

First aid for the Pilot

"First Aid - Life Saved".

Well it may be a little dramatic but sometimes it true. If you call the emergency medical services to an incident, your actions have started the chain of survival. You have acted to help someone you may not even know. First aid is helping, first aid is making that call, putting a Band-Aid on a small wound, controlling bleeding in large wounds or providing CPR for a collapsed person whose not breathing and heart has stopped beating. You can help yourself, your loved ones and the stranger whose life may depend on you being in the right place at the right time with the right knowledge.

- * First aid, it's the smart thing to do!
- * Be ready before an emergency occurs !
- * Get yourself trained in first aid now, by contacting your local first aid organization.
- * Establish a clear line of communication in your organization/school/home with emergency agencies, local doctor, hospital, first aid branch, fire brigade, police.
- * Assign duties to a specific person in the workplace.
- * Brief teachers at school and family members at home.
- * Keep a first aid kit up-to-date, ready for use, accessible and well stocked.
- * Know how to act in case of special health problems e.g. asthma, epilepsy, diabetes, hemophilia, tetanus immune status.
- * Hold regular fire drill exercises at school and work.
- * Keep up-to-date personnel records so that next of kin can be notified in case of accident.
- * Display CPR and First aid information posters in prominent position. e.g. beside fire extinguisher.
- * Keep names of staff trained in CPR beside the phone.
- * Don't leave it to others to learn first aid, "Get yourself trained now!"

First Aid Information

Do not use this first aid information resource as a substitute for a first aid course. It is only intended as an information guide for people who would like to know a little more about this subject. We would strongly advise people to take a first aid training course with one of the many organizations in their locality.

"The life you save may be the life you love."

Emergency Services
Dial: 911

Your Emergency call will be answered with this Question:

"Which Service Do You Require !"

- * Ambulance.

- * Fire Brigade.
- * Police.
- * Mountain & Cave Rescue.
- * Marine Rescue.

When the Emergency Service you require answers,

- * State: Your telephone number, the emergency control staff may need to call you back. (You could get cut off)
- * State: The Address or Location where help is needed.
- * State: The nature of the Incident.
- * State: The number of people involved and if any are trapped.
- * State: Any known hazards, i.e.. Fire, Chemicals, Gas Leaks, Oil Spills, Overhanging Electric Cables, Mud & Rock Slides. .
- * Do: Give any directions and landmarks you know of, this will help speed up the response time to the incident.
- * Do: If you can, send someone to meet and guide the Ambulance back to your home.
- * Do: If the incident is in your home and it's dark, switch on all your "House Lights" or use your "Auto Hazard Warning Lights" outside your premises or near the incident.
- * Do: Lock or tie up any dogs and cats you have on the premises.
- * Do: Update the Emergency Services if conditions deteriorate at the scene.
- * Do: Inform the Emergency Services if you no longer require them.
- * Do Not Hang-Up Until You Are Told To.

Forward planing:

Make sure your house number or house name are clearly visible from the road. Take some time to map and write out precise directions to your property, stick the directions to the cover of your phone book, notice board or phone pad and don't forget to tell the rest of your family what you have done and why it was done. Remember the last time you had to give directions over the phone to John Doe the TV repair man, well try giving directions in an emergency when you're under pressure, shocked, or injured. So you see it makes sense to plan ahead.

Remember!

The Emergency Services are there to help you. So don't fool around making "Bogus Calls".

"The time you waste, maybe the time you need to survive. Think about it....."

Agoraphobia

The most common phobic disorder, agoraphobia is the fear of being alone in public places from which the person thinks escape would be difficult or help unavailable if s/he were incapacitated.

These people avoid being on busy streets or in crowded stores, theaters and churches. Normal activities become restricted as the person avoids these situations. Many agoraphobia victims

became so disabled they literally will not leave their homes. If agoraphobics do venture into public places, they do so only when accompanied by a friend or family member.

Two-thirds of those suffering from agoraphobia are women, The disorder tends to be more common among families where other members also suffer from an anxiety disorder and/or possibly abuse alcohol. Most agoraphobia's develop symptoms between the ages of 18 and 35. The onset may be sudden or gradual.

Many agoraphobia victims develop the disorder after first suffering a series of panic attacks in public places. The attacks seem to occur randomly and without warning, making it impossible for a person to predict what situation will trigger such a reaction.

The unpredictability of the panic attacks "trains" the victims to anticipate future panic attacks and, therefore, to fear any situation in which an attack may occur. As a result, they avoid going out in public. Agoraphobia victims also are likely to develop depression, fatigue, tension, spontaneous panic and obsessive disorders.

Compiled in association with the "Mental Health Association of Ireland"

Asthma

Asthma is a condition in which the muscles of the air passages go into spasm, making breathing difficult and resulting in a wheeze. Attacks may be triggered off by an allergy to dust, pollen, many other common substances, by over exercise or by nervous tension. Regular asthma sufferers usually carry their own medication in case of attack.

Treatment:

- * Reassure and calm the casualty.
- * Advise the casualty to sit down, lean slightly forward, resting on elbows on a support such as a table.
- * Ensure a good supply of fresh air.
- * Allow the casualty to take their own medication as prescribed by a doctor.
- * If the symptoms persist, seek medical aid, i.e.. Call an Ambulance.

Bacteria

Many species of bacteria can cause meningitis, but three types account for about 80 percent of cases:

- * *Neisseria meningitidis* (meningococcus)

Meningococcus is found in the nasopharynx of about 5 percent of the population and is spread by respiratory droplets and close contact. For unknown reasons, only a small fraction of carriers develop meningitis. Meningococcal meningitis occurs most often in the first year of life, but may also occur in closed populations, such as schools.

* Hemophilus influenzae type b

Hemophilus influenzae type b accounts for most meningitis in children more than one month old, but usually not in adults unless there is a predisposing factor such as head trauma or a compromised immune system.

* Streptococcus pneumoniae (pneumococcus)

Pneumococcus is the most common cause of adult meningitis. Those at high risk are alcoholics and people with chronic ear infections, sinus infections, closed head injury, recurrent meningitis, pneumococcal pneumonia, sickle cell disease, or those without a spleen.

Bites, Animal and Human

Treatment:

- * Wash area with soapy water. Then hold under tepid water for five minutes.
- * Dry and cover with sterile unmedicated dressing.
- * A course of tetanus injections is strongly recommended.
- * If severely bitten, seek medical help, i.e. Call an Ambulance.

Rabies:

Rabies is a potentially fatal condition spread by the saliva of infected animals. If you suspect the bite has come from a rabid dog, the casualty should be removed to hospital immediately. Report the incident to the Police, Health Board Community Care Team and the Department of Agriculture who have a contingency plan for a rabies outbreak. To confirm or exclude rabies, an animal must be medically examined, preferably alive. The incident should also be reported to the Police.

Bleeding

The principle of controlling blood loss is to restrict the flow of blood to the injured part by pressure and elevation.

Severe Bleeding:

- * Apply a clean dressing to the wound with firm, constant pressure, which should be held for up to twenty minutes.
- * If there is a foreign body in the wound, such as glass, apply pressure alongside.
- * If you are sure there is no fracture or dislocation, raise the part and support it while maintaining pressure. This should decrease the flow of blood.
- * If bleeding continues, apply indirect pressure. Press the artery at the next pressure point (pressure points are difficult and sometimes dangerous to use, and should only be used by someone trained in first aid).
- * Cover and/or dress the wound as soon as possible.
- * Send for medical assistance. Wrap any severed part, (such as a finger) in a bag and place it in ice if possible, and send with casualty (Don't place the finger in direct contact with the ice).

Cuts, scratches and scrapes:

Mild to moderate bleeding Cuts and scrapes usually stop bleeding if washed and dressed firmly. A course of tetanus injections may be necessary.

Hemophilia:

Hemophilia is a condition where the blood is unable to clot without an injection of serum. Hemophilia sufferers usually carry an identity card or bracelet, and need immediate medical attention, for even apparently minor injuries.

Burns and Scalds

Burns are injuries to body tissues caused by heat, chemicals or radiation. Scalds are caused by wet heat, such as steam or hot liquids. Burns are classified according to the area and depth of injury: superficial burns involve only the outer layers of the skin, cause redness, swelling, tenderness and usually heal well. Intermediate burns form blisters, can become infected, and need medical aid. Deep burns involve all layers of the skin, which may be pale and charred, may be pain free if nerves are damaged, and will always require medical attention.

Severe Burns and Scalds:

- * Lay the casualty down and make him as comfortable as possible, protecting burn area from ground contact.
- * Gently remove any rings, watches, belts or constricting clothing from the injured area before it begins to swell.
- * Cover the injured area loosely with sterile unmedicated dressing or similar non-fluffy material and bandage. DO NOT remove anything that is sticking to the burn. DO NOT apply lotions, ointments or fat to the injury. DO NOT break blisters or otherwise interfere with the injured area.
- * If breathing and heartbeat stop, begin resuscitation immediately,
- * If casualty is unconscious but breathing normally, place in the recovery position.
- * To minimize shock. Send for medical attention.

Minor Burns and Scalds:

- * Place the injured part under slowly running water, or soak in cold water for ten minutes or as long as pain persists.
- * Gently remove any rings, watches, belts, and shoes from the injured area before it starts to swell.
- * Dress with clean, sterile, non-fluffy material. DO NOT use adhesive dressings. DO NOT apply lotions, ointments or fat to burn/ scald. DO NOT break blisters or otherwise interfere.
- * If in doubt, seek medical aid.

Chemical Burns:

- * Flood the area with slowly running water for at least ten minutes.
- * Gently remove contaminated clothing while flooding injured area, taking care not to contaminate yourself.
- * Continue treatment for SEVERE BURNS

* Remove to hospital.

Sunburn:

* Remove the casualty to the shade and cool the skin by sponging gently with cold water.

* Give sips of cold water at frequent intervals.

* If the burns are mild, gently apply an after sun cream. For extensive blistering, seek medical help.

Choking

Choking occurs when the airway is partially or totally blocked by a swallowed object, i.e. when something goes down the windpipe rather than the food passage. The aim of treatment is to clear the blocked passage.

THE CHOKING VICTIM WILL CLASP HIS NECK IN AN INSTINCTIVE ACT, WHICH IS NOW RECOGNIZED AS THE UNIVERSAL CHOKING SIGN.

Act Quickly; speed is essential. Brain death can occur in 4-6 minutes.

Conscious Adult:

* Ask, "Are you choking?" If the victim can speak, cough or breathe, DO NOT INTERFERE - he is not choking.

* If the victim cannot speak, cough or breathe, give upward abdominal thrusts. To do this, stand behind victim and wrap your arms round the waist. Grasp one fist with your other hand and place thumb side of your fist in the mid-line between waist and rib cage. Press fist into abdomen with 4 quick upward and inward thrusts.

* Do not use abdominal thrust when dealing with a pregnant woman or over-weight victim. In these cases use chest thrusts - press on breastbone as in CPR.

* Stand behind victim and place your arms under her armpits to encircle body.

* Grasp one fist with the other hand, and place thumb side on the middle of the breastbone. Press with quick backward thrusts.

* Repeat above sequence. Be persistent. Send for medical aid, call an Ambulance and continue treatment until help arrives.

Self Help:

The above technique can be used successfully if a person is choking and alone. Lean over a chair or railing as you act to help release obstruction.

Unconscious Adult

Establish unconsciousness.

- * "Call for Help". Get them to get an Ambulance, Now! Dial 911 in the US or your local emergency telephone number.
- * Open Airway and begin A of resuscitation procedure,
- * If unsuccessful deliver five abdominal thrusts.
- * Use finger probe in mouth to remove the dislodged foreign body.
- * If unsuccessful repeat these sequences. Be persistent.
- * Continue treatment until help arrives.

Child (as for adults)

If a child (1-8 years) is choking, proceed as for adult, depending on whether victim is conscious or unconscious.

Infant (up to 1 year)

If an infant is choking, turn infant face downwards supporting the body along your arm with hand supporting head and neck.

- * Ensure airway is open.
- * Deliver five back blows between the shoulders, then turn over and give five chest thrusts.
- * Remove object if visible.
- * Do not perform blind finger sweeps in infants and children. When obstruction is removed and infant is still not breathing and has no pulse start CPR.
- * Call help FAST: see section on Resuscitation for Children.

To prevent further complications, all cases of choking should receive medical inspection even if the first aid measure relieved the obstruction.

ABC's of CPR

Airway

A. AIRWAY:

If you find a collapsed person, discover if he is conscious by shaking the shoulders and shouting "are you all right?" If no response, send someone to call 911 or your local emergency telephone number and say "cardiac emergency." If the person is not lying flat on his back, roll him over, moving the entire body at one time, as a total unit. Then open the airway.

To open the airway, lift the chin gently with one hand, while pushing down on the forehead with the other to tilt the head back. Once the airway is open, place your ear close to the casualty's mouth:

- * LOOK - at the chest and stomach for movement.

* LISTEN - for sounds of breathing.

* FEEL - for breath on your cheek.

If none of these signs is present, the person is not breathing. If opening the airway does not cause the person to begin to breathe spontaneously, you must provide rescue breathing.

Breathing

B. BREATHING:

The best way to provide rescue breathing is by using the mouth-to-mouth technique.

Take your hand that is on the person's forehead and turn it so that you can pinch the nose shut, while keeping the heel of the hand in place to maintain head tilt. Your other hand should remain under his chin, lifting up. Immediately give two slow full breaths, using the mouth-to-mouth method.

After giving two slow breaths, locate the person's carotid pulse to see if the heart is beating. To find the carotid artery, take your hand that is under his chin, and locate the voice box. Slide the tips of your index and middle fingers into the groove beside the voice box. Feel for the pulse for five seconds.

Cardiac arrest can be recognized by absence of breathing, and an absent pulse in the carotid artery in the neck. If there is no pulse, you must provide artificial circulation in addition to rescue breathing.

Circulation

C. CIRCULATION:

Artificial circulation is provided by external chest compression. In effect, when you apply rhythmic pressure on the lower half of the victim's breast-bone, you are forcing his heart to pump blood. To perform external chest compression properly, kneel at his side near his chest.

Place the heel of one hand approximately two inches above the lower end of the breast bone. Place your other hand on top of the one in position. Be sure to keep your fingers off the chest wall. You may find it easier to do this if you interlock your fingers. Bring your shoulders directly over the breastbone as you press downward, keeping your arms straight.

Depress the breastbone about 1 1/2 to 2 inches for an adult victim. Then relax pressure on the breastbone completely. However, do not remove your hands from the victim's breastbone but do allow the chest to return to its normal position between compression's. Relaxation and compression should be of equal duration.

If you are the only rescuer, you must provide both rescue breathing and external chest compression. The proper ratio is 15 chest compressions to 2 slow breaths. You must compress at

the rate of 80-100 times per minute when you are working alone since you will stop compressions when you take time to breathe.

Where there is another rescuer to help you, position yourselves on opposite sides of the patient if possible. One of you should be responsible for interposing a breath during the relaxation after each fifth compression. The other rescuer who compresses the chest should use a rate of 80-100 compressions per minute. Unconscious casualties who are breathing and whose hearts are beating should be placed in the Recovery position.

Adult CPR

WARNING: This is not a replacement for a CPR course, improper CPR or CPR performed on a person whose heart is still beating can cause serious injury.

Never perform CPR unless:

- * The person has stopped breathing .
- * The person has no heartbeat (Pulseless).
- * No one with more training in CPR is present at the incident.

You should take a CPR course with the American Red Cross or one of the volunteer first aid organizations in your area, bring a friend!

1. Establish unresponsiveness and call for help. Shake the person gently on the shoulder and shout, "Hello can you hear me, are you okay?" Be careful not to flex or twist the neck, as the victim may have a spinal injury. Move the victim only if necessary.

If the victim doesn't respond, call for help.

When help comes, send that person to call 911 or your local emergency telephone number and ask for an ambulance.

If the victim is lying on his stomach, gently support his neck and roll him over onto his back. Roll head, neck, and shoulders together as a unit.

2. Check for breathing.

Kneel at right angles to the victim's shoulder, and looking toward the victim's chest, put your cheek next to his mouth to feel air passing through the lips. Watch the chest and abdomen to see if either is moving. In other words, look, listen, and feel for signs of breathing. This should take 3 to 5 seconds. If these signs aren't present, the victim is not breathing and you should open the airway.

3. Open the airway.

Open the airway by returning the victim's head face up and tilting the forehead back with one hand while lifting up on the chin with the other hand (head tilt/chin lift).

In an unconscious person the tongue relaxes and falls against the back of the throat, blocking air to the lungs. Sometimes, just opening the airway is enough to get the victim breathing again.

Again, look, listen, and feel for signs of breathing (3 to 5 seconds). If the victim does not promptly begin breathing on his own, begin rescue breathing immediately.

4. Begin basic rescue breathing.

Pinch the victim's nostrils shut with your hand still on the forehead. With your other hand still holding the chin, place your mouth over the victim's mouth, making a tight seal.

Slowly blow air into the victim's lungs until the chest rises. Each breath should last 1 1/2 to 2 seconds. Remove your mouth and allow time for the victim to exhale normally before delivering the second breath.

Once you deliver 2 breaths and see a good chest rise, check the victim's pulse.

5. Check for pulse.

Locate the carotid artery in the neck. Place the tips of your index and middle fingers on the victim's Adam's apple. Slide your fingers down the side of the victim's neck that is facing you, into the groove under the Adam's apple. Hold your fingers in place for 5 to 10 seconds.

6. If pulse is present-rescue breathe only.

If there is a pulse, continue rescue breathing only. You must never do chest compressions on someone who has a pulse.

Blow into the lungs once every 5 seconds.

Check the pulse once per minute (every 12 breaths). Continue rescue breathing until the victim breathes on his own or until medical help arrives. A revived victim still needs to be seen by a Doctor. This is important because a person can easily go into shock after breathing has stopped.

7. If pulse is absent-perform chest compressions.

Place the heel of one hand over the lower third of the sternum (breastbone) 1 to 2 finger widths above the notch where the sternum and ribs meet.

Place your other hand on top of the one that is in position. To avoid undue damage to the ribs, don't let your fingers touch the chest.

Straighten your arms and lock your elbows. Position your shoulders directly over your hands to make sure the thrust of each compression goes straight down on the sternum.

Using a steady, firm thrust, push down hard enough to press the lower end of the sternum 1 1/2 to 2 inches with each compression. Lift your weight from the victim without lifting your hands from the chest. Repeat the compression.

Use a rate of 80 to 100 compressions per minute. To get the proper speed and rhythm, count out loud as you do the compressions: 1 and 2 and 3 and 4 and 5 and.

After each 15 compressions (counting to 5 three times), give 2 breaths. Take your hands off the chest, open the airway as before (head tilt/chin lift), pinch the nostrils, seal the mouth, and give 2 strong breaths. Looking out the corner of your eye, check for the chest to rise. Remember, the chest must deflate after each breath.

Go back to the chest, find the correct hand position again, and do 15 more compressions, followed by 2 breaths.

Repeat this compression/breath ratio of 15:2 approximately 1 minute (4 cycles of 15:2). Then check again for pulse and breathing (3 to 5 seconds).

If neither has returned, you must continue compressions and breathing until the person revives, qualified help comes, or you become exhausted. Recheck pulse every few minutes.

WARNING: This is not a replacement for a CPR course, improper CPR or CPR performed on a person whose heart is still beating can cause serious injury.

Never perform CPR on a person with a pulse.

Take a CPR course now!

Child CPR (1 to 8 years)

CPR can also be used on children, the steps and sequence remain the same as for adults, however you must compensate for the smaller lung capacity of children. Compressions are less forceful than those used on adults.

WARNING: Improper CPR or CPR performed on a person whose heart is still beating can cause serious injury.

Never perform CPR unless:

- * The child has stopped breathing.
- * The child has no heartbeat.
- * No one with more training in CPR is present at the incident.

You should take a CPR course with the American Red Cross or one of the volunteer organizations in your area, take a friend with you!

1. Establish unresponsiveness and call for help.

Shake the child gently on the shoulder and shout, "Hello, can you hear me, are you okay?" Be careful not to flex or twist the neck, as the child may have a spinal injury. Move the child only if necessary.

If the child doesn't respond, call for help. (When help comes, send that person to call 911 or your local emergency number and ask for an ambulance.)

If the child is lying on his stomach, gently support his neck and roll him over onto his back. Roll head, neck, and shoulders together as a unit.

2. Check for breathing.

Kneel at right angles to the child's shoulder, and looking toward the child's chest, put your cheek next to his mouth to feel air passing through the lips. Watch the chest and abdomen to see if either is moving. In other words, look, listen, and feel for signs of breathing. This should take 3 to 5 seconds. If these signs aren't present, the child is not breathing and you should open the airway.

3. Open the airway.

Open the airway by returning the child's head face up, tilting the forehead back with one hand while lifting up on the chin with the other hand (head tilt/chin lift).

In an unconscious person the tongue relaxes and falls against the back of the throat, blocking air to the lungs. Sometimes, just opening the airway is enough to get the child breathing again.

Again, look, listen, and feel for signs of breathing (3 to 5 seconds). If the child does not promptly begin breathing on his own, begin rescue breathing immediately.

4. Begin basic rescue breathing.

Pinch the child's nostrils shut with your hand still on the forehead. With your other hand still holding the chin, place your mouth over the child's mouth, making a tight seal.

Slowly blow air into the child's lungs until the chest rises. Each breath should last 1 to 1 1/2 seconds. Remove your mouth and allow time for the child to exhale normally before delivering the second breath.

Once you deliver 2 breaths and see a good chest rise, check the child's pulse.

5. Check for pulse.

Locate the carotid artery in the neck. Place the tips of your index and middle fingers on the child's Adam's apple. Slide your fingers down the side of the child's neck that is facing you, into the groove under the Adam's apple. Hold your fingers in place for 5 to 10 seconds.

6. If pulse is present-rescue breathe only.

If there is a pulse, continue rescue breathing only. Do not do chest compressions on someone who has a pulse.

Gently blow into the lungs once every 4 seconds.

Check the pulse once per minute (every 15 breaths). Continue rescue breathing until the child breathes on his own or until medical help arrives. A revived victim still needs to be seen by a Doctor. This is important because a person can easily go into shock after breathing has stopped.

7. If pulse is absent-perform chest compressions.

Place heel of one hand over the lower half of the sternum (breastbone) 2 finger widths above the notch where the sternum and ribs meet. Use only one hand and be sure to use only the heel, keeping your fingers off the chest to avoid injuring the ribs.

Straighten your arm and lock your elbow. Position your shoulders directly over your hand to make sure the thrust of each compression goes straight down on the sternum.

Using a steady, firm thrust, push down hard enough to press the lower end of the sternum 1 to 1 1/2 inches with each compression. Lift your weight from the child without lifting your hand from the chest. Repeat the compression.

Use a rate of 100 compressions per minute. To get the proper speed and rhythm, count out loud as you do the compressions: 1, 2, 3, 4, 5.

After 5 compressions perform 1 breath. Take your hand off the chest, open the airway as before (head tilt/chin lift), pinch the nostrils, seal the mouth, and give 1 breath. Looking out the corner of your eye, check for the chest to rise. Remember, the chest must deflate after each breath.

Go back to the chest, find the correct hand position again, and do 5 more compressions, followed by 1 breath.

Repeat this compression/breath ratio of 5:1 approximately 1 minute. Then check again for pulse and breathing (3 to 5 seconds).

If neither has returned, you must continue compressions and breathing until the child revives, qualified help comes, or you become exhausted. Recheck pulse every few minutes.

WARNING: This is not a replacement for a CPR course, improper CPR or CPR performed on a person whose heart is still beating can cause serious injury.

Never perform CPR on a person with a pulse.

Take a CPR course now!

Infant CPR (Birth to 12 months)

CPR can also be used on infants, the steps and sequence remain the same as for adults, however you must compensate for the smaller lung capacity and faster breathing rate of babies. Compressions are considerably less forceful than those used on adults.

WARNING: Improper CPR or CPR performed on a infant whose heart is still beating can cause serious injury.

Never perform CPR unless:

- * The infant has stopped breathing .
- * The infant has no heartbeat.
- * No one with more training in CPR is present at the incident.

You should take a CPR course with the American Red Cross or one of the volunteer first aid organizations in your area; bring a friend with you!

1. Establish unresponsiveness and call for help.

Tap the infant and gently shake the shoulder while you cry out for help. When help comes, send that person to call 911 or your local emergency number and ask for an ambulance.

Place the baby on a firm horizontal surface. A table is best if one is handy, otherwise use the floor. If the baby is on his stomach, roll him over onto his back. Roll head, neck, and shoulders together as a unit.

Caution: If there is trauma involved, the infant may have suffered a spinal injury be careful not to flex or twist the neck.

2. Check for breathing.

Put your cheek over the infant's mouth and look, listen, and feel for air passing through the lips and for the chest or abdomen to move. This should take 3 to 5 seconds.

Also check the lip color. If the lips are pink and you can hear or see the infant struggling to breathe, maintain an open airway, but don't start rescue breathing. If the lips are blue, not enough oxygen is reaching the blood and you must proceed to open the airway.

3. Open the airway.

With one hand on the forehead and the other under the neck, tip the head back to open the airway, but don't extend it as far as you would with an adult. Because an infant's neck is very flexible, be careful not to tilt the head so far back that the airway is blocked or the spine damaged.

In an unconscious person the tongue relaxes and falls against the back of the throat, blocking air to the lungs. Sometimes, just opening the airway is enough to get the infant breathing again.

Again, look, listen, and feel for signs of breathing (3 to 5 seconds). If the infant does not promptly begin breathing on his own, begin rescue breathing immediately.

4. Begin basic rescue breathing.

Cover and seal both the infant's nose and mouth with your mouth and give a slow, gentle puff of breath. Too much air may distend the stomach and result in vomiting.

Each breath should last 1 1/2 to 2 second. Remove your mouth and allow time for the infant to exhale normally before delivering the second breath.

Once you deliver 2 breaths and see a good chest rise, check the infant's pulse.

5. Check for pulse.

Since the carotid pulse is difficult to locate on infants, use the brachial artery on the inside of the arm, midway between the elbow and the shoulder. Use the tips of your index and middle fingers. Hold your fingers in place for 5 to 10 seconds.

6. If pulse is present-rescue breathe only.

If there is a pulse, continue rescue breathing only. Do not do chest compressions if there is a pulse.

Give one gentle puff of breath every 3 seconds.

Check the pulse once per minute (every 20 breaths). Continue rescue breathing until the baby breathes on his own or until medical help arrives. A revived victim still needs to be seen by a Doctor. This is important because a person can easily go into shock after breathing has stopped.

7. If pulse is absent-perform chest compressions.

Place your middle and ring finger on the sternum (breastbone) one finger width below the nipple line and depress no more than 1/2 to 1 inch.

To get the proper speed and rhythm, count out loud as you do the compressions: 1,2,3,4,5. Don't lift your fingers from the baby's chest during the relaxation.

Since the respiration rates of infants is faster than adults, the compressions should be at a rate of at least 100 a minute, rather than the adult rate of 80.

Give 1 gentle breath every 5 compressions.

Go back to the chest, find the correct finger position again, and do 5 more compressions, followed by 1 breath. Repeat this compression/breath ratio of 5:1 approximately 1 minute. Then check again for pulse and breathing (3 to 5 seconds).

If neither has returned, you must continue compressions and breathing until the infant revives, qualified help comes, or you become exhausted. Recheck pulse every few minutes.

WARNING: This is not a replacement for a CPR course, improper CPR or CPR performed on a person whose heart is still beating can cause serious

injury.

Never perform CPR on a person with a pulse.

Take a CPR course now!

CPR Information

Comparison Rates for Adults, Infants, Children:
Chest Compression (victim has no pulse)

Victim type:

Adult:

Compressions per minute: 80-100 per minute

Ratio: (compressions to breaths) Ratio 15:2

Child:

Compressions per minute: 80-100 per minute

Ratio: (compressions to breaths) Ratio 5:1

Infant:

Compressions per minute: At least 100 per minute

Ratio: (compressions to breaths) Ratio 5:1

Depth for Chest Compression (victim has no pulse):

Victim type:

Adults: 4 to 6cm (1 1/2 to 2 inches)

Children: 2.50 to 4cm (1 to 1 1/2 inches)

Infants: 1.25 to 2.50cm (1/2 to 1 inch)

Rescue Breathing *(victim has a pulse)*

Breaths per minute:

Victim type:

Adults: 12 breaths per minute. Rate: Two breaths every 10 seconds.

Children: 15 breaths per minute. Rate: One breath every 4 seconds.

Infants: 20 breaths per minute. rate: One breath every 3 seconds.

Never initiate CPR on a person who is Breathing and has a Pulse!

Diabetes

People suffering from diabetes need to control their blood sugar levels by balancing the amount of sugar in their diet with insulin injections. As a result, many carry hypodermic needles, insulin bottles, medication, card or identity bracelet with them, indicating that they have diabetes.

If a person with diabetes on treatment has missed a meal or taken too much exercise, the concentration of sugar in the blood falls, and unconsciousness can follow. The aim of first aid in this situation is to restore the sugar/insulin balance as soon as possible.

Treatment:

- * If the casualty is conscious and capable of swallowing, immediately give sugar lumps, a sugary drink, chocolate or other sweet food in order to raise the level of sugar in the blood.
- * If the casualty is unconscious but breathing normally, place in the recovery position, and carry out general treatment for unconsciousness

"Remove to hospital immediately."

N.B. IF VICTIM IS UNCONSCIOUS DO NOT GIVE ANYTHING BY MOUTH.

Dislocations

A dislocation is a displacement of one or more bones at a joint and most frequently happens at the shoulder, elbow, thumb, finger or jaw. It can be suspected with pain, inability to move the joint, swelling, bruising. If in doubt, treat as a Fracture

Treatment:

- * Make the casualty as comfortable as possible.
- * Seek medical aid.
- * Support the injured part in the most comfortable position with pillows or cushions. Immobilize with bandages or slings if available.
- * Treat as for shock.

Do not attempt to place bones in proper positions

Ears

BLEEDING/DISCHARGE from the ear canal could be a sign of a skull fracture.

Treatment:

IF SERIOUS PROBLEM SUSPECTED.

- * Send for medical help immediately. Dial 911, or your local emergency telephone number and ask for an Ambulance.
- * Place casualty in a recovery position with his head turned towards the injured side, supported by cushions, so that blood/ fluid can drain.

- * Cover with sterile dressing or similar clean material.
- * DO NOT plug the ear or try to stop the flow, as this could build up pressure inside the middle ear.
- * Check breathing. If breathing and heartbeat stop, begin the A-B-C of resuscitation immediately.
- * If the casualty becomes unconscious but is breathing normally, place in the recovery position, with injured side down allowing fluid to drain.

To minimize shock:

- * Call an Ambulance and remove to hospital, maintaining recovery position.

Earache:

- * A warm covered hot-water bottle against the ear will give comfort.
- * Send for medical help if required.

Foreign Body in the Ear:

- * Gently flood the ear with tepid water to float it out.
- * Do not try to dislodge by probing as this could perforate the eardrum.

If necessary, remove to hospital. Seek medical aid

Electrocution

The passage of electrical current through the body can cause cardiac arrest, burning, and shock. Many injuries result from faulty switches, frayed cables or defects in electrical appliances. Whatever the cause of an electrical accident, never touch the casualty with bare hands unless you are sure there is no danger to yourself. Treatment:

- * Switch off the electrical supply if possible or remove fuse.
- * Remove the casualty from contact with electrical source, using non-conductive articles such as a dry brush handle, dry rope or piece of clothing.
- * Call for help.
- * If breathing and heartbeat have stopped, begin the A-B-C of resuscitation immediately.
- * If the casualty is breathing, but unconscious, place him in the recovery position.
- * Treat any burns.
- * Treat for shock.

Remove to hospital in all cases.

Emergency action

Assess the situation, stay calm and don't panic. Realize that the speed at which you act can save a life. Death follows four minutes after cessation of breathing, 5-10 minutes with severe bleeding.

Minimize danger to yourself (see road accidents, poisoning, electrocution)

Send for help.

Notify a doctor, hospital, parents, employers, and police as appropriate. If in any doubt, Call an Ambulance, Dial 911, or your local emergency services number.

Determine the priorities of treatment.

* Breathing:

Check that the airway is open and the casualty is breathing. If not, begin the: A-airway B-breathing C-circulation of resuscitation.

* Unconsciousness:

Place an unconscious person in the recovery position. But if there is any possibility of spinal injury, DO NOT MOVE unless difficulties in breathing make this essential.

* Bleeding:

Check the casualty for any severe bleeding and control it.

* Shock:

Keep the casualty warm and quiet until skilled help arrives. Treat for shock.

Stay with the patient and give all the reassurance you can.

Epilepsy

An epileptic seizure is caused by a disruption in the normal activity of the brain. Some people with epilepsy carry an identification card, or wear a warning bracelet. Very little first aid treatment is required, the main aims being to keep the person safe during a seizure and to provide after-care.

Major Seizure

In a major epilepsy seizure, the person usually falls to the ground, loses consciousness, followed by jerking. The seizure can last up to five minutes.

Treatment:

* If the person is falling, try to support or ease the fall and lay down gently.

* Clear a space around him. If possible, loosen clothing around the neck and place something soft under the head.

* When convulsions cease, place him in the recovery position.

DO NOT move or lift unless in danger.

DO NOT forcibly restrain.

DO NOT put anything in his mouth or try to open

DO NOT try to wake him.

Seek medical aid.

Minor Attack

In a minor attack, the person may appear to be in a daydream, stare blankly or behave strangely.

Treatment:

* Take care of him by protecting him from dangers such as busy roads. Remain with him until you are certain he has recovered.

Eyes

Foreign Body in the Eye

Particles of dust or grit or loose lashes are the most common foreign bodies found in the eye. In most cases, these can be easily removed. **DO NOT ATTEMPT** to remove a foreign body if it is on the colored part of the eye or embedded in the eyeball. In these cases, **SEEK MEDICAL AID.**

Treatment:

- * Advise the casualty not to rub the eye.
- * Open the eye, ask the casualty to look right, left, up and down so that you can examine the eye in detail.
- * If you can see the foreign body, wash it out by pouring water from a jug into the affected eye, draining away from the good eye.
- * If this is unsuccessful, if there is no water available, and the foreign body is **NOT STICKING** to the eyeball, lift it out, using the damp corner of a clean handkerchief.
- * If you cannot remove the foreign body, cover the eye with an eye pad, secured lightly in position, and seek medical aid.

Chemicals in the Eye:

- * Wash away the chemical as quickly as possible by holding the affected side of the face under cold water, so that the water drains away from the face. Continue this for 10 minutes.
- * If washing is not possible, lay the casualty down, protect the uninjured eye, and gently pour water into the open affected eye to drain away the chemical.
- * Lightly dress the eye with sterile eye pad or clean cloth.
- * Remove to hospital immediately.

Blow to the Eye:

- * If severe, if there is loss of vision, seek medical assistance.
- * While waiting, cover the eye with clean dressing or clean folded handkerchief and keep the patient lying flat and quiet.

Welder's Flash - The cornea of the eye can be damaged by the ultra violet light produced by welding, damage usually taking about a week to heal.

Treatment:

- * Bathe the eyes with cold water.
- * Lightly dress both eyes with pads of clean non-fluffy material.

Seek medical help if thought necessary.

Fainting

Fainting is a brief loss of consciousness caused by a temporary reduction in the flow of blood to the brain.

Treatment:

- * If breathing and heartbeat have stopped, begin the A-B-C of resuscitation immediately.
- * If the casualty is unconscious but breathing normally, lay him down, elevate the legs, or place in the recovery position.
- * Loosen tight clothing at the neck, chest and waist to assist breathing.
- * Check and treat any minor injury sustained in falling, (see bleeding).
- * Reassure the casualty while regaining consciousness, gradually raise to sitting position.
- * If worried about the condition of the casualty, seek medical help.
- * Do not give anything to eat or drink until conscious, then only sips of cold water.

Do not give alcohol.

First Aid Kit

There are ready made first aid kits available in chemists and large department stores, but some people like to make up their own kits, so with this in mind we have put together some items you might like to include in your first-aid kit. The essence of first-aid is improvisation, you use what you have at the time. However, every office, factory, home and school should have an accessible first-aid box with the following recommended basic contents. You don't need any fancy bags or boxes for your kit, all you need is a biscuit tin or strong cardboard box to hold your first-aid stuff in, just remember where you leave it and what's in the kit.

"Now go and do a First-aid Course"

Contents:

- * First-aid book.
- * Triangular Bandages X 3 to 5. [3]
- * Conforming Bandages, 10cm and 15cm X 2 each.
- * Crepe Bandage 7.5cm X 2.
- * Tape 2.5cm X 1 Roll.
- * Absorbent Gauze (Small Roll).
- * Band-Aids (Plasters) X 1 Box.[1]

- * Sterile Dressings (Selection).[2]
- * Cotton Wool (50gr.)
- * Antihistamine, (for Bee Stings).[5]
- * Antiseptic Solution 50ml.
- * Antiseptic Wipes X 4
- * Scissors X 1.
- * Safety Pins X 12.
- * Tongue Depressor X 4.
- * Latex Gloves, Pair X 2.[4]
- * Clinical Thermometer X 1.
- * Pen Torch X 1

[1] Band-Aids or sticky plasters are great for dressing small wounds. They come in all shapes and sizes for fingers, legs and anywhere else you might get little nicks and cuts. Some come with cartoons and fancy colors on them for kids. Make sure the Band aid is big enough to cover the wound, if not you should use a dressing instead. Be sure the sterile seal on the Band aid is intact before you use it.

[2] Sterile dressings are cloth pads that are placed directly on a wound to protect and control bleeding They too come in all shapes and sizes and should be used when a wound is too large for a band aid. In an emergency a clean tea cloth, hand towel, clean tee-shirt can be used to cover the wound.

[3] Bandages used to cover and secure wound dressings to the body (e.g. conforming or roller bandages). Triangular bandages are used as above if you have no roller bandages. They are also used to immobilize an injured limb (e.g. arm sling). Crepe bandages which are normally used to provide compression for injuries such as a sprained ankle, wrist etc.

[4] Latex gloves are always a good idea, especially if you are dealing with body fluids from a stranger. You will notice all EMS personnel wear gloves. The possibility of disease transmission from the victim's blood should be in the forefront of your mind. (If you have cuts on your hand, wear two pairs of gloves). Last but not lest, remember to wash your hands !...

[5] Antihistamine cream is used for bee stings and bug bites. Follow the manufacturers instructions. If the victim is allergic to bee venom they may develop anaphylactic shock. If this happens they need to be seen by a Doctor. Now!

Fractures

A fracture is a broken or cracked bone. It may be diagnosed by being felt or heard, by pain, difficulty in moving, tenderness, swelling, bruising, deformity or symptoms of shock.

The keynote of first aid treatment is to prevent movement.

Treatment:

- * Difficulty in breathing, severe bleeding and unconsciousness must be dealt with before broken bones
- * Treat all fractures in position found if possible. If removal to hospital is imminent, gently support the injured part by hand, place the casualty in a comfortable position, and support with rolled up blankets.
- * If transportation is delayed, immobilize the injured part by securing it to sound part of the body with padding and bandages - as illustrated, arm to body, leg to leg).

Treat for shock

Frostbite

Frostbite; frozen body tissue, usually fingers, toes or skin and must be handled very carefully to prevent permanent damage. Children are at greater risk for frostbite than adults, both because they lose heat from their skin more rapidly than adults and because they don't want to leave their winter games to go inside and warm up. You can prevent frostbite by:

- * Dressing your children in layers.
- * Make sure they come indoors at regular intervals to warm up.
- * Looking out for frost nip, frostbite's early warning signal.
- * Keeping an eye on the weather conditions.

Frost nip

Frosting usually affects the fingers, toes, nose cheeks and ears, leaving them white and numb. Frost nip can be treated at home.

What to do:

- * Bring the patient indoors immediately.
- * Remove wet clothing. (wet clothes draw heat from the body.)
- * Immerse affected body parts in warm water 37-40C (100-105 degrees F) until all sensation returns to the patient.
- * Don't allow the patient control the water temperature. Cold and numb hands can't feel heat and can be severely burned by water that is too hot.

Frostbite

Frostbite is characterized by white, waxy skin that feels numb and hard. It requires emergency medical attention, call your Doctor or call an Ambulance.

What to do:

- * Remove wet clothing from the patient, get them into warm dry clothes, then take them to a hospital casualty department. You'll need to carry them if their feet are affected..
- * While waiting for an ambulance, give the patient a warm drink and begin first-aid treatment.
- * Immerse frozen areas in warm water 37-40C (100-105 degrees F) or apply warm compresses for 20-30 minutes. If warm water is not available, wrap gently in warm blankets.
- * Don't use direct heat such as a electric or gas fires, heating pads or hot water bottles.

- * Don't thaw the area if it is at risk of re-freezing, this can cause severe tissue damage.
- * Don't rub frost bitten skin or rub snow on it.
- * Re-warming will be accompanied by a burning sensation. There maybe skin blistering and soft tissue swelling and may turn red, blue, or purple in color. When skin is pink and no longer numb, the area is thawed.
- * Apply sterile dressings to the affected areas, place the dressing between fingers or toes if they have been affected. Try not to disturb any blisters, rap rewarmed areas to prevent re-freezing, and have the patient keep thawed areas as still as possible.

Head Injuries

These injuries are caused by falls, road accidents, sporting accidents, or working in high risk occupations. They can result in skull fractures, scalp wounds, concussion, brain injury/brain damage, and should always receive urgent medical attention.

Skull Fracture:

It may be seen or indicated, in some cases by blood or fluid from the ear, or loss of consciousness, or by a wound or sometimes there may be no signs.

Treatment:

- * If breathing and heartbeat stop, begin the A-B-C of resuscitation immediately.
- * If any discharge issues from the ear, incline towards the injured side and cover with a sterile dressing - DO NOT PLUG.
- * If the casualty is unconscious, place him in the recovery position with the injured side down.
- * If the casualty is conscious, place him in a half sitting position, with head and shoulders supported. If you suspect spinal injury, keep the casualty's head and trunk aligned at all times.
- * Check breathing and pulse every ten minutes.
- * Treat for shock.
- * Send for medical assistance and remove to hospital.

Concussion

This is a condition of temporary disturbance to the brain after a head injury. It may involve unconsciousness and, occasionally, loss of memory.

Treatment:

- * If breathing and heartbeat stop, begin the A-B-C of resuscitation immediately.
- * If casualty is unconscious, place him in the recovery position while awaiting removal to hospital.
- * In serious cases, check breathing rate, and watch carefully for signs of delayed unconsciousness, shock, stroke.
- * Treat for shock.
- * In all cases consult a doctor.
- * If loss of consciousness is suspected, the person should be examined at a hospital.

Compression

Any head injury may burst a blood vessel in the brain. This causes pressure to be exerted on the brain by blood accumulating within the skull. Compression may develop up to twenty-four hours after the casualty has apparently recovered. With compression, the pupils of the eyes may be of differing sizes (O) (o), there will be a diminished pulse rate and a deteriorating level of consciousness, an intense headache, noisy breathing, paralysis, raised temperature.

Treatment:

* The casualty should be removed to hospital immediately.

This condition requires urgent medical treatment.

Head Injuries in Children

Most head injuries in children are minor. Lacerations bleed freely and seem to be worse than they are. A fall of more than 3 ft. onto a hard surface is a serious matter. It is very common for children who sustain head injuries, to go pale and vomit immediately and subsequently to be sleepy. This should not cause undue alarm. If in doubt, call an Ambulance.

Treatment:

* Swelling of the skull on either sides of the head, just above the ears, should be taken seriously and needs medical attention.

* The single most important factor after head injury is progressive drowsiness. The type to watch out for is that which comes on following a period of lucidity after a head injury and is progressive.

This requires immediate, urgent medical attention.

Headaches

The most common causes of headaches are sinusitis, the common cold, eye strain, tension, lack of sleep or food.

Treatment:

* Place a cold compress on the forehead.

* If practical, have the casualty lie down in a darkened room.

* Do not give tablets, but allow casualty to take two of own pain-killing tablets if desired.

* A headache could signal a more serious complaint: if worried, seek medical aid.

Migraine

These are severe headaches caused by lack of food, (or certain foods), noise, heat or stress. Headache may be accompanied by vomiting and visual disturbance.

Treatment:

As for headaches above.

Heart Attack

Chest Pain

A heart attack occurs when the muscle of the heart has an inadequate blood supply.

This may be caused by a blood clot blocking a coronary artery. This may cause the muscle to be damaged, or die, or cause interference with the electrical activity of the heart, causing it to stop beating. When the heart stops beating, this is known as **CARDIAC ARREST**.

Damage to the heart muscle is a **HEART ATTACK**.

Warning signs of Heart Attack:

- * The symptoms of heart attack vary, but the most common is a prolonged oppressive pain or unusual discomfort in the center of the chest, behind the breastbone.
- * The pain may radiate to the shoulder, arm, neck, or jaw. Sometimes the symptoms may subside and then return.
- * There may also be sweating, weakness, nausea and shortness of breath. The heart attack victim may or may not become unconscious.

ALL CASES OF CHEST PAIN SHOULD BE INVESTIGATED.

Treatment:

If the above symptoms occur, an ambulance should be called at once. Telephone 911 or your local emergency number and ask for Cardiac Ambulance.

If unavailable, the victim should immediately be taken to the nearest hospital.

Every minute is vital in cases of suspected heart attack. A victim should not be allowed to drive himself to hospital.

- * If the casualty is conscious reassure, gently support with pillows, and place in a half-sitting position with knees bent.
- * **DO NOT ALLOW** the casualty to move unnecessarily as this will put extra strain on the heart.
- * Loosen any tight clothing around the neck, chest and waist.
- * Treat for shock.
- * Remove to hospital immediately, maintaining the treatment position if possible.

Unconscious Victim

Treatment:

- * Call 911 or your local emergency number and say cardiac emergency first.
- * If breathing and heartbeat stop, begin the A-B-C of resuscitation immediately.
- * Remove to hospital immediately, continuing resuscitation on the way, if necessary.
- * If the casualty becomes unconscious, but is breathing normally, place in the recovery position.

Check pulse rate continuously.

Hyperventilation

Hyperventilation attack: short rapid breathing, (like the person's been running for a while)

Hyperventilation can be brought on by a number of factors, they include:

- * Anxiety (the most common cause)
- * Severe stomach pains.
- * Heart or lung disease.
- * Extensive physical injuries.

The symptoms usually last 15 to 30 minutes, and can seem like hours to anyone having them. Though very frightening for the patient and indeed for the onlooker, hyperventilation is not usually dangerous. Breathing into a paper bag increases the amount of carbon dioxide in the blood and relieves the symptoms.

Follow these steps for self help:

Loosely cover your nose and mouth with a small paper bag.

Breathe slowly into the bag and re-breathe the air in the bag about 10 times.

Set the bag aside and breathe normally for a couple of minutes.

Repeat steps 2 and 3 until the symptoms lessen or go away.

Try to breathe slowly. Focus on taking one breath every 5 seconds.

Treatment:

- * Avoid becoming caught up in the panic (remain calm)
- * Make direct eye contact, and speak clearly and slowly.
- * Identify yourself if you're not known to the person.
- * Give short clear instructions.
- * Make calming gestures.
- * Allow the casualty some space (don't crowd them in)
- * Minimize embarrassment and avoid an audience.
- * Get them to sit down, if they aren't already.
- * Sit with them at eye level
- * Encourage them to breathe normally. (talk them through the breathing cycle)

- * Inhale, take in long slow deep breath. (breathe with them)
- * Hold breath for 2 seconds.
- * Exhale slowly, (pucker your lips like you're going to kiss)
- * Tell them to relax in a clam voice, just before they reach the end of exhalation.
- * Start a new breathing cycle while telling them how well they are doing.
- * Continue encouraging them to breathe normally.

Try these breathing exercises on yourself first ! (sitting or lying down)

Hypothermia

Exposure to Cold

Hypothermia is a condition that comes about when the body's heat regulating mechanism can't cope with the conditions it's working in. The metabolism gets slower, the body temperature drops, and the sufferer becomes drowsy, confused and moves unsteadily. You don't have to feel shivery in order to have hypothermia. It's dangerous, and a doctor and cardiac ambulance should always be called if it's suspected.

NEVER ASSUME THAT A HYPOTHERMIA CASUALTY IS DEAD EVEN IF BREATHING AND HEARTBEAT APPEAR ABSENT.

Treatment:

- * If breathing and heartbeat have stopped, begin the A-B-C of resuscitation.
- * If casualty is breathing but unconscious, place in the recovery position.
- * Warm patient gradually. Heat the room as well as the casualty.
- * Place warm material around the victim, covering body, neck and head but not the face.
- * Remove from cold environment to hospital if necessary.

Conscious casualties should be given hot, sweet drinks, NOT ALCOHOL.

Meningitis

Meningitis is an inflammation of the meninges, the membranes that cover the brain.

There are three meninges:

- * Dura mater - the outside membrane that adheres to the inside of the skull.
- * Arachnoid - the middle membrane.
- * Pia mater - the innermost membrane, which adheres to the brain.

Types of meningitis:

Viral, caused by a virus

Viral meningitis is more common than bacterial, although rarely life-threatening. Viral meningitis can be caused by different viruses, and is spread between people by coughing or sneezing, or through poor hygiene. Other germs can be found in sewage polluted water. Viral meningitis cannot be helped by antibiotics, treatment is based on good nursing care. Recovery is normally complete, but headaches, tiredness may persist.

Bacterial, caused by a bacterium

Bacterial meningitis, although comparatively rare, is by far the most dangerous and may be fatal. Bacteria may be spread between people by coughing, sneezing, and kissing, but they cannot live outside the body for long. They cannot be picked up from water supplies, swimming pools, buildings, etc.

Symptoms:

Not all these symptoms will show at once.

- * Vomiting
- * High Temperature
- * Violent or severe headache
- * Neck Stiffness
- * Light Aversion
- * Drowsiness
- * Joint Pains
- * Fitting, Confusion

Symptoms for children may also include:

- * Fever possibly with the hands and feet feeling cold
- * Refusing foods or vomiting
- * High pitched moaning cry or whimpering
- * Dislike of being handled, fretful
- * Neck retraction with arching back
- * Blank and staring expression
- * Child difficult to wake, lethargic
- * Pale, blotchy skin color

Septicaemia (blood poisoning) may also occur

A rash of red or purple spots or bruises anywhere on the body is a very serious sign, place a glass over the rash, if the spots or bruises do not turn white when pressed with the glass; Get help immediately.

With two or more of these symptoms consult your G.P. to eliminate a diagnosis of meningitis. Meningitis is not easy to identify at first because the symptoms are similar to those of flu.

Recognizing the symptoms early could mean the difference between life and death. Someone with meningitis will become very ill. The illness may progress over one or two days but it can develop quickly and sometimes in just a few hours the patient will become seriously ill .

Treatment: go to your Doctor or get the patient to Hospital now!

There are many forms and degrees of meningitis. Treating it depends on the type of bacterium or virus that causes the infection. Antibiotics are used to treat bacterial meningitis, and may also be prescribed for immediate family members or others who are in very close contact with the patient. Antibiotics are not used for viral meningitis.

Nose Bleed

Treatment:

- * Sit the casualty comfortably, leaning forward with a dish under the nose.
- * ENCOURAGE mouth breathing and DISCOURAGE nose blowing, wiping, rubbing, speaking and movement.
- * If bleeding is profuse, press nostrils together just below the hard part and push it against the face gently for twenty minutes.
- * If bleeding continues for more than twenty minutes, or increases in volume, seek medical help. Investigate recurring nose bleeds.

Foreign Body in the Nose:

- * Sit the casualty up. Request him to blow his nose. If unable, seek immediate medical help,

While waiting, keep him in a sitting position, discourage him from lying flat or inhaling forcibly.

NEVER TRY TO REMOVE A FOREIGN BODY FROM THE NOSE WITH A TWEEZERS OR FORCEPS.

Panic Attacks

Panic attacks are brought on by social situations and activities perceived to be a threat to the person. The attack may be the person's first or they may have had a number of attacks before, attacks may recur repeatedly and rapidly, however; once these symptoms abate, moderate to severe anxiety may last for many hours.

The symptoms include:

- * Shortness of breath with rapid breathing (or smothering sensations).
- * Dizziness, unsteady feelings, or faintness.
- * Palpitations or accelerated heart rate (feeling one's own heartbeat).
- * Trembling or shaking.
- * Sweating.

- * Choking.
- * Nausea or abdominal distress.
- * Depersonalization or de-realization.
- * Numbness or tingling sensations (pins and needles in the arms / legs).
- * Flushes (hot flashes) or chills.
- * Chest pain or discomfort. (Normally this is not a heart attack, but if chest pain persists have it checked out by a Doctor).
- * Fear of dying.
- * Fear of going crazy or doing something uncontrolled.

Not all the above symptoms will be present.

Treatment:

- * Avoid becoming caught up in the panic (remain calm)
- * Make direct eye contact, and speak clearly and slowly.
- * Identify yourself if you're not known to the person.
- * Give short clear instructions.
- * Make calming gestures.
- * Allow the casualty some space (don't crowd them in)
- * Minimize embarrassment and avoid an audience.
- * Get them to sit down, if they aren't already.
- * Sit with them at eye level
- * Encourage them to breathe normally. (talk them through the breathing cycle)
- * Inhale, take in long slow deep breath. (breathe with them)
- * Hold breath for 2 seconds.
- * Exhale slowly, (pucker your lips like you're going to kiss)
- * Tell them to relax in a clam voice, just before they reach the end of exhalation.
- * Start a new breathing cycle while telling them how well they are doing.
- * Continue encouraging them to breathe normally. Try these breathing exercises on yourself first! (sitting or lying down)

When you feel you're on top of the situation, organize transport for the person if they want to go home or call an Ambulance to take them to Hospital. Don't abandon them.

Does the person suffer bouts of Agoraphobia?

Anxiety about being in public places or situations from which escape may be difficult (or embarrassing) or they may feel help may not be available in the event of having an unexpected panic attack.

Agoraphobic fears typically involve characteristic clusters of situations that include:

- * Being outside the home alone;
- * Being in a crowd or standing in a line;
- * Being on a bridge;
- * Traveling in a bus, train, or automobile.

Phobias

The word "phobia" is a term that refers to a group of symptoms brought on by feared objects or situations. People can develop phobic reactions to animals, social situations and activities.

Phobias are the most common form of anxiety disorders, which affect people of all ages, at all income levels and in all geographic locations, according to a study by the National Institute of Mental Health (NIMH), between 5.1 and 12.5 percent of Americans suffer from Phobias. Broken down by age and gender, the NIMH study found phobias were the most common psychiatric illness among women in all age groups and the second most common illness among men older than 25.

Symptoms:

A phobic disorder can be so mild that it hardly affects a person's life. The feared object or situation may enter the person's life so rarely that the phobia doesn't interfere with the ability to work, socialize and go about a daily routine. But other phobic disorders may focus on something as common as running water and may thus prevent showering, bathing or brushing one's teeth. Or they may arise whenever the person ventures from home, preventing work, social life or grocery shopping. A phobia that interferes with daily living can create extreme disability and should be treated.

* A phobia is defined by the psychological and irrational panic, dread, horror, or terror when he is in a situation that is harmless. The person recognizes that the fear goes beyond normal boundaries and the actual threat of danger.

* The phobic reaction is automatic, uncontrollable and pervasive, practically taking over the person's thoughts in a barrage of imaginary threats and dangers.

* The person suffers from all the physical reactions associated with extreme fear: rapid heartbeat, shortness of breath, trembling and overwhelming desire to flee the situation,

* The person flees the feared object or situation and goes of his way to avoid it. When avoidance causes distress or interferes with the ability to work, socialize and care for day to day needs, he should seek an evaluation.

Categories of Phobias:

Phobic disorders are divided into categories that closely define the cause of the reaction and avoidance. Phobias may develop as a result of panic attacks that seem to appear out of nowhere. Panic attacks may push some people into fearing and avoiding the situation or object associated with such an attack. However, other phobia patients never experience a panic attack, even when they are confronted with the object or situation they fear.

Recovery Position.

The recover position ensures that a casualty maintains an open airway, that the tongue cannot fall to the back of the throat, that the head and neck remain in an extended position so that the air passage is widened, and any vomit or fluid will drain freely.

IF THE VICTIM IS UNCONSCIOUS DO NOT GIVE ANYTHING BY MOUTH.

You will need to get the casualty lying on his side, supported by one leg and one arm. In the case of head or ear injury, keep the injured side down.

Where there are fractures in the upper or lower body, where the casualty is lying in a confined space, or where it is not possible to use the bent limbs as supports, the Recover Position can be modified. In such cases, a rolled blanket can be laid down the front of the body. This method can also be used to transport a casualty on a stretcher in the Recover Position.

N.B.: When moving the casualty, always do so as a total unit i.e. keep the casualty's head and trunk aligned at all times

Child Resuscitation

Warning!

This is not a replacement for a first aid or CPR course, it is just a quick guide in first aid and CPR techniques. You should go to your local first aid organization and do a course in these life saving skills.

Fortunately, it is rare for a child's heart to stop, but there are dangers in airway blockage and inadequate breathing. Artificial ventilation and chest compression can be performed on older children just as for adults, but they must be done slightly faster, and with lighter pressure. The techniques require some modifications for small children and babies.

Calling for Help (Infant)

If unresponsive, a lone rescuer should provide rescue breathing for one minute and then call 911 or your local emergency telephone number. This is in contrast to an adult where the ambulance is called first.

Call first with adults.

Call fast with infants and children.

Checking for a baby's breathing

Open the airway by gently lifting the chin and tilting the head. It helps to support the head slightly. Look, listen, and feel for breathing. A small pillow under the shoulders will let the head tilt back gently DO NOT, if clearing an obstruction with a finger, touch the back of a young

child's throat. If the child is suffering from an infection of the airway, this can cause swelling and, possibly, total blockage.

Checking for a baby's circulation

It is difficult to feel the carotid pulse in an infant so, instead, use the brachial pulse. This is located on the inside of the upper arm, midway between shoulder and elbow. Keep the head tilted back. Place your index and middle fingers on the inside of the arm, and press lightly towards the bone. It may help to place your thumb on the outside of the arm. Feel for 5 seconds before deciding there is no pulse.

Artificial ventilation for a baby

Babies should be given artificial ventilation at twice the rate used for adults and children, using the mouth-to-mouth-and-nose technique. Make a tight seal around the baby's mouth and nose with your mouth, and breathe into the lungs until the chest rises. Let the chest fall. Continue giving breaths at a rate of 30, per minute.

Chest compression

If you cannot detect a pulse, apply chest compressions to the lower half of the breastbone. Use the adult technique for a child of school age; for babies and small children, modify the technique and rate as below. Remember that, in the absence of a pulse, chest compression must be combined with artificial ventilation. Lay the baby on a firm surface. To locate the correct position, imagine a line joining the baby's nipples. Place the tips of two fingers just below the mid-point of this line, and press at a rate of 100-120 compressions per minute, to a depth of 1.5-2.5cm (1/2 -1inch). Combine with artificial ventilation, giving three compressions to one breath.

FOR A CHILD 1-8 YEARS

Find the correct position on the chest as you would for an adult. Using one hand only, press at a rate of 100-120 compressions per minute, depressing the chest by 2.5-3.5cm (1-1 1/2 inch's). Combine with artificial ventilations, giving three compressions to one breath.

Resuscitation

Warning !

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In cases of heart attack, drowning, suffocation, electric shock and overdoses of drugs, either the heart or breathing may stop. This is called cardio-respiratory arrest. ('Cardio' means heart, 'respiratory' means breathing). In many cases a life can be saved if resuscitation can be

performed quickly and correctly. A minority of heart attack cases will actually collapse with a cardio-respiratory arrest. But everyone should know the early signs of a heart attack, and have an emergency plan of action,

Signs of cardio-respiratory arrest:

- * Collapse with loss of consciousness.
- * Absence of breathing.
- * No pulse (carotid).

What to do:

Basic cardio-pulmonary resuscitation (CPR) is a simple procedure, as simple as A-B-C.

A= Airway B = Breathing C = Circulation

Precaution:

In electrocution, switch off current before starting CPR.

Septicemia

Septicemia is the clinical name for blood poisoning. Septicemia is a medical emergency and needs urgent treatment.

Some bacteria that cause meningitis can also cause septicemia, (meningococcal form)

Signs and Symptoms"

Patients with septicemia develop a rash, tiny blood spots that look like pin pricks in the skin. Left untreated, the rash will gradually get bigger and begin to look like fresh bruises. These bruises then join together to form larger areas of "purple skin discoloration".

Septicemia can develop very quickly.

The patient will:

- * Become very ill (Rapidly)
- * Lose interest in food and surroundings
- * Becoming feverish and cold
- * Have cool hands and feet
- * Coma and sometimes death

Those who become ill more slowly may also develop some of the signs of meningitis.

Treatment:

Call your Doctor out now or get the patient to Hospital. Now!

Shock

Shock is a condition of general body weakness caused by loss of circulating bodily fluids, such as loss of blood through internal or external bleeding, or loss of plasma from major burns, or through extreme pain or fear. The shocked casualty may feel weak, faint, giddy, may be anxious or restless, may feel sick and may vomit. Skin may become pale, cold and clammy, sweating may develop. Breathing can be shallow and rapid, and unconsciousness may develop. Shock is present in all cases of accident to a varying degree.

Treatment:

- * If breathing and heart-beat stop, begin the A-B-C of resuscitation immediately.
- * If breathing becomes difficult, if vomiting seems likely or if the casualty becomes unconscious, place in the recovery position, and maintain an observing brief.
- * Check breathing and pulse every ten minutes.
- * Search for, and if possible, treat the cause of shock, i.e. Fractures, Burns, Bleeding, Electrocutation.
- * If the casualty is conscious, reassure and comfort him. Lie him down, raise and support legs, keep him warm and loosen tight clothing to help circulation and assist breathing.
- * Send for medical aid and remove to hospital.

DO NOT give a hot water bottle.

DO NOT move him unnecessarily.

DO NOT give anything to eat or drink.

DO NOT allow the casualty to smoke.

Simple Phobia

As this category's name implies, people suffering from simple phobia generally have irrational fear of specific objects. If the feared object rarely appears in the person's life, the phobia may not, create serious disability. If the object is common however, the disability Can be severe.

The most common simple phobia in the general population is fear of animals, particularly dogs, snakes, insects and mice. Other simple phobias are claustrophobia, or fear of closed spaces, and acrophobia, or fear of heights .

Most simple phobias develop during childhood and eventually disappear. Those that persist into adulthood rarely go away without treatment. Simple phobias are more often diagnosed among women than men.

Compiled in association with the "Mental Health Association of Ireland"

Social Phobia

Social phobia is the irrational fear and avoidance of being in a situation in which a person's activities could be watched by others. In a sense, it is a form of "performance anxiety", but a

social phobia causes symptoms that go well beyond the normal nervousness before an on-stage appearance.

The person suffering from a social phobia fears being watched or humiliated while doing something in front of others. As a result, he avoids any situation in which such activity may be required of him.

The activity often is as mundane as signing a personal check, drinking water, buttoning a coat, or eating a meal. The most common social phobia is the fear of speaking in public, either in front of an audience or in front of a small group during a cocktail party.

Social phobias occur equally among men and women, generally developing after puberty and peaking after the age of 30. A person can suffer from one or a cluster of social phobias.

Compiled in association with the "Mental Health Association of Ireland"

Splinters

Treatment:

- * If the area around the splinter is dirty, wash with soap and water.
- * Sterilize a pair of tweezers by passing them through a flame.
- * Hold the tweezers as near to the skin as possible and grasp the splinter, pulling it out gently.
- * If unsuccessful, treat as an embedded foreign body and seek medical help.
- * Check tetanus immune status of the casualty. Splinters are rarely clean and a tetanus injection may be necessary.

DO NOT PROBE the area to reach the splinter

Sprains

This is an injury where the ligaments and tissues around a joint are wrenched or torn. It will show itself in pain, tenderness, swelling and bruising.

Treatment:

- * Rest and support the injured part in a comfortable position.
- * Carefully expose the joint and apply a cold compress.
- * If the ankle is sprained, apply figure of eight bandage over the foot and seek medical help.

If in doubt about the injury, treat as fracture, and seek medical aid

Stings

Stings in the skin:

- * If the sting has been left embedded in the skin, and is accessible, remove with a tweezers.
- * DO NOT SQUEEZE the poison sac because this will force the remaining poison into the skin.
- * Clean the area properly.
- * To relieve the pain and swelling apply a cold compress. For bee stings apply bicarbonate of soda, for wasp stings apply vinegar, and for jellyfish stings, smooth calamine lotion on to the affected area.
- * If pain and swelling persist for a few days, seek medical aid.

NOTE: A minority of people have an allergic reaction to stings, which may show itself in a rash or, in severe cases, there may be difficulty in breathing. These cases must be seen urgently by a doctor.

Insect stings inside the mouth or throat:

- * To reduce the swelling, give ice to suck or rinse the mouth with cold water.
- * If swelling continues, and casualty begins to cough or wheeze, treat as an emergency and remove to hospital immediately

Strain

A strain occurs when muscles are over stretched or torn by violent or sudden movement. The casualty will experience sudden sharp pain at the place of injury, followed by stiffness and/or cramp.

Treatment:

- * Place the casualty in a comfortable position.
- * Steady and support the injured part. Raise an injured limb.
- * Apply a cold compress.

If in doubt, treat as fracture and seek medical attention

Unconsciousness

The most common causes of unconsciousness are stroke, epilepsy, drug overdose, head injury, cardiac arrest, poisoning, diabetes and alcohol. There are various levels of unconsciousness. If the person responds to sound and touch, then the state is only light as in a faint. If the level of response is low, then the person is more deeply unconscious. If there is no response at all, then there is a potentially dangerous state. Send for an Ambulance. Dial 911 or your local emergency services telephone number.

Treatment:

- * If breathing and heartbeat have stopped, begin the A-B-C of resuscitation immediately.
- * If the casualty is breathing normally, place in the recovery position, But if there is any possibility of spinal injury DO NOT MOVE unless breathing difficulty makes it vital.

- * Examine the casualty for causes of unconsciousness. There may be signs of injury such as bleeding or swellings.
- * Treat any serious wounds or fractures.
- * Look carefully for other clues e.g. glucose tablets could indicate that the casualty suffers from diabetes. Many people with epilepsy, hemophilia or diabetes wear an identity bracelet to this effect..

- * Cover with blanket, keep warm and reassure.
- * If removal to hospital is delayed, check the levels of responsiveness, pulse and breathing every ten minutes, and be ready to give the A-B-C of resuscitation as required,.
- * DO NOT give anything to eat or drink. DO NOT leave unattended

These files may be accessed through the web at <http://firstaid.ie.eu.org>

I would like to thank the IEASR for allowing me to convert their pages over to the Pilot.

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DISCLAIMER:

Information in these files is presented in order to impart general information relating to first aid of various injuries and conditions. Such information is not complete and should not be used as a substitute for a consultation or visit with your physician or other health care provider, or as a substitute for actual training in first aid and/or CPR. While all reasonable care has been taken in compiling this information, Mary Jo Sminkey and Irish Emergency Ambulance Services Resource (IEASR) make no warranty as to the information's completeness, reliability or accuracy. Access to and use of the information contained herein is entirely at the risk of the user, Mary Jo Sminkey and IEASR shall not be liable, directly or indirectly to the user or any third party for any damage resulting from the use of the information contained or implied in the Pilot First Aid files.

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