



FIRST AID PROCEDURES

A JOINT PRESENTATION
DEVELOPED AND PREPARED BY

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FIRST AID PROCEDURES

POSSIBLE STROKE CEREBRAL VASCULAR ACCIDENT—BLEEDING

SIGNS & IDENTIFIERS:

1. Sudden severe headache
2. Paralysis or numbness
3. Convulsions
4. Unconsciousness

EMERGENCY ACTION & TREATMENT

1. Place victim on the floor, if they are convulsing do not try to stop them or control them manually.
2. When convulsions stop, place the victim on the affected side or if you are unsure then place the victim on their left side.
3. Call 9-1-1 immediately.
4. Victim may need CPR or Rescue Breathing, check the victim, never abandon them.

FIRST AID PROCEDURES

POSSIBLE HEART ATTACK MYOCARDIAL INFRACTION (M.I.)

SIGNS & IDENTIFIERS:

1. Chest pain that lasts more than 2 minutes.
2. Pain radiates to the left side of the chest, arm and face.
3. Denial. (Victim stating that their pain is most likely indigestion).
4. Victim has an irregular pulse and irregular breathing.
5. Victim can have a Silent M.I. or heart attack without any symptoms.

EMERGENCY ACTION & TREATMENT:

1. Victim may need CPR or Rescue Breathing, check the victim, never abandon
2. If chest pain lasts more than 2 minutes call 9-1-1, do not hesitate to call first.
3. Victim needs total rest, loose clothing and when distributing medication, do not place it in their mouth for them and do not touch the medicine with your skin.

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INFORMATION

A. GOOD SAMARITAN LEGISLATION:

The purpose is to minimize possible fear of legal consequences. There have been no successful lawsuits in attempts to resuscitate the victims of Cardio-Pulmonary Arrest.

B. RISK FACTORS:

Knowledge about heart disease risk factors helps individuals identify characteristics that may lead to heart attack. Regular exercise is important in reducing the risk of heart disease because it increases survival of a heart attack, helps avoid excess weight and stimulates circulation. Some heart disease risk factors which cannot be changed are: heredity, age, gender and race. Eating food high in cholesterol and saturated fat may lead to atherosclerosis. Cholesterol is found in eggs, meat and dairy products.

C. HEART ATTACK & SUDDEN DEATH:

A person experiencing a heart attack may complain of chest pressure, chest tightness, indigestion, jaw and/or arm pain. If someone complains of chest pain that lasts more than 2 minutes, you should call for emergency medical services. Denial is a common sign in individuals experiencing a heart attack. Symptoms may occur suddenly without warning or may be mild and ignored or attributed to some other cause. Some possible causes of sudden death requiring CPR are heart attack, electrocution, drowning, drug reactions/overdose. In dealing with the drowning victim, it is important to remember that full recovery is possible even after 10-40 minutes of submersion.

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D. CARDIOPULMONARY ARREST (CPR):

The preferred method for opening the airway is to tilt the head and lift the chin. Each ventilation for the adult victim should take 2 seconds. After artificial respirations, the victim will exhale by normal relaxation of the chest. Before beginning chest compressions, the rescuer should check for absence of circulation or pulse. Respiratory Arrest is recognized by minimal or absent respiratory effort, failure of the chest or upper abdomen to move, and absence of air movement through the nose or mouth. When the unconscious victim is determined to be breathing, the rescuer should place victim in recovery position, activate the EMS system and monitor the victim carefully.

E. AIDS TO EFFECTIVE CPR:

Chest compressions should be performed keeping the hands (adult), hand (child) or finger tips (infant) in proper location at all times. Equalizing chest compression time and relaxation time. Allowing the chest to fully return to its normal position. Deliver the breath during the pause after the last compression of each cycle. A rescuer should continue CPR until: exhausted and unable to continue, relieved by another CPR trained rescuer, directed to stop by a physician, or if the victim's breathing and circulation is restored.

F. COMPLICATIONS OF CPR:

If victim vomits during resuscitation, turn to side, sweep out mouth, then resume CPR. Gastric distention during CPR is caused by air entering victim's stomach. Factors that interfere with adequate ventilation of the victim's lungs include: inadequate head-tilt/chin-tilt, lack of an airtight seal, and excessive air in the victim's stomach. Chest compressions, even when performed properly, may cause fractured ribs and sternum, lacerated liver, or punctured lungs.

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G. OBSTRUCTED AIRWAY:

The tongue is most likely an airway obstruction in the unconscious victim. It is dangerous to leave an unconscious victim lying on his/her back with a pillow under the head because it may cause the tongue to obstruct the airway. If a victim is able to make sound or speak, the airway may be only partially obstructed and the rescuer should stand by to observe and reassure the victim.

H. CHILDREN & INFANTS:

The majority of emergency situations involving infants and children requiring CPR and obstructed airway management are caused by accidents which could be prevented by teaching children about safety practices and providing a safe home, school environment and using infant seats and seat belts in cars. Cardiac arrest in infants and children most often is a result of respiratory arrest. When the rescuer is alone with an infant or child victim where additional help is unlikely, the rescuer should perform CPR for one minute before calling EMS (9-1-1).

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BASIC PLAN

1. CHECK THE SCENE:

- A. Make sure it is safe for you to enter the scene.
- B. Get others to help, call out for help.
- C. Send one person to call 9-1-1 or you must call prior to CPR if you are alone with an adult victim.
- D. Assure access to victim's location and/or guide rescue personnel into location.
- E. Gather victim's personal belongings, medications, identification cards, etc. and information about this emergency, also history of previous medical problems. Provide this information for rescue personnel.

2. CHECK THE VICTIM:

3 MAJOR LIFE-THREATENING PROBLEMS-

- A. Respiration
- B. Circulation
- C. Bleeding

2 TYPES OF VICTIMS-

- A. Appears Conscious
- B. Appears Unconscious

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BASIC PLAN

3. CALL THE EMS SYSTEM (9-1-1):

- A. Know the exact location of the victim.
(Where to send rescue)
- B. Nature of emergency – what is wrong with the victim, what kind of units to send.
- C. Is the victim conscious and breathing?
Yes or No.
- D. Answer all questions.
- E. Stay on the line until the dispatcher hangs up or until rescue arrives. If you are the only rescuer, advise the dispatcher you will attempt rescue but will not hang up. As the situation changes, advise the dispatcher who will then radio this information to the responding rescue units.
- F. Turn on all outside lights and unlock doors for access.

4. CARE FOR VICTIM:

- A. Never abandon the victim.
- B. CPR and First Aid as necessary.

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CHOKING

(FOREIGN BODY AIRWAY OBSTRUCTION RESCUE)

1. CONSCIOUS CHOKING VICTIM:

- A. Ask victim if they are choking.
- B. If the victim cannot cough, speak or breath:
 - 1. Stand behind the victim.
 - 2. Place thumb side of fist against the middle of the abdomen, above the naval.
 - 3. If pregnant and showing, place thumb side of fist against middle of breast bone.
 - 4. Grasp the fist with your other hand.
 - 5. Give quick upward thrusts.
 - 6. Repeat thrusts until – the object is coughed up, the victim starts to breath or cough forcefully, the victim becomes unconscious or EMS personnel arrive or another trained person.

2. UNCONSCIOUS CHOKING VICTIM:

- A. Check the victim:
 - 1. Tap the victim and shout, place the victim on their back.
 - 2. Head tilt/chin lift and open airway.
 - 3. Look, Listen, Feel for breathing for 3-5 seconds.
 - 4. If victim is not breathing, give two slow breaths.
 - 5. Reattempt breaths if successful.
- B. If resistance and/or chest rise and fall, no signs of circulation or breathing:
 - 1. Assume victim is choking.
 - 2. Begin one person (Adult or Child) CPR sequence.

FIRST AID PROCEDURES

RESPIRATORY ARREST (RESCUE BREATHING) –

THE PROCESS OF BREATHING AIR INTO A VICTIM THAT HAS A PULSE, BUT IS NOT BREATHING SPONTANEOUSLY.

1. AIRWAY:

- A. Tap and shout, place victim on their back.
- B. Head tilt, chin tilt, open their airway.
- C. Call 9-1-1 if you are alone or send someone to call.

2. BREATHING:

- A. Look, listen, feel for breathing (3-5 seconds).
- B. Pinch victim's nose.
- C. Give two slow breaths (2 seconds long).
- D. Each breath should gently rise chest.

3. CIRCULATION:

- A. Check for signs of circulation, movement, coughing, color or the pulse at the neck or directly over the left chest area (5-10 seconds).
- B. If victim has good circulation or pulse, begin rescue breathing.

4. RESCUE BREATHING:

- A. Give 1 slow breath every 5 seconds.
- B. Recheck the pulse every 12 breaths (approx. 1 minute)
- C. Continue until – victim starts to breath (place in recovery Position), EMS personnel arrive, never abandon the victim.

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CARDIOPULMONARY ARREST (CARDIOPULMONARY RESUSCITATION – CPR)

THE PROCESS OF EXTERNAL HEART MASSAGE AND BREATHING OF THE UNCONSCIOUS, PULSE-LESS, NOT BREATHING VICTIM.

1. AIRWAY:

- A. Tap and shout, place victim on their back.
- B. Head tilt, chin tilt, open their airway.
- C. Call 9-1-1 if you are alone or send someone to call.

2. BREATHING:

- A. Look, listen, feel for breathing (3-5 seconds).
- B. Pinch victim's nose.
- C. Give two slow breaths (2 seconds long).
- D. Each breath should gently rise chest.

3. CIRCULATION:

- A. Check for signs of circulation, movement, coughing, color or the pulse at the neck or directly over the left chest area (5-10 seconds). If victim has no signs of circulation or pulse:
 1. Begin chest compressions (CPR).
 2. Depth: 1½-2 inches deep.
 3. Ratio: 15 compressions to 2 breaths (at least 100 times/min.).
 4. Recheck pulse after 4 cycles of 15/2, victim may need defibrillation.
 5. Continue until – victim starts to breath (place in recovery position), EMS personnel arrive, never abandon the victim.