



**GIVINGCARE**  
Empowering Caregivers

A2.2 – Educative resources for teachers

## First-aid and safety part

Module: 2 CARING TECHNIQUES FOR WELL-BEING

Sub-Module: 2.5 First-aid and safety part



# Introduction

Preparation for recognizing life-threatening conditions, undertaking a quick and effective life-saving intervention and dealing with life-threatening conditions.

The second aspect are conditions that require first aid, but do not pose a threat to life.

# Introduction

<b>Module</b>	4. CARING TECHNIQUES FOR WELL-BEING
<b>Sub-module</b>	2.5 First-aid and safety part I
<b>Lesson nr.</b>	#1
<b>Duration</b> (minutes)	120
<b>Date</b>	



# Lesson Outcomes

1. To recognize a life-threatening condition in the event of fainting and choking and provide first aid in accordance with CPR principles.
2. To recognize a life-threatening condition in the event of a fall and provide first aid in accordance with CPR principles.



# Lesson Contents

1. Get acquainted with the basic medical terminology and principles of CPR.
2. First aid in case of fainting and choking.
3. Procedure in the event of a fall.



# What is the first aid?

First aid is **the first and immediate assistance given to any person suffering from either a minor or serious illness or injury**, with care provided to preserve life, prevent the condition from worsening, or to promote recovery. First aid is generally performed by someone with basic medical training.



What is basic life support ?





# BASIC LIFE SUPPORT STEP-BY-STEP



Basic Life Support, or BLS, generally refers to the **type of care that first-responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest, respiratory distress or an obstructed airway.**





SEQUENCE/ACTION	TECHNICAL DESCRIPTION
<b>SAFETY</b> 	<ul style="list-style-type: none"> <li>• Make sure that you, the victim and any bystanders are safe</li> </ul>
<b>RESPONSE</b> Check for a response 	<ul style="list-style-type: none"> <li>• Shake the victim gently by the shoulders and ask loudly: <i>"Are you all right?"</i></li> </ul>
<b>AIRWAY</b> Open the airway 	<ul style="list-style-type: none"> <li>• If there is no response, position the victim on their back</li> <li>• With your hand on the forehead and your fingertips under the point of the chin, gently tilt the victim's head backwards, lifting the chin to open the airway</li> </ul>
<b>BREATHING</b> Look, listen and feel for breathing 	<ul style="list-style-type: none"> <li>• Look, listen and feel for breathing for <b>no more</b> than 10 seconds</li> <li>• A victim who is barely breathing, or taking infrequent, slow and noisy gasps, is not breathing <b>normally</b></li> </ul>



## ABSENT OR ABNORMAL BREATHING

Alert emergency services



- If breathing is absent or abnormal, ask a helper to call the emergency services or call them yourself
- Stay with the victim if possible
- Activate the speaker function or hands-free option on the telephone so that you can start CPR whilst talking to the dispatcher

## SEND FOR AED

Send someone to get an AED



- Send someone to find and bring back an AED if available
- If you are on your own, **DO NOT** leave the victim, but start CPR


## CIRCULATION

Start chest compressions






- Kneel by the side of the victim
- Place the heel of one hand in the centre of the victim's chest - this is the lower half of the victim's breastbone (sternum)
- Place the heel of your other hand on top of the first hand and interlock your fingers
- Keep your arms straight
- Position yourself vertically above the victim's chest and press down on the sternum at least 5 cm (but not more than 6 cm)
- After each compression, release all the pressure on the chest without losing contact between your hands and the sternum
- Repeat at a rate of 100-120 min<sup>-1</sup>





SEQUENCE/ACTION	TECHNICAL DESCRIPTION
<p data-bbox="402 139 1034 214"><b>COMBINE RESCUE BREATHING WITH CHEST COMPRESSIONS</b></p> 	<ul style="list-style-type: none"> <li data-bbox="1210 139 1964 211">• <b>If you are trained to do so</b>, after 30 compressions, open the airway again, using head tilt and chin lift</li> <li data-bbox="1210 232 1913 339">• Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead</li> <li data-bbox="1210 361 1972 432">• Allow the victim's mouth to open, but maintain chin lift</li> <li data-bbox="1210 454 1989 561">• Take a normal breath and place your lips around the victim's mouth, making sure that you have an airtight seal</li> <li data-bbox="1210 582 1977 689">• Blow steadily into the mouth whilst watching for the chest to rise, taking about 1 second as in normal breathing. This is an effective rescue breath</li> <li data-bbox="1210 711 1964 818">• Maintaining head tilt and chin lift, take your mouth away from the victim and watch for the chest to fall as air comes out</li> <li data-bbox="1210 839 1956 946">• Take another normal breath and blow into the victim's mouth once more to achieve a total of two rescue breaths</li> <li data-bbox="1210 968 1939 1075">• Do not interrupt compressions by more than 10 seconds to deliver the two breaths even if one or both are not effective</li> <li data-bbox="1210 1096 1977 1203">• Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions</li> <li data-bbox="1210 1225 1888 1303">• Continue with chest compressions and rescue breaths in a ratio of 30:2</li> </ul>





<p><b>COMPRESSION-ONLY CPR</b></p> 	<ul style="list-style-type: none"> <li>• If you are <b>untrained</b>, or <b>unable to give rescue breathes</b>, give chest-compression-only CPR (continuous compressions at a rate of 100-120 min<sup>-1</sup>)</li> </ul>
<p><b>WHEN AED ARRIVES</b> Switch on the AED and attach the electrode pads</p> 	<ul style="list-style-type: none"> <li>• As soon as the AED arrives switch it on and attach the electrode pads to the victim's bare chest</li> <li>• If more than one rescuer is present, CPR should be continued whilst the electrode pads are being attached to the chest</li> </ul>
<p><b>FOLLOW THE SPOKEN/ VISUAL DIRECTIONS</b></p> 	<ul style="list-style-type: none"> <li>• Follow the spoken and visual directions given by the AED</li> <li>• If a <b>shock is advised</b>, ensure that neither you nor anyone else is touching the victim</li> <li>• Push the shock button as directed</li> <li>• Then <b>immediately</b> resume CPR and continue as directed by the AED</li> </ul>

SEQUENCE/ACTION	TECHNICAL DESCRIPTION
<p><b>IF NO SHOCK IS ADVISED</b> Continue CPR</p> 	<ul style="list-style-type: none"> <li>• <b>If no shock is advised</b>, immediately resume CPR and continue as directed by the AED</li> </ul>
<p><b>IF NO AED IS AVAILABLE</b> Continue CPR</p> 	<ul style="list-style-type: none"> <li>• If no AED is available, <b>OR</b> whilst waiting for one to arrive, continue CPR</li> <li>• Do not interrupt resuscitation until:             <ul style="list-style-type: none"> <li>• A health professional tells you to stop OR</li> <li>• The victim is definitely waking up, moving, opening eyes, and breathing normally</li> <li>• OR</li> <li>• You become exhausted</li> </ul> </li> <li>• It is rare for CPR alone to restart the heart. Unless you are certain that the victim has recovered continue CPR</li> <li>• Signs that the victim has recovered             <ul style="list-style-type: none"> <li>• Waking-up</li> <li>• Moving</li> <li>• Opening eyes</li> <li>• Breathing normally</li> </ul> </li> </ul>

## IF UNRESPONSIVE BUT BREATHING NORMALLY

Place in the Recovery Position



- If you are certain that the victim is breathing normally but still unresponsive, place them in the recovery position **SEE FIRST AID SECTION**
- Be prepared to restart CPR immediately if the victim becomes unresponsive, with absent or abnormal breathing



# FAINTING

Fainting is a situation in which for a short period of time, usually less than a minute, there is no response from the victim. Fainting is rapid onset and usually resolves spontaneously and quickly.





# CAUSES

There may be many different causes for this, but the most common causes of syncope are:

- the injured person stands still for a long time, especially if it is hot or the room is stuffy
- the injured person suddenly stands up from the supine position.



# Symptoms

- just before fainting, user may experience dizziness and a feeling of weakness
- fall occurs as a result of a decrease in muscle tone
- no reaction to shaking and shouting: are you alright?
- after a fall, a person quickly regains *consciousness*.



# PROCEDURE

- make sure the place is safe
- place the injured person on the ground carefully
- check that he is unconscious and breathing
- you can loosen the collar and lift the victim's legs up to improve blood flow to the brain



# First aid in case of choking



Choking is the obstruction of the respiratory tract by a foreign body, which can be caused by e.g. quick, greedy eating of food or swallowing a small object by a child. Choking is a life-threatening condition that can be encountered on a daily basis.

- Early intervention can prevent unconsciousness.
- Choking Assistance - is one of those life-threatening conditions that can be encountered daily.
- If saliva, a piece of food or anything other than air gets into the airways, it may result in hypoxia
- of the body and even cardiac arrest!



**Remember!**  
By giving first aid, you can save  
someone's life!

# Symptoms

## Airway obstruction due to choking:

- partial (mild) - the lumen of the respiratory tract is not closed by a foreign body and the flow of air to the respiratory tract and from the respiratory tract is possible - the injured person is able to breathe. Characteristic for mild obstruction is the body's natural defense reflex, i.e. cough.
- total (heavy) - a foreign body obstructs the lumen of the respiratory tract. In this case, the threat to the victim's life is much greater - he or she is unable to speak, cough or breathe. The initially audible wheezing fades with time and the person loses consciousness.



# Conscious victim. He can talk, cough, breathe

ask: Have you choked?

if he does, encourage you to cough

A victim who is hardly breathing. He  
has a waning cough, unable to speak

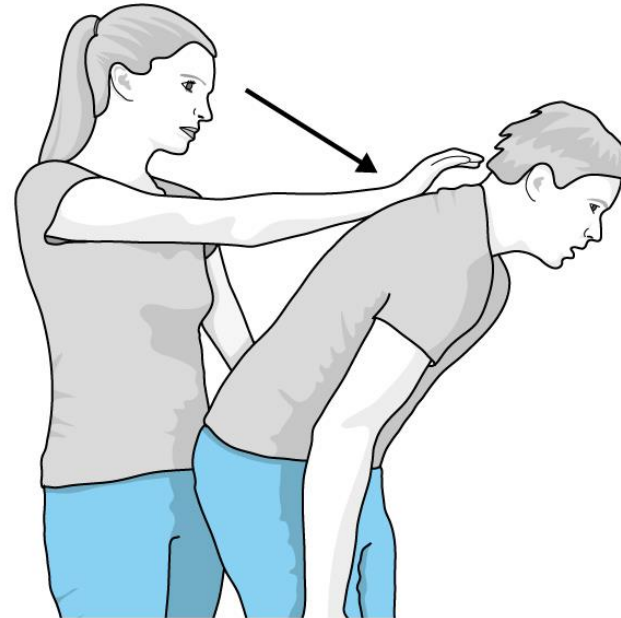
- stand slightly to the side of the injured person
- with one hand support the victim's chest and tilt him slightly forward
- With the other hand, hit the victim hard 5 times between the shoulder blades



# How looks procedure for choking?

**When the victim has stopped coughing, but is conscious, it is necessary to:**

- 1. lean the injured forward,**
- 2. 5 x vigorously hit**
- 3. the interscapular area.**



# When the hit does not help to apply the so-called Heimlich grip

1. lean the victim forward,
2. close your hands with one part on the upper abdomen (under the breastbone), You can put your hand around a clenched fist, and vigorously pull it in and up.
3. Repeat 5 times
4. alternate 5 blows between the shoulder blades and 5 compressions on the abdomen, until the victim stops choking



If he becomes unconscious:

**If the above actions do not work and the patient becomes unconscious, carefully lay him down on the floor and call an ambulance 999 or 112 without delay.**

**If the victim is unconscious, resuscitation should be started!**



# Procedure in the event of a fall

## Step one: assessment

When a user falls, don't assume that no injury has occurred—this can be a devastating mistake. Before moving the patient, ask him what he thinks caused the fall and assess any associated symptoms. Then conduct a comprehensive assessment, including the following:

- Check the vital signs and the apical and radial pulses.
- Check the cranial nerve.
- Check the skin for pallor, trauma, circulation, abrasion, bruising, and sensation.
- Check the central nervous system for sensation and movement in the lower extremities.
- Assess the current level of consciousness and determine whether the patient has had a loss of consciousness.
- Look for subtle cognitive changes.
- Check the pupils and orientation.
- Observe the leg rotation, and look for hip pain, shortening of the extremity, and pelvic or spinal pain.
- Note any pain and points of tenderness.

## Step two: notification and communication.

Notify the physician and a family member, if required by your facility's policy. Also, most facilities require the risk manager or user safety officer to be notified. Be certain to inform all staff in the patient's area or unit. Such communication is essential to preventing a second fall.

## Step three: monitoring and reassessment.

After the user returns to bed, perform frequent neurologic and vital sign checks, including orthostatic vital signs.

# Introduction

<b>Module</b>	2. CARING TECHNIQUES FOR WELL-BEING
<b>Sub-module</b>	2.5 First-aid and safety part II
<b>Lesson nr.</b>	#2
<b>Duration</b> (minutes)	90
<b>Date</b>	



# Lesson Outcomes and Contents

## Lesson outcomes

1. Recognize the symptoms of myocardial infarction and provide first aid in accordance with the principles of CPR.
2. Diagnosing hypoglycemic coma and providing first aid in accordance with the principles of CPR.
3. Follow the rules of safe transport, eating and bathing

## Lesson contents

1. Suspicion of a heart attack - diagnosis and first aid
2. Hypoglycemic coma - diagnosis and first aid
3. Rules for safe transport, eating and bathing





# Heart attack

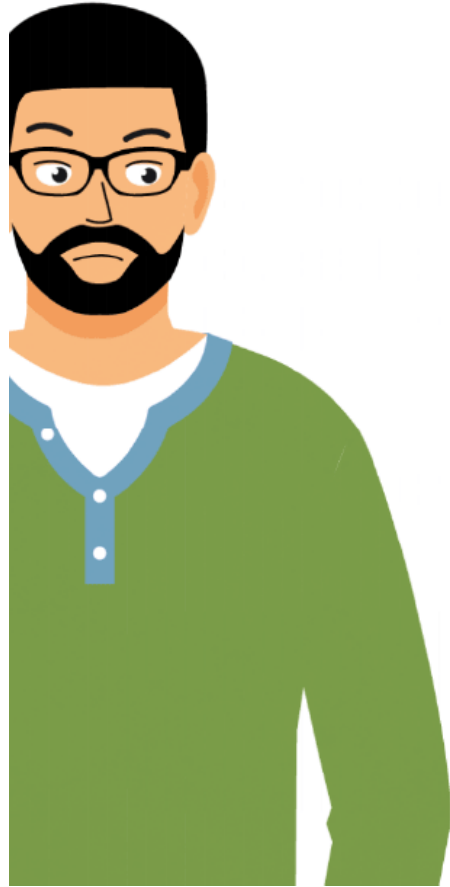
A heart attack, also called a myocardial infarction, happens when a part of the heart muscle doesn't get enough blood.

The more time that passes without treatment to restore blood flow, the greater the damage to the heart muscle.

Coronary artery disease (CAD) is the main cause of heart attack. A less common cause is a severe spasm, or sudden contraction, of a coronary artery that can stop blood flow to the heart muscle.










# Heart attack



## MAJOR HEART ATTACK

signs and symptoms in women and men

-  |  Chest pain or discomfort
-  |  Shortness of breath
-  |  Pain or discomfort in the jaw, neck, back, arm, or shoulder
-  Feeling nauseous, light-headed, or unusually tired



# Call 112 if you notice symptoms of a heart attack

- If you notice the symptoms of a heart attack in yourself or someone else, **call 112 immediately**. The sooner you get to an emergency room, the sooner you can get treatment to reduce the amount of damage to the heart muscle. At the hospital, health care professionals can run tests to find out if a heart attack is happening and decide the best treatment.
- In some cases, a heart attack requires CPR or an electrical shock (defibrillation) to the heart to get the heart pumping again. Bystanders trained to use CPR or a defibrillator may be able to help until health care professionals arrive.
- Remember, the chances of surviving a heart attack are better the sooner emergency treatment begins.



# Diabetic Coma



## Signs of a Diabetic Coma

-  You feel shaky or tired
-  You feel like you're starving or parched
-  You become erratic
-  You may feel faint, or your pulse races
-  You sweat profusely or need to urinate a lot
-  You start having seizures or feeling nauseous

## Ways to Prevent It

-  Carry around a snack
-  Plan your meals wisely
-  Make sure your loved ones know the warning signs
-  Monitor your medication regimen



# Prevention Pointers:

- Having food handy can help you address the sugar issue before it becomes a serious problem. Carry around a snack such as trail mix, raisins, or jellybeans that would bring your sugar up quickly if feeling unwell.
- User should always have a Glucagon pen on hand, which can be injected to bring up your glucose levels if you become unconscious and are unable to eat something. Check the snacks to eat and what to skip if you have diabetes.



# Safety rules of transport, feeding and bathing.

## Transport:

- Remember about the ergonomics of movement and use the facilities that are available.
- maximum possible cooperation with the user
- before moving the user, we should remove jewelry and those items of clothing that may cut or scratch the user
- wear comfortable shoes for the transfer
- **Bent knees, squat instead of stooping, correct grip. Movement should be safe for the spine.**



# Safety rules of transport, feeding and bathing.

## Feeding:

- The feeding ritual should be calm and carried out with the utmost care for the user.
- Watch the mentee carefully and make sure that he has no difficulty biting or swallowing.
- Patience is important: do not rush the senior, do not force him to eat the entire portion.



# Safety rules of transport, feeding and bathing.

## Bathing:

- make sure that the temperature in the bathroom is slightly higher
- The water should not be hot, and its stream should be in the senior's field of vision.
- Keeping to a fixed hour of bathing can also reduce the stress level.