SCHOOL HEALTH WEBINAR · FOR TEACHERS & SCHOOL STAFF

First Aid at School

Handling Injuries, Spotting Hidden Illness & Acting in Emergencies

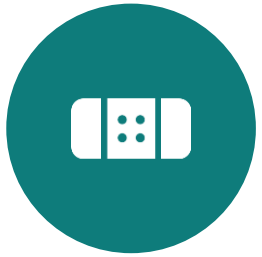
Dr. Jagadeesh Kanukuntla | Senior Consultant Physician, Infectious Disease & Adult Vaccination Specialist

Continental Hospitals, Gachibowli, Hyderabad

CONTINENTAL HOSPITALS
Our Healing Touch

VISUAL AID

Three Things You'll Master Today



Everyday Injuries

Warning Signs of Illness

Emergency Care

By the end of this session you'll have a simple, repeatable action plan for all three.

CONTINENTAL HOSPITALS

WHY THIS MATTERS

You Are the First Responder

Children spend 6–8 hours a day with you

Most childhood injuries and many first signs of illness happen or show up at school — before any doctor sees them.

The first 5 minutes decide outcomes

Correct action in the golden minutes — pressure on a bleed, cooling a burn, clearing a choking airway — changes what happens at the hospital.

Calm adults create calm children

A composed teacher prevents panic, secondary injuries, and crowding — half of first aid is behaviour, not medicine.

You are not expected to be a doctor

Your job is simple: keep the child safe, do no harm, and get the right help fast. This webinar gives you exactly that toolkit.

CONTINENTAL HOSPITALS

VISUAL AID

You Are the First Responder

6-8 Hours With You Daily

First 5 Minutes Matter

Stay Calm

Not A Doctor - Just Fast, Safe Action

CONTINENTAL HOSPITALS

ONE METHOD FOR EVERYTHING

The 4-Step Approach: Calm → Check → Care → Call

1 CALM

Take one breath. Send onlookers away, assign one student to fetch another adult / the first-aid kit.

2 CHECK

Danger first (traffic, electricity, glass). Then the child: responsive? breathing? bleeding? Ask what happened.

3 CARE

Give the specific first aid you'll learn today. Do no harm: when unsure, don't move the child, don't give food or water.

4 CALL

Inform the school nurse/principal and parents. For emergencies call 108 immediately — don't wait to be sure.

Memorise one number: **108** (free government ambulance, Telangana & most states) · Keep it printed near every classroom door along with the school nurse's extension.

CONTINENTAL HOSPITALS

VISUAL AID

Calm, Check, Care, Call

1. CALM

2. CHECK

3. CARE

4. CALL 108

One method works for every situation on the next slides — practice saying it: Calm, Check, Care, Call.

CONTINENTAL HOSPITALS

BE PREPARED

The Classroom First-Aid Kit: What Should Be Inside

Wound care	Sterile gauze pads, roller bandages, adhesive bandages (plasters), antiseptic solution (povidone-iodine), sterile saline, micropore tape
Tools	Blunt-tip scissors, tweezers, disposable gloves (many pairs), digital thermometer, torch, safety pins
Support & cooling	Elastic crepe bandage, triangular bandage/sling, instant cold packs, clean cling film (for burns)
Extras	ORS sachets, sugar/glucose packets, face shield for rescue breaths, notepad & pen for recording, emergency contact list
Medicines	Keep NO oral medicines in the general kit — only a child's own labelled inhaler/adrenaline pen etc., stored per parent's written instruction

CONTINENTAL HOSPITALS

Check the kit monthly; replace used and expired items. One kit per floor, one in the sports room, one in the school van.

VISUAL AID

What's In The Box

Wound Care

Tools & Gloves

Cooling & Support

Records & Extras

No Loose Medicines

Five categories, checked monthly — one kit per floor, one in the sports room, one in the van.

CONTINENTAL HOSPITALS

SECTION A

Everyday Injuries: What To Do

The 10 situations every teacher should be able to handle confidently

CONTINENTAL HOSPITALS
Our Healing Touch

INJURY 01

Cuts, Scrapes & Bleeding

WHAT YOU'LL SEE

- Graze, cut or deeper wound
- Bleeding — slow ooze to fast flow
- Dirt or gravel in the wound
- A frightened, crying child

DO THIS — STEP BY STEP

1. Wear gloves. Sit the child down and reassure.
2. Press firmly on the wound with clean gauze/cloth for 5–10 minutes — don't peek early.
3. Rinse small grazes with clean water or saline; apply antiseptic and a plaster.
4. For larger cuts, keep pressure, raise the limb, bandage firmly over the pad.
5. Never remove an object embedded in a wound — pad around it and bandage.

GET HELP IF…

- Bleeding doesn't stop after 10 min of pressure
- Wound is deep, gaping, or on the face
- An object is embedded
- Animal/human bite, or very dirty wound (tetanus risk)

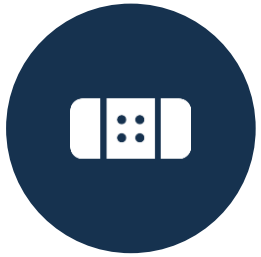
Tip: blood looks like more than it is — a spoonful spreads like a puddle. Stay calm and press.

CONTINENTAL HOSPITALS

VISUAL AID

Press, Don't Peek

Gloves On



Firm Pressure 5-10 min

Rinse & Clean

Raise The Limb

Never remove an embedded object — pad around it and bandage over the top.

CONTINENTAL HOSPITALS

INJURY 02

Nosebleeds

WHAT YOU'LL SEE

- Sudden bleeding from one or both nostrils
- Often after nose-picking, a knock, or hot dry weather
- Child may swallow blood and feel sick

DO THIS — STEP BY STEP

1. Sit the child up and lean them FORWARD — never backward.
2. Pinch the soft part of the nose (just below the bone) continuously for 10 minutes.
3. Ask the child to breathe through the mouth and spit out, not swallow, any blood.
4. Cold pack on the bridge of the nose helps.
5. After it stops: no nose-blowing, picking or sports for a few hours.

GET HELP IF…

- Still bleeding after 2 × 10-minute attempts
- Follows a hard blow to the head/face
- Child looks pale, dizzy, or bleeds very often (tell parents — needs a check-up)

Common myth: tilting the head back — it sends blood down the throat and causes vomiting. Always forward.

CONTINENTAL HOSPITALS

VISUAL AID

Lean Forward, Never Back

DON'T

Tilt Head Back

Blood runs down the throat — causes coughing, vomiting, and swallowed blood.

DO

Lean Forward & Pinch

Pinch the soft part of the nose for 10 full minutes. Breathe through the mouth, spit out blood.

Cold pack on the bridge of the nose helps too.

CONTINENTAL HOSPITALS

INJURY 03

Bumps & Blows to the Head

WHAT YOU'LL SEE

- Fall from height, sports collision, or playground knock
- Swelling (“egg”) on the scalp
- Crying immediately — usually a good sign
- Possible brief confusion

DO THIS — STEP BY STEP

1. Sit the child down; don't let them run straight back to play.
2. Cold pack wrapped in cloth on the bump for 10–15 minutes.
3. Observe for 30–60 minutes: talking, walking, behaving normally?
4. Record what happened and inform parents the same day, even for minor bumps.
5. Any loss of consciousness — treat as an emergency, call 108.

GET HELP IF…

- Was knocked out, even briefly
- Vomits, is drowsy, confused, or unsteady
- Severe/worsening headache, blurred vision, unequal pupils
- Fluid or blood from nose/ear
- Neck pain — do NOT move the child

Golden rule: a child who was unconscious, vomits after a head knock, or 'isn't themselves' goes to hospital — no exceptions.

CONTINENTAL HOSPITALS

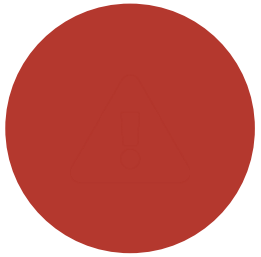
VISUAL AID

Sit, Cool, Watch for 60 Minutes

Sit & Rest

Cold Pack 10-15 min

Observe 30-60 min



Vomits or Drowsy? Call 108

CONTINENTAL HOSPITALS

INJURY 04

Sprains, Strains & Suspected Fractures

WHAT YOU'LL SEE

- Pain after a twist or fall
- Swelling, bruising
- Refusing to move or put weight on the limb
- Deformity or 'crack' heard = likely fracture

DO THIS — STEP BY STEP

1. Stop activity. R.I.C.E: Rest, Ice (wrapped, 15 min), Compress with crepe bandage, Elevate.
2. If a fracture is suspected: keep the limb exactly as found — never straighten it.
3. Support with a sling (arm) or padding (leg); immobilise the joint above and below.
4. Remove rings/watches before swelling starts.
5. Nothing to eat or drink if surgery might be needed.

GET HELP IF…

- Obvious deformity or bone through skin
- Child can't bear any weight
- Numbness, blue/white fingers or toes
- Severe pain despite RICE

CONTINENTAL HOSPITALS

VISUAL AID

R.I.C.E for Sprains & Strains

Rest

Ice 15 min

Compress

Elevate

Suspected fracture? Never straighten the limb — support it exactly as found and get help.

CONTINENTAL HOSPITALS

INJURY 05

Burns & Scalds

WHAT YOU'LL SEE

- Contact with hot water/food, lab equipment, flames, or chemicals
- Red, painful skin; blisters
- Child may be very distressed

DO THIS — STEP BY STEP

1. Cool the burn under gently running tap water for 20 full minutes — this is the single most important step.
2. Remove tight items (rings, shoes) near the burn before swelling.
3. Cover loosely with cling film or a clean non-fluffy cloth.
4. NO ice, toothpaste, ghee, ink or ointments. Never burst blisters.
5. Chemical burns: brush off powder, then rinse continuously; call for help.

GET HELP IF…

- Burn is larger than the child's palm
- On face, hands, feet, joints or genitals
- Deep, white/charred, or caused by electricity or chemicals
- Any smoke inhalation

20 minutes of running water within the first hour reduces burn depth dramatically — set a timer, it feels longer than you think.

CONTINENTAL HOSPITALS

VISUAL AID

Burns & Scalds: The One Number That Matters

20

MINUTES OF COOL RUNNING WATER

Start immediately, within the first hour. No ice, no toothpaste, no ghee, no ointments — just running water, for the full 20 minutes.

CONTINENTAL HOSPITALS
Our Healing Touch

INJURY 06

Choking

WHAT YOU'LL SEE

- Sudden coughing/gagging while eating or with small objects
- Clutching the throat; can't speak or cry
- Silent cough, blue lips = severe — act NOW

DO THIS — STEP BY STEP

1. If coughing effectively: encourage coughing, do nothing else. Stay with them.
2. If the cough is silent/weak: shout for help, then give up to 5 firm back blows between the shoulder blades, child leaning forward.
3. Still blocked: 5 abdominal thrusts — fist above the navel, sharp inward-upward pulls.
4. Alternate 5 back blows / 5 thrusts until the object clears.
5. If the child becomes unresponsive: start CPR and have someone call 108.

GET HELP IF…

- Object doesn't clear after 2–3 cycles
- Child becomes blue or floppy
- Even after successful clearing with abdominal thrusts — the child should be medically checked

CONTINENTAL HOSPITALS

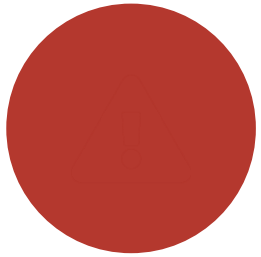
VISUAL AID

5 Back Blows, 5 Abdominal Thrusts, Repeat

5 Back Blows

5 Abdominal Thrusts

Repeat Until Clear



Blue or Floppy? Start CPR

If coughing effectively, just encourage coughing — do nothing else, stay close.

CONTINENTAL HOSPITALS

INJURY 07

Knocked-Out or Broken Tooth

WHAT YOU'LL SEE

- Fall or sports blow to the mouth
- Bleeding gums/lip; a whole tooth out, or a broken piece
- Milk (baby) tooth vs permanent tooth matters

DO THIS — STEP BY STEP

1. Calm the child; press a gauze pad on the bleeding socket — bite gently.
2. Find the tooth. Hold it ONLY by the crown, never the root.
3. If dirty, rinse briefly (10 sec) in milk or saline — do not scrub.
4. Permanent tooth: ideally re-insert into the socket and bite on gauze; if not possible, store in MILK.
5. Get to a dentist within 30–60 minutes — speed decides if the tooth survives.

GET HELP IF…

- Any knocked-out permanent tooth — dentist immediately
- Jaw pain, teeth not meeting properly (possible jaw fracture)
- Never re-insert a baby tooth — dentist decides

CONTINENTAL HOSPITALS

VISUAL AID

Hold By The Crown, Store In Milk

Find The Tooth

Hold By Crown Only

Store In Milk

Dentist Within 30-60 min

Never touch or scrub the root — and never re-insert a baby (milk) tooth.

CONTINENTAL HOSPITALS

INJURY 08

Bites, Stings & Allergic Reactions

WHAT YOU'LL SEE

- Bee/wasp stings, ant bites; dog/monkey bites on campus
- Local pain, swelling, redness
- DANGER pattern: hives all over, swelling of lips/face, wheeze, vomiting — anaphylaxis

DO THIS — STEP BY STEP

1. Sting: scrape the stinger out sideways with a card edge (don't squeeze); cold pack for swelling.
2. Animal bite: wash thoroughly with soap and running water for 10–15 minutes; cover; inform parents — anti-rabies vaccination is usually needed.
3. Watch every stung child for 30 minutes for allergy signs.
4. Known allergic child: use THEIR adrenaline auto-injector into the outer thigh at the first severe sign, then call 108.
5. Keep the child lying down with legs raised if faint.

GET HELP IF…

- Any lip/tongue/face swelling, breathing difficulty, widespread rash — call 108 NOW
- Sting inside the mouth/throat
- All dog, cat or monkey bites (rabies risk)
- Snake bite: immobilise limb, keep child still, 108 — no cutting, sucking or tight bands

CONTINENTAL HOSPITALS

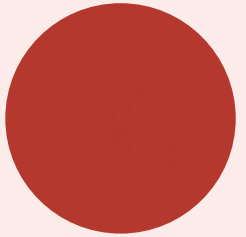
VISUAL AID

Local Reaction vs. Anaphylaxis

LOCAL & MILD

Pain, Swelling, Redness

Scrape out a stinger sideways; cold pack; watch for 30 minutes. Usually settles on its own.



ANAPHYLAXIS

Face/Lips Swell + Breathless

Use the child's OWN adrenaline auto-injector into the outer thigh immediately, then call 108.

All dog, cat or monkey bites need medical review — rabies risk.

CONTINENTAL HOSPITALS

INJURY 09

Seizures (Fits) & Fainting

WHAT YOU'LL SEE

- Seizure: sudden collapse, stiffening, jerking, frothing, eyes rolling; may pass urine
- Fainting: brief pale collapse, especially at assembly in heat; recovers in seconds–minutes

DO THIS — STEP BY STEP

1. Seizure: note the TIME. Clear hard objects away; put something soft under the head.
2. Do NOT restrain, do NOT put anything in the mouth (no spoon, no water, no shoe/onion smell).
3. When jerking stops, roll the child into the recovery position (on their side).
4. Stay until fully awake; the child will be confused and sleepy — that's normal.
5. Fainting: lie flat, raise the legs, loosen collar, fresh air; sips of water when fully awake.

GET HELP IF…

- First-ever seizure, or seizure lasting > 5 minutes — call 108
- A second seizure follows, or child doesn't wake between
- Seizure after a head injury or in water
- Fainting during exercise, or with chest pain/palpitations

CONTINENTAL HOSPITALS

VISUAL AID

Seizure vs. Fainting: Different Care

SEIZURE

Clear Space, Cushion Head

Time it. Never restrain, never put anything in the mouth. Recovery position once jerking stops.

FAINTING

Lie Flat, Raise Legs

Loosen collar, fresh air. Sips of water only once fully awake and alert.

First-ever seizure or one lasting over 5 minutes — call 108.

CONTINENTAL HOSPITALS

INJURY 10

Asthma Attack

WHAT YOU'LL SEE

- Coughing, wheezing (whistling breath), tight chest
- Breathless while talking; anxious
- Often triggered by dust, exercise, chalk, weather change

DO THIS — STEP BY STEP

1. Sit the child UPRIGHT (never lie them down); stay calm and calming.
2. Use the child's own reliever inhaler (usually blue): 2 puffs via spacer, one at a time.
3. No relief in 5–10 minutes: repeat up to school's/parent's written action plan.
4. Loosen tight clothing; move away from the trigger (dust, smoke).
5. Keep the child at rest until breathing is fully settled; inform parents.

GET HELP IF…

- No inhaler available or not improving — call 108
- Can't speak full sentences, lips going blue
- Exhausted, drowsy, or breathing getting quieter (a bad sign, not improvement)

Ask parents of every asthmatic child for a written asthma action plan and a labelled spare inhaler kept at school.

CONTINENTAL HOSPITALS

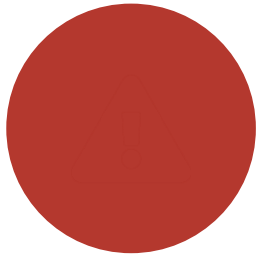
VISUAL AID

Sit Up, Inhaler, Wait, Reassess

Sit Upright

2 Puffs Via Spacer

Wait 5-10 min



No Better? Call 108

Never lie the child down during an asthma attack.

CONTINENTAL HOSPITALS

INJURY 11

Heat Exhaustion & Heat Stroke

WHAT YOU'LL SEE

- After sports/assembly in Telangana heat: headache, dizziness, cramps, nausea
- Pale, sweaty, thirsty = heat exhaustion
- HOT, DRY, confused, staggering or collapsing = HEAT STROKE (emergency)

DO THIS — STEP BY STEP

1. Move to shade or a cool room; lie down, raise legs slightly.
2. Loosen/remove excess clothing; fan the child.
3. Sponge with cool water — neck, armpits, groin; wet cloths work well.
4. If fully alert: sips of water or ORS — slowly, no gulping.
5. Heat stroke: cool aggressively with water + fanning AND call 108 — do not wait.

GET HELP IF…

- Hot dry skin, confusion, fainting or seizure — heat stroke, call 108
- Vomiting, unable to drink
- Not improving within 30 minutes of cooling

Prevention beats cure: reschedule outdoor periods before 10 am in summer, ensure water breaks every 30–45 minutes.

CONTINENTAL HOSPITALS

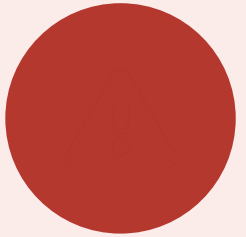
VISUAL AID

Heat Exhaustion vs. Heat Stroke

HEAT EXHAUSTION

Pale, Sweaty, Thirsty

Move to shade, lie down, loosen clothing, sponge with cool water, sips of ORS.



HEAT STROKE

Hot, Dry, Confused

A true emergency — cool aggressively with water and fanning AND call 108. Do not wait.

Prevention: outdoor activity before 10am, water breaks every 30–45 minutes in summer.

CONTINENTAL HOSPITALS

SECTION B

Warning Signs of Hidden Illness

Teachers often notice serious disease before anyone else — here's what to watch for

CONTINENTAL HOSPITALS
Our Healing Touch

General Warning Signs No Teacher Should Ignore

Fever that keeps returning

Fever beyond a week, or recurring every few weeks — think infections like typhoid or TB, and rarer causes. Needs a doctor, not just paracetamol.

Weight loss & poor growth

Clothes getting loose, looking thinner than classmates, appetite gone — unintentional weight loss in a child is never normal.

Unusual paleness & tiredness

A previously active child who is pale (check inner eyelids), exhausted by stairs, or sleeping in class — anaemia and other blood problems show up this way.

Easy bruising & bleeding

Bruises without injuries, frequent gum/nose bleeds, tiny red spots on skin — needs a blood test soon.

Change in the child themselves

Falling grades, withdrawal, irritability, clumsiness, squinting at the board, morning headaches with vomiting — changes in behaviour or vision deserve attention.

CONTINENTAL HOSPITALS

The key word is PATTERN — one bad day means nothing; the same sign for 2–3 weeks means something.

VISUAL AID

Five Signs Worth a Second Look

Recurring Fever

Weight Loss

Pale & Tired

Easy Bruising

Behaviour Change

One bad day means nothing. The same sign for 2–3 weeks means something — that's when you speak up.

CONTINENTAL HOSPITALS

Red Flags by System: What They Might Mean

Very thirsty + urinating often + losing weight	Possible Type 1 diabetes — can become an emergency (vomiting, drowsiness) within days. Urgent doctor visit.
Frequent toilet trips, burning urine, new bedwetting	Urinary infection or diabetes — simple urine test settles it.
Breathless at play, bluish lips, chest pain	Asthma, anaemia, or occasionally a heart condition — needs evaluation before sports continue.
Repeated stomach pain, vomiting, worms, poor appetite	Usually minor — but persistent pain, especially waking the child at night, needs a check.
Yellow eyes/skin, dark urine	Jaundice (often hepatitis A from food/water) — inform parents immediately; also review school water hygiene.
Neck/armpit lumps, long cough > 2 weeks, evening fever	Think tuberculosis — common, treatable, and important not to miss.

CONTINENTAL HOSPITALS

You don't diagnose — you notice, and you tell someone who can. That alone can save a life or a school year.

VISUAL AID

Six Systems, Six Patterns

Thirst + Weight Loss → Diabetes

Burning Urine → UTI

Breathless → Asthma/Heart

Stomach Pain → Usually Minor

Yellow Eyes → Jaundice

Neck Lumps + Cough → TB

CONTINENTAL HOSPITALS

Observe → Document → Inform: Handling a Concern Kindly

1

OBSERVE

Watch quietly for 1–2 weeks. Is it a pattern or a one-off? Compare with the child's own normal, not with other children.

2

DOCUMENT

Note dates and specifics: “Slept in class 4 of 5 days”, “drank water 6 times in one period”. Facts help doctors far more than impressions.

3

INFORM

Tell the school nurse/principal, then the parents — privately, gently, without diagnosing: “We've noticed… it may be worth a doctor's visit.”

Never label a child (“he has diabetes”, “she's anaemic”) in front of the class or other parents. Your observation is a gift to the family — deliver it with privacy and warmth.

CONTINENTAL HOSPITALS

VISUAL AID

Notice Quietly, Note Facts, Speak Privately

1. Observe

2. Document

3. Inform Privately

Never diagnose or label a child in public — your quiet observation is a gift to the family.

CONTINENTAL HOSPITALS

SECTION C

True Emergencies & Hospital Transfer

When every minute counts — what to do before the ambulance arrives

CONTINENTAL HOSPITALS
Our Healing Touch

Call 108 First: The True Emergencies

Unresponsive

Child doesn't wake to voice or gentle shoulder squeeze

Not breathing normally

Gasping, very fast/slow breathing, blue lips

Severe bleeding

Blood soaking through pads, spurting, or an amputation

Seizure > 5 minutes

Or repeated seizures, or first-ever seizure

Suspected neck/spine injury

Fall from height, diving, vehicle hit — do NOT move

Anaphylaxis

Face/lip swelling + rash + breathing trouble after sting/food

Major head injury

Knocked out, vomiting, confused, unequal pupils

Heat stroke

Hot dry skin + confusion or collapse

Rule: if you're debating whether to call 108 — call. Ambulance crews would rather come for nothing than come late.

CONTINENTAL HOSPITALS

VISUAL AID

When In Doubt, Call

108

FREE GOVERNMENT AMBULANCE

Ambulance crews would always rather come for nothing than come too late. If you're debating whether to call — that's your answer: call.

CONTINENTAL HOSPITALS
Our Healing Touch

The Unresponsive Child: Recovery Position & CPR Basics

IF BREATHING — RECOVERY POSITION

- Check response (call name, squeeze shoulders) and breathing (look, listen, feel — up to 10 seconds).
- Breathing normally → roll onto their side: far arm across chest, far knee bent, roll towards you.
- Tilt the head slightly back so the tongue can't block, and fluids drain out.
- Stay, keep checking breathing every minute until 108 arrives.
- Exception: suspected neck injury → leave in place, hold the head still, only move if vomiting or not breathing.

IF NOT BREATHING — START CPR

- Shout for help; send someone to call 108 and fetch an AED if the school has one.
- Place heel of one hand on the centre of the chest (both hands for bigger children).
- Push HARD and FAST: about 5 cm deep, 100–120/min — the beat of “Stayin' Alive”.
- If trained: 30 compressions + 2 breaths. Not trained/willing: continuous compressions are still life-saving.
- Don't stop until the child moves, the AED instructs, or 108 takes over.

Strong recommendation: every school should send at least 2 staff per floor for certified Basic Life Support training annually.

CONTINENTAL HOSPITALS

VISUAL AID

Breathing? Recovery Position. Not? Start CPR.

BREATHING NORMALLY

Recovery Position

Roll onto their side, tilt the head back slightly, stay and keep checking breathing until help arrives.

NOT BREATHING

Start CPR Now

Push hard and fast on the centre of the chest, ~100–120/min. Don't stop until the child moves or 108 takes over.

Suspected neck injury? Leave in place — only move if vomiting or not breathing.

CONTINENTAL HOSPITALS

Do's & Don'ts While You Wait

DO

- Stay with the child every second; keep talking calmly to them
- Keep them warm (blanket) and in the safest position for their condition
- Send someone to the gate to guide the ambulance in
- Gather: parent contacts, child's health file, any medicines the child takes
- Write down times: when it happened, what you did, any medicines given

DON'T

- Don't give food, water or medicines to a seriously ill/injured child
- Don't move a child with suspected neck/back injury
- Don't put anything in the mouth during a seizure
- Don't apply ice, toothpaste or home remedies on burns
- Don't let a crowd gather or other children film the scene

CONTINENTAL HOSPITALS

VISUAL AID

Stay Calm. Don't Feed, Move, or Medicate.

Stay & Reassure

No Food, Water, Medicine

Guide Ambulance In

Don't Move Neck Injury

Write down times and what you did — the hospital team will ask.

CONTINENTAL HOSPITALS

The Hospital Transfer Protocol

1

CALL 108

State: school name & landmark, child's age, what happened, current condition. Don't hang up first.

2

CALL PARENTS

Brief, calm facts: what happened, what's being done, which hospital. Ask about allergies & conditions.

3

PREPARE

Child's health record, parent consent forms, incident notes with times, any medicines/inhalers the child uses.

4

ACCOMPANY

A staff member ALWAYS travels with the child and stays until a parent arrives — never send a child alone.

5

HANDOVER

Tell the doctor: what happened, when, what first aid was given, medicines/allergies, last meal time.

The 30-second handover script: *"This is [name], age [x]. At [time] he/she [what happened]. We did [first aid]. Known conditions: [x]. Parents informed, arriving."*

CONTINENTAL HOSPITALS

VISUAL AID

Call, Call, Prepare, Accompany, Handover

1. Call 108

2. Call Parents

3. Prepare Records

4. Accompany

5. Handover

A staff member always travels with the child — never send a child to hospital alone.

CONTINENTAL HOSPITALS

YOUR SCHOOL'S READINESS CHECKLIST

- ✓ **Stocked first-aid kit on every floor**
  checked monthly, gloves in every kit
- ✓ **108 + nurse's number at every classroom door**
  and saved in every teacher's phone
- ✓ **2+ BLS-trained staff per floor**
  refreshed every year; know your AED location
- ✓ **Health file per child**
  allergies, conditions, action plans, parent consent for emergency transfer
- ✓ **Every incident documented & parents informed**
  same day, every time, however small

Be prepared, not scared — a trained teacher is a child's best chance. Thank you! · Dr. Jagadeesh Kanukuntla, Continental Hospitals

CONTINENTAL HOSPITALS