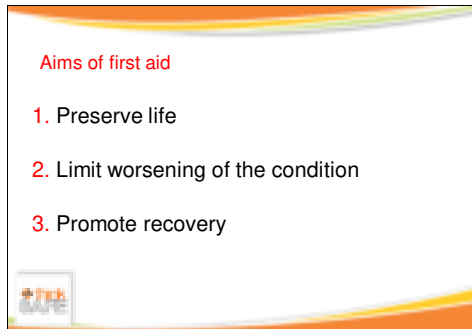


Slide Handouts for

# Basic First Aid

Training

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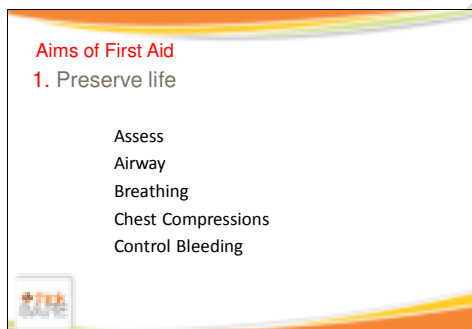


The last step is to actually provide care to the limits of the first aider's training -- *but never beyond*. In some jurisdictions, you open yourself to liability if you attempt treatment beyond your level of training. Treatment should always be guided by the 3Ps:

- P**reserve life
- P**revent further injury
- P**romote recovery

Treatment will obviously depend on the specific situation, but some situations will always require treatment (such as shock). The level of injury determines the level of treatment required.


The principles **first, do no harm** and **life over limb** are essential parts of the practice of first aid. Do nothing that causes unnecessary pain or further injury unless to do otherwise would result in death.



**Aims of First Aid**

2. Limit the worsening of the condition


- Examination of the casualty
- Make diagnosis
- Give priority to seriously injured
- Treat multiple injuries in order of priority
- Consider possibility of secondary condition



**Aims of First Aid**

3. Promote recovery

- Relieve discomfort, pain or anxiety
- Reassure
- Get medical aid




**Responsibilities of the first aider**

- Safety
- Assess
- Diagnose
- Treat
- After Care
- Report




**Incident Management**

- > Dangers to you
- > Dangers to bystanders
- > Dangers to the casualty




**Incident Management**

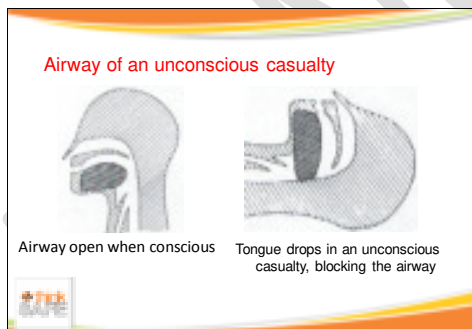
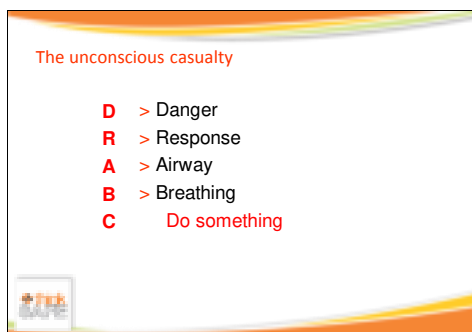
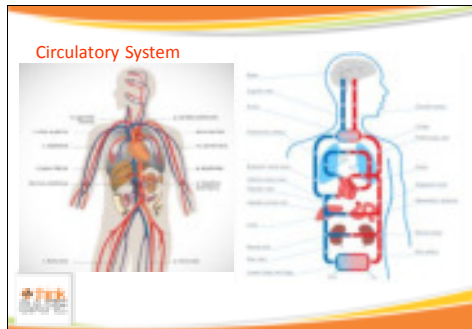
- > Approach all scenes with caution, regardless of the apparent severity of the incident
- > Understand that there will be times when help will not be possible i.e. with high voltage electricity or large fires
- > Be able to make a judgement decision as to what to do first – remove from water, turn off electricity, control traffic



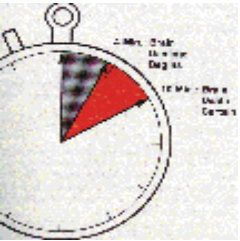
**Incident Management**

- > Have an overall picture of the incident – to appreciate response to actions i.e. moving debris from a casualty may result in rubble becoming unbalanced, too many people getting into a car may cause further injury to a casualty underneath
- > Team management. Control and direct others involved at the incident
- > Consider health and safety issues – infection, disposal of contaminated waste, dangerous environments






Brain cells deprived of oxygen start to die in 4-6 minutes, and cannot be revived.



2 Min. - Brain is in danger  
4-6 Min. - Brain cells start to die  
10 Min. - Brain cells are dead

Recovery position



Hypoxia

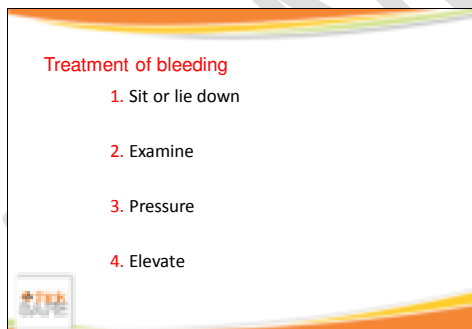
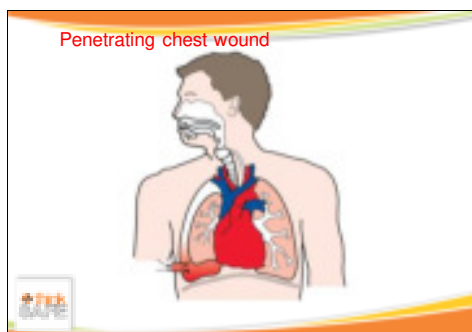
Insufficient oxygen reaching the body tissues from the blood

**Hypoxia**, or **hypoxiation**, is a pathological condition in which the body as a whole (**generalized hypoxia**) or a region of the body (**tissue hypoxia**, or less commonly **regional hypoxia**) is deprived of adequate oxygen supply. Variations in arterial oxygen concentrations can be part of the normal physiology, for example, during strenuous physical exercise. A mismatch between oxygen supply and its demand at the cellular level may result in a hypoxic condition. Hypoxia in which there is complete deprivation of oxygen supply is referred to as **anoxia**.



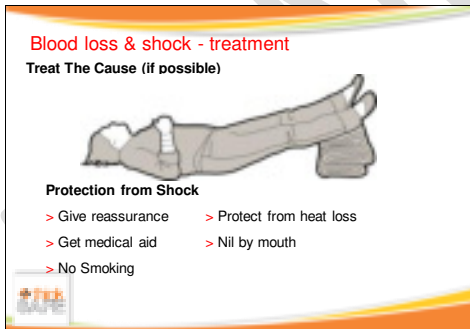
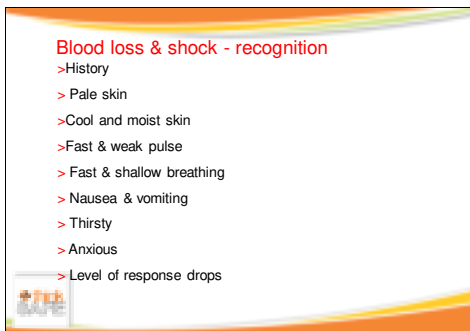
- The non-breathing casualty
- > Danger
  - > Response
  - > Airway
  - > Breathing
  - > Do something
  - > Compressions

- Resuscitation - treatment
- 
1. Check for danger
  2. Check for a Response
  3. Open the airway
  4. Check for normal Breathing
  5. If not breathing, phone for help
  6. Give chest compressions
  7. 30:2 cycle
  8. Continue with CPR until help arrives




If the gauze or dressing becomes saturated, DO NOT take the gauze away. Apply more gauze as necessary, only professional medical personnel should remove dressings. This includes anything the victim may have applied. Add, never take away.





**Resuscitation - children and infants**

1. Give five initial rescue breaths before starting chest compressions...then
2. Continue at the ratio of 30 compressions to 2 breaths
3. If you are on your own perform resuscitation for about 1 minute before going for help
4. Compress the chest by about one-third of its depth



Studies have shown that chest-compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest. Laypeople should, therefore, be encouraged to do compression-only CPR if they are unable or unwilling to provide rescue breaths, although combined chest compression and ventilation is the better method of CPR

**Resuscitation - children and infants**

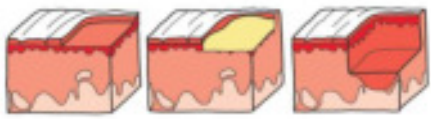


For a child over 1 year, use one or two hands, as appropriate, to compress the chest by about **one third of its depth**


For a baby under 1 year, use two fingers to compress the chest by about **one third of its depth**



**Depth of burns**




Superficial      Partial      Full





### Signs and Symptoms of Burns

- > Pain
- > Redness
- > Blisters
- > Swelling
- > Signs of shock if severely burnt
- > Source and cause of burn closeby




### Burns - treatment

1. Cool the burn
2. Remove any clothing not sticking to the burn
3. Once cooled cover with a sterile dressing
4. Seek medical advice




### Burns and scalds (when to go to hospital)

- > All burns involving the feet, hands, face or genital area
- > All burns that extend around a limb
- > Superficial burns above 5%
- > Partial thickness burns above 1%
- > All full thickness burns
- > Burns with a mixed pattern of depth
- > If you are unsure about the extent or severity
- > Children




**Chemical Burns**

- > Cool burnt area with running water for at least 10 mins
- > Avoid further spread of the chemical
- > Do not touch the chemical
- > Treat as a major burn
- > Get immediate medical attention





**Sun Burns**

- > Get the patient to a shady area
- > Cool with water at normal temperature
- > Give water in small sips
- > Use cream for minor sun burn
- > Get medical attention in severe cases of blistering



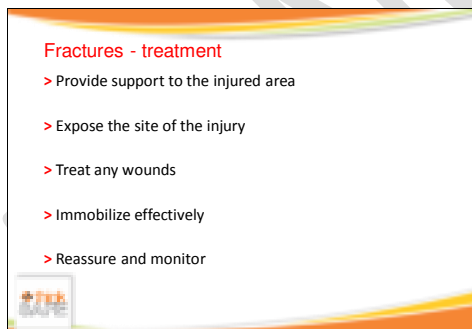
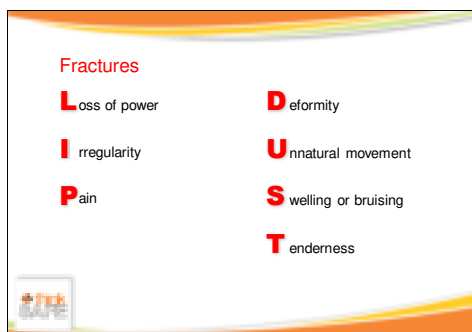
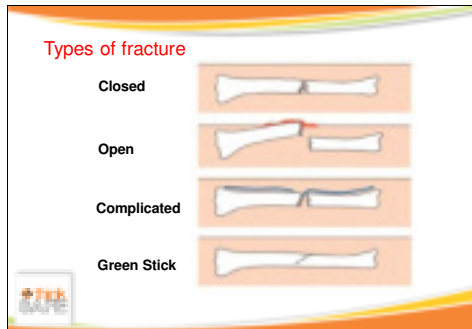
**Electrical Burns**

Do not try to help a patient with electrical shock with bare hands or without ensuring personal safety first





Serious electrocution may cause unconsciousness, at least for a brief period. If this is the case, conduct your primary assessment by checking ABCs. If they are not breathing, begin CPR. Airway swelling can occur from being electrocuted. Frequently check the victim's breathing.

If the victim received a serious electric shock, do not put the victim in the recovery position. Head/neck/back injuries along with multiple fractures can occur from strong muscle contractions from being electrocuted. Begin a secondary assessment, looking specifically for 2 or more electrical burns - one entrance wound and one exit wound. Continually evaluate the ABCs. Cardiac rhythm disturbances can quickly cause the victim to go into cardiac arrest.




### First Aid For Upper body Fractures

- Upper arm, Lower arm
- Wrist and ribs
- Arm Sling
- Hand, Fingers and Collar bone
- Elevation Sling Sling




### Causes of choking


- > Laughing and crying whilst eating
- > Running whilst eating
- > Swallowing without properly chewing
- > Swallowing sharp objects such as fish bones



### Signs of choking



- > Difficulty breathing
- > Grasping around the throat
- > Lips, finger nails and Skin turning blue
- > Likely loss of consciousness due to difficulty breathing




A person may be choking if they:  
**desperately grab at their neck**  
cannot speak or cry out  
face turns blue from lack of oxygen  
The initial action if you suspect choking is to clearly ask the victim "Are you choking?"  
If the victim can reply verbally, you should not undertake any physical contact, but do encourage the victim to cough.

**Choking - treatment**

1. Encourage coughing
2. Up to 5 back blows
3. Check Mouth
4. Up to 5 abdominal thrusts
5. Check Mouth

>Repeat sequence 3 times – Call for help - Repeat sequence<




The slide contains two illustrations. The first shows a person performing back blows on another person who is leaning forward. The second shows a person performing abdominal thrusts on another person who is standing upright.

**Remember.....**

Use the same procedure for choking for a child (one year old to puberty)


Do not use abdominal thrusts on an infant

If casualty becomes unconscious call for help and begin the CPR procedure



**Pregnant and fat people**

> Apply thrust on the breast bone





The illustration shows a person with a large belly, representing a pregnant woman or someone who is significantly overweight. The person is shown from the waist up, with their hands positioned to perform abdominal thrusts on the breastbone.







**Cramp in the calf muscles**

- > Flex foot upwards towards the shin
- > Massage the affected area

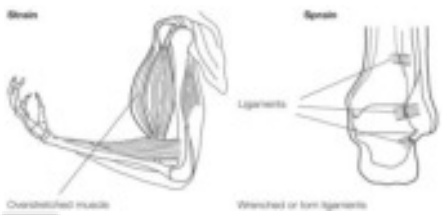


**Cramp in the foot**


- > Help stand with weight on front of the casualty's foot
- > Help rest foot on thigh and massage the affected area



**Strains & sprains**




The diagrams illustrate the difference between a strain and a sprain. The left diagram, labeled 'Strain', shows a person's arm with the 'Overstretched muscle' highlighted. The right diagram, labeled 'Sprain', shows a person's ankle with 'Wrenched or torn ligaments' highlighted.



**Strains & sprains treatment**

- R**est
- I**ce
- C**ompression
- E**levation



**Cradle**

- Used to carry a child or a light casualty
- If casualty is heavier than anticipated, seek help
- Do not slump forward while carrying



**Human crutch**

Use for adult casualties when they can walk with assistance



**Two person human crutch**

Use for a casualty who can support weight on one leg without increasing the injury



The illustration shows three people. A central person in a yellow shirt is being supported by two other people in blue shirts. The person in the middle has their right leg on the ground and is leaning on the shoulders of the two people on either side. The person on the left has their right arm around the middle person's shoulder, and the person on the right has their left arm around the middle person's shoulder. A small logo is visible in the bottom left corner of the slide.

**Four handed seat**


Use when casualty can help, using one or both arms.



The illustration shows three people. A central person in a yellow shirt is being supported by two other people in blue shirts. The person in the middle is sitting on the shoulders of the two people on either side. The person on the left has their right arm around the middle person's shoulder, and the person on the right has their left arm around the middle person's shoulder. A small inset image shows two hands clasped together. A small logo is visible in the bottom left corner of the slide.

**Three handed seat**



Use for supporting either leg, when casualty can help, using one or both arms.



The illustration shows three people. A central person in a yellow shirt is being supported by two other people in blue shirts. The person in the middle is sitting on the shoulders of the two people on either side. The person on the left has their right arm around the middle person's shoulder, and the person on the right has their left arm around the middle person's shoulder. A small inset image shows two hands clasped together. A small logo is visible in the bottom left corner of the slide.

**Two handed seat**

Use for any conscious casualty who can be carried in a sitting position.



The illustration shows three people: one in a red shirt and blue pants is supporting a person in a yellow shirt and blue pants from behind. Another person in a blue shirt and orange pants is supporting the person from the front. Below this, a person is shown lying on a stretcher.

**Fore and aft chair lift**

Use for a conscious casualty with serious injury, when a chair is available.



The illustration shows a person in a red shirt and blue pants lifting a person in a blue shirt and purple pants by the arms and legs. The person being lifted is sitting on a chair.

**Fore and aft method**

Use when space does not permit the use of a hand seat.

**DO NOT** use this method if the arms, shoulders or ribs are injured.



The illustration shows a person in a red shirt and blue pants lifting a person in a blue shirt and purple pants by the arms and legs. The person being lifted is sitting on the ground.

**Lift and drag**

Use to drag a heavy, helpless casualty from danger.



**Warning:** Never take casualty's weight solely on your neck.



**Heart attack**

Recognition:

- > Persistent chest pain
- > Difficulty in breathing
- > Irregular or unusually fast or slow pulse
- > Profuse sweating
- > Moist, pale skin

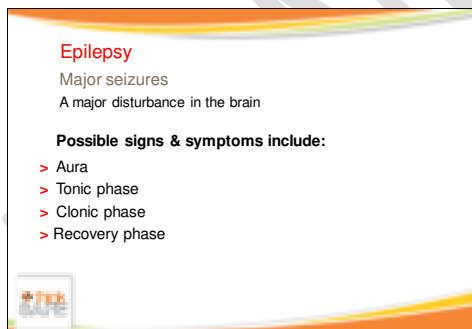
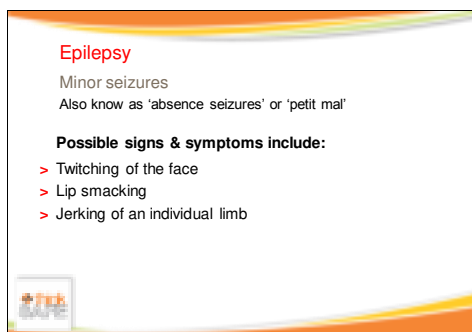
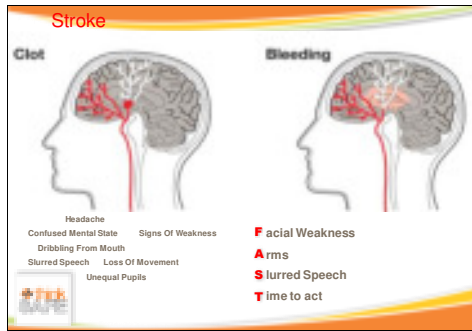


**Heart attack**

Treatment:

- > Position
- > Call for help
- > Get AED if available
- > Monitor






Typically seizures usually last no more than three minutes. Some common occurrences during a seizure include stopped or irregular breathing, body rigidity or convulsing, defecation, urination, and drooling. Some forms of seizure, such as Status Epilepticus or a "Status seizure" do not cease without medical intervention - a Status seizure is where the patient begins to have a seizure, and appears to come out of it, but without regaining consciousness immediately begins to seize again.



### Vomiting and diarrhoea

- Be careful of hygiene procedures
- Determine cause – bad food or water.
- Food poisoning – check for other people affected.
- Can be very severe in young children.
- Once recovering give small amounts of bland foods.
- Child with diarrhoea should never be given any tablets, antibiotics or other medicines unless these have been prescribed by a medical professional or a trained health worker.
- The best treatment for diarrhoea is to drink lots of liquids and oral rehydration salts (ORS) properly mixed with water.



### Rehydration Solution

- Place 6 level teaspoons of sugar and a half a level teaspoon of salt into one liter of clean water.
- Allow the salt and sugar to dissolve
- Be very careful to mix the correct amounts, as too much sugar can make the diarrhoea worse, and too much salt can be extremely harmful to the child.
- If the mixture is made a little too diluted no harm can be done and there is very little loss of effectiveness.



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