

Basic First Aid Procedures

First aid is the immediate and temporary care given to the victim of an accident or sudden illness until medical services can be obtained. Keep these points in mind when handling situations that may require you to administer first aid:

- Remove everyone from danger and then provide first aid in a safe location. Also, do not attempt to make a rescuer until you are sure you won't become a victim.
- Remain calm. Keeping your composure while helping the injured person will help him/her to keep calm and cooperate. If the person becomes anxious or excited, the damage from the injury could be increased.
- Plan quickly what you need to do. Learn basic procedures or have your first aid information available so you can care for the injured person.
- Send for professional help as soon as possible. The local emergency telephone number is _____. The school telephone number is _____.
- Let the person know that help is on the way and try to make them as comfortable as possible.

Evaluating the Situation And Setting Priorities

To effectively deal with emergencies, the situation must be evaluated and priorities set.

Three evaluations which must be made to establish priorities for treatment: <ul style="list-style-type: none"> • Condition of the scene • Type of injury • Need for treatment 	Primary first aid procedures are to: <ul style="list-style-type: none"> • Restore breathing • Control bleeding • Prevent shock
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Whenever possible, do not move the victim. Treat the person where you find him/her. However, several types of situations require the person to be moved out of immediate danger, such as fire, electrocution, and drowning.

Bleeding

Bleeding needs immediate attention. Evaluate the type of bleeding and the amount of blood lost:

<ul style="list-style-type: none"> • Capillary oozing 	Injuries to capillaries or small veins. It is indicated by steady oozing of dark-colored blood.
<ul style="list-style-type: none"> • Venous bleeding 	Bleeding from the vein. It is indicated by a flow of dark-colored blood at a steady rate.
<ul style="list-style-type: none"> • Arterial bleeding 	Bleeding from an artery. It is indicated by bright red blood flowing quickly in spurts.

Blood flowing in a small, steady stream or small spurts can be serious, but can be controlled. Blood flowing in a heavy stream or large spurts is very serious and must be brought under control immediately.

The primary step to control bleeding is to exert direct pressure over the wound. Place the cleanest material available against the bleeding point and apply pressure by hand until the wound clots and can be dressed with bandages. If necessary, apply direct, even pressure with your bare hand. If blood soaks through the bandage, do not remove it. Apply more bandages and secure them. Make sure the bandages are not too tight so circulation is not restricted.

Look for swelling around the wound. If the bandage interferes with the circulation of the blood, loosen it.

Elevate the wound above the level of the heart, except when there is a broken bone.

Artery Pressure Point

If direct pressure on the wound does not control bleeding, direct pressure on any artery pressure point closest to the wound is necessary. The artery pressure point must be located between the heart and the wound.

Tourniquet Warning

A tourniquet should only be used for hemorrhaging that cannot be controlled by direct or arterial pressure. Tourniquets are dangerous to apply, to leave on, and to remove. Stoppage of blood supply below the tourniquet can lead to gangrene and loss of limb.

Shock

Shock occurs when the vital body functions are depressed. The three most common causes of shock are:

- Excessive bleeding
- Inadequate breathing
- Unsplintered fractures

If shock is not treated properly, death may result, even if the injury causing the shock is not severe enough to cause death. It is NOT recommended that drivers attempt to splint a fractured bone; instead simply treat the victim for shock.

Recognizing shock

When a person is in shock, the skin is pale, cold, clammy, and moist with beads of sweat around the lips and forehead. The pulse is fast, weak, or entirely absent. Breathing is shallow and irregular and the eyes are dull and vacant with dilated pupils. The person complains of nausea and dizziness. He/she may be unaware of the seriousness of the injury and then suddenly collapse.

Control of shock

The victim should lie down on top of an article of clothing, newspaper or other material and kept warm with a light blanket. In warmer temperatures, it is not necessary to use cover.

The person should not become overly warm so that perspiration occurs. Perspiration draws blood to the skin, away from the interior of the body where it is needed. In order to help the flow of blood to the heart and head, elevate their legs at least 12 inches high. If there is a head or chest injury or breathing seems difficult, elevate the chest instead of the legs.

Offer small amounts of water to the person every 15 minutes. Do not give water if the victim is vomiting, nauseous, or unconscious.

Burns

It is not recommended to treat burns. First aid treatment often causes complications and interferes with the treatment given by the physicians. Keep the burned area uncontaminated and treat for shock.

Do not apply burn preparation and do not use ice water. It intensifies the shock. There are exceptions when it may be necessary to give first aid. Chemicals may continue to burn the skin if they are not removed. Large amounts of water should be used to flush the area free of the chemicals, particularly if it is a chemical burn of the eyes or face.

Mouth-to-Mouth Resuscitation

Breathing may stop for the following three reasons:

- Air passage is blocked
- Nerve centers that control breathing are not functioning due to drowning, electrocution, head injury or poisoning
- A sucking sound in the chest prevents the lungs from expanding

In the first two cases, the skin may be blue and breathing may appear to have stopped. If there seems to be no back injury, place the person on his back, open the mouth and clear out foreign matter with your fingers. Place your hand on the victim's forehead, tilt the head back so the chin points upward and lift jaw. This action moves the base of the tongue away from the back of the throat so the airway is not blocked.

Pinch nostrils to prevent any leakage of air. Open your mouth wide, take a deep breath, and place your mouth over the victim's mouth. With a small child, place your mouth over the mouth and nose, making a tight seal.

Blow vigorously into the mouth, while continuing to lift the lower jaw in order to keep the airway clear. Between each breath, remove your mouth and listen for the outflow of air coming from the lungs. If you hear air, an exchange of air has occurred. Continue to breathe for the person, blowing into the mouth approximately 12 times a minute.

After each breath, remove your mouth and listen for the exchange of air. Blow less vigorously with a small child using shallower breaths at a rate of about 20 per minute. A sign of restored breathing is a sigh or a gasp from the victim.

Breath may be irregular at first so continue mouth-to-mouth resuscitation. If normal breathing doesn't occur, continue breathing for the person, alternating with others until aid arrives.

Be Prepared—Learn Cardiopulmonary Resuscitation (CPR)

CPR should be used when a person is unresponsive or when breathing or heart beat stops. Call 911 immediately. If someone is available, have him or her call emergency medical services while you begin CPR. Try to stimulate the victim. If no response, turn them onto their back by supporting the head and neck. If head or neck injury is suspected, do not bend or turn neck. Tilt the head back and lift chin up and out to open the airway. Look, listen and feel for breath. If no breathing is present, seal your lips tightly around their mouth; pinch their nose shut. Give two slow breaths (1 to 1 ½ seconds each), until chest rises.

If no signs of circulation, place heel of one hand in the center of the chest. Compress at a rate that provides about 100 compressions and 20 breaths per minute. For a child, compression depth should be ½ to 1 inch. For an adult, compressions should be about 2 inches.

Repeat cycle of five compressions to one breath until signs of circulation return or until help arrives.

Epilepsy

Once an epileptic seizure begins, you may not be able to move the person. Try to prevent him/her from injury, such as striking his/her head or body against any hard, sharp, or hot object.

Do not restrain the person or interfere with his/her movements. Epilepsy victims seldom bite their tongues during seizures. More harm is done when an object is forced between the teeth or into the mouth. Breaking teeth, cutting lips, mouth, or tongue, can occur more often than by the tongue being bitten because of the seizure.

You should communicate information about any seizure to the parent and to the school authorities.