

St Andrew's First Aid - Creating a Nation of Lifesavers

Baby & Child First Aid



Choking

RECOGNITION:

Sudden onset, coughing or choking, recent eating/playing with small objects. Severe obstructions cause inability to speak/cry/cough (silent cough) and breathe.

STEP 1: If child is breathing - encourage to cough and remove any obvious obstruction.

STEP 2: If child cannot speak/cry support them leaning forward and give up to 5 back blows, using the heel of your hand between their shoulder blades.

For infants (under 1yo) lay face-down on lap, support their head, and provide up to 5 back blows as described.

STEP 3: If back blows are unsuccessful, for children try 5 abdominal thrusts. Place your fist between the navel and the bottom of their breastbone and grasp with other hand. Pull sharply inwards and upwards up to five times.

For infants, attempt 5 chest thrusts – laying face up on your lap and supporting their head place two fingers on bottom of breastbone (below the nipples) and push down.

STEP 4: CALL 999/112

- If unsuccessful call for further help and continue steps 2 and 3 until obstruction clears/help arrives.
- If child/baby becomes unresponsive check for breathing and call for help. If not breathing commence CPR and inform call handler.

Broken bones

RECOGNITION:

Deformity, swelling or bruising at suspected break site, pain and difficulty moving affected limb, possible open wound.

STEP 1: Assist child/infant to keep still, supporting joints above and below injured area.

STEP 2: If there is an open wound, place padding around the wound for added support to assist with comfort.

STEP 3: Secure to an uninjured part of the body with a sling or bandage. Attempt to support in most comfortable position.

STEP 4: Take child/infant to a hospital Emergency Department / MIU for assessment. It's generally safe to take the child yourself by car if the injury is not life threatening.



STEP 5: CALL 999/112

- The break is so severe that you can't control the pain
- The bone is sticking out of the skin/is a leg injury and unable to self-transport
- The injury involves trauma to the head or neck

Breathing difficulties: asthma and croup

RECOGNITION:

Distressed/difficulty breathing, wheezing, coughing, difficulty speaking, croaky voice, raspy breaths, blue/grey skin.

ASTHMA 1: Keep calm and reassure the child. Have child sit upright in a comfortable position and provide usual dose of reliever inhaler using a spacer if available.

ASTHMA 2: A mild attack will resolve quickly. If it does not provide an additional 1-2 puffs of inhaler every 30-60 seconds, maximum of 10 puffs/follow personal asthma plan.

CROUP 1: Sit child on your knee, supporting their back. Reassure and calm the child.

WHEN TO CALL 999/112

- If this is the child's first asthma attack/medication unavailable.
- If the inhaler has no effect, the child is getting worse, difficulty talking, child becomes unresponsive
- If the croup is severe or persistent.

Seizures or convulsions

RECOGNITION:

Loss of or impaired response, vigorous shaking with clenched fists/arched back.

Possible fever, breath holding and vomiting.

STEP 1: Place pillows or soft padding around the child to reduce chance of injury. Do not restrain the child in any way.

STEP 2: Cool the child. Remove any bedding/clothing once seizure stops. Ensure good supply of fresh air without over-cooling the child.

STEP 3: Reassure the child. Whilst seizures can be alarming they are rarely dangerous if properly dealt with.

STEP 4: CALL 999/112

- Once seizure has passed place child in the recovery position and call for help.



Head injury

RECOGNITION:

Brief period of impaired response, scalp wound, dizziness, nausea, memory loss, headache, confusion.

STEP 1: Sit the child down. Place cold compress on the injured area and check response levels. Treat any wounds if present.

STEP 2: Regularly monitor and record vital signs.

STEP 3: Leave in care of a responsible person once recovered. If due to sporting injury do not return to sport until assessed by medical staff.

STEP 4: Seek further medical help if response levels deteriorate.



STEP 5: CALL 999/112

- If child's condition is worsening or they become unresponsive/lose consciousness.
- You suspect a neck or spinal injury – do not attempt to move the child.

Cuts and bleeding

RECOGNITION:

Grazes, lacerations, puncture, stab, or laceration. Note some wounds will have embedded objects in them.

STEP 1: Minor cut/graze: If the wound is dirty, clean it by rinsing under running water/ alcohol free wipes. Pat dry.

STEP 2: Severe bleeding: Apply direct pressure to control the bleeding, using sterile dressing, clean cloth, or child's own hand. Elevate if possible. *Do not place direct pressure over, or attempt to remove an embedded object.

STEP 3: Once bleeding is under control, secure a wound dressing with a bandage. Ensure firm enough to maintain pressure without restricting circulation.



STEP 4: CALL 999/112

- You are unable to stop the bleeding.
- There is a foreign object in the wound.
- The wound looks as though it may require stitching.

Burns and scalds

RECOGNITION:

Reddened skin, pain, blistering, potential breathing difficulty or signs of shock if severe.

STEP 1: Cool the injury as soon as possible by flooding with cold water for at least 20 minutes or until pain is relieved.

STEP 2: Gently remove any jewellery or clothing from the affected area before it begins to swell. If clothing is stuck do not attempt to pull it off.

STEP 3: When the burn has cooled cover with kitchen film lengthways down the affected limb to protect from infection



STEP 4: CALL 999/112

- If the burn is severe – any full thickness burn, partial thickness burns the size of casualties palm, and any burn covering more than 5% of the body (5x casualty's palm size)
- If the burn is caused by electricity or chemicals; or has injured the airways or eyes.
- Child is under 5 years.

Sickle cell disease

RECOGNITION:

Fatigue; shortness of breath; pain in chest, tummy and bones; heart palpitations.

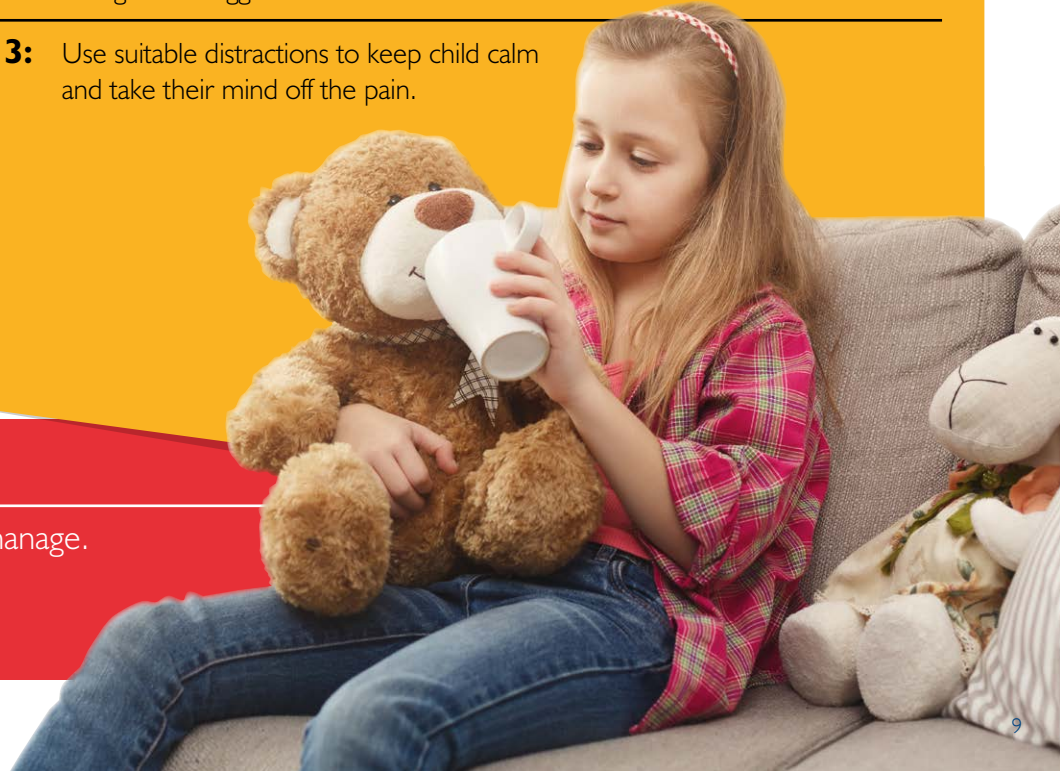
STEP 1: Ensure that the child drinks plenty of fluids.

STEP 2: Place child in a warm bath. Do not make the bath too hot/cold as temperature changes can trigger a sickle cell crisis.

STEP 3: Use suitable distractions to keep child calm and take their mind off the pain.

STEP 4: CALL 999/112

- If the pain is too severe to manage.



Meningitis and sepsis

	SEPSIS	MENINGITIS
Severe breathlessness and/or rapid shallow breathing	✓	✓
Extreme pain or discomfort	✓	✓
Casualty has not passed urine all day	✓	✓
Skin is pale and mottled	✓	✓
Cold hands and feet	✓	✓
Speech slurred, confused and drowsy	✓	✓
Flu-like illness and high temperature		✓
Severe headache		✓
Neck stiffness		✓
Vomiting		✓
Light sensitivity		✓
In Infants – high pitched moaning/whimpering cry, floppiness and tense or bulging fontanelle		✓
Rash of red/purple spots that doesn't fade when pressed		✓

WHEN TO CALL 999/112

- If you suspect sepsis call for help and keep the child calm and cool.
- If you see any signs of a rash which does not fade when pressed. Keep the child cool and calm while waiting for help to arrive.

How to check for a response in an infant or child

CHECK FOR RESPONSE:

On discovering a collapsed child you should first establish whether they are responsive or unresponsive. Do this by speaking loudly and clearly. Ask the child "What has happened?" or request a simple action such as "Open your eyes". Place one hand on their shoulder and gently tap them to see if there is a response. For an infant, gently tap or flick the sole of the infant's foot and call their name to see if they respond. Never shake an infant.

IF THERE IS A RESPONSE

1. If there is no further danger leave the child in the position they were found in, and assess for any injuries. Treat the most serious injury first.
2. Monitor vital signs until the child recovers.

IF THERE IS NO RESPONSE

1. Shout for help. Leave the child in the position they were found and open the airway.
2. If you are unable to open the airway in the position found roll the child onto their back to open the airway.

CHECK FOR BREATHING:

Open a child or infant's airway by placing one hand on child's forehead and gently tilt the head back. Place the fingertips of your other hand on the point of the child's chin and lift. For an infant use one finger to lift chin. Look, listen and feel for normal breathing. Do this for no more than 10 seconds.

BREATHING CHILD

1. Assess child for injury and treat most serious injury first.
2. Place child in the recovery position if necessary. Call 999/112 for emergency help.

NON-BREATHING CHILD

1. Ask a helper to call 999/112 or phone using loud speaker.
2. Commence CPR as below. If on your own complete one minute of CPR prior to calling 999/112.

Recovery position: child

1.



Kneel by the child and straighten their legs.

*If they are wearing glasses or have anything bulky in their pockets remove them.

2.



Place the arm nearest you away from their body, palm facing up.

3.



Bring the furthest arm from you across the child's chest and hold the back of their hand against their cheek closest to you, palm-palm.

4.



Continuing to hold child's hand against their cheek raise their knee furthest from you with the other hand, keeping their foot on the ground.

5.



Keeping the child's hand against their face, pull on the far leg to roll the child towards you.

6.



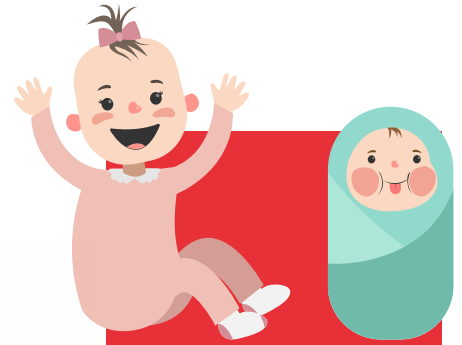
Adjust the upper leg so both hip and knee are bent.

Tilt the child's head back and lift their chin so that the airway remains open.

7.



Monitor vital signs and call 999/112 for further help.



For infants

For infants, cradle the baby in your arms with their head tilted downwards. This position will prevent them from choking or inhaling vomit. Monitor vital signs until help arrives or baby recovers.

CPR: infant and child

1.



Ensure child/infant is on their back on a firm surface. Ensure airway is still open and there are no obstructions.



2.

Provide 5 rescue breaths



Infants: Place your lips over infant's mouth and nose to form a seal.



Children: Pince soft part of nose and place lips over child's mouth.

Blow gently and steadily for 1 second and watch for chest to rise.

3.

Provide 30 compressions



Infants: Place 2 fingertips of lower hand on the centre of infant's chest. Press down vertically 1/3 depth of chest.



Children: Place the heel of one hand on the centre of the chest. With arm straight, press down vertically on breastbone approx 1/3 depth of the chest.

*Allows allow chest to rise fully before providing next compression.

4.

Provide 2 rescue breaths



Infants: Place your lips over infant's mouth and nose to form a seal.



Children: Pinch soft part of nose and place lips over child's mouth.

Blow gently and steadily for 1 second and watch for chest to rise.

5.

Repeat 30 compressions, 2 rescue breaths until help arrives.

Use a defib if available.



St Andrew's First Aid is Scotland's only dedicated first aid charity, and our mission is to provide everyone in Scotland with the highest standards of first aid skills, services and volunteering opportunities. We believe that no one should suffer or die because they needed first aid and didn't get it. That is why our vast network of volunteers work hard right across the country to provide first aid at events and community education activities.

VOLUNTEER WITH US

St Andrew's First Aid volunteers provide Scottish families with first aid attention at events and community education activities.

To find out about different volunteering opportunities and how to become a volunteer scan here for details.



SUPPORT US

Charitable donations are vital to St Andrew's First Aid because they allow us to continue our lifesaving work and teach more people first aid skills. To make a donation to support our charitable aims please scan here for details.



OUR COURSES

St Andrew's First Aid has training centers located across Scotland offering a wide range of first aid, health and safety, and mental health training courses throughout the year.



FIRST AID SUPPLIES

We offer a comprehensive range of supplies products including first aid kits, consumables, defibrillators, equipment including evacuation chairs, posters, and signs.



COMMUNITY WORKSHOPS

Community workshops are a fantastic way to increase confidence and knowledge in providing first aid. To book a community workshop please complete our booking request form by scanning here.

