

OVERVIEW FOR BASIC FIRST AID

The following information is intended to be a brief overview of basic first aid and safety. Families may request that care providers participate in a certified Standard First Aid and/or CPR course.

Your role in an emergency situation can save a life. Calling 911 is the most important thing that you can do. The sooner medical help arrives the better a person's chance of survival.

1. Recognize the emergency exists. Emergencies can happen anywhere at any time to anyone. Before you can provide help you must recognize the situation as an emergency. You may realize an emergency has occurred only if something unusual attracts your attention. Examples include:
 - Unusual noises – screams, yells, moans, calls for help, breaking glass, crashing, screeching tires, or sudden loud voices.
 - Unusual sights – a stalled vehicle, overturned pot, spilled medicine, downed electrical wires, fire or smoke.
 - Unusual odors – an odor stronger than normal or unrecognizable.
 - Unusual appearance – difficulty breathing, clutching chest or throat, slurred or confused speech, confusion, sweating for no apparent reason, unusual skin color.
2. Decide to act. Get involved and give direction. Follow the Check, Call, Care rule.
 - Check the scene. Is it safe for you to approach? Check the victim. Is this a life-threatening situation?
 - Call 911 or your emergency number for help.
 - Provide care until help arrives.

This overview is intended to assist you in providing care for minor injuries and for providing care until help arrives in an emergency. It is important to have a list of emergency numbers near the phone and to know where the first-aid kit supplies are kept.

ILLNESS OR INJURIES THAT MAY REQUIRE BASIC FIRST AID

Burns

Fire, sun, chemicals, heated objects, fluids, and electricity can cause burns. They can be minor problems or life-threatening emergencies. Distinguishing a minor burn from a more serious burn involves determining the degree of damage to the tissues of the body. If you are not sure how serious the burn is, seek emergency medical help.

- First-degree burns are those in which only the outer layer of skin is burned. The skin is usually red and some swelling and pain may occur. Unless the burn involves large portions of the body, it can be treated at home.

- Second-degree burns are those in which the first layer of skin has been burned through and the second layer of skin is also burned. In these burns, the skin reddens intensely and blisters develop. Severe pain and swelling also occur. If a second-degree burn is no larger than two or three inches in diameter, it can be treated at home. If the burn covers a larger area, seek medical attention. The person may need a tetanus booster.
- Third-degree burns are the most serious and involve all layers of skin. Fat, nerves, muscles, and even bones may be affected. Areas may be charred black or appear a dry white. If nerve damage is substantial, there may be no pain at all. These burns should receive emergency medical attention.

Seek emergency treatment immediately for major burns. Until an emergency unit arrives, follow these steps:

1. Remove the person from the source of the burn (fire, electrical current, etc.).
2. Remove all smoldering clothing if possible to stop further burning.
3. If the person is breathing sufficiently, cover the burned area with a cool, moist, sterile bandage or clean cloth. DO NOT place any creams, ointments or ice on the burned area or break blisters.

Follow these steps when treating minor burns at home:

1. If the skin is not broken, run cool water over the burn for several minutes.
2. Cover the burn with a sterile bandage or clean cloth.
3. Give aspirin or acetaminophen to relieve any swelling or pain.

** Be aware that some medications may cause sensitivity to the sun and increase the risk of sunburn. Always use sunscreen.*

Cuts and Scrapes

Small cuts and scrapes usually don't require emergency medical treatment but proper care is necessary to keep infections or other complications from occurring.

When dealing with minor wounds, keep the following guidelines in mind:

1. Stop the bleeding by applying pressure, wearing protective gloves, and using a gauze pad or clean cloth. If the bleeding persists after several minutes of applying pressure, get immediate medical attention.
2. Keep the wound clean by washing the area with mild soap and water and removing any dirt. Dry the area gently with a clean cloth and cover the wound with a protective bandage. Change the bandage at least once a day. If the wound becomes tender to the touch and red or oozes fluid see a doctor.

3. If the cut is more serious and the bleeding does not stop on its own or the cut is large, deep, or rough on the edges, try to stop the bleeding. Wear protective gloves and apply pressure directly to the injury using a sterilized gauze pad or clean cloth. Maintain pressure on the wound until the bleeding stops. Then consult a physician. A tetanus booster may be required.

** Remember Universal Precautions whenever you are dealing with body fluids.*

Severe Bleeding

To stop serious bleeding, follow these steps:

1. Lay the affected person down. If possible, the person's head should be slightly lower than the trunk of his or her body or the legs should be elevated. This position increases blood flow to the brain. Elevate the site of bleeding, if possible, to reduce the blood flow.
2. Do not attempt to clean the wound.
3. Apply steady, firm pressure directly to the wound using a sterile bandage, a clean cloth or your hand. Maintain pressure until the bleeding stops, then wrap the wound with a tight dressing and secure it with adhesive tape. Most bleeding can be controlled this way. Call for emergency help immediately.
4. If the bleeding continues and seeps through the bandage, add more absorbent material. Do not remove the first bandage.
5. If the bleeding does not stop, apply pressure to the major artery that delivers blood to the area of the injury.
6. When the bleeding has stopped, immobilize the injured portion of the body. You can use another part of the body such as a leg or torso to immobilize the area. Leave the bandages in place and take the person for immediate medical attention or call for emergency help.

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Nosebleed

A nosebleed is sudden bleeding from one or both nostrils, and may result from a variety of events such as a bump to the nose, breathing dry air, allergies, or for no apparent reason. To stop the flow of blood from a common nosebleed, use these steps:

1. Have the person sit or stand upright to slow the flow of blood in the veins of the nose. Do not tip the head back.
2. Pinch the nose with your thumb and forefinger for 10 minutes without relieving pressure. The person should breathe through their mouth during this time.
3. If the bleeding continues despite these efforts, consult a doctor or call 911.

Choking

The Heimlich maneuver is the best known method of removing an object from the airway of a person who is choking. You can use it on yourself or someone else.

1. Stand behind the choking person and wrap your arms around his or her waist. Bend the person slightly forward.
2. Make a fist with one hand and place it slightly above the person's navel.
3. Grasp your fist with the other hand and press hard into the abdomen with a quick, upward thrust. Repeat this procedure until the object is expelled from the airway. If you must perform this maneuver on yourself, position your own fist slightly above your navel. Grasp your fist with your other hand and thrust upward into your abdomen until the object is expelled.

Poisoning

A poisoning may or may not be obvious. Sometimes the source of a poisoning can be easily identified — an open bottle of medication or a spilled bottle of household cleaner. Look for these signs if you suspect a poisoning emergency:

1. Burns or redness around the mouth and lips.
2. Breath that smells like chemicals.
3. Burns, stains, and odors on the person, his or her clothing, or on the furniture, floor, rugs, or other objects in the surrounding area.
4. Vomiting, difficulty breathing, or other unexpected symptoms.

If you can find no indication of poisoning, do not treat the person for poisoning, but call for emergency help. If you believe someone has been poisoned, take the following steps:

1. Some products have instructions on the label specifying what to do if a poisoning occurs. If the product known to be the poison has these instructions, follow them.
2. If you cannot identify the poison or there are no instructions on the product label, call your local poison control center for instructions. Keep the number near your telephone.
3. If you are told to induce vomiting in the person who has swallowed poison, use Syrup of Ipecac to do so. An alternative method to induce vomiting is touching the back of the throat of the person to initiate gagging. If you have no other alternative, have the person drink a glass of warm water containing one teaspoon of dried mustard or three teaspoons of salt. After the person has vomited, give a glass of water or milk.
4. If the poison has spilled on the person's clothing, skin, or eyes, remove the clothing and flush the skin or eyes with cool or lukewarm water for 20 minutes.
5. Get immediate medical attention. If you have identified the poison, take the container with you.

Eye Injuries - Foreign Bodies

Foreign bodies such as dirt, sand, wood, or metal chips may cause tearing. Tearing may rid the eye of the foreign body. If the object remains in the eye, have the victim blink several times. If the object still remains in the eye, gently flush the eye with water.

Shock

Shock can occur when a person has had a serious illness or injury. A variety of symptoms appear in a person experiencing shock:

1. The skin may appear pale or gray and is cool and clammy to the touch.
2. The heartbeat is weak and rapid and breathing is slow and shallow. The blood pressure is reduced.
3. The eyes lack shine and seem to stare. Sometimes the pupils are dilated.
4. The person may be conscious or unconscious. If conscious, the person may faint or be very weak or confused.

On the other hand, shock sometimes causes a person to become overly excited and anxious. Even if a person seems normal after an injury take precautions and treat the person for shock by following these steps:

1. Get the person to lie down on his or her back and elevate the feet higher than the person's head. Keep the person from moving unnecessarily.
2. Keep the person warm and comfortable. Loosen tight clothing and cover the person with a blanket. Do not give the person anything to drink.
3. If the person is vomiting or bleeding from the mouth place the person on his or her side to prevent choking.
4. Treat any injuries appropriately (bleeding, broken bones, etc.).
5. Summon emergency medical assistance immediately.

SEIZURE DISORDERS

Seizures are the primary symptom of all forms of epilepsy. Epilepsy is caused by abnormal activity in brain cells so seizures can affect any process your brain coordinates. A seizure can produce temporary confusion, staring spells, uncontrollable jerking movements of the arms and legs, incontinence of the bowel and bladder or complete loss of consciousness.

Symptoms vary depending on the type of seizure. In most cases, a person with epilepsy will tend to have the same type of seizure each time, so the symptoms will be similar from episode to episode. Doctors classify seizures as either partial or generalized, based on how the abnormal brain activity begins. In some cases, seizures can begin as partial and then become generalized.

Partial Seizures

When seizures appear to result from abnormal activity in just one part of the brain, they're called partial or focal seizures. These seizures fall into two categories:

- Simple Partial Seizures – these seizures don't result in loss of consciousness. They may alter emotions or change the way things look, smell, feel, taste or sound. They may also result in involuntary jerking of part of the body, such as an arm or leg, and spontaneous sensory symptoms such as tingling, vertigo and flashing lights.
- Complex Partial Seizures – these seizures alter consciousness, causing the person to lose awareness for a period of time. Complex partial seizures often result in staring and non-purposeful movements such as hand rubbing, twitching, chewing, swallowing or walking in circles.

Generalized Seizures

Seizures that seem to involve all of the brain are called generalized seizures.

Four types of generalized seizures exist:

- Absence Seizures (also called petit mal) – these seizures are characterized by staring and subtle body movement, and can cause a brief loss of consciousness.
- Myoclonic Seizures – these seizures usually appear as sudden jerks or twitches of your arms and legs.
- Atonic Seizures (also known as drop attacks) – these seizures cause you to lose normal muscle tone and suddenly collapse or fall down.
- Tonic-Clonic Seizures (also called grand mal) – the most intense of all types of seizures, these are characterized by a loss of consciousness, body stiffening and shaking, and loss of bladder control.

Seek immediate medical help if any of the following occurs:

- The seizure lasts more than five minutes.
- Breathing or consciousness does not return after the seizure stops.
- A second seizure follows immediately.
- The person is pregnant.
- The person has diabetes.
- The person has injured themselves during the seizure.

Many seizure types-such as generalized absence seizures or complex partial seizures, which involve relatively brief episodes of unresponsiveness don't require any specific first-aid measures.

When someone has a seizure take the following steps:

1. Stay calm.
2. Prevent injury. During the seizure, you can exercise your common sense by insuring there is nothing within reach that could harm the person.

3. Pay attention to the length of the seizure
4. Make the person as comfortable as possible.
5. Don't attempt to rouse the person by shouting at or shaking him or her.
6. Do not hold the person down. If the person having a seizure thrashes around there is no need for you to restrain them. Remember to consider your safety as well.
7. Do not put anything in the person's mouth. Contrary to popular belief, a person having a seizure is incapable of swallowing their tongue so you can breathe easy in the knowledge that you do not have to stick your fingers into the mouth of someone in this condition.
8. Do not give the person water, pills or food until fully alert.
9. Observe the person closely so that you can provide details on what happened. Time the seizures with your watch.
10. Keep calm and reassure others nearby.
11. Be sensitive and supportive.
12. If the seizure continues for longer than five minutes call 911.

After the seizure, the person may be very tired and want to rest. They should be placed on their left side. Keep in mind there is a small risk of post-seizure vomiting before the person is fully alert. Therefore, the person's head should be turned so that any vomit will drain out of the mouth without being inhaled.

People are often disoriented after a seizure so it is important to stay with the person until they recover. Ask questions to determine if the person knows their name, where they are, what time or day it is and what happened. If the person is unable to answer these questions, telling them this information may help decrease confusion and orient them to their surroundings.

WEATHER-RELATED EMERGENCIES

Heat Exhaustion

Heat exhaustion occurs when your heart and vascular system do not respond properly to high temperatures. The symptoms of heat exhaustion resemble shock and include faintness, rapid heartbeat, low blood pressure, an ashen appearance, cold clammy skin and nausea.

If you suspect heat exhaustion:

- Get the person out of the sun and into a cool spot.
- Lay the person down and elevate his or her feet slightly.
- Loosen or remove most or all of the person's clothing.
- Give the person cold (not iced) water to drink with a teaspoon of salt added per quart.

Heat Stroke

Heat stroke is a fever of 105 degrees Fahrenheit with hot, dry skin. Other signs include rapid heartbeat, rapid and shallow breathing, either elevated or lowered blood pressure and confusion or unconsciousness.

If you suspect heat stroke:

- Get the person out of the sun and into a cool spot.
- Cool the person by covering him or her with damp sheets or spraying with water.
- Direct air onto the person with a fan or a newspaper.
- Monitor the person's temperature with a thermometer.
- Stop cooling the person when his or her temperature returns to normal.

Heat stroke is an emergency that needs immediate medical attention.

Hypothermia

Hypothermia is a medical emergency that occurs when the body loses heat faster than it can produce heat, causing a dangerously low body temperature. Hypothermia occurs as body temperature passes below 95 F.

Hypothermia is most often caused by exposure to cold weather or immersion in a cold body of water. Constant shivering is a key sign of hypothermia. Other signs and symptoms include clumsiness or lack of coordination, slurred speech or mumbling, stumbling, confusion or difficulty thinking, poor decision making, drowsiness or very low energy, apathy or lack of concern about one's condition, progressive loss of consciousness, weak pulse or shallow breathing.

Call 911 or your local emergency number if you see someone exhibiting signs of hypothermia or if you suspect a person has had unprotected or prolonged exposure to cold weather or water. Follow these procedures:

- Gently move the person to a warm place if possible.
- Remove wet clothing and cover the person with a warm blanket. Cover the person's head, leaving only the face exposed.
- Monitor breathing.
- If the person is alert and able to swallow, provide a warm, nonalcoholic, noncaffeinated beverage to help warm the body.
- Don't use hot water, a heating pad or a heating lamp to warm the person. The extreme heat can damage the skin or induce cardiac arrest.

Frostbite

Frostbite is distinguishable by the hard, pale, and cold quality of the skin that has been exposed to the cold. As the area thaws, the flesh becomes red and painful. If your fingers, ears, or other areas are frostbitten, get out of the cold. Warm your hands by tucking them into your armpits; if your nose, ears, or face

are frostbitten, warm the area by covering it with dry, gloved hands. Do not rub the affected area. If numbness remains during warming, seek professional medical care immediately. If you are unable to get immediate emergency assistance, warm severely frostbitten hands or feet in warm—not hot—water. (The water should be between 100 and 105 degrees Fahrenheit).