

3.4.2. Understand basic emergency first aid techniques.

Programme	Materials
<p>Short presentation – What is First Aid? First Aid is the first assistance or treatment given to someone with an injury or sudden illness before the arrival of an ambulance, doctor or other qualified person. First aid is given to prevent death or to keep injuries from getting worse.</p> <p>A ‘first-aider’ is someone who has completed a course of theoretical and practical instruction and passes a professionally supervised exam. The certificate awarded is valid for three years. To keep skills up to date further training and examinations are necessary. A first aider should remain calm in all situations and up to date in their knowledge and skills. Emphasise that this session does NOT prepare them to give first aid nor to act as first aiders.</p> <p>Activity: Facilitate completion of workbook and give out handout 27. Answers can be found on the following pages 29 – 29d.</p>	<p>Handout 27 Workbook</p>

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.

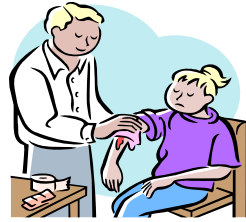
The aims of the workshop are:

- 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

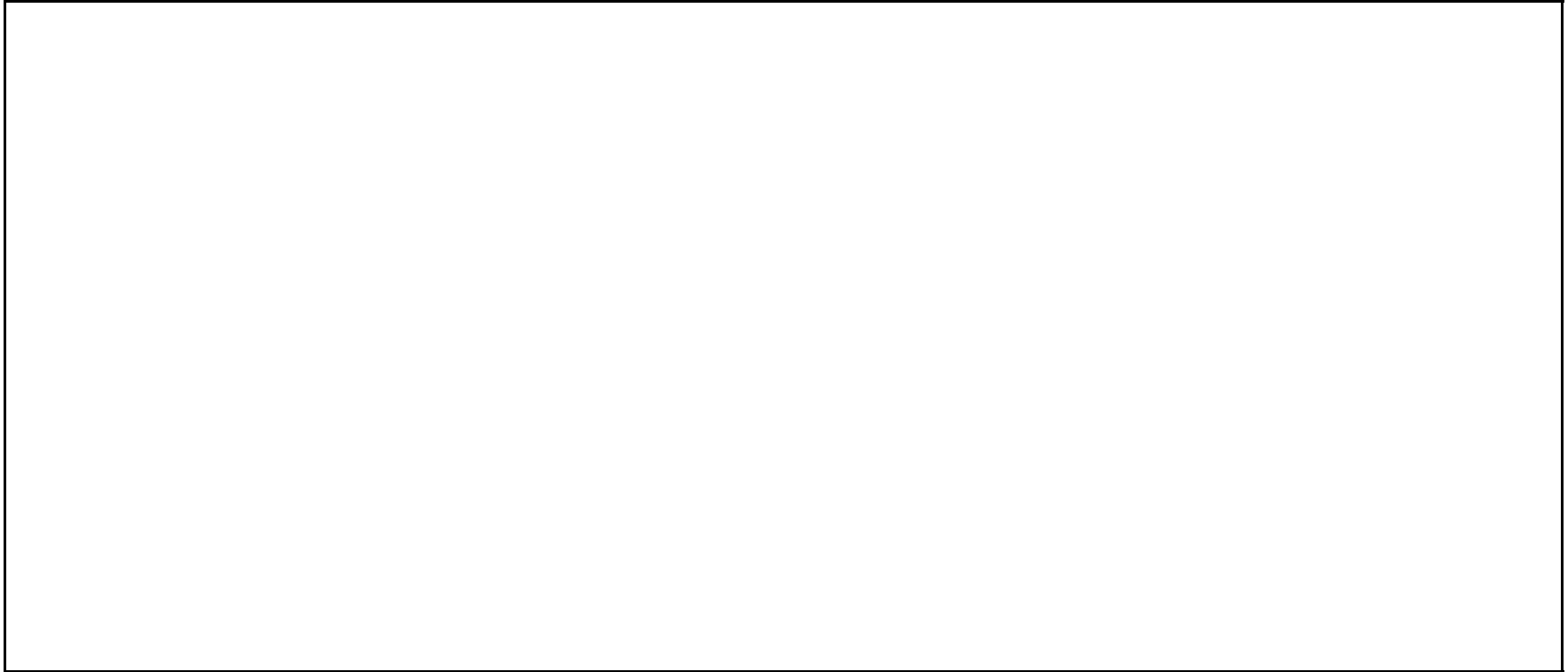


Imagine that you find some one on the floor of their bedroom, what would you do and why?

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 answer to the question above. The box is currently blank.

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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">ALL THE ABOVE 999 & AS MUCH INFORMATION AS POSSIBLE</p>

CONDITION	HOW TO RECOGNISE	WHAT TO DO & WHAT NOT TO DO
<p style="text-align: center;">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 data-bbox="369 280 564 315">BLEEDING</p> <p data-bbox="186 354 688 415">This can occur from an open or closed wound.</p> <p data-bbox="186 454 735 548">Bleeding needs to be controlled otherwise it will lead to shock, collapse or even death.</p> <p data-bbox="186 587 735 682">If the bleeding is severe, the casualty may well present with symptoms of shock as well.</p>	<ul data-bbox="821 280 1323 643" style="list-style-type: none"> <li data-bbox="821 280 1323 440">❖ 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. <li data-bbox="821 479 1323 643">❖ 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 data-bbox="1350 280 1902 407">Open wounds are susceptible to infection so where possible wear disposable gloves and remember infection control procedures.</p> <p data-bbox="1350 446 1633 472">Minor wounds need:</p> <ul data-bbox="1402 480 1892 675" style="list-style-type: none"> <li data-bbox="1402 480 1650 506">❖ To be cleansed <li data-bbox="1402 514 1877 576">❖ To be assessed whether medical help/advice is needed <li data-bbox="1402 584 1587 610">❖ A dressing <li data-bbox="1402 618 1892 675">❖ The limb elevated above the heart level <p data-bbox="1350 714 1650 740">Severe wounds need:</p> <ul data-bbox="1402 748 1881 1081" style="list-style-type: none"> <li data-bbox="1402 748 1881 812">❖ Direct pressure applied to control the bleeding <li data-bbox="1402 820 1871 914">❖ The limb elevated – lay the casualty down. Remember other injuries may prevent this <li data-bbox="1402 922 1881 984">❖ Feet could be elevated to prevent shock <li data-bbox="1402 992 1850 1081">❖ 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: 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>

EMERGENCY CARE WORKBOOK - ANSWERS

Page 3: Imagine that you find some one on the floor of their bedroom, what would you do and why?

Trainer should be encouraging the group to think methodically and not rush into a situation and automatically dial 999. Information is required by the ambulance control operators. If the person is conscious, it may not be necessary to call an ambulance once you have found out what has happened. The person may well have just slipped off their chair or bed but it is important to check circulation to make sure there is no injury hidden under night wear etc.

What would you do?	Why?
Look for any danger or obstacles	If there any dangers, you should not enter. Call the appropriate help.
Check if conscious or unconscious	If conscious ask "what happened?"
Check the airway	Make sure nothing is in the mouth that can obstruct the airway
Check breathing or not	Person may need resuscitation
Check the circulation – look for bleeding	Stop the bleeding CALL 999 giving the operator all the information you have following your assessment

Page 4: What factors can you think of that will be important to your assessment?

This is two fold

Incident	Casualty(ies)
The number of people involved Any dangers or obstacles to casualties or yourself The access the emergency services have to the incident	Conscious or unconscious Your ability to summon help Maintain airway Stop any bleeding

Page 5: 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
1. Assess
2. Make safe
3. Give emergency aid – airway, breathing & circulation
4. Get help dial 999
5. Hand over to Paramedics, GP or First Aider
6. Write reports
7. Tidy up
8. Re-stock any equipment used

The above is particularly pertinent to people who are working in residential or nursing home settings and have access to first aid boxes.

Page 6: 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.

D = danger and determine	B = Breathing
R = response	C = Circulation
A = airway	

At this point, if possible show a video of an accident so that it recaps on the importance of being methodical, looking for danger, assessing the casualty's airway, breathing & circulation; dialling for medical assistance and how to keep the casualty safe until that help arrives. An example of one that you could use is "What to do in an emergency" by Safe Media Tel: 0845 345 1703

Page 7:

What is ABC?	How will you undertake your ABC check?	What can cause obstruction ?
A. = Airway	Check the mouth is clear	Food, sweets, blood, saliva, teeth, dentures, swollen tongue
B. = Breathing	Feel the breath from the person's nose on your ear by kneeling beside the person or by putting a finger under the nostrils. Looking to see if the chest is falling & rising.	Bone fragments particularly if a facial injury. Something stuck up the person's nose. Choking. Crush injury to the chest
C. = Circulation	Look for obvious bleeding. Check for bleeding under clothes by feeling along the person's body. Always tell the person what you are doing even if they are unconscious	Bleeding either internally or externally

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.

Page 8: How and why are you going to prioritise your casualties?

Casualty priority	Why?
Casualty 1. Priority: 3rd	Conscious, airway OK & breathing.
Casualty 2. Priority: 4th	Conscious, airway OK & breathing You would worry about this lady if she became quiet and would need to immediately re-prioritise. Nothing you can do for a fracture.
Casualty 3. Priority: 1st	Difficult to know if conscious. On his back therefore airway could be compromised. In more danger of choking than casualty 4.
Casualty 4. Priority: 2nd	Difficult to know if conscious. Face down therefore still urgent priority but in less danger of choking than casualty 3.

Sometimes groups want to use casualty 1 to sit with casualty 2 to calm her down. Not advisable as both casualties will probably have a degree of shock therefore, the young girl may make the older person worse or vice versa. She may also try to stand the older person up making her leg injury worse.

Pages 9 - 12: There are other health emergencies and in groups discuss the causes and what to do

Causes	What to do
Bleeding See workbook page 17	 See workbook page 17
Burns See workbook page 16	 See workbook page 16
Dealing with Unconsciousness Might be diabetic, or have had a stroke or a heart attack Other reasons include severe bleeding, burns, poisoning	<ul style="list-style-type: none"> • Maintain the persons airway, check their breathing and circulation • Make them safe • Get help

Causes	What to do
<p>Cardiac Arrest The heart stops beating.</p> <p>Could be through a heart attack, electric shock</p>	<p>Check the person's airway, breathing and circulation. If there are no breaths or pulse then begin cardio pulmonary resuscitation as set out in this particular section. Get help.</p> <p>Suggest undertake this at the end of this part of the induction. If organisations do not want to practice CPR then they could use a video to show how it is done, if it is relevant for them.</p>
<p>Choking A piece of food for example has gone into the wind pipe (trachea) instead of the food pipe (oesophagus) and blocked the airway</p>	<p>Stand the person up and get them to cough as that might dislodge the obstruction.</p> <p>If not, bend the person over and with the flat of your hand slap them 5 times between the shoulder blades. Do that 5 times. If that does not work dial 999</p> <p>The person may need resuscitation as a completely blocked airway prevents the person from breathing.</p>
<p>Epileptic Seizure</p> <p>See workbook page 14</p>	<p>See workbook page 14</p>
<p>Limb Injury See workbook page 18 Bone, Muscle and Joint injuries</p>	<p>See workbook page 18 Bone, Muscle and Joint injuries</p>

Main Areas: 3.7. Security

3.7.1. Be aware of security measures in your workplace.

Programme	Materials
<p>Programme Materials</p> <p>Presentation:</p> <p>Establishments have different levels and methods of security. For example, a special hospital might lock 'service users' rooms at night; use cameras, have an alarm system and special lighting; or employ security staff to monitor entrances and exits. In contrast, a psychiatric hospital might only lock up a small area; such as a secure ward and make regular checks to ensure service users/patients are there. In a residential/nursing home all outside doors would be locked, this might include the use of alarms and window locks.</p> <p>Whatever the level of security of the building, you need to be aware of your legal rights to prevent someone from leaving or entering the building. What checks are made of the service users? You will need to know the exact procedure if a service user goes missing. There will also be procedures on the safety of money and valuables etc.</p> <p>This is an important part of quality health and social care. It is very important that accurate information is obtained in order to avoid making mistakes or creating misunderstandings.</p> <p>(Introduction to take 10 minutes)</p> <p>Activity:</p> <p>Discuss Handout 33 and with the group go through each point carefully, encouraging discussion – maybe providing examples from work practice to illustrate what you are saying.</p>	<p>Handout 33</p>