

# OSHMed Magazine

Occupational Safety & Health and Medical

by



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# Choking Hazards: A Parent's Guide to Prevention and First Aid

*A silent threat lurks in every home, but with knowledge and quick action, you can protect your child. Choking is a terrifying experience for any parent or caregiver. One moment, a child is happily eating or playing, and the next, they are struggling to breathe. In these critical moments, knowing what to do can be the difference between life and death.*



## Prevention: The First Line of Defense

The best way to deal with a choking emergency is to prevent it from happening in the first place. Here are some simple yet effective steps you can take to minimize the risk:

- **Supervise Mealtimes:** Always supervise young children while they are eating. Encourage them to sit down and eat slowly, taking small bites and chewing their food thoroughly.
- **Cut Food into Small Pieces:** For infants and toddlers, cut food into small,

manageable pieces. Grapes, hot dogs, and hard candies are common choking hazards and should be cut lengthwise and into small bits.

- **Be Mindful of Small Objects:** Keep small objects such as coins, buttons, and small toy parts out of reach of young children. Regularly inspect toys for any loose parts.
- **Age-Appropriate Toys:** Ensure that the toys your child plays with are appropriate for their age. The age guidelines on toy packaging are there for safety reasons.

## Recognizing the Signs: What to Do When a Child is Choking

If you suspect a child is choking, the first step is to determine if they are still able to breathe. The **European Resuscitation Council** guidelines differentiate between an effective and an ineffective cough.

**Effective Coughing:** If the child is able to cough loudly, speak, or cry, it means their airway is only partially blocked. In this case, encourage them to keep coughing, as this is the most effective way to clear the obstruction. Stay with them and monitor them closely.

**Ineffective Coughing:** If the child's coughing is quiet or they are unable to make any sound at all, it's a sign of a severe obstruction. They may be unable to breathe and their skin may turn blue. **This is a medical emergency, and you must act immediately.**



## First Aid: Taking Action

For a child with an ineffective cough, follow these first aid steps:

For Infants (Under 1 Year):

1. **Give 5 Back Blows:** Sit or kneel and lay the infant face down along your forearm, supporting their head and neck. With the heel of your hand, deliver five firm back blows between their shoulder blades.
2. **Give 5 Chest Thrusts:** If the back blows don't work, turn the infant over, face up, along your forearm. Place two fingers in the middle of their chest and give five sharp chest thrusts.
3. **Continue the Cycle:** Alternate between 5 back blows and 5 chest thrusts until the object is dislodged, or the infant becomes unresponsive.

For Children (Over 1 Year):

1. **Give 5 Back Blows:** Stand or kneel behind the child and bend them forward at the waist. Support their chest with one hand and deliver five firm back blows between their shoulder blades with the heel of your other hand.
2. **Give 5 Abdominal Thrusts (Heimlich Maneuver):** If the back blows are unsuccessful, perform abdominal thrusts. Stand behind the child and wrap your arms around their waist. Make a fist with one hand and place it just above their navel. Grasp your fist with your other hand and pull sharply inwards and upwards.
3. **Continue the Cycle:** Repeat the cycle of 5 back blows and 5 abdominal

thrusts until the object is dislodged, or the child becomes unresponsive.

## When to Call for Help

If the obstruction is not cleared after three cycles of back blows and chest/abdominal thrusts, or if the child becomes unresponsive at any point, you must call for emergency medical help immediately.

**Call the E.M.A. Rescue Service under the emergency number 9112.**

When you call, stay on the line with the dispatcher and follow their instructions. If the child becomes unresponsive before help arrives, you should begin CPR.

This article provides a summary of first aid procedures. For comprehensive training, consider enrolling in a first aid course.

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## Health Series - Calendar: All 40 Weeks of Pregnancy - week 30

*Has the baby turned yet? The doctor will see this on the ultrasound. And: You may now feel the first practice contractions.*

### Weeks 30 of Pregnancy

#### Baby's Development

Is your little one already in the head-down birth position? If so, you're like the majority of pregnant women in the 30th week – but if not, there's no need to worry. Most babies turn by the 36th week of pregnancy, some even a little later. Only around three to five percent are still in the breech position at birth.

Between the 28th and 32nd week, the basic development of the baby's brain is complete. "After that, only new

connections between the nerve cells are formed," says Dr. Mirja Pagenkemper, who is researching prenatal imprinting as part of the PRINCE study (Prenatal Identification of Children's Health). "How many of these are present and how pronounced depends on their use."

In addition, their pupils are now reacting to light. The abdominal wall and the uterus are somewhat translucent. When full light shines on the bare abdomen, a reddish twilight still reaches the gestational sac. Due to the lack of space, your little one can no longer stretch out properly. Therefore, they usually assume the typical fetal position: legs tucked up, feet often crossed, arms folded in front of the chest.

If necessary, the doctor can now perform a cardiotocogram (CTG). For this, two



probes are placed on the mother's abdomen: one on the highest point of the uterus, the fundus. It is intended to register any contractions. The other is placed in the area where the doctor suspects the unborn child's heart is. "Depending on how the baby is lying, this could be somewhere else on the abdomen," says Pagenkemper. "Sometimes, however, it is still difficult to record the baby's heartbeat for an extended period during this week, as it can still easily move away from the probe area."

### The mother's health

During the last scheduled ultrasound, which takes place around this week, the doctor will check, among other things, whether your baby has turned. If the baby is still in a breech position a few weeks before birth, some midwives will try to help – for example, with acupuncture or moxibustion, in which certain points on the body are heated. However, the effectiveness of these methods is controversial, and some of them carry risks. In some hospitals, experienced obstetricians also attempt to turn the baby externally. However, this carries some risks, which is why the method should only be used from the 37th week onwards and in the hospital. If complications arise, a cesarean section may be necessary. Furthermore, there are various reasons for the mother and child that may speak against external version in individual cases. A cesarean section is an alternative to normal

delivery in cases of breech presentation. Both methods have advantages and disadvantages, which your gynecologist can advise you on in your specific case.

Many expectant mothers now experience their first so-called practice contractions: They feel their abdomen harden and perhaps a slight pulling sensation. As long as they occur rarely and are not painful, these practice contractions are usually harmless. Unlike real contractions, they don't dilate the cervix. Your body is simply training for the big day. And: Not every pregnant woman experiences practice contractions. So you don't need to worry if you don't notice them.

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**Tip: Go to the hospital if you experience premature contractions**

Unlike painless practice contractions, real contractions usually involve a pulling or stabbing pain that usually begins in the back or pubic bone. A characteristic feature is that you have to breathe reflexively during them. Labor contractions don't go away; they become more regular, occur at increasingly shorter intervals, or last longer. If you experience contractions before the end of the 37th week of pregnancy, they are considered premature.

If you feel like you are having real contractions, please go to the hospital immediately. The doctors can decide whether to use so-called tocolytics. These are special medications that



suppress premature contractions and delay labor. Their use depends on the health of the mother and child and the week of pregnancy. Afterwards, the pregnant woman will often need to lie down. Under certain circumstances, labor may also need to be induced, such as premature rupture of the membranes.

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# Health & Safety - The Key to an Effective Fall Protection Programme

*How employers can significantly reduce fall-related injuries and fatalities by following the Hierarchy of Fall Protection Controls.*

It is common knowledge within the occupational health and safety community that falls are one of the leading causes of injury and fatality in the workplace. In 2023, 885 workers died from falls, alone in the U.S., which was an increase from the number of fatalities in 2022. Furthermore, 2022 saw an increase from 2021, and 2021 saw an increase from 2020. What has not yet entered common knowledge in this community is exactly why the number of workers dying from falls has continued to increase in recent years.



In recent years, there has been a growing emphasis on providing fall protection

from employers in construction and general industries. Nevertheless, it appears that these efforts have yet to yield significant decreases in the number of fatal falls occurring annually. And while industry-leading employers are investing more than ever in supplying quality PPE and fall protection equipment to employees, there is another underrated aspect that can protect workers at height. However, in this author's opinion, the key to a truly effective fall protection program is strict adherence to the Hierarchy of Fall Protection Controls, which could be the factor that helps save lives.

## Hazard Elimination

Eliminating the hazard is, obviously, the most effective method of protecting workers and should be attempted whenever a fall hazard is identified. This level of the Hierarchy will require the task to be performed in a different location or by an alternative means, preventing the worker from being exposed to the fall hazard. If the fall hazard can be successfully eliminated, the original risk of injury to the worker can be completely circumvented.

While eliminating a fall hazard may initially sound difficult, it is not impossible. However, it might require a major overhaul of how or where the current elevated work task is performed. For example, a sanitary district worker was tasked with climbing water tanks monthly to read levels, take photos, and



record other notes on the tank's status. Every month, this worker had to climb multiple 30- to 40-foot fixed ladders to reach each tank's platform, where readings were taken. Years into this practice being normal procedure, the district's safety team purchased a drone for the worker to help their efforts. Now, the worker simply had to fly the drone to capture a few photos, and the worker no longer had to climb all those fixed ladders. Each climb had the potential to lead to a fall, but now that no climbs are being performed, there is no potential to lead to a fall.

Another example of hazard elimination is the use of pre-cast panels in the construction industry. Historically, concrete sections of buildings had to be constructed on-site, with workers being exposed to falls and other hazards. However, many companies now pre-fabricate concrete panels, allowing

workers to spend less time at heights. This equates to reduced exposure to fall hazards for workers and a decreased likelihood of a potential fall occurring.

Identifying ways to modify tasks to reduce the time workers are exposed to fall hazards is not easy work, but preventing an avoidable fatality will always be worth the effort.

**Passive Fall Protection**

If it is finally determined that the fall hazard for the task at hand cannot be eliminated, we should try to utilize a passive fall protection system. Passive fall protection systems are highly effective at preventing injuries because they require minimal to no input from the worker. These systems “passively” protect workers from fall hazards without any direct input from the worker.

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fall protection system. It simply requires a worker to stay on the correct side of the guardrail, and they will be prevented from falling. Preventing a fall will simultaneously reduce the likelihood of injury occurring from a fall, making it a worthwhile effort.

Further, it's important to consider that guardrail's simplicity is also the main reason it is so effective at preventing falls. When guardrail is the provided fall protection solution, workers do not have to be trained on complicated systems, or ensure their fall protection harness is donned properly, or ensure they use the correct SRL. When guardrail or passive fall protection is used, workers can focus on their tasks at hand and not have to be concerned for their safety and well-being. Whenever more complicated systems are used, workers must split their focus between performing their task and working safely.

Whenever possible, guardrails should be installed near fall hazards to ensure that workers of nearly every level of knowledge and experience will be equally protected.

### **Active Travel Restraint**

Active Travel Restraint is the concept that workers can be "restrained" in specific work areas using fixed-length lanyards to prevent exposure to falls. For example, if an anchor point was installed ten feet away from the edge of a rooftop, the worker could attach a 6-foot fixed-length lanyard to their body harness. This equipment setup would not only allow them to get closer than 4 feet within the roof's edge, thus preventing them from falling off that edge.

### **Active Fall Arrest**

Fall arrest equipment is one of the most used levels of the Hierarchy, especially in the construction industry; however, it is completely ineffective in preventing falls.



Fall arrest equipment, by its nature, can only stop a worker after they have fallen—it will not prevent a fall. That being said, fall arrest equipment is very effective at preventing fatalities from falls. Fall arrest equipment decelerates fallen workers and absorbs some of the fall forces generated during the fall. It is common to sustain minor injuries from fall arrest equipment, but it is seen as a preference to almost-certain death when falling from heights. Falls do not have to happen at extreme heights to be deadly. In fact, most fatal falls occur at 20 feet or less.

Employers are prone to utilize fall arrest equipment because it can be such versatile and efficient equipment. However, even when the right equipment is provided, tragedies can still happen if

fall protection equipment is misused. Fall protection equipment requires thorough training and worker vigilance to ensure it works as expected every time.

A 2021 study conducted by the Center for Construction Research & Training (CPWR) reported that over half of all fatal falls occurred while the worker was using fall protection equipment. While this study only surveyed about 1000 companies, the statistic is too alarming to dismiss. If fall protection equipment is not used properly, the worker’s safety cannot be guaranteed.

**Administrative Controls**

The final level of the Hierarchy should be viewed as an absolute last resort. These systems do not prevent falls or injuries as they have almost no inherent protection

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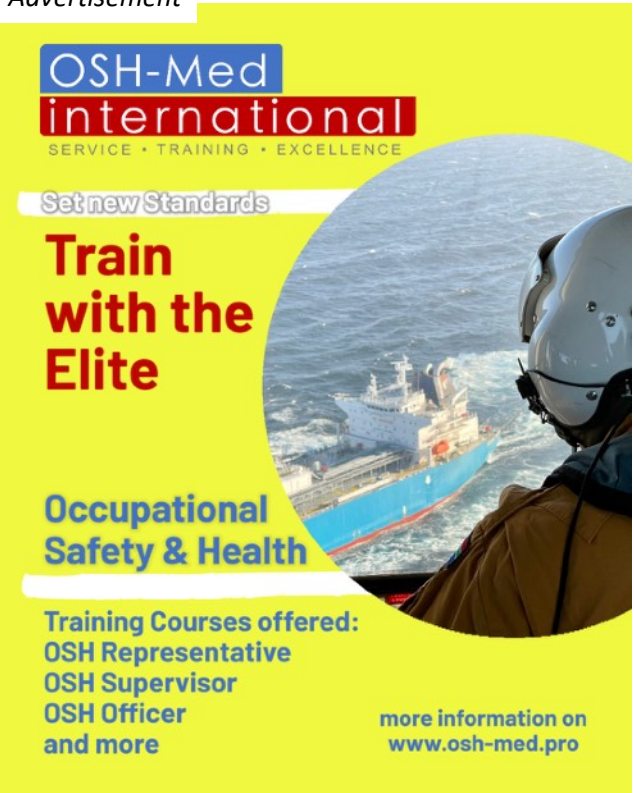
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factor. A safety monitor, one form of administrative control, is a worker who is designated to observe fellow workers at-height and verbally communicate when they are nearing the fall hazard. This might be necessary during a fall hazard assessment before any fall protection equipment has been installed but should not be relied upon for regular fall protection.

### Conclusion

The Hierarchy of Fall Protection Controls offers an opportunity to significantly reduce the number of injuries and fatalities that occur each year in the workplace. It requires employers to challenge themselves to rethink how or where certain tasks are performed and consult with fall protection partners to help determine the most effective fall

protection method for each unique fall hazard. If we can prevent more falls, we can prevent more fatalities. If we can prevent more falls, we can save lives.

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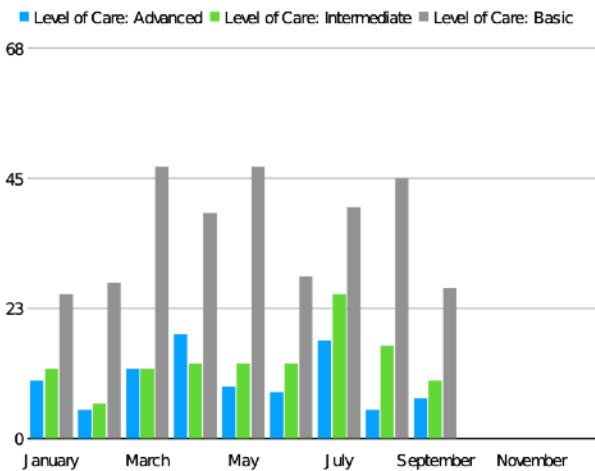
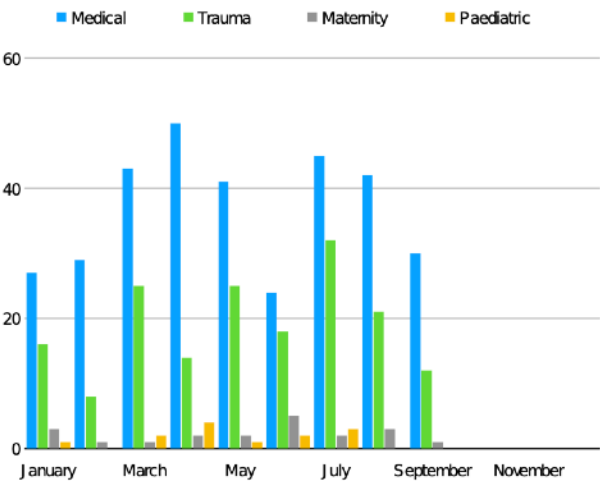
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