

Preparing for emergencies

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Emergencies can and do happen. In an emergency, we often think less clearly and can waste valuable time.

Make sure that you have a list of emergency numbers near your telephone. They can be keyed into a phone memory-bank, or displayed as a list close to the phone.

These numbers should include the following: doctor, ambulance, fire brigade, police and the Poisons Information Centre.

It's also a good idea to learn first aid. The Royal Children's Hospital Safety Shop, among others, run courses which include information on resuscitation. Resuscitation can save a child's life.

First aid is a practical skill best taught by an accredited instructor. This information is in no way a substitute for doing a first aid course.

First aid-trained operators should ideally perform CPR, but any resuscitation is better than none.

DR ABCD: helping you help others

In an emergency, telephone 000.

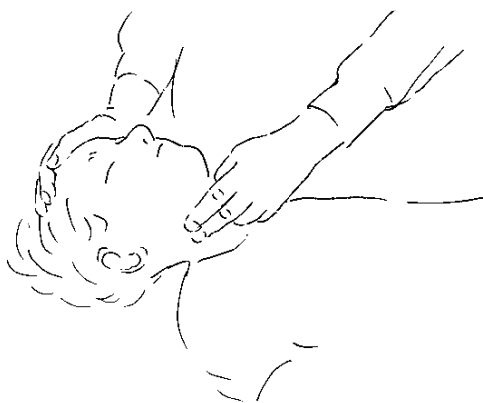
DR ABCD is the name of a plan which helps you to remember what to do in case of an emergency. Each letter stands for something you must do, and the order in which you must do it. All first aid begins with DR ABCD. Here is a brief reminder of what to do:

D Danger

Check for **danger** to you, others and the injured person. You can't help someone else if you become hurt yourself. Only move the injured person from danger if it is absolutely necessary.

R Response

Check for **response**: is the injured person conscious? The injured person should be assessed by shouting and gentle stimulation. Is there a response? Infants and children should not be shaken.



A Airway

if the injured person is unconscious, **clear** and **open** the airway.

Clearing the airway:

If blood or vomit is present in the mouth, or the child has been involved in a water incident, turn them on their side and clear any material from the mouth.

Opening the airway:

Tilt the head back (depending on the child's size and age), support the jaw and open the mouth.

- Adult/large child – maximum head tilt.
- Small/child – slight head tilt.
- Infant – no head tilt (support the head in a horizontal position).

B Breathing

If the unconscious child has been placed on their side to clear the airway, check for breathing in this position.

If the airway is not obstructed, the casualty may be left on their back for this assessment.

To check if the child is breathing **look** for the movement of the lower chest and **listen**



and **feel** for the escape of air from the nose and mouth. If the child is breathing and has not already been placed on their side, position them on their side in a stable position and ring 000.

If the child is not breathing or not breathing normally, place them on their back and open the airway as above. Block the nose and place your widely opened mouth over the child's mouth, or mouth and nose, depending on their size and give 2 initial **rescue breaths/puffs** in 2 seconds, blowing only until the chest rises and then allow the air to passively escape.

C Compressions

If the child has no signs of life (i.e. unconscious, unresponsive, not moving and not breathing normally) commence **external chest compressions**.

A universal compression ratio of 30:2 (30 compressions followed by 2 ventilations) is recommended for all ages regardless of the number of rescuers present aiming for 100 compressions per minute.

Victims requiring chest compressions should be placed supine on a firm surface (i.e. floor for adult/child and table for infants).

Visualise the lower half of the sternum, which equates to the centre of the chest and place your hands or fingers in this position, according to the age and size of the child. Press straight down on the sternum to a third of the depth of the chest.

Give 30 compressions followed by 2 rescue breaths and continue until there are signs of life, the scene becomes unsafe, qualified help arrives, you are unable to continue or an authorized person pronounces life extinct.

D Defibrillation

There are now a number of sites in our community that provide PAD (Public Access Defibrillation), such as Melbourne Airport. This enables first aiders to apply an electronic device called an Automatic External Defibrillator (AED) to the chest of the cardiac arrest casualty, which if the machine directs the first aider they are then able to provide a controlled electric shock to the casualty's heart.

Calling for medical help as soon as possible will give the injured person the best chance of survival. If there are other people around, send them to ring 000 immediately.

Basic first aid

Bleeding

Certain diseases can be transmitted through blood, so take precautions to prevent infections. Try to wash your hands with soap before and after; wear gloves if possible when managing bleeding, and cover cuts or scratches on your hands before touching an injured person.

Severe bleeding

Act quickly. Heavy blood loss can kill the injured person.

- **Priority 1:** Press hard on the wound, using fingers or a clean cloth pad such as a towel. Get the injured person to do this for you if possible. If blood soaks through put another pad on top and keep pressing. When bleeding stops, leave the pad or wad of cloth in place and bandage to hold it firmly. Raise the injured part unless fractured.
- **Priority 2:** Call for medical aid. Stay with the injured person. Watch for signs of shock. If the injured person loses consciousness, follow DR ABCD steps.

Minor bleeding

- **Priority 1:** Wash the wound thoroughly using a clean cloth soaked in clean water. Do not put antiseptic into an open wound – it may damage the tissues.
- **Priority 2:** Cover with a clean dressing (preferably sterile and non-stick). Hold in place with a bandage. If the wound is a puncture or is dirty (e.g. animal bite) the injured person should see a doctor.

Impaled objects

DO NOT pull out an impaled object. Control the bleeding by pressing around it instead of directly on the wound. Put a pad around it

before bandaging to prevent pressure on the impaled object. Seek medical aid.

Cuts and bruises

Follow these steps:

- R Rest** the injured part in the most comfortable position.
- I Ice** covered in cloth, applied to the injury for 20 minutes.
- C Compression** bandage, firm but not tight.
- E Elevate** the injured part unless you suspect a fracture.

Nose bleeds

Sit with the head forward. Pinch the soft part of the nose firmly for 10 minutes. Apply a cold pack to the neck and forehead. If bleeding persists, seek medical aid.

Scrapes and grazes

Wash thoroughly with running water to remove dirt. Cover with non-stick dressing, bandage or tape the dressing in place. Seek medical aid if anything is embedded in the wound.

Splinters

Clean the area with a clean cloth soaked in clean water. If the splinter is buried, seek medical aid. If the end is accessible, use a probe to tease it out, grasp with forceps and remove. Apply sterile adhesive dressing.

Burns and scalds

Priority 1

- Smother burning clothing: **stop, drop and roll** then smother with water or a blanket.
- If a hot liquid caused the burn, remove clothing carefully but quickly.
- If a chemical burn, do not walk in the chemical or get it on your hands. **Do not** pull off clothing stuck to the skin.

Priority 2: Cool the burned skin. Use gently running cool water from a tap or hose (10 minutes for heat burns, 20 for chemical burns).

Priority 3: Cover the burned area. Use a sterile non-stick dressing or clean wet cloth.

Do not use lotions, butter or oils; **do not** prick blisters. If the burn is larger than a 20 cent piece and/or there are blisters, seek medical aid.

Choking

Adults or large child

Partial obstruction

If the injured person is conscious and breathing, help them relax and breathe deeply and ask them to cough to remove the object. If a partial obstruction lasts longer than a few minutes, call an ambulance.

Total obstruction

If they are unable to breath, cough or speak, clutching their throat, anxious and their conscious state deteriorates rapidly, call an ambulance and follow these steps:

Conscious

Encourage the casualty to bend forward with their head lower than their chest, you may be able to position a child over your lap and perform up to 5 sharp back blows between the shoulder blades with the heel of one hand. Check to see if each back blow has relieved the airway obstruction.

If back blows are unsuccessful the rescuer should perform up to 5 chest thrusts. Check to see if each thrust is successful in removing the obstruction.

To perform the chest thrusts, identify the same compression point as for chest compressions, with one hand on the sternum and the other between the shoulder blades. The chest thrusts are similar to chest compressions, however are sharper and delivered at a slower rate.

This can be performed in the sitting, lying over your lap or standing position. If the obstruction is still not relieved continue to alternate between 5 back blows and 5 chest thrusts whilst waiting for the ambulance to arrive.

Unconscious

Commence CPR.

Infant or small child

Partial obstruction

Place the child face down in a steep head down position over your lap (gently) and encourage them to cough. If they are unable to clear their own airway, call an ambulance.

Total obstruction

Manage as per adult/large child.

Dislodged tooth

Clean it with the person's own saliva or milk – not water. If it is a second tooth replace it promptly. Splint the tooth using cooking foil and ask the casualty to bite firmly on the splint. If the tooth cannot be replaced, store it in a small amount of milk and immediately refer the casualty to a dentist or hospital emergency department.

Safety in the water

- Follow the DR ABCD steps.
- Start mouth-to-mouth as soon as possible, even while in the water if you can. Get urgent medical help while continuing mouth-to-mouth. If someone else can assist, keep up mouth-to-mouth, and get them to call an ambulance. Don't stop resuscitation.
- If the injured person starts breathing, lay them on their side. Keep them warm and check pulse and breathing until medical help arrives. Don't give up! People have been revived after being under water for half an hour. Every second counts in restoring oxygen to the brain, so keep going.

Poisoning

- **Priority 1:** Follow DR ABCD action plan. If the area is dangerous or suspect, do not enter the area until the fire brigade has arrived. If the poison is from gas or inhaled chemicals and it is safe to enter, open windows and doors or turn off the gas.
- **Do not** attempt rescue without assistance or protection. If there is any poison around

the injured person's mouth, clean off or cover before starting mouth-to-mouth.

- **Priority 2:** Identify the poison e.g. look for a container, check the label, and try to work out how much was taken. Do not induce vomiting.
- **Priority 3:** Ring the Poisons Information Centre on 131 126 (national number)
- **Priority 4:** Seek medical aid urgently.

Educational resources for children and adolescents

Ambulance Victoria school programs

Ambulance Victoria provides presentations and displays on basic CPR.

W www.ambulance.vic.gov.au

T (03) 9090 5935

First Aid for students

The Royal Life Saving Society has specifically designed courses for students in Years 4–8. This allows participants to gain practical experience in resuscitation and basic first aid techniques including bandaging, slings, bites and bleeding.

W www.rlssa.org.au/vic

T (03) 9676 6900

EAR for students

In this course the Royal Life Saving Society provides the opportunity for students to gain valuable emergency life support skills.

W www.rlssa.org.au/vic

T (03) 9676 6900

First Aid for Parents and Carers

We strongly recommend all parents and carers undertake a first aid course and regularly update their resuscitation skills.

Emergcare are the providers of first aid courses to The Royal Children's Hospital Safety Centre.

E clancyj@bigpond.net.au

T (03) 9304 1622

For further information

The resuscitation and first aid procedures in this section are based on Australian Resuscitation Council Guidelines

W www.resus.org.au

Our thanks to Emergcare, providers of first aid courses to The Royal Children's Hospital Safety Centre, for contributing this section