



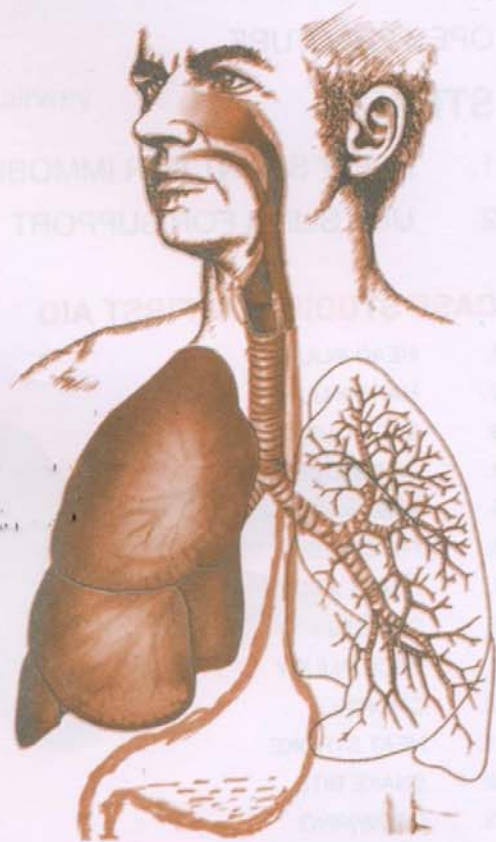
# LACK OF CONSCIOUSNESS



## STEPS

1. Open Airway
2. Clean vomit
3. Don't give liquid to drink
4. Put casualty in recovery position

Give water to drink only when casualty is asking for water. During unconscious state, Epiglottis closes food pipe and keeps wind pipe open.



### HOW BREATHING STOPS

PHARYNX - BLOCKED BY TONGUE, TEETH, VOMIT OR BLOOD. VOCAL CHORDS  
CONTRACTION OR BLOCKAGE WITH POISONOUS GAS OR PARTICLES.

UNCONSCIOUS PERSON CAN HEAR - SPEAK POSITIVELY AVOID  
NEGATIVE STATEMENTS



# FRACTURES

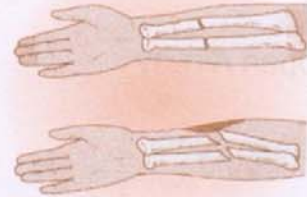


CLOSED FRACTURE

OPEN FRACTURE

## STEPS

1. APPLY SPLINT FOR IMMOBILISATION
2. USE SLING FOR SUPPORT

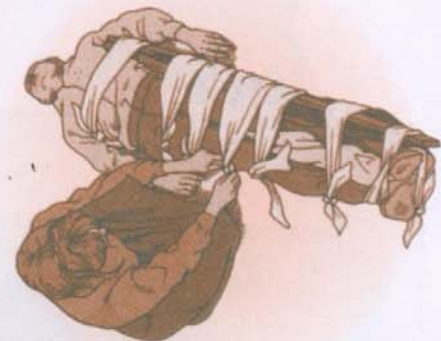


## CASE STUDIES OF FIRST AID

1. HEAD INJURY
2. HAND INJURY
3. EYE INJURY
4. FIRE BURN
5. ACID BURN
6. FRACTURES
7. HEART ATTACK
8. DIABETES
9. BACK INJURY
10. CHOKING
11. HEAT STROKE
12. SNAKE BITE
13. DROWNING
14. FROST BITE
15. EARTH QUAKE
16. ELECTRICAL SHOCK
17. POISONOUS GAS
18. FAINTING
19. EPILEPSY
20. POISONING
21. AMPUTATION



COLLAR BANDAGE



FULL BODY SPLINT

SHARE FIRST AID KNOWLEDGE AT HOME.

SAFETY STARTS FROM HOME.



## RECOVERY POSITION



### PURPOSE:

1. To prevent tongue coiling inwards and sealing airway
2. To avoid choking of airway with vomit
3. To prevent unnecessary movement



IF THE PATIENT IS UNCONSCIOUS EVEN IN THE AMBULANCE  
PUT HIM IN RECOVERY POSITION.

AS FIRST AIDER, WE ARE NOT SUPPOSED TO INJECT OR  
GIVE ANY MEDICINE OR TABLETS - IT IS DOCTOR'S JOB.

**KNOWING IS NOT DOING - DOING IS DOING**  
FIRST AID - YOU LEARN TODAY SHOULD BE PRACTICED TOMORROW.  
DON'T MISS OPPORTUNITIES OF GIVING FIRST AID.





# TRANSPORTATION IDEAS



## QUICK TRANSPORT IS THE BEST HELP

### TYPES OF LIFT :

1. Fire Man's Lift
2. Four handed seat Lift
3. PICK-A-Back Lift
4. Cradle Lift
5. Human Crutch
6. Smoke Room Lift
7. Blanket Lift
8. Chair Lift
9. Collar Drag







GIVING WITNESS IS NOT COMPULSORY BUT GIVING FIRST AID  
IS COMPULSORY IF YOU ARE A TRAINED FIRST AIDER.



## TIMELY COMMUNICATION SAVES LIVES



Emergency Control Room Numbers are Free (unmetered)

★★★	POLICE	- 100
	FIRE	- 101
	AMBULANCE	- 102
	TRAFFIC POLICE	- 103
	HEART LINE	- 105

LPG EMERGENCY CELL :  
BLOOD BANK :  
BOMB SQUAD :  
HOSPITAL NO. :  
EYE BANK :  
SNAKE CATCHER :  
FIRE BRIGADE LOCAL NO. :  
TRAUMA CARE :  
FAMILY DOCTOR :  
ELECTRICITY DEPT. :

**Load Emergency Numbers in your mobile phone and save life.**

MOTIVATE US TO DO OUR JOB WITH INCREASED ENTHUSIASM  
BY SENDING YOUR FEED BACK TO US AS AND WHEN YOU HELP AND  
SAVE A PERSON BY USING OUR TRAINING IN-PUTS.

E-mail : [ushafire@satyam.net.in](mailto:ushafire@satyam.net.in) Website : [www.ushafire.com](http://www.ushafire.com)







# EYE DONATION FORM



**I AM AN EYE DONOR**

**I WISH TO DONATE MY EYES**

We, hereby declare that we have gifted our eyes to the Nation for Sight Restoration purpose after our death. We have cast a responsibility on our relatives to invite a doctor from the nearest eye bank within 6 hours of our death for removal of our eyes to help us fulfill this noble desire.

**INSTRUCTIONS :**

1. Please close tightly the eyelids of a person immediately after death so that no dust should go inside the eyes. Cover the eyes with a piece of clean cloth dipped in cold water.
2. Keep some pieces of ice in a thin plastic cover on the forehead and keep on changing them as they melt.
3. Keep a pillow below the head of the dead person.
4. Switch off the fans in the room where the dead body is kept.
5. Ring up the nearest Eye Bank as early as possible when the eyes are fresh (maximum within 6 hours after death). Eyes are collected day or night at the donor's place, free of cost. The face is not disfigured and it takes only 15 minutes

Witness Signatures : 1. ....

2. ....

DATE

EYE DONOR'S SIGNATURE

**No need to send this certificate. Hang this in a prominent place at your home.  
Contact any Doctor for nearest Eye Bank Address and Telephone Number.**



## FEED BACK ABOUT THE TRAINING PROGRAMME



1. How did you find the programme?

இந்த நிகழ்ச்சி எப்படி இருந்தது?

I	II	III	IV
Excellent	Good	Fair	Bad
மிக நன்றாக	நன்றாக	சுமாராக	நன்றல்ல

2. Whether the programme was of practical use to you?

இந்த நிகழ்ச்சி நடைமுறைக்கு பயன்படக் கூடியதாக அமைந்துள்ளதா?

Yes	Partial	No.
ஆமாம்	ஒரு பகுதி	இல்லை

3. Which part of the programme you liked most?

நிகழ்ச்சியின் எந்த பாகம் தங்களுக்கு மிகவும் பிடித்திருந்தது?

4. Which part of the programme you found boring?

நிகழ்ச்சியின் எந்த பாகத்தை தாங்கள் விரும்பவில்லை?

5. Would you like one of your colleague attending the same programme in future?

இதே போன்ற மற்ற நிகழ்ச்சியில் தங்களுடன் வேலை செய்பவர் ஒருவர் கலந்து கொள்வதை விரும்புகிறீர்களா?

Yes	No.
ஆமாம்	இல்லை

6. Would you recommend the same programme as in-house training programme for your factory. If yes, to whom the in-house training programme proposal to be sent : **Name & Designation :**

இதே போன்ற மற்ற நிகழ்ச்சியில் தங்களுடன் வேலை செய்பவர் கலந்து கொள்வதை விரும்புகிறீர்களா! ஆம் எனில், அதற்கான கடிதத்தை யாருக்கு அனுப்ப வேண்டும் : **பெயர் & பதவி**

7. Your comments about trainers and Programme :

பயிற்சியாளர் மற்றும் நிகழ்ச்சியை பற்றிய தங்களது விமர்சனங்கள் :

Company Address :

Participants Name & Designation