بسم الله الرحمن الرحيم

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COMMUNITY PROJECT DONE BY GROUP 5:
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FIRST AID TRAINING
By the end of the session participant will be able to know:

- Define what is first aid?
- Discuss Aim and purpose of first aid.
- Verbalize list of items present in first aid kit.
- Describe what is bandaging and principle of bandaging.
- Describe medical and trauma emergencies. ( common at home ).
- Discuss first aid care for different medical and trauma emergencies.
“First or emergency care given to an illness or injured victim to stabilize and keep him / her safe until he / she can receive professional medical attention”
Aims and purpose

Preserve Life.
Prevent the casualties condition worsening.
Promote recovery.

“Performed by lay person within limited skill range”
Remember:
No one can FORCE you to render aid when your safety is at risk!!! There may be circumstances when you should NOT render aid!
So…

Two Major Concerns When Giving First Aid:

a. The first rule of first aid and the primary concern is: **Safety**

b. The second concern is, unless the victim is in a life-threatening situation, he or she should: **Not Be Moved**
Common injuries occur at home.
Bleeding

“Bleeding is the escape of blood from the blood vessel.”

Types:
1. External bleeding:
   Blood escapes the body through a surface wound.
   (you can see external bleeding)
Control of external Bleeding
Follow “RICE”
R= Rest
I= Ice
C= compression
E= Elevation
“Direct Pressure”
To treat a minor cut at home first wash your hands thoroughly with soap to avoid infection. Next wash the cut with mild soap and water.
Apply direct pressure to stop the bleeding.
Once the wound has stopped bleeding cover it with a bandage that will not stick to the injury.
2. INTERNAL BLEEDING:

“Bleeding that is caused by forceful blow to internal body organs. Suspect internal bleeding if there is an injury to abdomen or chest”

**Symptoms:**
Discoloration or bruising  
Pain  
Tenderness  
Swelling  
Bleeding from mouth, nose, rectum  
Blood in stool, urine, vomits, sputum  
Signs of shock without external bleeding
Management of internal bleeding
Ensure scene safety
Call for help and get first aid kit
Keep victim still and lying down
Check for signs of shock and give first aid as needed.
Take victim to the hospital.
Epitasis  (Nose bleeding)

Causes:
- Hot climate
- Trauma (direct / indirect)
- Excessive blowing
- High blood pressure
- Blood disease
- Nose picking
Care of client with Nose Bleeding

Do’s:
Make the patient sit down with head forward or lie down in lateral position
Pinch the nose just below the bridge for about 10 minutes and ask the patient to
breath through his mouth, and avoid speaking, swallowing or coughing.
If bleeding does not stop, repeat nose pinching for another 10 minutes.
If bleeding still does not stop, seek immediate medical help.
If bleeding stops ask patient not to blow the nose.

Do not:
Make the patient exert physically.
Insert any object / medication in the nose.
Blow nose.
Make the patient speak, swallow or cough.
Pinch here
Fainting
“A brief loss of consciousness OR short period of unresponsiveness caused by temporary reduction of blood flow to the brain. Before this the victim feels dizzy. May last for less than a minute and then victim may feel fine.”

Causes:
Fear / anxiety
Severe pain, injury or illness
Medical problems
↓Fresh Air
Fatigue or hunger
Standing for long time especially in heat
Suddenly stands after squatting or bending down
SIGNS AND SYMPTOMS:

Complain of dizziness
Double vision
Pale, Blue-grey skin
Profuse sweating
Air hunger
May lead to unconsciousness
**CARE:**

If dizzy but responsive;
Position supine, legs elevated & head low.
Make comfortable, Reassure.
Loosen clothing around neck, chest & waist, provide fresh air.
Check level of consciousness.
Nothing per oral.
Check for other injuries.
Seek medical help.
Keep casualty warm (Blanket).
Stay with the casualty until fully recovered.
INJURIES TO BONES & JOINTS

Causes:

- Fall from height
- Road traffic accident
- Others
  - Poor body mechanics
  - Sports injuries
  - Heavy lifting
Types of injuries:
• Sprain & Strain
• Fractures
• Dislocations
• Head & neck injuries
• Spinal cord injuries
“If muscles are stretched beyond their normal limits, it causes a tear in muscles and other associated structure.”
Sprain:

“Is an injury to a ligament. Joint sprains results from a twisting injury.”
Signs & Symptoms:

1. Pain - sudden, sharp
2. Swelling causing cramp
3. Discoloration
4. Bruising and muscle stiffness
Care for sprains / strains:

- Put the victim in comfortable position
- Support the injured part
- Apply ice packs or cold compressions
- Obtain Medical Aid
- If there is loss of functions, immobilize the area
- Don’t try to straighten any injured part that is bent
- Apply gentle pressure with bandage
RICE:
rest, ice, compression and elevation
Dislocations

“When bones move from its place. The most common dislocations occur in shoulder, elbow, finger, or thumb.”

Look for these signs:

1. Swelling
2. Deformed look
3. Pain and tenderness
4. Possible discoloration of the affected area
5. Unequal extremity
If a Dislocation is suspected care would be...

1. Apply a splint to the joint to keep it from moving.
2. Try to keep joint elevated to reduce the blood flow to the effected area.
3. A doctor should be contacted to have the bone set back into its socket.
Fractures

“Break in the continuity of bone”.

Causes:
• Sudden injury – direct / indirect
• Pathologic

Types of Fractures:
Whether the skin is intact:
   Closed or simple, open or compound
Must treat for bleeding first

Don’t straighten break. Treat the way you found it.

Do not push bones back into place.
EMERGENCY CARE

- Assess (airway, breathing and circulation)
- Set priorities.
- First Aid.
  - Immobilize.
  - Reduce pain.
  - Prevent further injury.
  - Inform patient – What, how
  - Nothing from mouth
  - Transfer to hospital.
Head Injuries

You should suspect a head injury if a victim…

• Fall from height
• Blow to head
• Injured while diving
• Electric injury
• Car accident or helmet broken
**Categories:**

Head injuries fall into two categories:

1. **External** (usually scalp) injuries
2. **Internal** head injuries:
   - Skull, (the blood vessels within the skull)
   - Brain.
SYMPTOMS

Suspect Head injury If victim…..

• Is unresponsive, sleepy, or confused
• Vomits
• Complains of headache
• Visual difficulty (vision problem)
• Difficulty moving any part of the body
• Seizure (sudden jerky movements)
Neck & Spinal Injuries

When to suspect

• An injury to head / neck or spinal cord

• Forceful blow to head, neck, spinal cord and chest
First Aid Care...

- Ensure area safety
- Unresponsive: Activate EMS
- Restrict victim’s head and neck movement
- **DON’T** move the victim unless:
  - he/she is in danger, Vomits
- If patient conscious then check and control bleeding
- Use special techniques for moving patient
- Do not give the victim any liquids to drink.
- If the victim becomes unconscious for any amount of time, keep track of this information so that you can report it when medical help arrives.
Burns
Degree of burns

- Epidermis
- Dermis
- Hypodermis

First degree burn
Second degree burn
Third degree burn
Types of Burns

• Thermal or Heat
• Steam
• Electrical
• Chemical
• Radiation
• Noxious Gases
Care for burn

Run cool water over area of burn
How to Cover?

Cover the burn with a sterile bandage.
Choking!!!!
Place one fist just above the person's navel with your thumb against the abdomen.
BANDAGING

“A strip of material used mainly to support and immobilize a part of the body”.

**USES:**

- To support - fractured bone
- To immobilize – Dislocated shoulder/Jaw
- To apply pressure – Stop bleeding & Improve venous blood flow.
- To secure a dressing in place.
- To retain splints in place.

BANDAGING
PRINCIPLE AND PROCEDURE FOR APPLYING BANDAGE

• Wash hands. (Wear gloves where necessary)
• Assist victim to assume comfortable position on bed or chair and support the body part to be bandaged.
• Always stand in front of the part/victim to be bandaged except when applying a bandage to the head, eye and ear.
• Be sure the bandage is rolled firm.
• Make sure the body part to be bandaged is clean and dry.
• Assess skin before applying bandage for any breakdown.
• Observe circulation by noting pulse, surface temperature, skin color and sensation of the body part to be wrapped.
• Always start bandaging from inner to outer aspect and far to near end.
• When bandaging a joint, ensures flexibility of the joint. (except if immobilization of joint is required).
• Always start and end with two circular turns.
• Cover the area 2 inches above and 2 inches below the affected area (wound).
• Overlap turns and slightly stretch the bandage.
• Cover two third 2/3 of the previous turn.
• Where possible, leave fingertips or toe tips exposed for observation (adequacy of blood circulation).
• End the bandage on the outer side of the body. Do not end a bandage on wound or at the back of the body. Principles & Procedures for applying Bandages
TYPES OF BANDAGES

**Triangular**
Triangular bandages could be used on many parts of the body to support and immobilize.

**Crape Bandage**
Type of woven gauze which has the quality of stretching.

**Gauze/Cotton Bandage**
Lightly woven, cotton material. Frequently used to retain dressings on wounds of fingers, hands, toes, feet, ears, eyes, head.

**Adhesive Bandage**
Use to retain dressing and also used where application of pressure to an area is needed.
Methods of applying Bandages

- Circular
- Spiral
- Reverse Spiral
- Figure of Eight
1. CIRCULAR TURN:

“Circular turns are used chiefly to anchor bandages and to terminate bandages”

- Apply the end of the bandage to the part of the body to be bandaged
- Encircle the body part a few times or as needed, each turn directly covering the previous turn.
- Secure the end of the bandage with tape, metal clips or a safety pin over an uninjured area
2. Spiral Turn:

“Spiral turns are used to bandage cylindrical parts of the body that are fairly uniform in circumference, such as upper arm and upper leg”.

- Make two circular turns to begin the bandage.
- Continue spiral turns at about a 30-degree angle, each turn overlapping the preceding one by two-thirds the width of the bandage.
- Terminate the bandage with two circular turns, and secure the end as described for circular turns.
3. SPIRAL REVERSE TURNS:

“Spiral reverse turns are used to bandage cylindrical parts of the body that are not uniform in circumference, such as the lower leg or lower fore arm”

- Begin the bandage with two circular turns, and bring the bandage upward at about a 30-degree angle.
- Place the thumb of the free hand on the upper edge of the bandage.
- The thumb will hold the bandage while it is folded onto itself.
- Unroll the bandage about 4-6” then turn the hand so that the bandage is folded down.
- Continue the bandage around the limb, overlapping each previous turn by two-thirds the width of the bandage.
- Make each bandage turn at the same position on the limb so that the turns of the bandage will be aligned.
- Terminate the bandage with two circular turns, and secure the end as described for circular turns.
4. FIGURE-OF-EIGHT TURN:

“The figure-of-eight method permits flexibility of the elbow, knee & ankle without disturbing the dressing”.

• Begin the bandage with two circular turns.
• Carry the bandage above the joint, around it, and then below it, making a figure eight-continue above and below the joint, overlapping the previous turn by two-thirds the width of the bandage.
• Terminate the bandage above the joint with two circular turns, and secure the end appropriately. Application of Bandages on Elbow, Ankle & Knee Figure of Eight Turn
Get a Hobby and Have a Better Life
References


Thanks