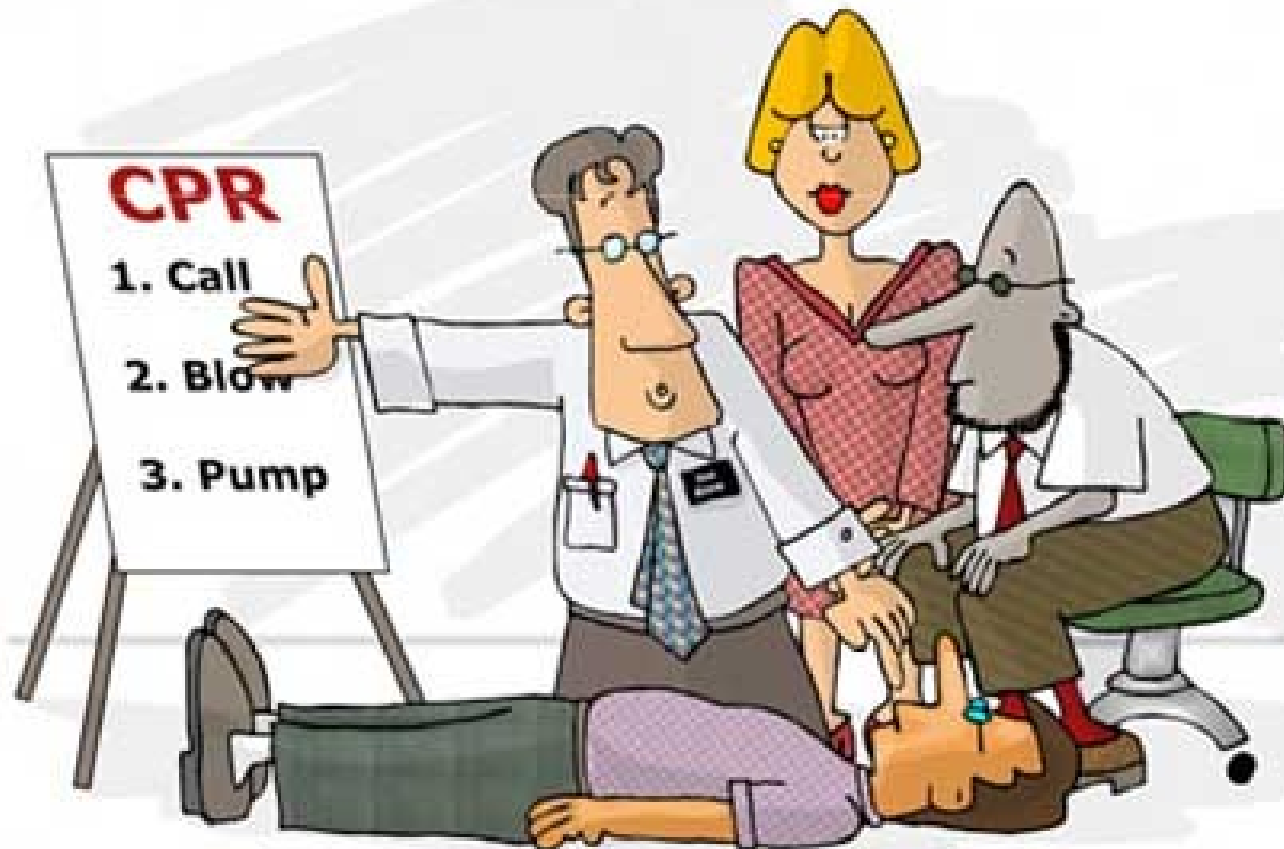


First Aid



EMERGENCY FIRST AID

ABC'S OF IMMEDIATE FIRST AID ACTION

A Open the Airway **B** Check for Breathing **C** Check for Circulation

MOUTH TO MOUTH RESUSCITATION



-  Place victim on his/her back. Open the airway by tilting the forehead back. Head tip - Chin lift.
-  Place fingertips of other hand under the bony part of the chin. Place your ear close to the victim's mouth and nose. Look at victim's chest to see if it rises and falls. Listen and feel for about 5 seconds for air to be exhaled. Pinch nostrils shut and make a tight seal around victim's mouth. Give two slow (1-1.5 seconds per ventilation) breaths.

CHOKING

If choking victim can cough, speak or breathe, do not interfere. Call a paramedic. IF VICTIM CANNOT BREATHE:

-  Stand behind victim and put arms around victim's waist. Make a fist, placing thumb side against victim's abdomen between navel and rib cage.
-  Group fist with other hand and give 6-10 forceful upward thrusts. Repeat until object is dislodged.

SEVERE BLEEDING

-  Place clean compress over wound and apply direct pressure. Elevate limb if bleeding severely.
-  When bleeding stops, apply pressure bandage. Do not cut off circulation by tying bandage too tightly.

FRACTURE

- Do not move victim.
- Splint injured area.
- Treat for shock, being careful when handling injured area.

BURNS

- Hold burn under cold running water or apply a cold compress.
- Cover burn with clean bandage.
- DO NOT treat burn with grease or butter.

EYE INJURY

CHEMICAL BURNS OF THE EYE

-  Flush eye with eye and skin neutralizer or clear water for 15 minutes.

OBJECT IN THE EYE (PARTICLE):

- Do not rub eyes.
-  Pull eyelid over eye and hold to cause tearing. Tears will normally cause object to wash free.
-  If above procedure is unsuccessful, hold eyelid up and have victim look downward.
-  Place a cotton tip applicator horizontally across the eyelid and hold back over it.
-  Carefully remove object with Eye Magnet Loop or clamp, clean cloth.

ELECTRIC SHOCK

- Remove victim from source of shock using stick or other non-conductive object.
- Begin mouth to mouth resuscitation if breathing has stopped.
- Call for medical assistance promptly.

SHOCK DUE TO INJURY

- Clear the airway.
- If the face is pale, elevate the feet.
- If the face is red, elevate the head and shoulders.
- Keep the victim warm.

YOUR LOCATION

Paramedic _____
 Police _____
 Fire _____
 Doctor _____
 Poison Control Center _____
This sign is a compilation of general first aid information obtained from sources believed to be reliable. However, there is no guarantee as to the medical validity of the information or the results obtained from using said information. This does not represent that every acceptable safety procedure is contained herein, or that abnormal or unusual circumstances may not warrant or require further or additional procedure.

EMERGENCY TELEPHONE NUMBERS

FOR LOCAL SALES AND SERVICE

FIRST AID DIRECT

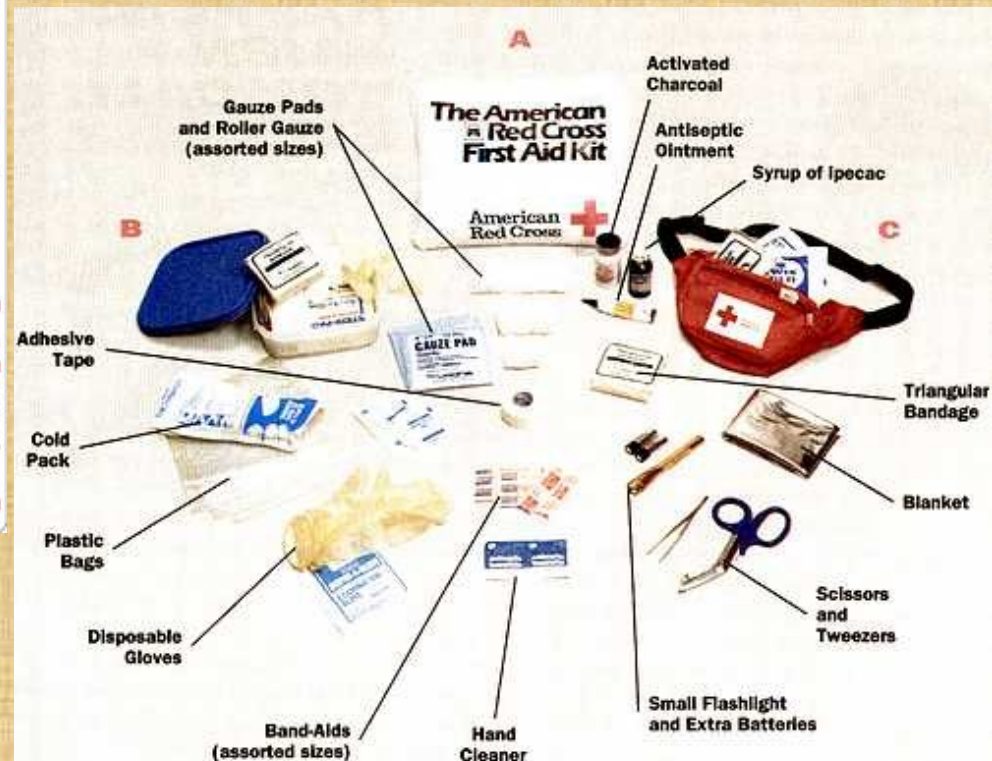
ABC's:

A: Airways

B: Breathing

C: Circulation

Equipment:



What is First Aid and what are its aims?

“Provision of initial care for an illness or injury.”

3 aims:

Preserve life

Prevent further harm - this covers both external factors, such as moving a patient away from any cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous.

Promote recovery - first aid also involves trying to start the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

Before CPR – Primary Survey

- 1) **Danger** - Are you or the casualty in any danger? If you have not already done so, make the situation safe and then assess the casualty.
- 2) **Response** - If the casualty appears unconscious check this by shouting:
‘Can you hear me?’, *‘Open your eyes’* and gently shaking their shoulders.

If there is a **response**
AND no further danger:

- 1) **leave** the casualty in the position found and summon help if needed.
- 2) Treat any condition found and **monitor vital signs** - level of response, pulse and breathing.
- 3) Continue **monitoring** the casualty either until help arrives or he recovers.

If there is **no response**:

- 1) Shout for **help**.
If possible, leave the casualty in the position found and **open the airway**.
- 2) If this is not possible, turn the casualty onto their **back** and open the airway.

3) **Airway** - Open the airway by placing one hand on the casualty's forehead and gently tilting the head back, then lift the chin using 2 fingers only.

- This will move the casualty's tongue away from the back of the mouth.

4) **Breathing:**

- **Look** to see if the chest is rising and falling.
 - **Listen** for breathing.
 - **Feel** for breath against your cheek.
- } **no more than 10 seconds**



- 1) If the casualty is **breathing normally**, place them in the **recovery position**.
- 2) Check for other life-threatening conditions such as severe bleeding and treat as necessary.

- 1) If the casualty is **not breathing normally** or if you have any doubt whether breathing is normal **begin CPR!!**



Recovery Position

The Recovery position is for when someone is unconscious (passed out) but otherwise unhurt, and breathing normally.

5. Tilt head back and tuck hand under chin to keep mouth open.

3. Gently roll person onto their side.

1. Check for any injuries. **If they are hurt, don't move them!** Call 999 and ask for an ambulance.



2. Bend arm to stop person rolling over.

4. Bend leg to support position.

6. Make sure someone is keeping an eye on them.



CPR – Cardiopulmonary Resuscitation

- Physical interventions to create artificial circulation by **chest compressions**, and **artificial respiration** by the rescuer exhaling into the patient (or using a device to simulate this).
- Its main purpose is to maintain a flow of oxygenated blood to the brain and the heart – both are vulnerable to damage from hypoxia.
- Some brain cells start dying within **less than 5** minutes of hypoxia!

- **CPR for adults: DEEP INHALATIONS AND EXHALATIONS!**

30 compressions : 2 breaths for 2 minutes

rate of 100/min ventilation: 8 – 10 breaths/min

- **CPR for children (1 year to puberty): SHALLOW BREATHS AND DON'T EMPTY YOUR LUNGS COMPLETELY!**

Start: 5 rescue breaths & 30 compressions

then continue with 30 compressions: 2 breaths

- **CPR for babies (birth to 1 year): FILL YOUR CHEEKS WITH AIR AND USE THIS!**

Start: 5 rescue breaths & 30 compressions

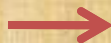
then continue with 30 compressions: 2 breaths

- **Agonal breathing** : This is common in the first few minutes after a sudden cardiac arrest. It usually takes the form of **sudden irregular gasps for breath**. It should not be mistaken for normal breathing and if it is **CPR should be started**.



If you suspect the victim has a neck injury, place your hands alongside the cheeks and pull the face toward you with your index fingers

ADAM.



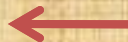
Look, listen and feel for breathing and pulse

ADAM.



Place your mouth over the victim's mouth and exhale

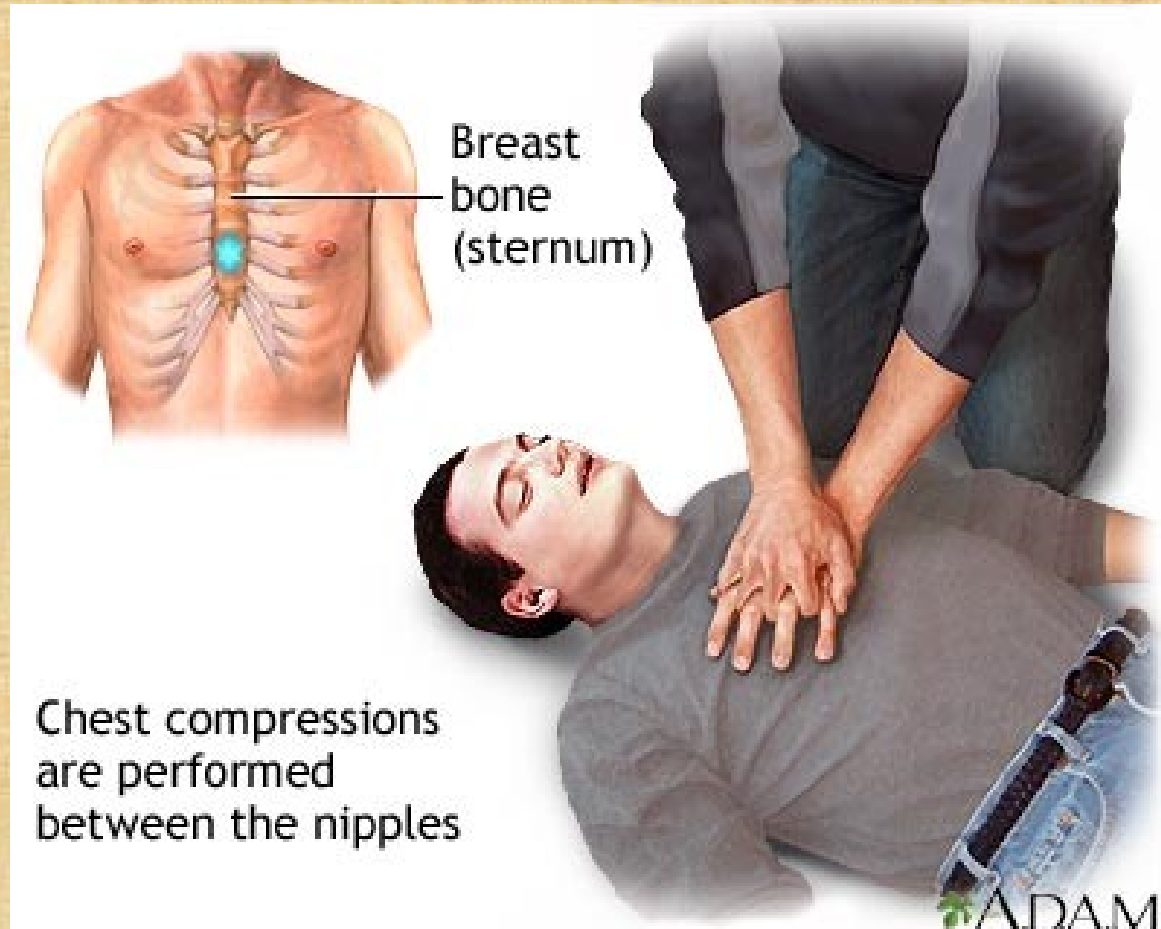
ADAM.



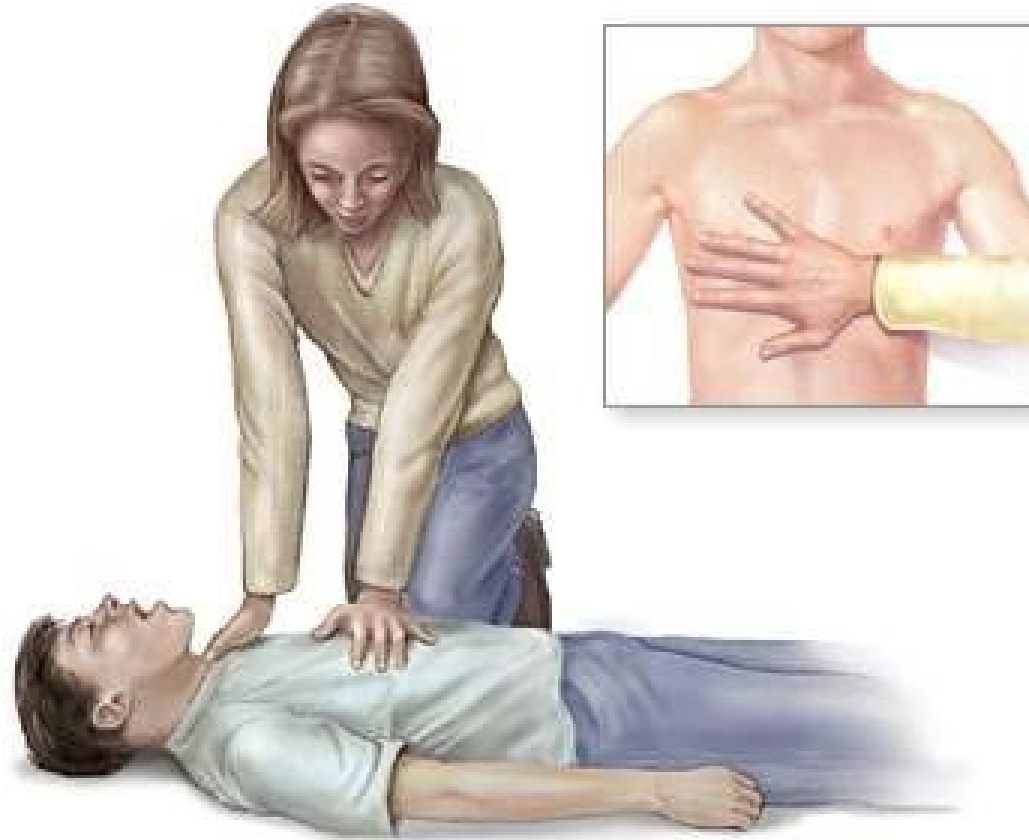
While pushing back on the forehead, use your other hand to lift the chin forward

ADAM.

CPR on adults



CPR on children: 1 yr - puberty



CPR on infants:



Keeping the infant's head tilted back, place two fingers on the breastbone and give five quick downward thrusts.

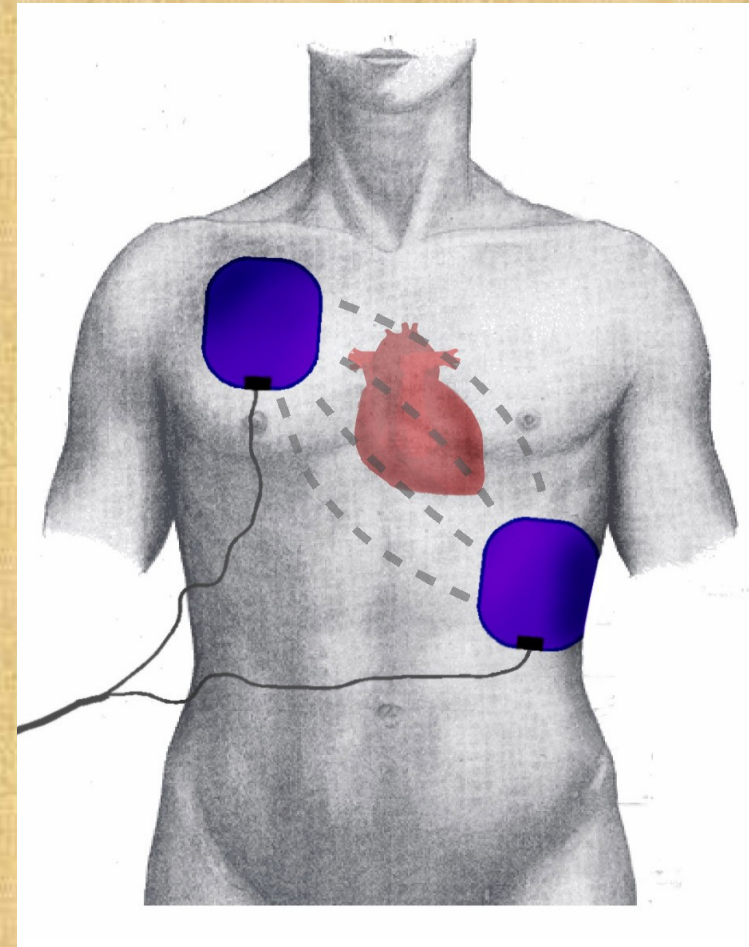
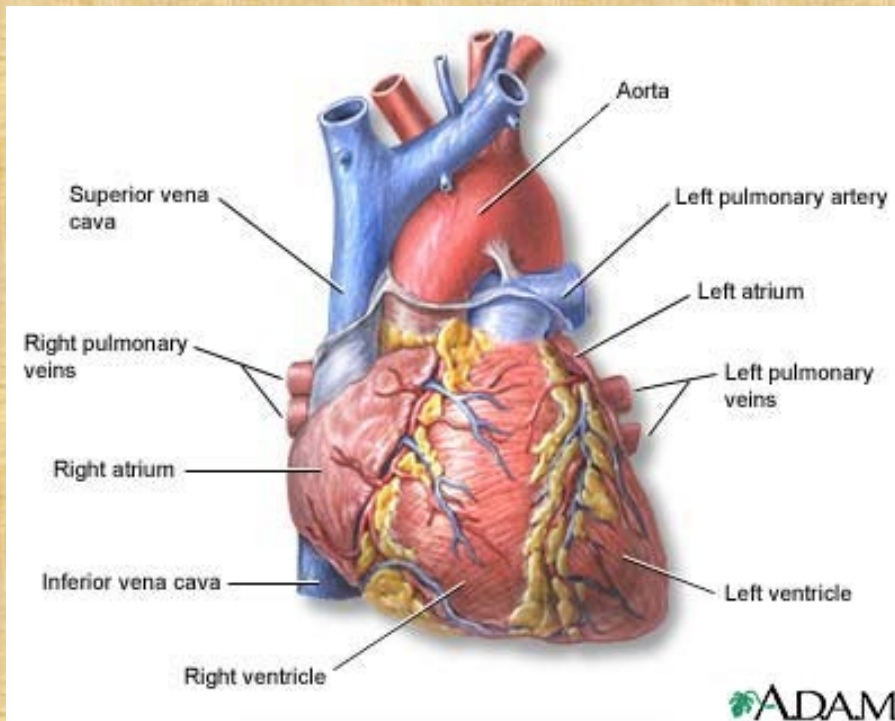
ALS – Advanced Life Support

- Advanced life support, including intravenous drugs and defibrillation (the administration of an electric shock to the heart) is usually needed to **restore a viable rhythm**. This only works for certain heart rhythms:
 - 1) **ventricular fibrillation (VF)** (uncoordinated contraction of the cardiac muscle of the heart ventricles, making them quiver rather than contract properly.)
 - 2) **pulse less ventricular tachycardia** (fast heart rhythm, that originates in one of the ventricles.)
- **NOT** useful in a 'flat line' **asystolic** patient, since the heart is already depolarised. CPR and injections of epinephrine/atropine will help.
- CPR is generally continued, usually in the presence of advanced life support, until the patient **regains a heart beat** (called "return of spontaneous circulation" or "ROSC") or is declared **dead**.

Defibrillation

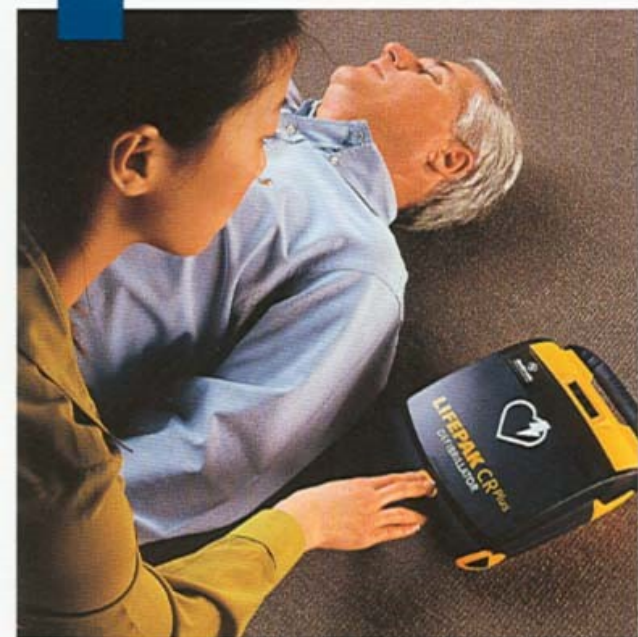
Consists of delivering a therapeutic dose of electrical energy to the affected heart, using a **defibrillator**.

This **depolarizes** a critical mass of the heart muscle, terminates the arrhythmia, and allows normal sinus rhythm to be re-established by the sinoatrial node of the heart.



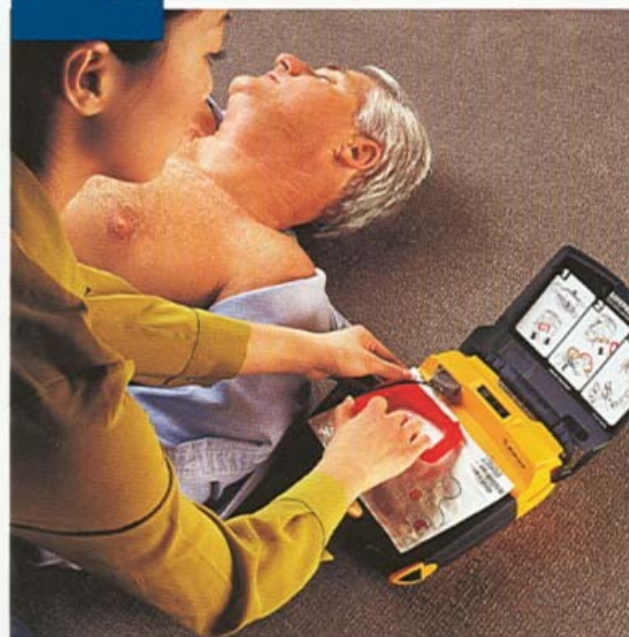
1

Push the button to release the lid and turn on the defibrillator.



2

Pull the handle to get the electrode pads and adhere them to the person's chest as shown.



3

Press the flashing button if told to do so.*



CPR Videos

- <http://www.youtube.com/watch?v=5r7haVfZXek>
- <http://www.youtube.com/watch?v=qSsHcdy4GnA>

ALS Video:

- <http://www.youtube.com/watch?v=zO3r50mIgr4>

<http://www.sja.org.uk/sja/first-aid-advice.aspx>

First aid advice

Life saving procedures

- Primary survey
- CPR for adults
- CPR for children
- CPR for infants
- The recovery position
- Choking

Heart attacks and shock

Other medical emergencies

Wounds and bleeding

Fractures

Head injuries and seizures

Effects of heat and cold

Breathing problems

Poisoning

[Home](#) > [First aid advice](#) > Life saving procedures

Life saving procedures

As a first aider the priorities when dealing with a casualty are always the same:

- **A**irway
- **B**reathing
- **C**irculation.

A [primary survey](#) of a casualty will establish your priorities. When dealing with an unconscious casualty you should open and maintain their **airway** as your first priority. If the airway should become obstructed, possibly by the tongue falling to the back of the throat, then the casualty will be unable to breathe and this will lead to death if untreated.

If the casualty is **breathing**, the simple procedure of placing the casualty in to the [recovery position](#) should ensure that the airway will remain clear of obstructions.

If the casualty has stopped breathing you can assist them by performing a combination of [chest compressions](#) and rescue breaths. You breathe out enough oxygen to potentially keep the casualty alive until the emergency services arrive, the oxygen you breathe into the casualty will need to then be pumped around the body using chest compressions.

It is important to remember that in any life threatening situation the **emergency services** should be called as soon as breathing or absence of breathing has been identified.

See also

- [Training courses](#)
- [First aid kits](#)
- [Volunteer with us](#)

