



Course – Basic First Aid Techniques

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What is First Aid

First aid is the first assistance or treatment given to a casualty or a sick person for any injury or Sudden illness before the arrival of an ambulance, the arrival of a qualified paramedical or medical person or before arriving at a facility that can provide professional medical care.

AIMS

- 1) To preserve life,
- 2) To prevent the worsening of one's medical condition,
- 3) To promote recovery, and
- 4) To help to ensure safe transportation to the nearest healthcare facility.

THE FIRST AIDER

A first aider is the term describing any person who helps the medically needy individual or has received training render first aid.

WHAT THE LAW SAYS ABOUT FIRST AID

1. A bystander or Good Samaritan, including an eyewitness of a road accident may take an injured to the nearest hospital and should be allowed to leave immediately. The eyewitness has to provide his address. No questions are to be asked.
2. The bystander or Good Samaritan shall not be liable for any civil and criminal liability.

3. A bystander or Good Samaritan who makes a phone call to inform the police or emergency services for the person lying injured on the road cannot be compelled to give his name or personal details on the phone or in person. The disclosure of contact details of the Good Samaritan is to be voluntary.

4. The lack of response by a (medical) doctor in an emergency pertaining to road accidents (where he is expected to provide care) shall constitute 'Professional Misconduct'.

CONSENT OF THE PERSON IN NEED

A conscious person has the right to either refuse or accept care. If the person is conscious, you must ask for his consent before commencing any first aid. If he refuses your help, stay nearby and call the police and emergency services, who can then deal with the situation.

If the person is under 18, it is best to obtain consent from his parent or guardian if they are present. If they refuse your help, stay nearby and call the police and the emergency services, who can then deal with the situation.

If the person is unconscious or unable to formally consent, his consent is inferred and you can then give the necessary first aid.

PRIVACY

In any first aid situation, the first aider must take steps to assist the person to maintain personal privacy. This means things like, keeping crowds away, putting up a screen if necessary, and covering any exposed body parts with blankets, or sheets, if available.

The first aider also needs to take steps to maintain confidentiality. This means not talking about the incident to other people, or answering questions from the media, unless you have Permission from the person involved in the accident

STEPS IN DEALING WITH AN EMERGENCY

Emergency situations vary greatly but there are four main steps that always apply:

1. Make the area safe.
2. Evaluate the injured person's condition.
3. Seek help.
4. Give first aid.

STEP 1: MAKE THE AREA SAFE

Your own safety should always come first.

As a first aider, you should:

-Try to find out what has just happened.

- Check for any danger is there a threat from traffic, fire, electricity cables, etc
- Never approach the scene of an accident if you are putting yourself in danger
- Do your best to protect both the injured person(s) and other people on the scene
- Be aware that the property of the injured person is at risk. Theft can occur. So mind your safety.
- seek police or emergency help if an accident scene is unsafe and you cannot offer help without putting yourself in danger.

An important part of safety also includes washing your hands and wearing gloves or a protection when coming in contact with the injured or sick person's blood or body fluids.



As a general rule, the injured person should not be moved from the scene of an accident. Any movement may make the injury worse if there has been a head, neck, back, and leg or arm injury.

Only move injured people if:

- The injured person is in more danger if he is left there

- The situation cannot be made safe
- Medical help will not arrive soon, and
- You can do so without putting yourself in danger.

STEP 2: EVALUATE THE CONDITION OF THE SICK OR INJURED PERSON

If it is safe, you can evaluate the sick or injured person's condition. Always check that he is conscious and breathing normally. Situations in which consciousness or breathing are impaired are often life threatening. Immediately start Basic Life Support which is explained later.

Bleeding can also happen inside the body and can be life-threatening although the loss of blood is not seen.



STEP 3: SEEK HELP

Once you have evaluated the sick or injured person's condition you can decide if help is needed urgently.

If help is needed, ask a bystander to call for help. Ask him to come back and confirm that help is underway.

If you call for help, be prepared to have the following information available:

The location & Nature of Emergency

You might be asked to give your name. Always stay calm and answer their questions calmly.

The call takers are professionals and will give you further guidance.

If an ambulance can be obtained in a short time, it is best to call for one and use it to transport the injured or sick person to the healthcare facility. An ambulance is the best way to transport ill or injured persons, but they are not always and everywhere quickly available.

You can always ask the police for help. If no help is available, you will have to arrange transport yourself (in a van, a truck, a car, an auto-rickshaw, a motorbike, a scooter, a bike-rickshaw, a bike...). Always move the sick or injured person with great care



STEP 4: PROVIDE FIRST AID

Give first aid in accordance to situation

When providing first aid, try to protect an ill or injured person from cold and heat.

In fact, as a general principle, the rule is not to give a casualty anything to drink or eat. Important exceptions include hypothermia (low body temperature), hypoglycemic shock (low blood sugar in a diabetes patient) diarrhoea and fever leading to dehydration and in case of heat exhaustion or heatstroke. The details can be reviewed in the specific chapters on these conditions.

To support him through the ordeal, follow these simple tips:

- tell the sick or injured person your name, explain how you are going to help him and reassure him. This will help to relax him;
- listen to the person and show concern and kindness;
- make him as comfortable as possible;
- If he is worried, tell him that it is normal to be afraid;
- If it is safe to do so, encourage family and loved ones to stay with him; and
- explain to the sick or injured person what has happened and what is going to happen.

WHEN CAN I STOP PROVIDING FIRST AID?

- You see a sign of life, such as breathing;
- Someone trained in first aid or a medical professional takes over;
- You are too exhausted to continue
- The scene becomes unsafe for you to continue.

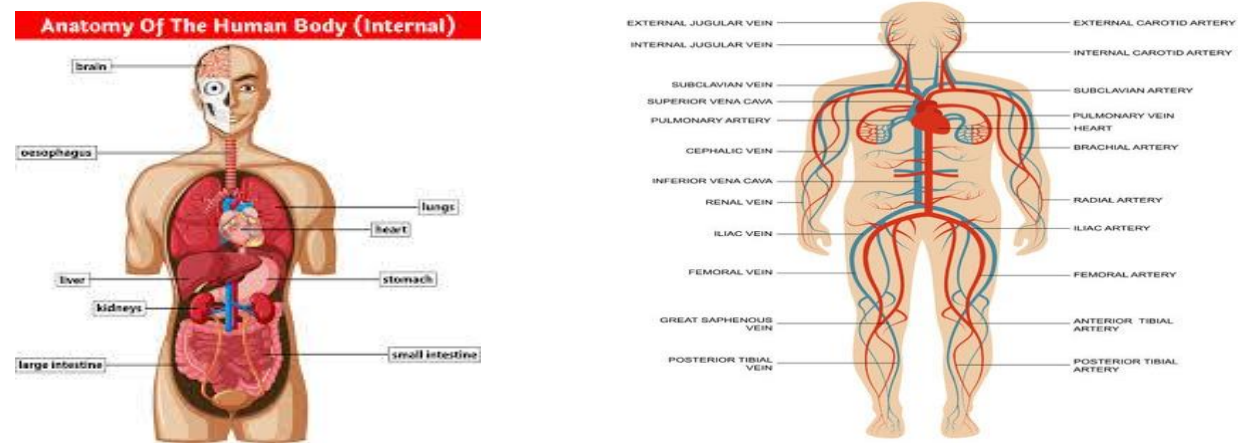
STRESS WHEN GIVING FIRST AID

It is only normal to feel stress if you are suddenly faced with the need to give first aid in a real emergency.

Try to bring your emotions under control before you proceed. You may take some time to stand back from the situation and regain your calm. Do not set about the task too hastily and do not under any circumstances place your own safety at risk.

It is not always easy to process a traumatic event emotionally. It is not unusual for first aiders to experience difficulty when working through their emotions afterwards. Talk to your friends, family, fellow first aiders or someone else. If you are still worried, talk to a professional and seek counselling.

Main Parts and Blood supply of Body

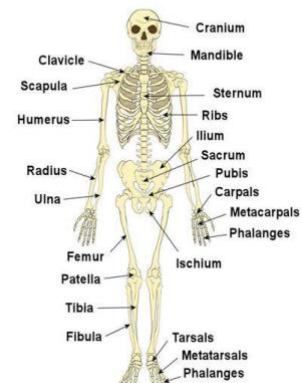


VOCABULARY THE BODY



Major Bones of Body

- **KNOW BONES ON DIAGRAM**
 - Name, location, spelling
- **Sacrum**
 - At end of vertebral column
 - Coccyx at end = tail bone
- **Pelvis =**
 - Ilium
 - Ischium
 - Pubis (pubic bones)



Severe External Injury may have its affect on internal organs also , just have a outer view of which organ is present where .it helps us in deciding the mode and how to transport a patient

BASIC LIFE SUPPORT (CARDIO PULMONARY RESUSCITATION ,CPR)

RESUSCITATION (BASIC CPR)

Reviving someone who is unconscious and /or not breathing or not breathing normally is called Resuscitation.

If the victim is not breathing or is not breathing normally, any source of suffocation should be removed and resuscitation is to be started.

Chest compressions with or without rescue breathings are performed by an individual during cardio pulmonary resuscitation (CPR) in an attempt to restore spontaneous circulation.

For untrained or minimally trained first aid providers treating an adult victim, compression-only CPR is recommended. These chest compressions ensure a small but crucial supply of blood to The heart and brain.

For formally trained first aid providers (and professionals) treating an adult victim, compression with breaths is recommended. If the trained first aid provider is unable or unwilling, or in any other circumstance, compression- only CPR may be substituted for compression with breaths. For babies and children under one year, compressions with breaths are always recommended.

WHAT DO I SEE AND ENQUIRE?

In case of a cardiac arrest (heart stops functioning) you might notice the following signs:

- Sudden collapse,
- Loss of consciousness,
- No breathing,
- No pulse (however this is not always easy for laypeople to confirm).

HOW TO OBSERVE RESPONSIVENESS AND UNCONSCIOUSNESS?

Unconsciousness occurs when a person is suddenly unable to respond to stimuli like sound or pain, and appears to be asleep. A person may be unconscious for a few seconds (as is the case with fainting) or for longer periods of time.

People who become unconscious do not respond to loud sounds or shaking. They may even stop breathing or their pulse may become faint. This calls for immediate emergency attention.

The sooner the person receives emergency first aid in the form of **CPR** better , it can be life saving in some cases

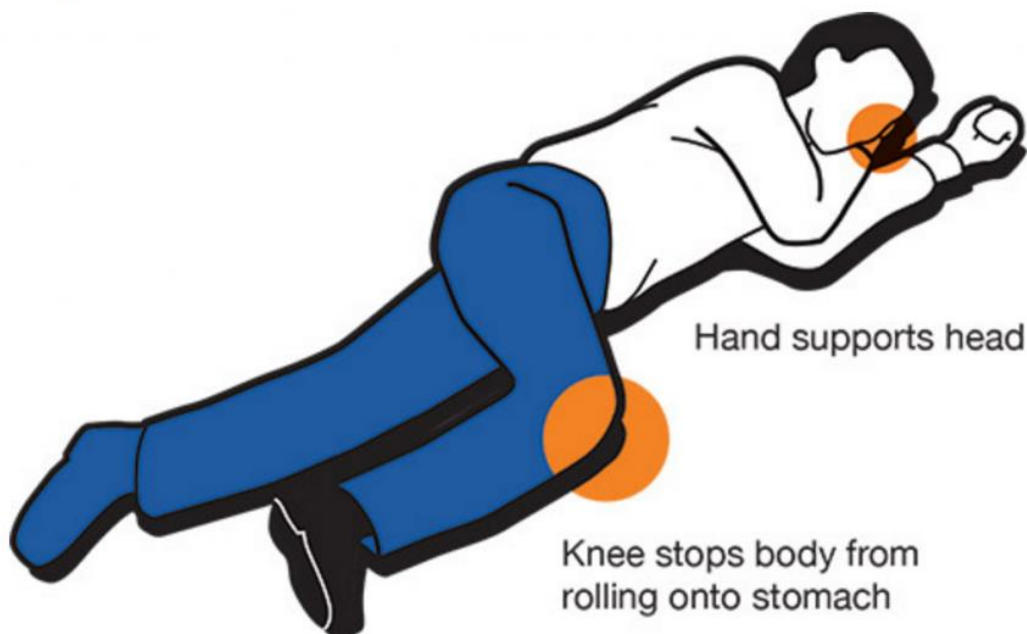
The AVPU scale (an acronym from "alert, voice, pain, unresponsiveness") is a system by which a first aider can measure and record a patient's responsiveness, indicating the level of consciousness. It is based on the casualty's eye opening, verbal and movement (motor) responses.

See whether person is opening eyes, ask to tell the name and move his limbs if not obeying your commands then pinch him to see if he feels the pain and withdraws the pinched area .if not responding any of the above then declare the patient unconscious and start CPR .

Before starting CPR Check the persons and breathing - breathing can be checked easily by the outward movement of chest and abdomen due to indraw of air by the individual , if Breathing then keep the individual in recovery position (left lateral position).But keep observing the person's breathing until medical help arrives as the individual may suddenly stop breathing and no pulse can be felt which mandates **CPR** . In the first minutes after cardiac arrest it often appears as if the person is trying to breathe. It can appear as if the person is barely breathing or is taking infrequent noisy gasps. It is important not to confuse this with normal breathing and you should start resuscitation immediately.

The Recovery Position

Keep the Airway Clear

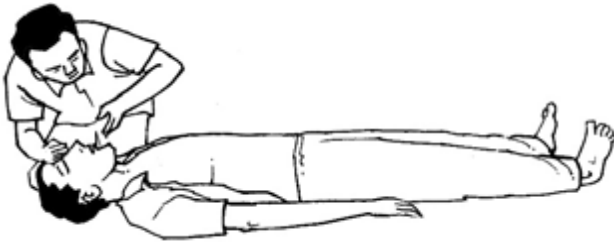


Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

RESUSCITATION OF A PERSON WHO IS NOT BREATHING OR NOT BREATHING NORMALLY

1. SAFETY FIRST AND CALL FOR HELP

2. SECURE AN OPEN AIRWAY – turn the affected individual on his back , kneel beside the casualty, Lift the chin forwards with the index and middle fingers of one hand while pressing the forehead backwards with the palm of the other hand. This maneuver will lift the tongue forward and clear the airways.



Above picture showing Head Tilt and Chin lift Maneuver

The above maneuver should not be performed if you suspect spinal cord injury. Spinal cord injuries are common in flipped vehicle/body accidents.

If you suspect someone has a spinal injury:

- Keep the person still. Place heavy towels on both sides of the neck or hold the head and neck to prevent movement.
- If the person shows no signs of circulation (breathing, coughing or movement), begin CPR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward. If the person has no pulse, begin chest compressions.
- If the person is wearing a helmet, don't remove it.



3. Head Tilt and Chin Lift procedure will open the air way and person may start breathing ,if this happens you succeeded in saving a person .Keep him in recovery position and keep observing until medical help arrives .

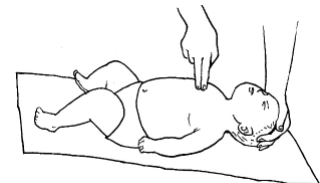
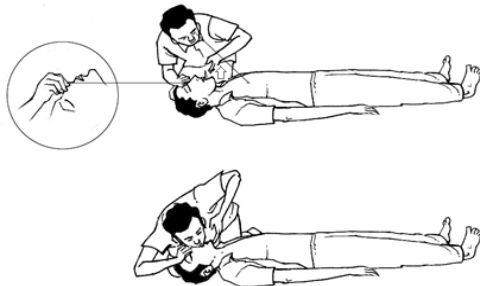
4 . Individual still not breathing after head tilt and Chin lift maneuver start **CPR** immediately in the form chest compressions as below

- Turn the casualty on his back on a hard surface, if not already.
- Kneel next to the casualty, beside his upper arm.
- Place the heel of one hand in the center of the person's chest(sternum area)
- Place the heel of the other hand on top of your first hand
- Lock your fingers of both hands together.
- Make sure your shoulders are directly above the person's chest.
- With outstretched arms, push five to maximum six centimetres downwards.

- Release the pressure and avoid leaning on the chest between compressions to allow full chest recoil. The compression and release should be of equal duration.
- Releasing the pressure will let the blood back to heart
- Do not allow your hands to shift or come away from the breast bone.
- 100 chest compressions should be given per minute .
- If two first aiders present then 2 rescue breaths for every 30 Chest compressions
- If the person's age is below puberty, only use one hand.
- If the victim is a baby, then give chest compressions by fingers



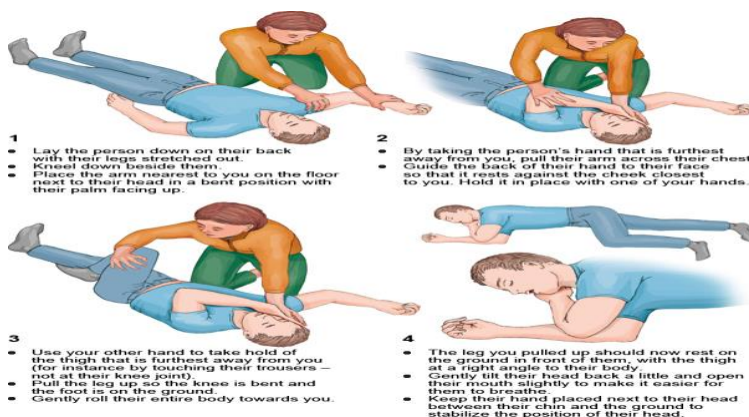
CHEST COMPRESSIONS



RESCUE BREATHS

HEAD TILT CHIN LIFT

IN BABIES



Placing Casualty in Recovery Position

Basic Life Support Flow Chart

D	Check for Danger/Safety
R	Check Response If no response, call 000/112
S	Send for Help
A	Clear and open Airway and check for signs of life
B	Give 2 Breaths if not breathing normally. Recheck for signs of life
C	Give 30 chest Compressions at 100 per minute, followed by 2 more breaths
D	Defibrilate - attach AED as soon as available. Follow the prompts.
Continue CPR until qualified personnel arrive or signs of life return.	
NO SIGNS of LIFE = no response (unconscious), not breathing normally, not moving	

SUMMARY

THE INDIVIDUAL/ CASUALTY IS.....	PROCEDURE TO BE PERFORMED
CONSCIOUS AND BREATHING NORMALLY	GIVE APPROPRIATE FIRST AID
UNCONSCIOUS AND BREATHING NORMALLY	PUT THE CASUALTY IN RECOVERY POSITION
UNCONSCIOUS AND NOT BREATHING OR NOT BREATHING NORMALLY	START CPR /RESUSCITATION

SAFETY OF THE FIRST AIDER IS THE PRIME IMPORTANCE BEFORE HELPING THE CASUALTY, ITS BETTER NOT TO GO FOR FIRST AID IF SAFETY OF THE PLACE CANNOT BE ASSESSED OR PUTS FIRST AIDER AT RISK OF INJURY .

MOVE THE CASUALTY/INDIVIDUAL TO SAFE AND AREATED PLACE

KEEP THE CAUTION SIGN BOARDS IF AVAILABLE AT SPOT ,ALWAYS ASK FOR OTHER BY STANDERS TO HELP.

ASK SOMEONE TO DAIL EMERGENCY HEALTH CARE/POLICE/FIRE NUMBER AND RECONFIRM WHETHER SOMEONE HAS CALLED THE NUMBER .

DON'T ALLOW EXCESS CROWD TO ACCUMULATE.

CHECK FOR HIS BREATHING /CONSCIOUSNESS - FOLLOW FLOW CHART .

CPR/RESUSCITATION IS THE GO TO STEP FOR ALL NON BREATHING UNCONSCIOUS INDIVIDUALS OF WHATEVER CAUSE SUCH AS HEART ATTACK,DRWONING,SNAKE BITE,SMOKE,CHOKING,ROAD TRAFFIC ACCIDENT,ELECTRIC SHOCK etc .

A FIRST AIDER MUST BE ABLE TO DO A TIP TO TOE EXAMINATION AT A GLANCE TO SEE FOR OTHER INJURIES .

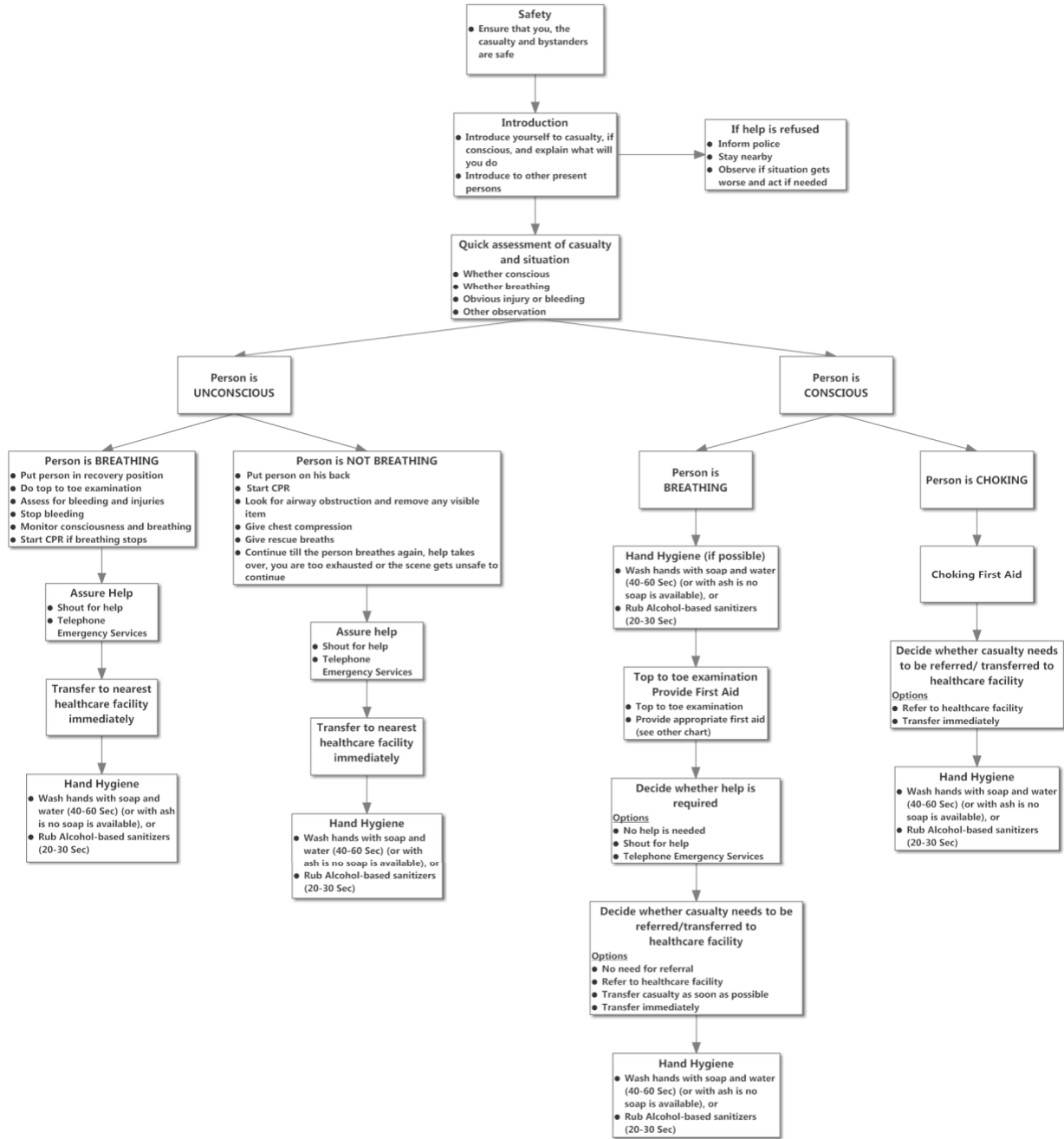
WEAR PROTECTIVE COVER WHILE DOING FIRST AID ,SUCH AS GLOVES,MASK IF NOT AVAILABLE USE YOUR HANDKERCHIEF.

IF ANY BLEEDING POINTS ARE FOUND ON INDIVIDUALS BODY APPLY PRESSURE TO STOP BLEEDING .

IN CASE OF ON GOING MASS CASUALTY ATTEND TO THE PERSONS WHO CAN BE MOVED SAFETY FIRST AND THEN UNCONSCIOUS PERSONS.

BE READY TO STEP ASIDE WHEN EXPERIENCED PERSON ARRIVES AT THE SCENE. WASH YOUR HANDS THOROUGHLY AFTER THE FIRST AID IS COMPLETE.

FIRST AID OVERVIEW FLOW CHART



CHOKING ADULT /BABY

When a person is having severe difficulty in breathing because of an obstructed airway due to foreign body, FOOD, swelling or lack of air the individual is said to be in choking.

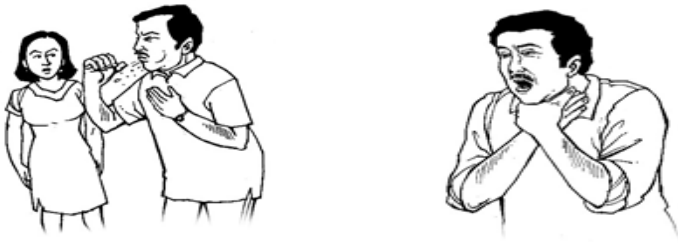
Coughing is the natural way of clearing the airway when the person experiences mild choking. It is also a sign that he still gets air through the windpipe.

Severe choking happens when the foreign object or a local swelling blocks the airway. This is a life-threatening emergency.

Infants and children often choke after swallowing non-edible objects such as coins, marbles, seeds, buttons or small toys.

Most adult cases of choking occur while eating. Since choking often occurs while eating, there are usually people present near the casualty. This means there is a good chance that someone will be able to give help quickly.

WHAT DO I SEE AND ENQUIRE?



When a person is choking, you may observe the following:

- The person has difficulty in breathing,
- he tries to cough something out but it does not help,
- He cannot speak or make any sound,
- He puts his hands on his throat,
- The lips and tongue turn blue,
- The veins in the face and neck stick out, or
- The person becomes dizzy and might lose consciousness.

Follow the BELOW guidelines if the choking person's age is more than one year.

APPROACH AND HELP THE CHOKING PERSON

Ask the person 'Are you choking?' (Only if the person can understand and answer the question).

WHAT DO I DO IF THE PERSON CAN ANSWER THE QUESTION, CAN COUGH OR BREATHE?

Ask the person to keep coughing. Do not do anything else, but stay with the person until he breathes normally again.

WHAT DO I DO IF THE PERSON CANNOT SPEAK, COUGH OR BREATHE?



1. Stand to the side and a little behind the choking person or child (aged older than one year).
2. Support the person's chest with one hand and bend him forward.
3. Give five firm blows between the person's shoulder blades. To do so, use the heel of your free hand. Verify if the object has come out and the person can breathe again.

WHAT DO I DO IF THE OBJECT DID NOT COME OUT AND THE PERSON IS STILL CHOKING?



HEIMLICH'S MANEUVER

1. Stand behind the choking person and put both hands around him, so your hands meet in front of the person.
2. Make a fist and place it between the navel and lower tip of the breastbone of the person. Hold onto this fist with your other hand.



3. Bend the choking person forward and pull your fist firmly towards you and upwards.
4. Give five abdominal thrusts. This method of abdominal thrusts can only be used on people older than one year.

5. If the passage of air is free, stop giving further abdominal thrusts. But always stop after five abdominal thrusts.
6. If the object does not come out and the person is still choking, give another five blows on the back followed by five abdominal thrusts.
7. Repeat this until the object is released or until the choking person loses consciousness

CHOKING IS GENERALLY WITH FOREIGN BODY AND IT SHOULD BE DIFFERENTIATED FROM SHORTNESS OF BREATH WHICH IS DUE TO UNDERLYING DISEASES OF HEART AND LUNGS .HEIMLICH'S MANEUVER SHOULD BE DONE ONLY IN CHOKING INDIVIDUALS.

WHAT DO I DO IF THE PERSON LOSES CONSCIOUSNESS?

1. Carefully place the unconscious person on the floor.
2. The person urgently needs help. Shout or call for help if you are alone but do not leave the person unattended. Ask a bystander to seek help or to arrange urgent transport to the nearest healthcare facility. Tell him to come back to you to confirm if help has been secured.
3. Kneel down by the side of the person.
4. If the person is not on his back, turn him on his back.
5. Start CPR.

Do not interrupt the resuscitation until:

- The victim starts to wake up, moves, opens his eyes and breathes normally;
- Help (trained in CPR) arrives and takes over;
- You are too exhausted to continue; or
- The scene becomes unsafe for you to continue.

WHAT DO I DO IF THE CHOKING PERSON IS A BABY UNDER THE AGE OF ONE YEAR?



1. The baby urgently needs help. Shout or call for help if you are alone but do not leave the child unattended. Ask a bystander to seek help or to arrange urgent transport to the nearest healthcare facility. Tell him to come back to you to confirm if help has been secured.
2. Kneel down so that you can use your thighs to prevent the baby from falling.
3. Lay the baby down along your forearm. If you are right-handed, use your left forearm; if you are left-handed, use your right forearm.
4. Support the baby's head and neck with one hand without covering the mouth so the baby lies face down, with the baby's head below his trunk, over your forearm, supported by your thigh.

5. With your free hand, give five firm blows with the base of your palm to the area between the baby's shoulder blades.
6. Quickly turn the baby, while supporting the head, onto his back to face you, resting on your arm.
7. Check if the object has come out and the baby can breathe freely.

WHAT DO I DO IF THE OBJECT DOES NOT COME OUT?



1. Place two fingers (the two after your thumb) in the middle of the baby's chest and deliver five thrusts (pushing inwards and upwards). This method of chest thrust is only to be used on babies under the age of one year.
2. Stop after five thrusts.
3. If the object does not come out and the baby is still choking, give another five blows on the back followed by five thrusts.
4. Repeat this until the object is released or the choking baby loses consciousness.

WHAT DO I DO IF THE BABY LOSES CONSCIOUSNESS?

1. Lay the baby down on the floor or on a hard and safe surface.
 2. Start CPR on the baby.
- Do not interrupt the resuscitation until:
- The baby starts to wake up, moves, opens his eyes and breathes normally; or
 - Help (trained in CPR) arrives and takes over.

HYGIENE

Always wash your hands after taking care of a person. Use soap and water to wash your hands. If no soap is available, you can use ash to wash your hands. Alcohol-based sanitizers can also be used, if available.

WHEN TO REFER A CHOKING PERSON A HEALTHCARE FACILITY?

Always urgently transport the person to the nearest healthcare facility if he lost consciousness. Always urgently transport a choking baby or child for a check-up and follow-up to the nearest healthcare facility, even if the obstruction came out and the baby or child is breathing normally again. Always advise the person to visit healthcare facility as soon as possible if abdominal thrusts has been applied.

WHAT DO I DO IN CASE OF A VICTIM SUFFERING SUFFOCATION BY SMOKE?

B.7.1.1 SAFETY FIRST

1. Shout or call for help if you are alone but do not leave the person. Ask a bystander to seek help. Tell him to come back to you to confirm if help has been secured.
2. Make sure there is no danger to you. Do not take any risk that could endanger you. The fire brigade has specialized teams and equipment to handle these situations safely.
3. Protect yourself by a towel or a cloth (preferably wet) over your mouth and nose.
4. Crawl on the floor and stay as low as possible.

MOVE THE VICTIM OUT OF THE SMOKE

5. Move the victim as quickly as possible away from the area.
6. Loosen the victim's clothes at neck and waist.
7. If the breathing stopped, call for help and start CPR.
8. Always arrange transport for the victim to a healthcare facility for further follow up.

FIRST AID FOR BLEEDING (IN GENERAL)

WHAT DO I SEE AND ENQUIRE?

A person who has an injury which is bleeding severely is in a life-threatening situation and needs immediate help. Therefore, stopping the bleeding is a core first aid activity. In addition, bleeding in the face or neck may impede the air flow to the lungs.

There might be an open wound that is bleeding.

- The bleeding might be profuse.
- There might be an object stuck in the wound. Even if you cannot see an object, there might be something stuck in the wound if:
 - The injured feels pain in a specific area;
 - The injured person reveals a painful lump;
 - The injured person feels there is something stuck in the wound;
 - There is a discoloured area where the pain is.

Suspect bleeding inside the body if the injured person:

- Is losing blood from body cavities (nose, ear(s), mouth, sex organs, anus);
- Is breathing rapidly;
- Has a cold and clammy skin that is pale or turns blue;
- Has a rapid heartbeat (pulse);
- Is behaving in an irritated or unusual way;
- Has pain or complains about tenderness; sometimes there is also swelling in the abdomen or chest at the place of the suspected internal bleeding;
- Becomes sleepy or falls unconscious.

WHAT DO I DO?

SAFETY FIRST AND CALL FOR HELP

1. Make sure there is no danger to you and the person.

2. The person urgently needs help. Shout or call for help if you are alone but do not leave the person unattended. Ask a bystander to seek help or to arrange urgent transport to the nearest healthcare facility. Tell him to come back to you to confirm if help has been secured.

HYGIENE

3. Wash your hands before and after taking care of the patient. Use soap and water to wash your hands. If no soap is available, you can use ash to wash your hands. Alcohol-based sanitizers can also be used, if available.

4. Put on gloves if available. You can also use a clean plastic bag. Try not to come in contact with the person's blood.

STOP THE BLEEDING

5. Ask the injured to sit or lie down or put him in comfortable position.

6. Comfort the person and explain what is happening to him. Tell the person to relax and rest. He should not try to exert.

7. Try to stop or slow down the bleeding; press with both hands on the wound with a clean cloth or bandage. Alternatively, if possible, ask the injured to press on the bleeding wound himself to stop the bleeding.

8. If you have a piece of clean (cotton) cloth, then cover the wound with it. If you have no bandages, improvise with other materials.

9. You can also wrap a bandage around the wound to slow down the bleeding, but continue to apply pressure until the bleeding stops.

Make sure the bandage is firm enough so it stops the bleeding but doesn't cut off all the blood flow.

If the part of the body below the bandage changes colour or is swelling or the injured person says he is losing any feeling there, loosen the bandage a little but do not remove it. If the blood flow to a limb is stopped an injured person can lose his limb.

10. Do not apply a tourniquet or fix a bandage above the wound, except in special situations (as specified below)!

Only apply a tourniquet:

-If the bleeding of an external limb cannot be stopped by putting direct pressure on the wound, or

-If there are many casualties you have to give help to.

-The first aider has been well trained on how to apply a tourniquet.

If a tourniquet is applied on a bleeding limb:

a. apply it above the wound,

b. note down the time when the tourniquet is applied,

c. maximally have a tourniquet applied for 2 hours,

d. transfer the casualty as quickly as possible to a healthcare facility for further treatment.

11. If the bandage becomes soaked in blood, do not remove it, but add another bandage on top of it and continue to apply pressure.

12. Take off jewels or anything else in the area of the wound that may cut off blood flow because of swelling. Keep the jewels and belongings with the owner or in a safe place.

13. Keep the injured person warm by taking off wet clothing, covering him with a blanket or other covering, taking care not to overheat him.
14. Keep checking for the bleeding and also check that the person is conscious and breathing properly. If not breathing go for the **CPR FLOW CHART**.
15. Stay with the person until medical help is available.
16. Do not give the injured person anything to eat or drink.
17. Arrange transport to the nearest healthcare facility.

WHAT DO I DO IF AN OBJECT IS STUCK IN THE WOUND?

1. Do not remove the object
2. Check if the object caused an additional exit wound if it passed through; try to stop the protruding object from moving (do not remove the object) with bulky material and bandages.
3. Build up padding around the object until you can bandage over it without pressing down.
4. Bandage the material above and below the object with a piece of clean (cotton) cloth or improvise with other materials.

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- a. apply it above the wound,
- b. note down the time when the tourniquet is applied,
- c. maximally have a tourniquet applied for 2 hours,
- d. transfer the casualty as quickly as possible to a healthcare facility for further treatment.

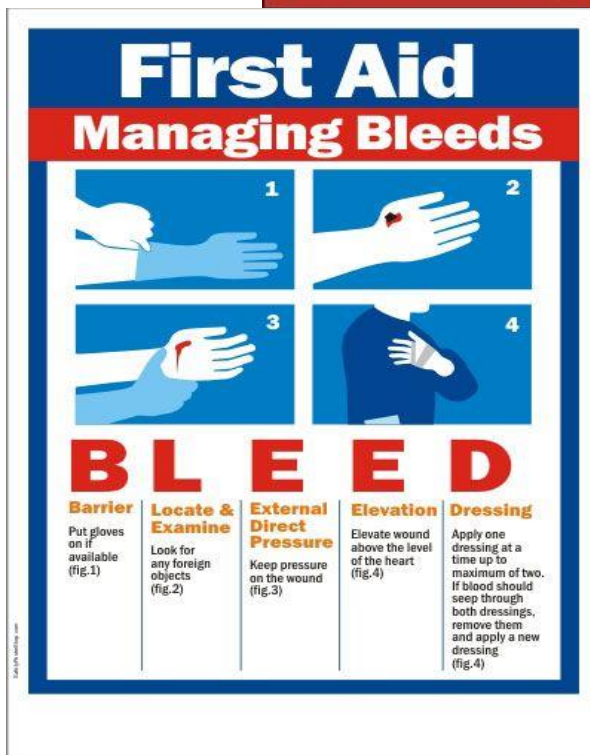
6. If the bandage becomes soaked in blood, do not remove it, but add another bandage on top of it and continue to apply pressure.

7. Take off jewels or anything else in the area of the wound that may cut off blood flow because of swelling. Keep the jewels and belongings with the owner or in a safe place.

WHAT DO I DO WHEN I SUSPECT AN INTERNAL BLEEDING?

1. Ask the injured person to sit or lie down or make him comfortable.
2. Check the airway, breathing and circulation.
3. If there is also external bleeding: try to stop or slow down the external bleeding; press with both hands on the wound with a clean cloth or bandage.
4. Keep the injured person warm by taking off wet clothing, covering him with a blanket or other covering, taking care not to overheat him.
5. Keep checking that the person is conscious and breathing properly.
6. If the person stops breathing, start CPR.

7. Do not apply hot water bottles or ice bags to the chest or the abdomen.
8. The person needs to be transported urgently to the nearest healthcare facility.



IN SMALL MINOR INJURIES & ABRASIONS WOUND CAN BE CLEANED WITH RUNNING WATER AND FIRST AID CAN BE DONE

AMPUTATION

Re-attachment of amputated limbs, fingers or toes might be possible if the injured and the amputated part(s) arrive at the hospital as soon as possible.

In case of an amputation:

1. Control the bleeding by providing direct pressure to the wound. Put a clean cotton bandage on the wound.
2. Place the amputated part in a clean plastic bag.
3. If possible, place the packed amputated part in a container of ice. Do not put ice directly on the amputated part – the amputated part should always be packed in a clean plastic bag.

Do not put liquids or antiseptic products on the amputated part

4. Mark the package clearly with the casualty's name and the time the amputation occurred.
5. Arrange urgent transport of the casualty and the amputated part to the nearest hospital.
6. Wash your hands after taking care of the patient. Use soap and water to wash your hands. If no soap is available, you can use ash to wash your hands. Alcohol-based sanitizers can also be used, if available.

Always urgently transport the casualty suffering an amputation injury to the nearest healthcare facility, If the amputated part has been recovered, do not forget to send it together with the casualty.



IF THERE IS CRUSH INJURY WITHOUT AMPUTATION THEN DO FIRST AID FOR BLEEDING AND SHIFT THE PATIENT IMMEDIATELY TO HEALTH CARE FACILITY

First Aid for FRACTURE

1 Try to maintain the patient still and composed. Prevent unnecessary movement arising out of anxiety or fear. Do not move the victim unless he is in danger.

2 Examine the person closely for the presence of other injuries and call for medical help. If medical help is quickly available, handover the patient to them for further treatment.



3 If there is a break in the skin surface, it can be rinsed to remove any visible dirt or other potential contamination. However, vigorous flushing or scrubbing of the wound should be avoided.



4 The broken bones can be immobilized with either a splint or string. Rolls of newspaper or strips of wood can be used. It is important to immobilize the area both above and below the injured bone.



Splint
A splint helps to immobilize the bone before professional medical attention can take over.

Sling
A sling can help stabilize an arm that is broken.

5 Ice packs can be applied to reduce pain and swelling. Place gently over the site of the fracture (Not to be placed directly over an open wound).



Do not move a victim whose back, neck, or head are injured unless absolutely necessary. If you must, keep the back, head, and neck in a single straight line and support them to prevent them from twisting, using a stretcher if possible.




IF THE INDIVIDUAL IS ABLE TO SUPPORT HIS FRACTURED LIMB THEN HE SHOULD BE ALLOWED TO DO SO, AS THE FIRST AIDER SUPPORTING THE LIMB OF INDIVIDUAL WILL LEAD TO UNCESSARY MOVEMENT OF FRACTURED LIMB AND FURTHER DISPLACEMENT AND INCREASED PAIN. IF THERE IS DOUBT ABOUT FRACTURE INTERNALLY AND INDIVIDUAL EXPRESSES SEVERE PAIN THEN ALSO THE PART WITH PAIN AND SWELLING CAN BE SPLINTED/IMMOVABLE SUPPORT.

RED CRESCENT FIRST AID TIPS

Fits

- Keep the victim safe. You may need to lower him to the floor gently to prevent injury.
- Move harmful objects, including furniture, away from the victim.
- Loosen tight clothing around his neck. Then wait a few minutes for the fit to pass.
- When the fit has passed, move the victim into the recovery position while he is still sleeping.
- Stay with the victim until he wakes up.
- When the victim wakes up, explain what has happened, give reassurance, and refer him to the health centre.




During the 'fit' DO NOT

- Try to stop the shaking.
- Give medicines, remedies, or drinks.
- Try to put anything in the victim's mouth.

Presented jointly by Malaysian Red Crescent Society and the Malaysian media in conjunction with the "First Aider in Every Home" campaign. Call 03-4578122

ELECTRIC SHOCK SURVIVAL

EMERGENCY: An electric shock may stun the victim and they may stop breathing. Check for any potential DANGER. For HIGH VOLTAGE situations, wait until a certified person has turned off the power. In LOW VOLTAGE situations, immediately switch the power off or if not practical clear the area of electrical contact around the victim with materials such as wood, rope, plastic or rubber. Do not use any metal or moist objects. Begin the RESUSCITATION procedure below immediately.

- DANGER** Check for danger to yourself, to others and to the casualty.
- CALL FOR HELP** Ask a bystander to dial 999 or 112 from a mobile phone.
- RESPONSE** Check for response - Gently shake casualty and shout to them.
- CLEAR AIRWAY** If there is no response, check and clear airway. If resuscitating a child - use a moderate head tilt. If resuscitating an infant - there is no head tilt. Give 2 puffs of air.
- BREATHING** Check for breathing. Observe Airway, Breathing.
- NOT BREATHING** Tilt head backwards. Seal casualty's mouth. Give 2 rescue breaths. Give 2 small breaths. Give 2 puffs of air.
- COMPRESSIONS** Place heel of hand on the middle of chest. Compress chest 4-5cm or 1/3 of chest depth 30 times & give 2 breaths. (rate at 100 per minute)
- DEFIBRILLATION** Attach A.E.D. (Automated External Defibrillator) if available and follow audio instructions.

REMEMBER: DANGER - RESPONSE - AIRWAY - BREATHING - COMPRESSIONS - DEFIBRILLATION

BRADY NOTE: Information is provided for guidance only. It is recommended that persons associated with high-risk situations obtain formal training in current resuscitation methods. Procedure has been amended in accordance with the Australian Resuscitation Council Guidelines.





STOP DROP ROLL

- Never run if your clothing catches fire. Running will fan the flames. **STOP, DROP, and ROLL** on the ground to smother the flames.
- Smother the flames with a blanket, rug, or coat.
- Use water to douse the fire and cool skin.

First Aid for BURNS

- Cool** with running water
 - Cool the burned area with cool running water for up to 20 minutes, or until pain is less severe.
 - Take off any jewellery and clothing that would be on the way. Do not attempt to peel any clothing that is stuck to the wound or that could cause the skin to tear. If running water is not available, use a damp cloth, wet towel, sponge or immersion in water. Do not use any powders or ointments.
 - Minor burns with only redness and no blisters, can be treated with topical burn treatment or aloe vera.
 - Do not use ice or ice packs, which can cause tissue damage. Do not apply butter, oil, toothpaste, cream, ointment or a cream. Serious burns may need and complicate the injury.
- Cover** the burn
 - Cover the burn with sterile material (or plastic) from infection. Use a clean, dry dressing or plastic cling film wrap to cover the burn.
 - Do not use adhesive or fluffy material. Do not break blisters or lift or peel any skin.
- Call** emergency assistant
 - For deep or extensive burns, of any size, send the patient immediately to the hospital for further medical treatment.

ANIMAL BITES -

SNAKE BITE: DOS & DON'TS

✗ DON'T

✓ DO

 Take the patient to a tantrik or a snake charmer for treatment

 Immobilize the affected limb

 Suck the wound

 Apply basic first aid (wash the wound with soap & water)

 Cut the wound open

 Tie ligatures around the wound

 Rush the patient to the nearest hospital that can deliver Tetanus Toxoid, Anti-venom and emergency care

 Burn the wound

 Apply herbal pastes over the wound





www.indiansnakes.org

www.greenhumour.com



WHAT TO DO AFTER A BEE STING

3 SIMPLE STEPS

For the majority of people, a bee or wasp sting causes pain, swelling, tenderness and redness near the sting.

Treat these symptoms at home by following these 3 steps

1



REMOVE THE STINGER WITH A DULL-EDGED OBJECT

Use a blunt object, such as a credit card or butter knife, to gently scrape across the affected area.

 Do not use tweezers, they could squeeze the stinger's venom sack and make symptoms worse.

2



APPLY A COOL COMPRESS

Apply a cool compress, such as an ice pack, once the stinger is removed to help alleviate pain.

 An antihistamine taken orally or applied as a cream can help alleviate itching and swelling.

3



ELEVATE THE AREA

Elevate the area, depending on the location of the sting, to help reduce swelling.

 These symptoms can last between a few hours and a few days.

GO TO THE ER IMMEDIATELY


IF

You are experiencing a more severe reaction. These symptoms include:

- A feeling of uneasiness, tingling sensations, and dizziness
- Generalized itching & hives
- Swelling of the lips & tongue
- Wheezing and difficulty breathing
- Collapse and loss of consciousness

PREVENTION

Protect yourself from bee and wasp stings by avoiding:



WEARING BRIGHT COLORS



SCENTED PERFUME



HAIR SPRAYS

Bees and wasps are social creatures and only sting humans to protect their hive. Don't bother them, and they won't bother you!

MERCK MANUALS

merckmanuals.com

First Aid for Animal Bites



Bites, whether by animals or humans, can be dangerous.

This is because the mouth may be full of organisms that cause infection.

What should you do?

- All bites should be thoroughly washed with soap & water. Helps to wash off as many germs as possible.
- A bite from a dog, cat, wolf, fox or monkey could cause rabies. Unless you know for sure that the animal causing the bite has been vaccinated against rabies, inoculation must start at once, because rabies always results in death.
- Don't Cover the bite
- Don't stitch a bite up as it may lead to a festering infection.

FIRST AID KIT



Steps in Psychological First Aid –

Psychological First Aid should be provided at the scene simultaneously with physical first aid. Psychological first aid helps in prevention of Post Traumatic Stress Disorder.

1. Contact and Engagement

Goal: Respond to contacts initiated by affected persons, or initiate contacts in a non-intrusive, compassionate, and helpful manner.

2. Safety and Comfort

Goal: Enhance immediate and ongoing safety, and provide physical and emotional comfort.

3. Stabilization (Provided only if needed)

Goal: Calm and orient emotionally-overwhelmed/distraught survivors.

4. Information Gathering: Current Needs and Concerns

Goal: Identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.

5. Practical Assistance

Goal: Offer practical help to the survivor in addressing immediate needs and concerns.

6. Connection with Social Supports

Goal: Help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.

7. Information on Coping

Goal: Provide information (about stress reactions and coping) to reduce distress and promote adaptive functioning

8. Linkage with Collaborative Services

Goal: Inform and link survivors with available services needed at the time or in the future.

Summary

First Aid is temporary ,Immediate care for a person who is injured or who becomes suddenly ill.

It does not replace the care of the Registered Physician /Hospital Care , Nurse , Paramedic.

Steps of Any First Aid

1.Safety First
2.Privacy & Consent
3.Evaluation of Injury/Person
4.Seek Help /Call Emergency Number
5.Give First Aid /Recovery Position/CPR
6.Take to Hospital Setting / Emergency Personnel

