

First Aid

Taking First Aid training today can help to save someone's life tomorrow.

This Online First Aid Certification course by FirstAidCprCourse.Com is designed to teach you the basic life saving skills if an accident happens or in the event of some other emergency. If someone chokes while eating or has an allergic reaction from being stung by a bee, it's important to know when to activate emergency response services and call 9-1-1.



It is for life-threatening emergencies. While waiting for help to arrive, you may be able to save someone's life. Cardiopulmonary resuscitation (C.P.R.) is for people whose hearts or breathing has stopped and the Heimlich maneuver is for people who are choking. CPR should only be performed if you have had the training.

You can also learn to handle common injuries and wounds. Cuts and scrapes, for example, should be rinsed with clean, cool water. To stop bleeding, apply firm but gentle pressure, using gauze. If blood soaks through, add more gauze, keeping the first layer in place. Continue to apply pressure.



It is important to have a first aid kit available. Keep one at your home and one in your car. It should include a first-aid guide. Read the guide to learn how to use the items, so you are ready in case an emergency happens.

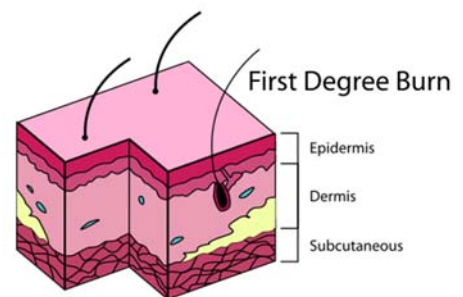
Burns

You can get burned by electricity, heat, fire, radiation, sunlight, or from chemicals. There are 3 degrees of burns to note:



First Degree

First degree burns are red and very painful. They swell and turn the color white when you press on the skin. The skin over the burn may peel off after 1 to 3 days.

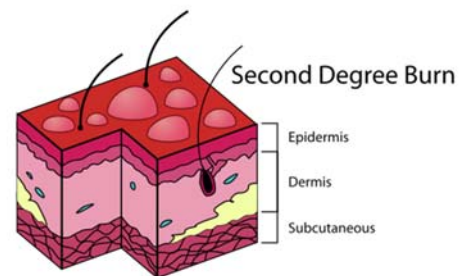


Treatment

Make sure you soak the burn in clean, cool water. Then treat it with a skin care topical product like; Burn B Gone or Aloe Vera cream or even an antibiotic ointment like cortisone cream. To protect the burned area, a sterile and dry gauze bandage should be placed over the burn. Take an over-the-counter pain reliever, such as acetaminophen (e.g. Tylenol), ibuprofen (e.g. Advil or Motrin) or naproxen (e.g. Aleve) to help with pain management.

Second-degree

Second degree burns are thicker and more severe burns than first degree burns, have blisters, and are painful. The skin is very red or splotchy and may swell considerably.



Treatment

Soak the burn in cool water for 15-20 minutes. If the burned area is small, you will want to place cool, clean, and wet cloths on the burn for a few minutes daily. After applying the cloths, be sure to put on an antibiotic cream, or other creams or ointments prescribed by your doctor. Cover the burn with a dry nonstick dressing, like Telfa, held in place with gauze or tape. Check with your doctor's office to make sure you are up-to-date on your tetanus shots.

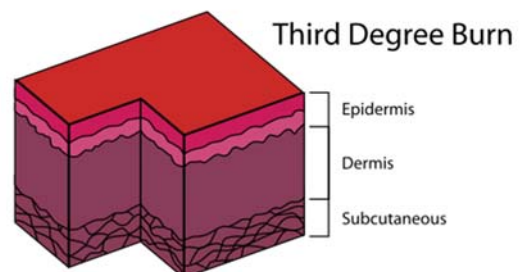


Change the dressing daily. First, wash your hands thoroughly with soap and water. Then, gently wash the burn and put antibiotic ointment on it. If the burn area is small, a dressing may not be needed during the day. Check the burn daily for signs of infection, including, increased pain, redness, swelling or pus. If you see these signs, consult your doctor right away. To prevent infection, be sure and avoid breaking any blisters that form on the affected area.

Burned skin begins to itch as it heals. Keep your fingernails short and don't scratch the burned skin as the burned area will be sensitive to sunlight for up to one year.

Third-degree

Third degree burns cause damage to all of the layers of the skin. Extreme cases that include third degree burned skin look white or charred. These burns may



cause little or no pain because the nerves in the skin have become damaged.

Treatment

For third-degree burns, go to the hospital right away. Don't take off any clothing that is stuck to the burn. Don't soak the burn in water or apply any ointment. You can cover the burn with a sterile bandage or clean cloth until you receive medical assistance.

Bruises

Also known as or called; a contusion, ecchymosis, or hematoma.

A bruise is a mark on your skin caused by blood trapped under the surface. It happens when an injury crushes small blood vessels but does not break the skin. Those vessels break open and leak blood under the skin.



Bruises are often painful and swollen. You can get skin, muscle, and bone bruises. Bone bruises are the most serious.

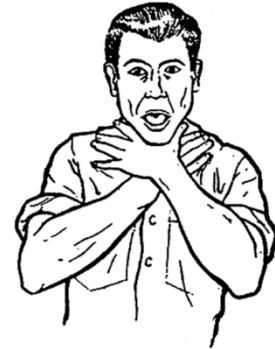
It can take months for a bruise to fade, but most last about two weeks. They start off a reddish color, and then turn bluish-purple and greenish-yellow before returning to normal. To reduce bruising, ice the injured area and elevate it above your heart. See your healthcare provider if you seem to bruise for no reason, or if the bruise appears to be infected.

Choking

Food or small objects can cause choking if they get caught in your throat and block your airway. This keeps oxygen from getting to your lungs and brain. If your brain goes without oxygen for more than four minutes, you could have brain damage or die.

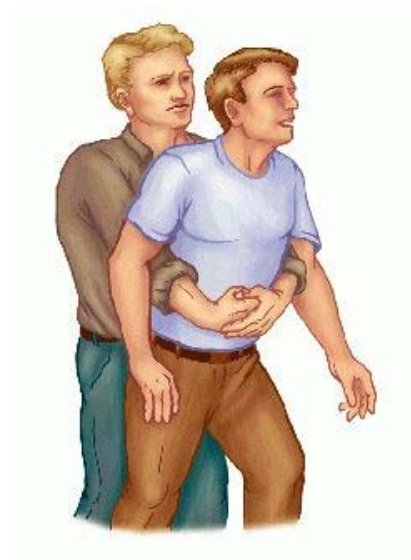
Young children are at an especially high risk of choking. They can choke on foods like hot dogs, nuts, grapes, and on small objects like toy pieces and coins. Keep hazards out of their reach and supervise them when they eat.

Universal Choking Sign



To perform the Heimlich maneuver

Stand behind the choking victim. Form a fist with one hand and place your fist, thumb side in, just below the person's rib cage in the front. Grab your fist with your other hand. While keeping your arms off the person's rib cage, give four quick inward and upward thrusts. You may have to repeat this several times until the obstructing object is coughed out.



Heimlich maneuver on an unconscious person

If the person is lying down or unconscious, straddle him or her and place the heel of your hand just above the waistline. Place your other hand on top of this hand. While keeping your

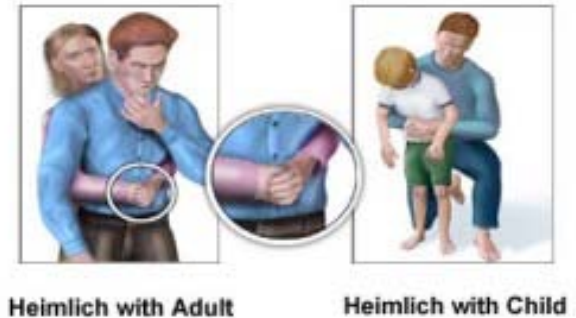
Each abdominal thrust attempts to clear the victim's airway of the foreign object by forcing air out through the windpipe.



elbows straight, give four quick upward thrusts. You may have to repeat this procedure several times until the obstructing object is coughed out.

Heimlich maneuver on a child

Stand behind the child. With your arms around his or her waist, form a fist with one hand and place it, thumb side in, between the ribs and waistline. Grab your fist with your other hand. While keeping your arms off the child's rib cage, give four quick inward and upward thrusts. You may have to repeat this several times until the obstructing object is coughed out.



Heimlich maneuver on an infant

Place the infant face down across your forearm (resting your forearm on your leg) and support the infant's head with your hand. Give four forceful blows to the back with the heel of your hand. You may have to repeat this several times until the obstructing object is coughed out. If

this does not work, turn the baby over. With two fingers one finger width below an imaginary line connecting the nipples, give four forceful thrusts to the chest to a depth of 1 inch. You may have to repeat this several times until the obstructing object is coughed out.

If you're the only rescuer, **perform the Heimlich maneuver before**

calling 911 for help. If another person is available, have that person call for help while you perform the Heimlich maneuver.

Cuts and Scrapes

Stop the bleeding

Minor cuts and scrapes usually stop bleeding on their own but if they don't, apply gentle pressure with a clean cloth or bandage. Hold the pressure continuously for 20 to 30 minutes. Don't keep checking to see if the bleeding has stopped because this may damage or dislodge the fresh clot that's forming and cause bleeding to resume. If the blood spurts or continues to flow after continuous pressure, seek medical assistance.



Clean the wound

Rinse out the wound with clean water. Soap can irritate the wound, so try to keep it out of the actual wound. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the



particles. If debris remains embedded in the wound after cleaning, see your doctor. Thorough wound cleaning reduces the risk of tetanus. To clean the area around the wound, use soap and a washcloth. There's no need to use hydrogen peroxide, iodine or an iodine-containing cleanser. These substances irritate living cells. If you choose to use them, don't apply them directly on the wound.

Apply an antibiotic

After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin or Polysporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and allow your body's healing process to close the wound more efficiently. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.



Cover the wound

Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, exposure to the air will speed wound-healing.



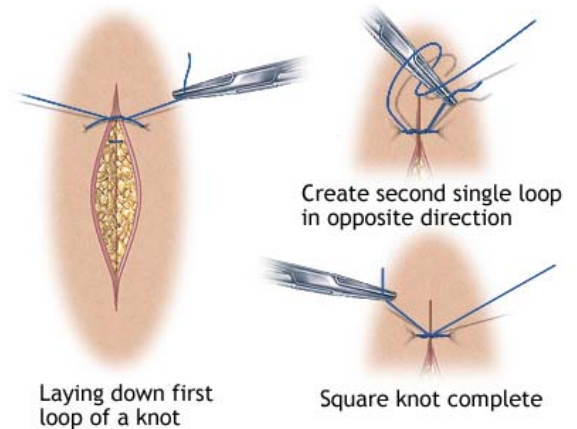
Change the dressing

Change the dressing at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, gauze roll or a loosely applied elastic bandage. These supplies generally are available at pharmacies.



Get stitches for deep wounds

A wound that cuts deeply through the skin or is gaping or jagged-edged and has fat or muscle protruding usually requires stitches. A strip or two of surgical tape may hold a minor cut together, but if you can't easily close the mouth of the wound, see your doctor as soon as possible. Proper closure within a few hours minimizes the risk of infection.



Watch for signs of infection

See your doctor if the wound isn't healing or you notice any redness, drainage, warmth or swelling.

Get a tetanus shot

Doctors recommend you get a tetanus shot every 10 years. If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster. Get the booster within 48 hours of the injury.



Electrocution

The danger from an electrical shock depends on how high the voltage is, how the current



traveled through the body, the person's overall health, and how quickly the person is treated. **Call 911 immediately** if any of these signs or symptoms occurs:

- Cardiac arrest
- Heart rhythm problems (arrhythmias)
- Respiratory failure
- Muscle pain and contractions
- Seizures
- Numbness and tingling
- Unconsciousness

While waiting for medical help, follow these steps:

1. **Look first. Don't touch.** The person may still be in contact with the electrical source. Touching the person may pass the current through you.
2. **Turn off the source of electricity if possible.** If not, move the source away from you and the affected person, using a non-conducting object made of cardboard, plastic or wood.
3. **Check for signs of breathing, coughing, movement or circulation**
If absent, begin cardiopulmonary resuscitation (CPR) immediately.

Prevent shock. Lay the person down and, if possible, position the head slightly lower than the trunk, with the legs elevated.

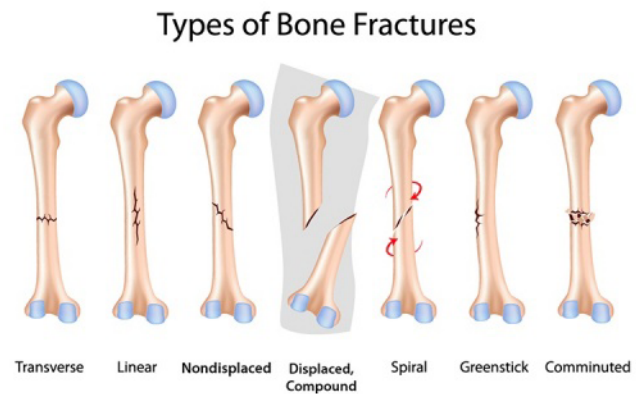
- Place the victim in shock position
- Keep the person warm and comfortable
- Turn the victim's head to one side if neck injury is not suspected



Fracture

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of a major trauma or injury, call 911 or your local emergency number. Also call for emergency help if:

- The person is unresponsive, isn't breathing or isn't moving. Begin cardiopulmonary resuscitation (CPR) if there's no respiration or heartbeat.
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has pierced the skin.
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- You suspect a bone is broken in the neck, head or back.
- You suspect a bone is broken in the hip, pelvis or upper leg (for example, the leg and foot turn outward abnormally, compared with the uninjured leg).



Symptoms of a fracture are

- Out-of-place or misshapen limb or joint
- Swelling, bruising or bleeding
- Intense pain
- Numbness and tingling
- Limited mobility or inability to move a limb

Take these actions immediately while waiting for medical help to arrive on the scene

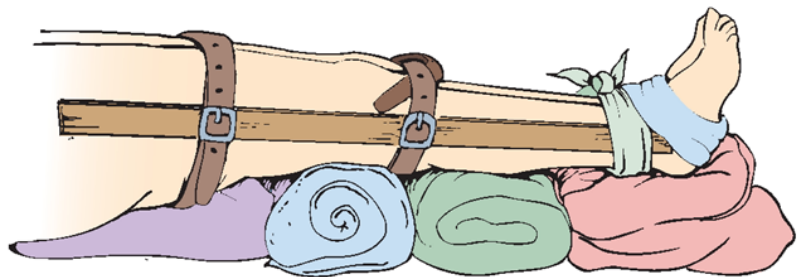
Stop any bleeding

Apply pressure to the wound with a sterile bandage, a clean cloth, or a clean piece of fabric or clothing.



Immobilize the injured area

Don't try to realign the bone.



Apply ice packs to limit swelling and help relieve pain until emergency personnel arrive

Don't apply ice directly to the skin — wrap the ice in a towel, 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 and, if possible, elevate the legs.



Remember ICE: **"I"** is for ice - if possible apply an ice pack or ice cubes to the injured area. This will keep down the swelling and reduce pain. **"C"** is for compression - if the wound is bleeding, apply direct pressure with a clean cloth to reduce blood flow. **"E"** is for elevation - try to keep the injured area as high above heart level as possible. This will reduce blood flow to the injury and minimize swelling.

Head Injury

Every year, millions of people in the U.S. sustain head and brain injuries. Some are minor because the skull is quite good at protecting the brain. More than half are bad enough that people must go to the hospital. Serious head injuries can lead to permanent brain damage or can result in death.



Symptoms of minor head injuries usually go away without treatment. Serious head injuries need emergency treatment.

Dial 911 or call for emergency medical assistance if any of the following signs are apparent:

- A headache that gets worse
or does not go away
- Repeated vomiting or nausea
- Convulsions or seizures
- An inability to awaken from
sleep
- Dilation of one or both pupils
of the eyes
- Slurred speech



Weakness or numbness in the arms or legs
Loss of coordination
Increased confusion, restlessness or agitation

Stop any bleeding.

Apply firm pressure to the wound with sterile gauze or a clean cloth. Don't apply direct pressure to the wound if you suspect a skull fracture.

Watch for changes in breathing and alertness. If the person shows no signs of circulation such as breathing, coughing or movement, begin CPR.

If severe head trauma occurs:

Keep the person still. Until medical help arrives, keep the person who sustained the injury lying down and quiet in a darkened room, with the head and shoulders slightly elevated. Don't move the person unless necessary and avoid moving the person's neck.

Nosebleed

Nosebleeds are common. Most often they are a nuisance and not a true medical problem. But they can be both. Why do they start, and how can they be stopped?

Among children and young adults, nosebleeds usually originate from the septum, just inside the nose. The septum separates your nasal chambers.



In middle aged and older adults, nosebleeds can begin from the septum, but they may also begin deeper in the nose's interior. This latter form of nosebleed is much less common. It may be caused by hardened arteries or high blood pressure. These nosebleeds begin spontaneously and are often difficult to stop. They require a specialist's help.

To take care of a nosebleed:

Sit upright. By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding.

Pinch your nose

Use your thumb and index finger and breathe through your mouth. Continue the pinch for five to ten minutes. This maneuver sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.

After bleeding has stopped

Be sure not to pick or blow your nose and don't bend down until several hours after the bleeding episode has passed. You are going to want to make sure you position your head higher than your heart.

If re-bleeding occurs

Sniff in forcefully to clear your nose of blood clots, spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (e.g. Afrin or Dristan). Pinch your nose again in the technique described above and call your doctor.

Seek medical care immediately if:

- The bleeding continues for greater than 20 minutes
- The nosebleed follows an accident, a fall or an injury to your

head, including a blow in the face that may have broken your nose

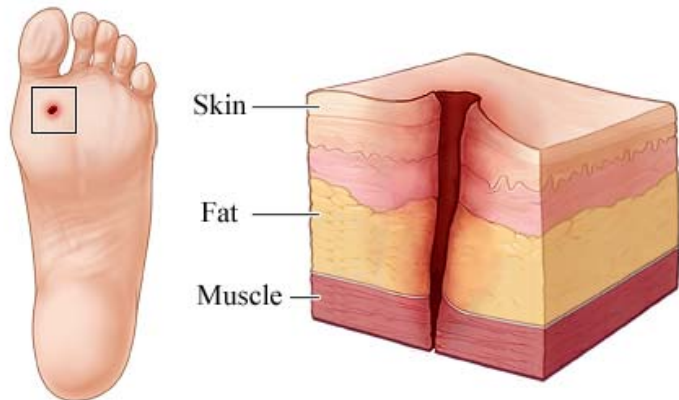
Puncture Wounds

A puncture wound that results from stepping on a nail, a piece of glass, stick, or being stuck with a tack can be dangerous because of the risk of infection.

The object that caused the damage or wound may carry bacteria or spores of

tetanus, especially if the object had been exposed to soil.

Puncture wounds resulting from human or animal bites, including dogs and cats may be especially prone to infection or diseases like rabies. Note that puncture wounds on the foot are more vulnerable to infection than other parts of the body.



If the bite was deep enough to draw blood and the bleeding persists, seek medical attention. Otherwise, follow these steps:

- **Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. If bleeding persists, if the blood spurts or continues to flow after several minutes of pressure, seek emergency assistance.
- **Clean the wound.** Rinse the wound well with clean water. Tweezers cleaned with alcohol may be used to remove small, superficial particles. If larger debris still remains more deeply embedded in the wound, see your doctor. Thorough wound cleaning reduces the risk of tetanus. To clean the

area around the wound, use soap and a clean washcloth.

- **Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment to help keep the surface moist. These products don't make the wound heal faster, but they can discourage infection and allow your body to close the wound more efficiently. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.
- **Cover the wound.** Exposure to air speeds healing, but bandages can help keep the wound clean and keep harmful bacteria out.
- **Change the dressing regularly.** Do so at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze and hypoallergenic paper tape, which doesn't cause allergic reactions. These supplies are generally available at pharmacies.
- **Watch for signs of infection.** See your doctor if the wound doesn't heal or if you notice any redness, drainage, warmth or swelling.

If the puncture is deep, is in your foot, is contaminated or is the result of an animal or human bite, see your doctor.

Bite Wounds

4. **For minor wounds.** If the bite barely breaks the skin and there is no danger of rabies, treat it as a minor wound. Wash the wound thoroughly with soap and water. Apply an antibiotic cream to prevent infection



- and cover the bite with a clean bandage.
5. **For deep wounds.** If the animal bite creates a deep puncture of the skin or the skin is badly torn and bleeding, apply pressure with a clean, dry cloth to stop the bleeding and see your doctor.
 6. **For infection.** If you notice signs of infection such as swelling, redness, increased pain or oozing, see your doctor immediately.
 7. **For suspected rabies.** If you suspect the bite was caused by an animal that might carry rabies — any bite from a wild or domestic animal of unknown immunization status — see your doctor immediately.

Domestic pets cause most animal bites. Dogs are more likely to bite than cats. Cat bites, however, are more likely to cause infection. Bites from non-immunized domestic animals and wild animals carry the risk of rabies. Rabies is more common in raccoons, skunks, bats, and foxes than in cats and dogs. Rabbits, squirrels, and other rodents rarely carry rabies. If an animal bites you or your child, you must thoroughly clean the wound by washing with soap and tap water as soon as possible. A light scrubbing should occur during the wash. Then put a clean and dry bandage over the area. This treatment should not replace proper evaluation by a doctor.

