



Unit 1

The Role of a Paediatric First Aider

Learning Outcomes

By the end of this unit the learner will be able to:

- ✓ Discuss the main priorities and responsibilities of the first aider
- ✓ Identify some of the most common accidents and incidents involving children
- ✓ Approach a variety of potential scenarios with calmness and composure

Unit 1

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First Aid

First aid is immediate care given to a person who is injured or taken ill. The immediate nature of first aid incidents makes them stressful to deal with. The good news is with most incidents, your role as a first aider is a temporary one, looking after casualties until support arrives.

The '3 Ps' summarises the aims of a first aider:

- Preserve life,
- Prevent the situation worsening,
- Promote recovery.

Preserve Life

As a first responder to any situation, your first priority should be to preserve life. You may need to perform CPR, stop bleeding or take other action to preserve the victim's life. Start with C-A-B—circulation, airway, and breathing. Assess the quality of the victim's circulation, adjust if needed. Ensure that the victim has no blocks to their airway and that they are breathing. The goal is to prevent the condition from worsening in any way.

Prevent the Situation Worsening

Do what you can to keep the victim in stable condition until medical professionals arrive. The goal is to prevent the condition from worsening and prevent any potential further injury. This may mean moving the victim to a safer location, applying first aid, stabilizing them, or just staying with the victim and providing comfort.

Promote Recovery

After you've done what you can do with first aid treatment, your job now is to promote recovery. This can be done by encouraging confidence, providing comfort, attempting to relieve pain, and so on. These tips and tricks for emergency situations and first aid will likely differ based on your specific situation. But remembering the basics of what to do may help you save a life or prevent further pain. Know these simple steps before you find yourself in a situation where it's hard to think clearly.

What is Paediatric First Aid?

The term 'Paediatric First aid' refers to the skill and knowledge required to provide effective first aid to children. Technically anyone under the age of 16.

If your business involves children the responsibilities of the person appointed to take charge of first-aid arrangements must include arrangements for effective paediatric first aid.

Pediatric first aid training is incredibly important as youngsters are much more susceptible to accidents. Not only that but the very young are unlikely to know what to do if they have a severe allergic reaction or an asthma attack.

Accidents involving children can happen anywhere but figures show that:

- 1 in 2 occur at home or in someone else's home
- 1 in 3 at school
- 1 in 5 during sport

Common Hazards for young Children include:

- Falls - one of the most common accidents experienced by children.
- Drowning which is the single biggest danger to the under 5s.
- Motoring accidents, where the child is either as a passenger or as a pedestrian.
- Falling off a bicycle.
- Being burnt or scalded.
- Choking and suffocation
- This is the fourth largest cause of death by injury in children under four; and the leading cause of death by injury in children under 12 months
- Poisoning.

What is a Paediatric Primary Survey?

The **primary survey** is the initial assessment and management of a trauma patient. It is a fast and systematic way to find and treat life-threatening conditions in priority order.

The DRABC procedure or the primary survey allows you to establish what level of first aid you need to administer and if you need to call the emergency services.

DRABC is the acronym for the steps in the primary survey procedure that every first aider must complete when they initially come across a casualty. DRABC stands for Danger, Response, Airway, Breathing and Circulation

DRABC

D – Danger

Make sure you, the casualty and any bystanders are safe. Don't put your own life at risk.

R – Response

Quickly check to see if the casualty is conscious. Gently shake or tap the shoulders and ask loudly 'Are you alright?' With a baby, tap or flick the sole of the foot to get a response. If there is none, assume they are in an unresponsive state.

A – Airway

Identify and treat any life-threatening airway problems. If the child is unconscious, gently place your hand on their forehead and tilt their head back, propping the chin up slightly with your other hand to ensure the airway is open and clear.

B – Breathing

Identify and treat any life-threatening breathing problems. Listen, feel and look for any signs for no more than 10 seconds. If the casualty is unconscious and not breathing normally, prepare to perform CPR. At this stage you must phone for emergency assistance on 999 and call to a bystander for a defibrillator or AED (we discuss this later).

C – Circulation

Identify and treat any life-threatening circulation problems. When this has been ruled out, the primary survey is complete. If the casualty is still unresponsive, start CPR.

What Should a Paediatric First Aid Box Include?

A paediatric first aid box should include:

- Leaflet giving general guidance on first aid
- Disposable gloves
- Face shields
- Low-adherent dressings
- Hypoallergenic adhesive tape
- Hypoallergenic plasters
- Wound dressings
- A foil blanket
- Eye wash / sterile water
- Scissors
- A triangular bandage
- An inventory of content

Do not put sprays, antiseptic wipes, creams, lotions, tablets or medicines in a first aid kit.

You should have a first aid box that is HSE (Health & Safety Executive) approved. First aid boxes should be stored in a safe, secure and dry place, easily accessible to all who may need it. Ensure all contents are replenished and in-date at all times.

Why is CPR so Important to Learn?

We need a constant supply of oxygen to survive. If our brain cells don't get oxygen, they start to die within 3 to 4 minutes. The priorities of treatment are making sure oxygen gets into the blood and that the blood carries the oxygen to the brain. If a child has stopped breathing, or is not breathing normally, their brain will starve of oxygen. To prevent this, they require CPR, or Cardiopulmonary Resuscitation, immediately.

CPR consists of a potentially life-saving combination of Rescue Breaths and Chest Compressions. Every 1 minute that this is not happening = a 10% decrease of life expectancy. With CPR, if in doubt, do it!

Adult CPR usually consists of repeated cycles of 2 Rescue Breaths and 30 Chest Compressions. Adult Chest Compressions involve one hand on top of the other and pushing down with the heel of the hand by 5 to 6 cm. There are modifications when performing CPR on children and babies.

The Role of a First Aider in the work Place

First Aid refers to the help that a sick or injured person receives until full medical treatment is available. Being able to perform first aid is a simple skill that can have an incredibly positive impact – from providing a casualty with reassurance to saving their life. It encompasses a wide range of help, from simply applying a plaster on a cut to performing CPR.

The first-aid officer's first and foremost task is to save lives. They are also part of the team that ensures workplaces are well-equipped to handle emergencies and accidents.

This means the officer will be handling additional tasks outside his or her traditional roles and responsibilities, which calls for patience, maturity and selflessness.

Qualities of a Good First Aider

There are a whole range of skills that are beneficial for a first aider to have in order to deal with situations in the best way possible. Some qualities of a good first aider are:

Communication Skills

If you are able to communicate effectively with the injured person, they will be much more likely to trust you and feel reassured. You will calm their sense of panic and make the situation a lot easier for you

both. Having strong communication skills is also advantageous should you have to relay important information to the emergency services.

The Ability to Work under Pressure

The demands of a first aider can range anywhere from something simple, like a cut finger, to something a lot more serious, like a cardiac arrest. As a first aider you must be prepared for all possibilities, and know how to react quickly to the situation. You must keep calm – panicking will only make the situation worse – and be able to work effectively under pressure.

Initiative and Leadership

In an emergency, time can often play a crucial part in the outcome. Being able to act quickly, take the lead, use your initiative and trust your judgement are all vital skills.

The Ability to Work in a Team

As well as being able to lead, it is important that you can work effectively in a team. You may have to work alongside the emergency services, and being able to co-operate with them is vital.

Positivity

Someone who always sees the glass as half full rather than half empty is a prime candidate for a first aider. Positivity will help you to reassure the injured person and prevent yourself from quickly becoming mentally drained while on the job.

This list is in no way exhaustive, but it is always beneficial to consider these personal qualities alongside technical ability.

First Aid Priorities for a First Aider

- Assess a situation quickly and calmly.
- Protect yourself and any casualties from danger—never put yourself at risk.
- Prevent cross-contamination between yourself and the casualty as best as possible.
- Comfort and reassure casualties.
- Assess the casualty: identify, as best as you can, the injury or nature of illness affecting a casualty.
- Give early treatment, and treat the casualties with the most serious (life-threatening) conditions first.
- Arrange for appropriate help: call 999 for emergency help if you suspect serious injury or illness; take or send the casualty to the hospital; transfer him into the care of a healthcare professional, or to a higher level of medical care. Stay with a casualty until care is available.

How to Prepare Yourself

When responding to an emergency you should recognize the emotional and physical needs of all involved, including your own. You should look after your own psychological health and be able to recognize stress if it develops.

A calm, considerate response from you that engenders trust and respect from those around you is fundamental to your being able to give or receive information from a casualty or witnesses effectively. This includes being aware of, and managing, your reactions, so that you can focus on the casualty and make an assessment. By talking to a casualty in a kind, considerate, gentle but firm manner, you will inspire confidence in your actions and this will generate trust between you and the casualty.

Without this confidence he may not tell you about an important event, injury, or symptom, and may remain in a highly distressed state.

The actions described in this unit aim to help you facilitate this trust, minimize distress, and provide support to promote the casualty's ability to cope and recover. The key steps to being an effective first aider are:

- Be calm in your approach
- Be aware of risks (to yourself and others)
- Build and maintain trust (from the casualty and the bystanders)
- Give early treatment, treating the most serious (life-threatening) conditions first
- Call appropriate help.
- Remember your own needs

Be Calm

It is important to be calm in your approach to providing first aid. Consider what situations might challenge you, and how you would deal with them. In order to convey confidence to others and encourage them to trust you, you need to control your own emotions and reactions.

People often fear the unknown. Becoming more familiar with first aid priorities and the key techniques can help you feel more comfortable. By identifying your fears in advance, you can take steps to overcome them.

Stay in Control

In an emergency situation, the body responds by releasing hormones that may cause a “fight, flight, or freeze” response. When this happens, your heart beats faster, your breathing quickens, and you may sweat more. You may also feel more alert, want to run away or feel frozen to the spot.

If you feel overwhelmed and slightly panicky, you may feel pressured to do something before you are clear about what is needed. Pause and take a few slow breaths. Consider who else might help you feel calmer, and remind yourself of the first aid priorities (opposite). If you still feel overwhelmed, take another breath and tell yourself to be calmer. When you are calm, you will be better able to think more clearly and plan your response.

The thoughts you have are linked to the way you behave and the way you feel. If you think that you cannot cope, you will have more trouble determining what to do and will feel more anxious: more ready to fight, flee, or freeze. If you know how to calm yourself, you will be better able to deal with anxiety and help the casualty.

Protection from Infection

When you give first aid, it is important to protect yourself (and the casualty) from infection as well as injury. Take steps to avoid cross-contamination—transmitting germs or infection to a casualty or contracting infection from a casualty. Remember, infection is a risk even with relatively minor injuries. It is a particular concern if you are treating a wound, because blood-borne viruses, such as hepatitis B or C and Human Immunodeficiency Virus (HIV), may be transmitted by contact with blood. In practice, the risk is low and should not deter you from carrying out first aid. The risk increases if an infected person's blood makes contact with yours through a cut or scrape.

Usually, taking measures such as washing your hands and wearing disposable gloves will provide sufficient protection for you and the casualty. There is no known evidence of these blood-borne viruses being transmitted during resuscitation. If a face shield or pocket mask is available, it should be used when you give rescue breaths.

When to Seek Medical Advice

Take care not to prick yourself with any needle found on or near a casualty, or cut yourself on glass. If you accidentally prick or cut your skin, or splash your eye, wash the area thoroughly and seek medical help immediately. If you are providing first aid on a regular basis, it is advisable to seek guidance on additional personal protection, such as immunization. If you think you have been exposed to an infection while giving first aid, seek medical advice as soon as possible.

Caution

To help protect yourself from infection you can carry protective equipment such as:

- Pocket mask or face shield
- Latex-free disposable gloves
- Alcohol gel to clean your hands

Minimizing the Risk of Cross Contamination

- Do wash your hands and wear latex-free disposable gloves (in case you or the casualty are allergic to latex). If gloves are not available, ask the casualty to dress his or her own wound, or enclose your hands in clean plastic bags.
- Do cover cuts and scrapes on your hands with waterproof dressings.
- Do wear a plastic apron if dealing with large quantities of body fluids, and wear glasses or goggles to protect your eyes.
- Do dispose of all waste safely.
- Do not touch a wound or any part of a dressing that will come into contact with a wound with your bare hands.
- Do not breathe, cough, or sneeze over a wound while you are treating a casualty.

Thorough Hand-Washing

If you can, wash your hands before you touch a casualty, but if this is not possible, wash them as soon as possible afterward. For a thorough wash, pay attention to all parts of the hands—palms, wrists, fingers and thumbs, and fingernails. Use soap and water if available, or rub your hands with alcohol gel.

1. Wet your hands under running water. Put some soap into the palm of a cupped hand. Rub the palms of your hands together.
2. Rub the palm of your left hand against the back of your right hand, then rub the right palm on the back of your left hand.
3. Interlock the fingers of both hands and work the soap between them.
4. Rub the back of the fingers of your right hand against the palm of your left hand, then repeat with your left hand in your right palm.
5. Rub your right thumb in the palm of your left hand, then your left thumb in the right palm.
6. Rub the fingertips of your left hand in the palm of your right hand and vice versa. Rinse thoroughly, then pat dry with a disposable paper towel.



Protection from Infection

Using Protective Gloves

In addition to hand washing, gloves give added protection against infection in a first aid situation. If possible, carry protective, disposable, latex-free gloves with you at all times. Wear them whenever there is a likelihood of contact with blood or other body fluids. If in doubt, wear them anyway.

Disposable gloves should be used to treat only one casualty. Put them on just before you approach a casualty and remove them as soon as the treatment is completed and before you do anything else.

Caution

Always use latex-free gloves. Some people have a serious allergy to latex, and this may cause anaphylactic shock. Nitrile gloves (often blue or purple) are recommended.

When taking off the gloves, hold the top edge of one glove with your other gloved hand and peel it off so that it is inside out. Repeat with the other hand without touching the outside of the gloves. Dispose of them in a biohazard bag.

Putting on Gloves

- Putting on the gloves Hold one glove by the top and pull it on. Do not touch the main part of the glove with your fingers.
- The gloved hand. With your fingers under the top edge, pull it onto your hand. Your gloved fingers should not touch your skin.



Dealing with Waste

Once you have treated a casualty, all soiled material must be disposed of carefully to prevent the spread of infection.

Place items such as dressings or gloves in a plastic bag—ideally a biohazard bag—and give it to the emergency services. Seal the bag tightly and label it to show that it contains clinical waste. Put sharp objects, including needles, in a plastic container known as a sharps container, which is usually red.



Dealing with a Casualty

Listen Carefully

- Use your eyes and ears to be aware of how a casualty responds. Listen by showing verbal and nonverbal listening skills.
- Make eye contact, but look away now and then so as not to stare.
- Use a calm, confident voice that is loud enough to be heard but do not shout.
- Do not speak too quickly.
- Keep instructions simple: use short sentences and simple words.
- Use affirming nods and “mmms” to show you are listening when the casualty speaks.
- Check that the casualty understands what you mean—ask to make sure.
- Use simple hand gestures and movements.
- Do not interrupt the casualty, but always acknowledge what you are told; for example, summarize what a casualty has told you to show that you understand.

When a Casualty Resists Help

If someone is ill or injured s/he may be upset, confused, tearful, angry, and/or anxious to get away. Be sensitive to a casualty's feelings; let him know that his reactions are understandable. Also accept that you may not be able to help, or might even be seen as a threat.

Stay at a safe distance until you have gained the person's consent to move closer, so that he does not feel crowded. Do not argue or disagree. A casualty may refuse help, for example because he is suffering from a head injury or hypothermia. If you think a person needs something other than what he asks for, explain why. For example, you could say, “I think someone should look at where you're hurt before you move, in case moving makes it worse.” If someone still refuses your help and you think he needs urgent medical attention, call 999 for emergency help.

Treating the Casualty

When treating a casualty; always relate to her calmly and thoughtfully to maintain trust especially when you are dealing with children. Think about how they might be feeling. Check that you have understood what the casualty said and consider the impact of your actions, for example, is the casualty becoming more (or less) upset, angry, and tense? A change in emotional state can indicate that a condition is worsening.

Be prepared to change your manner, depending on what a person feels comfortable with; for example, ask fewer questions or talk about something else. Keep a casualty updated and give him/her options rather than telling them what to do.

Stay with the casualty. Do not leave someone who may be dying, seriously ill, or badly injured alone except to go to call for emergency help. Talk to the casualty while touching his shoulder or arm, or holding a hand. Never allow a casualty to feel alone.

Enlisting Help from Others

In an emergency situation you may be faced with several tasks at once: to maintain safety, to call for help, and to start giving first aid. Some of the people at the scene may be able to help you do the following:

- Make the area safe; for example, control traffic and keep onlookers away.
- Call 999/112 for emergency help.
- Obtain first aid equipment, for example an AED (automated external defibrillator).
- Control bleeding with direct pressure, or support an injured limb.
- Help maintain the casualty's privacy by holding a blanket around the scene and encouraging onlookers to move away.

Transport the casualty to a safe place if his life is in immediate danger, only if it is safer to move him than to leave him where he is, and you have the necessary help and equipment.

Care of Personal Belongings

Make sure the casualty's belongings are with him at all times. If you have to search belongings for identification or clues to a person's condition (medication, for example), do so in front of a reliable witness. If possible, ask the casualty's permission before you do this. Afterward, ensure that all of the clothing and personal belongings and medication accompany the casualty to the hospital or are handed over to the police.

Keeping Notes

As you gather information about a casualty, write it down so that you can refer to it later. A written record of the timing of events is particularly valuable to medical personnel. Note, for example, the length of a period of unconsciousness, the duration of a seizure, the time of any changes in the casualty's condition, and the time of any intervention or treatment. Hand your notes to the emergency services when they arrive, or give them to the casualty. Useful information to provide includes:

- Casualty's details, including his name, age and contact details
- History of the incident or illness
- Brief description of any injuries
- Unusual behavior, or a change in behavior
- Treatment—where given and when
- Vital signs—level of response, breathing rate, and pulse, if the first aider is trained
- Medical history
- Medication the casualty has taken, with details of the amounts taken and when
- Next-of-kin contact details
- Your contact details as well as the date, time, and place of your involvement

Remember that any information you gather is confidential.

Never share it with anyone not involved in the casualty's care without his agreement. Let the casualty know why you are recording information and who you will give it to. When you are asking for such information, be sensitive to who is around and of the casualty's privacy and dignity.

Requesting Help

Further help is available from a range of sources. If help is needed, you must decide both on the type of help and how to access it. First, carry out a **primary survey** to ascertain the severity of the casualty's condition. If it is not serious, explain the options and allow him to choose where to go. If a casualty's condition is serious, seek emergency help.

Call 999/112 for emergency help if the casualty needs urgent medical attention and should be transported to the hospital in an ambulance, for example, when you suspect a heart attack.

- Take or send the casualty to a hospital. Choose this option when a casualty needs hospital treatment, but his condition is unlikely to worsen; for example, with a finger injury. You can take him yourself if you can arrange transportation—either in your own car or in a taxi.

- Seek medical advice. Depending on what is available in his area, the casualty should be advised to call his own physician or nurse practitioner. He would do this, for example, when he has symptoms such as earache or diarrhea.

Calling For Help

You can call for help from:

- Emergency services, including police, fire and ambulance services, by calling 999/112
- Utilities, including gas, electricity or water—the phone number will be in the telephone directory
- Health services, including doctor, dentist, and hospital—this varies in different areas. The phone numbers will be in the telephone directory
- Calls to the emergency services are free from any phone, including cell phones.

Keep time away from the casualty to a minimum. Ideally, tell someone else to make the call for you while you stay with the casualty. Ask the person to confirm that the call has been made and that help is on the way. If you have to leave a casualty to call for help, first take any necessary vital action.

Further Reading:

- ✓ *All-in-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health 5th Edition* by Pamela L. Swearingen (Author), Jacqueline Wright (Author) , 2018
- ✓ *Treating Traumatic Stress in Children and Adolescents, Second Edition: How to Foster Resilience through Attachment, Self-Regulation, and Competency Second Edition* by Margaret E. Blaustein (Author), Kristine M. Kinniburgh (Author) ,2018