. If the object does not come out, flip the baby face up, ensuring you support the head.



4. Place 2 fingers in the middle of the chest and deliver 5 firm chest compressions.
5. Repeat the back blows and chest compressions until the object comes out or the baby begins to breath normally or cry.
6. If the baby becomes unresponsive, immediately begin CPR, starting with chest compressions.



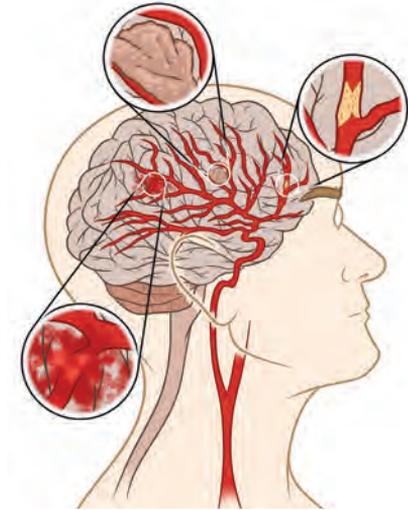
5 Circulation Emergencies

Stroke

A stroke happens when the blood flow to part of the brain is interrupted. A person of any age can have a stroke.

What to Look For

- A sudden, severe headache
- Dizziness or confusion
- Unresponsiveness or temporary loss of responsiveness
- Sudden loss of bladder or bowel control



FAST

When trying to determine if a child is having a stroke, remember the acronym FAST:

FACE—facial numbness or weakness, especially on one side

ARM—arm numbness or weakness, especially on one side

SPEECH—abnormal speech, difficulty speaking or understanding others, or a loss of speech

TIME—time is important; call EMS/9-1-1 immediately



Call

Call EMS/9-1-1 and get an AED.



Care

1. Have the child rest in a comfortable position.
2. Note when the signs and symptoms first started (or the last time the child was known to be well).



Life-Threatening External Bleeding

Life-threatening external bleeding is bleeding that is difficult to stop or control.

Call

Immediately apply direct pressure and then call EMS/9-1-1.

Care

1. Apply firm, direct pressure to the wound.



2. While maintaining direct pressure, apply a dressing and bandage it in place.



3. If blood soaks through the bandage, apply another bandage on top.



4. If direct pressure does not control the bleeding, consider using a tourniquet.



Applying a Tourniquet

The following situations may require a tourniquet:

- The bleeding cannot be controlled using direct pressure.
- You are unable to access the wound.
- You must move the child and are unable to maintain direct pressure.



1. Apply the tourniquet: It should be one hand's width above the injury and at least two fingers' width above any joint.



2. Tighten the tourniquet until the bleeding stops.



3. Secure the tourniquet in place.



4. Document the time the tourniquet was tightened.



If a commercial tourniquet is not available, a tourniquet can be improvised from everyday objects (e.g., a triangular bandage and a marker).



Life-Threatening Internal Bleeding

What to Look For

- Bruising and pain in the injured area
- Soft tissues that are tender, swollen, or hard
- Blood in saliva or vomit
- Severe thirst, nausea, or vomiting
- Anxiety



Call

Call EMS/9-1-1 and get an AED.

Care

1. Have the child rest quietly until EMS personnel arrive.



A child with life-threatening internal bleeding may be very thirsty, but giving anything by mouth (even water) can cause serious complications.

6 CPR and AED

Cardiopulmonary Resuscitation (CPR)

CPR is used when a person is unresponsive and not breathing.



Call

Have someone call EMS/9-1-1 and get an AED.

Child or Baby

If you are alone, do 5 cycles (2 minutes) of CPR before taking the child or baby with you to call EMS/9-1-1 and get an AED.



Compression-Only CPR

Compression-only CPR uses chest compressions (without rescue breaths) to pump the heart. If you are unwilling or unable to give rescue breaths for any reason, compression-only CPR is acceptable. However, traditional CPR with rescue breaths is the recommended method of care for children and babies.



Child

1. Do 30 chest compressions:

- Put 2 hands in the centre of the child's chest.
- Push deeply and steadily, allowing the chest to recoil between compressions.



2. Give 2 breaths:

- Open the airway.
- Place your barrier device over the child's mouth and nose, and if using a flat plastic shield, pinch the child's nostrils.
- Give just enough air to make the chest start to rise.



3. If both breaths go in, repeat the cycle of 30 compressions and 2 breaths.



You should do compressions at a rate of 100 to 120 per minute. This works out to 30 compressions in about 15 to 18 seconds.

Baby (Less Than 1 Year)

1. Do 30 chest compressions:

- Put 2 fingers in the centre of the baby's chest, just below the nipple line.
- Push deeply and steadily, allowing the chest to recoil between compressions.



2. Give 2 breaths:

- Open the airway.
- Place your barrier device over the baby's mouth and nose.
- Give just enough air to make the chest start to rise.



3. If both breaths go in, repeat the cycle of 30 compressions and 2 breaths.

CPR Compression Depth

CHILD



At least $\frac{1}{3}$ of the chest's depth

BABY

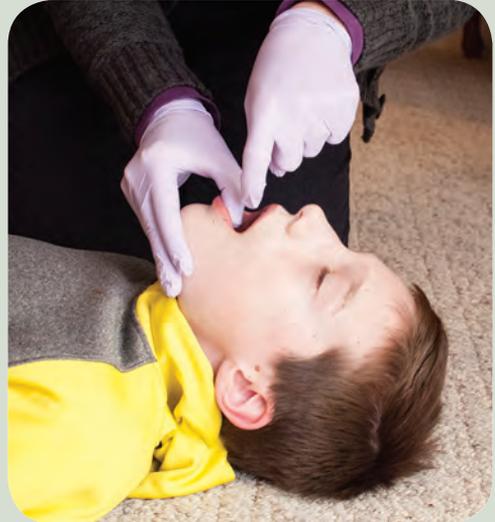


At least $\frac{1}{3}$ of the chest's depth

Once you begin CPR, continue until:

- EMS personnel or another person takes over.
- You are too tired to continue.
- The scene becomes unsafe.
- You notice an obvious sign of life, such as movement.

What to Do If the Rescue Breaths Don't Go In



If the chest does not rise after the first breath, try repositioning the head. If that doesn't work, look in the child's mouth for an object. Continue to look into the child's mouth after each set of compressions until the airway is clear. Once the rescue breaths go in, continue CPR normally.

Automated External Defibrillation (AED)

Whenever you give CPR, you should also use an automated external defibrillator (AED). While CPR can help prevent brain damage and death by keeping oxygenated blood moving throughout the body, an AED can correct the underlying problem for some people who go into sudden cardiac arrest.

Using an AED

1. Open and turn on the AED.



You must remove a child from water before using an AED. It is safe to use an AED on ice or snow.

2. Apply the AED pads:
 - Remove any clothing, jewellery, and medical patches that could interfere with pad placement.
 - If the chest is wet, dry the skin.
 - Place the pads at least 2.5 cm (1 in.) away from a pacemaker.



3. Follow the AED's automated prompts.
4. If the AED prompts you to do so, ensure that no one is touching the child and deliver a shock.

5. Continue CPR, starting with compressions.



If possible, use the appropriate size of pads—adult, child, or baby. If child/baby AED pads are unavailable, use adult pads. Pads must be placed at least 2.5 cm (1 in.) apart. If there is not enough space on the chest, place one pad on the chest and one on the back.



7

Breathing Emergencies

Asthma

Many children have asthma, a condition that can make breathing difficult. Asthma is normally triggered by something, such as dust, stress, or exercise.

What to Look For

- Trouble breathing (gasping for air, wheezing or coughing, or rapid, shallow breathing)
- Inability to say more than a few words without pausing to breathe
- Tightness in the chest



Call

Call EMS/9-1-1 and get an AED if the child is struggling to breathe or does not improve after taking his or her medication.

Care

1. If you think that something in the environment is triggering the attack, move the child away from the trigger.
2. Help the child to take his or her quick-relief asthma medication.



A child who is at risk for ongoing asthma attacks may have a written plan that outlines the treatment steps and when to call EMS/9-1-1. Familiarize yourself with the asthma action plan for any child in your care.

Using an Inhaler

1. Shake the inhaler and remove the cap.



2. Breathe out, and then close your mouth around the mouthpiece.
3. Press the top of the inhaler while taking one slow, full breath.
4. Hold the breath for as long as is comfortable.



Using an Inhaler With a Spacer

1. Shake the inhaler and remove the cap.



2. Put the inhaler into the spacer.
3. Bring the spacer to your mouth and press the top of the inhaler.
4. Take slow, deep breaths, holding each breath for several seconds.



Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening.

What to Look For

A child with signs and symptoms from two or more of these categories—especially after contact with a possible allergen—should be treated for anaphylaxis:

- Skin (e.g., rash, swelling)
- Breathing (e.g., high-pitched noises)
- Alertness (e.g., dizziness)
- Stomach (e.g., vomiting)



Call

Call EMS/9-1-1 and get an AED.

Care

If the child has an epinephrine auto-injector, help him or her to use it:

1. Remove the safety cap.



2. Firmly push the tip of the epinephrine auto-injector against the outer thigh. A click should be heard. Hold in place as directed, usually for 5 to 10 seconds.



3. Rub the injection site for 30 seconds.
4. If the child's condition does not improve within 5 minutes, repeat the dose.
5. Have the child rest quietly until EMS personnel arrive.



Epiglottitis and Croup

Both epiglottitis and croup affect the throat and can have similar signs and symptoms. Because epiglottitis is a life-threatening condition that requires immediate medical attention, you must be able to recognize it quickly.

	EPIGLOTTITIS	CROUP
What Is It?	Inflammation and swelling of the epiglottis. It is life-threatening.	Inflammation of the throat and vocal cords. It is generally not life-threatening.
Cause	Bacterial infection	Viral infection
Ages Most Likely to Be Affected	3 to 7 years old	6 months to 5 years old
Onset	6 to 24 hours after infection	24 to 72 hours after infection
Child's Appearance	Very ill and anxious	Mildly or moderately ill
Drooling	Frequent: Child has trouble swallowing saliva	No drooling
Hoarseness	Not usually	Very marked hoarseness
Coughing	Rare	Frequent, harsh "crowing" cough
Care	Call EMS/9-1-1 immediately. NOTE: Do not inspect the mouth and/or throat, as doing so may increase irritation.	Call EMS/9-1-1 immediately if the child shows signs of respiratory distress.

8

Wound Care

Bandaging Guidelines

- Use clean, sterile dressings.
- Check circulation below the injury before and after applying a bandage. If circulation is reduced, loosen the bandage.
- If blood soaks through, leave the bandage and apply another on top.



Infection is a risk whenever a child's skin is broken. Monitor any open wound for redness, swelling, or discharge in the days following the injury. If any signs of infection appear, make sure the child gets medical attention.



Cuts and Scrapes



1. If the wound is bleeding significantly, apply direct pressure until it stops.
2. Rinse the wound for 5 minutes with clean, running water.
3. Apply an antibiotic ointment or cream and bandage the wound.



Wounds on a child's head can affect the brain. If you feel a dip or soft area, you should treat the child for a head injury. Apply direct pressure only if there is life-threatening bleeding. Otherwise, try to control the bleeding by putting pressure on the area around the wound.



Burns

Burns are soft-tissue injuries caused by chemicals, electricity, heat, or radiation. Burns can be:



Superficial



Partial Thickness



Full Thickness



Call

Call EMS/9-1-1 and get an AED immediately if:

- The burns make it difficult for the child to breathe.
- The burns were caused by chemicals, explosions, or electricity.
- The burns are full thickness or involve a large amount of blistered or broken skin.
- The burns cover the face, neck, hands, genitals, or a larger surface area.



Monitor for hypothermia when cooling large burns, especially on children.

Care

1. Cool the affected area with water or a clean, cool (but not freezing) compress for at least 10 minutes.



2. Remove jewellery and clothing from the burn site, but do not attempt to move anything that is stuck to the skin.
3. Cover the burn loosely with a dry, sterile dressing.



Chemical Burns

Care

1. Put on protective equipment.
2. Remove any clothes that might have the chemical on them, and brush any dry chemical powder off the child's skin.
3. Flush with large amounts of cool running water for at least 15 minutes.



Use caution with dry caustic chemicals, as they may spread or react if they become wet. Refer to the appropriate Material Safety Data Sheet (MSDS) for additional first aid measures.

Electrical Burns

Care

Because powerful electrical currents can affect the heart, it is important to monitor the child's ABCs closely.

1. Ensure that the electrical current has been turned off.
2. Keep the child still.
3. Look for and treat two burns (the entry and exit points).



Bruises

Call

If the child is in severe pain or cannot move a body part without pain, or you suspect life-threatening internal bleeding, call EMS/9-1-1.



Care

1. Apply a cold pack, wrapped in a towel, for up to 20 minutes, and then remove it for 20 to 30 minutes. Repeat until the pain is reduced.



Splinters

Care

1. Gently grab the exposed end of the splinter with tweezers and carefully pull it out. Treat the wound as a cut.



Nosebleeds

Call

Call EMS/9-1-1 if the bleeding continues for more than 15 minutes.

Care

1. Have the child sit with the head slightly forward.
2. Pinch the child's nostrils for 10 to 15 minutes.



Knocked-Out Teeth



Call

Call EMS/9-1-1 if the tooth was knocked out by a forceful blow or if you suspect more serious injuries.

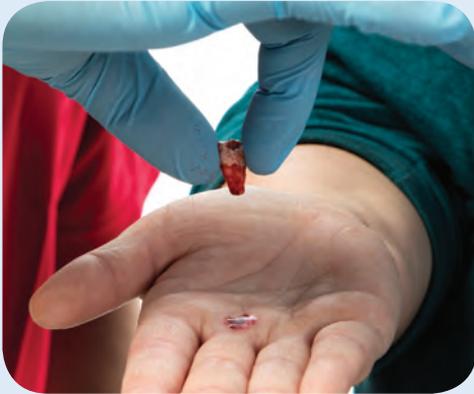


Care

1. Have the child bite down on a clean dressing.



2. Carefully pick up the tooth by the crown (the whiter part) and keep it protected.
3. Get the child and the tooth to a dentist as soon as possible.



Protect the tooth by putting it in egg white, coconut water, or whole milk, or wrapping the tooth in gauze or a clean cloth with some of the child's saliva.

Eye Injuries



Call

Call EMS/9-1-1 if there is an impaled object in or near the eye, the eye is out of the socket, or the eye has been exposed to a chemical.



Care

Avoid touching the eye or putting pressure on or around it.

If there is something in the eye but it is not impaled:

1. Have the child blink several times.
2. Gently flush the eye with running water.
3. If these steps do not remove the object, make sure the child gets medical attention.



If there is a chemical in the eye:

1. Gently flush the eye with running water (away from the unaffected eye) for at least 15 minutes or until EMS personnel arrive.

Ear Injuries



Call

Call EMS/9-1-1 if there is blood or other fluid draining from the ear canal or if the injury is the result of an explosion or pressure.



Care

If the injury is an external wound, treat it the same way you would treat a wound on any other part of the body. If there is a foreign object in the ear, but you don't suspect a head and/or spine injury, and it looks as if the object can be easily removed:

1. Tilt the head to the affected side, and then gently tap the ear to loosen the object.
2. Grab the object and pull it out.



Impaled Objects



Call

Call EMS/9-1-1.



Care

1. Leave the object in place.



2. Stabilize the object without putting direct pressure on it.



3. Secure the dressings in place.



9

Head, Neck, and Spinal Injuries

You should suspect a head, neck, and/or spinal injury in the following situations:

- A fall from any height greater than the height of the child
- A diving injury
- A child found unresponsive for unknown reasons
- A strong blow to the lower jaw, head, or torso
- A child has been struck by lightning or electrocuted



A child who has a suspected head, neck, or spinal injury may also have a pelvic injury. Do not put pressure on the pelvis and treat as a head, neck, or spinal injury.

What to Look For

PHYSICAL

- Severe pain or pressure in the head, neck, or back
- Blood or other fluids draining from the ears or nose
- Unusual bumps or depressions
- Bruises, especially around the eyes and behind the ears
- Seizures
- Impaired breathing or vision
- Nausea or vomiting
- Unequal pupil size
- Partial or complete loss of movement of any body part
- Loss of bladder or bowel control

MENTAL

- Changes in level of responsiveness, awareness, and behaviour
- Weakness, tingling, or loss of sensation
- Dizziness and/or loss of balance



Call

Call EMS/9-1-1 and get an AED.



Care



1. Have the child keep as still as possible until EMS personnel arrive:
 - If the child is unresponsive or unable to support his or her own head, manually support it in the position found.

Concussion

Concussions are a common subset of traumatic brain injuries (TBI) that can have catastrophic, lifelong consequences. Anyone who has had a concussion must follow the treatment plan recommended by a healthcare provider.



What to Look For

MENTAL

- Drowsiness
- Clouded or foggy mindset
- Seeming stunned or dazed
- Temporary memory loss
- Slowed reaction times

PHYSICAL

- Neck pain or headache
- Loss of responsiveness
- Dizziness or loss of balance
- Changes to vision
- Sleeping more or less than usual
- Nausea or vomiting
- Sensitivity to light and/or noise
- Seizure

EMOTIONAL

- Irritability
- Heightened emotions
- Personality changes

IN CHILDREN AND BABIES

- Changes in playing, sleeping, or eating habits
- Excessive crying
- Lack of interest in activities or toys



Call

Call EMS/9-1-1 if the child has any of the following:

- Repeated or projectile vomiting
- Loss of responsiveness of any duration
- Lack of physical coordination
- Confusion, disorientation, or memory loss
- Changes to normal speech
- Seizures
- Vision and ocular changes (e.g., double vision or unequal pupil size)
- Persistent dizziness or loss of balance
- Weakness or tingling in the arms or legs
- Severe or increasing headache



Care

1. Have the child immediately stop all activity and follow up with a qualified healthcare provider as soon as possible.

10

Bone, Muscle, and Joint Injuries

There are four basic types of bone, muscle, and joint injuries: strain, sprain, dislocation, and fracture. The first aid for each of these is generally the same.

STRAIN

The stretching or tearing of muscles or tendons.



SPRAIN

The stretching or tearing of ligaments at a joint.



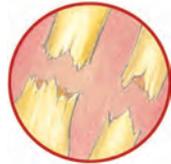
DISLOCATION

The movement of a bone out of its normal position at a joint.



FRACTURE

A chip, crack, or break in a bone.



What to Look For

- Deformity, swelling, or bruising
- Limited or no use of the injured body part
- Bone fragments sticking out of the skin

Call

You should always call EMS/9-1-1 if:

- There are injuries to the thigh bone or pelvis.
- The area below the injury is numb, pale, blue, or cold.
- A broken bone is protruding through the skin.
- You cannot safely move the child.



Care

Treat the injury using the RICE method:

Rest: Have the child rest comfortably.

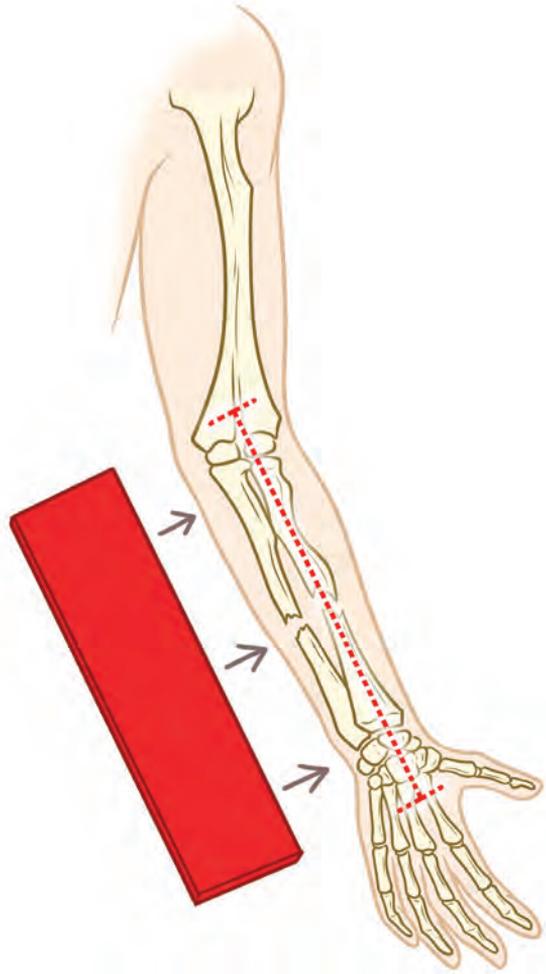
Immobilize: Keep the injured area as still as possible.

Cool: Cool the injured area for 20 minutes of every hour.

Elevate: Raise the injury, as long as this does not increase the pain.

Splints and Slings

- Check for normal temperature and skin colour below the injured area before and after immobilizing the limb:
 - If the area is cold before immobilizing, call EMS/9-1-1.
 - If the area is cold after immobilizing, loosen the splint gently.
- Remove jewellery below the site of the injury.
- Immobilize the injured part in the position in which it was found.
- Make sure a splint is long enough to extend above and below the injury.
- Pad slings and splints.



Common items such as rolled newspapers, scarves, belts, and pillows can be used to improvise slings and splints if commercial versions are not available.



Regular Sling

1. Have the child hold the injured arm across the body.



2. Slide a triangular bandage under the injured arm.
3. Bring the bottom end of the bandage over the shoulder of the injured side and tie the ends together behind the neck.



4. Secure the elbow by twisting, tying, or pinning the corner of the bandage.



5. Secure the arm to the body with a broad bandage.



Tube Sling

1. Have the child support the arm of the injured side.



2. Place a triangular bandage over the forearm and hand.



3. Tuck the lower edge under the arm and twist the end to secure the elbow.



4. Tie the bandage's ends together.



5. Secure the arm to the body with a broad bandage.



11

Sudden Medical Emergencies

Diabetic Emergencies

A diabetic emergency happens when blood sugar levels fluctuate outside the normal range.

What to Look For

- Changes in the level of responsiveness
- Changes in behaviour, such as confusion or aggression
- Rapid breathing
- Cool, pale, sweaty skin
- Appearance of intoxication
- Seizures



Call

Call EMS/9-1-1 if:

- The child is not fully awake.
- The child has a seizure.
- The child's condition does not improve within 10 minutes of having sugar.



Do not give the child insulin.

Care

1. If the child is able to swallow safely, have the child ingest sugar.
2. If the child's condition does not improve within 10 minutes, call EMS/9-1-1 and administer more sugar if it is still safe to do so.



The preferred sugar sources (in order of preference) are oral glucose tablets, chewable candy, fruit juice, fruit strips, and milk. If none of these are available, other forms of sugar can also be effective.

Mental Health Crisis

Mental health first aid is the first aid given to a child in a mental health crisis. Like all first aid, it involves recognizing the emergency, calling for help if necessary, and providing care until trained personnel take over or the crisis is resolved.

What to Look For

- Inability to think clearly, concentrate, or focus on a task
- Hallucinations or delusions (e.g., hearing voices)
- Depression or sudden mood swings
- Obvious lack of motivation

 In a mental health crisis, the most immediate threat to the child is suicide. Responding to suicide or a suicide attempt can be traumatic. Talk to a professional if you experience lingering feelings of guilt or distress.

Call

If possible, contact support systems for the child. If you suspect that the child could hurt someone (including him- or herself), or if the child has attempted suicide, call EMS/9-1-1 immediately.

Care

1. Provide reassurance and support:
 - Reduce distractions and encourage the child to sit down.
 - Keep the child as calm as possible.
 - Listen empathetically.
 - Acknowledge the child's feelings and emotions without judgment.
 - If the child is delusional, do not dismiss his or her beliefs. Accept that they are real to him or her.
 - Speak quietly and firmly.
2. Offer self-help strategies such as breathing exercises.



Suicide

Potential signs of suicide include:

- Expressing negative (especially suicidal) thoughts and comments.
- Expressing an intent to die, especially with a plan.
- Expressing final wishes to someone close by.

Seizures

A seizure is an episode of abnormal brain function.

What to Look For

- Uncontrollable muscle movement
- Drool or foaming at the mouth
- Uncontrolled repetitive motions
- An altered level of responsiveness



Call

Call EMS/9-1-1 if:

- You do not know the child's medical history.
- The seizure lasts more than a few minutes.
- The child has several seizures in a row.
- The child is unresponsive for an extended period.



Care

1. Protect the child from injury by:
 - Moving objects that could cause injury.
 - Protecting the head with a soft object.
2. Do not try to hold the child down.
3. Roll the child into the recovery position. The child may be drowsy and disoriented for up to 20 minutes.



Febrile Seizures

Babies and young children may have febrile seizures if their body temperatures suddenly rise. Febrile seizures are most commonly associated with fevers over 39°C (102°F). In most cases, these seizures are non-life-threatening and do not last long, but you should always call EMS/9-1-1.



Care

To reduce the risk of febrile seizures in a child or baby with a high fever, you must lower his or her body temperature:

1. Remove any excess clothing or blankets.
2. Give the child or baby a sponge bath with water that is room temperature (not icy cold).
3. Give the child or baby plenty of fluids to drink to help prevent dehydration.
4. Give the child or baby fever-reducing medication if it has been provided by his or her parent or guardian.

12

Environmental Illness

Heat-Related Illnesses

What to Look For

	HEAT EXHAUSTION	HEAT STROKE
Skin	Moist Warm	Dry Hot
Physical	Headache Weakness, exhaustion Nausea, vomiting Fainting	Seizures Coma Severe headache
Mental	Anxiety Dizziness	Altered behaviour: irritable, aggressive, bizarre
Breathing	Normal	Rapid Shallow



Call

The signs and symptoms listed in **red** in the table above are the most serious. Call EMS/9-1-1 immediately if any of these are present. Otherwise, provide care and monitor the child closely.

Heat Exhaustion



Remove from heat



Loosen tight clothing, remove padding from torso



Do not dry skin

ACTIVE COOLING



Pour water on torso



Fan skin



If child is alert, provide cool drink

Heat Stroke



Remove from heat



Loosen tight clothing, remove padding from torso



Do not dry skin

AGGRESSIVE COOLING (ORDER OF PREFERENCE)



Immerse body in cool water



Immerse forearms in cool water



Pour water on torso



Fan skin



If child is alert, provide cool drink

Cold-Related Illnesses

Frostbite

What to Look For

Superficial Frostbite

- Hardened skin
- Skin that looks paler than the area around it
- Pain or stinging in the area, followed by numbness



Deep Frostbite

- Skin and underlying tissues that are hard and solid to the touch
- Skin that is white, blue, black, or mottled
- Complete loss of feeling in the affected area

Care

1. Remove anything that may restrict blood flow to the affected area.
2. Thaw the area only if you are sure it will not freeze again. Use warm (not hot) water or body heat.



3. Protect skin with loose, dry dressings. Place gauze between the fingers or toes if they are affected. Leave any blisters intact.
4. If possible, elevate any thawed extremities above the level of the heart.
5. Rehydrate the child by providing plenty of fluids.
6. Make sure the child gets medical attention.



Hypothermia

Care

1. Starting with the outside ring, assess the child's responsiveness, movement, shivering, and alertness. Decide whether each one is **normal** or **impaired/absent**.
2. Provide the care described in the quadrant that matches the child's condition.

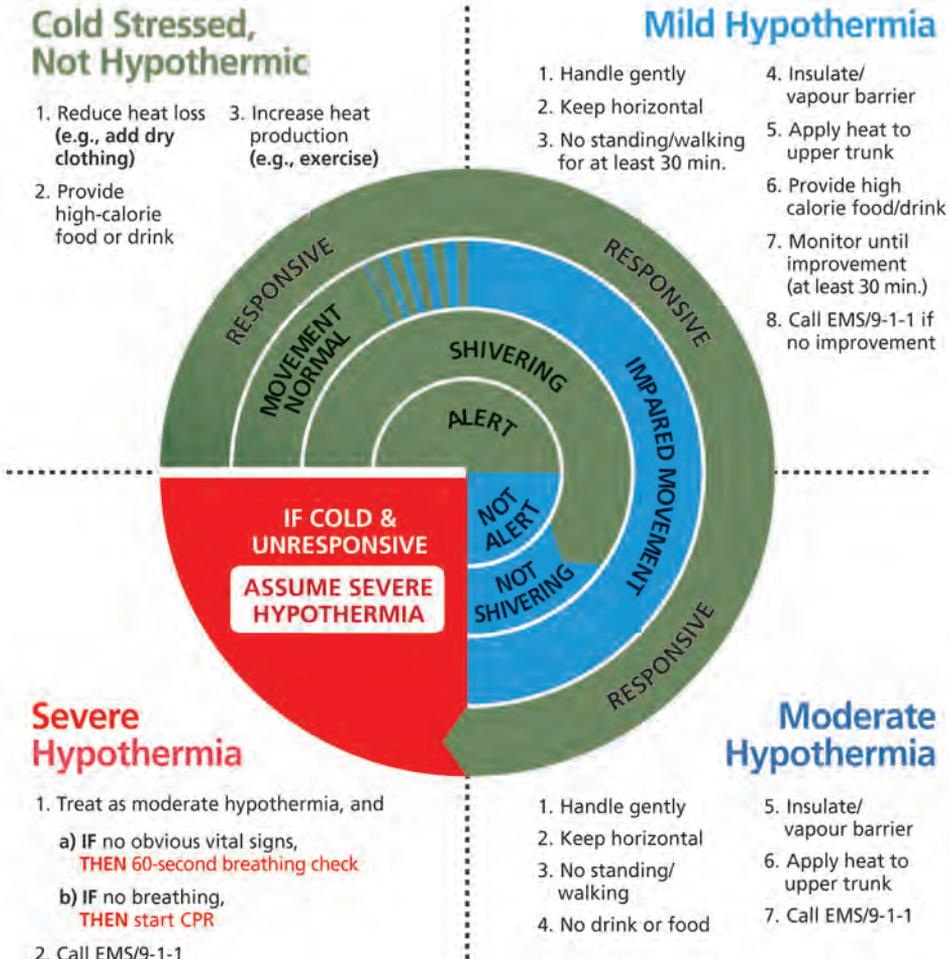


Cold Stressed, Not Hypothermic

1. Reduce heat loss (e.g., add dry clothing)
2. Provide high-calorie food or drink
3. Increase heat production (e.g., exercise)

Mild Hypothermia

1. Handle gently
2. Keep horizontal
3. No standing/walking for at least 30 min.
4. Insulate/vapour barrier
5. Apply heat to upper trunk
6. Provide high calorie food/drink
7. Monitor until improvement (at least 30 min.)
8. Call EMS/9-1-1 if no improvement



Severe Hypothermia

1. Treat as moderate hypothermia, and
 - a) IF no obvious vital signs, THEN 60-second breathing check
 - b) IF no breathing, THEN start CPR
2. Call EMS/9-1-1

Moderate Hypothermia

1. Handle gently
2. Keep horizontal
3. No standing/walking
4. No drink or food
5. Insulate/vapour barrier
6. Apply heat to upper trunk
7. Call EMS/9-1-1

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Poisons



Call

If the child has an altered level of responsiveness or has difficulty breathing, call EMS/9-1-1 and get an AED. Otherwise, call the Poison Control Centre.



Care

The specific care depends on the type of poison. Follow these general guidelines, along with any instructions from the Poison Control Centre or EMS dispatcher. Always use PPE when caring for a poisoned child so that you don't come into contact with the poison.



Swallowed

WHAT TO LOOK FOR

- An open container of poison nearby
- Burns around the mouth
- Increased production of saliva and/or saliva that is an abnormal colour
- Abdominal cramps, vomiting, and/or diarrhea
- A burning sensation in the mouth, throat, or stomach

CARE

1. Check the packaging of the poison.
2. Induce vomiting only if told to do so by the EMS dispatcher or the Poison Control Centre.
3. If the child needs to go to the hospital, bring a sample of the poison (or its original container).



Inhaled

WHAT TO LOOK FOR

- Breathing difficulties
- Irritated eyes, nose, or throat
- Bluish colour around the mouth
- An unusual smell in the air

CARE

1. Move the child into fresh air, but do not enter a hazardous atmosphere yourself to do so.



Absorbed

WHAT TO LOOK FOR

- Rash or hives
- Burning or itching skin
- Blisters
- Burns

CARE

1. If the poison is a dry powder, brush it off the child's skin, being careful to avoid touching it.
2. Remove any clothing covered in the poison.
3. Flush the skin with running water for at least 15 minutes. Make sure the water flushes away from any unaffected areas of the body.



Injected

WHAT TO LOOK FOR

- One or more puncture wounds
- Problems breathing
- Redness and swelling at the entry point
- A needle found nearby

CARE

1. Wash the puncture site with clean running water.
2. Keep the child still.

Carbon Monoxide Poisoning

Carbon monoxide (CO) is a gas that has no smell, colour, or taste. It is released when fuel is burned (e.g., in a car engine, fireplace, or furnace) without proper ventilation. Concentrated CO is poisonous and life-threatening to those who inhale it.

What to Look For

Signs and symptoms include the following:

- Headache
- Dizziness or light-headedness
- Confusion or altered level of responsiveness
- Weakness or fatigue
- Muscle cramps
- Nausea and vomiting
- Chest pain



Care

1. Treat the child for inhaled poisoning.

Insect Stings



Call EMS/9-1-1 and get an AED if there are any signs of a severe allergic reaction.



1. If the stinger is still imbedded, scrape it away from the skin.



2. Wrap a cold pack in a thin towel and place it on the affected area.
3. Continue to watch for signs of anaphylaxis.



Animal Bites



Call your local animal control department if the animal is wild or a stray.



1. Try to get the child safely away from the animal. Do not try to capture it.
2. Treat any wounds.
3. Seek medical attention if the animal is stray or unknown to you or if you suspect it might have rabies.
4. Watch for signs and symptoms of infection.



Tick Bites



Care

If the tick hasn't started to dig into the flesh, brush it off the skin.

If the tick has begun to bite:

1. Use tweezers to grasp the tick by the head as close to the child's skin as possible.
2. Pull upward without twisting until the tick releases its hold. If you cannot remove the tick or if its mouthparts stay in the skin, make sure the child gets medical attention.
3. If the tick is removed, wash the area with clean water.
4. If the area becomes infected or the child develops a fever or rash, make sure the child gets medical attention.



Save any tick you remove in a sealable bag or empty pill bottle so that it can be taken to the medical appointment. Ticks can be tested for diseases such as Lyme disease and so can help to diagnose the child's condition.

14 Childhood Illnesses

Protecting Children From Infection

Infections can spread quickly between children, and they are more vulnerable to the effects of many diseases.



In a child care setting, protect children by:

- Insisting that staff members who are sick not come in to work.
- Encouraging parents and guardians to keep sick children at home.
- Having an isolation room for children who become ill.
- Washing your hands before and after contact with any child who shows signs of being sick (e.g., vomiting, diarrhea).
- Teaching children the importance of covering their mouths when they cough or sneeze and washing their hands afterward.

Child care settings have disinfection procedures, so be sure to follow the protocols that apply to your workplace.



Clean and sanitize all high-traffic areas with a bleach solution once a day. This includes the eating table, bathroom sink, countertop, toilet, and floor. Use a bleach solution to sanitize the sink after cleaning toilet trainers in it.

When to Call the Parent or Guardian of a Child in Your Care

Call the child's parent or guardian if:

- The child has a fever.
- The child has diarrhea more than twice in a day.
- The child has been vomiting.
- The child has an injury that requires medical attention.

For minor issues, such as a small cut or a change in behaviour or appetite, inform the parent or guardian when the child is picked up.

Provincial/territorial legislation dictates which contagious diseases must be reported to the local health unit. For some contagious diseases, parents and guardians have a responsibility to ensure that the child care facility or school is informed, in addition to the local health unit.

Childhood Fevers

A fever is one of the body's defence mechanisms. A mild fever should only be a concern if it continues for more than 3 days. If the child's temperature rises to 39°C (102°F) or is not easily controlled, seek medical attention. A fever alone is not a clear indicator of how sick a child is. The best way to gauge the severity of an illness is to note changes in the child's behaviour.

Taking a Child's Temperature

Normal body temperature is 37°C (98.6°F). Anything higher than this is considered a fever. Follow these general principles when taking a child's temperature, along with any specific manufacturer's instructions for your thermometer.



What to Do

1. Wash your hands thoroughly.
2. If you are using a thermometer for more than one child (e.g., in a child care setting), use protective covers and throw them away after every use.
3. If taking the temperature orally, make sure that the child has not had anything hot or cold to eat or drink in the previous 10 minutes.
4. Clean and reset the thermometer as per the manufacturer's guidelines.
5. Place the thermometer under the child's tongue or in the child's ear and leave in place until it beeps, or for up to 1 minute (if there is no audio notification).
6. Record the temperature, the time, and the method (e.g., "oral").



A child or teenager with a viral infection, such as chicken pox or influenza, may develop life-threatening Reye's syndrome if given ASA (e.g., Aspirin®). Never give ASA to a child or teenager with a viral infection without direction from a healthcare practitioner.

Giving Medication

When to Give Medications

Give medication (prescription or non-prescription) to a child or baby in your care:

- Only if you have written permission from a parent or guardian.
- Only when the medication is in the original container with the original label.
- Only when the medication is properly labelled with:
 - The child's name.
 - When and how the medication is to be taken.



General Rules for Medication

Designate one person to give all medications. Emergency medicine (e.g., inhalers and epinephrine auto-injectors) should be accessible at all times, but all medication should be kept out of the reach of children. Always follow local protocols.

To give medication:

1. Wash your hands.
2. Check the medication, carefully reading all information on the label.
3. When applying topical medication, protect yourself by using an applicator or by wearing disposable gloves.
4. Record the date and time, the name of the child, the name of the medication, the person who gave the medication, and the amount given.
5. Report any reactions to the parent or guardian.

How to Give Specific Medications

Medication in the Eye

1. Have the child look up while in a lying or sitting position.
2. Gently pull down the lower eyelid and hold the dropper about one inch from the eye.
3. Drop the medication into the pocket between the lower lid and the eyeball.
4. Have the child close the eye, and then briefly hold a cotton ball against the inside corner of the eye. Use a separate cotton ball for each eye.

Medication in the Nose

1. Have the child lie on a flat surface with the head hanging over one edge.
2. Place the correct number of drops into each nostril.
3. Have the child remain with the head back for a few minutes.

15

Caring for Children

Children are very vulnerable. Their bodies are more susceptible to injury, and they are typically less aware of risks and hazards in their environments. Prevention, preparation, and constant supervision are critical to preventing injury.



Toy and Equipment Safety

Products designed for children must be selected and used properly. You should always follow the manufacturer's directions for safe use, and always discard broken equipment and toys immediately. When considering second-hand equipment or toys, first check the label and check with Health Canada to find out whether there has been a recall or safety alert on that specific model.

Escape Plans

You should create and practise an escape plan in case you need to evacuate the building in an emergency. In professional settings, legislation may determine what this plan must contain and how often it must be practised.

Start by drawing a floor plan. Mark the normal exit from each room, and then mark an emergency exit, such as a window. Identify a location where everyone will meet if they must evacuate the building. Decide who will assist those who cannot get themselves out.



Teaching Children Safety Awareness

Teach children how and when to call EMS/9-1-1. Make sure they know that they should answer all the dispatcher's questions and that they should hang up only if the dispatcher tells them to. It can be helpful to have them practise giving information such as their full name, home address, and telephone number.

Responding to Disclosures

A disclosure occurs when someone shares something with you in confidence.

If someone discloses that they have experienced abuse, violence, neglect, or bullying, you must *always* act. Every adult in Canada has a legal duty to report child abuse or neglect, even if it is not confirmed.

Information around the specific how-to-report details can be found in your jurisdiction's child protection act, but the duty to report is uniform in all acts.



When abuse is suspected or disclosed, you have a responsibility to **ACT**:

Acknowledge the child's situation and feelings. Access support and help.

Comfort the child and take him or her to a safe place. Carefully listen to what the child says.

Take notes and document what the child says and/or what you see. Take action—report the abuse immediately.

Use your judgment to decide if the child's parent or guardian should be contacted first (e.g., if the child is being bullied or harassed by another child) or the Child Protection Authorities and police in your area (e.g., if the abuse is coming from an adult).



You do not have to be 100 percent certain that abuse has occurred. If you suspect it, report it. The safety of the child may be at risk. The authorities have the responsibility to determine the facts and evidence, not you.

Foundations of First Aid



Protect yourself:
Your safety always comes first.



Act:
Do the best you can.
Doing something is always better than doing nothing.



Remember the three basic steps:
Check, Call, Care.



Activate EMS/9-1-1:
When in doubt, call for help.



Prioritize:
Care for the most serious condition first.

