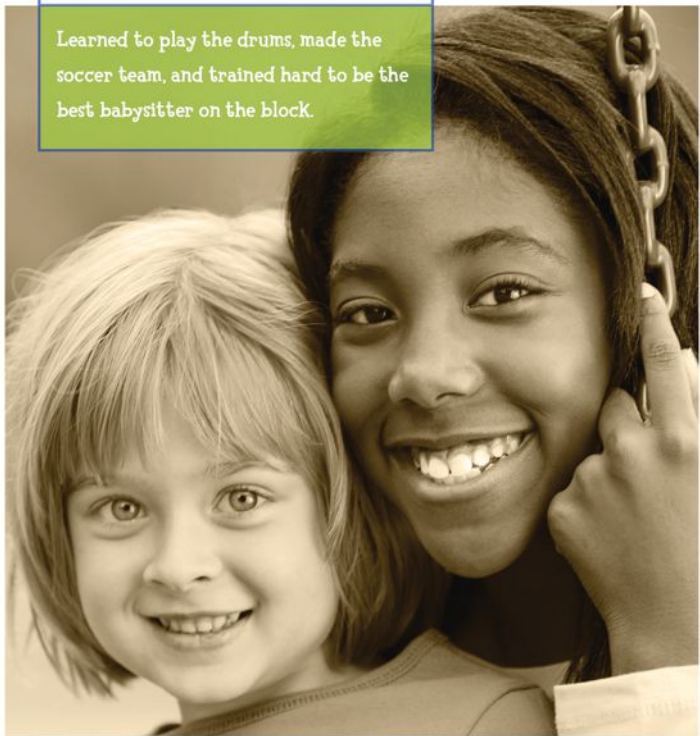


Babysitter's Training

I have:

Learned to play the drums, made the soccer team, and trained hard to be the best babysitter on the block.





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This guide is a supplement to materials used in American Red Cross courses in which first aid or CPR certification is given. The Red Cross leads the nation as the provider of lifesaving skills such as first aid, cardiopulmonary resuscitation (CPR) and how to use automated external defibrillators (AEDs). It is strongly recommended that you complete a training course through your local Red Cross chapter. Visit the American Red Cross Web site at www.redcross.org.

American Red Cross' Advisory Council on First Aid, Aquatics, Safety and Preparedness

In late 1998, the Red Cross formed an independent panel of nationally recognized health and safety experts known as the Advisory Council on First Aid, Aquatics, Safety and Preparedness or ACFASP. Drawing on a body of collective expertise from such diverse fields as emergency medicine, occupational health, sports medicine, school health, emergency medical services (EMS) response and disaster mobilization, ACFASP helps establish the standard in first aid care. ACFASP advises the Red Cross in areas related to the development and dissemination of audience-appropriate information and training in first aid, aquatics, safety and preparedness.

Table of Contents

Emergency Phone Numbers, 1
Personal Information, 2
Emergency Action Steps, 3
When to Call 9-1-1 or the Local
Emergency Number, 3
How to Call 9-1-1 or the Local
Emergency Number, 3
Getting Permission to Give
Care, 4
If You Are Alone, 5
 Call First, 5
 Care First, 5
Recovery Position, 6

_____ A _____

Allergic Reaction, 6
Asthma Attack, 7

_____ B _____

Bites and Stings, 8
 Animal Bites, 8
 Insect Bites and Stings, 9
 Marine-Life Stings, 9
 Scorpion Stings and Spider
 Bites, 10
 Snakebites, 10
 Tick Bites and Lyme
 Disease, 11

Bleeding, Cuts and Scrapes, 12
 Bruises, 12
 Controlling External
 Bleeding, 13
 Minor Wound Care, 14
 Nosebleed, 14
Blisters—Friction, 14
Breathing Emergencies, 15
Burns, 18
 Chemical Burns, 18
 Electrical Burns, 19
 Heat (Thermal) Burns, 20
 Sunburn (Radiation
 Burns), 20

_____ C _____

Cardiac (Heart) Emergencies, 21
 Cardiac Emergencies—Child
 (About Ages 1–12), 21
 Cardiac Emergencies—Infant
 (Under About Age 1), 23
Choking, 24
 Conscious Choking—Child
 (About Ages 1–12), 24
 Conscious Choking—Infant
 (Under About Age 1), 26
 Unconscious Choking—Child
 (About Ages 1–12), 27
 Unconscious Choking—
 Infant (Under About
 Age 1), 28

Table of Contents (cont'd)

Cold-Related Emergencies, 29

Frostbite, 29

Hypothermia, 30

D

Diabetic Emergencies, 31

E

Embedded Object (Object Stuck in the Body), 32

F

Fever, 32

H

Head, Neck and Back Injuries, 33

Heat-Related Emergencies, 35

Heat Cramps, 35

Heat Exhaustion, 35

Heat Stroke, 36

M

Muscle, Bone and Joint Injuries, 37

Open Fractures, 38

Splinting, 38

Anatomic Splint, 38

Rigid Splint, 39

Sling and Binder, 40

Soft Splint, 40

P

Poisoning, 41

Poisonous Plants, 42

S

Seizures, 42

Shock, 43

Stroke, 44

Sudden Illness, 45

T

Teeth (Knocked Out), 46

Emergency Phone Numbers

In an emergency, call 9-1-1 or your local emergency number!

Emergency Medical Services:

Police:

Fire:

Doctor:

National Poison Control Center Hotline: (800) 222-1222

Hospital:

Personal Information

Name:

Address:

Telephone:

Mobile Phone:

Prescribed Medications:

Allergy Information:

Emergency Action Steps

Follow the three Emergency Action Steps when responding to an emergency.

1. **CHECK:** CHECK the scene and CHECK the child or infant.
2. **CALL:** CALL 9-1-1 or the local emergency number to activate the emergency medical services (EMS) system.
3. **CARE:** CARE for the child or infant.

When to Call 9-1-1 or the Local Emergency Number

If the child or infant is unconscious or has another life-threatening condition, stay calm and send someone to call 9-1-1 or the local emergency number immediately. Look for a medical ID bracelet and necklace.

How to Call 9-1-1 or the Local Emergency Number

- Stay calm and give the following information when calling 9-1-1:
 - Your name
 - The phone number from which you are calling
 - What happened
 - Your exact location (including intersections, landmarks, building name and/or apartment number)
 - How many people are injured
 - The condition of the injured people
 - What help (first aid) is being given
- Don't hang up! Wait until the dispatcher tells you to hang up.
- Return to the child or infant and continue care until EMS personnel arrive and take over. Then, call the parents and tell them what happened.

Getting Permission to Give Care

When you interview parents before a babysitting job, be sure to let the parents know your level of first aid training and ask for their permission in advance to care for any injuries or illnesses that may arise. You should also have the parents fill out and sign the Parental Consent and Contact Form (found on the *Babysitter's Training CD-ROM*), which gives the hospital permission to give care if the parents cannot be contacted. Ask the parents if the child or infant has any medical conditions that you should be aware of, including allergies and asthma, and if there are special steps that you should follow. If the parents want you to give the child any medications, then have them show you exactly how to do so. Note all instructions on the Parental Consent and Contact Form.

It is always best to get permission from the parent to care for any injuries or illnesses that may arise; however, even if you have not received permission from the parents, you should still give care. In this type of situation, permission is implied. If you have not asked for the parents' permission to give care or you are unsure of what to do, you can always call 9-1-1 or the local emergency number. Be sure to call the parents to tell them about the injury or illness and any care that was given as soon as possible.

Once the parents have granted permission for you to give care to their child or infant, it is not necessary for you to ask the child or infant for permission to give care at the

time of the injury or illness; however, you should consider the child's or infant's feelings when giving care. Remain calm and reassure the child or infant. Let the child know that you are going to help and what you are going to do.

If You Are Alone

Call First

If you are alone and the child or infant is not able to respond to your taps and shouts, he or she is unconscious. You should *Call First*, that is, call 9-1-1 or the local emergency number before giving care to—

- A person who is about 12 years or older and is unconscious.
- A child or an infant who you see suddenly collapse.
- An unconscious child or infant who you know has heart problems.

Call First situations are likely to be related to cardiac (heart) emergencies.

Care First

You should *Care First*, that is, give 2 minutes of care before calling 9-1-1 or the local emergency number for—

- An unconscious child younger than about 12 years old who you did not see collapse.
- Any victim of drowning.

Care First situations are likely to be related to breathing emergencies.

If you are alone and have to leave the child or infant for any reason, such as to call for help—

- Place the child or infant in a recovery position. This will help the airway remain open and clear if he or she vomits.

Recovery Position

If the child or infant is unconscious, but breathing normally (irregular, gasping or shallow breaths are not normal breaths) and a head, neck or back injury is not suspected—

- Place the child or infant in a recovery position.

If a head, neck or back injury is suspected—

- Move the child or infant to his or her side while keeping the head, neck and back in a straight line by placing the child or infant in a modified High Arm In Endangered Spine (H.A.I.N.E.S.) position.



Allergic Reaction

What to look for:

- Known triggers including, but not limited to, certain foods, medications, pollen, animal dander, venom from insect bites and stings and contact with poisonous plants
- Skin irritation, hives or itching
- Nausea, vomiting or upset stomach

A severe allergic reaction can lead to anaphylaxis (anaphylactic shock), a life-threatening condition. Anaphylaxis usually occurs suddenly, within seconds or minutes after contact with the substance. Signals of anaphylaxis also include—

- Trouble breathing, including coughing and wheezing.
- A rash and/or unusual swelling on the child's or infant's skin.
- A feeling of tightness in the chest and throat.
- Swelling of the face, neck and tongue.
- Dizziness or confusion.

Trouble breathing can lead to an obstructed airway as the lips, tongue, throat and larynx (voice box) swell.

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant carefully for swelling and breathing problems.
- CALL 9-1-1 or the local emergency number if the child tells you that he or she is subject to severe allergic reactions, has trouble breathing or shows any other signals of a severe allergic reaction.

If you suspect that the child or infant is showing signals of poisoning, call the National Poison Control Center hotline at (800) 222-1222. If the child or infant is unconscious or having trouble breathing or if another life-threatening emergency is present, CALL 9-1-1 or the local emergency number.

***Note:** For a severe allergic reaction, if the child or infant has a prescribed epinephrine auto-injector and you have determined that he or she has not already taken epinephrine or antihistamine, you may assist with administration if you are trained to do so and local and state protocols allow.*

Asthma Attack

What to look for:

- Coughing or wheezing
- Trouble breathing
- Shortness of breath
- Rapid shallow breathing
- Inability to talk without stopping for a breath
- Tightness in the chest
- Feelings of fear or confusion
- Sweating

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- CALL 9-1-1 or the local emergency number.
- Reassure the child or infant that you are going to help.
- Have the child or infant rest in a comfortable position.

Note: A child or an infant who suffers from asthma may have a prescribed inhaler. If he or she has an inhaler, you may assist with administration if you are trained to do so and local and state protocols allow.

Bites and Stings

Animal Bites

What to look for:

- Bite mark
- Pain
- Bleeding

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- If the bleeding is severe—
 - Control bleeding with direct pressure if bleeding is serious.
 - Cover with roller bandage.
- If the bleeding is minor—
 - Control bleeding.
 - Wash the wound with soap and warm water. If possible, wash with clean running tap water for about 5 minutes.
 - Apply triple antibiotic ointment or cream if the child or infant has no known allergies or sensitivities to the medication.
 - Cover the wound.

- Get medical attention.
- CALL 9-1-1 or the local emergency number or contact animal control personnel.
 - Rabid animals may drool, appear partially paralyzed or act aggressively or in a strange way

Insect Bites and Stings

What to look for:

- Stinger
- Pain
- Swelling
- Possible allergic reactions (Go to ALLERGIC REACTION, page 6.)

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Remove the stinger.
 - If bee sting, remove it by scraping away with a flat surface like a credit card.
 - Otherwise, try to remove with tweezers. Be careful that you do not squeeze any venom sac that you can see.
- Wash the wound with soap and water.
- Cover with a dressing.
- Apply ice or a cold pack.
- Watch for signals of severe allergic reaction. (Go to ALLERGIC REACTION, page 6.)

Marine-Life Stings

What to look for:

- Possible marks
- Pain
- Swelling
- Possible allergic reaction (Go to ALLERGIC REACTION, page 6.)

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- If jellyfish—soak area in vinegar.
- If stingray—soak area in hot water (not scalding) until pain goes away.
- Clean and bandage wound.
- CALL 9-1-1 or the local emergency number, if necessary.

Scorpion Stings and Spider Bites

What to look for:

- Bite mark
- Swelling
- Pain
- Nausea and vomiting
- Trouble breathing or swallowing (Go to ALLERGIC REACTION, page 6.)

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Wash the wound.
- Cover with a dressing.
- Apply ice or a cold pack.
- CALL 9-1-1 or the local emergency number.

Snakebites

What to look for:

- Bite mark
- Pain
- Swelling

What to do:

If bitten by a pit viper (rattlesnake, copperhead, cottonmouth)—

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- CALL 9-1-1 or the local emergency number.
- Wash the wound.
- Keep the injured area lower than the heart.

If bitten by an elapid snake (coral snake)—

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- CALL 9-1-1 or the local emergency number.
- Wash the wound.
- Apply elastic roller bandage to fit snug but not tight.
 - Check feeling, warmth and color of limb before and after applying bandage.
 - Begin wrapping at the point farthest from the heart.

For any snake bite, DO NOT—

- Apply ice.
- Cut the wound.
- Apply suction.
- Apply a tourniquet.
- Use electric shock.

Tick Bites and Lyme Disease

What to look for:

- Rash that starts as a small red area at the site of the bite; may appear a few days or a few weeks after the bite
- Fair skin: the center may be lighter in color and the outer edges red and raised (bull's-eye appearance)
- Dark skin: the area may look black and blue
- Fever, headache, weakness
- Flu-like joint and muscle pain

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Wear disposable gloves, then grasp the tick with tweezers (fine-tipped, pointed, nonetched, nonrasped) at the head and close to the skin and pull slowly.
 - If you cannot remove the tick, or if its mouthparts remain embedded, get medical care.
- DO NOT try to burn the tick off.
- DO NOT apply petroleum jelly or nail polish to the tick.
- Place the tick in a sealable container for analysis.
- Wash the bite area with soap and warm water.
- Apply triple antibiotic ointment or cream if available and if no known allergies or sensitivities.

If rash, flu-like signals or joint pain appear, call the parents.

Bleeding, Cuts and Scrapes

When to call 9-1-1 or the local emergency number:

- Bleeding that cannot be stopped
- Wounds that show muscle or bone, involve joints, are deep or involve hands or feet
- Large wounds
- Large or deeply embedded objects in the wound
- Human or animal bites
- Any wound on the face
- Skin or body parts that have been partially or completely torn away

Bruises

What to look for:

- Discoloration (often red first, then purple or dark red)
- Pain
- Possible swelling

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Apply ice or a cold pack to help control pain and swelling.
 - Fill a plastic bag with ice or wrap ice with a damp cloth and apply it to the injured area for periods of about 20 minutes. If more icing is needed, remove the ice or cold pack for 20 minutes and then replace it.
- Place a cloth, or other thin barrier, such as a gauze pad, between the source of cold and skin to prevent injury.
- Elevate the injured part to reduce swelling. DO NOT elevate if it causes more pain.

Controlling External Bleeding

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Cover the wound with a sterile dressing and apply direct pressure.
 - Avoid touching blood or body fluids by wearing disposable gloves.
- Cover dressing with a roller bandage.



If the bleeding does not stop—

- Apply additional dressings and bandage and apply more pressure.
- Call or have someone else CALL 9-1-1 or the local emergency number.
- Care for shock. (Go to SHOCK, page 43.)

NOTE: Wash hands with soap and water after giving care.

Minor Wound Care

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Apply direct pressure to control bleeding.
 - Avoid touching blood or body fluids by wearing disposable gloves.
- Wash the wound with soap and water. If possible, rinse for about 5 minutes with clean, running tap water.
- Apply a triple antibiotic ointment or cream if the child or infant is not allergic or sensitive to the medication.
- Cover the wound with a sterile dressing and bandage.

Nosebleed

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Have the child or infant sit leaning slightly forward.
- Pinch the nose shut for about 10 minutes.
- Apply ice or a cold pack that has been wrapped in a cloth or towel to the bridge of the nose.

If the bleeding does not stop—

- Apply pressure on the upper lip just beneath the nose.
- Call or have someone else call 9-1-1 or the local emergency number.

Blisters—Friction

What to look for:

- A “hot spot”—the tenderness you feel before a blister starts to form
- Red, tender or sore area on the feet or hands
- A raised area filled with clear fluid or sometimes blood

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Remove shoe(s) and sock(s) if the blister is on a foot.
- **Do not puncture, drain or cut blisters that are not broken.**
- Cover any sore spots or closed blisters with thin gauze, then apply a bandage.
- Have the child wear a different pair of shoes if the blister is on a foot.
- If a blister is broken—
 - Wash the skin with soap and water.
 - Wipe the area with antiseptic wipe.
 - Apply a triple antibiotic ointment or cream, if the child or infant is not allergic or sensitive to the medication, cover with thin gauze, and then apply a bandage.

Breathing Emergencies

The American Red Cross strongly recommends that you take a course in cardiopulmonary resuscitation (CPR) to learn what to do for a breathing emergency.

What to look for:

The child or infant—

- Is unable to relax or be still.
- Is upset or agitated.
- Is sleepy.
- Is dizzy.
- Has pale, blue or ashen (gray) skin color.
- Has blue lips or fingernails.
- Has unusually fast or slow breathing.
- Has noisy breathing including wheezing, gurgling or whistling.
- Has hoarse crying or coughing in a way that sounds like barking.

- Is grasping at the throat.
- Cannot cough, cry, speak or breathe.
- Has a surprised, confused or panicked look, which may be accompanied by silence.
- Exhibits breathing where you can see the muscles between the ribs going in and out.

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant by tapping the shoulder, flicking the infant's foot and shouting, "Are you okay?"
- If no response, send someone to CALL 9-1-1 or the local emergency number.

If the child or infant is conscious—

- Have the child or infant rest in a comfortable position. Sitting down is more comfortable and makes breathing easier than lying down.
- Check and care for other conditions you find. (Go to TABLE OF CONTENTS, page i.)

If the child or infant is unconscious—

- Tilt the head back and lift the chin to open the airway. CHECK for signs of life (movement and breathing) for no more than 10 seconds.



If no breathing, give 2 rescue breaths.



- Use a CPR breathing barrier, if one is available, whenever giving rescue breaths.

If the breaths go in, **CHECK** for a pulse and severe bleeding.



If the child or infant starts breathing on his or her own—

- Place in a recovery position and closely watch signs of life. (Go to RECOVERY POSITION, page 6.)

If breaths do not go in—

- (Go to CHOKING, Unconscious Choking—Child, page 27 or CHOKING, Unconscious Choking—Infant, page 28.)

If pulse but no breathing—

- Give **Rescue Breathing**.
 - Give 1 rescue breath about every 3 seconds.
 - For child: Pinch nose shut and make a seal over child's mouth. Blow in for about 1 second to make chest clearly rise.
 - For infant: Seal mouth over infant's mouth and nose. Blow in for about 1 second to make chest clearly rise.
- After about 2 minutes, recheck signs of life and pulse for no more than 10 seconds.



If no signs of life and no breathing—

- (Go to CARDIAC [HEART] EMERGENCIES, CPR—Child, page 21 or CARDIAC [HEART] EMERGENCIES, CPR—Infant page 23.)

BURNS

What to look for:

- Red and dry skin
- Pain and swelling
- Blistering
- Skin that is broken down

How to recognize a deep burn:

- The skin is red and has blisters that may open and seep clear fluid
- May appear brown or black
- Can range from very painful to almost painless

Call 9-1-1 or the local emergency number for critical burns. Critical burns include those that—

- Involve the head, neck, mouth or nose or cause trouble breathing.
- Are to a child or an infant (other than very minor ones).
- Cover more than one body part or large surface area.
- Are to the hands, feet or genitals.
- Result from chemicals, explosions or electricity.

Chemical Burns

What to look for:

- Chemical on the skin
- Inflamed, red or any unusual color skin
- Pain, burning or stinging sensation

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Send someone to CALL 9-1-1 or the local emergency number.

- For a **dry** chemical—
 - Brush dry chemicals off the skin with a gloved hand before flushing with large amounts of cool water.
 - Take care not to get any in your eyes or the eyes of the child or infant.
 - Remove jewelry and contaminated clothing that may trap chemicals against the skin or on which chemicals may have spilled.
- For a **wet** chemical—
 - Flush the affected areas with large amounts of cool running water for at least 20 minutes or until EMS personnel arrive.
 - Always flush away from the body.

Electrical Burns

What to look for:

- Burn marks on the skin (entry and exit of current)
- Unconsciousness
- Dazed, confused behavior
- Breathing difficulty
- Weak, irregular or absent pulse

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Send someone to CALL 9-1-1 or the local emergency number.
- DO NOT go near the child or infant until the power is turned off at its source, such as the main circuit breaker. Keep in mind that cordless and some other home telephones may not work without power. DO NOT go near downed power lines.
- Be prepared to give CPR or use an AED. (Go to CARDIAC [HEART] EMERGENCIES, CPR—Child, page 21 or CARDIAC [HEART] EMERGENCIES, CPR—Infant, page 23.)
- CARE for shock and thermal burns. (Go to SHOCK, page 43, and BURNS, Heat [Thermal] Burns, page 20.)

Heat (Thermal) Burns

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Stop the burning. Remove the child or infant from the source of the burn. Put out flames or remove from source.
- Cool the burn. Use large amounts of cold running water until pain is relieved. Do not use ice to cool the burn.
- Cover the burn loosely with a sterile dressing and care for shock. (Go to SHOCK, page 43.)
- For a serious burn, call or have someone else CALL 9-1-1 or the local emergency number.
- Call the parents and tell them what happened.

Sunburn (Radiation Burns)

What to look for:

- Red, painful skin with possible blisters
- Swelling

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Cool the burn by holding it under cool running water or by fanning the area.
- Protect from further damage by staying out of the sun or wearing sunscreen.
- Protect unbroken blisters with loose bandages and keep broken blisters clean to prevent infection.

Cardiac (Heart) Emergencies

The American Red Cross strongly recommends that you take a course in CPR to learn how to give CPR and use an automated external defibrillator (AED).

Cardiac Emergencies—Child (About Ages 1–12)

What to look for:

- The child does not respond (unconscious)
- No signs of life (movement or breathing)
- No pulse

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child by tapping the shoulder and shouting, “Are you okay?”
- If no response, send someone to CALL 9-1-1 or the local emergency number.

If the child is unconscious—

- Tilt the head back and lift the chin to open the airway.
CHECK for signs of life (movement and breathing) for no more than 10 seconds.

If no breathing, give 2 rescue breaths.

- Use a CPR breathing barrier, if one is available, whenever giving rescue breaths.

If the breaths go in, CHECK for a pulse and severe bleeding.

If the child starts breathing on his or her own—

- Place in a recovery position and closely watch signs of life. (Go to RECOVERY POSITION, page 6.)

If the breaths do not go in—

- (Go to CHOKING, Unconscious Choking—Child, page 27.)

If pulse but no breathing—

- Give rescue breathing. (Go to BREATHING EMERGENCIES, Rescue Breathing, page 15.)

If no signs of life and no breathing—

- Begin CPR or use an AED if one is immediately available and you are trained to do so. Follow local protocols.
 - Give 30 chest compressions.
 - Give 2 rescue breaths.
 - Tilt the head and lift the chin, then pinch the nose shut.
 - Make seal over the child's mouth.
 - Give 2 rescue breaths.
- Continue cycles of 30 compressions and 2 breaths until—
 - The scene becomes unsafe.
 - You find a sign of life.
 - An AED is ready to use.
 - You are too exhausted to continue.
 - Another trained responder arrives and takes over.



NOTE: *If you are unwilling, unable or untrained in full CPR, you should give continuous chest compressions once you have called 9-1-1 or the local emergency number. The American Red Cross strongly recommends that you take a course in CPR to learn what to do for a cardiac emergency.*

Cardiac Emergencies—Infant (Under About Age 1)

What to look for:

- The infant does not respond (unconscious)
- No signs of life (movement or breathing)
- No pulse

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the infant by tapping the shoulder, flicking the infant's foot and shouting, "Are you okay?"
- If no response, send someone to CALL 9-1-1 or the local emergency number.

If the infant is unconscious—

- Tilt the head back and lift the chin to open the airway. CHECK for signs of life (movement and breathing) for no more than 10 seconds.

If no breathing, give 2 rescue breaths.

- Use a CPR breathing barrier, if one is available, whenever giving rescue breaths.

If the breaths go in, CHECK for a pulse and severe bleeding.

If the infant starts breathing on his or her own—

- Place in a recovery position and closely watch signs of life. (Go to RECOVERY POSITION, page 6.)

If the breaths do not go in—

- (Go to CHOKING, Unconscious Choking—Infant, page 28.)

If pulse but no breathing—

- Give rescue breathing. (Go to BREATHING EMERGENCIES, Rescue Breathing, page 15.)

If no signs of life and no breathing—

- Begin CPR or use an AED if one is immediately available and you are trained to do so. Follow local protocols.
- Give 30 chest compressions.
- Give 2 rescue breaths.
 - Tilt the head and lift the chin, then pinch the nose shut.
 - Make a seal over the infant's mouth and nose.
 - Give 2 rescue breaths.
- Continue cycles of 30 compressions and 2 breaths until—
 - The scene becomes unsafe.
 - You find a sign of life.
 - An AED is ready to use.
 - You are too exhausted to continue.
 - Another trained responder arrives and takes over.



***NOTE:** If you are unwilling, unable or untrained in full CPR, you should give continuous chest compressions once you have called 9-1-1 or the local emergency number. The American Red Cross strongly recommends that you take a course in CPR to learn what to do in a cardiac emergency.*

Choking

If you are not trained in how to respond to choking, both conscious and unconscious, the Red Cross strongly recommends that you take a course to learn.

Conscious Choking—Child (About Ages 1–12)

What to look for:

- Clutching or grabbing at throat
- Unable to cough, speak or breathe
- Coughing weakly or making high-pitched sounds while breathing

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child.
- Send someone to CALL 9-1-1 or the local emergency number and reassure the child that you are going to help.

If coughing forcefully, encourage the child to continue coughing.

If a child is unable to cough, speak or breathe (choking)—

- Lean the child forward and give 5 back blows with the heel of your hand between the shoulder blades.
- Give 5 quick, upward abdominal thrusts.
 - Place the thumb side of your fist against middle of the stomach just above the belly button.
 - Grab your fist with your other hand.
- Repeat 5 back blows and 5 abdominal thrusts until the—
 - Object is forced out.
 - Child can breathe or cough forcefully.
 - Child becomes unconscious.



If the child becomes unconscious—

- CALL 9-1-1 if the call has not already been made and give care for Unconscious Choking Child. (Go to CHOKING, Unconscious Choking—Child, page 27.)

Conscious Choking—Infant (Under About Age 1)

What to look for:

- Cannot cough, cry or breathe
- Coughing weakly or making high-pitched sounds

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the infant.
- Send someone to CALL 9-1-1 or the local emergency number and reassure the infant that you are going to help.

If coughing forcefully, encourage the infant to continue coughing.

If an infant is unable to cough, cry or breathe (choking)—

- Give 5 back blows (between the shoulder blades).
- Give 5 chest thrusts.
 - Hold infant's head and neck securely when giving back blows and chest thrusts.
- Continue 5 back blows and 5 chest thrusts until the—
 - Object is forced out.
 - Infant can breathe or cough forcefully.
 - Infant becomes unconscious.



If the infant becomes unconscious—

- CALL 9-1-1, if you have not already done so, and give care for Unconscious Choking Infant. (Go to CHOKING, Unconscious Choking—Infant, page 28.)

Unconscious Choking—Child (About Ages 1–12)

What to look for:

- Unable to make the chest clearly rise when giving rescue breaths.

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child by tapping the shoulder and shouting, “Are you okay?”
- Call or send someone to CALL 9-1-1 or the local emergency number, if you have not already done so.
 - If alone, give 2 minutes of care before calling.
- Tilt the head and lift the chin, then pinch the nose shut.
- Make a seal over child’s mouth.
- Give 2 rescue breaths.

If the breaths do not go in—

- Retilt the child’s head.
- Try 2 rescue breaths again.

If the chest does not rise—

- Remove CPR breathing barrier, if using one.
- Give 30 chest compressions.
- Look for an object.
- Remove the object with a little finger if one is seen.
- Try 2 rescue breaths.



If the breaths still do not go in—

- Continue sets of 30 compressions, followed by looking for an object, removing the object if one is seen and giving 2 rescue breaths until—
 - The chest clearly rises with rescue breaths.
 - The child starts breathing.
 - EMS personnel arrive and take over.
 - Another trained responder takes over.
 - You are too exhausted to continue.
 - The scene becomes unsafe.



If the breaths go in—

- Check for signs of life and a pulse.
- Give care based on the conditions found. (Go to TABLE OF CONTENTS, page i.)

Unconscious Choking—Infant (Under About Age 1)

What to look for:

- Unable to make the chest clearly rise when giving rescue breaths.

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the infant by flicking the infant's foot and shouting, "Are you okay?"
- Call or send someone to CALL 9-1-1 or the local emergency number, if you have not already done so.
 - If alone, give 2 minutes of care before calling.
- Tilt the head and lift the chin.
- Make a seal over the infant's mouth and nose.
- Give 2 rescue breaths.

If the breaths do not go in—

- Retilt the infant's head down and back to neutral position.
- Try 2 rescue breaths again.

If the chest does not rise—

- Remove CPR breathing barrier, if using one.
- Give 30 chest compressions.
- Look for an object.
- Remove the object with a little finger if one is seen.
- Try 2 rescue breaths.

If the breaths still do not go in—

- Continue sets of 30 compressions, followed by looking for an object, removing the object if one is seen and giving 2 rescue breaths until—
 - The chest clearly rises with rescue breaths.
 - The infant starts breathing.
 - EMS personnel arrive and take over.
 - Another trained responder takes over.
 - You are too exhausted to continue.
 - The scene becomes unsafe.

If the breaths go in—

- Check for signs of life and a pulse.
- Give care based on the conditions found. (Go to TABLE OF CONTENTS, page i.)

Cold-Related Emergencies

Frostbite

What to look for:

- Lack of feeling in the affected area
- Skin appears waxy, is cold to the touch or discolored (flushed, white, gray, yellow or blue)

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Get the child or infant out of the cold.
- Do not try to rewarm the frostbitten area if there is a chance that it might freeze again or if you are close to a medical facility.
- Handle the frostbitten area gently; never rub the affected area.
- Warm gently by soaking the affected area in warm water (100° F–105° F) until normal color returns and the frostbitten part feels warm.
- Loosely bandage the area with dry, sterile dressing.
- If fingers or toes are frostbitten, place dry, sterile gauze between them to keep them separated.
- Avoid breaking any blisters.
- Take actions to prevent hypothermia.
- CALL 9-1-1 or the local emergency number to seek emergency medical care as soon as possible.
- Call the parents and tell them what happened.

Hypothermia

What to look for:

- Shivering, numbness, glassy stare
- Lack of interest, weakness, poor judgment
- Loss of consciousness

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Send someone to CALL 9-1-1 or the local emergency number.
- GENTLY move the child or infant to a warm place.
- Closely watch airway, breathing and circulation.
- Remove any wet clothing and dry the child or infant.

- Warm the child or infant gradually by wrapping in blankets or putting on dry clothing, including a hat, gloves and socks.
- If the child or infant is alert, give warm liquids that *do not* contain alcohol or caffeine.
- Hot water bottles and chemical hot packs that are wrapped in a towel or blanket may be used.
- **DO NOT WARM THE CHILD OR INFANT TOO QUICKLY**, such as by immersing in warm water. Rapid warming can cause dangerous heart rhythms.

Diabetic Emergencies

People with diabetes sometimes become ill because there is too much or too little sugar in their blood. In either case, giving sugar will not cause additional harm.

What to look for:

- Medical ID bracelet or necklace
- Lightheaded, dizziness, confusion or weakness
- Irregular breathing
- Irregular pulse
- Feeling or looking ill
- Changes in levels of consciousness

What to do:

- **CHECK** the scene to make sure it is safe.
- **CHECK** the child or infant.
- Reassure the child or infant that you are going to help.
- If the child or infant is alert and can safely swallow food or fluids and is known to have diabetes, give sugar (fruit juices, nondiet soft drinks, table sugar).
- Have the child check his or her own sugar level, if he or she knows how.
- If the child or infant is not feeling better in about 5 minutes, **CALL** 9-1-1 or the local emergency number.

- If the child or infant is unconscious—
 - DO NOT GIVE ANYTHING TO EAT OR DRINK.
 - Send someone to CALL 9-1-1 or the local emergency number.
 - CHECK the child or infant, then CARE for the conditions you find. (Go to TABLE OF CONTENTS, page i.)

Embedded Object (Object Stuck in the Body)

What to look for:

- Pain
- Visible object with open wound
- Bleeding

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Send someone to CALL 9-1-1 or the local emergency number.
- DO NOT REMOVE OBJECT.
- Place bulky dressings around the object to support the object in place.
- Use a roller bandage to secure the dressing in place.

Fever

What to look for:

- **Infant**
 - Upset or fussy
 - Not active
 - Quiet
 - Feels warm or hot
 - Crying
 - Breathing rapidly
 - Not eating or sleeping according to habits

- **Child**

- Feels hot to the touch
- Complains of being cold or chilled and body aches
- Has a headache
- Has trouble sleeping or sleeps more than usual
- Appears to be drowsy
- Is not hungry

What to do:

- Check the child or infant.
- Reassure the child or infant that you are going to help.
- Take the child's or infant's temperature.
- Call the parents and tell them what is happening.
- Make the child or infant as comfortable as possible and have him or her rest.
- Be sure the child or infant is not over-dressed; a single layer of clothing and a light blanket is recommended.
- Encourage the child or infant to drink clear fluids that the parent has approved, such as water, juice or chicken soup, to prevent dehydration.
- Follow the parents' instructions on whether and what medications to give the child to bring the fever down.
- Closely watch the child or infant for signs of life-threatening conditions, such as unconsciousness or trouble breathing, and call 9-1-1 or the local emergency number if necessary.

Head, Neck and Back Injuries

You should suspect a head, neck or back injury if the child or infant—

- Was involved in a motor vehicle crash.
- Was injured as a result of a fall from a height greater than his or her own height.
- Says or indicates there is neck or back pain.
- Has tingling or shows weakness in the arms or legs.
- Is not fully alert.
- Stagers when trying to walk.
- Appears to be weak.

What to look for:

- Changes in level of alertness
- Severe pain or pressure in the head, neck or back
- Tingling or loss of feeling in the hands, fingers, feet or toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head, neck or back
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck or back
- Seizures
- Trouble breathing or seeing as a result of the injury
- Nausea or vomiting
- Headache that will not go away
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- CALL 9-1-1 or the local emergency number.
- If the child or infant is unconscious—
 - Carefully tilt the head back and lift the chin to open the airway. CHECK for signs of life (movement and breathing) for no more than 10 seconds.
- If the child or infant is conscious—
 - DO NOT move the head, neck or back.
 - Place your hands on both sides of the child's or infant's head, keeping the head in the position you found it.
 - If the head is sharply turned to one side, DO NOT move it.
 - Support the head in the position you found it.

Heat-Related Emergencies

Heat Cramps

What to look for:

- Painful muscle spasms, usually in the legs and abdomen

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Move the child or infant to a cool place.
- Give cool water to drink.
- Lightly stretch and gently massage the cramped area.
- Give small amounts of cool water to drink.
- Watch for signals of heat exhaustion or heat stroke.

Heat Exhaustion

What to look for:

- Cool, moist, pale, ashen (gray) or flushed skin color
- Headache, nausea, dizziness
- Weakness or exhaustion
- Heavy sweating

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Move the child or infant to a cool place.
- Loosen tight or remove perspiration-soaked clothing.
- Apply cool, wet cloths to the skin or mist with cool water.
- Fan the child or infant.
- If conscious, give small amounts of cool water to drink.
- Call the parents and tell them what happened.

If the child or infant does not improve quickly, refuses water, vomits, loses consciousness or shows signals of heat stroke—

- Send someone to call 9-1-1 or the local emergency number and give care for heat stroke.

Heat Stroke

What to look for:

- Red, hot, dry or moist skin
- Changes in level of consciousness
- Rapid, weak pulse
- Rapid, shallow breathing
- Vomiting

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Heat stroke is LIFE THREATENING. Send someone to CALL 9-1-1 or the local emergency number and place the child or infant on his or her side in case he or she vomits.
- Move the child or infant to a cool place.
- Loosen tight or remove perspiration-soaked clothing.
- Cool by placing wet cloths on the skin or mist with cool water.
- Fan the child or infant.
- If conscious, give small amounts of cool water to drink.
- Cool by placing ice or cold packs on the child's or infant's wrists, ankles, groin, neck and armpits.
- If the child or infant becomes unconscious, be prepared to give CPR, if necessary. (Go to CARDIAC [HEART] EMERGENCIES, CPR—Child, page 21 or CARDIAC [Heart] EMERGENCIES, CPR—Infant, page 23.)

Muscle, Bone and Joint Injuries

What to look for:

- Pain or discomfort
- Bones or joints that do not look normal
- Bruising or swelling
- A child or an infant who cannot use the affected part of the body normally
- Pieces of bone that are sticking out of a wound
- A child who feels bones grating or heard a snap or pop at the time of the injury
- Injured area is cold and numb
- If what happened to the child makes you think the injury could be serious

What to do:

The general care for injuries to muscles, bones and joints includes following **R.I.C.E.**:

- **Rest**—Do not move or straighten the injured area.
- **Immobilize**—Stabilize the injured area in the position it was found. Splint the injured part **ONLY** if the person must be moved and it does not cause more pain.
- **Cold**—Fill a plastic bag or wrap ice with a damp cloth and apply ice to the injured area for periods of 20 minutes. If continued icing is needed, remove the pack for 20 minutes and then replace it. Place a thin barrier between the ice and bare skin.
- **Elevate**—**Do not** elevate the injured part if it causes more pain.
- Call the parents and tell them what happened.

Open Fractures

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- CALL 9-1-1 or the local emergency number.
- Place sterile dressings around the open fractures as you would for an object that is stuck in the body. (See EMBEDDED OBJECT [OBJECT STUCK IN THE BODY], page 32.)
- Bandage the dressings in place around the fracture.
- Avoid moving the exposed bone and limb; this may cause the child or infant a lot of pain and may make recovery difficult.
- CARE for shock. (Go to SHOCK, page 43.)

Splinting

Splinting is a method used to keep an injured body part from moving. It can also help reduce pain, making the injured child or infant more comfortable.

- Splint *ONLY* if the child or infant must be moved or transported *and* if you can do so without causing more pain and discomfort.
- Splint an injury in the position you find it.
- Splint the joints above and below an injured bone.
- Splint the bones above and below an injured joint.
- Check for feeling, warmth and color of the skin below the site of injury, before and after splinting.
- If the injury appears serious, or the child or infant cannot be safely transported, CALL 9-1-1 or the local emergency number.

Anatomic Splint

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.

- Support the injured area above and below the injury.
 - Splint the injury in the position in which you find it.
 - For an injured joint, splint the bone above and below the injured joint.
 - For an injured bone, splint the joints above and below the injured bone.
- Check for feeling, warmth and color.
- Place several triangular bandages above and below the injured area.
- Place the uninjured body part next to the injured body part.
- Tie triangular bandages securely to the uninjured body part.
- Recheck for feeling, warmth and color.
- Apply ice or a cold pack that has been wrapped in a cloth or towel.
- Keep the child or infant from getting chilled or over-heated.



Rigid Splint

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Support the injured area above and below the injury.
 - Splint the injury in the position in which you find it.
 - For an injured joint, splint the bone above and below the injured joint.
 - For an injured bone, splint the joints above and below the injured bone.
- Check for feeling, warmth and color.
- Place several triangular bandages above and below the injured area.
- Place the rigid splint under the injured area and the joints above and below the injured area.
- Tie triangular bandages securely.
- Recheck for feeling, warmth and color.



Sling and Binder

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Support the injured area above and below the injury.
 - Splint the injury in the position in which you find it.
 - For an injured joint, splint the bone above and below the injured joint.
 - For an injured bone, splint the joints above and below the injured bone.
- Check for feeling, warmth and color.
- Place a triangular bandage under the injured arm and over the uninjured shoulder to form a sling.
- Tie the ends of the sling at the side of the neck.
- Bind the injured area to the chest with a folded triangular bandage.
- Recheck for feeling, warmth and color.



Soft Splint

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Support the injured area above and below the injury.
 - Splint the injury in the position in which you find it.
 - For an injured joint, splint the bone above and below the injured joint.
 - For an injured bone, splint the joints above and below the injured bone.
- Check for feeling, warmth and color.

- Place several triangular bandages above and below the injured area.
- Gently wrap a soft object around the injured area.
- Tie triangular bandages securely.
- Recheck for feeling, warmth and color.



Poisoning

What to look for:

- Trouble breathing
- Nausea, vomiting, diarrhea
- Chest or stomach pain
- Sweating
- Changes in alertness
- Seizures
- Burns around the lips or tongue or on the skin
- Open or spilled containers; open medicine cabinet
- Overturned or damaged plant
- Unusual odors, flames, smoke
- Headache
- Dizziness

What to do:

- **CHECK** the scene to make sure it is safe to approach and gather clues about what happened.
 - Look for any containers that may contain a harmful or poisonous substance.
- If necessary, move the child or infant to safety, away from the source of the poison.
- **CHECK** the child's or infant's level of consciousness and signs of life (movement and breathing).
- Reassure the child or infant that you are going to help.

- If you suspect that a child or an infant is showing signals of poisoning, call the National Poison Control Center (PCC) hotline at (800) 222-1222.
- If the child is unconscious, there is a change in the level of consciousness or if another life-threatening condition is present, call 9-1-1 or the local emergency number. CARE for any life-threatening conditions, if found, and CALL 9-1-1 or the local emergency number.
- DO NOT give the child or infant anything to eat or drink unless directed to do so by PCC or EMS personnel.
- If you suspect a child or an infant has swallowed a poison, try to find out the type of poison, how much was taken and when it was taken.
- If the child or infant vomits, position him or her in a recovery position.

Poisonous Plants

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- If skin is exposed, immediately wash the affected area thoroughly with soap and water (wear disposable gloves).
- If a rash or open sores develop, apply paste of baking soda and water several times a day to reduce discomfort.
- Apply lotions, such as Caladryl™, which may help soothe the area, if parents have given permission.
- If conditions worsen or affect large areas of the body or face, get medical attention.
- Wash clothing exposed to plant oils.

Seizures

Some children and infants have seizures that are caused by a sudden high fever or a condition known as epilepsy. These seizures are usually controllable with medication; however, even when children and infants are on medication, seizures can sometimes still occur. If the parents tell you that their

child or infant has epilepsy, then ask them what you should do if the child has a seizure. If the child has a seizure while you are babysitting, follow the parents' instructions and call them after the seizure. Unless the parents have specifically told you otherwise, whenever a child or an infant has a seizure or you are not sure what to do, CALL 9-1-1 or the local emergency number.

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Send someone to CALL 9-1-1 or the local emergency number. If told to call parents, call parents.
- Remove nearby objects that might cause injury.
- Protect the child's or infant's head by placing a thinly folded towel or clothing beneath it. Do not restrict the airway by doing so.
- Do not hold or restrain the child or infant.
- Do not place anything between the child's or infant's teeth.
- Place the child or infant on the side to drain fluids from the mouth.
- When the seizure is over, be sure that the child's or infant's airway is open and CHECK for breathing and injuries.
- Comfort and stay with the child or infant until he or she is fully conscious or EMS personnel arrive and take over.

Shock

What to look for:

The child or infant—

- Is restless or easily annoyed or bothered.
- Is drowsy, confused or loses consciousness.
- Is nauseated or vomiting.
- Is breathing rapidly and has a rapid pulse.
- Has pale or gray, cool, moist skin.
- Is very thirsty.

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- Send someone to CALL 9-1-1 or the local emergency number.
- Continue to closely watch the child's or infant's airway, breathing and circulation (ABCs).
- Control any external bleeding.
- Keep the child or infant from getting chilled or overheated.
- Raise the legs about 12 inches if you do not think he or she has a head, neck or back injury or broken bones in the hips or legs. If you are unsure, keep the child or infant lying flat.
- Do not give anything to eat or drink.
- Comfort and reassure the child or infant until EMS personnel arrive and take over.

Stroke

What to look for:

- Looking or feeling ill
- *Sudden* weakness and numbness of the face, arm or leg, usually on one side
- *Sudden* difficulty speaking or being understood when speaking
- *Sudden* blurred or dimmed vision
- *Sudden* severe headache
- Dizziness or confusion
- Loss of consciousness

What to do:

- CHECK the scene to make sure it is safe.
- CHECK the child or infant.

For a Stroke, Think F.A.S.T.

- **Face**—Weakness on one side of the face
 - Ask the person to smile; this will show if there is drooping or weakness in the muscles on one side of the face.
- **Arm**—Weakness or numbness in one arm
 - Ask the person to raise both arms to find out if there is weakness in the limbs.
- **Speech**—Slurred speech or trouble getting the words out
 - Ask the person to speak a simple sentence to listen for slurred or distorted speech (e.g., “I have the lunch orders ready”).
- **Time**—Time to call 9-1-1 or the local emergency number if you see any of these signals. Note time signals first began.
 - If a person has difficulty with any of these tasks or shows any other signals of a stroke, note the time that the signals began and call 9-1-1 right away.
- **CARE** for the conditions you find.
- Reassure the child or infant that you are going to help.
- If person is drooling or has trouble swallowing, place him or her on one side to keep the airway clear.

Sudden Illness

What to look for:

- Lightheadedness or dizziness
- Unconsciousness
- Nausea or vomiting
- Trouble speaking or slurred speech
- Numbness or weakness
- Loss of vision or blurred vision
- Trouble breathing
- Changes in skin color
- Sweating
- Continuous pressure or pain
- Diarrhea
- Seizures
- Inability to move
- Severe headaches

What to do:

- Do no further harm.
- CHECK the scene for clues about what might be wrong.
- CHECK the child or infant.
- Reassure the child or infant that you are going to help.
- CALL, or have someone else call, 9-1-1 or the local emergency number for life-threatening emergencies.
- Closely watch breathing and consciousness.
- Help the child or infant rest in the most comfortable position.
- Keep the child or infant from getting chilled or overheated.
- Reassure the child or infant.
- Give any specific care as needed.

Teeth (Knocked Out)

What to do:

- Reassure the child or infant that you are going to help.
- If the child or infant is conscious and able to cooperate, rinse out the mouth with cold tap water, if available.
- Have the child or infant bite down on a rolled sterile dressing in the space left by the tooth to stop bleeding.
- Save any displaced teeth. Place them in milk, if possible, or cool water. Pick the tooth up by the crown (white part), not the root.
- Have the child or infant see a dentist immediately.

About the American Red Cross

Mission of the American Red Cross

The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disaster and help people prevent, prepare for, and respond to emergencies.

The American Red Cross has helped people mobilize to help their neighbors for 125 years. In 2005, victims of a record 72,883 disasters, most of them fires, turned to the nearly 1 million volunteers and 35,000 employees of the Red Cross for help and hope. Through more than 800 locally supported chapters, more than 15 million people each year gain the skills they need to prepare for and respond to emergencies in their homes, communities and world. Almost 4 million people give blood—the gift of life—through the Red Cross, making it the largest supplier of blood and blood products in the United States. The Red Cross helps thousands of U.S. service members, separated from their families by military duty, stay connected. As part of the International Red Cross and Red Crescent Movement, a global network of more than 180 national societies, the Red Cross helps restore hope and dignity to the world's most vulnerable people. An average of 91 cents of every dollar the Red Cross spends is invested in humanitarian services and programs. The Red Cross is not a government agency; it relies on donations of time, money and blood to do its work.

Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity
Impartiality
Neutrality
Independence

Voluntary Service
Unity
Universality



Be super prepared for every babysitting job by bringing along the following items:

- American Red Cross Babysitter's Training Emergency Reference Guide
- American Red Cross Babysitter's Training Handbook
- Activity Booklet*
- American Red Cross Babysitting Essentials Kit
- A complete printout of the family's information from My Babysitting Organizer **OR** Babysitter's Report Record, Family Information Card, Parental Consent and Contact Form and Family Interview Form*
- Age-appropriate toys, books and games

* These items can be found on your American Red Cross Babysitter's Training CD-ROM.



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