

# First Aid In-Service

\*\*\*IN CASES OF INJURY OR MEDICAL EMERGENCY, NOTIFY THE NURSE IMMEDIATELY!\*\*\*

If individual must go to the ER:

Call 911 and give name of agency, address, phone # and problem;

All participants must be accompanied by at least 1 staff person;

Be sure to notify the residence/family and have them meet you there;

Bring participants emergency medical file/information with you.

The following information is to be used only when there is the absence of medical personal. When medical personal is/are available, notify them immediately!

This is a mandatory training for YAI Day Services.

## FROSTBITE

1. Affected areas are intensely cold and numb, and grayish in color.
2. Cover frostbitten part with a warm hand or woolen material. If fingers or hands are frostbitten, have victim hold his/her hand in his/her armpit.
3. Keep victim warm and re-warm part by immersing in WARM water. DO NOT use friction to re-warm part.



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## HEAT STROKE

### SYMPTOMS:

1. Hot, red, and dry skin. Perspiration is absent.
2. Rapid and strong pulse.
3. Victim is often unconscious.

### FIRST AID:

1. Remove clothing and cool body as quickly as possible by sponging it with cold water or by cold applications.
2. Call 911 and transport by ambulance IMMEDIATELY.



## HEAT EXHAUSTION

Heat Exhaustion usually occurs after doing exercise on a hot day.

**SYMPTOMS:**

1. Pale and clammy skin.
2. Rapid and weak pulse.
3. Victim complains of weakness, headache, nausea, or dizziness.
4. Heavy perspiration.

**FIRST AID:**

1. Have victim lie down; raise his/her feet 8-12 inches.
2. Move victim to a cool place, loosen clothing & apply cold compresses.
3. Give the victim salt water (1 tsp. salt to a quart of water) to drink, only if he/she is conscious.
4. Notify supervisor.

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## EYE INJURIES

1. **Foreign body in the eye** - Wash the eye with water, tilting head in direction of injured eye, so it can drain out.
2. **Chemical burns of the eye** - Irrigate the eye quickly for about 15 minutes while tilting head in the direction of the injured eye and holding eyelid open. Cover both eyes with gauze and transport to ER.
3. **Blunt injury to the eye** - Apply ice pack and assess for internal bleeding (dark red spots in iris, bulging eye and or intense pain). If present, transport to ER. Cover both eyes.
4. **Penetrating injury to the eye** – Don't remove penetrating object - cover both eyes and transport to ER.

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## NOSEBLEED

**FIRST AID:**

1. Apply pressure with thumb and forefinger to both sides of the nostrils firmly for at least five (5) minutes. If bleeding continues, reapply same pressure for additional five (5) minutes.
2. Keep victim sitting to prevent swallowing of blood.

**PERSISTENT OR PROFUSE NOSEBLEED:**

1. Do above, plus apply cold compresses to forehead and nose.
2. If pressure to nostrils and cold compresses do not control bleeding, call 911 and transport to ER.

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## STROKE

A stroke is a spontaneous rupture of a blood vessel or the formation of a clot in the brain which disrupts circulation.

**SYMPTOMS:**

1. A change in mental status - confusion, disorientation or unconsciousness.
2. Complaints of headache (often severe), dizziness.
3. Inability to speak, loss of bowel or bladder control.
4. Paralysis or weakness on 1 side of the body.
5. Convulsions.

**FIRST AID:**

Call 911 and transport by ambulance IMMEDIATELY.

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## CHOKING

**Choking** is when a foreign body is lodged in the victim’s trachea (breathing tube), and he/she CAN NOT talk or breathe. Victim will reach for his/her throat, turning bright red and eventually blue, acting panicky.

**FIRST AID:**

1. If victim is coughing, LEAVE HIM/HER ALONE, as this is the best way to dislodge the foreign body. Stay with him/her, but be prepared to perform Heimlich Maneuver.
2. If victim is NOT coughing and CANNOT speak, perform Heimlich Maneuver

Stand behind victim, wrapping both your arms around his/her waist; make a fist with dominant hand, placing thumb side of fist against victim's abdomen, between waist and rib cage. Cover fist with other hand. Deliver four (4) rapid, upward thrusts. Continue until object is expelled or victim starts to cough forcefully. If unsuccessful and victim becomes unconscious, call 911 and transport to ER. \*\*\*



\*\*\*Certified Staff Only - may attempt CPR while waiting for ambulance. \*\*\*

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## ALLERGIC REACTIONS

**Allergic Reactions** may occur from foods (be aware of any foods a participant may be allergic to), insect bites, or solutions that come in contact with the skin.

**EARLY SYMPTOMS:**

1. General or localized body itch, flushed appearance of skin.
2. Scattered hives or any rash on the body.
3. Complaints of feeling warmth or heat all over the skin.

**LATER SYMPTOMS:**

- |                      |                  |
|----------------------|------------------|
| Weakness             | Dizziness        |
| Nausea               | Abdominal Cramps |
| Difficulty breathing |                  |

**FIRST AID:**

1. The application of calamine or caladryl lotion will ease the itch and rash of skin reactions. Medical evaluation may be needed to prescribe oral antihistamines (such as, benedryl, atarax).
2. If later symptoms develop call 911 and transport to ER.

**ASTHMA:** Victim will have difficulty breathing and wheezing sounds can be heard. Keep calm. Help the victim position him/herself so he/she feels most comfortable. Notify health office.

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## SHOCK/FAINTING

**SHOCK** may accompany injury, and/or be caused by severe bleeding, vomiting, diarrhea, infection, or allergic reaction. It is a very serious condition in which the body functions are depressed, particularly the nervous system and circulation.

**SYMPTOMS INCLUDE:**

- |                   |                             |
|-------------------|-----------------------------|
| Pale face         | Increased rate of breathing |
| Cold, clammy skin | Irregular breathing         |
| Weak, rapid pulse | Apprehension                |
| Nausea            | Unconsciousness             |

**FIRST AID:**

1. Get medical attention - call 911
2. Place head level LOWER than feet (unless there is a head, neck, or chest injury).
3. Keep victim warm (but do not get him/her overheated). Place blanket under him/her as well as over him/her.
4. DO NOT give anything by mouth.
5. Transport by ambulance to ER.

**FAINTING**

1. If victim faints, lower head to knees. If he/she becomes unconscious, lay him/her on his/her back, elevate legs 8-12 inches, and cover with a blanket. Loosen clothing around neck and waist.

2. Be sure there is plenty of fresh air.
3. Allow victim to rest at least 30 minutes after regaining consciousness.
4. Be sure that full consciousness is regained before giving victim anything by mouth.

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## POISONING

A **poison** is any substance; solid, liquid, gas; that tends to impair health or cause death when introduced into the body or onto the skin surface.

### PREVENTION OF POISONING:

1. Any detergents, insecticides, nail polish products, etc. should be in ORIGINAL CONTAINERS, out of reach, and stored in a locked closet.
2. Any plant whose leaves, flowers, or fruits are poisonous should be removed from the room.

### FIRST AID FOR POISONING:

1. After INGESTION is noted, call Poison Control at 366-3030. Give the following information:  
     NAME & AMOUNT of ingested poison  
     Victim's age, weight, sex  
     (Note: You do not have to give individual's name, for reasons of confidentiality)
2. Follow Poison Control's instructions. Syrup of Ipecac and Charcoal is kept in the medication cabinet in the Health Office.
3. For INHALED POISON, remove victim from source of poison, ventilate area; call Poison Control and follow their instructions.

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## FRACTURES, SPRAINS, BRUISES

### FRACTURES

### SYMPTOMS:

1. Deformity - different shape than other side.
2. Pain or tenderness.
3. Swelling
4. Discoloration

**FIRST AID:**

1. Place in a comfortable position without moving more than is absolutely necessary. Support injured part. Cover victim to maintain normal body heat. Prevent stress.
2. DO NOT cleanse compound fractures (this is an open, bleeding fracture), but cover with sterile (clean) dressings. Control bleeding if necessary by applying pressure on both sides of open wound, CAREFULLY.
3. Transport by ambulance to ER.

DO NOT ATTEMPT TO STRAIGHTEN ANY BROKEN BONES OR DISLOCATED JOINTS!!!

SPRAINS

Apply cold compresses and elevate limb. If symptoms persist, seek medical attention.

BRUISES

Apply ice packs for 20 minutes.

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## HEAD INJURIES

**UNCONSCIOUS VICTIM:**

1. Keep victim turned on side (unless back or neck injury is suspected).
2. Keep warm.
3. Control bleeding from any wound.
4. Get medical care AT ONCE.
5. DO NOT MOVE HEAD OR ANY PART OF THE BODY IF THERE IS BLEEDING FROM THE NOSE, MOUTH, OR EARS!

**CONSCIOUS VICTIM:**

1. Keep victim warm and quiet. Secure history of accident, nature and degree of force.
2. Apply ice packs to injured area.
3. Move by wheelchair, if possible, to shelter.
4. Restrict activity for a reasonable length of time.
5. WATCH ESPECIALLY FOR THE LEVEL OF CONSCIOUSNESS and any of these symptoms:  
     Confusion                      Double vision

Dizziness

Drowsiness

Blurred vision

Nausea or vomiting

6. Advise parent/guardian about accident and to report any of the above symptoms to family doctor, even if occurring a week later.

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## SEVERE BLEEDING, MINOR CUTS & ABRASIONS, PUNCTURE WOUNDS

**SEVERE BLEEDING:**

1. Have victim lie down.
2. Apply pressure directly to wound. Use sterile gauze, clean cloth or hand (if no cloth is available). Elevate the limb while applying pressure. Maintain pressure for 5-10 minutes.
3. Once bleeding is controlled, a dressing can be bandaged into place to form a pressure dressing.
4. If bleeding persists, apply pressure to supplying artery, if it is a wound on arm or leg.
  - ARM: Press the blood vessel against the upper arm bone with fingers on inside of arm, half-way between shoulders and the elbow.
  - LEG: At the groin area, where the legs torso and meet, press inner thigh against the pelvic bone with the heel of you hand, and exert pressure downward.
5. **DO NOT USE TOURNIQUET unless there is NO chance of saving the limb, & YOU ARE TRAINED IN ITS USE!!**
6. For severe cuts, pressure of the hand may need to be maintained until victim reaches the ER.
7. Treat for shock, and transport by ambulance to the ER.

**INTERNAL BLEEDING:**

1. Should be suspected in any serious injury to head, chest, abdomen or pelvic areas.
2. The victim is pale, restless and apprehensive (if conscious).
3. Keep victim in a slightly reclining position.
4. Discourage any movement; **GIVE NOTHING BY MOUTH.**
5. Treat for shock. Send for ambulance - it is most important to secure medical care **AT ONCE.**



**MINOR CUTS, SCRATCHES, ABRASIONS:**

1. Wash wound with soap and water.
2. Cover with gauze; Vaseline for scrapes will help prevent sticking.
3. If redness or swelling develops, it will need a doctor's care.

**PUNCTURE WOUNDS:**

These can be potentially dangerous. Cleanse wound and apply dressing. Notify guardian as individual may need a tetanus booster if last injection was more than ten (10) years previous.

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## BURNS

**1<sup>ST</sup> DEGREE BURNS:**

Result from overexposure to the sun, light contact with hot objects, or scalding by hot water. The skin will appear red with mild swelling and some pain; healing is rapid.

**TREATMENT:**

1. Apply cold water application or submerge in cold water for 5-10 minutes.
2. NO ICE - this may injure the skin. Can cover with dressing, but usually not necessary.

**2<sup>ND</sup> DEGREE BURNS:**

Result from sunburn or contact with hot liquids. The skin will appear red or mottled, with blister formation, swelling, and wetness. Usually very painful!

**TREATMENT:**

1. Same as for 1<sup>st</sup> degree burns.
2. DO NOT break blisters!

**3<sup>RD</sup> DEGREE BURNS:**

Extremely serious, can cause death.

A medical emergency. The skin appears white or charred with less pain due to nerve destruction.

**TREATMENT:**

1. Call 911 to transport to ER
2. DO NOT remove clothing stuck to skin.
3. If skin is exposed - cover with sterile telfa dressing or clean cloth.
4. Elevate burned extremities.
5. Treat for shock.

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## SEIZURES

**SEIZURES** are the result of temporary bursts of abnormal electrical activity in the brain. There are many kinds, depending on which part of the brain is involved, the amount of the brain that is involved, and the length of time the abnormal electrical activity lasts.

**CAUSES**

1. Defects in the brain.
2. Injury to the brain before, during, or after birth.
3. Chemical imbalances.
4. Poisons (lead, alcohol).
5. Diseases (high fever, brain tumor).

**TYPES:**

**Gran Mal** Characterized by loss of consciousness associated with a sudden fall; body is rigid with jerky movements, loss of bowel and/or bladder control, cessation of breathing, flow of saliva, often followed by deep sleep. Lasts seconds to minutes.

**Petit Mal** Temporary loss of consciousness lasting a few seconds. Person appears trance-like with no convulsing.

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## TREATMENT OF SEIZURES

**SEIZURES** are almost always self limiting - they will stop on their own. Most important in caring for a seizure victim - protect from physical injury.

**TREATMENT:**

1. Stay calm - you cannot stop a seizure.
2. DO NOT leave the victim alone, call for help if needed.
3. DO NOT try to revive him/her or restrain movements.
4. Clear the area around him/her so he/she won't be injured.
5. DO NOT force anything between the teeth.
6. Place victim on his/her side or turn head to side so that saliva or vomit drain out of mouth.
7. Place something soft under victim's head and a mat under body if possible.
8. Victim may stop breathing momentarily and turn dusky or blue – DON'T PANIC- normal breathing will return once seizure is over.
9. Allow victim to rest or sleep afterwards as needed.
10. Observe seizure carefully and complete seizure report.

**EMERGENCY TREATMENT IS NEEDED ONLY IF:**

1. Victim experiences one seizure after another without regaining consciousness.
2. Seizure lasts longer than 15 minutes.
3. Victim sustains serious injuries during seizure.
4. If emergency treatment is needed - call 911 and transport to ER.

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## DIABETES

**DIABETES** is a disturbance in the way the body manufacture and uses insulin. Insulin allows the body's cells to utilize sugar and produce energy for the body. People with diabetes must often take insulin by injection, in order to replace their own.

**DIABETES EMERGENCY SITUATIONS:**

**Diabetic Coma:** This results from too much sugar in the blood. Can be the result of taking too little insulin, overeating, or infection.

**Symptoms:** These have a gradual onset:

|                                   |                        |                 |
|-----------------------------------|------------------------|-----------------|
| Extreme thirst                    | Increased urine output | Muscle weakness |
| Dry, flushed skin                 | Nausea, vomiting       |                 |
| Rapid breathing with fruity smell |                        | Coma            |

**Treatment:** Obtain ambulance for transport to ER. Victim needs insulin to decrease amount of sugar in the blood.

**Diabetic Shock:** This results from too little sugar in the blood. Can be the result of taking too much insulin or too little food.

|                  |                       |                 |                 |
|------------------|-----------------------|-----------------|-----------------|
| <b>Symptoms:</b> | Anxiety, apprehension | Drowsiness      | Lethargy        |
|                  | Nausea                | Sweating        | Aggression/rage |
|                  | Confusion             | Unconsciousness |                 |

**OBJECTIVE:** Control bleeding and protect wound from infection & contamination.

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## ASSESSING THE ACCIDENT OR INJURY

1. Check for breathing, bleeding, level of consciousness, broken bones, gross deformity, and burns, in that order.
2. If you suspect shock, treat it IMMEDIATELY.
3. Obtain medical help quickly.
4. Work fast, but carefully.
5. Keep the injured lying down.
6. Keep the injured quiet, warm and comfortable.
7. If the injured vomits, turn him/her on his/her side toward you (suspected head or neck injury - get help and turn as unit), so that vomited material may not go into the lungs.
8. Loosen tight clothing, collar, waistband, and belt.
9. Avoid letting injured see his/her injury. In sever cases, DO NOT let injured know how badly he/she is hurt.
10. Keep the crowd away. If necessary, select capable persons to help you. Get the story of the accident from the victim or witnesses.

FOR FURTHER DIRECTIONS - consult the kind of injury listed on this chart.

**\*IN CASES OF INJURY OR MEDICAL EMERGENCY, NOTIFY THE NURSE IMMEDIATELY!!\***

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## First Aid In-Service Review Questions

Name: \_\_\_\_\_ Date:



1. What should you bring with you if you must accompany a participant to the ER?
2. When should you perform the Heimlich Maneuver?
3. What is Diabetic Shock?
4. What are some danger signs that may indicate serious damage following a head injury?
5. Name 3 early and 5 later symptoms of an allergic reaction:  
Early: ❖  
          ❖  
          ❖  
          ❖  
          ❖  
Later:  ❖  
          ❖  
          ❖  
          ❖  
          ❖

6. How does heat exhaustion occur? What are some symptoms of heat exhaustion?

7. What should you do if you suspect that a potential poison has been ingested?

8. What are seizures?

9. What is the "treatment" for seizures?

10. What should you do if there is a chemical burn to the eye?

A blunt injury to the eye?

11. What is the treatment for 1<sup>st</sup> degree burns?

For 2<sup>nd</sup> degree burns?