

Unit 4: First Aid and Medical Emergencies

A. What is First Aid?

First aid is the provision of immediate care to a victim with an injury or illness, usually effected by a lay person, and performed within a limited skill range. First aid is normally performed until the injury or illness is satisfactorily dealt with (such as in the case of small cuts, minor bruises, and blisters) or until the next level of care, such as an ambulance or doctor, arrives.

B. What is in a First Aid Kit?

Kits vary in contents but most kits have the following items:

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| first aid instruction booklet | disposable thermometers | adhesive bandages | eye wash solution |
| barrier mask | gauze pads | cold pack | eye pads |
| tweezers | ointment | scissors | tape |

Now match the items above with the correct pictures below.

			
1.	2.	3.	4.
			
5.	6.	7.	8.
			
9.	10.	11.	12.

C. 8 Common First Aid Mistakes You Should Never Make

From treating everyday bumps to a sudden collapse, it's unfortunately common for people to guess — and get it wrong. The American Heart Association estimates that 70% of Americans don't know how to administer CPR, which can double a victim's chance of survival. But according to the International Federation of Red Cross and Red Crescent Societies studies, 30% of those with first-aid skills had already used them. Good thing it's a cinch to get smart about urgent care.

Mistake #1: Leaning back with a bloody nose.

The old standby, to tilt your head backwards and pinch your nostrils together, is bloody bad advice. Why? If blood flows down someone's trachea as they're reclining, it could make it hard to breathe or cause him or her to swallow blood, which may trigger vomiting.

Do Instead: "You want to lean the head forward and pinch the nose just below the bridge to maintain a clear airway," says the American Red Cross Scientific Advisory Council's S. Robert Seitz. "If good, constant pressure is applied, the bleeding should stop in less than five minutes."

Mistake #2: Sticking ice on a bruise.

Freeze. Don't slap an ice pack straight on that black-and-blue, says Seitz, an assistant professor in the Emergency Medicine Program of the University of Pittsburgh's School of Rehabilitation Sciences. "Very cold temperatures start to freeze skin and cause damage."

Do Instead: Put a thin barrier between the skin and the ice, then alternate holding the icy item on for 20 minutes and off for 20 — for a few rounds. (And while you're at it, when someone loses a finger, never put it on straight on ice either. Wrap it in moist gauze and store it in a plastic bag, which can be put on an ice pack.)

Mistake #3: Giving a dehydrated person soda.

By quickly getting a parched person something, anything, to sip, you're actually making things worse. So the cola or beer on standby at family BBQs is out. Why? "Caffeine and alcohol can both cause dehydration," Seitz explains.

Do Instead: "You do want to get the person drinking," he says — but only water or an electrolyte replacement drink. "Alternate between four ounces of water and four ounces of Gatorade every 15 minutes while resting somewhere cool."

Mistake #4: Applying heat to a sprain.

"People think that they should use a warm cloth and switch between applying warmth and cold to help pulled muscles," says Seitz. "But a warm cloth could dilate blood vessels so that blood rushes into the area and increases swelling."

Do Instead: Apply a cold compress for 20 minutes on, 20 minutes off, to the bruise for an hour with the area immobilized. If the ouch isn't alleviated, it's doctor time. "The biggest thing about strains is

that they can often be more severe than an actual fracture," says Seitz, "because tendons and ligaments are involved." And forget about propping it up. "Elevation doesn't really matter," Sietz says. "It might make you feel better, but it's really not anything that'll help." Simply staying immobile is the best bet.

Mistake #5: Caffeinating someone who has fainted.

If someone has just passed out, giving them a boost with coffee or a Redbull is a recipe for repeat collapse. "Just like dehydration, caffeine makes the situation worse," says Seitz of fainting spells, which he says tend to be mainly due to a drop in blood pressure.

Do Instead: Simply sit her down, he counsels, then try to get the dizzy Lizzie to lay her legs up. "That position helps keep blood headed toward the head," explains the expert. "And if she should go unresponsive, it also protects her from injuring herself falling down."

Mistake #6: Giving a choker the Heimlich.

Jumping right in with the Heimlich maneuver's abdominal thrusts is no longer the Red Cross' advised action plan for a conscious choking person.

Do Instead: They updated their guidelines to a "five and five" instruction: Good Samaritans should stand behind the choker, lean him forward, then whack him between the shoulder blades five times with the heel of the hand. After that, stand him up, and with the thumb-side of your fist just above his bellybutton (and your other hand around the fist), quickly pull your fist in and up. (a.k.a. the Heimlich.) Do five thrusts like that and then switch to back whacks. Alternate until the food is free.

Mistake #7: Fashioning a tourniquet.

In the movies, the hero always saves the shark-bite or tractor-accident victim just before he bleeds out — by making a tourniquet from a belt or shirt. But in real life, stopping the flow of blood to an injured limb can actually hurt more than it helps.

Do Instead: Prevent damage to a leg, arm, or even finger by applying pressure directly on top of or beside a wound with gauze. As the bleeding subsides, bandage over the area with fresh gauze and elevate it.

Mistake #8: Giving mouth-to-mouth after a heart attack.

If you witness a teen or adult collapse, don't bother puckering up. In 2008, the American Heart Association (AHA) updated their cardiopulmonary resuscitation (CPR) recommendations, advising bystanders to help with "Hands-Only" CPR.

Do Instead: Simply, just push hard and fast in the center of an unconscious person's chest until emergency responders arrive. This method "has been shown to be as effective as conventional CPR with mouth-to-mouth breaths in the first few minutes of an out-of-hospital sudden cardiac arrest," reports the AHA. (The combo — mouth-to-mouth and chest compressions technique — remains the best response, though, for infants and kids, and for drowning victims). After a cardiac arrest, the AHA reports, if first aid isn't

provided immediately, chances of survival fall 7% every minute. In this instance, above all others, there's no question that a little first-aid can make a big difference.

D. Practice:

There are 6 scenarios below. Select one and demonstrate the proper first aid for each situation. You can look for more information from the internet or other resources.

Scenario 1: You are called to help a woman who has cut her thumb open on a tin she is trying to open. The wound is long but shallow.

Scenario 2: You are on holiday with your family and relatives when you notice a cousin on the floor who appears to be having a seizure.

Scenario 3: You notice a child, having trouble breathing, is complaining of a burning sensation in the neck and is vomiting. Next to the child is a bottle of bleach with the lid opened.

Scenario 4: A member who is asthmatic participates in a game of basketball but forgets to take their medication before the game. During the game the player becomes very distressed, has difficulty breathing and begins to cough and wheeze.

Scenario 5: You are in a restaurant when you see that someone seems to be choking on their food and is looking really panicked.

Scenario 6: You walked into the room next door to find your friend lying on the floor unresponsive and not breathing.

References:

First Aid Emergency care for the injured from <http://code.pediapress.com/>

http://www.firstaidscenariolibrary.co.uk/public/activities/first_aid_scenario_cards

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http://www.redcross.org/images/MEDIA_CustomProductCatalog/m55540601_FA-CPR-AED-Part-Manual.pdf

<https://members.scouts.org.uk/documents/Bianca/Training%20Resource%20First%20Aid%20Scenario%201-10.pdf>

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