First-Aid Scenario Training

First aid scenarios

- https://cdn.redcross.ca/prodmedia/crc/pdf/First-Aid-and-CPR-2017_digital.pdf

1. **Wound Care**
    - Cuts and scrapes
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    - Bruises
    - Splinters
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    - Impaled Objects
2. **Choking or Breathing Emergencies**
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3. **Stroke, Heart attack, CPR**
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1. Wound Care

Cuts and Scrapes

Overview

Minor cuts and scrapes can often be treated at home. You may need to seek medical care if you notice the injury becomes infected.

Treatment

These guidelines can help you care for minor cuts and scrapes:

Step 1: Wash your hands. This helps avoid infection.

Step 2: Stop the bleeding. Minor cuts and scrapes usually stop bleeding on their own. If needed, gently press the wound with a clean bandage or cloth. Raise the area until the bleeding stops.

Step 3: Clean the wound. Rinse the wound with water. Keeping the wound under running water will lower the risk of infection. Wash around the wound with soap. But don't get soap in the wound. And don't use hydrogen peroxide or iodine. Both can irritate wounds. Remove any dirt or debris with tweezers cleaned with alcohol. See a healthcare professional if you can't remove all debris.

Step 4: Put on an antibiotic or petroleum jelly. Put on a thin layer of an antibiotic ointment or petroleum jelly to keep the surface moist and help prevent scarring. Ingredients in some antibiotic ointments can cause a mild rash in some people. If you get a rash, stop using the ointment.

Step 5: Cover the wound. Put on a bandage, rolled gauze or gauze held in place with paper tape. Covering the wound keeps it clean. If you have just a minor scrape or scratch, don't cover it.

Step 6: Change the covering. Do this at least once a day or whenever the covering becomes wet or dirty.

Seek medical care if:

- See a healthcare professional if you see signs of infection on the skin or near the wound. These include expanding changes in color, increasing pain, drainage, warmth or swelling.

- See a healthcare professional to get a tetanus shot. A tetanus shot is needed if you haven't had one in the past five years and the wound is deep or dirty.

VIDEO: How to Clean a Wound | First Aid Training
Source: https://www.mayoclinic.org/first-aid/first-aid-cuts/basics/art-20056711

Burns

Overview
Burns are tissue damage from a variety of sources. Examples are hot liquids, the sun, flames, chemicals, electricity and steam. Kitchen-related injuries from hot drinks, soups and microwaved foods are common among children.
Major burns need emergency medical help. Minor burns can usually be treated with first aid.

Call emergency If
Call 911 or seek immediate care for major burns, which:

- May be deep, involving all layers of the skin.
- May cause the skin to be dry and leathery.
- May appear charred or have patches of white, brown or black.
- Are larger than 3 inches (about 8 centimeters) in diameter.
- Cover the hands, feet, face, groin, buttocks or a major joint, or encircle an arm or a leg.
- Are accompanied by smoke inhalation.
- Begin swelling very quickly.

Electrical burns, including those caused by lightning, and major chemical burns need emergency medical care. A minor burn might need emergency care if it affects the eyes, mouth, hands or genitals. Babies and older adults might need emergency care for minor burns as well.

Treatment

Major burns

For major burns, apply first aid until emergency help arrives:

- Protect the burned person from further harm. If you can do so safely, make sure the person you're helping is not in contact with the source of the burn. For electrical burns, make sure the power source is off before you approach the burned person.
- Make certain that the burned person is breathing. If needed, begin rescue breathing if you know how.
- Remove jewelry, belts and other tight items, especially from the burned area and the neck. Burned areas swell quickly.

- Cover the burn. Loosely cover the area with gauze or a clean cloth.
- Raise the burned area. Lift the wound above heart level if possible.
- Watch for symptoms of shock. Symptoms include cool, clammy skin, weak pulse and shallow breathing.

Minor burns

For minor burns, follow these first-aid guidelines:

- Cool the burn. Hold the area under cool — not cold — running water for about 10 minutes. If this isn't possible or if the burn is on the face, apply a cool, wet cloth until the pain eases. For a mouth burn from hot food or drink, put a piece of ice in the mouth for a few minutes.
- Remove rings or other tight items. Try to do this quickly and gently, before the burned area swells.
- Apply lotion. After the burn is cooled, apply a lotion, such as one with aloe vera or cocoa butter. This helps prevent drying.
- Bandage the burn. Cover the burn with a clean bandage. Wrap it loosely to avoid putting pressure on burned skin. Bandaging keeps air off the area, reduces pain and protects blistered skin.
- If needed, take a nonprescription pain reliever, such as ibuprofen (Advil, Motrin IB, others) or acetaminophen (Tylenol, others).

What to avoid

- Don't use cold water to cool the burn.
- Don't break blisters. Blisters help protect against infection. If a blister does break, gently clean the area with water and apply an antibiotic ointment.
- Don't try to remove clothing stuck in the burn.

When to call you doctor

If you haven't had a tetanus shot in the past five years and the burn is deep, you may need a booster shot. Try to get this within 48 hours of the injury.

VIDEO: SAFE STEPS First Aid: Burns

Source:
https://www.mayoclinic.org/first-aid/first-aid-burns/basics/art-20056649#:~:text=Hold%20the%20area%20under%20cool,rings%20or%20other%20tight%20items.
https://www.redcross.org.uk/first-aid/learn-first-aid/burns#:~:text=Step%201.,the%20impact%20of%20the%20injury.

Bruises

Overview
A bruise forms when blood vessels under the skin break. The trapped blood creates a bruise that's black, purple or blue then changes color as it heals.

Treatment
You can enhance bruise healing with a few simple techniques.

- Elevate the bruised area above heart level, if possible.
- Apply an ice pack wrapped in a thin towel. Leave it in place for 20 minutes. Repeat several times for a day or two after the injury. This helps to reduce the swelling and pain.
- If the bruised area is swelling, put an elastic bandage around it, but not too tight.

If the skin isn't broken, you don't need to bandage a bruise. Consider taking a nonprescription pain reliever if needed.

Consult a healthcare professional if you:

- Have very painful swelling in the bruised area.
- Suspect a bruise has been caused by child abuse, domestic violence or elder abuse.
- Still have pain three days after a minor injury.
- Have frequent, large or painful bruises.
- Have bruises that begin suddenly or seem to develop for no reason.
- Have a personal or family history of easy bruising or bleeding.
- Notice a lump form over the bruise, which may be a sign of pooling blood, also called a hematoma.
- Have unusual bleeding, such as from the nose or gums.

VIDEO: Bruise: What to Do | 60 Second First Aid
Source: https://www.mayoclinic.org/first-aid/first-aid-bruise/basics/art-20056663

Splinters

Overview
Splinters can be easily removed from the skin using tweezers. However, if the splinter is deep in the skin it can be difficult to remove and should be left in place. Advise the casualty to seek medical help.

Treatment

1. Clean Wound

Clean the area with mild soap and water.

2. Care for a Tiny Splinter

- If it doesn't hurt, let the splinter work its way out over a few days.
- If it does hurt, touch the area gently with sticky tape and pull away carefully. If this doesn't work, try hair removal wax.

3. Remove Larger Splinter

- Clean a small needle and tweezers with alcohol.
- If you can see the end of the splinter, grip it with the tweezers and gently pull out the entire splinter.
- If none of the splinter is sticking out, follow the path of the splinter with the needle. Open the skin and expose enough of the splinter to remove it with tweezers.
- If you have trouble seeing the splinter, use stronger lighting and a magnifying glass.
- Clean wound area again. Apply a bandage and antibiotic ointment.

When to Call a Healthcare Provider

Most splinters do not need the care of a healthcare provider.

See a healthcare provider if:

- You can't remove the entire splinter.
- The splinter is deep in the skin or the wound is bleeding heavily.
- The splinter is under a fingernail or toenail. The healthcare provider may need to cut a notch in the nail to remove the splinter.

Follow Up

- Ask the health care provider if a tetanus booster is needed.
- Watch for any signs of infection: redness, increasing pain, swelling, or pus at the site. Call a healthcare provider if you see any of these signs.

VIDEO: What to do if you have a Splinter

Source: https://www.webmd.com/first-aid/splinters-treatment

NOSEBLEEDS

Overview

A nosebleed happens when one of the blood vessels in the lining of the nose bursts. Nosebleeds may be caused by infection, injury, allergic reaction, nose picking or an object being pushed into the nostril. Another name for nosebleed is epistaxis.

Bleeding from the nose is common in children and is usually not serious. Seek medical attention if nosebleeds are severe, frequent or prolonged.

Symptoms of nosebleeds

The signs and symptoms of a nosebleed include:

- bleeding from either or both nostrils
- a sensation of flowing liquid at the back of the throat
- the urge to swallow frequently.

Treatment

To manage a nosebleed include:

1. Reassure the person, especially children, as crying increases blood flow.
2. Sit the person up straight and drop their head slightly forward.
3. Apply finger and thumb pressure on the soft part of the nostrils below the bridge of the nose for at least 10 minutes.
4. Encourage the person to breathe through their mouth while their nostrils are pinched.
5. Loosen tight clothing around the neck.
6. Place a cold cloth or cold pack over the person's forehead and one around the neck, especially around the sides of the neck.
7. After 10 minutes, release the pressure on the nostrils and check to see if the bleeding has stopped.
8. If bleeding persists, seek medical aid.
9. Tell the person not to sniff or blow their nose for at least 15 minutes and not to pick their nose for the rest of the day. (Having a nose full of clotted blood is unpleasant and children in particular may find it difficult to avoid sniffing or nose blowing for a few hours. Fifteen minutes will at least give some time for the clot to stabilize.)

VIDEO: Nosebleed | 60 Second First Aid

Source: https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/nosebleeds

Impaled Objects

Overview

You'll need to act quickly when dealing with a victim who has been impaled by an object. As a first aider, your priority is to stop serious bleeding and call for expert medical help. Let's take a closer look at the first aid steps for dealing with a victim who has been impaled.

Actions required:

- **Call for Emergency Medical Help**
  Dial 911 or your local emergency number to summon expert medical help.

- **Don’t Remove the Object**
  As a first aider, you should not do anything to the victim that could worsen their condition. Don’t remove the embedded object as this could worsen severe bleeding and lead to the development of shock. Although the victim may be very distressed, try to prevent them from removing or moving the object as this is likely to make any bleeding worse.
- **Apply Pressure Around the Object**
  Direct pressure is normally the best way to stop serious bleeding. However, you should not apply pressure to the embedded object. If the wound is bleeding heavily, apply pressure around the object in order to stem the blood loss. If a first aid kit is available, then use bandages to build up padding around the object and secure these in place.
- **Keep the Victim Still**
  Further movement of the victim or the object could worsen the internal injuries caused by the object damaging the underlying tissues. Try to keep the victim as still as possible. Only move them if their life is in immediate danger. Otherwise, keep them still until expert medical help arrives.
- **Monitor for Shock**
  If the victim is losing blood, they are at risk of going into shock. Shock is a medical emergency that occurs when the cells of the body do not receive enough oxygen. If a victim loses too much blood, there is less blood available in the body to carry oxygen resulting in shock.

  Signs of shock developing in a victim include:
  - ❖ Pale clammy skin
  - ❖ Confusion
  - ❖ Weak rapid pulse
  - ❖ Reducing level of consciousness

VIDEO: Impaled Objects
Source: https://www.firstaidforfree.com/first-aid-measures-for-an-impaled-object/

2. Choking

Adult or Child

Overview
Choking happens when an object lodges in the throat or windpipe blocking the flow of air. In adults, a piece of food is usually to blame. Young children often choke on small objects. Choking is life-threatening. It cuts off oxygen to the brain.

Give first aid as quickly as possible if you or someone else is choking. To prepare yourself for these situations, learn the Heimlich maneuver and CPR in a certified first-aid training course.

When to seek emergency help

If you're the only rescuer, give back blows and abdominal thrusts first. Then call 911 or your local emergency number for help. If another person is there, have that person call for help while you give first aid.

Symptoms

Watch for these signs of choking:

- One or both hands clutched to the throat.
- A look of panic, shock or confusion.
- Inability to talk.
- Strained or noisy breathing.
- Squeaky sounds when trying to breathe.
- Cough, which may either be weak or forceful.
- Skin, lips and nails that change color turning blue or gray.
- Loss of consciousness.

Treatment

If a choking person can cough forcefully, let the person keep coughing.

Coughing might naturally remove the stuck object.

If a person can't cough, talk, cry or laugh forcefully, give first aid to the person.

The American Red Cross recommends the following steps:

- **Give five back blows.** Stand to the side and just behind a choking adult. For a child, kneel down behind. Place your arm across the person's chest to support the person's body. Bend the person over at the waist to face the ground. Strike five separate times between the person's shoulder blades with the heel of your hand.
- **Give five abdominal thrusts.** If back blows don't remove the stuck object, give five abdominal thrusts, also known as the Heimlich maneuver.
- **Alternate between five blows and five thrusts until the blockage is dislodged.**

Some sources only teach the abdominal thrust. It's OK not to use back blows if you haven't learned the back-blow technique. Both approaches are acceptable for adults and children older than age 1.

To give abdominal thrusts to someone else:

1. **Stand behind the person.** For a child, kneel down behind. Place one foot slightly in front of the other for balance. Wrap your arms around the waist. Tip the person forward slightly.
2. **Make a fist with one hand.** Put it just above the person's navel.
3. **Grasp the fist with the other hand.** Press into the stomach, also called the abdomen, with a quick, upward thrust — as if trying to lift the person up. For a child, use gentle yet firm pressure to avoid damaging the internal organs.
4. **Give five abdominal thrusts.** Check if the blockage has been removed. Repeat as needed.

If you're the only rescuer, give back blows and abdominal thrusts first. Then call 911 or your local emergency number for help. If another person is there, have that person call for help while you give first aid.

If the person becomes unconscious, start standard cardiopulmonary resuscitation (CPR) with chest compressions and rescue breaths.

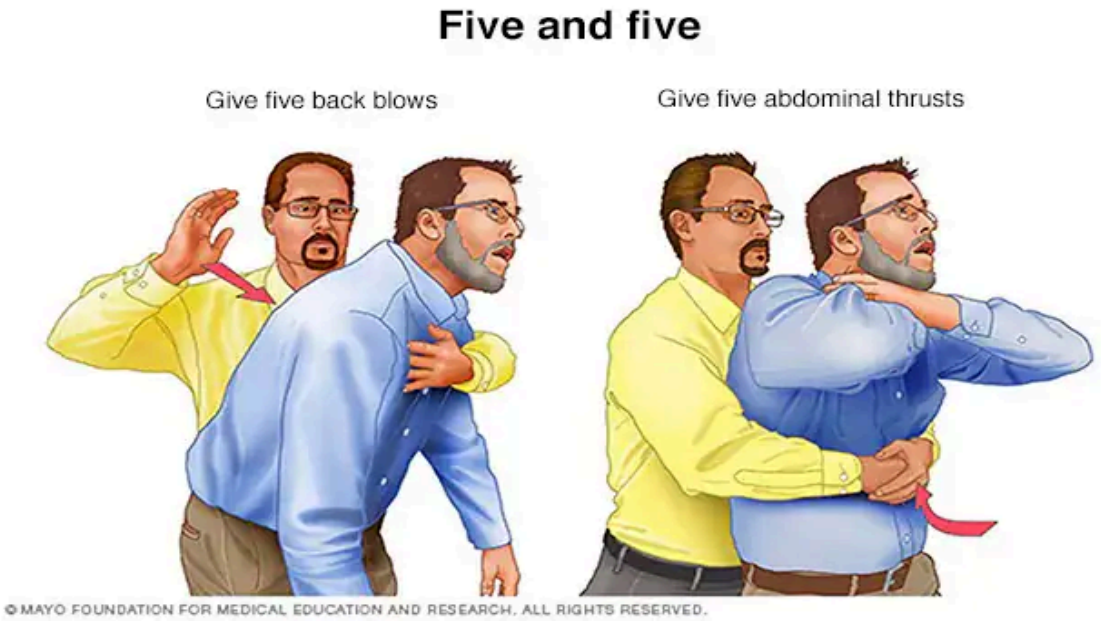

Image: First aid for a choking person

To clear the airway of an unconscious person:

- **Lower the person onto the floor,** with the back on the floor and arms to the sides.
- **Clear the airway.** If you can see the object, reach a finger into the mouth to sweep out the object. Never finger sweep if you can't see the object. You risk pushing the blockage deeper into the airway. This is very risky with young children.

- **Begin CPR if the person still doesn't respond.** If the airway is still blocked, use chest compressions such as those that are used in CPR to remove the stuck object. Only use two rescue breaths per cycle. Recheck the mouth regularly for the object.

Pregnant person or someone you can't get your arms around

If the person is pregnant or if you can't get your arms around the stomach, give chest thrusts:

- **Put your hands at the base of the breastbone,** just above the joining of the lowest ribs.
- **Press hard into the chest with a quick thrust.** This is the same action as the Heimlich maneuver.
- **Repeat until the blockage is removed from the airway.**

VIDEO: SAFE STEPS First Aid: Choking
Source:https://www.mayoclinic.org/first-aid/first-aid-choking/basics/art-20056637#:~:text=Bend%20the%20person%20over%20at,known%20as%20the%20Heimlich%20maneuver

By Yourself

Overview
Choking happens when an object lodges in the throat or windpipe blocking the flow of air. In adults, a piece of food is usually to blame. Young children often choke on small objects. Choking is life-threatening. It cuts off oxygen to the brain.
Give first aid as quickly as possible if you or someone else is choking. To prepare yourself for these situations, learn the Heimlich maneuver and CPR in a certified first-aid training course.

When to seek emergency help
If you're alone and choking, call 911 or your local emergency number right away. Then, give yourself abdominal thrusts, also called the Heimlich maneuver, to remove the stuck object.

If you're alone and choking:

Call 911 or your local emergency number right away. Then, give yourself abdominal thrusts, also called the Heimlich maneuver, to remove the stuck object.

Symptoms
Watch for these signs of choking:

- One or both hands clutched to the throat.
- A look of panic, shock or confusion.
- Inability to talk.

- Strained or noisy breathing.
- Squeaky sounds when trying to breathe.
- Cough, which may either be weak or forceful.
- Skin, lips and nails that change color turning blue or gray.
- Loss of consciousness.

Steps to follow

- **Place a fist slightly above your navel.**
- **Grasp your fist with the other hand.**
- **Bend over a hard surface.** A countertop or chair will do.
- **Shove your fist inward and upward.**

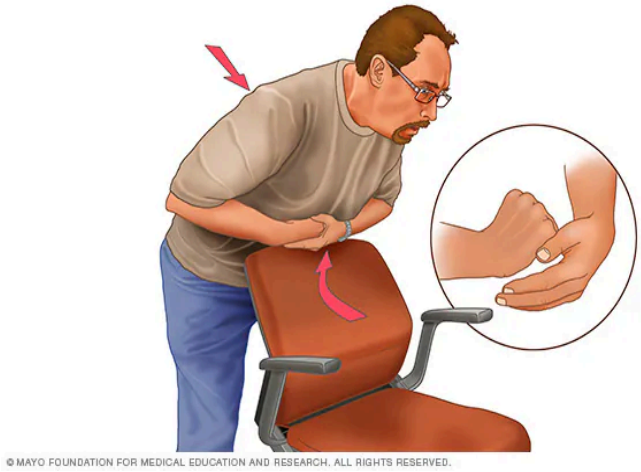

Image: How to perform abdominal thrusts, also called the Heimlich maneuver, on yourself

VIDEO: What to do if you are choking and by yourself
Source:https://www.mayoclinic.org/first-aid/first-aid-choking/basics/art-20056637#:~:text=Bend%20the%20person%20over%20at,known%20as%20the%20Heimlich%20maneuver

Baby

Overview
When a baby is choking, you won't have time to search for, "what to do if a baby is choking" online. That's why knowing the steps ahead of time is so important. Whether you're a parent, a babysitter, or just someone who wants to be ready, here's what you need to know.

Check the Baby

When faced with a choking baby, it's essential to understand the two choking types: partial choking and complete choking. Knowing the appropriate first aid for each type of choking can make a significant difference.

Before taking any action, quickly assess the situation. Is the baby able to cough, cry, or make any noise? If the baby makes sounds and coughs, they may be partially choking. Keep a close eye on the baby without intervening.

If the baby is quiet, wheezing, or having trouble breathing, it may be completely choking, and you should act quickly.

Partial Choking: What You Need to Know

When a baby partially chokes, their airway only partially blocks, allowing them to still breathe. The good news is that if the baby is coughing, it's a sign that their body is trying to clear the blockage on its own. Here's what you should do:

1. **Stay Calm:** It's normal to feel scared, but remember, staying calm is key. Your baby will sense your emotions, so try to keep your cool. This is a crucial step in the process.
2. **Watch for Signs:** Keep a close eye on the baby. If the baby is coughing forcefully, it means the airway isn't completely blocked, and the baby is trying to clear it. Listen for the sound of the cough and watch their facial expressions. A strong cough means the body is working to fix the problem.
3. **Don't Interfere:** It may be tempting to pat the baby's back or try to remove the object, but it's best not to interfere. Let the baby's body do the work. Trying to help could accidentally push the object further down the airway.
4. **Prepare for Action:** Stay ready. If the coughing starts weakening or the baby shows signs of struggling to breathe, be prepared to act quickly. The situation could turn into a complete blockage, and you'll need to know what to do next.
5. **Reassure the Baby:** While you're watching and waiting, talk softly to your baby. Hearing your voice can be soothing, and it helps you stay focused on their condition.

Allowing the baby's natural reflexes to work gives them the best chance to clear their airway. Always be ready to step in if the situation changes. However, for partial choking, keeping calm and observing is your best tool.

Complete Choking: What to Do Right Away

When a baby completely chokes, it indicates that its airway is fully blocked, and the baby cannot breathe. This is a serious emergency that requires baby choking first aid. Complete choking in babies causes them to be silent and struggle for air, unlike partial choking where they can still cough or make noise.

Call for Help

- Shout for help to try to get the attention of a bystander or a family member to assist you.
- If the baby is making high-pitched noises, is wheezing, can no longer make a sound, or becomes too weak to cough, have someone call Emergency Medical Services/9-1-1.
- If you are in a public place, ask someone to see if there is an automated external defibrillator (AED) while you care for the baby.
- If you are alone, immediately begin care for complete choking and continue to shout for help.

Treatment

1. Sit or kneel, holding the baby along your forearm and holding the jaw in your hand. Be careful not to cover the baby's mouth.
2. Deliver five firm back blows between the shoulder blades with the heel of your free hand.
3. If the object has not been dislodged, turn the baby face-up, ensuring you support the head.
4. Place two fingers in the centre of the chest and deliver 5 firm chest compressions.
5. Repeat the five firm back blows and five chest compressions until the object comes out, the baby starts to cry, breathe, or cough, or the baby choking becomes unresponsive.
6. If the baby becomes unresponsive start CPR.

After Care
If a baby has experienced complete choking, always call Emergency Medical Services/9-1-1 and get an AED and a first aid kit, even if they are no longer choking.

When Else to Be Prepared
Babies can choke on many things, from milk and mucus to spit-up. You might even hear about babies choking on mucus at night, or that a baby wakes up choking and gasping. Knowing what to do if a baby is choking in all these situations is crucial for their safety.

VIDEO: Children First Aid: Choking Baby | First Aid | British Red Cross
Source: https://www.redcross.ca/blog/2018/4/what-to-do-if-a-baby-is-choking

3. CPR

Adult CPR

Overview
CPR, or cardiopulmonary resuscitation can help save a life during cardiac arrest, when the heart stops beating or beats too ineffectively to circulate blood to the brain and other vital organs. However, even after training, remembering the CPR steps and administering them correctly can be a challenge.

What Is the Purpose of CPR?
With a half-million cardiac arrests each year, CPR increases the likelihood of surviving cardiac arrest, when the heart stops beating or beats too ineffectively to circulate blood to the brain and other vital organs. It's not just for healthcare workers and emergency responders. CPR can double or triple the chance of survival when bystanders take action. The Red Cross helps train you safely, effectively and confidently so you're prepared for the moments that matter.

Why is CPR Important?
CPR should be used when you see someone who is unresponsive and is not breathing or only gasping. Having more bystanders trained in this simple skill can help save lives by putting more cardiac arrest victims within a few steps of lifesaving assistance.

What Are the Types of CPR?
- **Hands-Only CPR:** Hands-only CPR is an easy-to-learn skill that could save a life. It involves calling 9-1-1, sending someone for the AED if available and then giving continuous chest compressions. It only takes minutes to learn.

- **Full CPR With Rescue Breaths:** While Hands-only CPR can be lifesaving, learning full CPR is still very important. Getting trained in full CPR – combinations of chest compressions and rescue breaths – will increase your confidence and may enable you to help in other types of emergencies. Full CPR is ideal for all ages, and especially for people who are more likely to experience respiratory emergencies such as children and infants.

Giving Hands-Only CPR

If you are not trained in full CPR, Hands-only CPR is CPR without rescue breaths which is simple to learn and easy to remember, especially outside medical settings. It increases the likelihood of surviving cardiac arrest, when the heart stops beating or beats too ineffectively to circulate blood to the brain and other vital organs. For a refresher any time, you can print this page and keep it with the rest of your first-aid supplies.

Before Giving CPR

1. Check the scene and the person. Check to make sure the scene is safe, tap the person on the shoulder to see if they're OK, and look for signs of rhythmic, normal breathing.

2. Call 911 for assistance. If there's no response from the victim when asked if he or she is OK, call 911, or ask a bystander to call for help.

3. Begin compressions. If the person is unresponsive, perform hands-only CPR.

How to Perform Hands-Only CPR

1. Ensure the person is on their back on a firm, flat surface
2. Kneel beside the person
    - Your knees should be near the person's body and spread about shoulder width apart
3. Use correct hand placement
    - Place the heel of one hand in the center of their chest, with your other hand on top
    - Interlace your fingers and make sure they are up off the chest
4. Use correct body position
    - Position your body so that your shoulders are directly over your hands
    - Lock your elbows to keep your arms straight
5. Give continuous compressions
    - Push hard and fast (at least 2 inches; 100 to 120 compressions per minute)
6. Allow chest to return to its normal position after each compression

Giving CPR

1. CHECK the scene for safety, form an initial impression and use personal protective equipment (PPE)
2. If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout
3. If the person does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so
4. Kneel beside the person. Place the person on their back on a firm, flat surface
5. The American Red Cross CPR guidelines recommend 100 to 120 chest compressions per minute, 30 at a time. Remember these five points:
    - Hand position: Two hands centered on the chest
    - Body position: Shoulders directly over hands; elbows locked
    - Compression depth: At least 2 inches
    - Rate of compressions: 100 to 120 per minute
    - Allow chest to return to normal position after each compression
6. Give 2 breaths
    - Open the airway to a past-neutral position using the head-tilt/chin-lift technique
    - Pinch the nose shut, take a normal breath, and make complete seal over the person's mouth with your mouth.
    - Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath

    Note: If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath If the 2nd breath does not make the chest rise, an object may be blocking the airway.

7. Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available! Minimize interruptions to chest compressions to less than 10 seconds.

VIDEO:

Hands-only CPR: Hands-Only CPR Instructional Video
CPR: How to do CPR on an Adult - First Aid Training - St John Ambulance
Source: https://www.redcross.org/take-a-class/cpr/performing-cpr/child-baby-cpr

Child & Baby CPR

Overview

Although you hope you'll never use cardiopulmonary resuscitation (CPR) for a child or infant, it's important to know the steps so that you can help in the event of a cardiac or breathing emergency. And although you may have taken a class in child CPR, it's a good idea to keep the steps handy so that the information stays fresh in your memory.

Before Giving Child or Baby CPR

1. Check the scene for safety, form an initial impression, obtain consent from the parent or guardian, and use personal protective equipment (PPE)
2. If the child or baby appears unresponsive, check the child or baby for responsiveness (shout-tap-shout)
    - For a child, shout to get the child's attention, using the child's name if you know it. If the child does not respond, tap the child's shoulder and shout again while checking for breathing, life-threatening bleeding or another obvious life-threatening condition
    - For a baby, shout to get the baby's attention, using the baby's name if you know it. If the baby does not respond, tap the bottom of the baby's foot and shout again while checking for breathing, life-threatening bleeding or another obvious life-threatening condition
    - Check for no more than 10 seconds
3. If the child or baby does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so

Performing Child & Baby CPR

1. Place the child or baby on their back on a firm, flat surface
    - For a child, kneel beside the child
    - For a baby, stand or kneel to the side of the baby, with your hips at a slight angle

2. Give 30 compressions
    - For a child, place the heel of one hand in the center of the child's chest, with your other hand on top and your fingers interlaced and off the child's chest
        - ❖ Position your shoulders directly over your hands and lock your elbows
        - ❖ Keep your arms straight
        - ❖ Push down hard and fast about 2 inches at a rate of 100 to 120 per minute
        - ❖ Allow the chest to return to normal position after each compression
    - For a small child, use a one-handed CPR technique
        - ❖ Place the heel of one hand in the center of the child's chest
        - ❖ Push down hard and fast about 2 inches at a rate of 100 to 120 per minute

- For a baby, place both thumbs (side-by-side) on the center of the baby's chest, just below the nipple line
    - ❖ Use the other fingers to encircle the baby's chest toward the back, providing support
    - ❖ Using both thumbs at the same time, push hard down and fast about 1 ½ inches at a rate of 100 to 120 per minute
    - ❖ Allow the chest to return to its normal position after each compression
- Alternatively, for a baby, use the two-finger technique
    - ❖ Use two fingers placed parallel to the chest in the center of the chest
- For a baby, if you can't reach the depth of 1 ½ inches, consider using the one-hand technique

3. Give 2 breaths

- For a child, open the airway to a slightly past-neutral position using the head-tilt/chin-lift technique
- For a baby, open the airway to a neutral position using the head-tilt/chin-lift technique
- Blow into the child or baby's mouth for about 1 second
    - ❖ Ensure each breath makes the chest rise
    - ❖ Allow the air to exit before giving the next breath
- If the first breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the second breath. If the second breath does not make the chest rise, an object may be blocking the airway

4. Continue giving sets of 30 chest compressions and 2 breaths until:

- You notice an obvious sign of life
- An AED is ready to use
- Another trained responder is available to take over compressions
- EMS personnel arrive and begin their care
- You are alone and too tired to continue
- The scene becomes unsafe
- You have performed approximately 2 minutes of CPR (5 sets of 30:2), you are alone and caring for baby, and you need to call 9-1-1

VIDEO:

Baby: How to Give Baby CPR - First Aid Training - St John Ambulance

Child: Child CPR - Lay Rescuer

Source: https://www.redcross.org/take-a-class/cpr/performing-cpr/child-baby-cpr

Pet CPR

Overview

Pets are part of the family, and just like learning First Aid and Cardio Pulmonary Resuscitation (CPR) skills for adults and children allows you to care for your family, learning important first aid for your cats and dogs can help you best care for them.

Cat & Dog CPR

1. **Check for breathing and a heartbeat…**
   Check to see if the pet is breathing and check for a heartbeat. If you do not see your pet's chest moving and cannot find a heartbeat, begin CPR with chest compressions.
2. **Give chest compressions…**
   Place your hands on your pet as follows:

- For cats, small dogs and deep chested dogs, place the heel of one of your hands directly over the pet's heart and place your other hand directly over the first hand.
- For deep chested dogs, place the heel of one hand over the widest part of the chest and place your other hand directly over the first hand.
- For barrel chested dogs, place the dog on its back, place one hand over the widest part of the sternum, and place your other hand directly over the first hand. Lock your elbows and make sure your shoulders are directly above your hands.

Then, push hard and push fast at a rate of 100-120 compressions per minute, compressing 1/3 to 1/2 the width of your pet's chest. Make sure the chest comes back fully (recoils) before compressing again.

Perform 30 chest compressions.

3. **Then give rescue breaths…**
   To give rescue breaths, gently close the pet's mouth and extend the pet's neck to open the airway. Cover your pet's nose with your mouth and exhale until you see the pet's chest rise. Give a second rescue breath.
4. **Continue CPR…**
   Continue giving CPR with a cycle of 30 chest compressions and 2 rescue breaths until your dog or cat begins breathing again on its own.
5. **Check again for breathing and a heartbeat…**
   Briefly check for breathing and a heartbeat every 2 minutes.
6. **Get help…**
   Continue CPR until you reach a veterinary hospital.

VIDEO:

Dog: How to do CPR on a Dog

Cat: CPR for Cats: Essential Skill for ALL owners

Source: https://www.redcross.org/take-a-class/cpr/performing-cpr/pet-cpr

4. Breathing Emergencies

Asthma

Overview
Asthma is a medical condition that affects the airways – the tubes that carry air in and out of the lungs. When someone has an asthma attack, these tubes become narrowed, making it difficult to breathe in and out.

Signs and symptoms of an asthma attack
People with asthma should be able to let you know if they are having an attack.
Someone having an asthma attack will have:

- difficulty breathing and speaking, and may cough and wheeze
- they may be very anxious and distressed as they struggle to breathe
- in some cases, their lips, earlobes and nail beds may turn grayish-blue because there isn't enough oxygen in their body

First aid steps for someone having an asthma attack

1. Help them sit in a comfortable position and take their inhaler.
When someone has an asthma attack, their airways narrow, making it difficult for them to breathe. An inhaler relaxes the muscles, allowing the airways to expand and ease their breathing.

2. Reassure them. If the attack becomes severe, or they don't have their inhaler, call 999.
A mild attack should ease within a few minutes. If it doesn't, they can continue to take their inhaler. You should call 999 if they they don't have their inhaler, their inhaler has no effect, they are becoming worse or they become unable to talk. Do not leave them, in case the attack becomes severe quickly. If you can't call 999, get someone else to do it.

VIDEO: https://www.youtube.com/watch?v=ZspA-YNd2C8
Source: https://www.redcross.org.uk/first-aid/learn-first-aid/asthma-attack

Anaphylaxis

Overview
A life-threatening allergic reaction called anaphylaxis can cause shock, a sudden drop in blood pressure and trouble breathing. In people who have an allergy, anaphylaxis can happen minutes

after exposure to a specific allergy-causing substance, called an allergen. Sometimes, there may be a delayed reaction, or anaphylaxis may happen without an obvious trigger.

Some common anaphylaxis triggers include:

- Medicines.
- Latex.
- Foods such as peanuts, tree nuts, fish and shellfish.
- Insect stings from bees, yellow jackets, wasps, hornets and fire ants.

When to seek emergency care

If you're with someone having an allergic reaction with signs of anaphylaxis, call 911 or your local medical emergency number right away.

Don't wait to see whether symptoms get better. Seek emergency treatment right away. Severe untreated anaphylaxis can lead to death within half an hour.

Get emergency treatment even if symptoms start to improve. After anaphylaxis, it's possible for symptoms to start again. Being watched in a hospital for several hours most often is needed.

Symptoms

Symptoms of anaphylaxis include:

- Skin reactions, including hives, itching, and skin that becomes flushed or changes color.
- Swelling of the face, eyes, lips or throat.
- Narrowing of the airways, leading to wheezing and trouble breathing or swallowing.
- A weak and rapid pulse.
- Nausea, vomiting or diarrhea.
- Dizziness, fainting or unconsciousness.

Treatment

After you call 911 or your local medical emergency number, do the following:

- Ask if the person is carrying an epinephrine autoinjector (EpiPen, Auvi-Q, others) to treat an allergic attack.
- If the person needs to use an autoinjector, ask whether you should help inject the medicine. This most often is done by pressing the autoinjector against the person's thigh.
- Have the person lie face up and be still.
- Loosen tight clothing and cover the person with a blanket.
- If there's vomiting or bleeding from the mouth, turn the person to the side to prevent choking.

- If there are no signs of breathing, coughing or movement, begin CPR. Keep doing about 100 chest presses every minute until paramedics arrive.

An antihistamine pill, such as diphenhydramine (Benadryl), isn't enough to treat anaphylaxis. These medicines can help relieve allergy symptoms, but they work too slowly in a severe reaction.

What to avoid
Don't give a person who has anaphylaxis anything to drink.

When to call your doctor
If you've had any kind of severe allergic reaction in the past, ask your healthcare professional if you should be prescribed an epinephrine autoinjector to carry with you.

VIDEO: First Aid Skills: Anaphylaxis
Source: https://www.mayoclinic.org/first-aid/first-aid-anaphylaxis/basics/art-20056608

5. Bone, Muscle and Joint injuries

Fractures

Overview
A fracture is a broken bone. It needs medical care. If the broken bone is the result of major trauma or injury, call 911 or your local emergency number.

When to seek emergency help
Also call for emergency help if:

- The person with the broken bone doesn't respond to you, isn't breathing or isn't moving. Call 911. Then begin CPR if there's no breathing or heartbeat.
- There's heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has broken the skin and is sticking out.
- The toe of the injured leg or the finger of the injured arm is numb or discolored at the tip.
- You suspect a bone is broken in the neck, head or back.

Treatment

To avoid making the injury worse, don't move the person unless you must. Take these actions right away while waiting for medical help:

- **Stop any bleeding.** Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- **Keep the injured area from moving.** Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and medical help isn't available right away, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce pain.
- **Apply ice packs to limit swelling and help relieve pain.** Don't apply ice directly to the skin. Wrap the ice in a towel, a piece of cloth or some other material.
- **Treat for shock.** If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk. If you can, raise the legs.

VIDEO: Fracture and Dislocation-First Aid Pro

Source: https://www.mayoclinic.org/first-aid/first-aid-fractures/basics/art-20056641

Dislocation

Overview

A dislocation is an injury that forces the bones in a joint out of position. The cause is usually a fall, a car accident or an injury during contact sports.

Dislocation mostly involves the body's larger joints. The most common site of injury is the shoulder. For young children, the elbow is a common site. Smaller joints, such as the thumbs and fingers, also can be dislocated if bent the wrong way with force.

Symptoms

The injury will deform the joint and make it hard to move. Dislocation might cause sudden and severe pain and swelling. A dislocation needs prompt medical attention to put the bones back in place.

Treatment

If you believe you have dislocated a joint:

1. **Don't put off medical care.** Get medical help as soon as you can.
2. **Don't move the joint.** Until you get help, use a splint to keep the affected joint from moving. Don't try to move a dislocated joint or force it back into place. This can damage the joint and the muscles, ligaments, nerves or blood vessels around it.

3. **Put ice on the injured joint.** This can help reduce swelling. Ice can control bleeding inside the body and keep fluids from building up in and around the injured joint.

VIDEO: Fracture and Dislocation-First Aid Pro
Source:https://www.mayoclinic.org/first-aid/first-aid-dislocation/basics/art-20056693#:~:text=Until%20you%20get%20help%2C%20use,ice%20on%20the%20injured%20joint.

Sprain

Overview
A sprain is an injury to a ligament caused by stretching the ligament too far or tearing it. A ligament can tear partway or all the way. Ligaments are tough, elastic-like bands that connect bone to bone. They help hold joints in place.

When to seek emergency help
Seek medical care right away if:

- You can't put weight on the injured leg, the joint feels unstable or numb, or you can't use the joint. This may mean the ligament was completely torn. On the way to see your healthcare professional, apply a cold pack.
- You have a change of color or streaks of color that spread out from the injured area. This may mean you have an infection.
- You have pain directly over the bones of an injured joint.
- You have re-injured an area that has been injured a few times in the past.
- You have a severe sprain. Delayed treatment might lead to ongoing pain and the joint not being stable.

Symptoms
Areas of the body most likely to sprain are ankles, knees and wrists. Sprained ligaments often swell quickly, are painful and might cause bruising. Often, the greater the pain and swelling, the worse the injury is. For most minor sprains, you can start treatment yourself.

Treatment
To treat a sprain, try the R.I.C.E. approach — rest, ice, compression, elevation:

1. **Rest** the injured area. Your healthcare professional may say not to put weight on the injured area for 48 to 72 hours. You may need to use crutches or not use the sprained area. A splint or brace also may be helpful at first.

Even with an injury such as an ankle sprain, you can often exercise other muscles to keep from losing strength. For instance, you can use an exercise bicycle that has movable arm handles. This works your arms and the leg that isn't injured.
You can rest the injured ankle on the footrest. That way, you still can get a good workout while letting the ankle injury heal.

2. **Ice** the area. Use a cold pack, a bath of ice and water, or a compression sleeve filled with cold water to keep swelling down after an injury. Ice the area as soon as you can after the injury.
   Ice the area for 15 to 20 minutes, 4 to 8 times a day, for the first 48 hours or until swelling goes down. Don't use ice for more than 20 minutes at a time. Use a dishcloth or thin towel between the ice and your skin. Putting ice right on the skin or icing for too long can damage tissue.

3. **Compress** the area with an elastic wrap or bandage. Keeping pressure on the area might keep swelling down.

4. **Elevate** the injured area. Keep it raised on a pillow or cushion above your heart whenever possible. This helps keep swelling down.

Sprains can take days to months to heal. As the pain and swelling improve, gently begin using the injured area. It should get better over time. Pain relievers available without a prescription, such as ibuprofen (Advil, Motrin IB, others) and acetaminophen (Tylenol, others), might help ease pain.

Prevention
You must restore strength and stability to the injured area before you go back to sports or fitness activities. A physical therapist or other sports medicine professional can show you exercises to help you heal and help keep you from injuring the area again.

When to call your doctor
The causes of sprains also can result in broken bones and other serious injuries. See your healthcare professional if your sprain doesn't get better after two or three days.

VIDEO: Practical First Aid #18 - Sprains and Strains
Source: https://www.mayoclinic.org/first-aid/first-aid-sprain/basics/art-20056622

6. Poisons

Carbon Monoxide Poisoning

Overview
Carbon monoxide is a gas that you can't smell, taste, or see. It is produced from burning fuels including natural gas, coal, kerosene, wood, propane, and oil, and is present in engine exhaust. When this gas is present in large amounts, especially in confined spaces, carbon monoxide replaces the oxygen in your red blood cells, which leads to carbon monoxide poisoning. Carbon monoxide poisoning can cause serious bodily harm or even death.

Carbon monoxide levels
A carbon monoxide (CO) blood test shows how much of the gas is found in your blood. The test measures carboxyhemoglobin, which is produced when your blood mixes with carbon monoxide. Interpreting your test results depends on your gender, age, medical history, and other factors. Your doctor will be able to explain them to you.

Normal ranges (the percentage of CO in your blood):

- Newborns: 10%-12%
- Nonsmoking adults: less than 2%
- Smoking adults: 4%-5%
- Heavy smoking adults (more than two packs per day): 6%-8%

Higher levels can mean carbon monoxide illness or poisoning.

Carbon Monoxide Poisoning Causes
In well-ventilated spaces, carbon monoxide isn't usually a cause for concern. When CO is present in large amounts in relatively airtight spaces, it can accumulate and become dangerous to you quickly.

Carbon monoxide poisoning
Indoor garages can be particularly dangerous. Don't leave your car running in the garage, even if the garage door is fully open.

Other potential sources of dangerous carbon monoxide emissions include:

- Faulty gas stoves and appliances such as clothes dryers, space heaters, or fireplaces
- Wood-burning fireplaces
- Faulty water heaters
- Old or faulty furnaces that burn gas, oil, coal, or wood
- Clogged chimneys

- Outdoor fuel-burning or gas-powered appliances used indoors
- Fire

How long does carbon monoxide poisoning take?

It can take up to 2 hours to show symptoms of carbon monoxide poisoning at low exposure levels. At higher levels, the process can take about 5 minutes.

Carbon Monoxide Poisoning Symptoms

If you inhale too much carbon monoxide, it builds up in your bloodstream, where it takes the place of the oxygen that belongs there. When your heart, brain, or other vital organs are deprived of that oxygen, you're in trouble.

If the dangerous gas is getting into your system, you might:

- Feel short of breath
- Get dizzy
- Become nauseous
- Get a headache
- Feel confused

Carbon monoxide is especially dangerous for infants, those who are pregnant, and people with ailments such as emphysema (which damages the air sacs in your lungs), asthma, or heart disease. Smaller amounts of the fumes can hurt them.

What to Do If You Think Someone Has Carbon Monoxide Poisoning

1. **Get the person to fresh air**
    - Move the person away from the area exposed to carbon monoxide.
    - If the person is unconscious, check for injuries before moving.
    - Turn off the source of carbon monoxide if you can do so safely.
2. **Call 911**
3. **Begin cardiopulmonary resuscitation (CPR), if necessary**

    If the person is unresponsive, breathing abnormally, or not breathing:
    - Perform CPR for 1 minute before calling 911 if you are alone. Otherwise, have someone else call and begin CPR.
    - For a child, start CPR for children.
    - Continue CPR until the person begins breathing or emergency help arrives.

VIDEO: First Aid Tips : How to Treat Carbon Dioxide Poisoning

Source: https://www.webmd.com/first-aid/carbon-monoxide-poisoning-treatment

Insect Stings

Overview

Most insect bites and stings are mild and can be treated at home. They might cause itching, swelling and stinging that go away in a day or two. Some bites or stings can transmit disease-causing bacteria, viruses or parasites. Stings from bees, yellow jackets, wasps, hornets and fire ants might cause a severe allergic reaction (anaphylaxis).

When to seek emergency help

Call 911 or your local medical emergency number if a child is stung by a scorpion or if anyone is having a serious reaction that suggests anaphylaxis, even if it's just one or two of the following symptoms:

- Trouble breathing.
- Swelling of the lips, face, eyelids or throat.
- Dizziness, fainting or unconsciousness.
- A weak and rapid pulse.
- Hives.
- Nausea, vomiting or diarrhea.

Take these actions immediately while waiting for medical help:

- Ask whether the injured person is carrying an epinephrine autoinjector (Auvi-Q, others). Ask whether you should help inject the medicine. This is usually done by pressing the autoinjector against the thigh and holding it in place for several seconds.
- Loosen tight clothing and cover the person with a blanket.
- Don't offer anything to drink.
- If needed, position the person to prevent choking on vomit

Treatment

To treat a mild reaction to an insect bite or sting:

- Move to a safe area to avoid more bites or stings.
- Remove any stingers.
- Gently wash the area with soap and water.
- Apply to the affected skin a cloth dampened with cold water or filled with ice. Keep it on for 10 to 20 minutes. This helps reduce pain and swelling.
- If the injury is on an arm or leg, raise it.
- Apply to the affected skin calamine lotion, baking soda paste, or 0.5% or 1% hydrocortisone cream. Do this several times a day until your symptoms go away.

- Take an anti-itch medicine by mouth to reduce itching. Options include nonprescription cetirizine, fexofenadine (Allegra Allergy, Children's Allegra Allergy), loratadine (Claritin). These types of medicines are also called antihistamines.
- Take a nonprescription pain reliever as needed.

When to call your doctor
See a healthcare professional if the swelling gets worse, the site shows signs of infection or you don't feel well.

VIDEO: How to Treat an Insect Bite or Sting | First Aid Training
Source: https://www.mayoclinic.org/first-aid/first-aid-insect-bites/basics/art-20056593

Animal Bites

Overview
Animal bites might be caused by pets — such as cats, dogs, hamsters and turtles. Or bites may be from farm animals or wild animals. The type of care needed depends on how deep the bite is and the type of animal that caused it.

You may need medicine to fight infection. Or you may need a tetanus shot or rabies shots. Wild animals that may carry rabies are coyotes, foxes, raccoons, skunks, bats and others. Outdoor pets may carry rabies if they are sick, unvaccinated, stray and living in areas where rabies occur in pets.

Treatment
To care for a minor animal bite or claw wound, such as one that only breaks the skin, take these steps:
- Wash the wound with soap and water.
- Apply an antibiotic cream or ointment and cover the bite with a clean bandage.

When to call your doctor
Seek prompt medical care if:
- The wound is a deep puncture or you're not sure how serious it is.
- The skin is badly torn, crushed or bleeding severely. First apply pressure with a bandage or clean cloth to stop the bleeding.
- You notice increasing swelling, skin color changes, pain or oozing. These are signs of infection.
- You aren’t sure whether the animal that bit you has rabies. Bats often carry rabies and can infect humans without leaving obvious signs of a bite. This is why the Centers for

Disease Control and Prevention recommends that people in contact with bats seek medical advice about rabies shots. This is a good idea even if they don't think they've been bitten.

If you haven't had a tetanus shot in the past five years and the wound is deep or dirty, your healthcare professional may recommend a booster. Get a booster shot within 48 hours of your injury.

If the wound was caused by a cat or a dog, try to confirm that its rabies vaccination is up to date. If it was caused by a wild animal, seek advice from your doctor about which animals are most likely to carry rabies.

VIDEO: How to Treat an Animal Bite | First Aid Training
Source: https://www.mayoclinic.org/first-aid/first-aid-animal-bites/basics/art-20056591

ICONS FOR FAST

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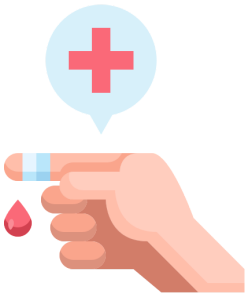
GoogleDrive for pictures: Dino-Bytes

1. **Wound Care**
   - Cuts and scrapes



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   - Burns

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   - Bruises

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- Splinters

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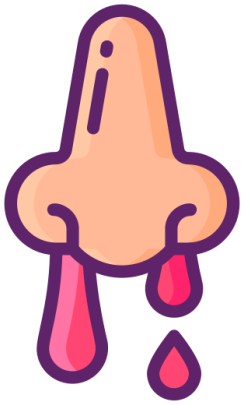
- Nosebleeds



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- Impaled Objects

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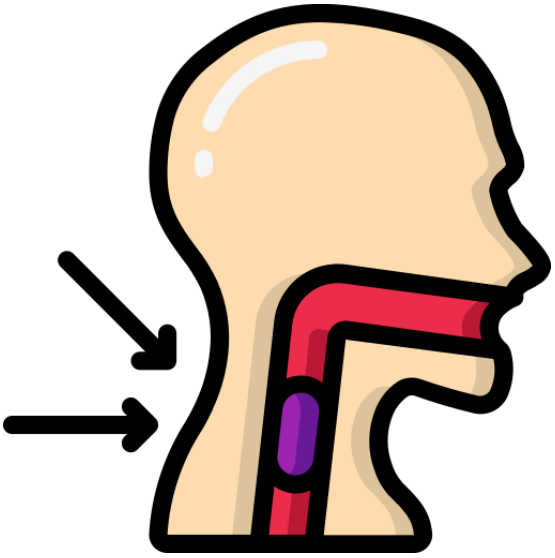
1. **Choking or Breathing Emergencies**
    - Adult or Child



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    - Baby

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- Asthma

- Anaphylaxis

2. **Stroke, Heart attack, CPR**
    - Adult or child

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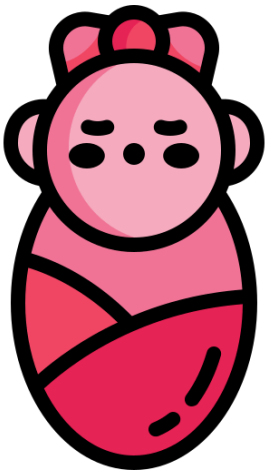
- Baby



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- Pet

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3. **Bone, Muscle and Joint injuries**
    - Fractures

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    - Dislocation

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    - Sprain

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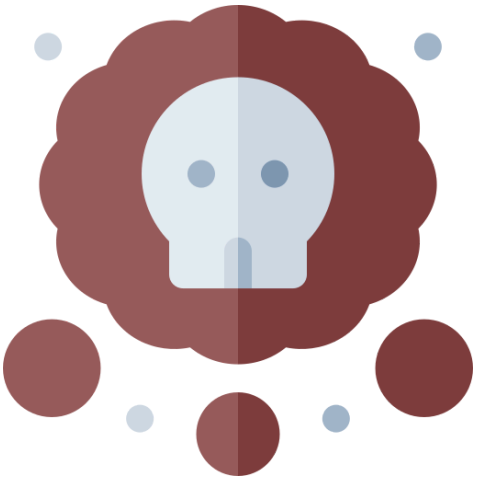
4. **Poisons**
   - Carbon Monoxide Poisoning



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   - Insect stings

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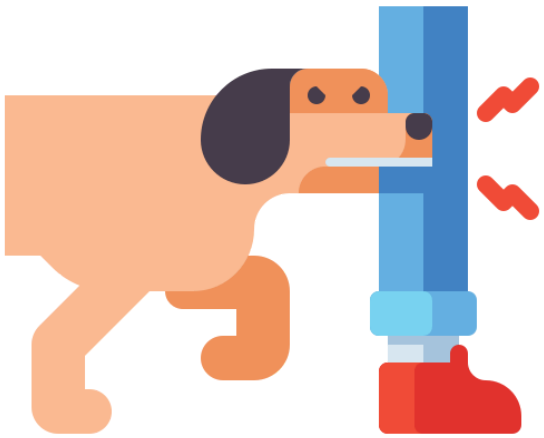
   - Animal bites



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QUIZ questions

Wound Care

Cuts and scrapes

1. **What is the first step in treating a minor cut or scrape?**

A) Apply antibiotic ointment immediately
B) Wash your hands
C) Cover the wound with a bandage
D) Stop the bleeding by pressing the wound with a clean cloth

2. **Which of the following is NOT recommended for cleaning a wound?**

A) Rinse the wound with water
B) Wash around the wound with soap
C) Use hydrogen peroxide or iodine
D) Remove dirt with clean tweezers

3. **What should you use to remove dirt or debris from a wound?**

A) Your fingers
B) A clean cloth
C) Alcohol-cleaned tweezers
D) Soap

4. **When is it necessary to seek medical care for a minor cut or scrape?**

A) If the wound is small and not bleeding
B) If there is increasing pain, redness, or warmth near the wound
C) If the wound is clean and dry
D) If the wound stops bleeding within a few minutes

5. **What is the purpose of applying petroleum jelly or antibiotic ointment to a wound?**

A) To disinfect the wound
B) To keep the wound moist and prevent scarring
C) To stop the bleeding
D) To cover the wound from dirt

True/False Questions:

6. **It is okay to use hydrogen peroxide or iodine to clean a wound because it kills bacteria effectively.**
   FALSE

7. **A minor scrape or scratch does not need to be covered with a bandage.**
   TRUE

8. **If a wound has been exposed to dirt or debris and you can’t remove it all, you should visit a healthcare professional.**
   TRUE

9. **If you have not had a tetanus shot in the past five years and the wound is deep or dirty, you should seek medical care.**
   TRUE

10. **You should change the bandage at least once a day or whenever it becomes wet or dirty.**
    TRUE