

# Summer Safety Tips



Weill Cornell Medicine  
Department of Pediatrics



## The ABC's of Pediatric Summertime Emergencies: What Every Parent Should Know

### Bicycle Safety 101

- Only 20% of children wear helmets
- If 100% wore helmets, it would reduce approximately 500 fatalities & >150,000 non-fatal head injuries each year
- Riders wearing helmets have 1/3 risk of sustaining head injury
- NY State Law: All people ages 1 to 14 are required to wear a certified bicycle helmet when bicycling, in-line skating, operating a non-motorized scooter or skateboard

Tip sheet developed by  
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### How to Encourage Helmet Use?

- Develop lifetime users
  - Start early—first riding a tricycle
- Let child choose his/her own helmet
- Adults wearing helmets
  - increases likelihood of child use
- Discuss “head safety” with your child



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## Safety Tips for Riders:

- Make sure your helmet fits snugly and covers your mid-forehead
- Do not ride at dusk or nighttime
- Wear bright colors and reflective devices
- Avoid traffic and streets when possible
- Always walk across streets
- Learn to stop and utilize proper hand signals
- Obey road signs
- Check that all parts and breaks are properly functioning
- Ride safely—don't perform tricks or stunts

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## Scooter, In-Line Skating & Skateboard Injuries

- Moderate risk for injury, mostly fractures
- Very few considered severe, rare fatality

### AAP Guidelines

- Close supervision for younger children
- Wear helmet, knee & elbow pads, wrist guards for skates
- Stay away from traffic
- Never ride at night / dusk
- Avoid gravel, rocky surfaces
- Warn children about skitching (hitching a ride by holding onto a motor vehicle while riding on a skateboard, roller skates or bicycle)

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## Playground & Sports Injuries

- Laceration
- Broken bones (fracture)
- Head injury
- Do you see any bleeding?
- Does she complain of pain?
- Can your child move all of his/her extremities?
- Did your child hit her head?
  - Did your child have a blackout?
  - Does your child have headache or dizziness?
  - Does your child have nausea or vomiting?

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### A FRACTURE is a BROKEN BONE.

#### If your child has a fracture:

- His/her arm is probably broken if it is crooked or "deformed"
- What can you do if the arm is broken?
  - Keep it still and do not move it
  - Immobilize by securing it to something firm
  - Apply ice and elevate
  - Call 9-1-1 if the fingers change color (blue) or cannot move
  - Don't give him/her anything to eat or drink until advised by your doctor. He or she may need strong medication for pain and sedation



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## Fracture: What to expect when you arrive at the ED...

- First things first—PAIN medication
- Your child will need an x-ray if he/she has...
  - Severe pain in one spot
  - Moderate swelling
  - Unable to move an extremity or walk
- If your child has a fracture...
  - An orthopedic surgeon may be called
  - The extremity should be immobilized to
    - » reduce further injury and pain with motion
  - A cast or splint will need to be placed
  - IF the bones are not aligned the surgeon will need to "reduce" the fracture
  - Reduction means straighten the bones
    - » This can be very painful; to help your child manage pain, he/she may need sedation and pain medication

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## About Head Injuries

- Very common in children & adolescents
- External—bleeding outside of the skull
  - Lots of veins in the scalp
  - Hematoma—Swelling of scalp (looks like a “goose egg”)
  - Laceration—Looks scary, lots of blood from cut
- Internal – bleeding inside the skull
  - subdural—collection of blood between brain and dura (membrane covering the brain)
  - epidural—collection of blood between skull and dura

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**If your child has a head injury, call EMS (911) if your child has the following...**

- Abnormal mental status; not acting normally
- Lethargy
- Irritable
- Difficult to console
- Difficult to awaken or arouse
- Large bump or swelling on head (scalp hematoma)—less than 2 years of age
- Loss of consciousness ("passing out" for more than 5 seconds)
- Palpable skull fracture
- Other concerning signs or symptoms
- Vomiting
- Seizure
- Blood or clear liquid coming from the nose or ears
- Severe headache
- Dizzy, not walking normally

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## Andrew is playing Lacrosse for high school...

- Collides with a teammate
- Falls to ground
- Unresponsive < 5 mins
- Wakes and seems a bit confused
- Now is fine
- Does not remember the incident
- Has a very slight headache

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### Andrew has a Concussion

- Temporary loss of normal brain function due to trauma
- May be mild, and cause no future damage
- Signs of a concussion may develop immediately, or over first 24–72 hrs
  - "Seeing stars", feeling dazed, dizzy or lightheaded
  - Memory loss, trouble remembering right before or after the injury
  - Vomiting
  - Headache
  - Blurry vision, sensitive to light or noise
  - Confusion, slurred speech or saying things that don't make sense
  - Difficulty concentrating, thinking or making decisions
  - Difficulty with coordination or balance
  - Feeling anxious or irritable for no apparent reason
  - May last 1–2 weeks, sometimes longer
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### When to go to the ER if you have signs of a concussion...

#### Stop participating in the sport

- Go to the ER for further evaluation
- The ER doctor will perform a thorough neurologic examination
- Your child will likely have a Head CT performed (or possibly an MRI) to evaluate for bleeding or other serious brain injury
- Your child will likely go home from the ER
- Treatment after the ER
- Rest and light activity are needed to allow the brain to heal
- Follow-up with a Pediatric Neurologist is recommended
- Your child should not participate in sports until cleared by a doctor
- Repeat concussions may lead to permanent brain injury or another concussion
- Wear proper head and protective gear when playing sports
- Observe rules of the sport, practice good sportsmanship
- Tell your coach about any prior concussion



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## Drowning

- Drowning is the 2nd leading cause of injury-related death in children < 14 yrs.
- In 1998, > 1,300 children < age 18 years drowned
- In children < 5 years with drown-related injuries:
  - 300 children drown each year
  - > 2,000 are treated in the ED
    - » 65% are male patients
  - Most common site of drowning is at a residential swimming pool
  - 65% of those in their own pool
  - Most children are in care of parent(s)
  - Nearly 50% last seen inside house
  - >75% last seen in 6 mins
  - Silent death—no splashing



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### Swimming Safety

- Teach your child to swim
- Discourage breath holding competitions
- Remove toys when pool is not in use
- If a person is entrapped (hair or clothes) pry a hand between the body & the barrier to break the suction seal. Turn off the pool pump.
- Get out of the pool in thunderstorms
- Never swim alone in lakes or ponds
- Pool safety barriers (fences, gates, pool covers) are not foolproof
- Never leave a child unsupervised
- Assign a designated pool watcher—especially during parties
- If your child is missing, check pool first!
- Flotation devices are not a substitute for supervision
- Learn CPR; store rescue equipment near pool
- Keep Emergency phone numbers posted near pool

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### Sunburns

#### Sun Safety

- Unprotected exposure to UV rays causes damage to the skin, eyes, immune suppression and can cause skin cancer
- High risk for sunburn are children with moles, freckles, fair skin and hair, family history of skin cancer, water activities

#### Sunburn Prevention

- Avoid strongest rays of the day between 10:00 am and 4:00 pm
- Protective sunscreen SPF 30 or greater
- Always use when outside, even on cloudy days
- Infants < 6 months should avoid sun exposure and sunscreen
- Reapply sunscreen after swimming, sweating, & every 2–3 hrs
- Use protective clothing, hats and sunglasses (with verified UV protection on the labels)

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### Heat Related Injury

Children are at a higher risk of heat-related injury because:

- They are unable to "thermo-regulate"
- Their temperature rises 3–5x faster than adults
- They don't seek shade
- They don't seek cool water
- They don't remove their clothing

#### Signs of Heat Exhaustion

- Severe thirst
- Muscle weakness
- Nausea / vomiting
- Irritability
- Headache
- Sweating
- Cold, clammy skin

#### Signs of Heat Stroke

- Severe, throbbing headache
- Weak, dizzy or confused
- Difficulty breathing
- Decreased responsiveness
- Little or no sweating
- Flushed, hot, dry skin
- Temperature > 105°F



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### Heat Related Injury

#### Never Leave Your Child (or pet) in a Parked Car

- 2008: 42 children died from being left in a car
- 75% are < age 3 years
- Temperature rises 30° in 15–30 minutes; 50° in 1 hour > can reach 130° on a warm day 80o
- Cracking window open has no effect

#### How to Treat Your Child With Heat-Related Illness

- Remove child from heat
- Remove clothing
- Place in cool (tepid) bath (do not use cold water)
- Give cool liquids
- Use a fan
- Monitor temperature
- Seek emergency care if temperature does not subside or if you suspect symptoms of heat stroke

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### Insect Bites and Stings

**Most are benign and require no medical intervention**

**Signs that a severe allergic reaction has occurred**

- Swelling
- Difficulty swallowing or speaking
- Chest tightness, wheezing or difficulty breathing
- Dizziness or fainting
- Abdominal pain, vomiting

**How to treat?**

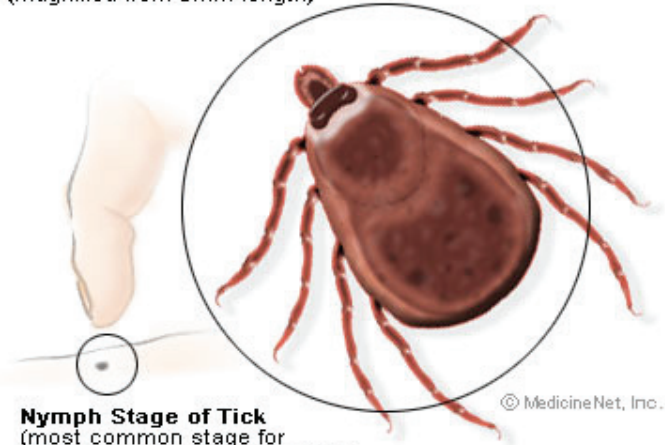
- Remove stinger by gently scraping the skin, wash well & apply ice

**Prevention**

- Avoid bare feet in grass
- Avoid scented soaps and perfumes
- Avoid wearing bright colors
- Avoid playing near garbage or soda cans
- Use bug spray—do not use a spray that contains DEET



**Tick, female**  
(magnified from 3mm length)



## Leading tick-borne disease in the US

### Leading tick borne disease in the US

- CT, DE, MA, MD, MN, NJ, NY, PA, RI and WI have the highest rate

### Types of ticks that carry lyme disease

- Deer tick
  - Size of a sesame seed or pencil point
  - 70–80% of deer ticks are not infected with lyme disease
- *Borrelia Burdorfi*

### What to do?

- First remove the tick, using tweezers to grasp the tick firmly near the child's skin
- Pull firmly and steadily straight out, do not twist
- Do not squeeze the tick body
- Wash area with soap and water
- Do not use petroleum jelly, lighted match or nail polish to "kill" tick

### Risk of Lyme Disease transmission is low

- Risk of infection rises 48–72 hours after the tick attaches
- Tick needs time to engorge with blood

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### Lyme Disease Treatment

Observe and treat if  
symptoms develop

OR

Treat with preventative  
antibiotic immediately "IF":

- Identify adult deer tick
- Tick is attached for more than 36 hours
- Antibiotic may be used within 72 hours of removal
  - Doxycycline (Do not use if pregnant or in young children)
  - No recommendation for treating young children
- No benefit to blood testing at time of the bite.
- Positive test will show 2–6 weeks after infection develops

### Symptoms

- Erythema Chronicum Migrans (ECM)—80% of patients with Lyme Disease
- Target shaped rash that starts at the site of the bite(s) within 1–4 weeks



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### Keep Yourself Safe from Ticks!

- Ticks usually bite animals, such as deer or mice, but sometimes a tick can't find an animal and bites a person instead. Ticks like to hang out in tall grassy areas and leaf piles, and attach themselves to a person as they walk past. Then, the tick starts to feed and may stay attached to a person for several days! When they are done eating, they fall off. Tick bites are usually painless and people may not notice they have a tick attached.
- When hiking, wear pants, stay in the middle of paths as much as possible, and avoid tall grass.
- Use bug spray on exposed skin (don't spray near your face!)
- Check yourself carefully for ticks every day. They can be as small as a poppy seed! It may be helpful to look at some pictures of ticks online so you know what you're looking for. Don't forget to check places like between your toes and your ears, and have a friend check places you may not be able to see very well, like the back of your neck and your back.
- Showering every day can help wash off ticks, too.
- If you do find a tick, let your counselor know right away.
- Some diseases that ticks carry may cause a rash... if you see any rash on your body, go see the camp nurse!

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## Keep Yourself Lice Free!

- Lice are small bugs that hide in people's hair and cause itching and sometimes a rash. While not dangerous, it can be uncomfortable. Lice spread from person to person by catching a ride on objects that touch hair; or by crawling from one person's head to another person's head. Lice don't hop or fly. Having lice doesn't mean a person is "dirty" (lice actually like clean hair the best!)
- Don't share combs, brushes, hats, helmets, headbands, hair ties, pillows... basically, if it touches YOUR head, it shouldn't touch anyone else's head!
- For girls with long hair, keeping it up in a braid or a bun can make it harder for lice to crawl onto your hair.
- If you notice your scalp is very itchy, or a rash near your neck or ears; go see the camp nurse!

## Avoid impetigo!

Impetigo is an infection that can happen when bacteria get into a cut or scrape in the skin.

- Shower regularly to keep skin clean
- Cover any open cuts or scrapes with a band aid
- Avoid scratching or picking at your skin
- Don't touch other people's skin if they have a cut or sore

## Other helpful tips:

- Washing your hands is one of the best way to keep germs from spreading, so do it often; especially before eating or using the bathroom
- Look at some pictures of poison ivy, oak and sumac, so you know how to spot these plants and avoid an itchy rash!