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(54) **CHILDREN'S FIRST AID KIT FOR CUTS AND SCRAPES**

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(51) **Int. Cl.**

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B65D 71/00 (2006.01)

B67D 1/07 (2006.01)

(52) **U.S. Cl.** **206/570; 206/229; 206/803; 222/192**

(58) **Field of Classification Search** 206/570, 206/210, 229, 438, 440, 803, 822; 222/192, 222/320, 321.1, 321.7-321.9, 394, 399, 402.1, 222/383.1, 383.3, 385; 239/337, 329, 333
See application file for complete search history.

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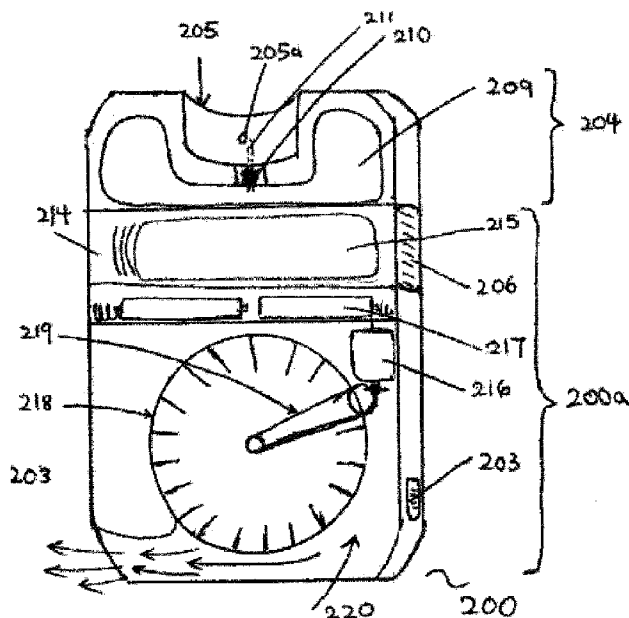
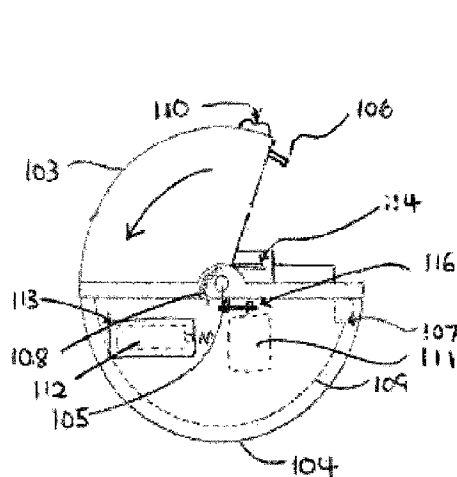
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(57) **ABSTRACT**

The present disclosure provides a children's first aid kit suitable for treating minor scrapes and cuts. The compact kit is integral with a reusable cooling mechanism designed to provide a cooling sensation to the injured area. The kit is further integral with a supply of antiseptic medicine and bandages, and can be easily carried and made available in any situation. An optional applicator to dye the skin surrounding the wound to create a temporary design can be supplied.

16 Claims, 4 Drawing Sheets



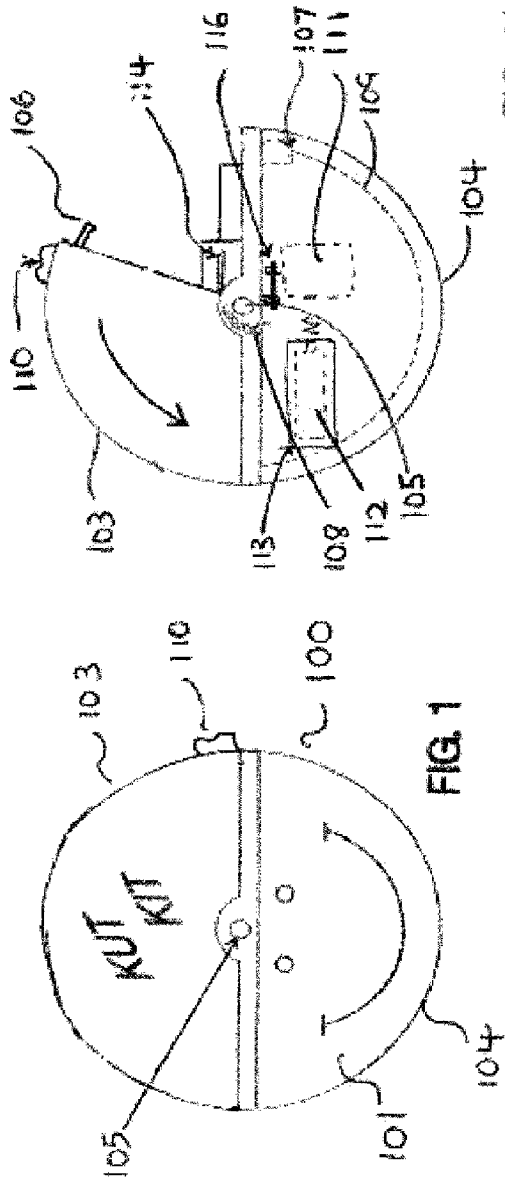


FIG. 1

FIG. 1a

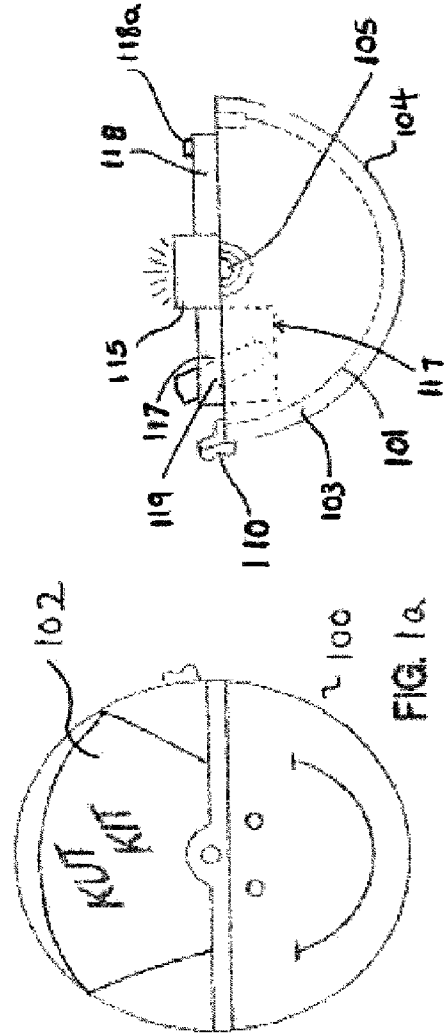
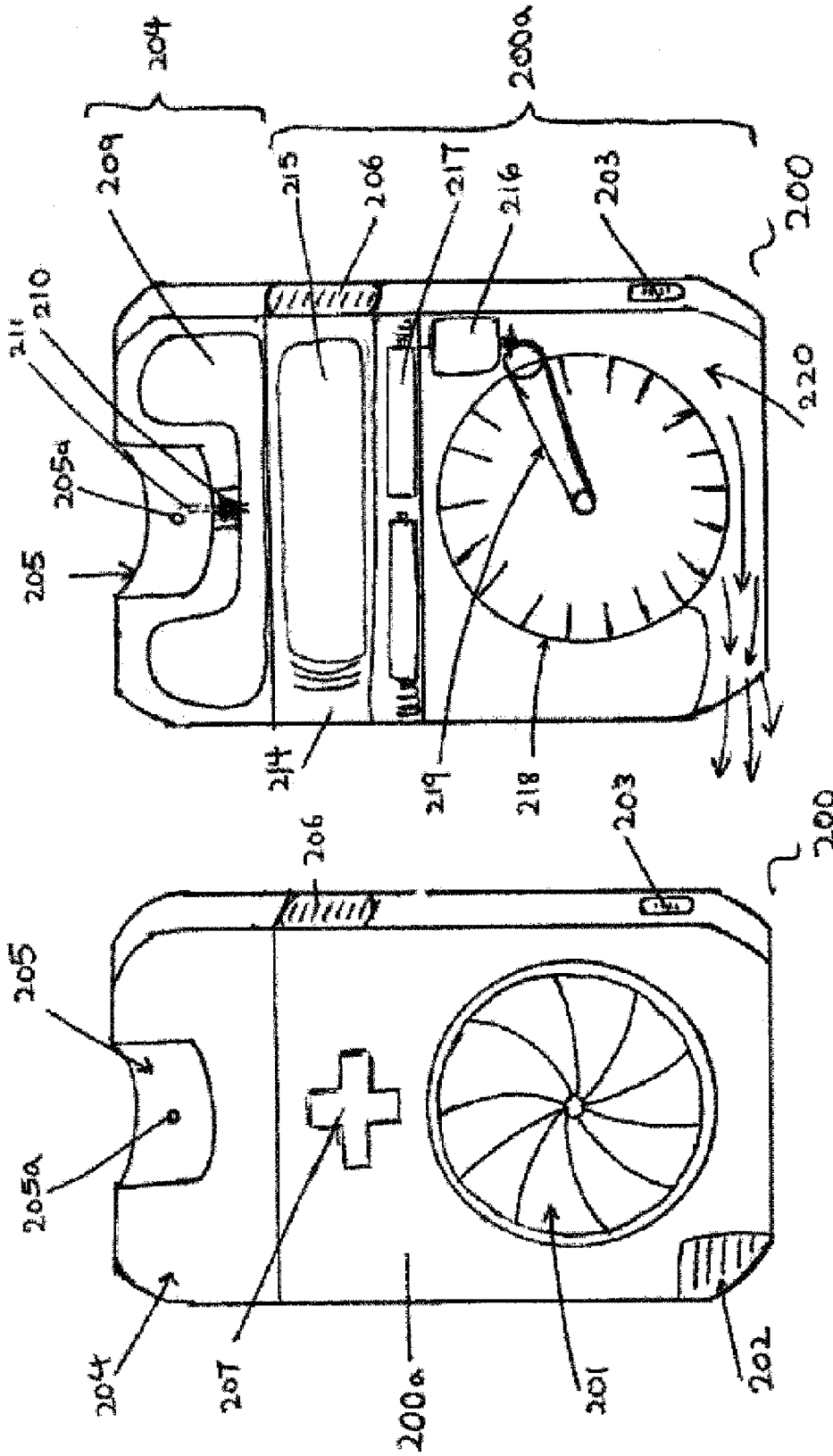


FIG. 1b

FIG. 1c



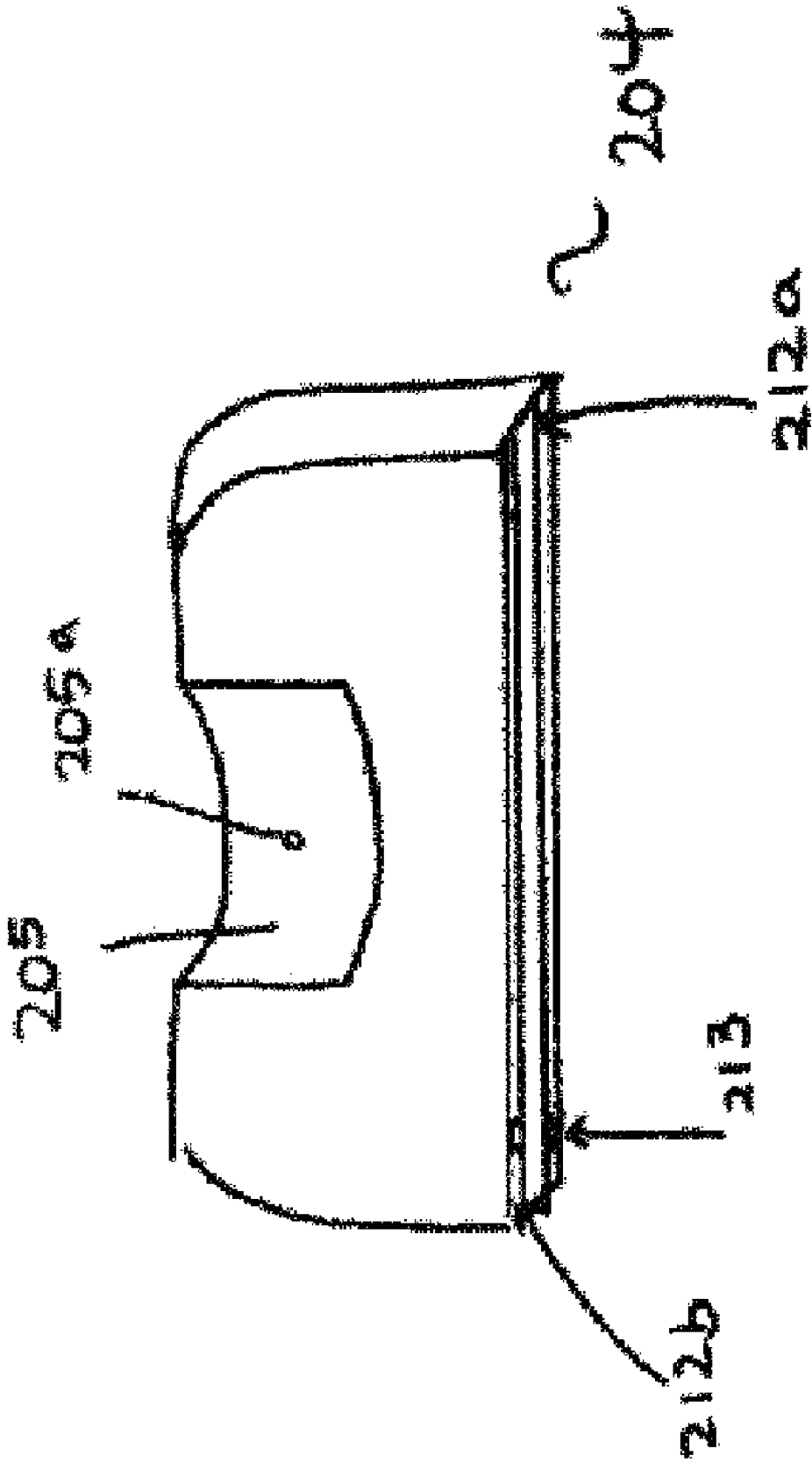


FIG. 2b

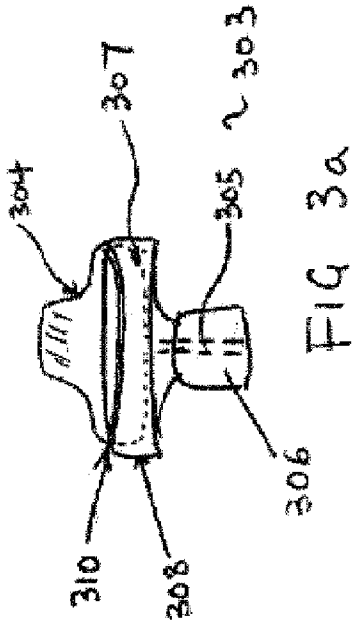


FIG 3a

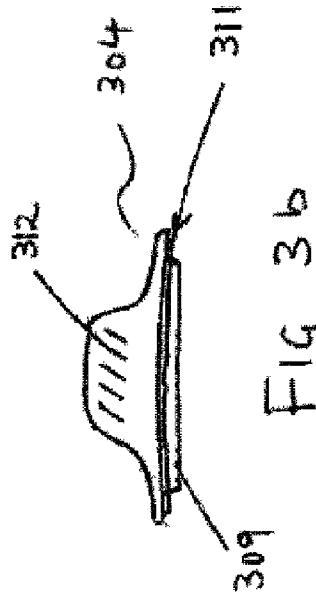


FIG 3b

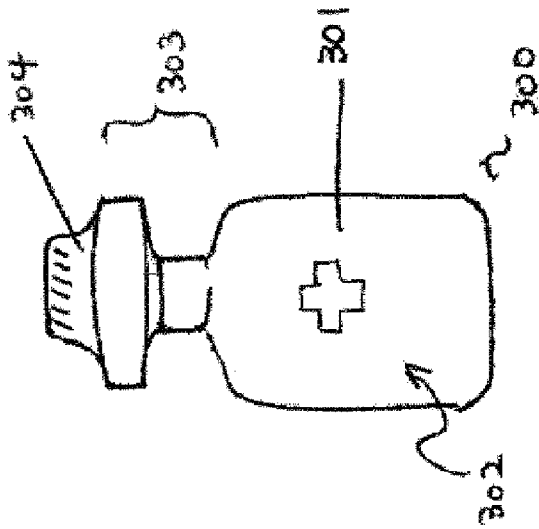


FIG 3



FIG 3c

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CHILDREN'S FIRST AID KIT FOR CUTS AND SCRAPES

CLAIM OF PRIORITY

This application claims priority to U.S. Provisional Application 60/801,422 filed May 19, 2006.

FIELD OF THE INVENTION

The current disclosure relates to children's first aid kits to treat minor cuts and scrapes.

BACKGROUND

Young children are, by nature, accident prone. Bumps and bruises, cuts and scrapes go hand in hand with their everyday adventures. From falling down while running, walking into things and getting cuts and bruises, no one gets through childhood without some sort of mishap.

Along with being accident prone, children usually have a fairly low tolerance for pain. "Crybabies" would run to their caretakers when confronted with a minor cut, in dire need for comfort from an adult to take their mind off the discomfort. This can be exasperated by the stinging sensation on the open wound caused by disinfectants or antiseptics used to treat the injury. The adult guardian is often requested to "make it better" right away. This usually involves the time-honored tradition of blowing on the wound. The air creates a cooling, soothing sensation that can alleviate some feeling of pain. However, blowing on the open wound can greatly increase the risk of infection from germs and bacteria from the mouth, thereby prolonging the time the wound would cure or even worsen the injury. The caretaker blowing on the wound may also reach a state of hyperventilation as the child screams for further relief.

Another way to apply cooling to the injured area is to use vinyl packs filled with a non-toxic silica gel, commonly known as "Cold Packs." Chattanooga Group of Hixson, Tenn., for instance, markets a cold pack in the shape of a teddy bear under the name "Boo Boo Pac" for use with children. However, cold packs need to be kept refrigerated before use and can not be readily made available when away from a refrigerator or freezer. This makes them impractical when the child is injured away from the home. Also, since these cold packs are meant to be re-useable, direct application to an open wound may not be hygienic.

Alternatively, "instant cold packs" that deliver cooling by means of an endothermic chemical reaction resulting from mixing two substances, (typically ammonium nitrate or urea with water) can be used where there is no refrigeration available. These packs can provide cooling pain relief, and help reduce swelling and inflammation, and can be used to treat sprains, cuts and bruises. However, since these instant cold packs are spent and have to be disposed after only one use, these are often impractical and unnecessarily expensive for minor cuts and scrapes in children.

What is desired, therefore, is a device that can provide cooling relief to a minor wound which is convenient and hygienic.

The device should be economical and be reusable for numerous times.

The device should contain medicines, ointments, antiseptics and/or bandages capable of treating minor cuts and scrapes in a compact unit.

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The device should have a kid-friendly design, said design helping to alleviate some of their anxiety in getting treatment for their wound.

The device should allow the child to participate the tending of his or her own wound, in order to learn important first aid knowledge.

SUMMARY OF THE INVENTION

The present disclosure provides a children's first aid kit suitable for treating minor scrapes and cuts. The compact kit is integral with a reusable cooling mechanism designed to provide a cooling sensation to the injured area. The kit is further integral with a supply of antiseptic medicine and bandages, and can be easily carried and made available in any situation. An optional applicator to dye the skin surrounding the wound to create a temporary design can be supplied.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 depicts a front view of an embodiment of the children's first aid kit in its closed configuration.

FIG. 1a depicts an alternate cosmetic design for the embodiment of the children's cut kit depicted in FIG. 1.

FIG. 1b depicts the embodiment of FIG. 1. as the top cover is being opened.

FIG. 1c depicts the first aid kit in depicted in FIG. 1 in its open configuration.

FIG. 2 depicts an exterior view of an alternate embodiment of the children's first aid kit.

FIG. 2a shows a cut-away interior view of the alternate embodiment of the Kit.

FIG. 2b shows a stand-alone replacement antiseptic container unit according to the alternate embodiment of the Kit.

FIG. 3 depicts an embodiment of the optional antiseptic dye dispenser.

FIG. 3a depicts the reservoir cap according to the embodiment of the antiseptic dye dispenser.

FIG. 3b depicts the antiseptic dye applicator according to the embodiment of the antiseptic dye dispenser.

FIG. 3c depicts exemplary stamp shapes of the antiseptic dye applicator.

DETAILED DESCRIPTION

FIG. 1 depicts a front planar view of one embodiment of the novel children's first aid kit **100** (hereinafter "Kut Kit" or "Kit"). In this particular embodiment, the Kut Kit has a design that looks depicts a simple design that appeals to children (in this case, a stylized "smiley face" **101**). An alternate design showing a smiley face with a nurse's cap **102** is shown in FIG. 1a. These designs are meant to be illustrative only and are not meant as limiting. In general, any design that appeals to children may be used. Alternatively, a simple utilitarian design with plain colors designating a first aid kit may be used.

In one embodiment of the Kit, it has a generally circular shape, and is of a size that is compact enough to be easily carried in a pocket, purse, or the glove compartment of a car. This generally means the Kit should be a size that fits comfortably in the palm of the hand, so that it can be held and operated with ease.

Externally, the Kit is comprised of a top cover **103** and a base **104**. A one-touch quick release button **105** is centrally located which, when pressed, retracts the top cover **103**. In alternate embodiments of the Kit, the quick release button can be located in another convenient location on the base. The top

cover **103** and base **104** should have a generally semi-circular shape; the base **104** having a slightly greater diameter than the top cover **103** such that the top cover **103** can be housed within the base **104** when the top cover **103** is retracted.

Refer to FIG. **1b**. The top cover is normally held closed by means of a latch **106** and catch **107** mechanism. Depressing the release button **105** releases the latch **106** from the catch **107**, allowing spring **108** to exert tension on the top cover to retract it into the base **104**. The top cover **103** slides into the base **104** on a track **109** situated internally in the base **104**.

FIG. **1c** depicts the Kut Kit in open configuration, with the top cover **103** fully retracted inside the base **104**. An external thumb/finger retractor **110** is integral with the top cover **104** on the latch side. To close the top cover **104**, the thumb or finger is placed on thumb/finger retractor **110** to draw top cover **103** along track **109**. The cover **103** is drawn clockwise until the latch **106** locks onto catch **107** and the cover is held closed.

Refer back to FIG. **1b**. The base **104** houses internally a small DC motor **111** which is powered by at least one common dry cell-type battery **112** housed in a battery compartment **113**. The battery compartment **113** should be accessible from the back of the base **104** to allow changing of batteries. The motor drives a fan **114** housed in a blower housing **115**. In the embodiment of the Kit depicted in FIG. **1b**, the fan **114** is mounted horizontally on a plane perpendicular to the front surface of the Kit. In alternate embodiments, a paddle wheel fan with blades mounted radially can be used.

The motor **111** can be operated by an electrical contact switch (not shown) that is integral with the top cover **103**, allowing the motor **111** to turn on automatically when the cover **103** is retracted and the electrical circuit is closed. Alternatively, a conveniently placed switch on the exterior of the base may be used. When the motor **111** is turned on, it rotates the fan blades **114** to create a gust of air which is directed outward of the base through the blower assembly **115**. If the fan is placed off-axis to the motor, a gear assembly **116** may be used. To facilitate the movement of air, an air intake (not shown) is located in the back or side of the base **104** for the intake of air to the blower assembly **115**.

Refer to FIG. **1c**. When the top cover **103** is retracted, the base reveals a compartment **117** for adhesive bandages and/or antiseptic wipes **119**, the blower assembly **115**, and an antiseptic spray compartment **118**.

The adhesive bandage compartment **117** extends partially into the base **104**. The compartment **117** can be an open-top box or trough, since the compartment **117** will usually be covered by the top cover **103** when the Kit is not in use. This allows quick access to the bandages and/or antiseptic wipes **119** when the top **103** is retracted. Additionally, disposable antiseptic wipes may be stored to clean the inflicted area. In an alternate embodiment, a tension plate or a cover for the compartment may be used to secure the bandages in the compartment.

To use the Kit, an adult guardian first retrieves it from a convenient storage place. Because of the Kit's small footprint, it can be stored and made readily available in any situation. The adult depresses the quick-release button **105** to retract the top cover **103** into the base **104**, revealing the blower assembly **115**, antiseptic spray **118** and adhesive bandages and/or antiseptic wipes **119**. First, an antiseptic wipe may be used to clean the inflicted area. Next the antiseptic spray is applied to the inflicted area. The blower can then be activated to provide a hygienic cooling breeze to the wound to alleviate the stinging sensation of the antiseptic. When the stinging sensation is gone, an adhesive bandage can be applied.

FIG. **2** depicts an alternate embodiment of the Kut Kit **200**. In this embodiment, the Kit takes on a generally rectangular shape, but has the same general features in the embodiment described above. FIG. **2** depicts an exterior view of the Kit according to this embodiment. The Kit is comprised of a top portion and a base unit **200a**. The top portion comprises a self-contained removable antiseptic spray container unit **204** with finger depress antiseptic spray button **205** and antiseptic spray nozzle **205a**. The base unit **200a** comprises an air intake grill **201**, a blower air exhaust **202**, an on/off switch for the blower **203**, and a sliding panel **206** for access to stored adhesive bandages and/or antiseptic wipes. A "Red Cross" symbol **207** is featured on the front. FIG. **2b** depicts a stand-alone antiseptic spray container unit **204** unattached from the base unit.

FIG. **2a** shows a cut-away interior view of the rectangular embodiment of the Kit. As in the embodiment of the Kit discussed previously, the antiseptic spray can be stored under pressure in a pressurized cartridge **209**, or alternatively be stored in a simple un-pressurized container and dispensed with a pump spray. In either case, the self-contained antiseptic spray container **204** should be sanitary and resistant to breakage, and is disposable when the antiseptic runs dry (i.e., the entire container unit **204** is replaced with a fresh one, not refilled). Finger depress button **205** rides on a spring **210** which asserts force to return the button **205** to its original (un-pressed) position. A tube **211** runs from the antiseptic container **209** to the antiseptic spray nozzle **205**, and the antiseptic is dispensed in a spray through the nozzle **205** when the finger depress button **205** is depressed.

Optionally, the finger depress button can have child-proof features such as a child-proof lock. A preferred method would be to lift the finger press button and to turn it 180 degrees and then press down to disable the button from being depressed and dispensing antiseptic. Alternatively, any child-proofing method convenient or known may be used.

FIG. **2b** shows a replacement antiseptic container unit **204** without being attached to the base unit **200a** of the Kit. At the bottom are tracks **212a**, **212b** that run parallel to the length of the container unit **204**. Track locks **213** are present near one end of the tracks. Matching grooves and corresponding breaks (not shown) for locking the track locks **213** are located on the top of the base unit **200a**. To replace a spent antiseptic container unit **204**, the unit is slid sideways along the grooves on top of the base unit **200a** until the unit disengages from the base. Slight force is needed to disengage the track locks **213** from the corresponding breaks on the base unit **200a**. A fresh antiseptic container unit **204** can then be installed by matching the tracks **212a**, **212b** with the corresponding grooves on base unit **200a**, and sliding the unit **204** towards the distal end until the track locks **213** engage with the corresponding breaks. In alternate embodiments of the Kit, any method convenient or known can be used to engage the antiseptic container unit with the base unit.

Refer back to FIG. **2a**. The base unit **200a** has an adhesive bandage and/or antiseptic wipe storage compartment **214** for storing a supply of bandages and/or wipes **215**. The bandages can be accessed through sliding panel **206**. In alternate embodiments, any means convenient or known for closing the storage compartment **214** can be used.

The base unit **200a** further comprises a motorized blower unit. A motor **216** is powered by common dry cell type batteries **217** and is turned on and off by switch **203**. The motor drives a paddle wheel fan **218** through a conventional gear or belt assembly **219**. When rotating, the paddle wheel fan **218** moves the air (which is intake through air intake grill **201** on the exterior of base unit **200a**) through air duct **220** and is

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directed out blower air exhaust **202**. In alternate embodiments of the Kit, rotary fan blades may be used to direct the air flow.

This alternate embodiment of the Kit is used in a similar manner as the first embodiment disclosed above, and comprises the steps of cleaning the wound, applying the antiseptic spray, cooling the wound by using the blower, then dressing the wound in the supplied adhesive bandage.

In a further embodiment of the Kit, an optional dispenser of antiseptic dye is included. FIG. 3 depicts an embodiment of the antiseptic dye dispenser **300**. In this embodiment, the dispenser **300** comprises a small squeeze bottle **301** containing an antiseptic dye **302**, an antiseptic reservoir cap **303**, and an antiseptic applicator cap **304**. An antiseptic dye approved for the treatment and dyeing of minor cuts and scrapes that is known or convenient to practitioners skilled in the art may be used to temporarily apply coloring and/or a temporary “tattoo” to the skin surrounding the wounded area.

FIG. 3a depicts a cross-sectional view of the reservoir cap **303**. To dispense the antiseptic dye onto the antiseptic applicator cap **304**, the squeeze bottle **301** is lightly squeezed to pump the antiseptic dye **302** from the squeeze bottle **301** up through a small capillary tube **305** in the neck of the reservoir cap **306**. The capillary tube **305** draws the antiseptic dye to fill an antiseptic dye reservoir **307** which is situated interior to the cap receptor **308** for the antiseptic applicator cap **304**. The bottom of the applicator cap is integral with a hygienic foam or sponge applicator **309** which absorbs an amount of the antiseptic dye when the applicator **309** is immersed in the antiseptic dye reservoir **307**. The applicator **309** is immersed in the reservoir when the applicator cap **304** is screwed closed onto the cap receptor **308**. The cap receptor **308** has screw threads (female) **310** to receive the screw threads (male) **311** of the antiseptic applicator cap (shown in FIG. 3b) so that the cap can be closed tightly to form a leak-proof seal with the cap receptor.

Once the sponge applicator **309** has absorbed the antiseptic dye, the applicator cap **304** is twisted off the cap receptor **308**. The applicator cap **304** has a finger grip with threads **312** on top to allow easy twisting of the cap. The sponge applicator **309** is a stamp with a flat surface that can take a variety of shapes. Exemplary shapes are depicted in FIG. 3c. These shapes are meant as examples only and are not meant to be limiting. The wet sponge applicator **309** is applied to the wounded area in a stamping motion, and the dye will leave a temporary “tattoo”, or colored design, on the skin. The “tattoo” serves to hide the wound and the cheerful design and colors will keep the child’s mind off the injury.

In further embodiments of the Kit, the applicator sponge is saturated with a dry dyeing agent that is activated when the sponge applicator absorbs a clear antiseptic liquid. This antiseptic liquid may be stored in the same manner as in the embodiments discussed in the embodiments discussed in FIGS. 1 and 2, *infra*. To activate the dye, the antiseptic can be sprayed onto the applicator sponge first, in the same manner as spraying the antiseptic directly on the wound as discussed above.

The Kit, in all the embodiments discussed herein, creates a calming, soothing, even fun, experience for the injured child. It should help to calm even the most hysteric, distracted child, allowing the child to participate in the first aid application. This can help them learn important first aid skills that would not be possible if they were distraught with the injury.

Although the invention has been described in conjunction with specific embodiments thereof, it is evident that many alternatives, modifications and variations will be apparent to those skilled in the art. Accordingly, the apparatus as described and hereinafter claimed is intended to embrace all

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such alternatives, modifications and variations that fall within the spirit and broad scope of the appended claims.

What I claim is:

1. A first aid kit for children comprising:

a compact carrying case having a generally rectangular exterior,

said generally rectangular exterior comprising a top portion and a bottom portion which can be separated,

said compact carrying case housing an antiseptic spray dispenser, a motorized air blower, a plurality of individually packaged first aid medicines,

wherein said top portion is a disposable antiseptic spray dispenser,

said bottom portion being integral with said motorized air blower, and

a storage compartment for said plurality of individually packaged first aid medicines.

2. The first aid kit of claim 1, wherein said individually packaged first aid medicines is selected from the group consisting of adhesive bandages, antiseptic wipes, antiseptic creams, gauze bandages, anti-itch medicines and fever-reduction medicines.

3. The first aid kit of claim 1, wherein said antiseptic spray dispenser stores antiseptic spray under pressure and dispenses the antiseptic spray by aerosol means.

4. The first aid kit of claim 1, wherein said antiseptic spray dispenser dispenses antiseptic spray by means of a spray pump.

5. The first aid kit of claim 1, further comprising

a bottle of antiseptic dye,

said antiseptic dye capable of dyeing the skin for a period of time that is shorter than the time required for a minor cut to heal,

an antiseptic dye applicator,

said applicator capable of applying said antiseptic dye directly on the skin surface to dye the skin.

6. The first aid kit of claim 1, further comprising

an applicator,

said applicator being saturated with a dry dyeing agent that is activated when said applicator absorbs an antiseptic liquid,

said applicator capable of being applied directly on the skin surface to dye the skin.

7. The first aid kit of claim 1, wherein said motorized blower comprises a plurality of rotary fan blades, an electric motor, said electric motor powered by at least one dry cell type battery, and an electrical switch to turn the motor on and off.

8. The first aid kit of claim 1, wherein said motorized blower comprises a paddle wheel fan assembly, an electric motor, said electric motor powered by at least one dry cell type battery, and an electrical switch to turn the motor on and off.

9. A first aid kit for children comprising:

a compact carrying case having a generally round exterior, said case housing an antiseptic spray dispenser, a motorized air blower, and a plurality of individually packaged first aid medicines,

said generally round exterior of said compact carrying case comprising a cover portion and a base portion,

wherein said cover portion slides into said base portion to allow access to said antiseptic spray dispenser, motorized air blower, and plurality of individually packaged first aid medicines,

a tension spring to hold the cover portion in an open position,

a catch hook to hold the cover portion in a closed position,

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a release button for said catch hook, wherein depressing said release button releases said catch hook to move said cover portion from a closed position to an open position.

10. The first aid kit of claim 9, wherein said individually packaged first aid medicines is selected from the group consisting of adhesive bandages, antiseptic wipes, antiseptic 5 creams, gauze bandages, anti-itch medicines and fever-reduction medicines.

11. The first aid kit of claim 9, wherein said antiseptic spray dispenser stores antiseptic spray under pressure and dispenses the antiseptic spray by aerosol means. 10

12. The first aid kit of claim 9, wherein said antiseptic spray dispenser dispenses antiseptic spray by means of a spray pump.

13. The first aid kit of claim 9, further comprising a bottle of antiseptic dye, said antiseptic dye capable of dyeing the skin for a period of time that is shorter than the time required for a minor cut to heal, an antiseptic dye applicator,

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said applicator capable of applying said antiseptic dye directly on the skin surface to dye the skin.

14. The first aid kit of claim 9, further comprising an applicator, said applicator being saturated with a dry dyeing agent that is activated when said applicator absorbs an antiseptic liquid, said applicator capable of being applied directly on the skin surface to dye the skin.

15. The first aid kit of claim 9, wherein said motorized blower comprises a plurality of rotary fan blades, an electric motor, said electric motor powered by at least one dry cell type battery, and an electrical switch to turn the motor on and off.

16. The first aid kit of claim 9, wherein said motorized blower comprises a paddle wheel fan assembly, an electric motor, said electric motor powered by at least one dry cell type battery, and an electrical switch to turn the motor on and off. 15

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