

# Basic First Aid

## Work Manual

# UKCCA Training

## Basic First Aid

**Work through the work manual and answer the questions at the end returning to your supervisor as soon as possible discussing any issues arising**

As a carer you may be in a position where one of your clients requires emergency or medical Aid. So it is important that you go through some of the important points to ensure that you have a plan of action within your training and abilities/experience.

This manual does not cover CPR (cardiopulmonary resuscitation). CPR is used when a casualty is not breathing and you must combine artificial ventilation and chest compression. It is something that is best covered and practiced in a training session as some of you may already have done in First Aid classes and been assessed - inform your supervisor if this is so.

However **you must if alone call for help first** before you start CPR

### **What is First Aid?**

It is the initial assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor, or qualified person. The process of first Aid often begins before any direct person to person contact with the casualty. The way you approach an incident and the immediate steps you take to make the area safe and get help can contribute as much to the casualty's survival and ultimate well being as any subsequent intervention or medical treatment

### **The First Aider should: -**

- **Assess the situation**
  - Take in what has happened quickly and calmly
  - Look for any dangers to yourself and to the casualty
  - Never put yourself at risk
- **Make the Area safe**
  - Protect the casualty from danger
  - Do not try to do too much yourself
- **Assess the casualty and give emergency aid**
  - Once it is safe to do so
- **Get help**
  - Quickly ensure that any necessary specialist help has been summoned and is on its way

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Most of us feel some apprehension when faced with the “real thing” by facing up to these feelings we are better able to cope with the unexpected. In an emergency any number of things may demand your attention at the same time if you try to do everything at once you may easily get side tracked into non-vital activities

Always work to a plan bearing in mind the main steps of emergency action

<b>Assess;</b>	<b>Make Safe;</b>	<b>Give Emergency Aid;</b>	<b>Get Help</b>
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- Control your feelings
- Take a moment to think
- Ask your self these questions
  - Is there any continuing danger?*
  - Is any ones life in immediate danger?*
  - Do I need specialist help?*
- Do not attempt too much alone - Get Help

Do not give anything by mouth to a casualty who is unconscious who may have internal injuries or may require hospital treatment

### **Giving care with confidence**

Every casualty needs to feel secure and in safe hands you should create a beneficial atmosphere of confidence and assurance by: -

- Being in control both of yourself and the problem
- Act calmly and logically
- Talk to the patient throughout
- Explain what you are going to do
- Continue to reassure the casualty
- Never let the casualty feel they are alone

### **Telephoning for Help**

Emergency calls are free and can be made on any telephone including car phones and portable phones. If you ask someone else to go and make the call ask him or her to come back and confirm that the call has been made and that help is on the way

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### Calling the Emergency Services

**\*N.B. When making an emergency call the number generally is 999 but some mobile phones the number is 112 - send  
Please check your phone so you are sure of the number**

### Making the Call

On dialling 999 or 112 you will be asked which service you need and put through to the appropriate control officer you need

Give clear details of the accident or emergency.

Always give the following information: -

- Your telephone number that you are calling from
- The exact location - address including floor if in a flat
- the type of seriousness
- the age of casualty, sex, and anything else you know about their condition e.g. 83 year old man diabetic had a fall and suspect fracture of hip
- Details of any hazards - fire gas

In most situations that require first Aid there will be no life threatening danger. You will simply be assisting and reassuring a conscious casualty with a minor injury or illness. However in every case and cause for concern you should respond promptly in a logical order

The general rule should always be IF IN DOUBT CONTACT the emergency services

### The Golden Rule

‘First do no harm’

Do not do something for the sake of doing something

Be aware of your own limitations of knowledge and experience some treatments e.g. moving a patient with a fractured limb could worsen the injury

Stay calm and call for expert help.

Below is some basic advice on how to deal with some possible emergencies that may arise

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### Bleeding/stemming blood flow

Your aims are to; -

- **Control blood loss**
- **To arrange transport to hospital**

Wearing disposable gloves if possible

- Apply direct pressure to wound over a sterile dressing or clean pad
- Keep pressure on - do not 'have a peep' after a few minutes as bleeding will almost certainly start again - release the pressure briefly every 10 minutes to restore normal blood flow
- Elevate limb
- **DO NOT APPLY A TOURNIQUET**
- **DO NOT REMOVE ANY FOREIGN BODIES - APPLY PRESSURE AROUND IT**
- Call 999 or as appropriate for a mobile phone
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### Burns

Your aims are: -

- **to halt the burning process and relieve pain**
- **To arrange transport to hospital**
  
- Run affected area under cold running water or bring bowl of cold water to casualty and cool area by dousing with the water
- DO NOT burst any blisters
- DO NOT apply any creams/potions/butter
- DO NOT remove anything sticking to the burn
- Where a burn is bigger than one square inch in area the patient must go to casualty
- Call 999 or as appropriate for a mobile phone

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### **Breaks/Fractures**

**Your aims are: -**

- **To prevent movement at the site of injury**
- **To arrange transport to hospital**
  - Make no attempt to straighten or reset the limb
  - DO NOT move the casualty
  - If there is associated bleeding follow the procedure above
  - Call 999 or as appropriate for a mobile phone

### **Electric shocks**

**Your aims are to:**

- Make the area safe without putting yourself at risk
- To arrange transport to hospital
- If an electric shock is suspected DO NOT touch the patient until the electricity supply is turned off
- Make area safe around the patient
- Call 999 or as appropriate for a mobile phone

### **Epilepsy**

**Your aims are to:**

- To protect the patient from injury during the fit
- To provide care when conscious has been regained
- Contact expert assistance
- Make area around the patient safe but do not interfere with the patient
- DO NOT interfere with the patient
- DO NOT put anything between their teeth
- The patient will normally come round in their own good time and may simply want to sleep afterwards, unless this is their first seizure then they will generally know themselves if they need medical assistance
- If the patient appears to start to come out of a seizure but goes immediately into another contact the emergency services
- Talk to the patient and reassure throughout
- Report immediately

### **Poisoning**

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### Your aims are to:

- To prevent further injury
- To arrange transport to hospital
- For **swallowed poisons** do not attempt to induce vomiting as this may harm the casualty further
- For **inhaled poisons** remove the casualty from the danger and into fresh air
- For **absorbed poisons** flush away any residual chemical on the skin
- Call 999 or as appropriate for a mobile phone

### Recovery Position

Any unconscious patient should be placed in the recovery position as **long as you do not risk making injuries worse e.g. when a there is a suspected fracture**

The recovery position prevents the tongue from blocking the throat and because the head is slightly lower than the rest of the body it allows liquids to drain from the mouth reducing the risk of the casualty inhaling stomach contents

The head and neck are kept in a straight line while the bent limbs keep the body propped in a secure and comfortable position. If you must leave an unconscious casualty unattended he or she can safely be left in the recovery position while you get help.

Until you have been trained and assessed in the recovery position - call the emergency services for medical assistance and just make sure you patient is as comfortable as possible

Remain calm and reassure you patient constantly, remember they may be in shock: -

- keep them warm use coats or blankets do not apply a hot water bottle or other source of direct heat
- loosen tight clothing, braces, straps or belts to reduce constriction at the neck chest and waist
- do not let the casualty move unnecessarily eat, drink, or smoke. If he/she complains of thirst moisten his lips with water
- raising the legs improves the blood supply to the vital organs but do not aggravate other injuries such as broken leg

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### Basic First Aid Questionnaire

1. Discuss with your supervisor any previous experience and courses attended etc and any apprehensions you may have regarding emergency situations that may arise.
2. If previously trained demonstrate the recovery position
3. What is First Aid?
4. Why is it important to give care with confidence? And how would you do this?
5. What are the 4 main steps of an emergency action plan?
6. What is the Golden rule?
7. Why should you not move a patient with a fractured limb?
8. Explain what action you would take in the following situations: -
  - (i) There is a bang from your client's room, on entering you find your client unconscious with the bedside table lamp at the side
  - (ii) A client spills a hot cup of tea on his/her lap
  - (iii) A client known to fit starts displaying symptoms of the onset of a seizure
  - (iv) On arrival at your clients house she tells you she has a nasty bruise on her hip and leg from where she fell over his morning but insists that she is fine and tells you not to fuss as she can walk, if you just give her a bit of support?



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## ANSWERS

### Basic First Aid Questionnaire

**1. Discuss with your supervisor any previous experience and courses attended etc and any apprehensions you may have regarding emergency situations that may arise.**

**2. What is First Aid?**

*A. It is the initial assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor, or other qualified person*

**3. Why is it important to give care with confidence? and how would you do this?**

*A. Confident care will make the casualty feel secure and less frightened which will aid their recovery  
Stay calm and be in control of self and the problem acting calmly and logically  
Talk to the patient throughout and explain what you are going to do  
Continually reassure the patient and never let the casualty feel alone*

**5. What are the 4 main steps of an emergency action plan?**

*A. Assess; make safe; give emergency aid; get help*

**6. What is the Golden rule?**

*A. First do no harm*

**7. Why should you not move a patient with a fractured limb?**

*A. Because it could make the injury worse - the broken bone could pierce the skin and or cause further injury and pain*

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### 8. Explain what action you would take in the following situations: -

The supervisor should question the carer further so they can answer more specifically e.g. how could they prevent further occurrence, where is the main electric switch in their clients homes, what number would you dial to reach the emergency services, and the procedures such as whether they accompany their client to hospital; who rings the doctor when appropriate etc.

**(i) There is a bang from your client's room, on entering you find your client unconscious with the bedside table lamp at the side**

A. Assess - the lamp could be faulty and caused an electric shock

*Make safe - turn the main electric power off and then remove lamp from client. Call the emergency services - ambulance and explain situation etc. Give emergency aid as appropriate to the situation and your ability/training- stay with the client and talk to them throughout, reassure, and keep warm*

*Contact your supervisor and give a report, ensuring appropriate people informed discuss with the care team on how to prevent further occurrence*

**(ii) A client spills a hot cup of tea on his/her lap**

A. Halt the burning process by dousing the area with cool water.

*Reassure the client, call for an ambulance if the burn is bigger than 1-inch square. If not call the doctor and your supervisor*

*Contact your supervisor and give a report, ensuring appropriate people informed discuss with the care team on how to prevent further occurrence*

**(iii) A client known to fit starts displaying symptoms of the onset of a seizure**

A. Protect the client from injury during the fit - use cushions or pull furniture back to stop the client banging himself or herself on it but do not interfere with the person. Talk to the client throughout and reassure explaining what has happened

*If this is the clients first seizure or if they appear to come out of*

*One and immediately go into another - call for an ambulance*

*Contact your supervisor and give a report, ensuring appropriate people informed discuss with the care team on how to prevent further occurrence*

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**(v) On arrival at your clients house she tells you she has a nasty bruise on her hip and leg from where she fell over this morning but insists that she is fine and tells you not to fuss as she can walk, if you just give her a bit of support?**

*A. Listen to your client and gather all the facts clearly and assess the situation. Your client may need more support than you can give her and if her leg gave way you may not be able to support her and your client may fall. Explain to your client the importance of having her hip checked and reassure - inform your supervisor immediately complete the care plan. If your client's hip/leg is not requiring further treatment a manual handling risk assessment will need to be completed*