

LIFESAVING GESTURES FOR CHILDREN

IN COLLABORATION WITH
LES CRÈCHES POMME D'HAPPY ET L'ISLES AUX ENFANTS



A CHILD IS NOT A SMALL ADULT

EMERGENCY NUMBER

112	URGENCE INTERNATIONALE	144	AMBULANCE
117	POLICE	145	TOXIQUE
118	POMPIERS		



FOR ANY INTOXICATION
CALL 145
WEIGHT OF THE CHILD
CONTENT OF THE PRODUCT

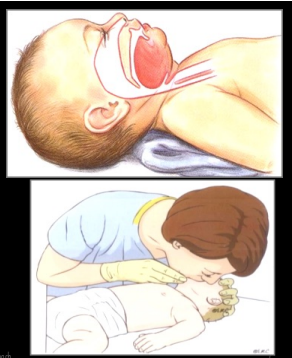
CPR FOR CHILDREN



CARDIO PULMONARY ARREST

POSSIBLE CAUSES:
DROWNING
NEWBORN SUDDEN DEATH
CHOKING
UPPER AIRWAY OBSTRUCTION
OTHER CAUSES

RELEASE THE AIRWAY AND GIVE 5 BREATH
EFFICIENT BREATHING:
VISIBLE CHEST EXPANSION
BREATH IN FOR 1 SECOND
MOUTH TO, NOSE AND MOUTH
< 1 Y.O.



Respiration artificielle

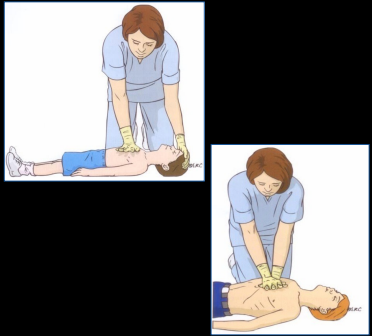
CHILD UNDER ONE YEAR:
COMPRESS WITH 2 FINGERS ON THE NIPPLE LINE AT A RATE OF 100-120 BY MINUTE AND A DEPTH OF ABOUT 4 CM OR 1/3 OF THE THORAX DEPTH. START 15 COMPRESSIONS FOLLOWED BY 2 VENTILATIONS UNTIL THE ARRIVAL OF THE MEDICAL FIRST AID TEAM

RELEASE THE AIRWAY AND GIVE 5 BREATH
EFFICIENT BREATHING:
VISIBLE CHEST EXPANSION
BREATH IN FOR 1 SECOND
MOUTH TO MOUTH OR MOUTH TO NOSE
>1 Y.O.



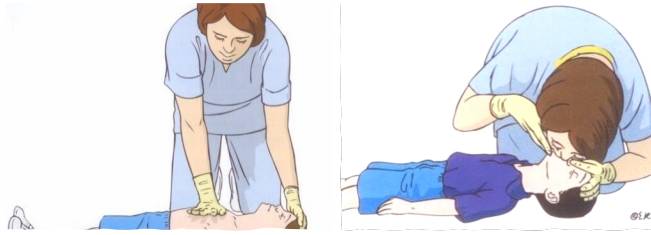
CHILD > 1 Y.O.

COMPRESS WITH 1 OR 2 HANDS ON THE NIPPLE LINE AT A RATE OF 100-120 BY MINUTE AND A DEPTH OF ABOUT 4 CM OR 1/3 OF THE THORAX DEPTH. START 15 COMPRESSIONS FOLLOWED BY 2 VENTILATIONS UNTIL THE ARRIVAL OF THE MEDICAL FIRST AID TEAM



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10



START 15 COMPRESSIONS FOLLOWED BY 2 VENTILATIONS UNTIL THE ARRIVAL OF THE MEDICAL FIRST AID TEAM

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11

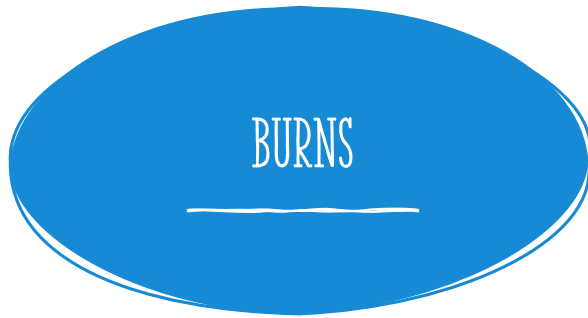
AFTER ABOUT 1 MINUTE = 5 CYCLES OF 15:2 IF NOT ALREADY DONE

CALL



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12



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13

TYPES OF BURN INJURIES
 don't become 1 of 480 000 burn victims this year. learn, educate, save lives.

THERMAL
 Thermal burns are suffered when skin comes into contact with heat or hot liquids, steam or fire. The most common burns are caused by the heat of fire, hot liquid, & appliances.

CHEMICAL
 You are in danger of a chemical burn if you get in contact with acids, alkalis, or other corrosive substances. Common examples include household cleaning products, car battery acid, & other acids.

ELECTRICAL
 An electrical burn is one that is caused by an electric current passing through the body. It can be caused by a lightning bolt or by contact with a live electrical wire.

FRICTION
 Friction burns are caused by rubbing or scraping the skin against a rough surface. They are often caused by falls, car accidents, or other incidents where the skin is rubbed against a hard surface.

RADIATION
 Radiation burns are caused by exposure to ionizing radiation, such as X-rays or nuclear radiation. They can also be caused by ultraviolet radiation from the sun.

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14

TYPES OF BURNS

- 1 Epidermal (first degree)**
 - Involves only the epidermis (outer layer of skin)
 - Red, swollen, and painful
 - No blisters or peeling
 - Usually heals within 3-7 days with no scarring
- 2 Superficial Partial Thickness (second degree)**
 - Involves the epidermis and part of the dermis
 - Blisters form
 - Painful and swollen
 - Usually heals within 2-3 weeks with some scarring
- 3 Deep Partial Thickness (second degree)**
 - Involves the epidermis and the majority of the depth of the dermis
 - Blisters form
 - Painful and swollen
 - Usually requires skin grafting
- 4 Full Thickness (third degree)**
 - Involves the entire epidermis and dermis, usually into the subcutaneous tissue
 - Skin is charred, white, or black
 - Usually requires skin grafting
- 5 Subdermal (fourth degree)**
 - Involves the epidermis, dermis, and subcutaneous tissue
 - Usually requires amputation

LIMMER



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15



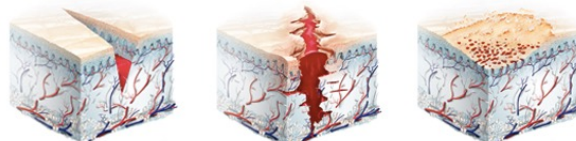
- BE AWARE OF SECURITY
- IMMEDIATELY COOL DOWN UNDER RUNNING TAP WATER AT 15°C , AT A DISTANCE OF 15 CM FROM THE FAUCET FOR 15 MINUTES , IF IT AIN'T POSSIBLE USE A CONTAINER TO DIP IT IN, MAXIMUM 15 % OF BODY SURFACE
- REDUCE PAIN BY GIVING PAIN MEDICATION AS ACCORDING TO WEIGHT
- IF BURNS ARE IMPORTANT OR TO FACE AND/OR NECK CALL 144
- TRY TO REMOVE CLOTHING IF POSSIBLE. IF THEY'RE STUCK, LEAVE THEM ON.
- IF THE BURNS COVER A GREATER SURFACE, COVER INJURIES WITH WET STERILE OR CLEAN DRESSING
- CAREFULLY WATCH THE CHILD UNTIL AMBULANCE ARRIVE
- IF AIRWAYS ARE AFFECTED (CHANGE OF VOICE OR HOARSE VOICE) IMMEDIATELY CALL 144

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16

WOUNDS

• A WOUND IS A LESION OF THE SKIN REPRESENTED BY THE RUPTURE OF THE CONTINUITY OF THE TISSUES AND A BREAKING IN THE SKIN BARRIER REQUIRING AN INTERVENTION IN ORDER TO BE REPAIRED OR TO CICATRISED.



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17

GRAVITY CRITERIA

- LOCALISATION
 - HEAD
 - COU
 - ABDOMEN
 - THORAX
- IS YOUR CHILD
 - UNCONSCIOUS
 - HAVING UNNATURAL BEHAVIOR
 - DIFFICULTY BREATHING
- IMPORTANT BLEEDING
 - PAIN



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18

WOUND TREATMENT

- REASSURE YOUR CHILD
- STOP THE BLEEDING, IF NECESSARY APPLY COMPRESSION, TOURNIQUET, ELEVATE THE LIMB
- CLEAN THE SKIN
- DESINFECT ONLY IF IT'S A SIMPLE WOUND, PROTECT THE SKIN WITH A DRESSING
- TÉTANOS SHOT ? SIMPLE WOUND 20 YEARS, DIRTY OR RISK OF INFECTION 10 YEARS
- THE WOUND CAN USUALLY BE REPAIRED WITHIN 6 HOURS FOLLOWING THE ACCIDENT.

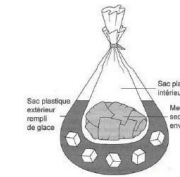


HÉMORRAGIE

STOP AND CONTROL BLEEDING

NO MATTER THE TYPE OF WOUND:
IF NECESSARY APPLY COMPRESSION, TOURNIQUET, ELEVATE THE LIMB
COMPRESSION AROUND THE WOUND, IF A FOREIGN BODY IS STILL INSIDE, DO NOT REMOVE THE OBJECT.

COMPRESSIBLE AREAS

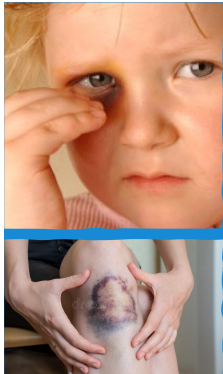


IF YOU HAVE AN AMPUTATED LIMB

- CONSERVE THE LIMB IN A PLASTIC BAG IN A DRESSING
- PUT THE FIRST BAG IN ANOTHER ONE THAT HAS 1/3 OF ICE AND 2/3 OF WATER (NO DIRECT CONTACT WITH THE ICE)
- APPLY A STERILE OR CLEAN DRESSING ON THE WOUND

CLOSED WOUND

- DIRECT IMPACT ON A PART OF THE BODY
- 4 DEGREES : BRUISE, HEMATOMA, CRUSHING, GRINDING



TRAUMAS



• THE FALLS ARE RESPONSIBLE FOR A GREAT AMOUNT OF CONSULTATIONS EVEN IF THEY COULD OFTEN BE PREVENTED. NEVERTHELESS THEY ARE THE DAILY LOT OF A CHILD'S LIFE DESPITE ALL OUR GOOD INTENTIONS. HERE ARE SOME GUIDELINES IN CASE OF ACCIDENT



BROKEN BONES

IT AIN'T OBVIOUS TO GO TO EMERGENCY HOLDING A BROKEN BONE SO WE HAVE TO IMMobilize IT IN ORDER TO REDUCE PAIN OCCURRING DURING TRANSPORTATION AND TO PREVENT THAT THE FRACTURE WON'T MOVE TO INJURE THE SURROUNDING STRUCTURES, NERVES, LIGAMENT AND MUSCLES FOR EXAMPLE.

SIGNS OF A FRACTURED BONE

EXCEPT IF THERE'S OBVIOUS DEFORMATION, IT'S NOT ALWAYS EASY TO DIAGNOSE A FRACTURE. THEY OFTEN COME WITH EXTREME AND PERMANENT PAIN THAT INCREASES IF WE TOUCH THE AREA OF THE INJURED LIMB. GONEDMA OR ECCHYMOSSIS ARE NOT ALWAYS PRESENT, ON THE OTHER HAND MOVEMENT AND SUPPORT ARE EITHER IMPOSSIBLE OR VERY PAINFULL. A WOUND IN THE AREA OF THE FRACTURE MUST BE CONSIDERED HAS AN OPEN FRACTURE AND INDUCE A GREATER RISK OF INFECTION.

SPRAIN, FRACTURE, LUXATION



RICE Protocol



HEAD TRAUMA

ACTION TO BE TAKEN IN CASE OF HEAD TRAUMA:

- HOME SURVEILLANCE CAN BE SUFFICIENT IF THERE'S NO GRAVITY SYMPTOM.
- VOMITING AFTER A HEAD TRAUMA CAN OCCUR, IF NOT REPETITIVE IT'S NOT NECESSARILY DANGEROUS IN PARTICULAR WHEN THE NEUROLOGIC EXAM IS PERFECTLY NORMAL AND THE EVENT WAS WITHOUT LOSS OF CONSCIOUSNESS.
- LIGHT HEADACHE CAN OCCUR AND ARE SIGNS OF BENIGN GRAVITY SYMPTOMS.
- SKULL X-RAY CAN BE PRESCRIBED TO REASSURE BUT ONLY A HEAD SCAN HAS SIGNIFICANT DIAGNOSTIC VALUE IN CASE OF HEAD TRAUMA.
- RIGOROUS SURVEILLANCE MUST APPLY IN THE FIRST 24 HOURS, PARTICULARLY THE NECESSITY TO WAKE UP THE CHILD EVERY 2 HOURS TO ASSURE ANY DISORDER OF CONSCIOUSNESS AND/OR UNILATERAL MYDRIASIS.
- FINALLY IF THE CHILD PRESENT REPETITIVE VOMITING OR SHOWS SIGNS OF ABNORMAL DROWSINESS, HE MUST IMPERATIVELY AND IMMEDIATELY BE TAKEN TO EMERGENCY IN CASE OF THOSE SIGNS OF GRAVITY TO BE OBSERVED AND/OR INVESTIGATED MORE SERIOUSLY.




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What to do if the child is conscious:

Mecanism of the accident
 Reassure your child
 Apply cold on the impact
 Paracetamol or anti inflammatory if necessary

If the child is unconscious but breathing:

Call 144
 Put in lateral security position
 Apply cold on the impact
 Constantly check breathing and any other symptoms that could appear



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EYE TRAUMA

- Any eye trauma to a child should be seen by a doctor who will evaluate the necessity to see an ophthalmologist
- The trauma can be close or open it needs to be immediately assess by a professional. Same rule apply if there's a wound around the eye because of an eventual risk of a lesion to the lacrimal canal.
- A penetrating wound to the eye must be suspected if in front of an hematoma of the anterior room of the eye (hyphema), an eyeball hypotonia (no more habitual renitence), a pupillary distortion and/or irregular iris distortion and of course the visual presence of the foreign body in the eye. Do not remove the object!!!
- Blunt trauma, from a ball for example, can be tricky and often occur without being noticed, detected or taken seriously. Even if the first exam can be normal, without pain any bleeding or no vision deficiency, the contusion can be at the cause of retinal detachment, traumatic glaucoma and even a unilateral cataract all of those need immediate consultation with an ophthalmologist. Decrease of visual acuity after a blunt trauma is a sign of gravity.



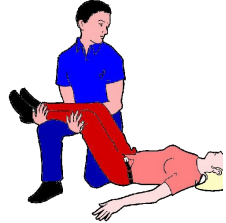
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DISCOMFORT WITH AND WITHOUT LOSS OF CONSCIOUSNESS

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DISCOMFORT WITHOUT LOSS OF CONSCIOUSNESS


- The discomfort can be vagal or hypotensive:
- Lay down the victim and elevate his legs



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DISCOMFORT WITH LOSS OF CONSCIOUSNESS

- Check if child is breathing
- If he is, put him in lateral security position
- Than call 144




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SEIZURE WITH OR WITHOUT FEVER


In presence of fever

- Undress if possible
- Open window
- Give suppository medication to decrease fever
- Put in lateral security position when possible
- Call 144 if it's the first time or if > 15 minutes



Without fever

- Put away every object on wich the child could hurt himself
- Put on lateral security position when possible
- Call 144



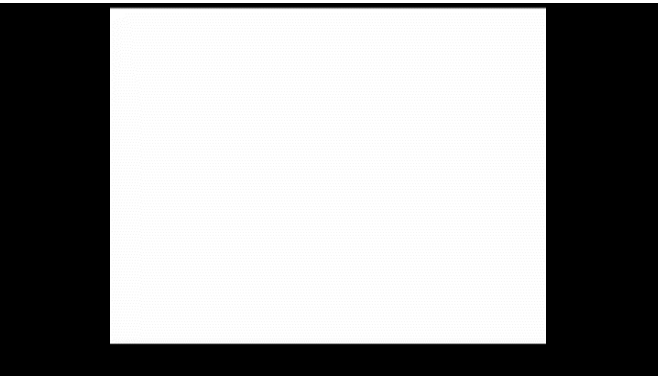
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FEBRILE SEIZURE

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BREATHING DIFFICULTIES AND ALLERGIC REACTIONS

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BREATHING DIFFICULTIES



SIGNS AND SYMPTOMS

- MODIFICATION OF THE VOICE
- INCREASED BREATHING EFFORT
- DIFFICULTY TO SPEAK, SHORTNESS OF BREATH
- DIFFICULTY TO DRINK, VOMITING
- ASSOCIATED RESPIRATORY NOISES




MOFFENSEN MANEUVER

- CHILD UNDER ONE YEAR OLD CONSCIOUS
- CHECK MOUTH FOR EVENTUAL FOREIGN BODY IF CLOSE BY SWYPE THE OBJECT WITH FINGER TO REMOVE IT
- IF THE OBJECT IS TO DEEP OR YOU CAN'T SEE, PROCEED WITH 5 BLOWS IN THE BACK BETWEEN THE SHOULDER BLADES THEN TURN THE BABY AROUND, CHECK FOR THE FOREIGN BODY IF NOT SEEN, PROCEED WITH 5 CHEST COMPRESSIONS AND ALTERNATE BOTH MANEUVER UNTIL IT COMES OUT OR IF THE CHILD LOSES CONSCIOUSNESS IF SO START CPR

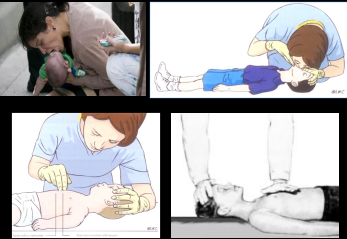
HEIMLICH MANEUVER

- FOR CHILD OLDER THAN 1 YEAR AND CONSCIOUS
- PUT YOURSELF BEHIND THE CHILD, SURROUNDING HIM WITH ONE HAND CLOSED LIKE A FIST AND THE OTHER ONE OVER IT JUST OVER THE BELLY BUTTON.
- PROCEED TO QUICK CONTROLLED MOVEMENT TOWARDS YOU. REPEAT UNTIL FOREIGN BODY EXPULSION OR LOSS OF CONSCIOUSNESS, IF SO START CPR




UNBLOCKING THE AIRWAYS OF UNCONSCIOUS CHILD

- AFTER CHECKING FOR FOREIGN BODY IN HIS MOUTH, START WITH 5 BREATHS
- FOLLOW UP WITH CYCLES OF 15 THORACIC COMPRESSIONS FOLLOWED WITH 2 VENTILATIONS
- CHECK MOUTH BEFORE EVERY VENTILATION CYCLE
- CALL 144 A.S.A.P.



ALLERGIC REACTION

- THE DIFFERENT STAGES:
- STADE 1 ITCHY HIVES
- STADE 2: STADE 1 WITH CHEST DISCOMFORT, NAUSEA, DIARRHEA
- STADE 3: STADE 1+/- STADE 2 WITH BREATH SOUNDS
- STADE4: STADE 1,2 ET/OU 3 WITH CONSCIOUSNESS DISTURBANCE




PHARMACY

Contenu indispensable :

- Compresses stériles
- Désinfectant non alcoolique
- Sparadrap - petits pansements
- Bandes élastiques
- Paracétamol et Ibuprofène si > 6 mois
- Traitement prescrit par le pédiatre
- Poche à glace
- Sérum physiologique - mouche Bébé
- Thermomètre
- Ciseaux