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# FIRST AID

## Chapter – 1

### Action Plan

This Action Plan is a vital aid to the first aider in assessing whether the victim has any life-threatening conditions and if any immediate first aid is necessary.

#### **D** - Check for **DANGER**

- To you
- To others
- To victim

#### **R** - Check **RESPONSE**

- Is victim conscious?
- Is victim unconscious?

#### **A** - Check **AIRWAY**

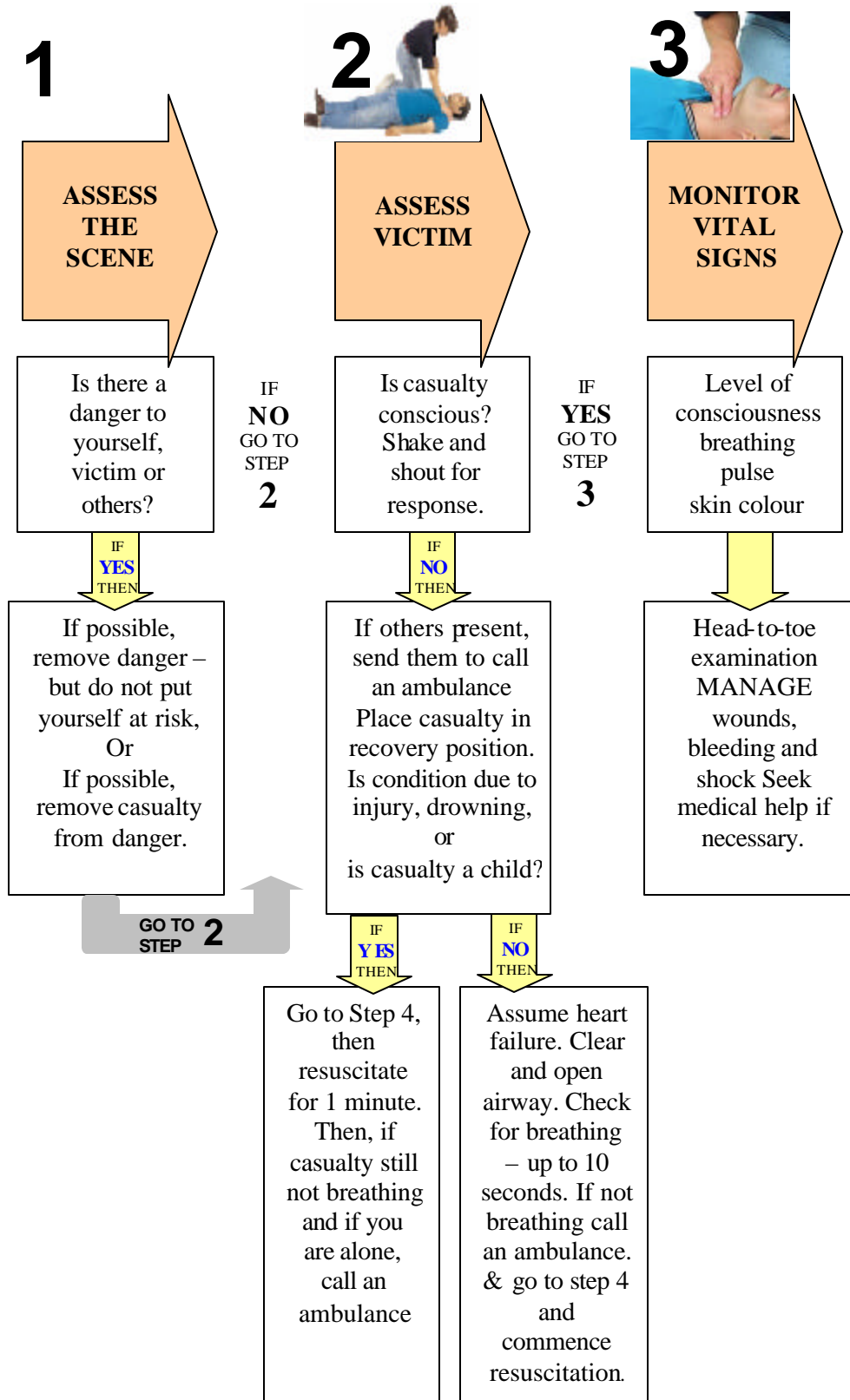
- Is airway clear of objects?
- Is airway open?

#### **B** - Check for **BREATHING**

- Is chest rising and falling?
- Can you hear victim's breathing?
- Can you feel the breath on your cheek?

#### **C** - Check for **CIRCULATION**

- Can you feel a pulse?
- Can you see any obvious signs of life?

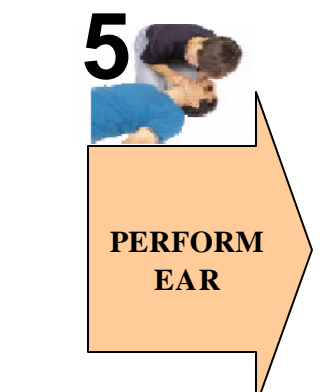




Clear and open airway—remove any foreign objects.  
Tilt head back and slightly down and support jaw.  
Check for breathing—up to 10 seconds.  
Is casualty breathing?

IF **YES** THEN  
Place casualty in recovery position and carry out head-to-toe examination.

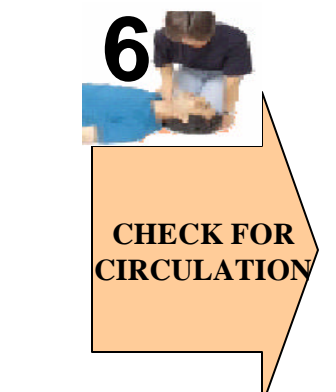
**MANAGE**  
Wounds, bleeding & shock.



Turn casualty onto back.  
**ADULT**  
Give two effective breaths.  
**INFANT/CHILD**  
Give two effective puffs or light breaths.  
Ensure chest rise with each breath.  
Has breathing returned?

IF **NO** GO TO STEP **5**  
IF **YES** THEN  
Place casualty in recovery position and carry out head-to-toe examination.

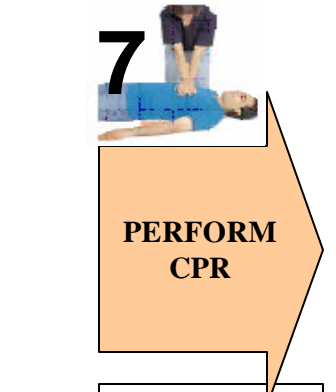
**MANAGE**  
Wounds, bleeding & shock.



**ADULT/CHILD**  
Feel for pulse—up to 10 seconds.  
Check for any movement, including swallowing.  
Is pulse present?

IF **NO** GO TO STEP **6**  
IF **YES** THEN  
Continue EAR and check pulse about every minute until breathing resumes.  
**ADULT**  
Breathe at the rate of 15 breaths per minute.  
**INFANT / CHILD**  
Breathe at the rate of 20 breaths per minute.

If breathing resumes place casualty in recovery position.  
**MANAGE**  
wounds, bleeding, shocks



**ADULT**  
Alternate 15 compressions with 2 breaths at 4 cycles per minute.  
**INFANT / CHILD**  
Alternate 5 compressions with 1 breath at 12 cycles per minute.  
Check pulse about every minute.

**STOP CPR IF:**  
casualty shows signs of life  
Qualified help arrives  
You are physically unable to continue.

**Adult/Child (From Age 1)**

1. Position victim's legs:

- ? Kneel beside victim
- ? Straighten victim's limbs
- ? Lift nearer leg at knee so it is fully bent upwards.



2. Position arms:

- ? Place victim's nearer arm across chest
- ? Place farther arm at right angles to body



3. Roll victim into position:

- ? Roll victim away from you onto side
- ? Keep leg at right angles, with knee touching ground to prevent victim rolling onto face



4. Make victim steady:

- ? Make any adjustments necessary to ensure victim does not roll

5. Ensure airway is open

**Infant (under 1)**

- ? Lay infant face down on an adult's forearm
- ? Support head with hand
- ? Check infant does not choke on tongue or inhale vomit



## Chapter – 4 Expired Air Resuscitation (EAR) or Mouth to Mouth resuscitation

### Expired Air Resuscitation (Ear) Adult

1. Place victim in recovery position



2. Clear airway:

- ? Lift chin and open mouth
- ? Use finger to remove any obvious obstruction
- ? Tilt head back gently
- ? Check breathing for up to 10 seconds.



*If not breathing:*

3. Open airway:

- ? Turn victim onto back
- ? Gently tilt head back
- ? Pinch nose closed (use thumb and index finger)
- ? Open mouth and maintain chin lift.



4. Give Expired Air Resuscitation (EAR) or mouth-to-mouth resuscitation:

- ? Take a full breath and place lips on victim's mouth (ensure good seal)
- ? Blow steadily into mouth for 1.5 –2 seconds
- ? Watch for chest to rise
- ? Take mouth away and watch for chest to fall
- ? Take another breath and repeat sequence, to give two effective breaths

5. Check for pulse:

- ? Check pulse at neck or wrist
- ? If pulse absent, commence CPR
- ? If pulse present, continue EAR at 15 breaths per minute
- ? Recheck pulse and look for other signs of recovery about every minute.



6. Place in recovery position when breathing returns.



## Chapter –5 CARDIOPULMONARY RESUSCITATION (CPR)

### ADULT

#### 1. Position hands for CPR:

- ? Place victim on back
- ? Find groove at neck between collarbones
- ? Find lower end of breastbone by running finger along last rib to centre of body
- ? Extend thumb of each hand equal distances to meet in middle of breastbone
- ? Keep thumb of left hand in position and place heel of right hand below it
- ? Place heel of left hand on top of the right and interlock fingers of both hands.



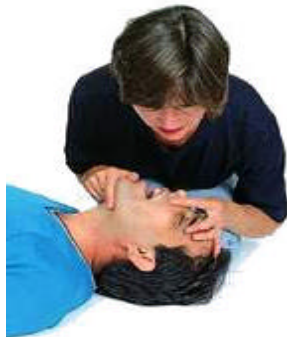
#### 2. Commence chest compressions:

- ? Position yourself vertically above victim's chest
- ? With your arms straight, press down on breastbone to depress it about 4–5 cms.
- ? Release pressure



#### 3. Continue CPR:

- ? Complete 15 compressions
- ? Give two effective breaths
- ? Continue compressions and breaths in ratio of 15:2 at a rate of 4 cycles per minute
- ? Check pulse about every minute.



Cardiopulmonary

#### Resuscitation Child (aged 1–8)

- ? Use heel of one hand over lower half of breastbone to give chest compressions
- ? Compress chest approximately 1/3 depth of chest



**NOTE:**  
CPR combines chest compressions with expired air resuscitation (EAR) or mouth to mouth resuscitation.  
CPR is given when victim is not breathing and has no pulse.



- ? Give 5 chest compressions in 3 seconds
- ? Give 1 effective breath
- ? Continue compressions and breaths in ratio of 5:1 at a rate of 12 cycles per minute
- ? Check pulse about every minute



### INFANT (under 1 year)

- ? Place tips of 2 fingers (index and middle) on lower half of breastbone
- ? Compress chest approximately 1/3 depth of chest
- ? Give 5 chest compressions in 3 seconds
- ? Give 1 effective breath
- ? Continue compressions and breaths in ratio of 5:1 at a rate of 12 cycles per minute
- ? Check pulse about every minute



**NOTE:** For newborn baby, chest compressions should not be attempted by anyone untrained in neonatal resuscitation.

### Chapter – 6

### BLEEDING

1. Apply pressure to the wound:
  - ? Remove or cut victim's clothing to expose wound
  - ? Apply direct pressure over wound
  - ? Cover wound with sterile dressing
  - ? Apply a pad.
2. Raise and support injured part:
  - ? Lie victim down
  - ? Raise injured part above level of heart
  - ? Handle gently if you suspect a fracture
3. Bandage wound:
  - ? Bandage firmly in place
  - ? Apply another dressing or pad if bleeding continues.
4. Check circulation below the wound.
5. Call for an ambulance or shift the patient to a hospital if severe bleeding persists.
6. Treat for shock:





### WARNING

*Do not apply a tourniquet.*

*If bleeding from a limb does not stop, apply pressure with hand to pressure point.*

*If embedded object in wound, apply pressure either side of wound and place pad around it before bandaging.*

*Wear gloves, if possible, to guard against infection.*

*If victim becomes unconscious, follow DRABC.*

## Chapter – 7

## SHOCK

### SIGNS AND SYMPTOMS OF SHOCK

#### 1. Lie victim down:

- ? Protect victim from cold ground
- ? Calm victim.

#### 2. Assess casualty:

- ? Follow DRABC

#### 3. Call for an ambulance or shift patient to the hospital.

#### 4. Manage any injuries:

- ? Control any bleeding
- ? Raise legs (unless fractured) above heart level If the person is conscious and DOES NOT have an injury to the head, leg, neck, or spine, place the person in the shock position. Lay the person on the back and elevate the legs about 12 inches. DO NOT elevate the head. Dress any wounds or burns

#### 5. Ensure comfort:

- ? Loosen any tight clothing around neck, chest or waist
- ? Maintain body warmth (do not heat)
- ? If thirsty, moisten lips (but nothing to drink or eat)



#### 6. Monitor breathing and pulse:

- ? Maintain a clear and open airway

#### 7. Place victim in recovery position:

- ? Place in recovery position if victim has difficulty in breathing, is likely to vomit or becomes unconscious

**Diagnosis and treatment**

Before you do anything to assist a person you think is choking, ask the victim to talk. If talk is possible, the airway is not completely obstructed and it is best to leave the victim. If the victim cannot talk, the airway is completely obstructed and you should assist in dislodging the obstruction.

**ADULT Partial blockage:**

- ? Encourage victim to relax and breathe deeply
- ? Ask victim to cough
- ? If unsuccessful, bend victim well forward and give 4 sharp blows between shoulder blades
- ? If still unsuccessful, place the victim on the side on floor call an ambulance or shift to a hospital

**Total blockage:**

- ? Lie victim on side on floor
- ? Give 4 sharp blows between shoulder blades
- ? If unsuccessful, give 4 quick downward lateral chest thrusts (place your hands on side of chest, below victim's armpit)
- ? Repeat steps until help arrives or blockage clears

**CHILD (1 –8 years) Partial blockage:**

- ? Ask child to try to cough up obstruction
- ? If unsuccessful, place child with head low and face down
- ? Give 4 sharp blows between the shoulder blades

**Total blockage:**

- ? Place child face down on the floor or across your lap
- ? Give 4 sharp blows between shoulder blades
- ? If not breathing, give up to 4 quick, squeezing lateral chest thrusts on both sides simultaneously (place your hands below child's armpits)
- ? Repeat above steps until help arrives or blockage clears
- ? If not breathing, follow DRABC

**1. Monitor breathing and pulse:**

- ? If victim is unconscious, follow DRABC
- ? Keep victim's airway open with fingers (if face badly injured)

**Signs & Symptoms of Head Injury**

- ? Altered or abnormal responses to commands and touch
- ? Wounds to the scalp or face
- ? Blood or clear fluid escaping from nose or ears
- ? Pupils becoming unequal in size
- ? Blurred vision
- ? Loss of memory

2. Support head and neck:
  - ? Support victim's head and neck during movement in case the spine is injured
3. Control bleeding:
  - ? Place sterile pad or dressing over wound
  - ? Apply direct pressure to wound unless you suspect a skull fracture
  - ? If blood or fluid comes from ear, secure a sterile dressing lightly in place and allow to drain.
4. Lie victim down:
  - ? Place victim in comfortable position with head and shoulders slightly raised
  - ? Be prepared to turn victim onto side if they vomit
  - ? Clear the airway quickly after vomiting.

## Chapter – 10

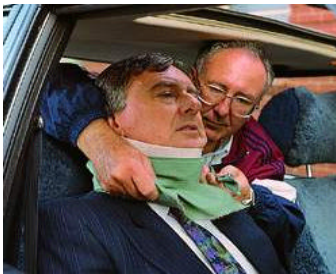
### SPINAL INJURY

1. Swift immobilization is highest priority:
  - ? Do not move victim unless in danger.
2. Check breathing and pulse:
  - ? If victim unconscious, follow DRABC
3. Support victim's head and neck at all times:
  - ? Place hands on side of head until other support arranged
  - ? Apply a cervical or improvised collar to minimize neck movement.
4. Give reassurance:
  - ? Calm victim.

#### WARNING

If casualty unconscious, place in recovery position

If casualty conscious, do not move, but support head.



## Chapter –11

### FRACTURES, DISLOCATIONS AND SPRAINS

#### Definitions:

**Fracture** is a break or crack in the bone.

**Dislocation** is displacement of one or more bones at a joint.

**Sprain** is the violent pulling, twisting or tearing of the tissues around a joint.

**Strain** is the injury caused by overstretching of a muscle

## FRACTURES AND DISLOCATIONS

### SIGNS & SYMPTOMS

#### Fracture and dislocation

- ? Pain at or near the site of the injury
- ? Difficult or impossible normal movement
- ? Deformity or abnormal mobility
- ? Tenderness
- ? Swelling
- ? Discolouration and bruising

#### NOTE

If dislocation of a joint is suspected, rest, elevate and apply ice to joint. It can be difficult for a first aider to tell whether the injury is a fracture, dislocation, sprain or strain.

If in doubt, always treat as a fracture.

1. Follow DRABC
2. Control any bleeding and cover any wounds.
3. Check for fractures:
  - ? Open, closed or complicated.
4. Ask victim not to move injured part.
5. Immobilize fracture:
  - ? Use broad bandages (where possible) to prevent movement at joints above and below the fracture
  - ? Support the limb, carefully passing bandages under the natural hollows of the body
  - ? Place a padded splint along the injured limb (under leg for fractured kneecap)
  - ? Place padding between the splint and the natural contours of the body and secure tightly
  - ? Check that bandages are not too tight (or too loose) every 15 minutes.
6. For leg fracture, immobilize foot and ankle:
  - ? Use figure of eight bandage.
7. Watch for signs of loss of circulation to foot or hand.

#### Some of the commonly found objects that can be used as splints during emergency are:

Boards, cane, tightly rolled news paper, scale, broom handle etc.  
Uninjured leg in case of leg fracture  
Can be used to splint the injured leg



## SPRAINS

1. Follow DRABC
2. Follow RICE management plan:
  - R – Rest to the injured limb
  - I – Ice. Apply ice pack to the area
  - C – Compression. Apply an elastic bandage or a crepe bandage starting well below the joint and extending above the joint.
  - E – Elevation. Elevate the injured limb above heart level (approximately 12 inches above ground ) whenever possible to help prevent or limit swelling

3. Seek medical aid.

## Chapter – 12

## BURNS

1. Remove victim from danger:

- ? Follow DRABC
- ? If clothing on fire: STOP, DROP AND ROLL
- ? Pull victim to ground • wrap in a blanket or similar material
- ? Roll victim along ground until flames extinguished

2. Cool the burnt area:

- ? Hold burnt area under cold running water - at least 10 minutes
- ? If a chemical burn, run cold water over burnt area - at least 20 minutes
- ? If burn is to eye, flush eye with water for 20 minutes.

3. Remove any constrictions:

- ? Remove clothing and jewellery from burnt area (unless sticking to the burn).

4. Cover burn:

- ? Place sterile, non-stick dressing over burn

5. Calm victim

### WARNING

- ? Do not apply lotions, ointment or fat to burn.
- ? Do not touch the injured areas or burst any blisters.
- ? Do not remove anything sticking to the burn.
- ? If burn is large or deep, manage casualty for shock .

## Electric Shock

***Take care when rescuing someone who has been electrocuted so you do not become a victim as well.***

- ✍ Switch off the current, if possible, by removing the fuse or switching off
- ✍ Do not touch the person who is in contact with electricity
- ✍ Separate the person from the source of electric current using a dry broom handle wooden stick or other type of non-conducting material such as wood or rubber.
- ✍ Make sure your hands and feet are dry and you are standing on a dry surface.
- ✍ If it is safe for you to touch the victim, check for heartbeat and breathing. Feel for a pulse along the neck, or on the wrist. Watch the rise and fall of the chest to see if the person is breathing.
- ✍ If there is no heartbeat and no breathing, do CPR If there is a heartbeat, but no breathing, immediately start rescue breathing.

## If a person has been struck by lightning

- ? Check immediately to see if the person is breathing and has a heartbeat.
- ? (Note: You will not get an electric shock from someone who has been struck by lightning.)
- ? If the person has no heartbeat and is not breathing, do CPR & Get Medical help

### Chapter – 13

## DROWNING

### Note:

Saving a drowning person carries risk. Before swimming out to someone in trouble, be sure you can handle the situation. Many people drown in the brave effort of trying to save someone else because they are not well trained and have not properly thought through the risks of the situation.

### Get the victim out of the water safely.

- ? Follow DRABC
- ? If the victim is breathing and has a pulse, put him or her in the **recovery position**
- ? Take cold, wet clothes off the victim and cover him or her with something warm to prevent hypothermia.

### Chapter –14

## HEAT INDUCED CONDITIONS

### SIGNS & SYMPTOMS

- ? Feeling hot, exhausted and weak
- ? Persistent headache
- ? Thirst and nausea
- ? Giddiness and faintness
- ? Fatigue
- ? Rapid breathing and
- ? Pale, cool, moist & sticky skin
- ? Rapid, weak pulse

### Additional symptoms

- ? High body temperature
- ? Flushed skin
- ? Irritability and mental confusion may progress to convulsions and unconsciousness

### HEAT EXHAUSTION

1. Lie victim down:
  - ? Move victim to a cool place with circulating air.
2. Loosen tight clothing:
  - ? Remove unnecessary garments
3. Sponge with cold water.
4. Give fluids to drink
5. Seek medical aid:
  - ? If victim vomits
  - ? If victim does not recover promptly

### HEATSTROKE

1. Follow DRABC
2. Apply cold packs or ice: to neck, groin and armpits.
3. Cover with wet sheet.
4. If conscious, give fluids.

**POISONING**

- ? Check first for vital signs—breathing and pulse—and, if they are absent follow DRABC and transport the victim to the nearest emergency service.
- ? Diluting the poison by administering water or milk is advised for most substances. Water is recommended for acid and alkali ingestion if the person can swallow.
- ? Induce vomiting if the substance was swallowed within an hour
- ? Aid vomiting by tickling the back of the throat or make the person drink salt water (2 tablespoons of common salt in one tumbler of water)
- ? Rush the poisoning victim, along with the bottle or container of whatever was swallowed, to the nearest hospital for further treatment

**Do not induce vomiting if:**

1. The nature of the substance is unknown.
2. A corrosive substance (acid or alkali product) is suspected.
3. A petroleum product is suspected.
4. The person is having convulsions, is unconscious or appears to be losing consciousness.
5. The victim is less than 1 year of age.

**SNAKE BITE**

Check breathing and pulse:

- ? If victim unconscious, follow DRABC
- ? Calm victim, Reassure the person and keep him supine and as quiet as possible.
- ? Remove any rings or constricting items
- ? Create a loose splint to help restrict movement of the area
- ? Keep the bitten limb below the heart
- ? Allow bite to bleed freely for 15-30 seconds.
- ? Wash the wound with soap and water and rapidly disinfect the area with an antiseptic lotion.
- ? If possible, ensure victim does not move.
- ? Rush the victim to the nearest hospital or emergency service as soon as possible for treatment with Anti-Snake Venom.

**WARNING**

**Do not cut bitten area or try to suck venom out of wound.**

**Do not use a constrictive bandage**

**Do not try to catch the snake.**



1. Check breathing and pulse:

- ? Follow DRABC.

2. Protect victim

- ? Protect from injury
- ? Do not restrict movement
- ? Do not place anything in mouth.

3. Manage injuries:

- ? Place on side as soon as possible
- ? Manage injuries resulting from seizure
- ? Do not disturb if victim falls asleep
- ? Continue to check airway, breathing and pulse.

4. Seek medical aid if:

- ? The convulsion continues for more than 5 minutes
- ? Another convulsion quickly follows
- ? The person has been injured.

**SIGNS & SYMPTOMS - seizures**

Casualty may:

- ? Suddenly cry out
- ? Fall to ground
- ? Have a congested and blue face and neck
- ? Have jerky, movements
- ? Froth at the mouth
- ? Bite the tongue
- ? Lose control of bladder and bowel