

First Aid Considerations

- ❖ **Response to major emergencies:** What you do in the first few critical minutes can save a life. When you provide first aid correctly, paramedics and doctors can provide their care more effectively.
- ❖ **FIRST STEPS:**
- ❖ **A. DON'T PANIC!**

Try to be calm as you assess the situation, and determine the type of emergency. Do not injure yourself or further injure a victim in a foolish attempt at rescue. Determine what treatments have been given.
- ❖ **B. SEND FOR HELP** - This may be the most important thing you can do.
- ❖ **Calling 9-1-1 on the road:** Although there are now technological ways to obtain the geographical location of the caller, a 9-1-1 caller commonly still needs to be aware of the location of the incident about which he or she is calling.

Tips for 911 Calls on the Road

- Tell the emergency operator the location of the emergency right away.
- Provide the emergency operator with your wireless phone number, so if the call gets disconnected, the emergency operator can call you back.
- Consider creating a contact in your wireless phone's memory with the name "ICE" (in Case of Emergency), which lists the phone numbers of people you want to have notified in an emergency.
- Although some states often reserve specific numbers for these types of calls, (ex. #77 in Virginia) in CA, we should call 9-1-1.

GIVE FIRST AID until relieved by medical personnel

- **Do not move victim unless absolutely necessary, especially if a head or neck injury is suspected.**
- **Check level of responsiveness.**
- **Check airway, breathing and circulation (the ABCs of CPR)**
- **Stop serious bleeding.**
- **Check for broken bones or other injuries.**
- **Locate medical alert tags, if any.**
- **Assist emergency personnel when they arrive by providing pertinent information.**

Checking for responsiveness:

Tap or gently shake the victim. Shout, “Are you okay?”
If no response, send someone for help or call yourself.

Unresponsiveness continued:

Do not move victim unless absolutely necessary, especially if a head or neck injury is suspected.

Don't try to straighten or pull on neck. Keep the victim in position found.

Try to roll clothes or towels to place on sides of neck, without moving it.

Monitor and record breathing and pulse, and prepare to start resuscitation.

If the victim vomits, log roll him onto his side.

If no response, roll the victim towards you onto their back.

Check for breathing: Look, listen and feel.

If the victim is breathing but injuries are apparent: **DO NOT MOVE THE VICTIM.**

If the victim is unresponsive but breathing, with no apparent head or neck injuries, put the victim in a **recovery position**, on their side.

Recovery position



All forms of the recovery position share basic principles:

The mouth is downward so that fluid can drain from the patient's airway.

The chin is well up to keep the epiglottis opened.

Arms and legs are locked as to stabilize the position of the patient

CPR - If unresponsive and not breathing, move to CPR.

- In 2010, new guidelines released by the American Heart Association recommend that the three steps of cardiopulmonary resuscitation (**CPR**) be rearranged.
- The **new first step is doing chest compressions** instead of first establishing the airway and then doing mouth to mouth. The new guidelines apply to adults, children, and infants, but exclude newborns.
- **The old way was A-B-C -- for airway, breathing and compressions.**
- **The new way is C-A-B -- for compressions, airway, and breathing.**
- The new guidelines may inspire more people to perform CPR. Mouth to mouth is hard if you're not trained, but anybody can do chest compressions, whether they have had a class or not. **Good chest compressions really help save lives.** In many cases, there is a reserve of oxygen left in the patient's blood and lungs from the last breath, and we can take advantage of that oxygen reserve and just do chest compressions.

Correct position for chest compressions

Starting with chest compressions is easier to remember, and for many victims that alone will be lifesaving.

The old approach was causing delays in chest compressions, which are most crucial for keeping the blood circulating.



Bleeding

External bleeding –If blood present, **gloves should be worn**, if available.

- **Apply direct pressure** with a sterile dressing or clean cloth over the wound.
- Apply firm steady pressure. If a dressing or cloth is not available, have the victim use his own hand. Use your bare hand only if absolutely necessary.
- **Elevate the body part above the heart**, if a broken bone is not suspected.
- If possible, **apply a pressure bandage**, which helps to hold dressing in place. If blood soaks through, apply additional dressings on top of old ones, rather than replacing. Then bandage more firmly.
- When should you apply a **tourniquet**? The simple answer: **almost never**.
- Tourniquets severely restrict or occlude blood flow to the arm or leg to which they are applied. **Applying a tourniquet is a desperate move** - only for the most dire emergencies where the choice between life and limb must be made.

Nosebleeds

- Use your thumb and forefinger to **firmly pinch the soft part of your nose shut**. Spraying the nose with a medicated nasal spray (such as AFRIN) before applying pressure may help stop a nosebleed. You will have to **lean forward** and breathe through your mouth.
- **Apply an ice pack** to your nose and cheeks. Cold will constrict the blood vessels and help stop the bleeding.
- **Keep pinching for a full 10 minutes**. Don't Peek! Check to see if your nose is still bleeding after 10 minutes. If it is, hold it for 10 more minutes. Most nosebleeds will stop after 10 to 20 minutes of direct pressure.



Bone and Joint Injuries

- Help the victim find a comfortable position, but do not move if head or neck injury is suspected.
- Seek medical attention if walking or breathing is difficult, or if multiple injuries.
- **Suspect a broken bone if** symptoms include a painful, swollen, or deformed extremity, or painful movement.
- **Immobilize Bone injuries:** Splint the **joint** above and below the injured bone.
- **Joint injuries:** Splint the **bone** above and below the injured joint.
- **Splint all extremity injuries in the position found.**
- If there is no open injury to the skin, apply a cold pack over the injury, but not directly to the skin.
- If the extremity is splinted and movement does not increase discomfort, elevate the body part.

Shock

–breathing and heartbeat are seriously threatened by insufficient circulation of oxygenated blood to vital organs

Symptoms:

- ✓ Pale, grayish or bluish color
- ✓ Cool, moist and clammy skin, with overall weakness
- ✓ Rapid (> 100 beats per minute) and weak pulse
- ✓ Increased respirations, shallow and irregular breaths, deep sighing
- ✓ Restlessness and anxiety, and/or confusion
- ✓ Sweating, dizziness
- ✓ Thirst
- ✓

Note: some of these **symptoms are similar to a diabetic insulin reaction.**

If possible, determine if the victim is diabetic, and if so, give him something sweet to eat or drink. Seek medical attention immediately.

Treatment:

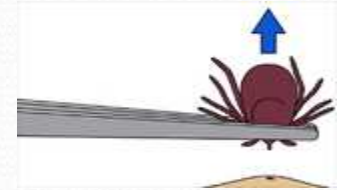
- ✓ Keep the person warm and lying down, with their **feet elevated** 12 inches if possible
- ✓ Perform First aid for bleeding, fractures or other injuries.
- ✓ Try to keep the person calm until help arrives.
- ✓ Do not give him anything to eat or drink, moisten an uncomfortably dry mouth w. wet cloth.
- ✓ Watch for change in level of consciousness.

Burns

- **Superficial** -1st degree, involves only the epidermis, no blisters
- **Partial thickness** -2nd degree, more areas of epidermis, /blisters
- **Full thickness** -3rd degree, both layers of skin and beyond
- Do not remove anything stuck to a burn.
- Do not touch the wound, and risk introducing infection.
- Do not use dry or fluffy dressings to the wound, as they will stick.
- Do not put lotions or ointments on a burn.
- Do not burst any blisters, as intact blisters are protection from infection.
- Cool burns with running cool water if possible.
- Raising a burned extremity may help with swelling, and raising feet may help to reduce shock symptoms.

Tick Bites

- Ticks don't just bite, they burrow in headfirst.
- Ticks can cause Lyme disease and need to be removed as soon as they are discovered. If you do not see a tick, treat the bite like any other bug bite.
- Check frequently for ticks in areas of the body that get moist (under arms, groin, buttocks, waist, belly button, neck, backs of knees)



Removing a Tick – You need tweezers and gloves or tissue

- Grasp the tick with the tweezers very close to the skin. Pull with gentle, constant pressure. Pulling too hard will tear the tick and leave some behind. Examine the tick to make sure all of it has been removed. Look for the tick's mouthparts to be intact.
- If any of the tick is missing, seek medical attention immediately. If possible, save the tick in an airtight container, do not touch it. Watch the victim for several days. If signs of Lyme disease are seen, seek medical help immediately.
- Do not twist pull, or burn the tick. Do not touch the tick with bare skin.
- <http://video.about.com/firstaid/How-To-Remove-a-Tick.htm>

Snake Bites



- **Safety first! Get away from the snake.** That's probably why it bit in the first place. Follow universal precautions and wear personal protective equipment if you have it. Look for two small puncture wounds at the site of the snake bite.
- **Call 911 immediately!** Waiting until pain occurs may lead to permanent tissue damage. Follow the basics of first aid while waiting for responders to arrive. Be especially concerned about the potential for shock.
- **Do not elevate.** Keep the bite below the level of the heart.
- **No cutting and sucking.** The snakebite kits from the drug store don't work. Cutting into the wound will just create infections.
- **Wash the area** with warm water and soap. **Remove constricting clothing and jewelry** from the extremity. The area may swell and constricting items will cause tissue death.
- If the snake is an elapid species (such as coral snakes and cobras), wrap the extremity with an elastic pressure bandage. Start from the point closest to the heart and wrap towards the fingers or toes. Continue to keep the bite lower than the heart.

Insect Stings

- **Can be very dangerous if a generalized allergic reaction develops.**
- If present, remove stinger by scraping lightly back and forth, possibly with credit card. Do not squeeze or use tweezers.
- Wash the wound thoroughly with soap and water, if available.
- Apply an ice pack or cold compress over the area to reduce pain and swelling. Never apply ice directly on skin.
- Oral antihistamine, anti-itch ointment or cream

First Aid Kit for your Car

- **First Aid Instruction booklet**
- **Scissors – Enough to be able to cut through cloth**
- **Tweezers**
- **Thermometer**
- **Vinyl or Nitrile gloves, two pair**
- **Alcohol wipes**
- **Disinfectant or antiseptic towelettes**
- **Tape**
- **Triangular bandage for sling**
- **Sterile pad 9X5”**
- **Variety of bandages and Band-Aids, including butterfly and finger type**
- **Non-adherent (Telfa) pads**
- **Sterile gauze pads**
- **Sterile gauze roll, conforming is best**
- **Antibiotic Ointment**
- **Q-tip applicators**

Worthwhile additions

- Instant cold pack
- Ace wrap (elastic wrap)
- Bandage scissors if other scissors in kit is small
- Flashlight, whistle
- Moleskin for blisters
- Eye wash solution
- Finger splints
- Sunblock
- Meds
 - ✓ Tylenol for fever
 - ✓ Oral Antihistamine (Benadryl, Diphenhydramine) for insect bites
 - ✓ ASA, Ibuprofen or Tylenol for pain
 - ✓ Benadryl or Cortisone Ointment or Cream for bites