

EMERGENCY CARE WORKBOOK

Standard 3 Emergency Aid Workbook
(replaces Standard 3 page 27)



Introduction to Emergency Care

This workshop is to give you an awareness of the basics necessary to deal with a situation that requires some degree of assessment and intervention. This workshop does **not** give you the knowledge or authority to become a recognized first aider nor act as such whether in the nursing home, residential care, home care setting or outside environment.

When dealing with an emergency, you must **always** hand over the situation to the ambulance crew or qualified specialist giving them details of what has happened, what you have done and the length of time you have been dealing with the situation. You must always inform your manager of the situation as well if it has arisen within your work environment.

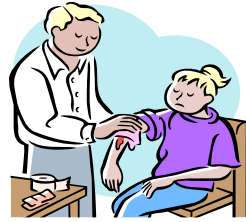
The aims of the workshop are:

- Make you aware of the ABC of life
- Give you the knowledge to undertake a primary assessment of a casualty and deal initially with the situation
- To assess and undertake cardio-pulmonary resuscitation (CPR) in a controlled environment
- To know the signs of and to be able to deal with:

Bleeding
Burns & Scalds
Choking
Cardiac arrest
Limb injury
Poisoning
Seizures
Shock
Unconsciousness

These aims will be achieved by:

- Completing sections in this hand out
- Instruction, demonstration and practice
- Observation by the trainer of your reactions and techniques to a first aid situation

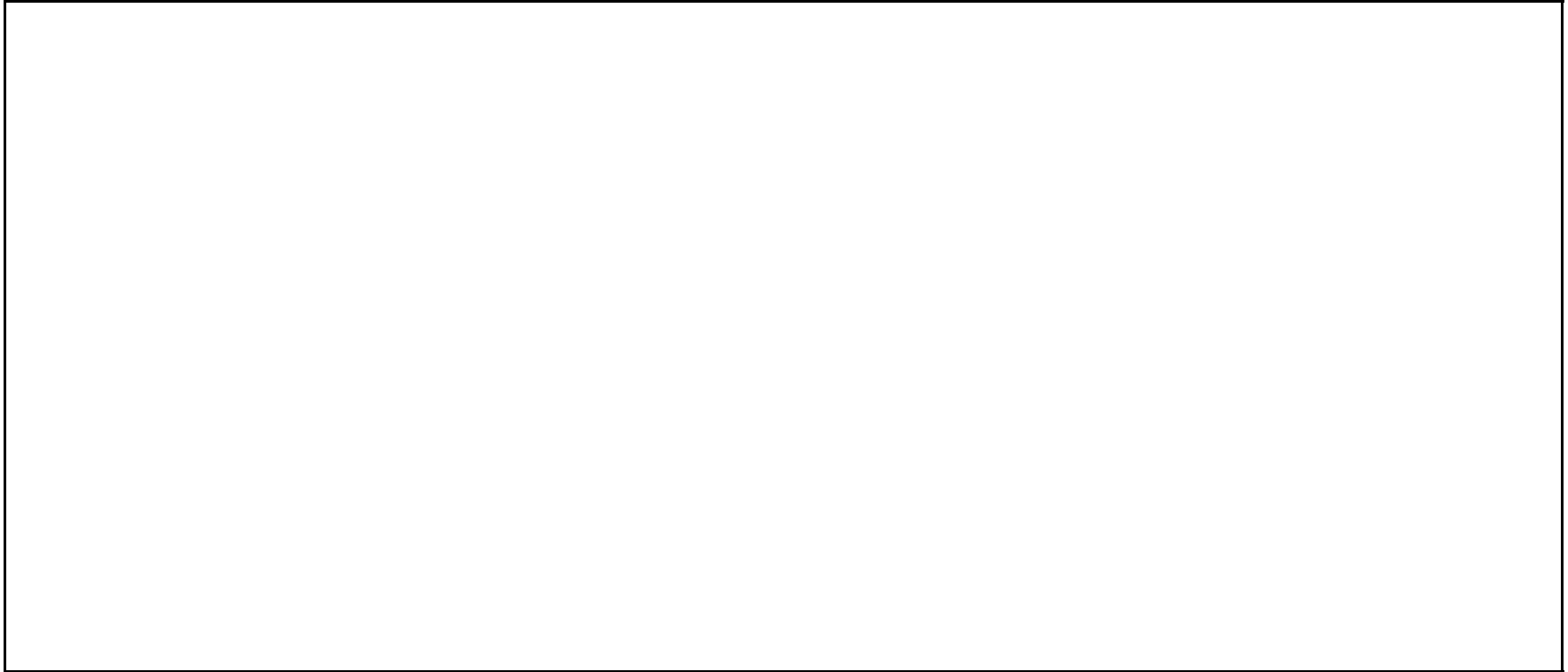


Imagine that you find some one on the floor of their bedroom, what would you do and why?

WHAT WOULD YOU DO?	WHY?

You need to be able to deal with a situation calmly and methodically so it is important that you assess the situation you are going to be dealing with.

What factors can you think of that will be important to your assessment?

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above.

You need an assessment plan so think about the key points to your plan and list in order of importance. You can use the box below to write in the key points.

YOUR PLAN	WERE YOU RIGHT?
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Your actions in an emergency situation are important as you will try to preserve life, help to prevent the situation getting worse as well as promoting the well being of the casualty. To do this, you must deal with situation calmly, methodically and safely. Your first priority is yourself. You must keep yourself safe after all, if you do not do this you will not be in a position to help the casualty.

**NEVER MOVE THE INJURED PERSON UNLESS THERE IS A THREAT OF FURTHER INJURY,
DANGER OR DEATH.**

Your duty under the Health & Safety at Work Act 1974 is very clear:

- You should take care of yourself and others around the workplace
- You should ensure that you are fully aware of the procedures to carry out in the event of an accident or emergency
- You should report any dangers or hazards in the workplace

Below is a sequence of letters which can also help you remember what you should do in an emergency situation. Think about the letters and what you think they mean.

WHAT DO YOU THINK?	WERE YOU RIGHT?
D	
R	
A	
B	
C	

Remember that the brain must not be starved of oxygen for more than-----so it is important that you deal competently and methodically with a situation.

It is important that in an emergency situation you only do what you know you can.

Do **not** attempt to do things that you are unsure about as you may do more harm to your casualty. This could result in you and/or your employer being sued.

WHAT IS ABC?	HOW WILL YOU UNDERTAKE YOUR ABC CHECK?	WHAT CAN CAUSE OBSTRUCTION ?
A.		
B.		
C.		

Your initial assessment is to detect life threatening conditions. Read the following and then prioritise the casualties.

There is an accident outside your place of work. You rush out to see if you can help. You see the following:

1. A young girl who is leaning against the wall holding her arm which is dripping with blood.
2. An older lady who is sitting on the pavement shouting and screaming with her leg bent at an unnatural angle.
3. A young man lay sprawled on his back on the road.
4. A young lady lying on her face on the road.

How and why are you going to prioritise your casualties?

CASUALTY PRIORITY	WHY?	WERE YOU RIGHT?
Casualty 1. Priority:		
Casualty 2. Priority:		
Casualty 3. Priority:		
Casualty 4. Priority:		

There are other health emergencies and in groups discuss the causes and what to do

CAUSES	WHAT TO DO
Bleeding	
Burns	

CAUSES	WHAT TO DO
Dealing with unconsciousness	
Cardiac Arrest	

CAUSES	WHAT TO DO
Choking	
Epileptic Seizure	

CAUSES	WHAT TO DO
Limb injury	

To undertake a primary check you must make the following checks:

- Are you or the casualty in danger?
- Does the casualty respond?
- Is the casualty's airway clear?
- Is the casualty breathing?
- Check the circulation.

You will now be shown how to undertake a primary check. Afterwards, you will be shown how to place your casualty in the recovery position however this is **not** advisable if you suspect there may be neck or spinal injuries. It may also not be possible if there are certain types of fractures. Using the diagrams at the end of the manual make notes as to how and why this is done. By pressing on the breastbone the chest is compressed forcing blood from the heart into the body tissues which includes the brain and the lungs.

When the pressure is released, the chest rises and sucks blood from the body tissues and lungs into the heart.

1. Position your hands in the **centre** of the casualty's chest.
2. Chest compressions and resuscitation breaths should be done in a sequence of: **30 compressions to 2 rescue breaths.**
3. The rescue breaths should be done in **1 second.**
4. Resuscitation should **begin** with 30 compressions followed by 2 rescue breaths and continued in that sequence until help arrives.

CONDITION	HOW TO RECOGNISE	WHAT TO DO & WHAT NOT TO DO
<p>SHOCK</p> <p>The body relies on blood being pumped from the heart via the blood vessels to vital organs such as the kidneys, liver, brain, lungs. A disruption to this system by illness or injury causes a condition called shock which can be potentially fatal.</p>	<ul style="list-style-type: none"> ❖ Pale, ashen and clammy cold skin ❖ Rapid pulse which will get weaker as time progresses ❖ Rapid shallow breathing ❖ Nausea and/or vomiting ❖ Restlessness ❖ Aggressiveness ❖ Yawning or gasping for breath ❖ Eventual decreasing consciousness 	<ul style="list-style-type: none"> ❖ Assess and determine the help needed ❖ Keep the casualty's head low (preferably no pillows) ❖ Raise the legs above the heart (remember other injuries may prevent this) ❖ Loosen tight clothing ❖ Nothing to eat or drink ❖ Check the pulse at very regular intervals ❖ Reassure
<p>SEIZURE</p> <p>There is natural electrical activity occurring in the brain for it to function. A seizure results from a disturbance to that activity.</p> <p>A seizure can be caused by:</p> <p>Epilepsy, head injury, brain damaging diseases, shortage of oxygen, shortage of glucose and certain poisons including alcohol.</p>	<ul style="list-style-type: none"> ❖ A sudden loss of consciousness ❖ Casualty will become rigid and the jaw clenches accompanied by convulsive body movements ❖ The casualty may develop a blue tinge to the lips as breathing may ceases temporarily ❖ Saliva may appear which might be blood stained ❖ Loss of bladder and/or bowel control may occur 	<ul style="list-style-type: none"> ❖ Remove any immediate danger or obstacles ❖ Note the time the seizure started and finished ❖ After 5 minutes dial 999 if the seizure has not finished ❖ If the seizure ends then another one starts dial 999 ❖ DO NOT RESTRAIN OR HOLD THE CASUALTY ❖ DO NOT PUT ANYTHING IN THE CASUALTY'S MOUTH DURING THE SEIZURE ❖ Monitor breathing & once the seizure has finished, the casualty will feel tired due to the muscular activity and want to sleep

CONDITION	HOW TO RECOGNISE	WHAT TO DO & WHAT NOT TO DO
<p>POISONING</p> <p>Poisoning can occur when a substance is taken in to the body in quantities that will cause harm or death. Poison is taken into the body by:</p> <ul style="list-style-type: none"> ❖ Inhalation ❖ Swallowing ❖ Skin contact ❖ Drug poisoning 	<p>This will depend on how the casualty has been poisoned.</p> <ul style="list-style-type: none"> ❖ There may be empty tablet bottles which may make you suspect that an overdose has been taken. ❖ A smell of gas ❖ Burns, blisters to the skin and/or lips ❖ Confusion ❖ Drowsiness 	<p>Inhalation:</p> <ul style="list-style-type: none"> ❖ Allow air into the room & encourage the casualty to breathe normally ❖ Reassure & monitor breathing ❖ If unconscious, place the casualty in recovery position <p>Swallowed poison:</p> <ul style="list-style-type: none"> ❖ Do NOT induce vomiting ❖ If unconscious, place the casualty in recovery position ❖ If CPR is required, use a face shield as there might be poison on the casualty's lips <p>Skin Contact:</p> <ul style="list-style-type: none"> ❖ Do NOT touch the affected areas ❖ Flush with running water for 20 minutes+ ❖ Avoid contaminating other body areas when flushing & your own skin <p>Drug poisoning:</p> <ul style="list-style-type: none"> ❖ Do NOT induce vomiting ❖ If unconscious, place the casualty in recovery position ❖ Look for what might have been taken <p>ALL THE ABOVE 999 & AS MUCH INFORMATION AS POSSIBLE</p>

CONDITION	HOW TO RECOGNISE	WHAT TO DO & WHAT NOT TO DO
<p>BURNS & SCALDS</p> <p>The skin covers the body and protects the deeper tissues. It contains the endings of many sensory nerves and is also important in the regulation of body temperature.</p> <p>The skin has an outer layer called the epidermis and an inner layer called the dermis.</p> <p>Burns are usually caused by heat:</p> <ul style="list-style-type: none"> ❖ Burns by dry heat such as fire ❖ Scalds by moist heat such as steam from a kettle. <p>Chemicals can also cause burns by the heat they release when in contact with the skin.</p> <p>Radiation, friction, electricity and intense cold (frostbite) are also other causes of burns.</p> <p>Please note that a person suffering severe burns is very likely to suffer from shock as well.</p>	<p>Burns are classified as:</p> <p>Superficial</p> <ul style="list-style-type: none"> ❖ External layer of the skin is affected and the area will be red, swollen and will be tender. On pressing the skin it will blanch then circulation will return. ❖ Painful. ❖ Heals in approx 10-14 days <p>Partial thickness</p> <ul style="list-style-type: none"> ❖ Involves the external layer of the skin and the upper layer of the dermis. On pressing the skin will blanch then circulation will return. ❖ Painful. ❖ Heals in approx 14-21 days. <p>Full thickness</p> <ul style="list-style-type: none"> ❖ Involve complete skin destruction. Has a white waxy appearance or even charred ❖ No change when compressed & no pain. ❖ Skin graft required. <p>Severe burns can go as deep as to affect muscle and bone.</p>	<p>For all burns:</p> <ul style="list-style-type: none"> ❖ Do <u>NOT</u> touch the affected area. Burns are very susceptible to infection ❖ Leave clothing stuck to the burn unless it is a chemical burn ❖ Leave blisters intact ❖ For superficial burns run under water for 10 minutes & 20 minutes if a chemical burn ❖ Remove any jewellery ❖ Cover with a sterile dressing or Clingfilm ❖ Treat any signs of shock ❖ Assess & seek medical help – Casualty department or dial 999 <p><u>DO NOT USE:</u></p> <ul style="list-style-type: none"> ❖ Lotions, creams or ointments <p><u>DO NOT USE:</u></p> <ul style="list-style-type: none"> ❖ Fluffy dressings or adhesives ones <p><u>REMEMBER:</u></p> <ul style="list-style-type: none"> ❖ Electrical burns have an entry and exit injury so look for both and treat. ❖ Electric shock can cause cardiac arrest

CONDITION	HOW TO RECOGNISE	WHAT TO DO & WHAT NOT TO DO
<p>BLEEDING</p> <p>This can occur from an open or closed wound.</p> <p>Bleeding needs to be controlled otherwise it will lead to shock, collapse or even death.</p> <p>If the bleeding is severe, the casualty may well present with symptoms of shock as well.</p>	<ul style="list-style-type: none"> ❖ An open wound is a cut or graze and bleeding occurs onto the surface of the skin. The severity can range from being minor to major. ❖ A closed wound is where the bleeding occurs under the skin and presents as a bruise. The severity of this can again range from minor to major. 	<p>Open wounds are susceptible to infection so where possible wear disposable gloves and remember infection control procedures.</p> <p>Minor wounds need:</p> <ul style="list-style-type: none"> ❖ To be cleansed ❖ To be assessed whether medical help/advice is needed ❖ A dressing ❖ The limb elevated above the heart level <p>Severe wounds need:</p> <ul style="list-style-type: none"> ❖ Direct pressure applied to control the bleeding ❖ The limb elevated – lay the casualty down. Remember other injuries may prevent this ❖ Feet could be elevated to prevent shock ❖ A dressing applied and if blood seeps through apply another dressing on top

CONDITION	HOW TO RECOGNISE	WHAT TO DO & WHAT NOT TO DO
<p>BONE, MUSCLE & JOINT INJURIES</p> <p>These can occur as a result of a fall or blow. The “snap” of the bone can sometimes be heard.</p> <p>Depending on the cause of the injury and its severity, the casualty may also present with signs of shock.</p>	<p>If a fracture is suspected there will be:</p> <ul style="list-style-type: none"> ❖ Difficulty in moving the affected limb ❖ Distortion of the affected limb ❖ Severe pain ❖ Tenderness over the site of the injury ❖ Bruising <p>The above signs are also present with sprains and if you are in any doubt, treat as a fracture.</p>	<ul style="list-style-type: none"> ❖ Reassure the casualty and try to keep them still ❖ Disposable gloves should be worn as if the wound is open, it is susceptible to infection ❖ Try to control the bleeding but <u>DO NOT APPLY PRESSURE TO A PROTRUDING BONE</u> ❖ Cover the wound with a dressing but <u>DO NOT APPLY TO A PROTRUDING BONE – APPLY TO EITHER SIDE</u> ❖ Look for signs of shock <p>There is not very much that you can actually do for a fracture. It is best to reassure the casualty, keep them as still as possible and dial 999.</p> <p>If you are sure that the injury is a sprain then remember:</p> <p>Rest, Ice, Compression & Elevate A sprain needs a bandage applied and the colour, sensation and movement of the affected toes and/or fingers observed.</p> <p>A bandage should be applied from the fingers to elbow for a wrist sprain & from the toes to the knee for an ankle sprain.</p>