

FIRST AID TIPS

In any emergency situation obtain medical help as quickly as possible

Artificial Respiration (AR)

When breathing has stopped start artificial respiration immediately. Seconds count! Brain damage and/or death occurs within minutes.

Tilt the head back by pressing down on the forehead with one hand, place the fingers of the other hand under the chin on the bony part of the jaw and lift forward. This will lift the tongue away from the back of the throat and will open the airway, allowing air to reach the lungs. Assess breathing; opening the airway may restore breathing spontaneously. If breathing does not resume, attempt to ventilate the casualty with two slow breaths. Pinch the nostrils, take a deep breath, place your open mouth over the casualty's mouth making a tight seal, and blow slowly into the mouth. If the chest rises, give another slow breath with enough force to make the chest rise. Remove your mouth and let the air escape. If the chest does not rise after your first attempt to get air into the lungs, reposition the casualty's head, assure good seals at the nose and mouth and try to ventilate again. Check for a pulse in the neck for 5 to 10 seconds. If a pulse is present, resume ventilation, breathing for the casualty, 8 years and over, at a rate of one breath every 5 seconds. (If there is no pulse, start CPR if you are trained, otherwise continue AR.

St. John Ambulance recommends the use of a face mask or shield with a one-way valve when giving AR or CPR.



OPEN THE AIRWAY



BREATHE INTO CASUALTY



CHECK FOR A PULSE

Burns

Lessen swelling and blistering, and relieve pain by immediately immersing the burned area in cool water or by applying cloths soaked in cool water. Do not place a burn under extreme water pressure, like a strong-running tap, since it may further damage the tissues. Remove rings or other jewellery and constrictive clothing before swelling or blistering occurs. Do not remove clothing that is stuck to the burned area. Do not apply butter, ointments or oil dressings. Cover the burned area with a dry, sterile dressing if possible otherwise use a clean cloth.



IMMERSE IN COOL WATER

Frostbite

Frostbite occurs when body tissues freeze after exposure to below-zero temperatures. Frostbite is a progressive injury and has two main stages.

Superficial frostbite occurs when the full thickness of the skin is frozen. Signs and symptoms include white, waxy looking skin that is firm to the touch but the tissue underneath feels soft, and pain followed by numbness. Frostbitten tissues should be rewarmed gradually with body heat. Cover frostbitten toes, ears, etc. with warm hands. Frostbitten fingers can be warmed by breathing on them or placing them in a warm area of the body like the armpit, abdomen or groin. It is important to take measures to prevent these areas from freezing again by either stopping the activity or dressing more appropriately.

Do not rub the area as tiny ice crystals in the tissues may cause more damage. Never rub snow on the area as this may cause further freezing and do not apply direct heat as this may rewarm the area too quickly.

Deep frostbite occurs when the skin and tissues underneath are frozen, sometimes to the bone. This is a serious condition, often involving an entire hand or foot. The signs and symptoms are: white waxy-looking skin that turns greyish-blue as the frostbite progresses, skin that feels cold and hard and a complete lack of feeling in the affected area.

Deep frostbite requires medical attention. Prevent further heat loss and handle the frozen tissue gently to prevent further damage. Do not rub the frozen part and keep the casualty as still as possible. If the feet or legs are frozen do not let the casualty walk unless absolutely necessary. If the casualty must walk do not thaw the frozen part as there will be less damage and pain.

If medical help is not available and there is no danger of refreezing you can thaw the frozen part. Make the casualty warm and comfortable. Gently remove clothing from the affected part. Find a container large enough to submerge the entire part. Fill the container with water that feels warm to your elbow (approx 40°C). Make sure you have more water at this temperature available. Remove any jewellery on the frozen part and put the whole part in the water. Keep adding warm water to keep the water in the container at a constant temperature. Keep the frozen part in the water until it turns pink or no further improvement occurs. This can be painful and can take up to 40 minutes. Gently dry the affected part and put sterile dressings over wounds and between fingers or toes. Keep the part elevated and warm and do not break any blisters if these form. Give ongoing casualty care.

Hypothermia

Immersion in cold water or exposure to cool air while wearing wet clothing can lead to hypothermia - the generalized cooling of the body. Shivering, slurred speech, stumbling and drowsiness after exposure to cold are indications of hypothermia. The condition is severe when shivering has stopped. Unconsciousness and stopped breathing may follow. The

goals of first aid are to prevent further loss of body heat and to get medical help quickly. Gently move the casualty to shelter. When moving, keep a hypothermic person in a horizontal position, if possible, until rewarmed. Sudden movement or rough handling could upset heart rhythm. Remove wet clothing and wrap in warm covers. Give warm, sweet drinks if the casualty is conscious (no alcohol or coffee). Monitor breathing and pulse. Give artificial respiration if needed. If there is no pulse give CPR if you are trained, otherwise continue AR.



PROTECT FROM COLD

Unconsciousness

Unconsciousness can be caused by many conditions such as a blow to the head, shock, stroke or diabetes. When you find a casualty unresponsive send or go for medical help immediately. If injuries permit, put the casualty into the recovery position before you leave. Upon return, assess airway, breathing and circulation. If the person is not breathing, begin artificial respiration immediately. Control severe bleeding if present. Give ongoing care. Place the casualty into the recovery position if not done already. Loosen constrictive clothing at the person's neck, chest and waist. Give nothing by mouth and keep the casualty warm. Anyone who has been unconscious should be seen by a physician.



RECOVERY POSITION

Bleeding

Severe bleeding can be life threatening.

- Direct pressure applied to the wound will stop blood flow.
- Elevate the limb to reduce blood flow.
- Rest to slow circulation.

To control bleeding, first apply direct pressure with a gloved hand over a pad of dressings. Elevate the limb and place the casualty at rest. Do not remove bloodsoaked dressings; add another pad and continue pressure. When bleeding is controlled, secure dressings with a bandage. Check circulation below the injury before and after bandaging. Maintain elevation and immobilize the injured limb.

When dealing with a bleeding wound St. John Ambulance recommends that first aiders wear vinyl gloves.



DIRECT PRESSURE



ELEVATION



REST

Shock

Cold, clammy skin; a weak, rapid pulse; anxiety; nausea; vomiting; thirst and faintness are the signs and symptoms of shock. Signs and symptoms may immediately follow trauma or may be delayed. The best first aid for shock is proper care for the injury or illness that caused it. Ensure a clear airway and give artificial respiration if necessary. Control severe bleeding if present. Cover the casualty to prevent loss of body heat, loosen tight clothing, reassure and handle gently. Place the conscious casualty on his back, with feet and legs raised about 30 cm (12 in.), unless there is a head/spinal, chest or abdominal injury. Place the unconscious casualty into the recovery position.



Fractures and Sprains

Do not move the casualty unless he is in danger. Ask someone to steady and support the injured limb. Dress any wounds to stop bleeding and prevent further contamination. Protect any protruding bones with a dressing and bulky padding lengthwise on both sides of the fracture. Do not force bones back into the wound. If medical help will be delayed, splint the injured limb. Secure the limb to a padded splint ensuring the joints above and below the injury have been immobilized. Check for circulation beyond the fracture or joint injury before and after splinting by comparing the skin temperature and colour with the uninjured side. Treat all sprains as fractures with the following addition: apply gentle pressure with a bandage. With both sprains and closed fractures, apply an ice pack to reduce pain and control swelling (15 minutes on, 15 minutes off). Keep checking that the bandage is not cutting off circulation. Elevate the limb, if possible. Always reassure the casualty and keep him warm to minimize shock.



DRESS WOUND



IMMOBILIZE

Leeches and Ticks

Once a leech has taken hold, any attempt to dislodge it by force will do more harm than good. Apply either a lighted match, burning cigarette, common salt, a drop of kerosene or turpentine to its body — it will release its hold and drop off. For embedded ticks, using covered fingers or tweezers, grasp as close to the skin as possible and pull the tick away with even steady pressure until it is dislodged (try not to squash the tick when removing it). Keep the dislodged tick for later identification by medical personnel. In both cases cleanse the area with rubbing alcohol. Relieve irritation with a weak solution of water and baking soda or ammonia. Apply a clean, dry dressing.



Fish Hooks

Cut the fishing line but do not attempt to pull out the hook. Stabilize the embedded hook.

Eye Injuries

Eye injuries must be treated with extreme care. Lacerated eyelids usually bleed profusely. Pressure should not be applied. Keep the casualty at rest. Cover the injured eye with a soft pad, gauze or other dressing and arrange for immediate medical help. If an object is embedded in the eye, do not attempt to remove the object. Place dressings around the object and cover the eye with a paper cup or cardboard cone bandaged in place, to prevent the object from being driven further into the eye.



COVER EYE



STABILIZE OBJECT

If the eyes come in contact with a strong corrosive chemical, act quickly. Flush the eyes with gently running tepid or cool water for at least 15 minutes. Chemical powders should be brushed away from around the eyes before flushing.



FLUSH EYE

Note: These tips will assist you with several emergency situations. However, they do not replace a first aid course.

