

First Aid

Administering first aid is often just a matter of common sense. The primary task is to remain calm, assess the situation, call for help, provide comfort, and tend to the needs of the injured person as best you are able until help arrives. The basic principle of first aid is to do good if you can, while being careful not to do any harm.

Three Actions to Take in Any Emergency

- Check the scene and the victim(s)
- Call 911 or your local emergency number
- Care for the victim(s)

Basic Steps of First Aid

1. Upon seeing the injured person, assess the situation for any additional possibility of injury to anyone else (including yourself). Make sure no one else will be injured. Would you be in danger if you tried to approach the victim to administer first aid? Don't put yourself in danger.
2. Do not move the injured person unless he or she is in an immediate, life-threatening situation. Anytime an injured person is moved, there is risk of additional injury that might cause permanent damage or death. If you have to move the victim, do it as quickly and carefully as possible. Avoid twisting or bending the victim, who might have a neck or spine injury.
3. Call 911 or the local emergency number. If possible send another person present to make the call.

When You Know You Should Call 911

When the person:

- is or becomes unconscious
- has trouble breathing
- has chest pain or pressure
- is bleeding severely
- has pain or pressure in the abdomen that does not go away
- is vomiting or passing blood
- has seizures, a severe headache, or slurred speech
- appears to have been poisoned
- has injuries to the head, neck, or back
- has possible broken bones

Calling 911: What to Tell Them

Tell the dispatcher:

- the exact location or address of the emergency
- the telephone number from where you are calling
- your name
- what happened to injure the victim
- how many people are involved
- the condition of the victim(s)
- what first aid is being administered

Do not hang up until the dispatcher hangs up. He or she may need more information or may instruct you on how to care for the victim. Return to care for the victim until the ambulance arrives. If you send someone else to call, be sure that he or she knows the answers to these questions. Remind the caller not to hang up before the dispatcher does.

4. Begin caring for the victim. Always care for life-threatening situations before those that are not life-threatening. Watch for changes in the victim's breathing and consciousness. Keep the person warm. Help the victim rest comfortably. Calm and comfort the victim.
5. If the victim is unconscious, you should check three signs:
 - Is the victim breathing? If not, you have a life-threatening situation. Check by putting your face close to the person's mouth and nose. Watch to see if his or her chest rises or falls. Check the airways for blockage. If there is no breathing, you must give the victim a couple breaths.
 - Does the victim have a pulse? Place your finger on the front of the person's neck in the groove next to the Adam's apple. If there is a pulse but the person is not breathing, you will have to do rescue breathing. If there is no pulse, you will have to do CPR. At that moment you will be glad you sought training from the Red Cross or other organization. Don't wait until you are in this situation to recognize your need for training.
 - Is the victim bleeding severely? Check the victim's body from head to toe for signs of bleeding. Bleeding is severe when blood spurts out of a wound. Control the bleeding by placing a clean covering such as a sterile dressing over the wound and applying pressure. A dressing can be any clean cloth or absorbent material (clothing, bandanna, or sanitary napkin). Add additional dressings to the wound while maintaining constant pressure until the bleeding is controlled.

6. If the victim is conscious, ask him or her what happened. A verbal response confirms the victim's breathing and pulse. Look for any other life-threatening conditions. Talk to the victim or any witnesses to determine what care you need to give. Check the person for any problems. Don't move the victim or ask him or her to move. Watch for changes in breathing and consciousness. Look for a medical alert tag on the neck or wrist. If the injury or illness is related to the person's condition, call the number listed for help.
7. Stabilize any fractures or dislocations to prevent any further discomfort or harm. Any setting of a fracture or dislocation must be done by a trained medical professional.
8. Always treat for shock. Shock is a life-threatening condition even if the injury is not. Shock can be brought on by injury, poisoning, illness, allergic reaction, and even by seeing someone else injured. The signs and symptoms of shock are weakness, pale color, cool and clammy skin, irregular breathing, nausea, dizziness, and shivering. The first task is to maintain the injured person's body temperature by wrapping him or her in an emergency blanket, sleeping bag, or extra clothing if the outside temperature is cold. If the temperature is hot, keep the person cool by creating shade. Always try to keep the person insulated from the ground. The general rule is to keep the injured person lying down, comfortable and resting with feet raised (except in case of head, neck, or back injury or if you suspect broken bones). Control any external bleeding. Calm and reassure the victim. Although the person is likely to be thirsty, don't give him or her anything to eat or drink. If the injured person feels like moving or sitting up, don't restrain him or her.
9. If the person has a partially blocked airway and is coughing forcefully, let him or her try to cough up the object. A person who can cough is getting enough air to breathe. Stay with him and encourage him to keep coughing. If the victim can't dislodge the object, call an ambulance.

A person whose airway is completely blocked will not be able to speak, cough forcefully, or breathe. The victim may cough weakly or make high-pitched noises. Have a bystander call an ambulance while you begin care. To open the airway quickly, give a series of quick hard thrusts to the victim's abdomen. Acquaint yourself thoroughly with the Heimlich maneuver.

Dealing with Common Injuries

Open wounds (cuts and lacerations). The best treatment is cleansing the wound with antibacterial soap and water. Apply a clean, nonstick dressing and secure it with adhesive tape. For serious bleeding, apply direct pressure immediately using a clean dressing. If you don't think the wound also involves a broken bone, elevate the wound above the heart to slow the bleeding. When the bleeding stops, secure the wound with a compression bandage, and travel to the hospital for additional treatment. If the bleeding cannot be controlled, put pressure on the nearby artery (pressure point). Treat for

shock. It is brought on by a loss of blood or a disruption in the circulation system. Infection is a major concern for all wounds. Always clean with soap and water before applying an antibacterial ointment to prevent infection. After you have completed caring for the victim, be sure to wash your hands immediately.

Severe wounds: If a part of the body has been severed or torn off, try to find the part and wrap it in sterile gauze or any clean material. Put the wrapped part in a plastic bag. Keep it cool with ice, but do not freeze it. Take it to the hospital with the victim. Doctors may be able to reattach it.

If an object is impaled in the wound of a victim, do not try to remove it. Place several dressings around it to keep it from moving. Bandage the dressings in place around the object.

Wounds that break through the abdomen can cause the organs to push out. Carefully remove clothing from around the wound. Cover the organs with a moist, sterile or clean dressing and cover it with plastic wrap. Place a folded towel or other cloth over the dressing to keep the organs warm.

Dental: If the victim has had a tooth knocked out or damaged, place a sterile dressing directly in the space now vacant or damaged. Tell the victim to bite down carefully. If you can recover the tooth, it is important to get it replanted in the socket within an hour. Handle the knocked out tooth with care, picking it up by the chewing edge (crown) not the root. Do not touch the root part of the tooth. If possible place the tooth back in the socket. Bite down gently and hold the tooth in place with a sterile dressing. If it can't be placed back in the socket, place it in a container of cool, fresh milk until you reach the dentist. If no milk is available, use water.

Eyes: If any chemical or debris gets in a person's eye, flush the eye with large amounts of water. Be sure to flush from the inside corner of the eye (nearest to the bridge of the nose) outward so the other eye is not also contaminated. Continue to flush the eye for ten to fifteen minutes until you are sure the chemical or debris has been removed. Remove any thickened substance from the eye with a clean, moist cloth. Flush the eye again. Do not put any medications in the eye. Cover the injured eye with a sterile gauze pad and take the person to the hospital immediately.

Burns: Minor burns usually don't require medical attention. Treatment, however, should be taken seriously. The affected part should be immersed in cool water to reduce pain and stop the burning sensation. Clean the area with soap and water and apply a topical anesthetic to reduce pain. For more severe burns that blister or have deep tissue damage, the victim needs immediate medical attention. Don't apply ice directly to any burn unless it is very minor. Don't touch a burn with anything except a clean covering. Don't remove pieces of cloth that stick to the burned area. Don't try to clean a severe burn. Don't break blisters or use any kind of ointment on a severe burn.

Sprains: Falls or hits that suddenly twist a joint can cause sprains to wrists, knees, and ankles. It is almost impossible to distinguish between a break and a sprain without an X-ray. You should assume that the limb is broken, then elevate it and immobilize it. Apply a cold pack to minimize swelling until the injured person can be examined at the hospital.

Spinal injuries: Signs of spinal injury include a change in consciousness, problems with breathing and vision, inability to move a body part, an ongoing headache, nausea, vomiting, and loss of balance. When you recognize these signs, call an ambulance at once. While you wait for assistance, give care by helping the victim minimize any movement of his or her head or spine. Place your hands on both sides of the victim's head. Position the head gently in line with the body and support it in that position until medical personnel arrive. If you feel resistance or it hurts the victim as you try to do this, stop. Support the head as you found it.

Seizures: These may range from mild blackouts that could be mistaken for daydreaming to sudden uncontrolled muscular contractions lasting several minutes. Stay calm, knowing that most seizures last only a few minutes. Have someone call for an ambulance. Protect the person from injury and keep his or her airway clear. Don't put anything in the person's mouth, though, especially your fingers. If there is fluid, saliva, blood, or vomit in their mouth, roll the person over on one side to drain it and keep the airway open.

Fainting: This is a temporary loss of consciousness. It is often preceded by paleness and perspiring. To care for fainting, place the victim on his or her back, elevate the feet and loosen any restrictive clothing. Although fainting victims recover quickly with no lasting effects, the symptom may actually be a signal of a more serious condition.

Asthma attacks: Asthma is a condition that narrows the air passages and makes breathing very difficult. The asthma victim makes wheezing noises when trying to breathe. Attacks are triggered by an allergic reaction to food, medication, pollen, or insect stings. The attacks can also be brought on by physical activity or emotional distress. Asthma victims are usually armed with medication to control an attack. Young people should be carrying that medication with them, especially on a trip.

What About AIDS?

Will you be infected with AIDS if you give first aid to a person who is HIV positive? How do you know if a person is carrying the HIV virus when you are preparing to administer first aid?

AIDS stands for acquired immunodeficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system that fights infection. The virus enters the body in three basic ways: 1) through direct contact with the bloodstream; 2) through the mucous membranes lining the eyes, mouth, throat, rectum and vagina; and 3) through the womb, birth canal, or breast milk.

The virus cannot enter through the skin unless it is cut or broken at the point of contact. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Saliva is not known to transmit HIV.

- The likelihood of HIV transmission during a first aid situation is very low. You are most likely to give first aid to someone you know. Always give care in ways that protect you and the victim from disease transmission.
- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluids, especially blood.
- Avoid eating and drinking or touching your mouth, eyes, or nose while providing care, or before you wash your hands.
- Avoid touching objects that may have been contaminated with blood.
- Avoid handling any of your personal items such as combs or keys while providing care or before washing your hands.
- Be prepared with a first aid kit that includes waterless antiseptic hand cleaners and disposable gloves.

Stocking Your First Aid Kit

Bandages, Dressings, and Other Items

- sterile gauze pads in a variety of 2x2- and 4x4-inch pads
- rolled gauze: Kling or Kerflex
- nonstick dressing: Telfa pads (coat with antibacterial ointment or petroleum, but change frequently to prevent drying out and adhering to the skin)
- one-inch adhesive tape
- butterfly bandages or Steristrip bandage assortment
- Ace wrap: three-inch-wide bandage
- large compress: use feminine hygiene pads
- assortment of cloth bandages
- moleskin (for the prevention and treatment of blisters)
- triangular bandage (for holding dressings in place, attaching splints, and creating slings)
- hand cleaner

Equipment and Accessories

- tweezers
- needle
- single-sided razor blade
- bandage scissors
- irrigation syringe
- low-reading thermometer
- SAM Splint or wire mesh
- cold pack
- space blanket
- waterproof matches
- emergency phone numbers and money for a phone call
- bee sting kit
- snakebite kit: compress, suction (use a Sawyer Kit)
- dental kit: oil of cloves, cotton pads, wax
- two pairs of latex gloves
- plastic bags
- small flashlight and extra batteries

Medicines and Drugs: Pain Relief Drugs and Topical Applications

Check with all students for any allergic history to any of these drugs.

- Aspirin: mild analgesic; anti-inflammatory, reduces fever; interferes with blood clotting; can cause nausea; don't give to children.
- Motrin: anti-inflammatory and moderate pain relief; may cause stomach irritation and nausea.
- Tylenol: for relief of minor to moderate pain such as muscle ache and inflammation; may cause liver damage in excessive doses; first choice for pain relief in many first aid kits.

Allergic Reaction Drugs and Topical Applications

- Benadryl: acts as an antihistamine, sedative, and antihistamine, sedative, and anti-itch treatment. Use with caution; may cause drowsiness, constipation, weakness, headache, difficulty in urination, diarrhea.
- Ana-Kit: injection of epinephrine and Chlo-Amine tablets to relieve severe allergic reaction. May cause headache, anxiety, heart palpitations.
- Caladryl lotion: a calamine and Benadryl lotion to relieve minor skin irritations.
- Hydrocortisone ointment (2.5 percent): steroid ointment for more severe skin reactions.

Gastrointestinal Medications

- Lomotil controls diarrhea. Use only if the diarrhea compromises safety or an ability to travel, for it is possible to introduce serious infection and start a fever because of bowel retention.
- Maalox: neutralizes stomach acids and relieves indigestion. Can produce mild diarrhea.
- Antibiotic and Antiseptic Ointments
- Neosporin ointment: helps prevent infection in minor cuts and abrasions.
- Betadine: use for topical cleaning of skin around the wound or before lancing a blister. If using to clean a wound, use 25 percent Betadine to 75 percent sterile water. Never use Betadine in a deep wound.

Skin Preparation

- Tincture of Benzoin: prepares skin for application of adhesive.

Other Drugs to Consider

- Cough suppressant: for example, Robitussin cough medicine.
- Decongestant: for example, Afrin nasal spray (not recommended for prolonged periods or for use at high altitudes).
- Antibiotic eyedrops: for example, Neosporin ophthalmic drops.
- Skin care: for example, A and D ointment, which soothes rashes and dry skin. Be sure to check the first aid kit regularly to discard any out-of-date items. Design your first aid kit to fit your specific activities.