



Basic First Aid

Sue Fisher
Emergency Management Coordinator
CSUF University Police



Information given for this lecture is not meant to replace any official training by the American Red Cross, or any other professional agency.

Use this information for gaining knowledge of these simple techniques.

Everyone is encouraged to get gain knowledge in first aid, CPR and general emergency preparedness.

Disclaimer

Basic, simple, quick techniques to:

1. Preserve life.
2. Prevent further harm.
3. Aid in recovery.



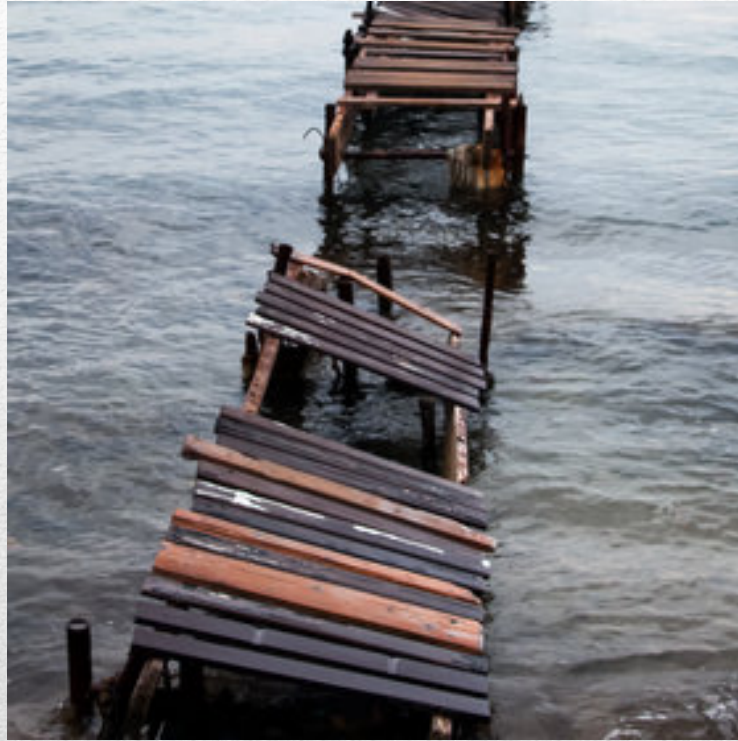
First Aid Definition

FIRST RULE: Never put yourself in danger in trying to assist another.



Always, protect yourself

- If it looks dangerous, it probably is.



Check your surroundings

- Energy from electrical current can be fatal.
- Look for downed wires, especially if water is around.



Electrical dangers

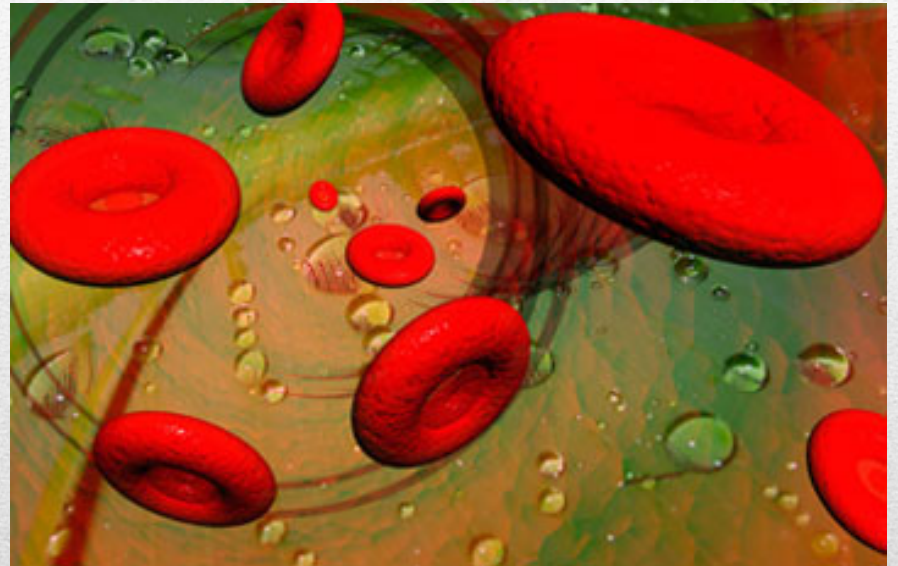
- How to prevent infection from an injured person



- Gloves, eye protection, proper techniques

Universal Precautions

- Anywhere there is liquid blood, there is potential for infection. Small microbial agents can be easily transmitted.



Bloodborne Pathogens

After you confirm that the area is safe, Check the person:

Easy as A, B, C:

- A: Airway
- B: Breathing
- C: Circulation



Initial assessment

As soon as you realize you need help.



When do you call 9-1-1?

Do so, ONLY:

- When there is NO neck or back injury.
- When it is no longer safe to leave them where they are.



Moving the victim

- If someone is bleeding, try to stop it.
- Excessive bleeding can lead to SHOCK and possibly death.

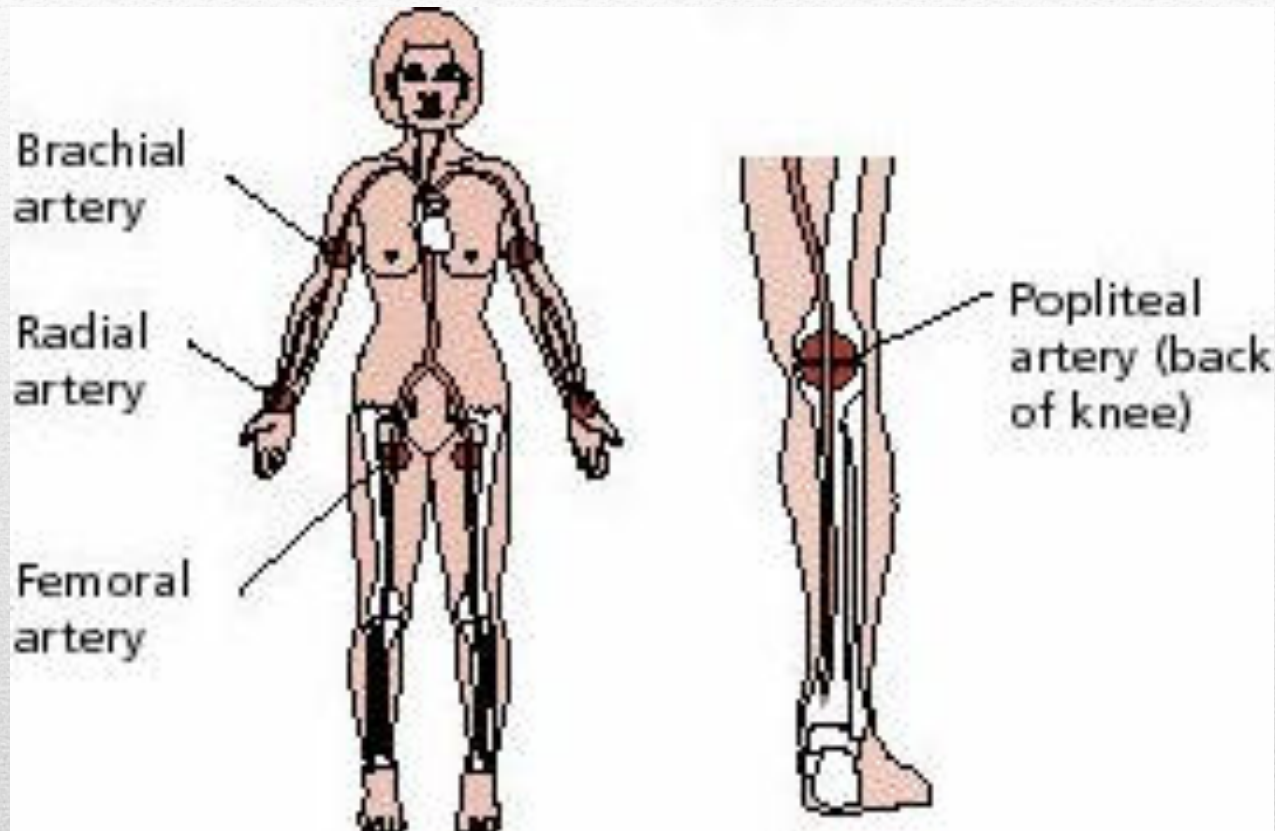
Apply a clean bandage directly to the wound and apply **PRESSURE** to stop the bleeding.

Elevate the wound site above the heart, if possible.



Bleeding

- Places in the body that will help slow the flow of blood.



Pressure Points

- Band-aids (NexCare are my favorites)
- Bandages: Gauze pads (“non-stick” preferred)
- Roller bandages
- Self-stick roller bandages work well, too.



Basic Bandaging

- Do not straighten the broken bone or joint
- Stabilize the injured area with a splint, if possible
- Elevate the injured area
- Apply ice for swelling:
Do not place ice directly on the skin;
Use a towel or similar fabric to protect the skin.



Broken bones

- R – Rest (avoid painful movement)
- I – Immobilize (prevents further damage)
- C – Cold (10-20 minutes at a time, max)
- E – Elevate (only if not painful)



Musculoskeletal Injury



- Stretch muscles and move them often
- Exercise, especially weight training
- Eat a well-balanced diet

Avoid Injury



Abnormal impulses firing throughout the brain can cause muscles to twitch or contract.

RESPONSE:

- Remove things that could harm the victim.
- Do not put anything in their mouths.
- Stay with the person and stay calm.
- After the seizure, it may take minutes to hours before they are fully awake again.
- Do not give him or her any food or water until they are fully awake.

Seizures

- Remove from source
- Cool with cold running water, until pain is relieved
 - If dry chemical, brush away first, then flush at least 20 minutes; more if still painful
- Cover area with sterile dressing
- Prevent shock
- NEVER apply ointments
 - Small burns can be treated like small wounds
- NEVER break blisters
- Seek medical attention or call 911 if severe.

Burns

- Body's circulatory system is not working well so blood flow is decreased to the brain and other vital organs.



Shock (circulatory)

- Make sure they are breathing
- Control bleeding
- Keep them warm and comfortable, preferably lying down.



Treatment of shock

If the victim is awake, he or she can help you understand what is wrong with them.

If person is NOT awake, check:

A. Breathing:

Yes? Check for bleeding and monitor until help arrives.

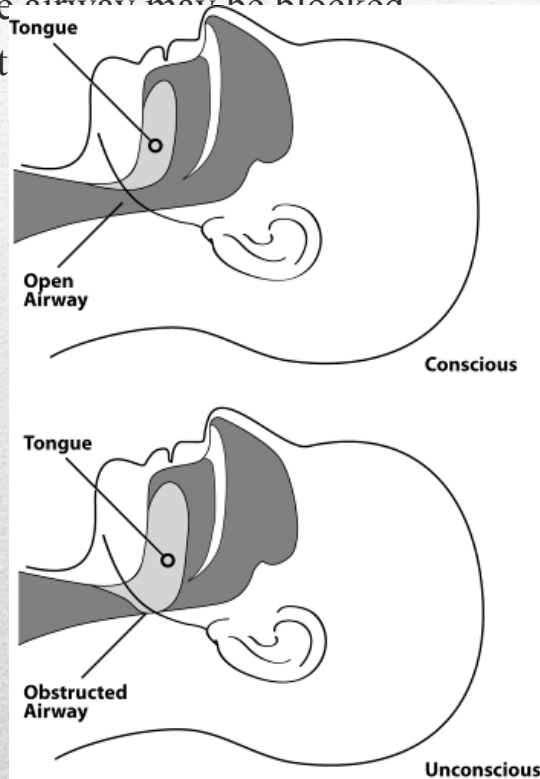
B. Not breathing:

He or she needs your help.



Give only what they need

- The airway may be blocked
- Tilt



Checking the airway

- After tilting the head, check for breathing:
- Look
- Listen
- Feel



Check for breathing

- Continue to monitor until help arrives.



Breathing?

- Start CPR* - Cardio Pulmonary Resuscitation



- 30 chest compressions and then 2 breaths
 - Rate of compressions: 100 per minute
- *Remember this is BASIC knowledge, not training.

Not breathing?

Cardiac emergencies are often linked to heart disease.

- Stroke – Blood flow is stopped to the brain.
- Heart Attack – Blood flow is blocked to the heart muscle.
- Cardiac Arrest – The heart stops beating.

ALL are serious and require immediately medical attention.



Cardiac Emergencies



The symptoms of a stroke include:

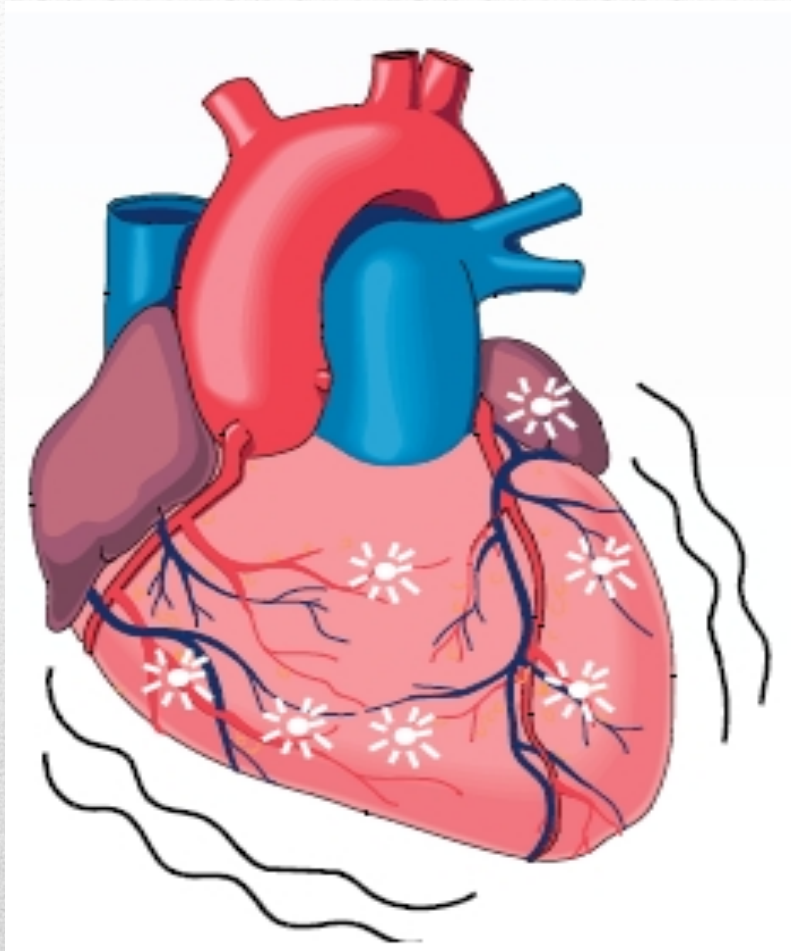
- Sudden numbness or weakness in the arms or legs
- Vomiting
- Paralysis especially on one side of the body or in a part of the body
- Sudden confusion
- Difficulty speaking or understanding speech
- Sudden difficulty with walking
- Loss of balance or coordination
- Sudden trouble seeing in one or both eyes

SEEK IMMEDIATE medical attention!

Strokes

- Blood is blocked to the heart muscle.
- Usually caused by build up of a substance (plaque) in blood vessels that clogs them.
- When the muscle does get oxygen (from blood), the muscle dies and cannot pump blood to the body.
- Symptoms:
 - Chest pain;
 - Discomfort in the chest, arms or jaw,
 - Nausea
 - Shortness of breath
- SEEK IMMEDIATE medical attention.

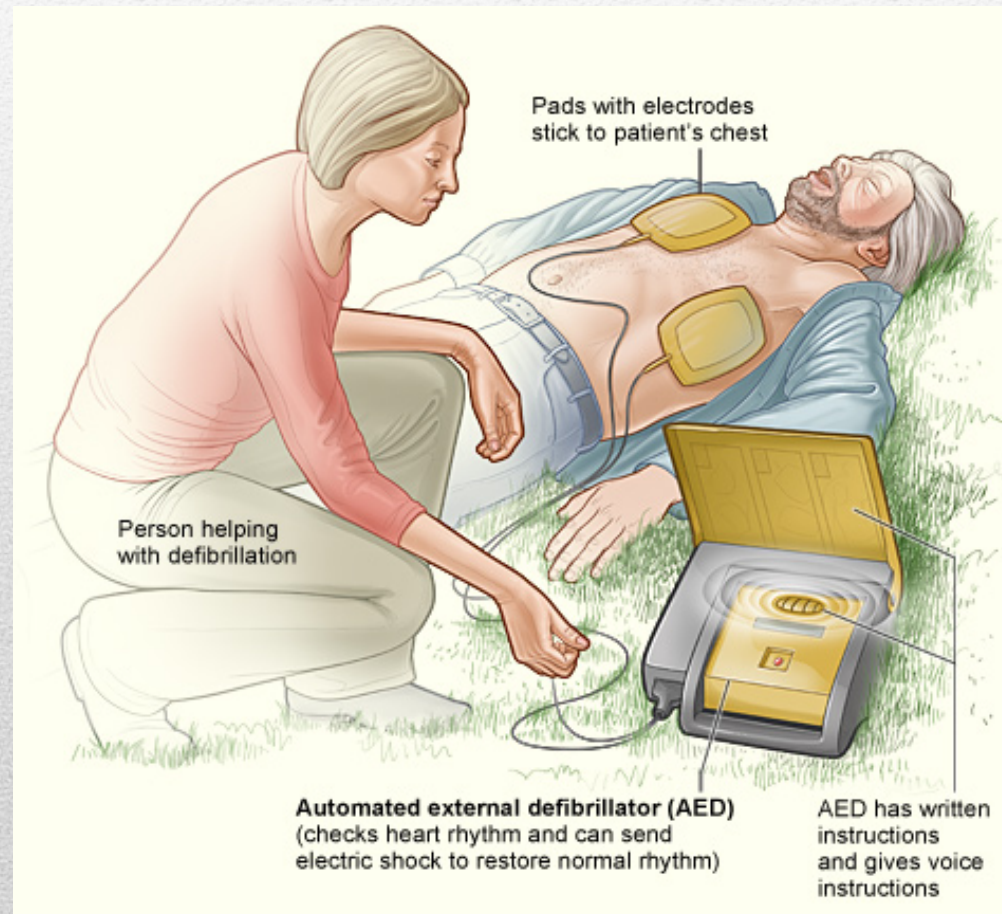
Heart Attack



- The heart suddenly stops beating
- Cause can be irregular heart beats that make the heart stop beating.
- Could be caused by a heart attack.
- Treatment must begin within a few minutes of onset.

(Sudden) Cardiac Arrest

- Automated External Defibrillators
- Can be used for sudden cardiac arrest
- Provides an electrical shock to return heart muscles to the correct rhythm.



AEDs

- <http://firstaid.about.com/od/cpr/ss/abcs.htm>
- http://en.wikipedia.org/wiki/First_aid
- <http://www.nhlbi.nih.gov/health/health-topics/topics/aed/howtouse.html>
- <http://www.health.harvard.edu/fhg/firstaid/directPres.shtml>
- <http://www.nhlbi.nih.gov/health/health-topics/topics/scda/>
- http://www.cdc.gov/epilepsy/basics/first_aid.htm

References
