



First Aid

A training for Shiawassee Health & Wellness Self Directed Employees



First Aid Training



What is first aid? It is the immediate care for injury or sudden illness.

Know the location of the first aid kit in your employer's home. Be familiar with the contents of the kit.

Safety

Ensure the scene is safe for the victim as well as everyone else present. If possible, locate additional help. They can be deployed to call 911.

Gear to have on hand for administering first aid: gloves, eye protection and mask protection.

In case you encountered bodily fluids, blood or skin follow the following instructions as soon as you can:

- Take the gloves off, if wearing any
- Wash the area with soap (work up soap lather for 15 seconds) and water, if contact with eyes, nose, or ear rinse with water
- Wash your hands thoroughly with soap, if not available use waterless hand sanitizer, and wash your hands with water later
- Dry your hands with paper towel and use paper towel to close the faucet
- Inform your supervisor/person responsible for emergency response and consult your medical provider as soon as possible





Burns

Burns are categorized as first-, second-, or third-degree.

First-degree burn

The least serious burns are those in which only the outer layer of skin is burned. The skin is usually red, with swelling and pain. The skin is dry without blisters.

Second-degree burn

Second-degree burns are more serious and involve the skin layers beneath the top layer. These burns produce blisters, severe pain, and redness.



Third-degree burn

The most serious burn. These burns are painless (due to nerve damage) and involve all layers of the skin. The burned area may be charred brown, leathery or appear dry and white.

- Important:
 - Don't apply butter or ointments to the burn to ensure proper healing of the burned skin.
 - Don't break blisters to prevent infection.
 - Don't use ice to prevent destruction to the skin.
 - Don't immerse large severe burns in cold water to prevent shock.
- For major burns call for emergency medical assistance. Until an emergency unit arrives, follow these steps:
 - Make sure the victim is no longer in contact with the burning material or exposed to smoke or heat.
 - Don't immerse large severe burns in cold water to prevent shock.
 - Check for signs of circulation and if there is no breathing or sign of circulation, proceed with CPR.
- If possible, raise the burned body part above heart level.
- Use a cool, moist bandage to cover the burned area.



Choking

Our body relies on oxygen to work properly, without oxygen the survival time could vary from 1 to 3 minutes. So, someone who is having breathing problems needs immediate medical attention. Common cause for such problems is air passage block.

General reasons for developing mild or severe air passage block include:

- Asthma
- Swelling of the lining of the airway, can be related to allergic reactions (eggs, peanuts, stings by insects and bees)
- Food, or small object, like medication pill, going down into the air passage instead of stomach
- Infections
- Injuries to vital organs (head, stomach, etc.)

If the victim is developing an asthma attack, he/she might experience mild or severe breathing problems. Usually, the person will have the necessary medication, which should relieve the symptoms quickly.

Check with the victim whether the medications are available and get it if out of reach.

In case of an allergic reaction, common treatment includes epinephrine, and can be injected through cloth. Verify the expiration date prior to administering.





Universal sign
for choking

When the victim is choking, older than 1 year of age, give abdominal thrusts (Heimlich Maneuver). It is not recommended for choking in infants under age 1. These thrusts push the air out of lungs, causing an artificial cough, which will help remove the foreign body that is blocking the airway of the victim.

If the person is sitting or standing, stand behind him or her. Form a fist with one hand and place your fist, thumb side in, just below the person's rib cage in the front. Grab your fist with your other hand. Keeping your arms off the person's rib cage, give four quick inward and upward thrusts. Repeat until the obstructing object is coughed out or emergency personnel arrive.

If the person is lying down or unconscious, place the heel of your hand just above the waistline. Place your other hand on top of this hand. Keeping your elbows straight, give four quick upward thrusts. Repeat this several times until the obstructing object is coughed out or emergency personnel arrives.



Bleeding

When dealing with a bleeding wound, Priority #1 is to stop the bleeding. Below are several rules to keep in mind:

- Maintain composure, don't panic
- In most cases, bleeding can be stopped by applying pressure to the wound
- Wash your hands and put on medical examination gloves before caring for a wound
- Cover the wound with a clean cloth, sterile gauze pad or tissue.
- Firmly apply pressure for several minutes until the bleeding stops.
- Gently rinse minor injuries and clean with mild soap and water.
- Apply antibiotic ointment or cream and a sterile bandage.



Get Medical help if the bleeding is severe or does not stop.

Priority #2 is to keep the wound clean. This will minimize the chance of the victim getting an infection. If a water source and soap are available, wash the wound. If not, and there is visible debris, extract it with your gloved hands or tweezers.





Contact emergency services if the bleeding has not stopped or you suspect potential for infection or internal injuries (fractures, breaks, head injury, etc.) For small wounds and scrapes it is generally advised to use triple antibiotic ointment, which is the best in preventing infections.

Nosebleeds in the majority of cases (more than 90%) tend to be benign and can be easily stopped with simple steps that we will outline a little later. The condition is caused by rupture of blood vessel in the nasal septum. However, in certain cases nosebleed is a much more serious event and can indicate life threatening or serious condition. These are relatively rare and usually occur with elderly. These nosebleeds generally originate in the artery located in the back part of the nose and are much more complicated to treat.

Steps to follow if dealing with common nosebleed:

- Have the victim sit in upright position
- Pinch victim's nose with thumb and index finger, and hold it for about 10 minutes, this generally applies enough pressure to the septum to stop the bleeding





To prevent reoccurrence, advise the victim to avoid picking or blowing the nose, until the bleeding has stopped for a couple of hours, and avoid bending.

If bleeding re-occurs, blow the nose with force to clear out the remaining blood clots, and repeat the pinching procedure described above. It is recommended for the victim to contact a physician for consultation.

Contact emergency services immediately:

- If bleeding persists uncontrollably for more than 15 minutes
- If the bleeding is the result of an injury, where there is a potential for broken nose.



Non-Bleeding Wounds

Wounds that do not cause bleeding should be treated with as much and probably more attention than the wounds that do bleed. The danger here is that the damage cannot be clearly assessed. As a first aid administrator you should be looking for signs of internal damage, like internal bleeding, internal tissue or organ damage, etc. For example, a blow to the head might not show any exterior signs of distress, not even a bruise, but the victim might be experiencing a life-threatening condition because of internal bleeding. If misdiagnosed, the consequences can be catastrophic.

Below is the list of injuries where you should suspect internal injury:

- Car crashes, even when the impact/damage is minor
- Shock signs after the injury, even with no signs of any exterior damage
- Injury via collision, generally sustained in sports, especially if there is a loss of consciousness
- Injury to abdomen or pain in abdomen
- Injury to the chest or pain in the chest
- Blood discharge after the injury
- Firearm or knife wounds



When faced with the victim that you suspect has a non-bleeding injury follow the following steps:

- Contact emergency services
- Put the victim in the horizontal position on his back
- Make sure the victim does not move
- Check for signs of shock
- If the victim does not respond start CPR

The skull is a bony structure, and its purpose is protecting the brain from any damage. If the injury to the head occurs there is always a risk of brain damage. Also, it should always be assumed, that if there is a risk of head injury then there is also a risk of spine injury and neck injury.

You should suspect a head, neck or spine injury in case of the following accidents:

- Car or motorcycle accident, even minor bump can cause internal head injury
- Fall from height
- Injury to the head, fight, sporting event, etc.
- Electric Shock



You should suspect a head, neck or spine injury if the symptoms below follow the accident:

- Lack of responsiveness or moaning
- Vision problems or confusion
- Trouble walking or moving
- Seizures, Vomiting, or Headache

Steps for administering First Aid:

- As always, make sure the scene is safe for you and the victim(s)
- Phone or ask someone to phone 911
- Hold the neck and head so it does not move, twist, or bend
- Turn the victim only if: *victim is in danger, *if you need to check if the victim is breathing, *if the victim is vomiting
- If the victim does not respond, begin CPR

Important: If you must turn, make sure you are holding the head and neck in place to avoid/minimize movement, twisting or bending. Ideally, this requires two rescuers.





Take and pass the test at the link below and you will have completed this course.

[First Aid Test](#)

