

First Aid Awareness

2011

What is First Aid?

- First Aid is the initial, or immediate assistance, given to someone who has been injured or taken ill, before the arrival of the qualified medical assistance

First Aid Kit Minimum Suggested Contents

- Guidance Card
- 20 adhesive dressings
- 2 sterile eye pads
- 6 triangle sterile wound dressings
- 2 large sterile wound dressings
- 6 safety pins
- Disposable gloves

First Aid Reporting

Accident report form must be completed containing the following information:

- Casualty's name
- Casualty's address
- Person reporting
- Description of incident
- RIDDOR (Report injury, diseases and dangerous occurrence regulations).

RIDDOR

- Death & Major Injuries
- Amputation
- Loss of sight
- Most fractures
- 3 days absence of employee

First Aid Objectives

Immediate Considerations

- Medical History
- What has just happened
- Signs
- Symptoms

For your own safety always:

- Check for dangers
- Stop
- Compose yourself
- Assess the situation
- Use all your senses

Possible Hazards

- Traffic
- Electricity
- Water
- Building structure
- Fire
- Chemicals
- Smoke & gas
- Bystanders

Primary Survey

- Danger
- Response
- Shout for help
- Airway
- Breathing
- Circulation

DRSABC for short

Treatment

- Check for danger
- What we can see?
- What can we smell?
- What can we hear?

If safe to approach our casualty we:

- Arrange Primary survey
- Life threatening conditions of casualty
- Approach casualty from their feet or side
- Communicate normally
- Kneel beside them
- Introduce our self as the first aider (even if casualty is not alert)

- Seek response by talking or gently shaking shoulder
- Use your voice for asking questions and giving command
- Speak loudly and clearly but calmly and assertively
- Always act with confidence
- Give instruction in both ears

ALWAYS SHOUT FOR HELP!!!

Primary Survey

- Open and protect airway
- Check for normal breathing (check up to 10 seconds)
 - Look
 - Listen
 - Feel
- Should feel 2 breath during 10 seconds

Listen:

- Not normal breathing:
- Snorting
- Agonal gasps
- Gurgling
- Moaning
- Laboured
- Gasping

- Look for chest movement
- Feel for breathing

Remember DRSABC

- Danger
- Response
- Shout for Help
- Airway
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- Circulation

Top to Toe Survey

Top to toe survey should be arranged for unconscious adult breathing normal

- Head, face and neck including eyes
- Shoulders
- Back and Spine
- Abdomen
- Pelvis
- Arms
- Legs

Always disposable wear gloves to protect yourself. Especially when there is blood in present.

Secondary assessment

Secondary assessment should be undertaken to establish injuries and condition.

Secondary assessment

- Do not jump to conclusion. Always make assessment based on:
 - History
 - Signs
 - Symptoms
- Keep communicating

Recovery position for adult & child

- Arm closest to right angles or as comfortable
- Remove glasses and place in same hand
- Hold the other hand against side of face closest
- Grab the far leg as your lever
- Pull on the leg like a lever
- Protect the head
- Adjust leg, hand and maintain open airway
- Dial 999
- Monitor

Recovery Position for Baby

- Cradle the baby in your arms
- Head tilted down and towards you for observation
- Dial 999

Adult Basic Life Support

If your casualty is an unconscious adult and not breathing normally you should immediately start basic life support once medical assistance has been called.

Adult Basic Life Support

- Recognition
 - Unresponsive unconscious
 - Not breathing normally
- Call for ambulance

Adult Basic Life Support

- Treatment
 - Knee long side your casualty
 - Place casualty on their back and firm surface
 - Heel both hands in centre of chest
 - Use heel and palm
 - Compress centre of chest
 - Be vertical above casualty
 - With arms straight and elbows interlocked
 - Use your body weight with your compression
 - Compress 30 times
 - Immediately after 30 compressions attempt 2 rescue breath
 - Continue until emergency services arrives or casualty starts breath normally

Child & Baby Basic Life Support

The differences:

- Unlike an adult the likely cause is a breathing disorder
- Give 5 initial rescue breaths before starting chest compressions
- If no help, administer for 1 minute before going for help
- Take baby casualty with you to call for help

Child & Baby Basic Life Support

Child from 1 year old onwards:

- Use one hand
- rescue breath mouths to mouth
- five initial rescue breaths before compression
- 30 chest compressions followed by 2 more rescue breaths
- repeat the cycle as above until emergency services arrives

Baby less than 1 year old:

- Use 2 fingers
- rescue breath sealing mouth & nose
- five initial rescue breaths before compression
- 30 chest compressions followed by 2 more rescue breaths
- repeat the cycle as above until emergency services arrives

Medical shock

- Medical shock – the lack of oxygenated blood to the body's vital organs
- Causes:
 - Heart attack
 - Severe blood loss
 - Dehydration
 - Infection
 - Poisons
 - Persisting vomiting

Recognition of Medical Shock

- A rapid weak pulse
- Pale, blue/grey, cold clammy skin
- Nausea and thirst
- Rapid shallow breathing
- Unconsciousness

Treatment of Medical Shock

Treat the cause first (burn, wound etc)

Then if injuries allows lay the casualty down and then raise and support legs.

Look out for spinal or legs injuries!

Keep casualty warm

Call for an ambulance

Calm and reassure

Monitor constantly condition

If casualty becomes unconscious start basic life support

Heart Attack

- A heart attack is when part of the heart muscle dies because it has been starved of oxygen.
- An attack usually occurs when a blood clot forms in one of the coronary arteries blocking the blood supply to the heart.

Recognition, signs and symptoms of Heart Attack

- Central vice like chest pain
- Possible pain down left arm
- Breathlessness
- A rapid or irregular pulse
- Pale/blue/grey, cold and clammy skin
- Nausea and vomiting
- Sense of doom

First Aid for casualty experiencing heart attack

- Get casualty to rest in the half sitting/W position
- Support to the floor
- Bend casualty's knees
- Support head & back
- Monitor airway
- Calm and reassure casualty
- Call for ambulance ASAP
- If casualty become unconscious start CPR (basic life support)

Anaphylactic Shock

- Anaphylactic shock is a severe allergic reaction involving the whole body.
- Immediate medical treatment is essential

Recognition, signs and symptoms of Anaphylactic Shock

- Anxiety
- Red, blotchy skin
- Swelling of the face and neck
- A fast pulse
- Swelling of the mouth and tongue with puffy eyes

Treatment

- Act quickly
- Sit person up and support
- Give casualty's own medication (usually adrenaline)
- Open airway if required
- Monitor breathing
- Call 112 or 999 for ambulance

Choking

- Choking – life threatening situation when the airway suddenly gets blocked

Signs of choking

- Grasping of the throat
- Anxious and distressed
- Not able to speak or breath
- Persistent cough
- Changes in skin colour
- Unconsciousness

Treatment of choking

- Calm and reassure casualty
- Encourage coughing and if not helping:
 - Lean casualty forward
 - Support upper chest
 - Give five sharp back blows between shoulders blades

Treatment for choking

- Check the mouth and remove obstructions if any
- If unsuccessful:
 - Standing behind casualty give 5 abdominal thrusts
 - 5 thrust at a time

If after 3 times obstruction not cleared call 112

Asthma

- Shortness of breath
- Coughing
- Difficulty breathing out
- Wheezing
- Distress and anxiety
- Difficulty in speaking
- Change in skin colour
- May become exhausted

Asthma Treatment

- Act immediately
- Make casualty comfortable (sit down if possible)
- Lean them forward to take a pressure from the chest
- Calm and reassure
- Ask casualty to use their medication
- If it is first attack or last for more than 5 minutes call 112 for an ambulance

Hyperventilation

- Rapid and shallow breathing
- Lighted headed or dizzy
- Anxiety
- Trembling or marked tingling in the hands and cramps in the hand and feet

Hyperventilation treatment

- Remove casualty in to a quite place
- Calm and reassure
- Slow their breathing
- Encourage to breathe into cupped hands

Concussion (head injury)

- Brief loss of consciousness
- Dizziness or nausea on recovery
- Mild headache
- Disturbed vision
- Loss of memory
- Pale, cold and clammy skin

Concussion Treatment

- If casualty is conscious:
 - Sit them down or use recovery position
 - Monitor airway, breathing and response level
 - Seek medical advice
- If casualty unconscious:
 - Use recovery position
 - Monitor airway, breathing and response level
 - Seek medical advice
 - If unresponsive for 3 minutes call 112

Stroke

- A sudden severe headache
- Confused and emotional
- Sudden or gradual loss of consciousness
- Paralysis down one side of the body or in facial muscles
- Loss of bladder and bowel control

Stroke Treatment

- Act FAST
- Call ambulance straight away
- Reassure casualty
- If person conscious:
 - Lay them down
 - Raise head and shoulders
 - Turn their head to 1 side

If unconscious

- Place casualty in to recovery position
- Call 112 or 999 for an ambulance

Epilepsy

- A warning period – may be a feeling , taste or smell
- Becoming rigid and often cries out
- Sudden collapse
- Breathing may cease
- Convulsive movement which can be violent
- Loss of bladder or bowel control
- Clenched jaw and congestion of the face

Treatment of Epilepsy

- Clear the area
- Support casualty to the floor
- Place padding under their head
- Do not restrain or put anything into their mouth
- Record and monitor
- Call 112 if epilepsy seizure last for more than 5 minutes

Diabetes

- Flushed, dry, warm skin
- Fruity/sweet breath
- Thirsty
- Rapid and weak pulse
- Rapid breathing
- Drowsy and nauseas

Hypoglycaemia

- Known diabetic and not eaten after injection
- Rapid deterioration and likely unconsciousness
- Pale, cold, skin and sweating
- Rapid pulse
- Palpitations
- Sometimes aggressive behaviour
- Seizures possible

Treatment of Diabetes

- If a condition is hyperglycaemia than:
 - Call an ambulance
 - Monitor breathing and response level
- If a condition is hypoglycaemia than:
 - Sit person down
 - Reassure
 - Monitor closely
 - Give them something containing sugar
 - If not helping call 999 or 112

Fractures & Broken Bones

- Pain and tender
- Report to hearing noise relating to a break
- Deformity, swelling and bruising
- Internal and external bleeding
- Lack of movement
- Nausea and shock

Treatment for broken bones or bone fractures

- Keep injured part still
- Support injured part
- For severe cases do not move injured person but dial 112 for an ambulance
 - If injury is an open fracture, reduce bleeding by placing sterile dressing
 - Do not apply pressure

Spinal Injury

- Pain in the neck or back at the site of the injury
- An irregularity or twist in the normal curve of the spine
- Tenderness upon gentle touch
- Loss of control in limb/s
- Loss of abnormal sensation
- Disorientation
- Loss of bladder or bowel control
- Difficult to breath

Spinal Injury treatment

- Prevent any possible movement unless airway is at risk
- Secure head position with your hands
- If casualty cannot breath normally, place him or her into recovery position using log roll
- Call 112 ASAP

Major bleeding

- Blood loss
- Distress
- A laceration, incised, contusion, abrasion, puncture or velocity wound
- Signs of medical shock

Major bleeding treatment

- Always wear disposable gloves
- Control bleeding
 - Check for embedded objects (do not remove them if any!!!)
 - Elevate injured part
 - Apply direct pressure
 - Lie injured person if possible
 - Apply sterile dressing
 - Support injured part
- If needed, treat for medical shock

Amputation

- Severe bleeding and pain
- Anxiety
- Signs of medical shock

Amputation treatment

- Wear disposable gloves
- Control the bleed as usual
- Take amputated part and place it into a plastic bag with ice (DO NOT PUT AMPUTATED PART DIRECTLY INTO ICE)
- Get person to hospital ASAP

Eye Injuries

- Intense pain
- Distress
- Eyelid in spasm
- Visible wound or bloodshot
- Partial or total loss of vision

Eye Injuries > Treatment

- Look for foreign objects inside of the eye
- Place sterile dressing over eye
- Avoid direct pressure and secure sterile dressing
- Keep both eyes still while applying dressing
- If eye movement could make an injury worse – cover both eyes

Burns and Scalds

- Superficial burn
 - Only outermost layer of skin is affected
 - Redness, swelling, sore and tender
- Superficial burn
 - Rawness and blisters
- Superficial burn
 - The epidermis and dermis are burnt
 - Appearance of skin is pale and waxy

Burns – treatment

- Wear disposable gloves
- Remove all jewellery if possible
- Apply plenty of cold water for a minimum of 10 minutes
- Cover the injured area with no fluffy sterile dressing
- Monitor casualty
- Treat for medical shock if needed
- Do not remove stuck clothes
- Go to hospital if casualty is a child or baby
- Check with the COSHH assessment if chemical burns involved. If corrosive chemical and COSHH not available apply water or milk.

Meningitis

- Fever or high temperature but with cold hands or feet
- Vomiting
- Severe headache
- Stiff neck
- Dislike to bright light
- Very sleepy
- Confused
- A rash that does not fade under pressure
- Seizures

Glass Test

- A rash that does not fade under pressure and looks like fresh bruises. May appear as a few spots anywhere on the body and spread around very quickly.
- Seizures

Meningitis – Treatment

- Reassure a child
- Keep them cool
- Call an ambulance ASAP

Poisoning

- Maintaining airway
- Identification of poison
- Call 112 or 999 ASAP

References:

- A comprehensive guide to FIRST AID, 2010, Just Do It Guide Ltd DVD