

## Safety and Prevention

### Safety Check List

A car seat and safety belts are the best investment you will ever make for your child's long life and safety.

Always keep one hand on the baby while bathing or while he or she lies on the bed.

Check water temperature before bathing.

Keep pins closed and small objects out of reach.

Keep toys free of splinters and sharp edges; remove loose parts which may be swallowed.

Keep your baby away from hot stoves, radiators, pipes, open fires, barbecues or cigarettes.

Do not lay the baby on soft, heavy pillows which can lead to suffocation.

Keep electric sockets closed and cords out of reach.

Furniture and lamps should be secure or out of reach so they cannot be pulled over onto the baby.

Keep all medications, poisons, solvents or harsh chemicals out of reach and locked up. (see Poisons...)

You should purchase an ounce of syrup of ipecac at the drug store to have on hand should poison control or I should advise this to induce vomiting of an accidentally ingested poison. This should only be given on my advice or the advice of poison control.

Swimming instructions start at 3 to 5 years of age. Please fence your pool and learn CPR especially if you own a pool.

All children, adolescents and their parents should wear safety helmets or head gear when riding bikes.

Ask me if you have any questions on safety issues.

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### Head injuries

Head injuries{ XE "head injuries" } occur throughout the year in all age groups. Many parents call me to ask about what to watch for after the injury.

When a head injury occurs, I will need to know :

1] How the injury happened

2] Whether there was a loss of consciousness{ XE "loss of consciousness" }?

3] Whether there seem to be any after effects like: loss of alertness, damage to the skin, etc.

Answers to these questions help me decide whether substantial brain injury occurred. Falls from great heights, or from a car or deep puncture wounds are reason for an office exam. If there was a loss of consciousness for 5 minutes or more, or a shorter loss of consciousness followed by persisting headache or vomiting, an exam may be required. When the head injury causes persisting symptoms like : repeated vomiting, severe headache, unequal pupils, unsteady walk, convulsions, personality changes or loss of awareness as to surroundings, an exam is necessary.

You may notice a large "goose egg" on the head within minutes of the injury. **THIS IS COMMON AND NOT A SIGN OF A SERIOUS INJURY!** Unless this swelling is also accompanied by the warning signs in the preceding paragraph, just relax and let your child rest. Give Tylenol™ or aspirin for a potential headache.

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### Things kids choke on

For small children under 1 year, choking{ XE "choking" } is the leading cause of accidental death. Parents are more aware of the dangers of choking for infants and children under four years old. Choking is a risk for any age when play or exercise is combined with eating. Certain foods such as nuts, popcorn, grapes, carrots, hard candies, hot dogs, or gum are potentially greater risks for choking.

Children under three to four years of age are not yet ready to grind their food with their molars. They use a shearing or biting action which can shoot the food backward into the

airway or “windpipe.” This can interfere with air entering the lungs and can be fatal. Hot dogs and grapes should be eaten cautiously after peeling and chopping into small pieces.

Toys can be dangerous, too. Inspect toy boxes carefully. The recommended ages written on the box are a guide to the safety of that item. A toy{ XE "toy" } may be safe for an older sister in the same home but totally unsafe for a younger brother. Manufacturers base recommended ages on the sizes of the toy pieces. Large pieces that are too big to block the throat will be safe for younger children. Toys sold at swap meets may not be marked with the age that can safely play with the toys. These toys are safety hazards and should purchase with caution. Items that frequently cause problems are: watch batteries, buttons, coins, jacks, safety pins, and balloons.

Warning signs of choking are: unable to talk or make a noise, turning blue, gagging, sudden breathing difficulty or high pitched voice. If a second person is present, call 9-1-1. Do not try to dislodge the object if your child is coughing. Coughing is the best defense against blockage of the airway.

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## First aid

### **Burns and Scalds**{ XE "burns and scalds" } Minor Burns without blisters

Place burned extremity into cold water or cover burned part with a towel soaked in cold water until the pain stops at least 15 minutes. Do not use ice.

### **Burns with blisters**{ XE "burns with blisters" }

See above. Do not break the blisters. Call me for advice on how to cover the burn. Any burn on the face, hands, feet, or genitals and any large burn should be seen by a doctor.

### **Large or deep burns**{ XE "large or deep burns" }

Call 911 or an emergency ambulance. Remove clothing. Do not apply any medications. Keep your child warm with a clean sheet and then a blanket until help arrives.

### **Chemical burns**{ XE "chemical burns" }, **Electrical burns**{ XE "electrical burns" }

Disconnect electrical power. Do not touch your child with bare hands. Pull him or her away from the power source with dry wood or a thick, dry towel. All electrical burns need to be seen by a doctor.

### **Seizures**{ XE "seizures" } or **Convulsions**{ XE "convulsions" }

Protect your child from injury. Perform rescue breathing if your child is blue or is not breathing. If breathing, lay the child on his or her side. Put nothing in the mouth. Call 911 or an emergency ambulance.

### **Eye Injuries**

If anything is splashed into the eye, flush gently with warm water for at least fifteen minutes. Call the Poison Control Center or my office for further advice. Any injured or painful eye should be seen by me or the emergency room doctor. Do not touch or rub an injured eye. Do not apply any medication. Do not remove objects stuck into the eye. Gently bandage the painful eye shut until you can get medical help.

### **Fainting**{ XE "fainting" }

Lay your child on his or her back with head to the side and legs raised. Do not give anything by mouth. Call my office. If your child does not wake up right away, call 911 or an ambulance.

### **Fractures**{ XE "fractures" } or **sprains**{ XE "sprains" }

Do not move a child who may have a neck or back injury, because this may cause serious harm. If an injured part is painful, swollen, deformed, or if motion causes pain, suspect a fracture and splint it. Apply a cold compress and call me or go to Children’s Hospital Emergency room.

### **Head Injuries**{ XE "head injuries" }

No not move any child who might have a serious head, neck, or back injury, because this might cause harm. Call 911 or an emergency ambulance for any of the following:

- Any loss of consciousness or drowsiness
- Persistent headaches or vomiting
- Clumsiness or inability to move any body part
- Oozing blood or watery discharge from ears or nose

- Convulsions or seizures
- Abnormal speech or behavior

For questions about less serious injuries, please call me.

**Nosebleeds**{ XE "nosebleeds" }

With child sitting and head bending slightly forward, squeeze nostrils together with thumb and index finger for about 5 to 10 minutes. This can be repeated twice. If bleeding persists you should call my office.

**Poisons**{ XE "poisons" }

If your child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 or an ambulance.

**Swallowed poisons**

Any non-food substance is a potential poison. Call the Poison Control immediately. Do not induce vomiting except after professional advice. The Poison Center will give you further instructions.

**Fumes, Gases, or Smoke** { XE "fumes, gases, or smoke" }Get the victim into fresh air. Call 911 or the fire department. If the child is not breathing, start CPR and continue until help arrives.

**Skin exposure**{ XE "skin exposure" }

If acid, lye, pesticides, chemicals, or any potentially poisonous substances come into contact with a child's skin, gently brush off the dry material. Remove contaminated clothing. Wear rubber gloves if at all possible. Wash skin with soap and large quantities of water. Call Poison control for advice.

**Skin wounds**{ XE "skin wounds" }

For all these conditions, make sure your child is properly immunized for tetanus. Any booster should be effective for about ten years after five year school shots or older 11-15 year shots.

**Bruises**

Apply cold compresses for one-half hour. For extensive bruises{ XE "bruises" }, crushing injuries, or bicycle spoke injuries, call my office. For continued pain or swelling call my office.

**Cuts**

Apply pressure with a clean cloth stop the bleeding. If the cut{ XE "cuts" } is large and deep, call for help and maintain pressure until help arrives. For minor cuts, wash with soap and water and cover with a dressing. If a cut might need stitches, seek medical care as soon as possible.

**Scrapes**

Wash scrape{ XE "scrape" } with soap and water. Cover with a non-stick dressing.

**Splinters**

Wash with soap and water. Do not soak splinter{ XE "splinter" }. Remove small splinters with tweezers. If not easily removed, call my office.

**Puncture Wounds**

Do not remove large objects such as knives or sticks. Call my office. For minor puncture wounds{ XE "puncture wounds" }, wash with soap and water and call my office. You should call the office to determine if you will need a tetanus booster. This is not necessary if the immunizations are up to date.

**Stings and Bites**

Remove the stinger{ XE "stings" } with the scraping motion of a fingernail. Do not pull the stinger out. Put a cold compress on the bite{ XE "bites" } to relieve the pain. If hives, paleness, weakness, nausea, vomiting, tightness in the chest, breathing difficulty, or collapse occur, call 911 or an emergency ambulance. For Black Widow spider bites call Poison Control.

**Animal or Human Bites**{ XE "animal or human bites" }

Wash wounds with soap and water and call the office.

**Ticks**

Place tweezers close to the head of the tick{ XE "tick" } and the pull the tick away from the point of attachment. Call my office if the head remains attached, or if your child develops symptoms such as fever, rash, or headache.

#### **Snake Bites**

Call the Poison Control Center for snake bites{ XE "snake bites" }. Do not apply ice. Take your child to Children's Hospital Emergency room as soon as possible.

Splint the injured arm or leg. Keep the injured arm or leg elevated if possible.

#### **Teeth**

Baby or Primary Teeth

If your child's teeth{ XE "teeth injuries, primary" } are knocked out or broken, apply clean gauze to control the bleeding and call your dentist.

#### **Permanent Teeth**

If knocked out, find the tooth{ XE "teeth injuries, permanent" } and rinse it gently without touching the root. Insert and gently hold the tooth in its socket or transport the tooth in cow's milk. Go directly to your dentist or Children's Hospital. Time is important.

If broken, save the pieces. Gently clean the injured area with warm water. Place cold compresses to reduce the swelling. Go to your dentist immediately.

Consider placing these numbers by the phone in clear view and alert any child care person where these numbers are:

- My Number (Dr. Simonian 325-6850 or after hours 221-3893)
- Police Department...
- Poison Control Center...
- Emergency Department...
- Ambulance or Paramedics...
- Fire Department...
- Emergency Family or Friend phone number...

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## **Bike injuries**

Warm weather and outdoors activities increase in these warm days and nights.

Kids are riding their bikes and looking at the water for their first dip. Both of these activities are wonderful exercise and fun. As a health professional and a safety activist, I can see another side of the story. Injuries spoil many playtime sports and games. Fortunately, most serious injuries can be prevented. If an injury occurs, the severity can be decreased by proper anticipation.

Anyone can get hurt. A helmet{ XE "bicycle helmet" } protects against more than broken bones. The facts are:

Head injuries are more than scrapes, bruises, fractures or concussions. Head injuries can effect the brain and ability to reason, hear, see, understand and relate to other people. The damage can be temporary or permanent. The injury can lead to death. The injured person can suffer memory loss, problems with reading, inability to concentrate, mood swings, or impulsive, uncontrollable behavior.

#### **How easy is it to injure the head without a helmet?**

A fall from two feet above the ground can cause a serious head{ XE "helmet protection" } injury. Falls from a tricycle, bicycle, unicycle can easily cause an injury to the brain. Over 500,000 adults and children are treated for bicycle-related injuries in hospital emergency rooms each year. One third of those seen are treated for head injuries. These head injuries could be reduced by 85% if approved bicycle helmets were used.

#### **It won't happen to my child or me!**

Most bike mishaps happen within one mile of home. 75% of bike injuries involve injury to the head. Most injuries on bicycles do not involve a crash with a car but are the result of riding out of control. Falls are the result of riding too fast, showing off or hitting road hazards. Helmets are effective safeguards to protect the head.

Which helmet should I buy? Look for an ANSI{ XE "ANSI" } or SNELL{ XE "SNELL" } standard emblem on the helmet.

Don't forget to check. You need in insure a correct fit.

How to get your child to wear the helmet?

- let them pick it out
- always insist they wear it
- when you ride together wear your helmet
- praise your child when they wear it
- begin using a helmet from their first bicycle
- encourage other kids to wear their helmet

*Why use a bicycle helmet?*

Bicycle injuries are a more common cause of death in children than accidental poisoning or falls. More than 75% of bike-related deaths involve head injuries. Over 1300 children and adults die each year; the majority of the serious injuries involve injury to the head. Bicycle injuries are the most common cause of head and neck injuries in children, and head injuries account for the majority of deaths in bicycle accidents.

*Adults are very much at risk for head injuries too.*

Adults need to set the proper example for children and adolescents. The U.S. Cycling Federation and the Fresno Cycling Club require helmets in all competitive racing events. Many cycling clubs require their members to use proper helmets in all their events and training. These same organizations along with many professional health organizations like Children's Hospital and the Fresno-Madera Medical Society are trying to educate adults and children about the importance of helmet use.

If a helmet is used, a child, adolescent, or adult can reduce their chances of death or disability by 85%; at least, the severity of the injury will be greatly lessened.

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## Swimming pool injuries

*We always watch our kids and nothing ever happened* Most injuries{ XE "swimming pool injuries" } happen when at least one adult is at home..

The adult thought the child was safely away from the pool. They believe another adult is watching the child. The last place searched is the swimming pool. Only minutes separate a normal child from being brain-damaged or dead. A survey on near-drowning conducted in Fresno showed one out of four families said their child had a near-miss where the child might have suffered an injury if the adult had not arrived and rescued the child.

*I would hear my child and rescue him or her.*

The average age for a pool near-drowning or drowning injury is 2 years. The child enters the water reaching for an object such as a toy and silently sinks. There is no warning, noise or disturbance. This can happen even while you are near them with your back turned.

*I will teach my infant or toddler to swim.*

Most water safety experts from the *American Academy of Pediatrics* and the *American Red Cross* recommend swimming instruction for children around 3 to 5 years of age. Earlier instruction is poorly retained. Toddler's don't reason well enough to respond in an emergency. These toddlers don't understand the dangers of deep water any more than stairways or open windows.

*I don't have any children so extra safety measures around my pool* are not necessary (for example, pool fencing).

There are very few households where children never visit. These adults are not prepared for the constant challenging young children place on their surroundings — climbing, pushing and testing. It is not possible to supervise children every second, so extra safety measures are essential. For example, safety fencing, separating the home and the pool, alarm devices alerting the adult about children leaving the home or self-closing, latching sliding doors or safety pool covers. Recognized standards for safety must be in place for everyone for the benefit of the majority.

*Very few children drowning in swimming pools each year. Why the concern?*

In the Fresno area, around 10 children drown every year and at least 3 are swimming pools in the family's backyard. Thirty children are hospitalized for near-drowning every year and more than 80% are in the family's backyard inground swimming pool. Three or four of those

children hospitalized will have severe brain injury. Children with near-drowning brain injuries can cost a family over \$100,000 a year for their care.

*Educating the parent and the child is the real answer.*

Education of the adult and the child is extremely important so they understand the risks of injury, and methods to reduce the chance for injury. Eighty percent of pool injuries and most of water injuries around the home involve very young children under 4 years of age. No one should expect a direct education program to be effective for these children. Preventing their easy access to the water by direct supervision and physical barriers would be the most effective methods.

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### **Roller-Blades, roller skates, or skateboard**

Roller skates{ XE "roller skates" }, the in-line style known as roller blades{ XE "roller blades" } are common. What most parents aren't aware of is the great speeds attainable. These more sophisticated skates are visible everywhere.

The vohue thing to do is tricks and parks are being build just for their use. Emergency rooms are reporting many more accidents than a few years ago after the popularity of roller skates started and skateboard acrobatics now so popular. You or your children are not wimps if you consider a few safety precautions if you plan on using this new, speedier mode of travel.

1. Wear a helmet{ XE "helmet" }, intended for use with skate board{ XE "skate board" } or roller skates, along with knee pads, elbow pads, and gloves.
2. Skate on smooth, paved surfaces without any traffic. Avoid skating on streets, driveways, or surfaces with water, sand, gravel or dirt.
3. Learn to stop using the brake pads on the heel.
4. Do not skate at night because it is difficult to be seen or see hazards in your path.

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### **Sprain**

Your older child is active and involved in sports{ XE "sprain" }. You might be an anxious by-stander or the pseudo-coach. Somebody twists their ankle, wrist or knee. They are right back up and play resumes, but you worry how to treat that minor injury.

I use the pneumatic device R.I.C.E.{ XE "R.I.C.E." } for most minor injuries seen in the office. "R" is for rest. The period of rest might be hours or weeks depending on the severity of the injury. If your adolescent requires more than a couple of days of rest, you need to call me at the office. "I" is for ice. Cold is necessary to reduce the swelling. You can use regular ice wrapped in a towel or a chemical coolant available at drug stores. One trick I like for home use is a bag of frozen peas. They mold to the injured area and are available in most homes. "C" is for compress. A compression dressing like an ace wrap will control the swelling and give mild stability for the injured joint. "E" is for elevate. Elevating the foot or knee will reduce the swelling common even with minor injuries and uses gravity to reduce the fluid buildup in the tissue from the injury.

Most injuries can be watched at home and managed without my medical care. If your adolescent can't bare weight on the injured limb, has intense pain without relief from Tylenol™, has swelling that feels like Jell-O or is mushy, I should examine them. These cautions don't apply to a preadolescent who doesn't get sprains easily. Children will fracture a foot or arm before they sprain it. It has to do with ligaments and tendons being stronger than the developing, soft bones. If you think your child has a sprain, it could be a fracture. Call the office if you believe there is a substantial injury.

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### **Smashed fingers and toes**

Children will find unlimited ways to smash their fingers{ XE "fingers smashed" } or toes{ XE "toes smashed" }. Just use your imagination and the ways are endless — fingers caught in doors, drawers or windows; fingers smashed with hammers; toes crushed by heavy objects. If the injury involves only the end segment of the finger or toe and does not produce a serious cut, it probably won't need my attention. Fractures of the end segment of the finger and toes usually don't require treatment, but when they do, I normally splint the finger or toe. You can do this yourself by taping an adjacent healthy finger or toe to the injured one to stabilize it.

If the injury involves other parts of the finger but your child can move it easily, then treat with an ice pack for swelling and Tylenol™ for pain.

Fingernails{ XE "fingernail injury" } are frequently dislodged by these injuries. The entire nail usually doesn't need to be removed but any portion extending outward can catch on clothing or the surroundings. Clip this portion off. Nail regrowth can take 4 to 6 weeks.

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## **Cuts**

Cuts{ XE "cuts" } are common occurrences in children and adolescents. Parents worry about controlling the bleeding and preventing an infection.

Scratches{ XE "scratches" } are injuries to the surface of the skin only. There is usually little bleeding or the bleeding is quickly controlled by pressure with a clean dressing. Clean the wound with soap and water or use Betadine or a similar antiseptic solution. Using over-the-counter antibacterial ointments is optional.

Lacerations{ XE "lacerations" } or deep cuts are more difficult to treat without my assistance. Bleeding that cannot be controlled with simple pressure may need to be stitched. Irregular wounds or longer or deeper wounds showing the fatty underlying layer need suturing. If the wound is in an exposed area of the skin, suturing may improve the future cosmetic appearance.