Porridge and Rice 1st Aid Guide and Manual for Staff, Volunteers and Students

(1st Edition)

Porridge and Rice
Feeding for Education

Contents of the Health Program and Training Manual

Porridge and Rice

Feeding for Education

Welcome- an overview of the booklet

This booklet was put together to help and guide members of Porridge and Rice schools and the teachers to improve the health and welfare of the children we support.

There is a great need for information about childhood health and illness due to the lack of formal and comprehensive free healthcare.

In an emergency or when you cannot do anything else to help a casualty then you must DIAL 999 or 020-2222181 / 020-2222182 / 020-2344599 which are the emergency services numbers in Nairobi.

Emergency response is free of charge e.g. in case of unconsciousness, blocked airway (choking), difficulty breathing and severe bleeding.

Evacuations for all emergency and disasters like road crash, fire, collapsed building, and terror attacks are also offered free of charge, but treatment following rescue will be charged so you will need to be prepared.

Below is a list of hospitals which provide emergency treatment

THE NAIROBI HOSPITAL:

Argwings Kodhek Road, PO BOX 30026 00100, Nairobi 020 2845000, 020 2714400, 0722 204 114/5/6/7, 020 2713662,020 2728003 inquiry@nbihosp.org, admissions@nbihosp.org

THE AGA KHAN UNIVERSITY HOSPITAL:

3RD Parklands Avenue/ Limuru, PO BOX 30270 00100 020 3740000, 020 374 2531, 0711092000, 0722204146, 020 3741749 akhn@akhskenya.org

THE MP SHAH HOSPITAL:

Shiva chi road parklands, P.O Box 14497-00800, 020 3742763-7, 020 3746177 info@mpshahhosp.org

THE MATER HOSPITAL:
South B dunga road, P.O Box 30325-00200, 020 531197/9, 020 536572/7, 0724531199, 0722828629

THE KENYATTA NATIONAL HOSPITAL:
Hospital road off ngong road, P.O Box 20723-00202, 020 2726300, 2726450/1-5, 2726550, 0738606409, 073, 020 272 5272 cpro@knh.or.ke, knhadmin@knh.or.ke

THE MATHARE HOSPITAL
Thika road, P.O Box 40663 020 3763315/7, 3763922, 07176943399, 0731649846

THE GERTRUDE GARDEN CHILDREN'S HOSPITAL
Muthaiga road, P.O Box 42325-00100 3763477, 020 720 6000, 020 244530/1, 0722898949, 0 info@gerties.org

Basic life support for children- An unresponsive and not breathing child

If a child is not responding to you and you think they are unresponsive go by their ear and ask loudly 'What's happened?' or 'Open your eyes!'. Tap on their shoulder a few times. If they still do not respond, it's likely that they're **unresponsive**.

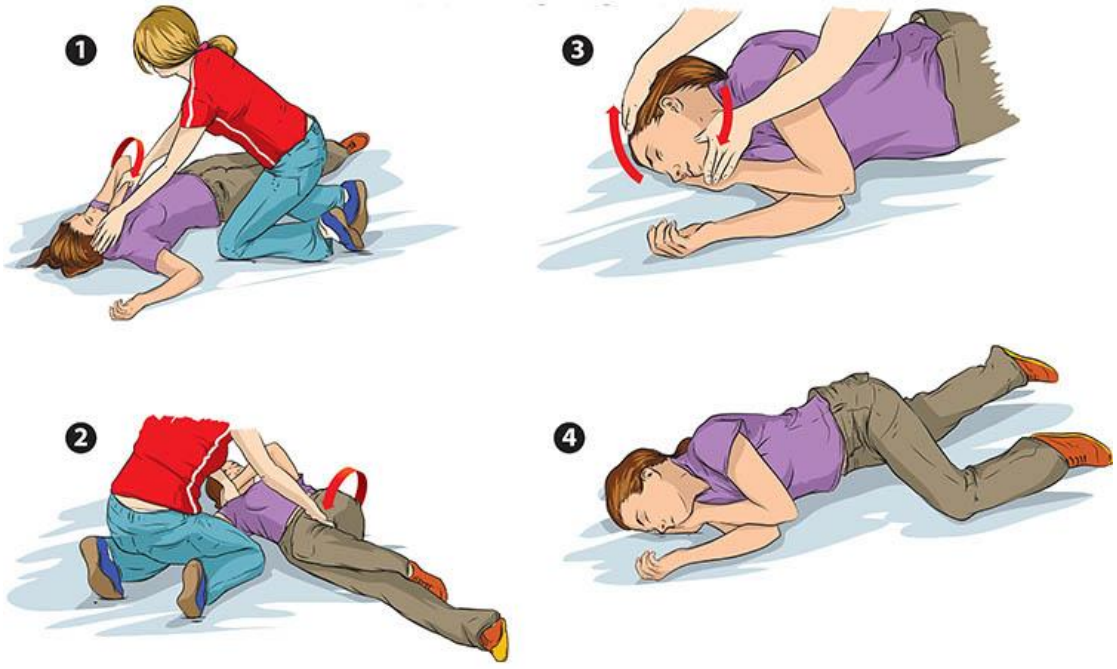
Open their mouth to check if they are breathing normally:

- **look** for chest movement,
- **listen** for the sounds of normal breathing and
- see if you can **feel** their breaths on your cheek.

If they are not breathing, you need to start CPR (cardiopulmonary resuscitation – a combination of chest compressions and rescue breaths) straight away.

If someone is with you, get them to call 999 or the nearest hospital for emergency help.

If you're on your own, you need to give CPR for one minute before you call for help, giving chest compressions and rescue breaths will keep the child's circulation going until you can get help.



How to perform CPR on a child

Ensure that the child is on the floor. Kneel-down beside the child in line with their chest.

- Now give five initial rescue breaths, how to give a rescue breath

Step 1 of 7

Ensure the child's airway is open by tilting their chin slightly upwards

Step 2 of 7

Pinch their nose firmly closed so that air will not escape

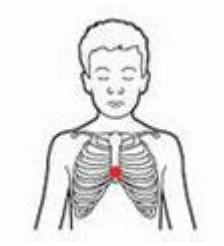
Step 3 of 7

Take a deep breath and seal your lips around their mouth then blow steadily into the mouth until the chest rises- make sure you keep their nose tightly held shut.

Step 4 of 7

Remove your mouth and allow the chest to fall, repeat rescue breaths until 5 have been given.

Step 5 of 7



Now give 30 chest compressions; place the heel of one hand towards the end of their breastbone, in the centre of their chest (as on the diagram above).

Lean over the child, with your arm straight, pressing down vertically on the breastbone, and press the chest down by at least one-third of its depth

Release the pressure and allow the chest to come back up fully without removing your hand from their chest, this is one compression. Repeat this 30 times, at a rate of about twice a second.

Step 6 of 7

Now give two rescue breaths as above

Step 7 of 7: Call for help

Remember to call for emergency help after about a minute if you are on your own

Carry on giving 30 chest compressions followed by two rescue breaths for as long as you can, or until help arrives. If the child starts breathing normally again, stop CPR and put them in the recovery position.

First aid at school

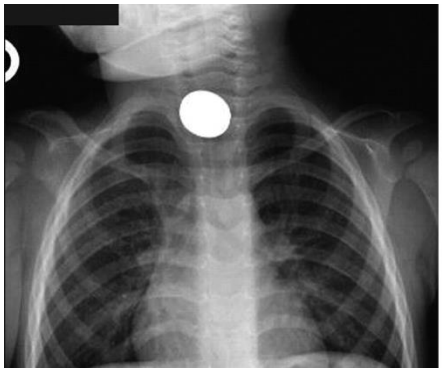
When a child or adult is taken ill away from a healthcare setting it is important to have somebody on hand to know what to do. The section gives a few of the basic emergency situations and how they can be handled before seeking medical help; it may still be necessary to seek medical attention in some cases.

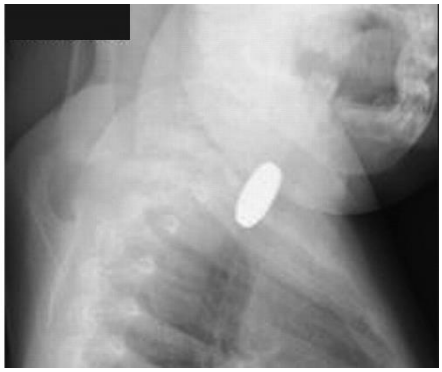
You are not expected to cure every ailment but you must have a basic knowledge on what to do.

AIRWAYS

Choking

Food is the most common thing for babies and toddlers to choke on. Young children may also put small objects in their mouths that could cause choking, such as coins or stones.





If you give your baby a bottle or spoon when feeding, always hold it tightly when your baby is feeding so they do not choke on it and do not allow them to play with them if you are not there.

Keep small objects, such as buttons, coins and small toy parts, out of your baby or toddlers reach.

Once your baby has started on solid food, always cut it up into small pieces or ensure that it is pureed (very soft), babies can choke on something the size of a large bean. Don't give young children hard foods, such as boiled sweets or whole nuts as they are likely to choke on them.

Stay with your child when they're eating. Encourage them to sit still because running around while eating could cause them to choke on small pieces.

Children, particularly those aged from one to five, often put objects in their mouth. This is a normal part of how they develop and explore the world. Some small objects, such as stones, beads and coins, are just the right size to get stuck in a child's airway and cause choking due to the shape of their airway. The best way to avoid this is to make sure that small objects like these are kept out of your child's reach.

No matter how careful you are, your child may choke on something. In most cases, you or someone else will see your child swallow the object that causes choking. Even if you do not see them swallow something if a child starts coughing suddenly, is not ill, and has a habit of putting small objects in their mouth, it is possible that they are choking.

How to help a choking child

If you can see the object, try to remove it. Don't poke into their mouth with your fingers. You could make things worse by pushing it in further.

If a child is coughing loudly, encourage them to carry on coughing as it can get the object out without you helping. Never leave a choking child as they may begin to choke.

If your child's coughing is silent or they can't breathe in properly then

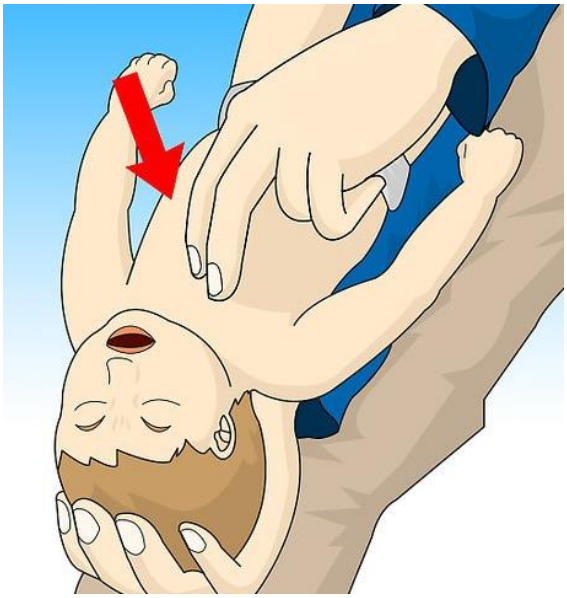
it is not effective and the object is starting to choke them and stop them breathing; shout for help immediately and decide whether they're still conscious (awake and alert). If they are conscious, but they are not coughing properly or at all, use back blows to help them get the object out.

Back blows

For babies under one year sit down and lay your baby face down along your thighs or along one of your arms, supporting their head with your hand. Then give up to five sharp back blows with the heel of one hand in the middle of the back between the shoulder blades.

To do back blows on children over one year lay a small child face down on your lap as you would a baby or support your child in a forward-leaning position and give five back blows from behind.

If back blows don't help the choking and they are still alert, give chest thrusts by laying the baby face up along the length of your thigh, find the breastbone, and place two fingers in the middle. Then give five sharp chest thrusts (pushes), squashing the chest by about a third. Abdominal thrusts are given to older children. This will help them to cough by increasing pressure in the chest and may dislodge the object. To do this, stand or kneel behind your child. Place your arms under the child's arms and around their upper abdomen below the ribcage. Clench your fist and place it between the navel and ribs, grasp this hand with your other hand and pull sharply inwards and upwards. Repeat up to five times.



Always reassess if the object is still blocking your child's throat or has been dislodged. If you think that the object is still stuck but the child is awake and alert, continue the sequence of back blows and chest or abdominal thrusts. Call out for help if you're still on your own as it can be tiring and difficult to do this; don't leave the child. This can be a very traumatic and scary experience and the child may become very upset, give them cuddles and comfort whilst they recover.

Unconscious and choking

If a choking child is, or becomes, unconscious, put them on a firm, flat surface and shout for help. If possible, get a medical person to help as they will need to go to hospital soon. Never leave the child at any stage.

First open the child's mouth and if the object is clearly visible then you can grasp it and remove it.

Start CPR immediately with 5 rescue breaths, these can dislodge the object by pushing it further in and down into one lung- this is ok as they can get oxygen in via the other lung and can continue to breath until the object is removed at hospital. otherwise the child would not be able to breath at all.

Croup in children

Croup is a childhood condition that makes it difficult to breathe. Croup is caused by the inflammation and swelling of the windpipe (trachea) and the voice box (larynx) and is often caused by an infection, there are more cases of Croup when the weather is cold.

Children with croup have difficulty breathing, a distinctive barking cough and may have a croaky voice. Croup can usually be treated if the child is calm without having to go to a hospital. If an attack of croup becomes more severe and doesn't go away, call for emergency help as their airway is in danger.

There is a small risk that they may have a rare but similar condition called epiglottitis. The epiglottis is a small flap of tissue at the base of the tongue which keeps food from going down the windpipe when swallowing. If this gets infected and swollen it can block the airway, it is a medical emergency and you need to call for emergency help.

If you think a child may have croup, these are the four key things to look for:

1. Distressed or difficulty in breathing

2. A short barking cough that sounds like a dog

3. Rasping noise when they breathe in and out and a croaky voice when they talk

4. Pale skin and lips

What you need to do:

- Stay calm and don't panic, if you panic then they will panic as well and can make the attack of croup worse.
- Sit them on your knee, supporting their back, and reassure them that they will be well.
- If the croup is severe, call for emergency medical help.
- If they have a high temperature or fever then they may have an infection or epiglottitis, give them some paracetamol and keep them cool by removing extra layers of clothing.
- If they do not improve, call for emergency help or take them calmly to the nearest hospital. Stay with the child, keep checking the child's breathing, pulse and level of response.

There are certain medicines for croup if it is severe and needs treating, but these are only available at hospitals. The best medication is a steroid called 'dexamethasone' and helps to reduce the swelling very quickly.

Suffocation

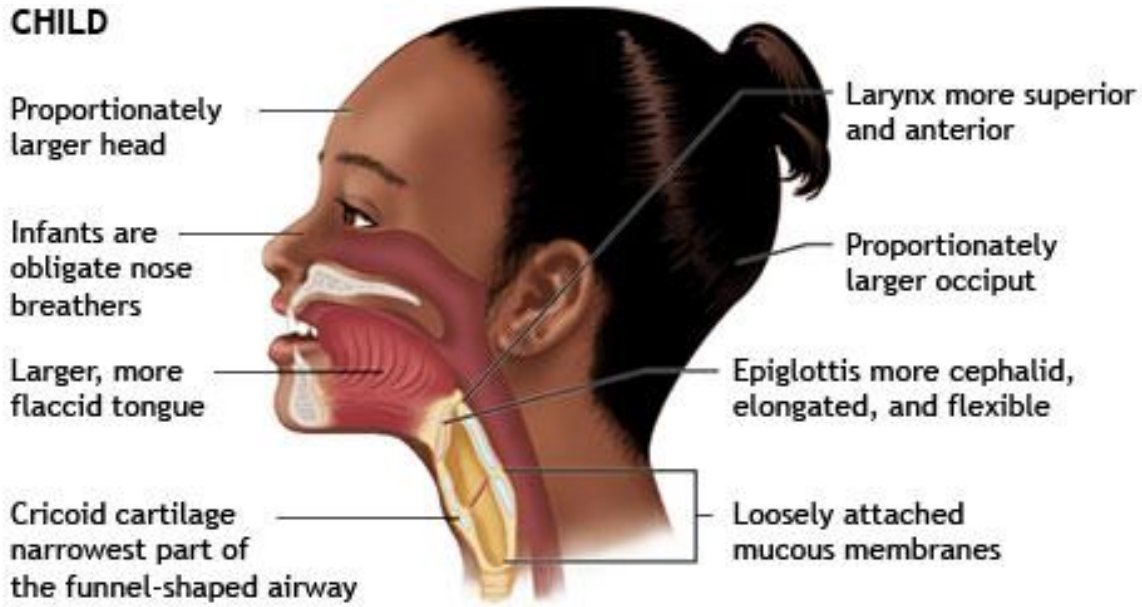
Don't use too many sheets, blankets or thick covers with babies under the age of one. They can suffocate if their face gets smothered as they are unable to push it away without help.

If you carry your baby in a sling, follow the following advice to reduce the risk of suffocation.

Keep your baby **T**ight, **I**n view, **C**lose enough to kiss, **K**eep their chin off their chest, with a **S**upported back.

Keep plastic bags, including nappy bags, out of reach and sight of young children. Keep them away from babies' beds/sleeping mats, so that they can't reach them and put them over their nose and mouth.

Obstructions **REMEMBER**



Always keep small objects away from small children. Their airways are very small and shaped like a funnel, this means that object can get stuck in their throat easily and obstruct their airways.

There is more of a chance that a child will choke due to their physiology and they are less able to help themselves.

Blocked Nose

When a child has a blocked nose, they find it difficult to breath or sleep. Babies only breathe through their noses until the age of 6 months to 1 year and can become very unhappy if they have a blocked nose.

The best remedy is warm steam from boiling water- this is because it helps to dissolve the mucus in the nasal cavity and helps make it easier to clear it by blowing their nose. The reason why the nose becomes blocked is usually because of inflammation- this is the bodies way of getting rid of infections and germs. It is natural but can be uncomfortable for children.

When you have a bowl or sufariyah full of hot water, such as when you have cooked rice or beans and there is a lot of steam, then sit the child near to it and encourage them to try and breathe through their nose. Do not put them next to a fire, this has smoke and not steam- the smoke is harmful to the child.

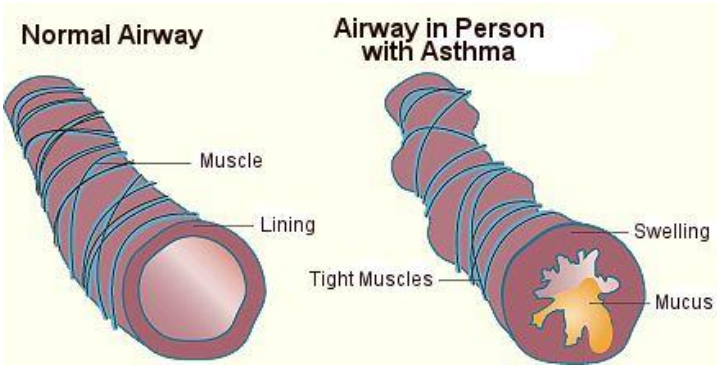
Strangulation

Don't tie anything on to your baby's clothes, the string or ribbon could strangle them. If they are wearing a special outfit then make sure there are no loose strings.

Always keep long strings or cords tied up out of reach, if a child can reach it, they could strangle themselves with it. Don't leave any type of rope or cord lying around, including scarves, belts or drawstring bags.

Small babies and children can squeeze their bodies through very small gaps, but not their heads and therefore they can become stuck and will panic.

BREATHING



Asthma attacks- are a result of the inflammation of an airway

If you think someone is having an asthma attack they will have:

- Difficulty breathing or speaking

- Coughing.

-Grey-blue/pale tinge to the lips, earlobes and nailbeds (known as cyanosis) and a 'vacant' expression.

What you need to do - Asthma attacks

Always reassure them that they are going to be ok; remaining calm can prevent further tightening of chest muscles and makes breathing easier.

Tell them to stop what they are doing and sit upright. Bending over or lying down can make breathing even more difficult. Then help them to take long, deep breaths to slow down their breathing and prevent hyperventilation by telling them to breathe in through the nose and breathe out through the mouth. Breathing slowly and deeply can help control their breathing.

An asthma attack can be triggered by dust, cigarette smoke or the smell of chemicals (e.g., ammonia, chlorine gas, Sulphur dioxide). Take the child away from the trigger as soon as possible in a calm way.

Having a hot cup of tea or a coffee with caffeine can help to open up the airway as it relaxes the muscles.

What next? Seek emergency medical help.

- If the wheezing, coughing and breathing difficulty do not subside after a period of rest.
- If they have a reliever, help them use their reliever inhaler straight away. Get them to take one or two puffs of their inhaler every two minutes, until they've had 10 puffs, reassess how they are breathing.

- If the attack is severe and they are getting worse or becoming exhausted then call 999/112 for an ambulance.
- Help them to keep using their inhaler if they need to. Keep checking their breathing, pulse and level of response.

<u>Drowning</u>- In Kenya, 1/10,000 deaths are due to drowning

Drowning is when someone is unable to breathe because their nose and mouth are submerged in water, or in another liquid and they take the liquid into their lungs.

When someone's drowning they won't able to make any noise or fight, so drowning can easily go unnoticed, even if there are people around.

What you need to do

If someone has been rescued from drowning you need to check if they're breathing or not. If they aren't breathing, then you'll need to start CPR (cardio pulmonary resuscitation) straight away: 30 chest compressions, then two rescue breaths.

Keep giving CPR until help arrives, the casualty regains responsiveness, or you're too exhausted to keep going Ask someone to call 999 or 112 for medical help.

If they start breathing again at any time, treat them for hypothermia by covering them with warm clothes and blankets. When they are conscious, put them into dry clothes and allow them to rest.

<u>Hyperventilation</u>

Hyperventilation is excessive breathing, normally caused by extreme anxiety, and can happen at the same time as a panic attack. When someone is hyperventilating they breathe unnaturally fast or deep. This makes the blood lose more carbon dioxide than usual, which can make them feel weak and dizzy.

There is normally an emotional reason behind panic, but as the child begins to breathe normally again, they should feel better. Key things to look for include:

- Unnaturally fast deep breathing
- Attention-seeking behaviour or anxiety
- Dizziness
- Feeling faint
- Trembling or tingling in the hands
- Muscle cramps in the hands and feet

What you need to do

Speak to them firmly, but be kind and reassuring to them that they are ok. Similarly to an asthma attack, encouraging them to breathe slowly in through their nose and out through their mouths can help them control their breathing again. Always take them somewhere that's quiet or away from others so that they can calm down.

<u>Difficulty in Breathing</u>

Is defined by symptoms such as; Coughing, unnaturally fast deep breathing, attention-seeking behaviour or anxiety, dizziness, feeling faint, trembling or tingling in the hands and muscle cramps in the hands and feet.

There are many causes but until the child is calm and their airway is safe it is not necessary to find out the cause. Treat them as if you would for asthma initially and help them to relax and take deep breaths, the lack of oxygen can make the panic worse and contribute to the airway closing.

CIRCULATION

Shock

Clinical shock is not the same as emotional shock. It is a life-threatening condition which happens when the body isn't getting a good enough flow of blood meaning that cells don't get enough oxygen to work properly. Damage of the vital organs like the brain and the heart can follow.

Shock can be caused by anything that reduces the flow of blood, including:

- heart problems, such as a heart attack, or heart failure
- severe internal or external bleeding
- loss of body fluids, from dehydration, diarrhoea, vomiting or burns
- severe allergic reactions and severe infection

If someone has any of the conditions above, which can reduce the circulation or blood flow, they could develop shock. It is very unlikely to occur in children but you should know the signs.

If you think somebody could be suffering from shock, there are key things to look for:

- Paleness of the face (pallor) around the eyes and lips
- Cold, clammy or sweaty skin
- Fast, shallow breathing (see 'hyperventilation')
- Fast, weak pulse
- Yawning or sighing (an attempt at getting more oxygen into the body)
- Confusion or agitation
- Loss of response (in extreme cases)

If they are showing signs of shock:

- Lay them down with their head low and legs raised and supported, to increase the flow of blood to their head.
- Call for medical help and say you think they are in shock, and explain what you think caused it (such as bleeding).
- Loosen any tight clothing around the neck, chest and waist to make sure it doesn't constrict their blood flow or strangle them
- Fear and pain can make shock worse when they start to breathe faster- this increases the body's demand for oxygen, it's important to keep them comfortable, warm and calm- keep talking to them.
- Keep checking their breathing, pulse and level of response.
- If they become unresponsive at any point, open their airway, check their breathing, and prepare to treat someone who has become unresponsive.

Fainting

Fainting is when someone briefly loses consciousness, often causing the person fall to the ground.

It happens when oxygen does not reach the brain because there is not enough blood flowing to the brain. This is often a reaction to pain, exhaustion, hunger, or emotional stress.

Fainting is also common after someone has been standing or sitting still for a long period of time, especially if they're feeling hot- remember; heat is environmental.

When someone faints, their pulse slows right down but it usually picks up and goes back to normal soon afterwards, but if someone who's fainted doesn't wake up after a couple of minutes, then this could be more serious.

There are three main symptoms to look for:

- Brief loss of responsiveness, often causing them to fall to the ground
- A slow pulse
- Pale cold skin and sweating

What you need to do

- If someone's feeling faint, tell them to lie down.
- Kneel next to them and raise their legs, supporting their ankles on your shoulders to help blood flow back to the brain. Watch their face for signs that they're recovering.
- Make sure that they have plenty of fresh air
- Reassure the casualty and help them to sit up slowly.

Low Blood Pressure

When a child has low blood pressure they are more likely to faint, have headaches and feel tired or dizzy. The main reason for this is always dehydration, a child needs to drink between 1000-2000ml of clean water every day.

A human body is made up of 72% water and when the levels fall, they need to be replenished.

Nose bleeds

A nose bleed is when blood flows from one or both nostrils. It's normally caused by the tiny blood vessels inside the nostrils rupturing or breaking.

Common causes of nose bleeds include a blow to the nose, sneezing, picking or blowing the nose. High blood pressure is uncommon in children.

Most nose bleeds are minor and only last a few minutes, but they can be dangerous if someone loses a lot of blood- if the blood loss lasts more than 30 minutes and is continuous then it is more serious.

- If the blood is thin and watery and they have had a blow to the head, this could mean that their skull is fractured and fluid is leaking from around the brain. It is very serious and you should call for emergency medical help.

If someone is having a nose bleed, your priority is to control the bleeding and make sure that they can still breathe.

- Get them to sit down (not lie down) as keeping the nose above the heart will reduce bleeding.
- Get them to lean forward (not backwards), to make sure the blood drains out through their nose, rather than down their throat which could block their airway.
- Ask them to breathe through their mouth and pinch the soft part of the nose, taking a brief pause every ten minutes, until the bleeding stops.
- Encourage them not to speak, swallow, cough, spit or sniff because this may break blood clots that may have started to form in the nose.

If the bleeding is severe, or if it lasts more than 30 minutes, call for emergency medical help.

Bleeding

Putting pressure on or around any bleed can help to stop the blood vessels rupturing or leaking into the surrounding tissues and the patient losing too much blood.

Do not release pressure on a bleeding wound until the bleeding has stopped.

If a child loses too much blood they can go into shock- their heart will be struggling to work properly and oxygen will not be able to get around the body well enough.

DISABILITY

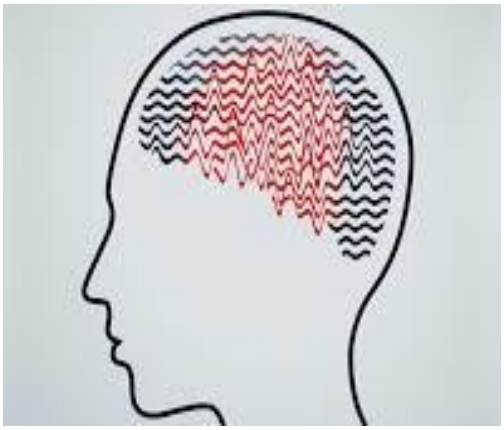
Seizures (fits) in children

Seizures can be a symptom of epilepsy. However, epilepsy is very rare in children.

In children, seizures normally happen as a result of a high temperature (called a febrile convulsion) from an infection such as a throat or ear infection. Children's brains are not developed enough to deal with the body's high temperature and can 'miss-fire' the signals.

During a seizure the child may scream or faint, before the muscles in their body contract uncontrollably. It's also called a convulsion or fit. Seizures are caused by something interrupting the electrical activity in the brain and they usually cause unresponsiveness whether or not they have convulsions.

If you think a child is having a seizure, there are 7 main things to look for:



1- Vigorous shaking with clenched fists and an arched back
2- Signs of fever – hot, flushed skin, and sweating
3- Twitching of their face and squinting, fixed or upturned eyes
4- Holding their breath, with a red, puffy face and neck, and drooling at the mouth
5- Possible vomiting
6- Loss of control of their bowel or bladder
7- Partial or full loss of responsiveness

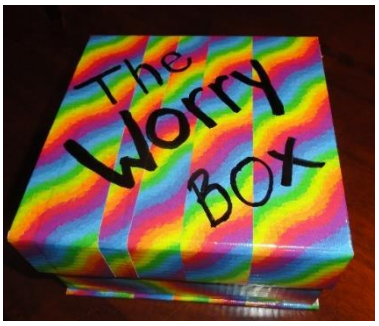
What you need to do

- Never restrain or move a child having a seizure, protect them from hurting themselves by clearing potentially dangerous objects, like desks, hot drinks or sharp objects away from them and place pillows, jumpers, coats or anything soft around them.
- Remove any bystanders or children watching the seizure, it can be very upsetting
- Cool them down, take off a layer of clothing and ensure they get some fresh air by opening the door.
- Once the seizure has stopped, they will want to sleep and be unresponsive; put them into the recovery position to help them keep their airway open.
- Reassure them that they have someone with them and make sure that anyone who has witnessed the seizure is alright.
- Keep checking their breathing, pulse and level of responsiveness until they have fully woken up- this can take several hours.

Mental Health Problems

How schools can support pupils' mental health has no simple answer. Schools are in a unique position because of the time children spent in their care, and this offers the opportunity to build relationships, and offer support to children and their families. Basics to remember are:

- Identifying pupils' specific mental health needs such as anxiety and depression or self-harm;
- Identifying pupils as having a potential mental health needs during admission or induction process, by children referring themselves, or their friends or parents doing this.
- Providing pupils with a safe space to talk away from their peers and without judgement;
- Referring to specialists if possible
- Schools should adopt an ethos or environment that promotes mutual care and concern, the creation of a culture of care and concern is intended to:
    - Normalise mental health issues;
    - Raise awareness of how and where pupils can access support;
    - Support the development of emotional literacy and resilience to help pupils to explain, understand and find ways to manage their emotions and mental health.



Promoting positive mental health and wellbeing is not an easy task, but can include skills development sessions, taught sessions about particular mental health issues to reduce stigma and form/class time to share information and open up discussions. Schools should consider using the skills of those learning therapy/counselling to practice their skills and develop their qualifications.

Subjects that are too difficult to be approached by a pupil in front of the class could be written and placed into a box, call it the 'Worry Box', which could be opened once a week by the class teacher and advice given on their worries.

Skills development sessions such as coping skills, problem-solving or mindfulness as well as taught sessions on subjects such as body image, eating disorders or self-harm can help pupils to not see their problems as unique and realise that others may be suffering in similar ways. Sometimes just giving an individual a chance to talk on their own, in groups or part of play can be enough. Having a dedicated space, even just an area of the playground, can be pivotal for children and young people to have a break from the classroom when they are finding things too difficult.

The type of support you offer should be tailored to the age of the child. There are several websites on the internet that can offer support on helping pupils (and teachers) with mental health needs.

Websites:

http://www.africamentalhealthfoundation.org/

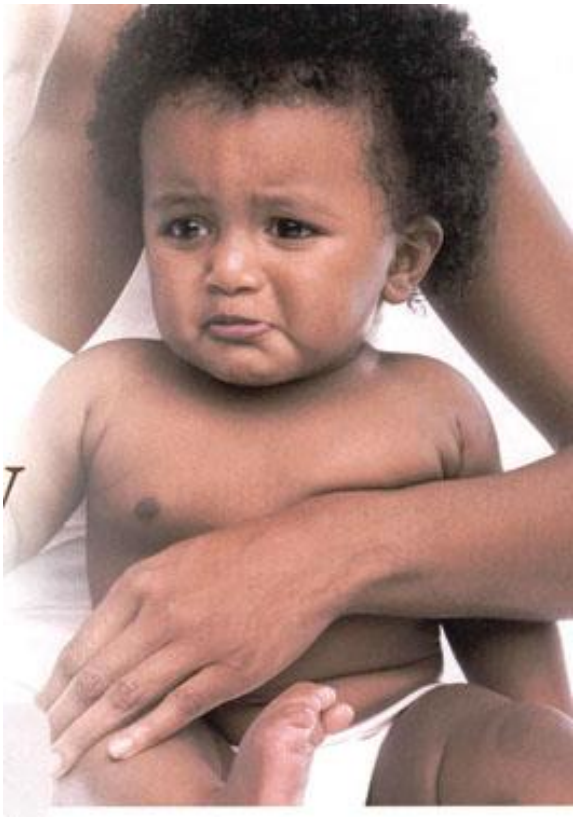
https://www.mind.org.uk/ **(find the section on children and young people)**

http://teenmentalhealth.org/ **(this site gives some tips for teachers on dealing with pupils)**

This may be a good way of getting support and helping other learners to develop skills; the University of Nairobi and the Machakos University departments of Psychiatry and Health Sciences have many students.

ELIMINATION

Vomiting and diarrhoea

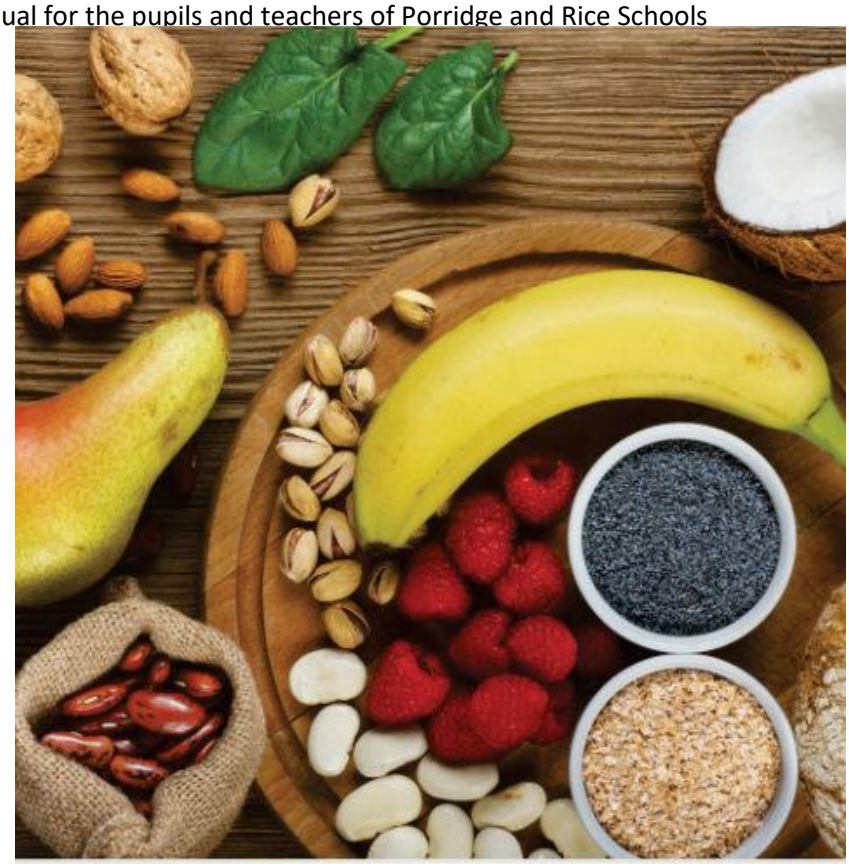


Vomiting and diarrhoea are usually caused by irritation of the digestive system and can occur together or separately. Both can be caused by parasites, viruses or bacteria but regardless of the cause, the body will lose essential salts and fluids risking dehydration and these need to be replaced.

What to do

- Reassure them - if they are vomiting, give them a warm damp cloth to wipe their face and keep reassuring them that you are there to help and that they will be alright. Try and give them a bucket to vomit in that can be disposed of or washed with bleach afterwards.
- Get them to sit down so that they are comfortable. When the vomiting stops give them a glass of water to sip on or unsweetened fruit juice.
- Encourage them to take frequent small sips to help replace the fluid they have lost, they should not drink too fast as this can cause more vomiting.
- If they have diarrhoea, they need to be close to an area where the excrement can be siphoned away easily, such as a pit latrine, if they defecate in the open, this can spread infection to others.
- Oral rehydration salts (ORS) help replace lost minerals in the body due to vomiting and diarrhoea. It can be made easily with freshly boiled water, sugar and salt. Allow 1 litre of water to cool slightly, then add 1 small spoon (a tea spoon) of salt and 8 small spoons of sugar, stir until dissolved and allow to cool until it is drinkable.
- When they are feeling hungry again, they need to eat foods that are easy to digest, such as rice or potatoes. Potassium rich bananas are also beneficial- keep food simple for the first 24 hours and continue the ORS until they are feeling better.

Constipation



This can be extremely uncomfortable and painful for a child and is due to many different things such as not eating enough fibre (fruit, vegetables and cereals), a change in eating habits, ignoring the urge to pass stools, side effects of certain medications, not drinking enough fluids and anxiety or depression.

Some young children can show signs of constipation when they are scared of opening their bowels. This can be a viscous cycle as the fewer times they go for a poo the harder the poo becomes and the more painful it is to pass.

The first treatment is always to try and drink more water and eat fruit and vegetables such as carrots, spinach or pears that are raw or not over-cooked. If changing the food eaten does not work, then adding things to the diet such as dried fruits or castor oil can help to make the bowels move. Exercise and massaging the stomach area of smaller children has also been shown to help.

Reminding children to pass bowel movements on a regular (once or twice daily) can also help to relieve the impact of constipation. If a child is not able to pass stools with dietary changes already made, then there are options from the pharmacy that can help without hurting them too much. The most commonly used medicines are Senna and Ispaghula Husk- these are natural laxatives with a good effect. There are others which a stronger such as Lactulose, Magnesium Sulphate, Macrogol, Docusate Sodium Picosulphate.

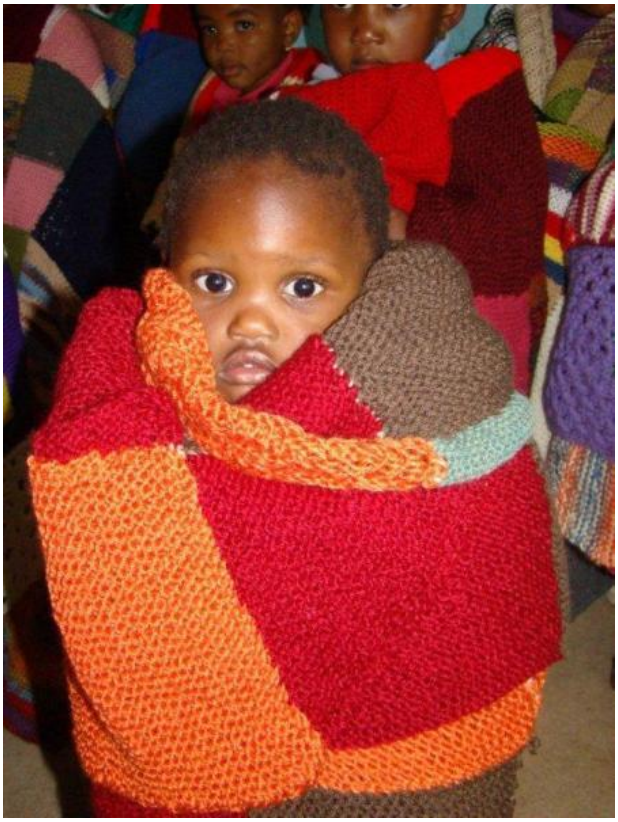
EXPOSURE

Hypothermia

Hypothermia happens when someone's body temperature drops below 35°C. Normal body temperature is between 36°C and 37.5°C.

Hypothermia can become life-threatening very quickly because the organs of the body stop working and begin to shut down. It's important to treat someone with hypothermia straight away, severe hypothermia (body temperature below 30°C), often results in death.

Hypothermia can be caused by a cold environment, such as staying outdoors all night, living in cold conditions or falling into cold water. The very young, those who are thin, undernourished and frail or not able to move around easily are particularly vulnerable.



What to look for

- Shivering, cold, pale, and dry skin
- Tiredness, confusion, and irrational behaviour
- Slow and shallow breathing
- Slow and weakening pulse

What you need to do is warm them up.

If they are outside, get them indoors as soon as possible and cover them with layers of blankets. Give them something warm to drink, like tea, and high energy food, like chocolate, mandazi or bananas.

- If they lose responsiveness at any point, open their airway, check their breathing as you may need to start emergency CPR

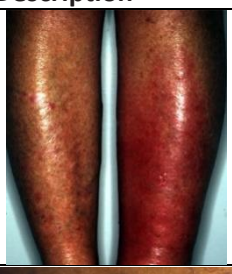
If they are outdoors and you can't move them indoors:

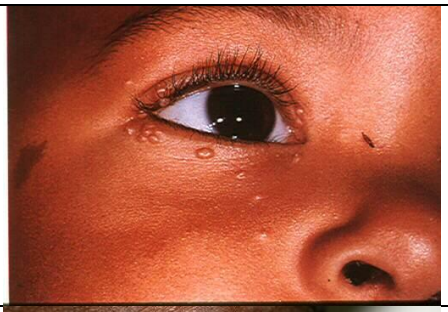
- Find something for them to lie on to protect them from the cold ground, like a blanket or sacking cloth. If their clothes are wet, change them into dry clothes and cover them with blankets, if available. Make sure their head is covered too as most of their heat will be lost this way.

If possible, don't leave them by themselves, keep checking their breathing, pulse and level of response. Once they are more awake and able to, encourage them to move so as their circulation improves.

Rashes

There are many types of rashes and most are harmless but can be distressing and upset a child. If the rash is infectious then they should not be allowed in school, they should stay away from other people as much as possible and use soap and water to wash. Typical rashes include:

Rash Name	Description	Action to take
Cellulitis (Bacterial infections)	 It is usually found around areas of broken skin or from a wound that has developed an infection in the deep tissue	It is not contagious to other people It may require antibacterial creams Never squeeze any spots as this can spread the infection around the skin
Chickenpox (Viral infection)	 Spots appear after a week of infection The blisters will burst and scab over, but they can be very itchy- do not allow children to scratch	It is contagious to anyone who hasn't had it before, pregnant women and those with lower immunity (e.g.; HIV positive) Give paracetamol for the pain and an antihistamine for the itch- do not allow them at school
Eczema	 Is caused by the skin being unable to retain the moisture	Give paracetamol for the pain and an antihistamine for the itch, they can still attend school Moisturising the skin can help to keep it from drying out and breaking
Erythema multiforme (usually Viral)	 dark spots appearing on the skin with crusty areas around them- they are a reaction to an infection or a medication that has been taken	It will usually go away without any intervention once the medication has been stopped or the infection beaten It is not infectious but can make a child feel very unwell, give paracetamol for the pain and an antihistamine for the itch
Hand, foot and mouth disease	 Hand foot and mouth causes painful blisters on the hands, feet	Extremely contagious, there is no cure though and the child will need to stay away from other children and keep hydrated. If they cannot eat and drink encourage them to have soft food mixed with a lot of water (like thin uji) Give paracetamol for the pain and an antihistamine for the itching

	and in the mouth- it can make the child very uncomfortable		
Impetigo		The rash is either formed of sores or blisters that will eventually burst	Highly infectious, it will need antibiotics to get rid of it Keep the child away from school and wash with clean soapy water using different towels to the other members of the household
Keratosis pilaris ("chicken skin")		'Goose pimple's' or hard lumps under the skin in the backs of the arms, legs or buttocks	Non-infectious and will go away as the child grows up Moisturising the skin can help
Measles		Highly infectious and can cause the child to be very unwell. The rash begins as small raised bumps on the head and neck and spread quickly over the body.	Measles can be dangerous to anyone who has not had their vaccinations, a young child or is pregnant. Children with measles must NOT be at school. Using paracetamol, ibuprofen and ORS can help relieve the symptoms, resting at the home is the best treatment to conserve energy.
Molluscum contagiosum		Appearance of small raised hard lumps on the skin. Caused by a virus	It is contagious if the child with the virus is in very close contact with others, the body will get rid of the virus without medical help. Unless the bumps are scratched and become infected there is no medication needed.
Pityriasis rosea		Spreading rash of hard plaques that can be associated with head ache and fever	Using creams and emollients can relieve the itching- taking antihistamines can also help to stop the itching. It is probably caused by a virus, but the actual cause is not known.

Prickly heat		Small, red and itchy spots as a reaction to heat exposure- prickling sensation	This is not infectious, no body can catch this as it is an individual reaction to heat extremes. Antihistamines, calomine lotion and keeping the skin cool and uncovered for the few days before it disappears
Psoriasis		Your body produces new skin cells in the deepest layer of skin. These skin cells gradually move up through the layers of skin until they reach the outermost level. Then they die and flake off. This whole process normally takes around three to four weeks. In people with psoriasis, this process only takes about three to seven days. As a result, cells that aren't fully mature build up rapidly on the surface of the skin and begin to flake away and can look red and painful.	Psoriasis is not contagious, if the individual who has it can tell what their 'trigger' is, then they can reduce the impact of the condition. Some triggers include medications, alcohol, tobacco, throat infections and in some cases HIV.
Ringworm		Ringworm is a common infestation and is very contagious. The infection manifests as silvery rings on the skin, sometimes breaking the skin and making the ring bleed	It is caused by a fungal infection and spreads very easily between children. When it is on the scalp it is known as tineas capitis, when a child has this on their scalp it is visible and should be treated quickly with anti-fungal soap or cream (Clotrimazole)
Scabies		Caused by a mite laying eggs under the skin, usual starting on the arms and hands	The mites can live on any surface for up to 3 days. To stop the spread, wash items in boiling water or keep them sealed in plastic for 72 hours so that the mites die. Treating Scabies is done using chemicals, and this is done at the doctors- children should be safe to return to school the following 3 days after treatment

Scarlet fever		A wide spread rash with a high temperature, swollen neck glands (that are sore), a sore throat, vomit and headache.	Scarlet fever can be contracted easily, but once a person has had it they are not likely to get it again as the body builds an immunity. The rash will spread from the body to the face and all over- it will blanche if pressed with a glass. Antibiotics such as Co-Amoxiclav or Amoxicillin may be prescribed
Urticaria (hives)		Hives appear as a reaction to an irritant, this can be anything from wool, bananas, medication to metals (e.g. a steel necklace)	The raised lumps will by itchy and irritate the child. An antihistamine can help relieve the itch, removing the source of the irritation (called the allergen) is the best way to stop hives forming and developing further

Allergic reactions

The six key things to look for in a severe allergic reaction are:

- Difficulty breathing (e.g. tight chest and wheezing

- Swelling of the tongue and throat

- Itchy or puffy eyes

- An outbreak of blotchy skin

- Anxiety (due to the feeling of losing their away)

- Signs of shock

What you need to do if you notice these symptoms is to get emergency help and get them to hospital as fast as you can (even if the symptoms are mild or have stopped).

Try to remember exactly what they were doing before the reaction, give any information you have on what may have triggered it (e.g. an insect bite or certain food, like groundnuts).

If the person knows what their allergy is, they may have medication with them containing adrenaline, for example 'Epipen', 'JEXT' or 'Emerade'. This is an injection device, which when injected can help reduce the body's allergic reaction and keep them alive. Check if they have one, and if they do, help them to use it or do it yourself following the instructions.

Help them into a comfortable sitting position, leaning forward slightly, to help their breathing.

If they become unresponsive, open their airway and check breathing. Follow the instructions for treating someone who is unresponsive.

This is a medical emergency and needs hospital treatment, they will need to avoid the food, animal or stimulus that causes the allergic reaction in them.

If there are children in the school or teachers with severe allergies, the other children and staff will need to be aware of their allergy and keep the substance away from them. Prevention is better than cure.

FLUIDS

Dehydration

Dehydration happens when someone loses more fluid than they take in.

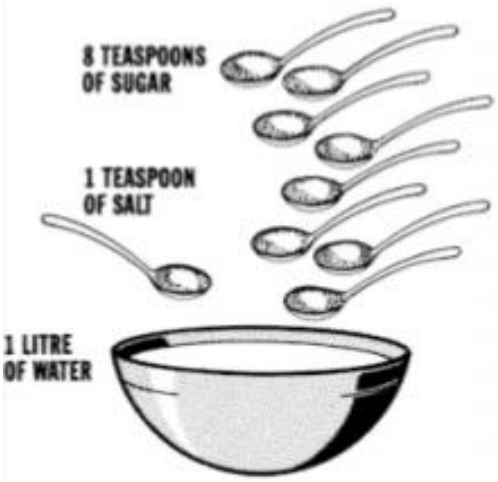
Young children and older people are likely to get dehydrated more easily, so it's especially important for them to drink plenty of water.

Someone will normally get dehydrated after sweating a lot – usually from exercise, being in hot conditions for a long time, or having a fever.

If you lose fluids through severe diarrhoea and vomiting, this can also cause dehydration.

There are four key things to look for if someone is suffering from dehydration:

- Headaches and light headedness
- Dry mouth, eyes and lips
- Small amounts of dark urine
- Muscle cramps



What you need to do: next steps:

- Help them to sit down and give them plenty of water to drink.
- Giving them an oral rehydration solution to drink will help replace salt and other minerals which they've lost – you can buy this in sachets from any pharmacy or make it using 8 teaspoons of sugar and 1 teaspoon of salt in 1 litre of freshly boiled water. The salt is important for the body to absorb the water back into the cells through 'osmosis'
- If they have any painful cramps, encourage them to rest, help them stretch and massage their muscles that hurt.

- Potassium rich foods such as bananas and a thinned gruel (Uji) can help to fill them up and rehydrate them sufficiently if they can drink water.
- Keep checking how they're feeling – if they still feel unwell once they're rehydrated then encourage them to see a doctor straight away.

GLUCOSE

Diabetic emergency

Diabetes is a lifelong medical condition where the body cannot produce enough insulin. Insulin is a chemical made by the pancreas (a gland behind the stomach), which regulates the blood sugar (glucose) level in the body.

Normally our bodies automatically keep the right blood sugar levels, but for someone with diabetes their body can't. Instead, they have to control the blood sugar level themselves by monitoring what they eat, and taking insulin injections or pills.

There are two types of diabetes: Type1, or insulin-dependent diabetes, and Type 2, also known as non-insulin-dependent diabetes.

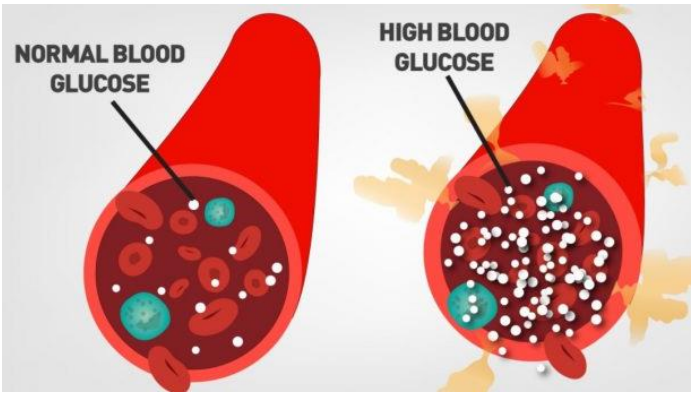
Sometimes people who have diabetes may have a diabetic emergency, where their blood sugar becomes either too high or too low. Both conditions are potentially serious and may need treatment in hospital.

Hyperglycaemia

Too little insulin can cause high blood sugar (hyperglycaemia). If it's not treated and gets worse, the person can gradually become unresponsive (going into a diabetic coma). It's important to get them to see a doctor in case they need emergency treatment.

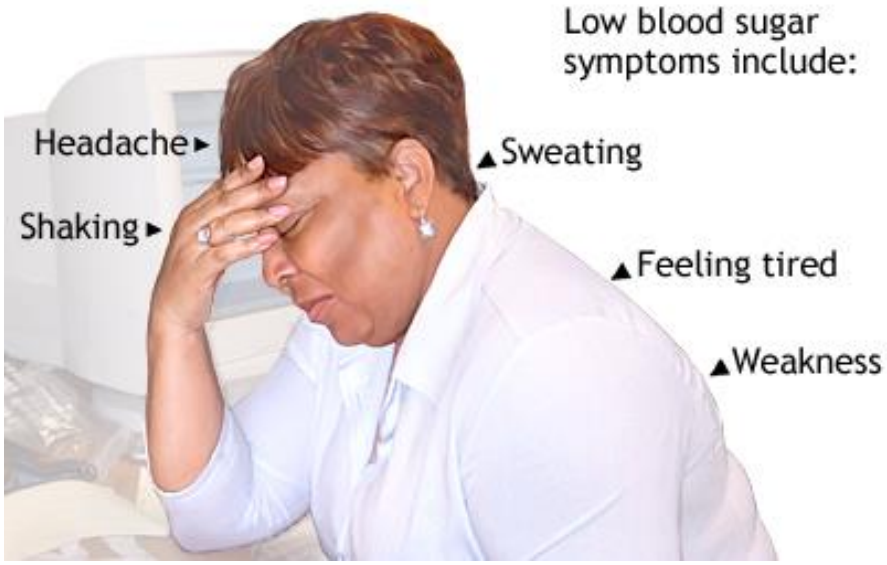
High blood sugar (hyperglycaemia)

- Warm, dry skin
- Rapid pulse and breathing
- Fruity sweet breath
- Really thirsty
- Drowsiness, leading to unresponsiveness if not treated



If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive. They will need medical attention to get their glucose levels down or they can go into a coma.

Hypoglycaemia



Too much insulin can cause low blood sugar or hypoglycaemia (hypo).

This often happens when someone with diabetes misses a meal or does too much exercise. It can also happen after someone has had an epileptic seizure or has been binge drinking.

If someone knows they are diabetic, they may recognise the start of a hypo attack, but without help they may quickly become weak and unresponsive.

Low blood sugar (hypoglycaemia)

- Weakness, faintness or hunger
- Confusion and irrational behaviour
- Sweating with cold, clammy skin
- Rapid pulse
- Trembling
- Deteriorating level of response
- The patient may carry: Medical warning bracelet or necklace and glucose gel or sweets and medication such as an insulin pen or tablets and a glucose testing kit

Keep checking their breathing, pulse and level of response.

What you need to do is

Help them sit down.

If they have their own glucose gel, help them take it. If not, you need to give them something sugary like fruit juice, a fizzy drink, three teaspoons of sugar, or sugary sweets.

If they improve quickly, give them more sugary food or drink and let them rest. If they have their glucose testing kit with them, help them use it to check their glucose level. Stay with them until they feel completely better.

If they do not improve quickly, look for any other causes such as mass bleeding, and call for medical help.

INFECTION

Infection is seen as a combination of: HEAT, REDNESS, PAIN, it may be accompanied by a bad smell and green or yellow fluid coming from the wound

Poisoning

Poisons are substances that can cause temporary or permanent damage if too much is absorbed by the body. Poisons can be swallowed, inhaled, injected or absorbed through the skin.

Medicines are the cause of over 70% of hospital admissions for poisoning in the under-fives. Common painkillers like paracetamol and ibuprofen are the main culprits. Keep all medicines locked away or high up out of reach and sight.

Keep cleaning products high up out of reach, including those for the toilet and items such as bleach and chlorine. Try and select cleaning products that contain a bittering agent making them taste nasty, this means that children are less likely to swallow them. Make sure bottle tops and lids are always firmly closed when not in use.

- **Alcohol poisoning**

When a person has drunk a dangerous amount of alcohol in a short space of time, the nervous system, particularly in the brain, can be stopped from working properly. This can severely weaken the body both mentally and physically, like sight, speech, coordination and memory. This type of poisoning can also make a person deeply unresponsiveness and, at worst, can slow or shut down their breathing, causing death.

What to look for if you think someone may have alcohol poisoning:

- a strong smell of alcohol or evidence such as empty bottles or cans
- confusion and slurred speech
- vomiting
- moistened face/sweating
- deep, noisy breathing
- a strong, pounding pulse
- unresponsiveness
    - shallow breathing
    - weak, rapid pulse
    - wide pupils (the centre part of the eye) reacting poorly to light

What you need to do

- cover them with a coat or blanket to keep them warm.
- check them over for any injuries e.g.; head injuries or any medical conditions.
- If they are breathing normally but do not respond, place them in the recovery position.
- Keep checking their breathing, level of response and pulse.

Do not make them be sick, this can block their airway and stop them breathing.

- **Drug poisoning**

Someone can get drug poisoning from taking an overdose of prescribed drugs, legal drugs, or illegal drugs. The effects will be different depending on the type of drug and how they have taken it (swallowed, inhaling- breathed in, or injected).

What to look for in drug poisoning

- Stomach pain, nausea and vomiting
- Sleepiness leading to unresponsiveness
- Confusion and deliriousness
- Excitable hyperactive or strange behaviour
- Sweating
- Shaking hands
- Hallucinations ('hearing voices' or 'seeing things')
- Unusually slow or fast/racing pulse
- Unusually small or large pupils that do not change when a light is shone on them
- Needle marks which may be infected

What you need to do You may need to call for medical help if you do not know what they have taken or if they do not regain consciousness.

- If they are responsive, help them into a comfortable position and ask them what they've taken.
- Gather as much information as you can; look for any packaging or containers that will help identify the drugs.
- Keep checking their breathing, pulse and level of response.

If they lose responsiveness at any point, open their airway and monitor their breathing.

Never try to make them vomit as this could block their airway.

- **Food poisoning**

Food poisoning is caused by eating contaminated food. In most cases the food hasn't been cooked properly and is contaminated by bacteria such as salmonella or Escherichia coli (E. coli), which are found mainly in meat.

Someone may feel the effects of food poisoning within a few hours, and will often be sick or have diarrhoea. However, in some cases it can take up to three days.

The effects of food poisoning can make someone feel extremely ill. The most important thing is for you to keep encouraging the person to drink water so they don't get dehydrated. Most people will get better without needing treatment.

What to look for if you think someone may have food poisoning:

- Feeling sick
- Vomiting, sometimes containing blood
- Stomach cramps
- Diarrhoea
- Headache or fever

What you need to do if you notice any of these symptoms:

- Tell the person to lie down and rest to conserve their energy, they will most likely want to sleep.
- Give them plenty of water and a bucket or bowl to use in case they are sick.
- Encourage them to drink as much water as they can in regular small sips, not big gulps as this can trigger vomiting.
- Give them ORS to replace fluids lost through diarrhoea and vomiting.

Always keep uncooked food and food that it about to be eaten away from vectors (such as flies) that can transport germs and bacteria from one place to another.

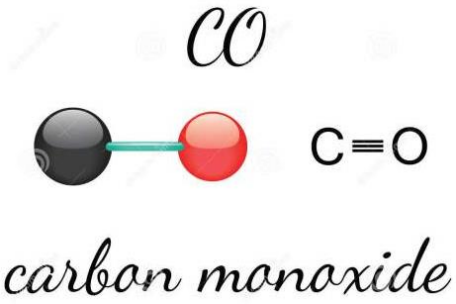
Carbon Monoxide poisoning (Inhalation)

Some smoke or gas if inhaled or breathed in, can be deadly. If an individual has inhaled fumes they may need immediate medical attention; they are likely to have decreasingly low levels of oxygen in their blood and tissues as gas particles take over.

Carbon monoxide, if inhaled, directly prevents the red blood cells carrying oxygen to the body's tissues and organs. It can prove fatal in any amount, for example from vehicle exhaust fumes or smoke within a confined space, or due to leakage of fumes from a faulty boiler or heater.

What to look for

- Headaches
- Confusion
- Feeling aggressive
- Nausea and vomiting
- Diarrhoea



More severe symptoms include:

- Changes in the skin colouration
- Rapid, difficult breathing
- Impaired level of response, leading to unresponsiveness

What you need to do

- Get them away from the source of the fumes into the fresh air, open all doors to let the fumes escape before anyone else enters.
- Support them in a comfortable position and encourage them to breathe normally.
- Treat any burns or other injuries and monitor them closely, keep an eye on their breathing, response and pulse.

It is likely that they will need hospitalising to ensure the damage done is not permanent

- **Swallowed poisons**

What to look for if you think someone may have swallowed poison:

- Nausea and vomiting (sometimes blood-stained)
- Cramping stomach pains
- A burning sensation
- Partial loss of responsiveness or Seizures

What you need to do

- If the person is conscious, ask them what they have swallowed, how much and when. Look for clues, like plants, berries or empty packaging and containers.
- Keep checking their breathing, pulse and level of response.

Never try to make the person vomit as it can block the airway.

Fever

A fever is a high temperature when someone's body temperature reads above a normal body temperature for the function of the human body. Above 38°C, is classified as a fever.

Fevers can be caused by infections or illnesses, such as a sore throat, earache, or chickenpox and are common in children. Although fevers can be worrying to see, they often go away without treatment.

Sometimes, a young child's temperature goes above 39°C and this can be dangerous as it might trigger a seizure (fit).

What to look for when someone has a fever:

Early signs:

- High temperature - above 38°C
- Paler/blanching skin
- Feeling cold, with goose pimples, shivering and chattering teeth

Later signs:

- Hot feeling skin and sweating on the back and torso, but cool hands and feet
- Headache
- General aches and pains

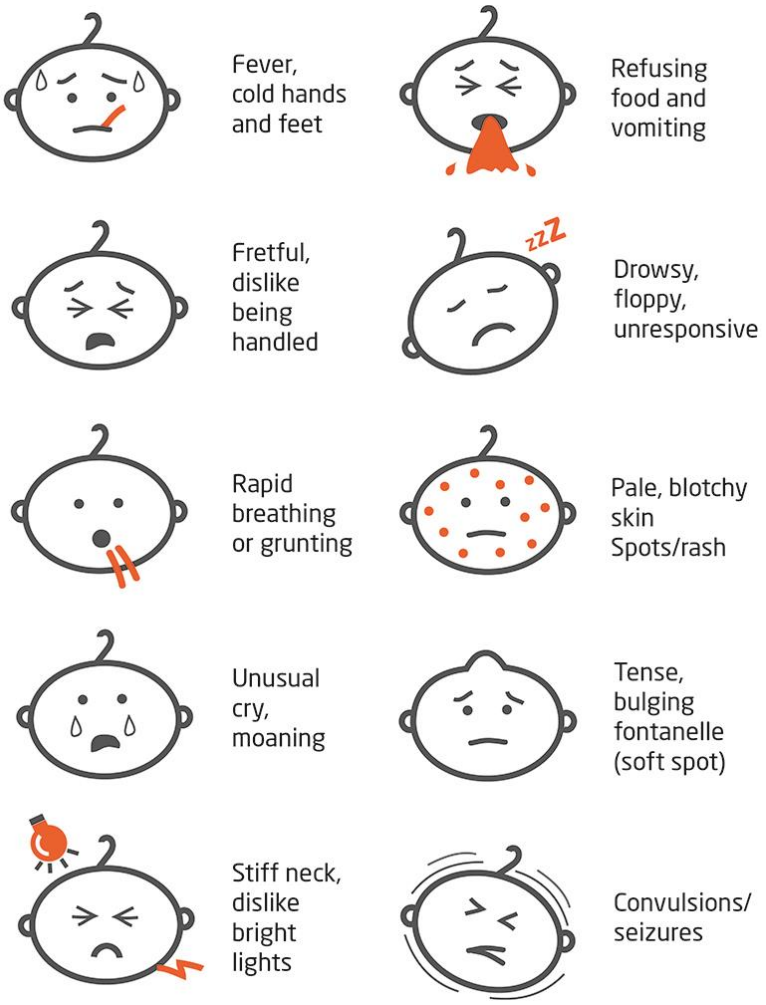
What you need to do if you notice these symptoms; take their temperature using a thermometer. If their temperature is above 38°C, it's a fever. To take the child's temperature, put a clean thermometer under their tongue for 1 minute or if they are likely to bite it, then put it under their arm for 3 minutes to get an accurate body temperature

- Help make them comfortable and keep them cool, ideally lying down with a sheet or light blanket.
- Give them plenty of cool drinks to replace any fluid they lose from sweating.
- If they're feeling unwell, you can give them the recommended dose of paracetamol for their age.
- Check their breathing, pulse and level of response until they're feeling better.
- If their temperature is above 39°C, and the paracetamol persistently does not bring it down below 38°C, you will need to call a doctor (they may have an infection).

- **Remember, infection is seen as a combination of:**
- **HEAT, REDNESS, PAIN**

Meningitis

Meningitis is an infection of the membranes that surround the brain and the spinal cord. Meningitis can be caused by bacteria or a virus. Anyone can get meningitis, whatever age they are, but babies and young children under five are most at risk. Meningitis can be very serious. If suspected, you must call for emergency help from a hospital as soon as possible. If spotted early, and treated quickly, most people make a full recovery.



What to look for if someone has meningitis, they won't usually show all the symptoms and signs at the same time:

- flu-like illness with a temperature
- cold hands and feet
- joint and limb pain
- blotchy or pale skin around the eyes, mouth and on the hands and feet

As the meningitis infection develops:

- severe headache
- neck stiffness
- vomiting
- eyes become sensitive to light
- drowsiness
- the cry of a baby can become high-pitched or 'whimpering', they can become floppy, and develop a tense, bulging soft spot on the top of their head (fontanelle).

Later you may see a distinctive rash of red or purple spots that doesn't fade when pressed with a glass.

What you need to do if someone has any of the signs of meningitis: Take them to a hospital

PHYSICAL INJURY

Remember, infection is seen as a combination of:

HEAT, REDNESS, PAIN

Bites from sharp, pointed teeth cause deep puncture wounds. This can damage tissues and let germs into the skin, any bite that breaks the skin will need to be treated to stop infections.

Two of the most serious infections from animal bites are rabies (a serious viral infection that attacks the brain and nervous system) and Tetanus (a bacterial infection).

With Rabies, an infected animal will pass on the virus to a human, through their saliva as they bite them. Almost all cases of rabies are fatal if the person has not been vaccinated, there is only a slim chance of recovery if they have been vaccinated. In both cases they will need to be in a hospital straight away after emergency treatment is performed.

What you need to do for any animal bite

- Wash the wound from the bite thoroughly with soap and warm water reducing the risk of general infection.
- Raise and support the wound with clean gauze. Cover it with something clean and sterile.
- If the wound is large or deep, stop the bleeding.
- If the wound is dirty even if it looks clean after it has been washed, then they will need to see their doctor.

If the bite is from another human, there's also a small risk of getting hepatitis or HIV/AIDS viruses. This is much more unlikely but they should still see a doctor, in case.

Insect stings

Insect stings from a bee, wasp or hornet can be painful but are usually not dangerous; a sharp pain, followed by mild swelling, redness and soreness is normally all that will happen. Sometimes they cause the body react badly (such as anaphylactic shock): look out for this and get medical help quickly if necessary.

What to look for

There are four things to look for: Redness, swelling, itchiness and stinging pain.

What you need to do if you can see the sting, brush or scrape it off sideways. Don't use anything to try and pull it out, as this could squeeze more poison into the wound.

Put something cold on the wound to reduce swelling and raise the part of the body above the level of the heart. Always keep checking their breathing, pulse and level of response.

If you notice any signs like breathing difficulties or reddened, swollen itchy skin, particularly to the face or neck then they could be having an allergic reaction, you must call for emergency medical help.

Cuts and grazes

Cuts and grazes are common injuries that can usually be easily treated. A cut is when the skin is fully broken, and a graze is when only the top layers of skin are scraped off.

Usually, all you need to do is clean the cut or graze to reduce infection and apply pressure and raise the injury to stop the bleeding. The wound should heal by itself in a few days, if possible use a clean dressing to keep dirt and germs away.

What to look for

If the bleeding doesn't stop, or if there's a large foreign object in the cut that cannot be easily removed, or you think it might be infected, then you should tell them to see a health care professional.

What to do

Clean the wound by rinsing it under running water or using alcohol-free antiseptic wipes.

Gently dry using a gauze swab and cover it with sterile gauze. If you don't have these, then use a clean, non-fluffy cloth free from dust.

Raise and support the part of the body that's injured. If it's a hand or arm, raise it above the head. If it's a lower limb, lay them down and raise the cut area above the level of the heart. This will help stop the bleeding.

- Do not move the child until the bleeding stops and the wound has been covered with a sterile gauze or dressing.

Blisters

Blisters are fluid-filled bumps that look like bubbles on the skin. They can appear when someone's skin repeatedly rubs against something or is exposed to heat. The damaged part of the skin or cells leak a clear fluid, which collects under the top layer of the skin, forming the blister.

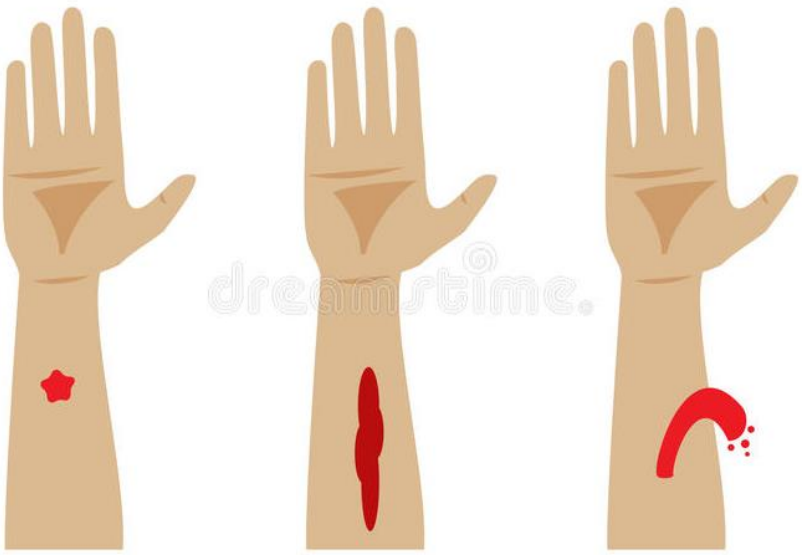
What to look for Most blisters heal themselves within a few days. But seek medical help if: they are extremely painful, you think they may be infected (red, painful, hot to the touch), or they don't disappear within a week.

What you need to do If someone has a blister, **do not burst it** as this can cause infection; the liquid under the skin will be easily reabsorbed into the surrounding tissues.

Wash the skin around the blister with clean water. Gently dry the skin with a sterile gauze pad or a clean, non-fluffy cloth. If the blister was caused by something rubbing against the skin, cover it with a plaster to give the area a little extra padding and protection.

Infection is seen as a combination of: HEAT, REDNESS, PAIN

Severe Bleeding



Types of bleeding include arterial, venous and capillary. Arterial bleeding is severe as it is under direct pressure from the heart and 'spurts' in time with a heartbeat. A child can lose a lot of blood very quickly if an arterial bleed is not controlled quickly, they may become unresponsive or develop shock.

Venous bleeds are not under direct pressure from the heart and therefore appear to seep/ooze continuously rather than 'spurt'. They still need to be stopped as they carry the same amount as the arteries and the child can lose equal amounts of blood over the time compared to an arterial wound.

Capillary bleeding is the least serious but still carries the risk of infection, capillaries have very thin walls and heal a lot quicker, they appear to 'trickle' and stop.

The body compensates for the blood loss by shutting off the supply to 'non-emergency' areas such as the skin and the digestive tract as well as making the heart beat faster than normal. A child's body is resilient but can only cope with so much and can easily develop shock.

If someone's bleeding from their mouth, nose or a wound on their head, they may find it hard to breathe, so you should monitor them in case they become unresponsive.

What to do

Your priority is to stop the bleeding, however, with all open wounds, there's a risk of infection, so always wash your hands (use gloves when possible) to help prevent infection passing between the casualty and yourself.

If the wound is covered by the casualty's clothing, remove or cut the clothes away to uncover the wound.

If there is an object in the wound, don't pull it out. It may be acting as a plug to reduce the bleeding, leave it in and apply pressure either side of it with a pad (such as a clean cloth) or fingers, until a sterile dressing is available and it can be covered up- you will need medical help.

If there's no object in the wound apply direct pressure to the wound until the bleeding is stopped, firmly secure a sterile dressing with a bandage. If a sterile dressing is not immediately available, use a clean pad until one is found and wash with antiseptic solution before redressing it with a boiled clean pad or sterile dressing.

If they are showing signs of clinical shock, treat them for the shock and elevate the injured part

<u>Glass-related injuries</u>

Broken glass can cause serious cuts.

Always dispose of broken glass quickly and safely where children or animals are not likely to get at it. Don't let a baby or toddler hold anything made of glass.

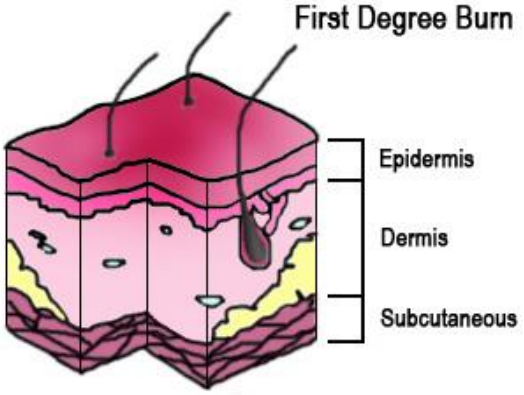
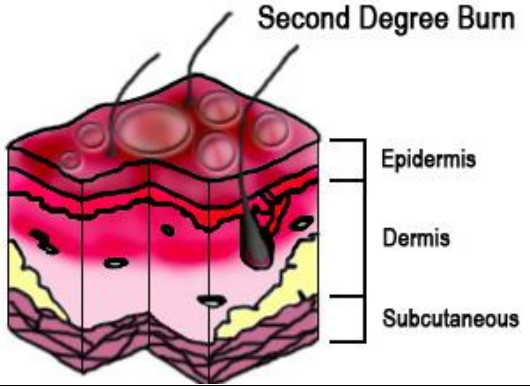
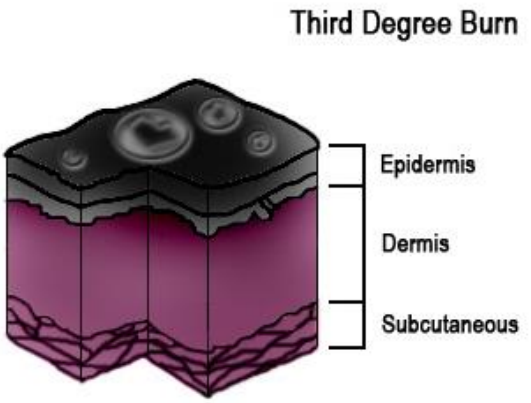
Burns and scalds

A baby's skin burns more easily than an adult's as it is thinner, it will heal quicker than an adult's skin, but it is very painful. You need to take extra care to avoid burns and scalds.

- When washing, put cold water into the basin first, then add some hot.
- Check water temperatures with your elbow before your child is allowed to go near it.
- Babies and toddlers will grab at brightly coloured objects, such as mugs. Never hold a hot drink whilst holding a baby.
- Keep hot drinks away from all young children, even if it has been made for a while, hot drinks can still burn or scald if tipped onto the skin.
- When heating bottles or food up, always stir well to ensure the heat is not concentrated in just one place, place receptacle containing the food/milk in a jug of hot water.
- When cooking, do not use a cooker or Jiko that can be easily reached or tipped over by a child, turn all saucepan handles away from the child and towards the back so they cannot be grabbed and pulled on top of a child.
- When cooking is finished, do not leave hot pots within reach of a child, put them out of reach while they cool down.
- Keep small 'button' batteries away from babies and young children; these can cause severe internal burns if swallowed.

What to do Severe burns need medical attention- if the child has very deep burns they may not even feel pain and become very vulnerable to infection. Burns are graded in degrees.

- Always remove clothing or jewellery from the burned area, don't try to peel off clothing that is stuck to the skin as this can take layers off causing more damage.
- With all burns, place under cool running water (but not too cold).
- Keep the burnt area under running water for at least one hour.
- In severe burns, it is more important to get to hospital.
    - Keep them warm, when skin is lost, a lot of heat can escape from the damaged surface. Put a blanket, wrap or extra clothing around non-injured areas.
    - To keep infection away and the fluids inside the wound, loosely put cling film (a clear plastic wrap) or a plastic bag over the burn before travelling to hospital.
- Do not put any creams on the burn at this stage, use pain relief.

Level of burn	Example	What action to take
First-degree burns involve only the epidermis, which is the most superficial layer of skin. The skin is red, painful and very sensitive to touch. The damaged skin may be slightly moist from leakage of the fluid in the deeper layers of the skin.		Keep the wound under cool running water to take away the heat of the burn and help the blood vessels close. There will probably be no need to treat the burn.
Second-degree burns: the damage is deeper going down to the dermis and blisters usually appear on the skin. The skin is still painful and sensitive.		Sometimes, second and third degree burns appear similar, it is always best to treat them like third-degree burns, especially if they are larger than the size of a palm.
Third-degree burns: the tissues in all layers of the skin are dead. Usually there are no blisters. The burned surface can appear normal, white, black (charred), or bright red from blood in the bottom of the wound. Damage to the sensory nerves in the skin can mean that third-degree burns may be quite painless as the burned skin lacks sensation to touch.		A skin graft is usually necessary for significant areas of third-degree burns.

Infection is seen as a combination of: HEAT, REDNESS, PAIN, it may be accompanied by a bad smell and green or yellow fluid coming from the wound

House/building fires

Domestic and building fires are a significant risk to children, especially in hastily constructed or wooden homes. Even before flames hurt a child, the smoke from a fire can kill them in a few minutes as their lungs are so small and underdeveloped compared to those of an adult.

What to do

- Work out an **escape plan** for anyone regularly in the building, tell children what to do in case of a fire so that they will know- many deaths are caused by confusion in the event of a fire.
    - Practise the plan regularly.
- Always switch off electrical items before you leave a building or a room, faulty electrics or badly installed wiring can cause sparks or overheating which leads to fires starting.
- Close all doors to contain a potential fire, oxygen adds fuel to a flame and can cause a fire to spread.
- Extinguish and dispose of cigarettes, cigars and pipes carefully.
- If you have an open fire burning, do not leave it unattended. Don't place objects directly next to an open fire as flames can 'spit' spreading fire.
- Keep matches and lighters out of reach of children, they do not have awareness of danger.

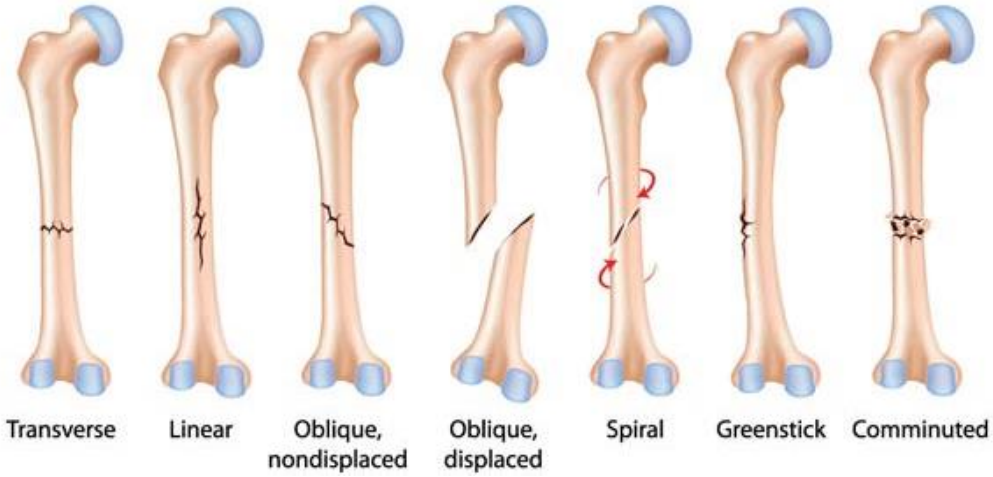
Broken bones and fractures

To break an adult or fully developed bone a huge amount of force needs to be used, however, children's bones are still growing, they are supple, bendy and can split or crack quite easily.

There are many types of break or crack in bones, they are called fractures. They can be either open or closed and vary in severity.

If the damage to the bone is under the skin, it is called a closed fracture, if parts of the bone break the skin then it is referred to an open fracture.

Whether or not there is a break in the skin there may be a need to treat the patient for internal bleeding, particularly if it was in a large bone. These are the most common types of fractures:



What to look for; seven things to look for are:

- Swelling**,**
- Difficulty moving or refusal to move**,**
- Movement in an unnatural direction, or a limb that looks shorter, twisted or bent,
- A grating noise or feeling,
- Loss of strength,
- Shock

What you need to do –

- If it is an open fracture, cover the wound with a sterile dressing, secure it with a bandage. Apply pressure around the wound to control any bleeding.
- **Do not attempt to reposition a bone or push it back into place.**
- Support the injured body part to stop it from moving, this can be done using a sling if it is the arm or a splint (made from long sticks such as metre sticks) if it is a leg. This should ease some pain and prevent further damage.
- **Do not** move them unless they're in immediate danger, this could make the fracture worse or provoke further internal bleeding.

If it takes a while for medical help to arrive, protect any areas of broken skin using clean bandages. Keep checking them for signs of shock or internal bleeding. They will need to go to a hospital to confirm the fracture with an x-ray and possible have a cast applied until it heals.

Dislocated joints

The 'joint', where any two bones connect, is dislocated when bones are partly or completely pulled out of their normal positions. Joints can dislocate if limbs are pulled strongly, forced into an unnatural position (such as a finger bent backwards too far), or muscles contract violently.

Dislocation of a joint can be extremely painful, it can cause damage around it, such as to adjoining bones, or tearing of the ligaments around the joint. If it is unclear whether it is a broken bone or a dislocation, then treat it as broken bone.

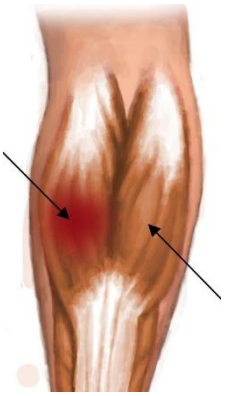
What to look for- The four signs of a dislocated joint are:

- Strong pain (described as the worse they have ever felt and often making them feel sick),
- Not being able to physically move the joint,
- Noticeable swelling, bruising and heat around the joint,
- Shortened, bent or deformed joint

What you need to do

- **Do not** attempt to push a dislocated bone back into place as this could make it worse.
- Tell them remain still to prevent further damage,

- Help support the dislocated joint in the most comfortable position and to stop it from moving; this can be done using a sling if it is the arm or a splint (made from long sticks such as metre sticks) if it is a leg.
- Whilst waiting for medical help it is important to check that the blood is still reaching the damaged limb, if bandages are too tight (e.g.; fingers turn blue, go very pale or completely lose feeling) loosen them to keep blood circulating and the tissues from dying.



Strains and sprains

Strains and sprains are injuries which affect soft tissues around joints, such as the muscles, tendons and ligaments. They are a result of tissues being stretched, twisted or torn violently or suddenly. If a child changes direction suddenly, or falls and lands awkwardly then complains of severe pain, it is likely sprained or strained.

A sprain is a ligament that has been twisted or torn, whereas, strains are the where muscle are overstretched and torn ('ruptures' are when a muscle or tendon is completely torn, they can also be only partially torn).

What to look for:

- Pain and tenderness,
- Difficulty moving,
- Swelling and bruising or darkening of a patch of skin

What you need to do RICE:

Rest

Help them to sit or lie down and in a comfortable position with the injure part raised up.

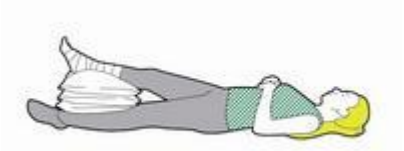
Ice/cold compress

To cool the area, apply a cold compress such as an ice pack. This will help to reduce swelling, bruising and pain. Do not leave on for more than ten minutes.

Comfortable support

Wrap a soft layer of padding such as cotton wool, scarf or blanket, around the area. Tie a bandage around it, for further support and to hold it in place, bandage as far up as the next joint for secure support.

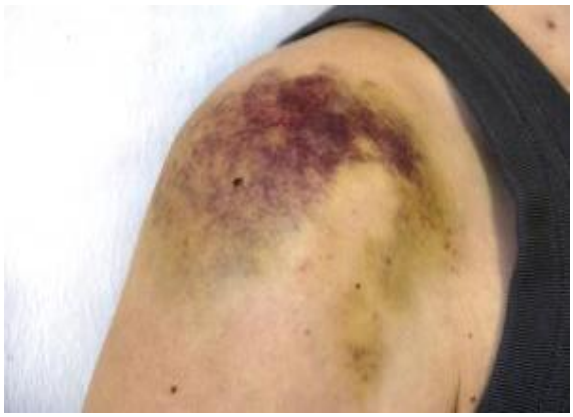
Elevation



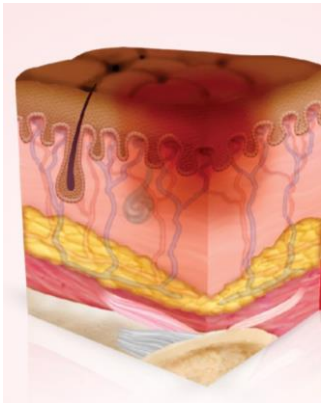
Elevate the limb above the heart level and support it with something soft, like a folded coat, cushion or blanket. If they are in very severe pain, or unable to use the limb at all, they may need to go to hospital. Tell them to rest it if they are not in too much pain and take some pain killers such as ibuprofen if necessary.

Bumps and bruises

After someone has had an injury to the skin, they often develop a bump (swelling) or a bruise. Bumps and bruises may not appear straight away but the skin can still be painful and often feel tender or swollen at first.



Bumps are swellings caused by fluid under the surface of the skin, they are bluish, black or purple-coloured patches that appear because tiny blood vessels beneath the skin burst and leak blood into the soft tissue. As they heal, bruises usually fade.



What you need to do- If someone has a bump or bruise

- Hold something cold onto the skin straight after the injury to help it heal and reduce the pain. This could be a bag of ice wrapped in a cloth, or a cold compress if you have one. Do not leave it on for more than ten minutes.
- If the injury is painful then help them to lie down and raise the area above their heart, if possible, to help slow the flow of blood to the area and so reduce the swelling.
- Usually the bumps and swelling caused by minor injury go away by themselves with no medical intervention, if a bump or bruise becomes very swollen or very painful, tell them to see a healthcare professional for advice.

Splinters

Splinters from wood, glass or metal can enter the skin and carry a risk of infection. Splinters can be easily removed from the skin using tweezers, however, if the splinter is deep within the skin it can be difficult to remove and should be left in place until medical help can be sought.

Infection is seen as a combination of: HEAT, REDNESS, PAIN, it may be accompanied by a bad smell and green or yellow fluid coming from the wound

What to do

- Clean the area around the splinter carefully with warm water and soap.
- Grasp the splinter (**with cleaned stainless-steel tweezers)**, as close to the skin as possible and draw it out in a straight line, at the same angle as it went into the skin.

- Squeeze the wound carefully to encourage slight bleeding as this will help to remove any dirt. Clean and dry the wound and cover with a dressing if necessary.

Electrocution

Electrocution is when a person has an electric current passing through the body, it may stun them, cause their breathing and heartbeat to stop and cause burns where it enters the body and leaves it.

'Low voltage' currents, generally used in schools and some homes, can cause serious injury. Incidents are due to faulty or loose switches, defective appliances or badly wired fittings.

Electric shocks can also be caused when water such as on wet hands as water is in contact with electricity as water is a very effective conductor of electricity.

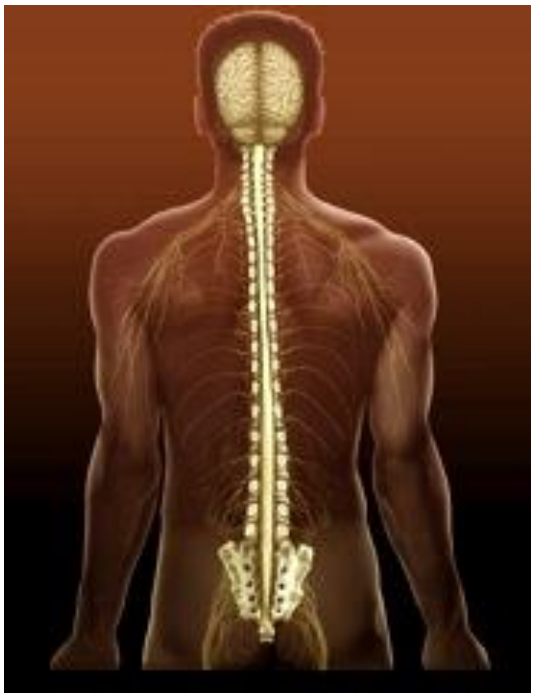
What you need to do- IMMEDIATELY assess the situation, only intervene if it is safe; if the casualty is still in contact with the electrical source **do not go near them or touch them**; you are at risk of electrocution.

Find and turn off the source of electricity to break the contact between the electrical supply and the casualty or move the source away from the casualty.

Dry insulating material (such as a plastic mat or wooden box) and using wooden sticks or poles to push the casualty's limb away from the source can help protect you both.

- Assess the casualty and treat for visible injury or shock
- If they become unconscious they will need to be taken to hospital

Spinal injury



The spinal cord connects the brain to the rest of the body. Together they make up the central nervous system.

The spinal cord is essential in carrying messages between the brain and the rest of the body, it does this in the form of high-speed electric pulses which pass along undamaged nerves. The spine is made up of:

- the spinal cord itself
- the bones that protect the spinal cord (vertebrae)
- the discs of tissue between the vertebrae
- the surrounding muscles
- the network of nerves branching off

The spinal cord connects to the nerves which connect to individual muscles and instruct them to move (**'motor functions**'). It connects organs like the skin and sends messages or impulses which communicate sensations like touch, pain and heat (**'sensory functions'**).

What happens with a spinal injury? The biggest risk is that their spinal cord will temporarily or permanently damaged. They can become paralysed (unable to move at all) from the point of injury (e.g.; lower back) and down. The **vertebrae** (bones protecting the spinal cord) are susceptible to damage if under extreme force, violent twisting or bending forwards or backwards. Take special note if someone has:

- fallen from a height, e.g. a roof, bridge or ladder
- fallen awkwardly, e.g. while doing gymnastics or playing sports
- fallen from a moving vehicle, e.g. a motorbike, bicycle or truck
- been in a motor vehicle crash or being hit by a motor vehicle during a collision.
- been hit by a heavy object across their back
- had an injury to the head or face.

What to look for If you think someone may have injured their spine.

- Pain in the neck or back, Unusual shape or twist in the normal curvature (line) of the spine
- Soreness and/or darkening on the skin over the spine
- If the spinal cord is damaged they will lose of control of their limbs (arms or legs)
- They may have a loss of sensation, or abnormal sensations, e.g. burning or tingling
- They may have a loss of bladder and/or bowel control
- As the respiratory system is involved, they may develop breathing difficulties

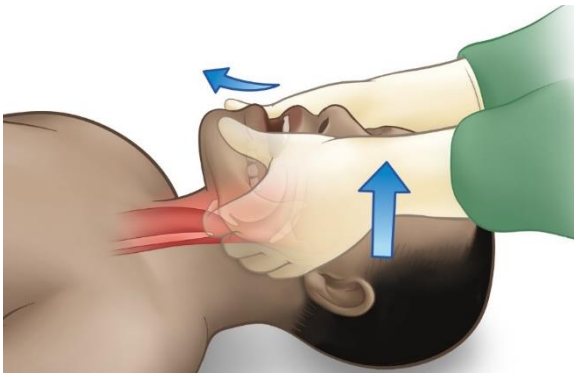
What you need to do – if you suspect a spinal injury

If they're **responsive**:

- You need to stop their head or neck from moving to prevent further damage
  - Kneel or lie behind their head. Rest your own elbows on the ground to keep your arms steady.
  - Grip each side of their head, to support the heads position so that the neck and spine are in a straight line
  - You need to support the head until emergency services can take over, no matter how long it takes for them to come.
  - If possible, put rolled-up blankets, towels or clothes on either side of the head to help support it in case you get tired0.

If they're **unresponsive**:

- Open their airway, to do this use the jaw-thrust technique; put your fingertips at the angles of the jaw and gently lift to open the airway, avoiding tilting the neck
- Re-check if they're breathing, continue to support their head and call for emergency help.
- **If they're not breathing,** you'll need to start CPR- it is better that they are breathing with a paralysis than dead.



Falls

Babies learn to wriggle and kick very soon after birth, they can soon roll over meaning that they can roll of a chair, sofa or table easily.

Always change your baby on the floor to avoid them rolling and falling from a height, never leave a baby unattended as they could roll off.

Always watch where you're putting your feet while carrying your baby. It's easy to trip over and land on top of your baby causing 'crushing' injuries.

Crawling babies may try to climb onto things, such as tables or chairs increasing the risk of falling.

Fill any gaps between railings on balconies that are more than 6.5cm (2.5 inches) wide, cover them with boards or safety netting to stop them from squeezing through.

Falls in toddlers are common as when babies learn to walk they're unsteady on their feet, but move very quickly.

They can trip and fall easily and until the age of 2 years, you should continue to keep a close eye on them.

- Start to teach your child how to climb stairs, but never let them go up and down on their own (some school age children still need some help).
- Keep scissors, knives and razors out of children's reach.

- If furniture has sharp corners, use corner protectors or foam to prevent your child from hurting their head or sand down the corners to make them less harmful.

SOCIAL ISSUES

Child Protection

Safeguarding Code of conduct for Porridge and Rice staff and volunteers

I acknowledge the duty of care to safeguard and promote the welfare of children and young people and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice according to Kenyan governance and the UK Charity Commission requirements.

This policy:

a) Applies to all adults including the teachers, Board of Trustees, volunteers and anyone working on behalf of Porridge and Rice;

b) Recognises that the welfare and interests of children and young people are paramount in all circumstances; and

c) Aims to ensure that all children and young people have a positive and enjoyable experience at school in a safe and child centered environment and are protected from abuse whilst participating in education and otherwise under the care of the schools.

I acknowledge that some children and young people, including those disabled and those from minority communities or tribes, can be particularly vulnerable to abuse and accepts the responsibility to take reasonable and appropriate steps to ensure their welfare.

Porridge and Rice partner schools are involved in educating children and young people, therefore its staff have a great opportunity to be positive role models and help build a child's confidence and awareness of their own abilities.

All volunteers and staff are expected to:

- Ensure the safety of all children by providing effective supervision, proper planning of lessons, and paying attention to safety at all times.
- Consider the wellbeing and safety of pupils before their academic achievement.
- Encourage and guide pupils to accept responsibility for their own performance, achievements and behaviour.
- Treat all young people fairly and ensure they feel valued.
- Have no favourites.
- Encourage all children not to discriminate on the grounds of religious beliefs, tribe, gender, sexual orientation or physical ability.
- Not allow any rough or dangerous play, bullying, or the use of bad language or inappropriate behaviour.
- Appreciate the efforts of all young people.
- Never exert undue influence over pupils for their own benefit or reward.

- Be positive, approachable and offer praise in response to appropriate achievements
- Never let any allegations of abuse of any kind or poor practice to go unchallenged or unrecorded.
- Never punish pupils in such a way that will humiliate or harm them.
- Never smack or beat a child or threaten to do so
- Know what to do in the case of a medical emergency
- Encourage team work to ensure the safety of pupils in their care.
- Never abuse pupils physically, emotionally, sexually or threaten to do so.
- Not engage in a sexual relationship with a young person or any persons under their care or the care of the school/charity.
- Maintain confidentiality about sensitive information.
- Respect and listen to the opinions of young people.
- Develop an appropriate working relationship with pupils, based on mutual trust and respect.
- Be a role model, displaying consistently high standards of behaviour and appearance (disciplined/committed/time keeping), remember children learn by example.
- Refrain from smoking and consumption of alcohol during school hours.
- Never condone rule violations, rough play or the use of prohibited substances.
- Not spend excessive amounts of time alone with individual children. Volunteers should never be alone with a school child.
- Never take children to their home.

In accordance with Kenyan Law

- No child shall be subjected to discrimination on the ground of origin, sex, religion, creed, custom, language, opinion, conscience, colour, birth, social, political, economic or other status, race, disability, tribe, residence or local connection.
- A child shall be entitled to protection from the threat of and actual physical or psychological abuse or neglect
- A child has the right to protection from any form of exploitation including sale, trafficking or abduction by any person.
- Any child who becomes the victim of abuse shall be accorded appropriate treatment and rehabilitation.
- No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.
- A child shall be protected from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials.
- Every child shall have the right to privacy, subject to parental guidance.

Staff and volunteers have the right to:

- Access ongoing training and information on all aspects of teaching, particularly on the safeguarding of young people.
- Support in the reporting of suspected abuse or poor practice.
- Access to professional support services.
- Fair and equitable treatment by the Porridge and Rice leadership
- Be protected from abuse by children/youths, other adult staff, volunteers and parents.
- Not be left vulnerable when working with children.

Any minor misdemeanours and general misbehaviour will be dealt with immediately and reported verbally to the designated person. Serious or persistent breaches of the code will result in disciplinary action and could lead to dismissal from the school or charity. Dismissals can be appealed, with final decisions taken by the charity committee depending on the disciplinary procedures.

Contact details

Name of School:

Name of designated Safeguarding individual/s:

Signature of designated individual/s:

Date of signature: