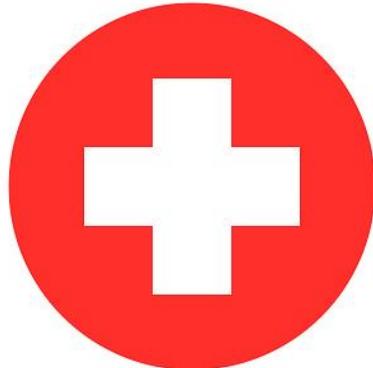


Introduction to First Aid Emergency



INFOGRAPHIC



Introduction

- First aid is the first assistance or treatment given to a casualty or a sick person for any injury or sudden illness before the arrival of an ambulance, the arrival of a qualified paramedical or medical person or before arriving at a facility that can provide professional medical care.



MEANING OF FIRST AID



Introduction to First Aid

- **What is First Aid**

- *The first person on the scene to render help where accidents or illness have occurred*

- **Aim in First Aid**

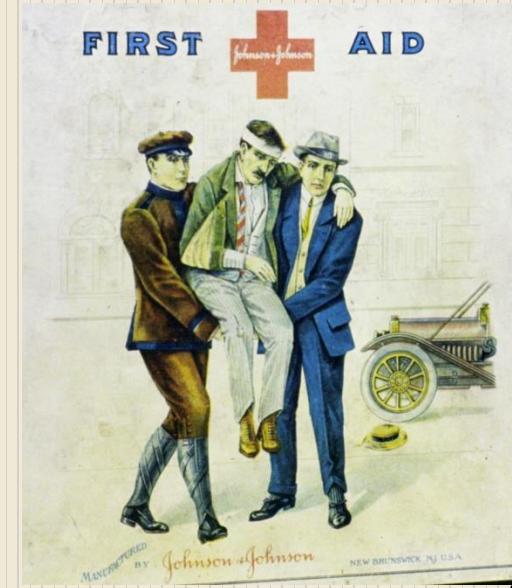
- Sustain life
- Prevent the condition from becoming worse
- Promote recovery



AIMS OF FIRST AID

The aims of first aid are:

- to preserve life,
- to prevent the worsening of one's medical condition,
- to promote recovery, and
- to help to ensure safe transportation to the nearest healthcare facility.



History of First Aid

- A battle in northern Italy brought an idea of First Aid.
- On 24 June 1859, Henry Dunant, a young Geneva businessman, witnessed suffering people following the battle of Solferino.
- He mobilized the civilian population, mainly women and girls, to care for the wounded irrespective of their role in the conflict.



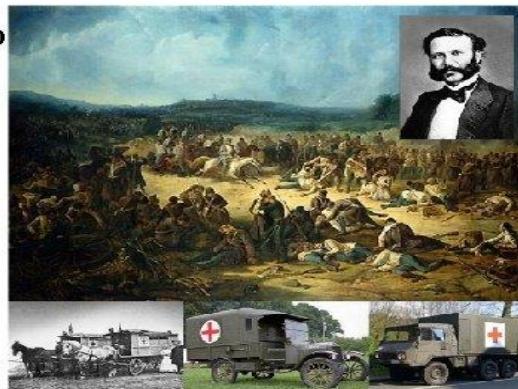
History

- The first recorded history of first aid was in 11th century.
- First aid were provided by religious knights
- Treat common battlefield injuries



First aid history

- The battle of Solferino
- Henry Dunant
- The civilian population took care of the wounded people.
- Serbian army has shown an unseen humanity.



OBJECTIVE OF FIRST AID

Objectives of First Aid :

- Ensure of respiration
- Ensure of circulation
- Stop the bleeding
- Deal of shock
- Determined fractures
- Other operations
- Dispatch

GOLDEN RULES FOR FIRST AID

Golden rule's of first aid.

- Do first things first **quickly, quietly** and without fuss or panic.
- Give **artificial respiration** if breathing has stopped-every second counts.
- Stop any **bleeding**.
- **Guard** against or treat for shock by moving the casualty as little as possible and handling him **gently**.
- Do not attempt **too much-do** the minimum that is essential to save life and prevent the condition from worsening.
- **Reassure** the casualty and those around and so help to lessen anxiety.
- Do not allow people to **crowd** round as **fresh air** is essential.
- Do not **remove clothes** unnecessarily.
- **Arrange** for the removal of the casualty to the care of a **Doctor** or hospitals soon as possible

THE FIRST AIDER

- A first aider is the term describing any person who has received a certificate from an authorised training body indicating that he or she is qualified to render first aid.



CHARATERISTIC

First Aid

Characteristics of A Good First Aider

1. Gentle - should not cause pain.
2. Resourceful - should make the best use of things at hand.
3. Observant - should notice all signs.
4. Tactful - should not alarm the victim
5. Emphatic - should be comforting.
6. Respectable - should maintain a professional & caring attitude

Certified by

- First aid certifications issued by St. John Ambulance Association and the Indian Red Cross Society are awarded to candidates who have attended a course of theoretical and practical work and who have passed a professionally supervised examination.



FIRST AID AND THE LAW

- **INDIAN GOOD SAMARITAN PROTECTION GUIDELINES** -A Good Samaritan in legal terms refers to “someone who renders aid in an emergency to an injured person on a voluntary basis”.
- **DUTY OF GIVING CARE**- In relation to the “duty of giving care”, there is currently (2015) no legal obligation for first aiders to provide first aid in a general public context, not unless it's part of a job description. First aid officers in workplaces and school teachers have a duty of care.

CONTINUED

- CONSENT OF THE PERSON IN NEED
- PRIVACY- In any first aid situation, the first aider must take steps to assist the person to maintain personal privacy.
- NEGLIGENCE- If a volunteer comes to the aid of an injured or sick person who is a stranger, the person giving the aid owes the stranger a duty of being reasonably careful.



DEALING WITH AN EMERGENCY

- Emergency situations vary greatly but there are four main steps that always apply:
 - 1. Make the area safe.
 - 2. Evaluate the injured person's condition.
 - 3. Seek help.
 - 4. Give first aid.



TOLL FREE NUMBER FOR FIRST AID

- 102- AMBULANCE
- 108- AMBULANCE
- Kisan Call Center-1551
- Earth Quake Help Line Service1092
- All in One Emergency Number112
- Disaster Management108
- Road Accident1073
- Train Accident1072
- Domestic Abuse and Sexual Violence-Women's Helpline181

CONTINUED

- Air Accident 1071
- Child Abuse Hotline 1098
- Police 100
- Fire 101
- Ambulance 102
- Traffic Police 103
- Hospital On Wheels 104
- Emergency Relief Center on National Highways 1033
- This number is **an integration of Police, Fire and women helpline numbers**-112

Four main steps in first aid



Make the area safe



Evaluate the person's condition



"Are you okay?"

Is the person conscious?

YES

NO → Look, listen, Feel



Is the person breathing?

YES

NO



Seek help



Give First aid



Give First aid



Give First aid



RESPONDING TO AN EMERGENCY

RESPONDING TO AN EMERGENCY

1. CHECK

- Check the scene
 - Spilled chemicals
 - Traffic
 - Fire
 - Escaping steam
 - Downed power lines
 - Smoke
- Check the victim
 - Determine number of victims
 - Only move victim if immediate danger is evident



2. CALL

- Call local emergency number or 9-1-1



3. CARE

- Care for the victim
- Always care for life threatening emergencies first.
 - Unconscious
 - Not breathing or having trouble breathing
 - Shows no signs of circulation (coughing or moving)
 - Bleeding severely



TYPE OF EMERGENCIES

TYPES OF EMERGENCIES

- **SUDDEN ILLNESS**- A PHYSICAL CONDITION REQUIRING IMMEDIATE MEDICAL ATTENTION
 - HEART ATTACK OR A SEVERE ALLERGIC REACTION
- **INJURY**- DAMAGE THAT OCCURS WHEN THE BODY IS SUBJECTED TO AN EXTERNAL FORCE, SUCH AS A BLOW, A FALL, A COLLISION, AN ELECTRICAL CURRENT OR TEMPERATURE EXTREMES
- **LIFE-THREATENING**- AN ILLNESS OR INJURY THAT IMPAIRS A VICTIM'S ABILITY TO CIRCULATE OXYGENATED BLOOD TO ALL PARTS OF THE BODY
- **NON-LIFE-THREATENING**- A SITUATION THAT DOES NOT HAVE AN IMMEDIATE IMPACT ON A VICTIM'S ABILITY TO CIRCULATE OXYGENATED BLOOD BUT STILL REQUIRES MEDICAL ATTENTION

LIST OF FIRST AID EMERGENCIES ARE

Types of First Aid Emergencies You Need to Prepare for

- Shock
- Airway and Breathing Emergencies
 - Asthma
 - Allergic reactions
 - Choking
- Cardiovascular emergencies and CPR
 - Stroke
 - CPR
 - Heart Attacks
 - Angina
- Wounds and Bleeding
 - Chest injuries
 - Head injuries
 - Eye injuries
 - Burns
 - Bites and Stings
- Bone and Joint Injuries
 - Head/spinal/pelvic injuries
 - Sprains
 - Strains
 - Fractures
- Dislocations
- Diabetes
- Seizures
- Cold and Heat Injuries
- Poisoning
- Emergency childbirth and miscarriage
- More...



ROLE AND RESPONSIBILITIES

Introduction to First Aid

• *Role of First Aider*

- Assess situation and ensure safety for first aider and casualty.
- To find out what is wrong with the casualty
- To render early and appropriate treatment
- To arrange for removal to clinic, hospital or home.
- To remain with the casualty as long as is necessary.
- To report observations to health care personnel on their arrival.
- To prevent cross infection between first aider and casualty.



Responsibilities



Preserve life and provide initial emergency care

Provide treatment to sick or injured people

Protect the unconscious

Prevent the victim's condition from worsening

Promote the recovery of the sufferer.



BLEEDING



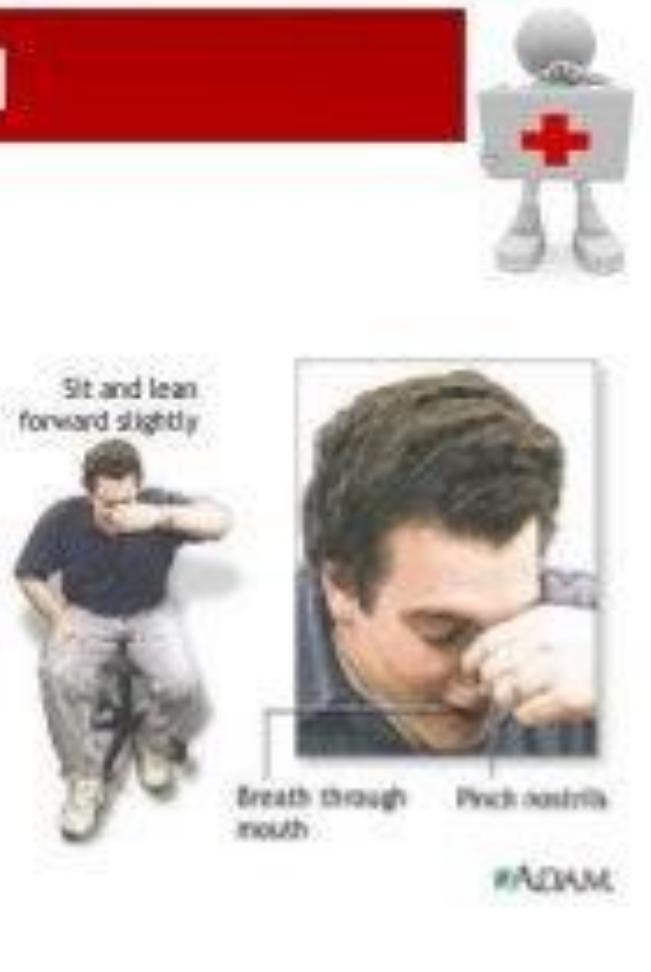
Tilt Forward



EPITAXIS /NOSE BLEEDING

First Aid

- Sit down and lean forward slightly.
- Pinch the lower part of the nostrils just below the bony part of the nose for 10minutes while breathing through the mouth.
- Release nostrils slowly, repeat procedure if bleeding continue.
- Do not touch or blow the nose for about 24hrs. Do not pack the affected nostrils with cotton.
- Bring patient to hospital if necessary.



NOSE BLEEDING



FIRST AID FOR NOSE BLEED

- 1 Help the person to sit straight or lean forward slightly.
- 2 Firmly, pinch the nose with index & thumb finger.
- 3 Ask them to breathe through their mouth.
- 4 Encourage them not to speak, swallow, or cough.
- 5 Place a cloth on person's forehead & around the neck.
- 6 For medical help call Blood For Sure 080 67335555.



download app on playstore

www.bloodforsure.com

MEANING OF WOUND

Wounds

- Break in the continuity of a tissue either external or internal.

CLASSIFICATION

- Closed (internal)
- Open (external)
- Explosion

Signs & Symptoms

- Pain
- Swelling
- Discoloration
- Hematoma
- Uncontrolled restlessness
- Thirst
- Shock
- Vomiting



TYPE OF WOUND

Closed Wound

The types of closed wounds are:

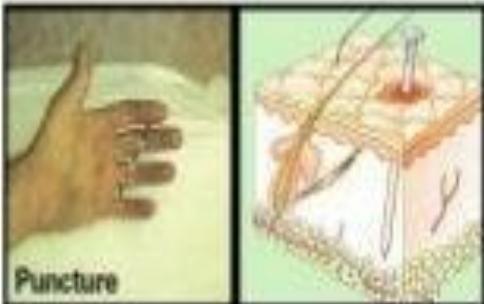
- **Contusions**, more commonly known as bruises, caused by a blunt force trauma that damages tissue under the skin.
- **Strained Muscles**- Over-stretching of muscles that have not been sufficiently warmed-up (could be called "cold" muscles).
- **Sprained Ligament**- Sudden force causing joint to move beyond its natural range of movement e.g. to break one's fall at speed during an activity such as ice-skating.



CONTINUED

Open Wound

- Incised wounds, or cuts in body tissues are commonly caused by knives, metal edges, broken glass, or other sharp objects commonly cause incised wounds, or cuts, in-body tissues.
- Puncture wounds are caused by a sharp object that penetrates the skin.

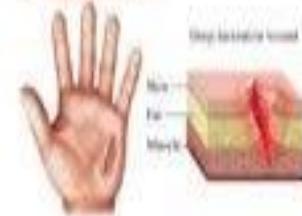


Open Wound

- Abrasions (grazes), superficial wounds in which the topmost layer of the skin (the epidermis) is scraped off.



- Lacerations are jagged, irregular, or blunt breaks or tears in the soft tissues.



- Avulsion is forcible separation or tearing of tissue from the victim's body.



WOUND

WOUNDS FIRST AID



Stop the bleeding



Rinse the wound



Apply an antibiotic



Cover with a bandage



Change it every day

WHEN TO VISIT A DOCTOR



It continues to bleed



Shows signs of infection



Has dirt in the wound



Seems large or deep



It's a bite

SOFT TISSUE INJURY



MEANING OF FRACTURE

Fracture



- a medical condition in which there is a break in the continuity of the bone. A bone fracture can be the result of high force impact or stress, or trivial injury as a result of certain medical conditions that weaken the bones



FRACTURE



First Aid for BROKEN BONE

1 Control the bleeding by keeping sterile, clothes/ cotton pad with a firm pressure.



2 Don't try to move the person only if necessary to avoid further injury.

4 A Splint helps to immobilize the bone before professional medical attention can take over.



3 Apply ice packs to limit swelling. Never apply ice directly to the fracture. Wrap in a towel before applying.



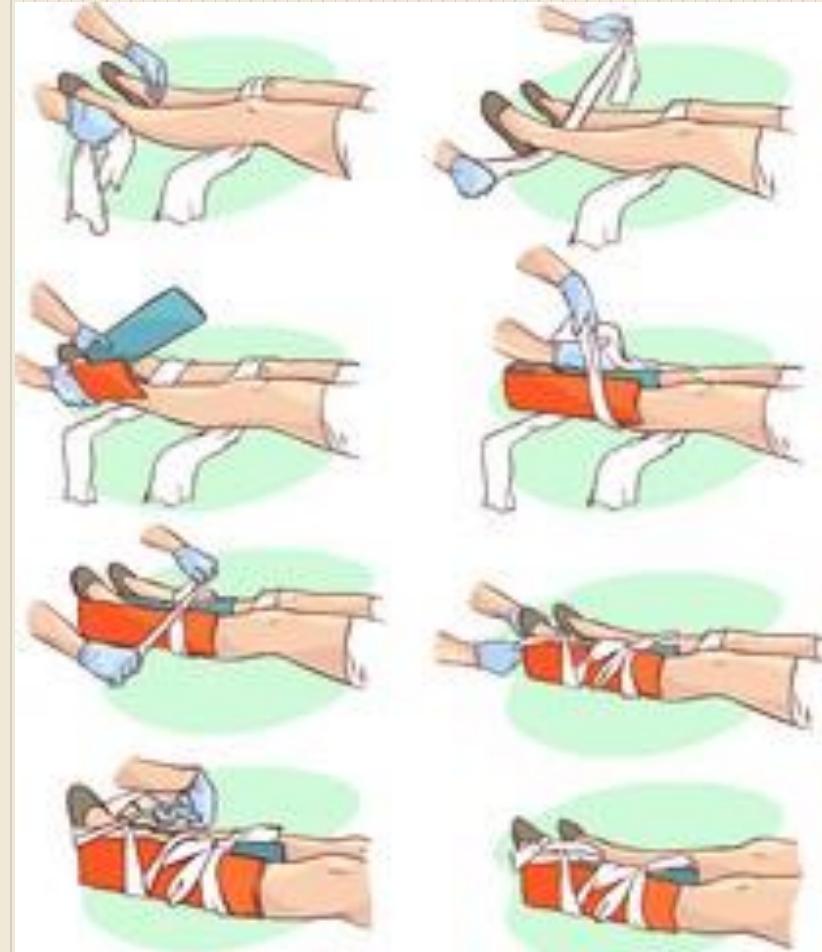
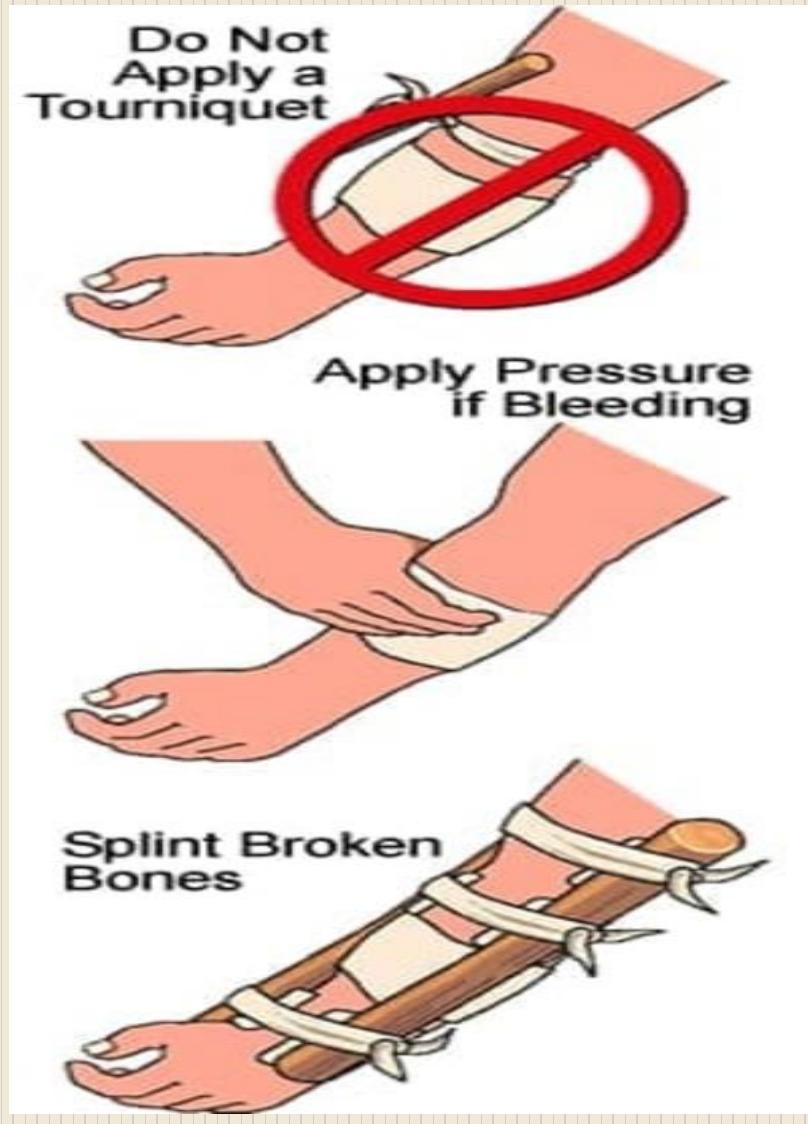
5 A Sling can help to stabilize an arm that is broken.



6 If the fracture is severe, call Blood For Sure Ambulance 080 67335555 for medical help.

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COTINUED



STING BITE

BEE STING FIRST AID



REMOVE STINGER



APPLY ICE



WASH STING
SITE WITH SOAP



APPLY ANTIBIOTIC
OINTMENT



WHAT TO DO AFTER A BEE STING
3 SIMPLE STEPS

1

REMOVE THE STINGER



2

APPLY A COOL COMPRESS



3

ELEVATE THE AREA



BEE STING PREVENTION TIPS

FAINTING

Conditions Requiring First Aid

FAINTING

- caused by a sudden fall in the supply of blood to their brain that results in the temporary loss of consciousness.



Signs & Symptoms

- Sweating
- Dizziness
- Nausea
- Weakness
- Paleness
- Ringing in the ears
- Blurred vision



FIRST AID IN BURN



FIRST AID TIPS FOR BURN

F
I
R
S
T
A
I
D

- 1 Cool the burn under running water for atleast 10 minutes.
- 2 Protect the burn, with sterile, non-adhesive bandage.
- 3 Donot apply butter or ointments, which can cause infection.
- 4 Don't break blisters. If it breaks, gently clean the area.
- 5 Take an counter pain reliever.
- 6 If it is a serious burn, call Blood For Sure Helpline 080 67335555.



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1. Stop  Stop, drop to the ground, roll to put the fire out.
2. Remove  Remove all heat sources including clothes, nappies and jewellery.
3. Cool  Place burn under running cool tap water for 20 minutes. Do NOT use ice.
4. Cover  Use cling film to cover and protect the burn.

BURN AND SCALDS

How to Treat 1st & 2nd Degree Burns

COOL

- 1) Hold/immerse skin under cool, clean water. Soaking water in benzene or oil can cause more pain/skin damage. Use compression if immersing water isn't available.

- 2) Don't break blisters or apply lotions, ointments or ice, which can cause infection.



PROTECT

- Cover bodily with cloths, blankets, bandages and secure in place with gauze or tape.

CARE

- 1) Give over-the-counter pain reliever such as ibuprofen, acetaminophen, or naproxen.

- 2) Unless the person has a head, neck, or leg injury, or would cause disorientation:

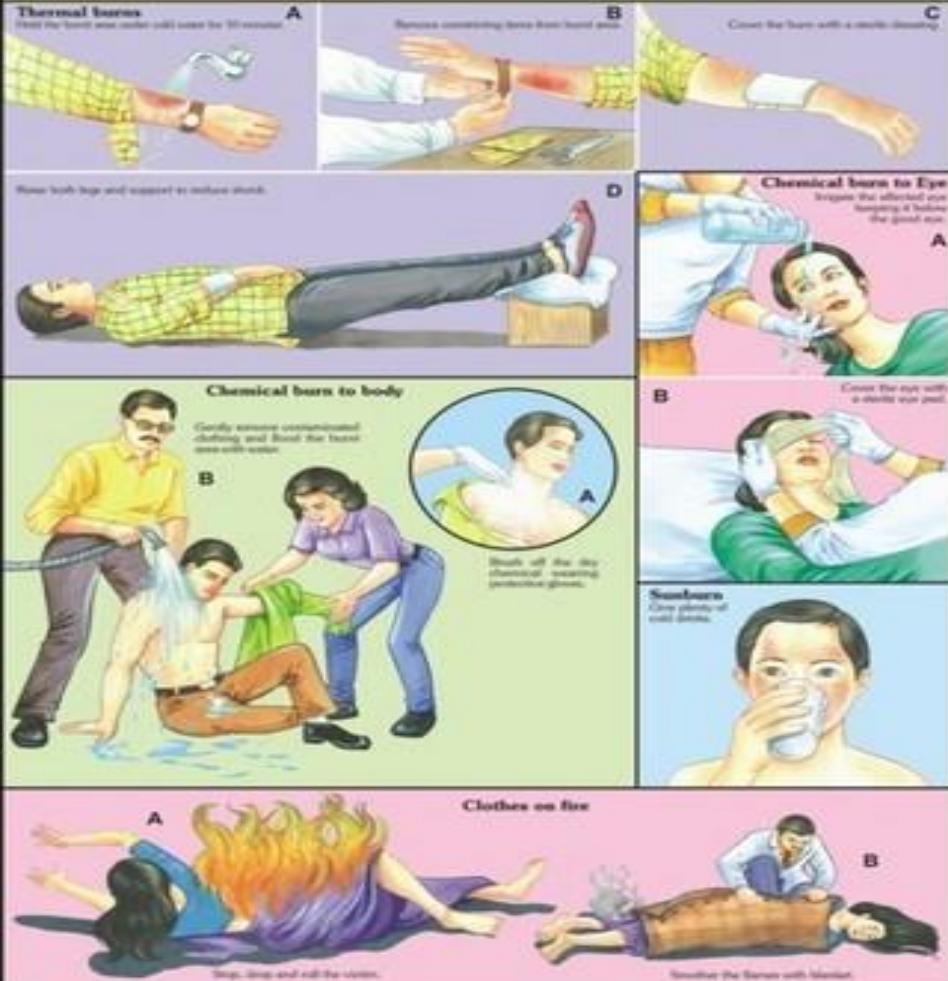
- A) Lay the person flat.
- Elevate burn area above heart level, if possible.
- Elevate feet about 12 inches.
- Cover the person with coat or blanket.

3rd degree burn: Call 911!



Burns & Scalds

A major priority in all burn cases is to cool the skin and cover the burn to prevent infection. Remove anything that is stuck to the burn. Do not burst any blisters. In case of chemical burn do not try to neutralize the chemical.



STROKE

SAFE STEPS
FIRST AID

STROKE

THINK F.A.S.T

1

- FACE**
ASK PERSON TO SMILE
ARE THERE ANY SIGNS OF DROPPING?
- ARMS**
ASK PERSON TO RAISE BOTH ARMS
ARE THEY EXPERIENCING NUMBNESS, LOSS OF STRENGTH OR PARALYSIS?
- SPEECH**
ASK PERSON TO REPEAT A SIMPLE PHRASE
LISTEN FOR SLURRED SPEECH AND CONFUSED SENTENCES
- TIME**
TIME IS OF THE ESSENCE
IF YOU SEE ANY OF THE ABOVE SIGNS CALL THE EMERGENCY SERVICES

2

GIVE L.I.F.E

- LOCATION** **INJURY** **FIRST AID EQUIPMENT GIVEN** **EQUIPMENT USED**
- SHARE ABOVE INFORMATION WHEN SPEAKING TO EMERGENCY SERVICES
- LIE PERSON DOWN IN A COMFORTABLE POSITION AND WAIT FOR HELP TO ARRIVE

This infographic provides a quick guide for recognizing stroke symptoms. It uses the acronym FAST, which stands for Face, Arms, Speech, and Time. Each letter corresponds to a specific symptom: Face (looking for drooping), Arms (testing for numbness or weakness), Speech (listening for slurred speech or confusion), and Time (reminding that time is critical). Below each symptom, there are simple illustrations and instructions to help identify the signs.

STROKE

There's treatment if you act **FAST**

Face Look Uneven
Ask the person to smile.
Does one side of the face droop?

Arm One Arm Hanging Down
Ask the person to raise both arms.
Does one side drift downward?

Speech Slurred Speech
Ask the person to repeat a simple phrase.
Is the speech slurred or strange?

Time If you observe any of the signs,
Call Emergency Assistant Immediately!

Time is critical when a stroke occurs. Getting help fast could reduce disability and death from stroke.

This infographic emphasizes the importance of acting quickly when a stroke occurs. It uses the acronym FAST to highlight four key symptoms: Face (unevenness, drooping), Arms (one arm hanging down), Speech (slurred speech), and Time (urgency). Each letter is accompanied by a small illustration and a question to guide the reader through the symptoms. A red banner at the bottom reiterates that time is critical and encourages immediate action by calling emergency services.

Respiration

- No breathing or difficult breathing.
- Drowning.
- Strangulation and hanging.
- Choking.
- Swelling within the throat.
- Suffocation by smoke or gases.
- Asthma.

HEART, BLOOD CIRCULATION, SHOCK

- In this chapter you will learn about:
- The heart and the blood circulation.
- The blood.
- Chest discomfort.
- Bleeding.
- Wounds.
- Shock.

BONES, JOINTS AND MUSCLES

- In this chapter you will learn about:
- The skeleton.
- Joints.
- Muscles.
- Fractures (injuries to bones).
- Injuries and fractures to the head, neck and spine.
- Injuries and fractures to the cheek bone, nose and lower jaw.
- Injuries and fractures to the collar bone and shoulder

- Injuries and fractures to the ribs and breast bone.
- Injuries and fractures to the upper limb (upper arm, elbow, forearm, wrist, hand and fingers).
- Injuries and fractures to the pelvis.
- Injuries and fractures to the lower limb (thigh bone, knee, lower leg, ankle, foot and toes).
- Dislocations (injuries to joints).
- Strains and sprains (injuries to ligaments, muscles and tendons).

NERVOUS SYSTEM AND UNCONSCIOUSNESS

In this chapter you will learn about:

- The nervous system.
- Unconsciousness.
- Head injuries.
- Stroke.
- Fits – convulsions – seizures.
- Epilepsy.

GASTROINTESTINAL TRACT, DIARRHOEA, FOOD POISONING AND DIABETES

In this chapter you will learn about:

- The gastrointestinal system.
- Diarrhoea.
- Food poisoning.
- Diabetes.

H. SKIN, BURNS, HEAT EXHAUSTION, FEVER AND HYPOTHERMIA

In this chapter you will learn about:

- The skin.
- Burn wounds.
- Dry burns and scalds (burns from fire, heat and steam).
- Electrical burns.
- Chemical burns.
- Sun burns, heat exhaustion and heatstroke.
- Frost bites (cold burns).
- Prevention of burns.
- Fever.
- Hypothermia.

I. POISONING

In this chapter you will learn about:

- Poisoning.

J. BITES AND STINGS

- In this chapter you will learn about:
- Animal bites.
- Snake bites.
- Insect stings and bites.

K. SENSES, FOREIGN BODIES IN EYE, EAR, NOSE OR SKIN AND SWALLOWED FOREIGN OBJECTS

In this chapter you will learn about:

- Senses.
- Foreign objects in the eye, ear, nose or skin.
- Swallowed foreign objects.

L. URINARY SYSTEM, REPRODUCTIVE SYSTEM AND EMERGENCY CHILDBIRTH

In this chapter you will learn about:

- Urinary system.
- Reproductive system.
- Prevention of sexually transmitted diseases.
- Emergency childbirth.

M. PSYCHOLOGICAL FIRST AID

- In this chapter you will learn about:
- What is psychological first aid?
- Traumatic crisis.
- How do I provide (psychological) first aid?

N. SPECIFIC EMERGENCY SITUATIONS AND DISASTER MANAGEMENT

- In this chapter you will learn about:
- Emergencies at school.
- Emergencies at work.
- Road and traffic accidents.
- Emergencies in rural areas.
- Disasters and multiple casualty accidents.
- Triage.

O. FIRST AID TECHNIQUES: DRESSINGS, BANDAGES AND TRANSPORT TECHNIQUES

In this chapter you will learn about:

- Dressings.
- Bandages.
- Fast evacuation techniques (single rescuer).
- Transport techniques.



MEANING OF BANDAGES

Bandaging

Bandages have three key uses: applying pressure to bleeding wounds; covering wounds and burns; and providing support and immobilization for broken bones, sprains, and strains. These includes gauze, triangular, Elastic, and tubular bandage.



DRESSING MATERIAL NEED FOR

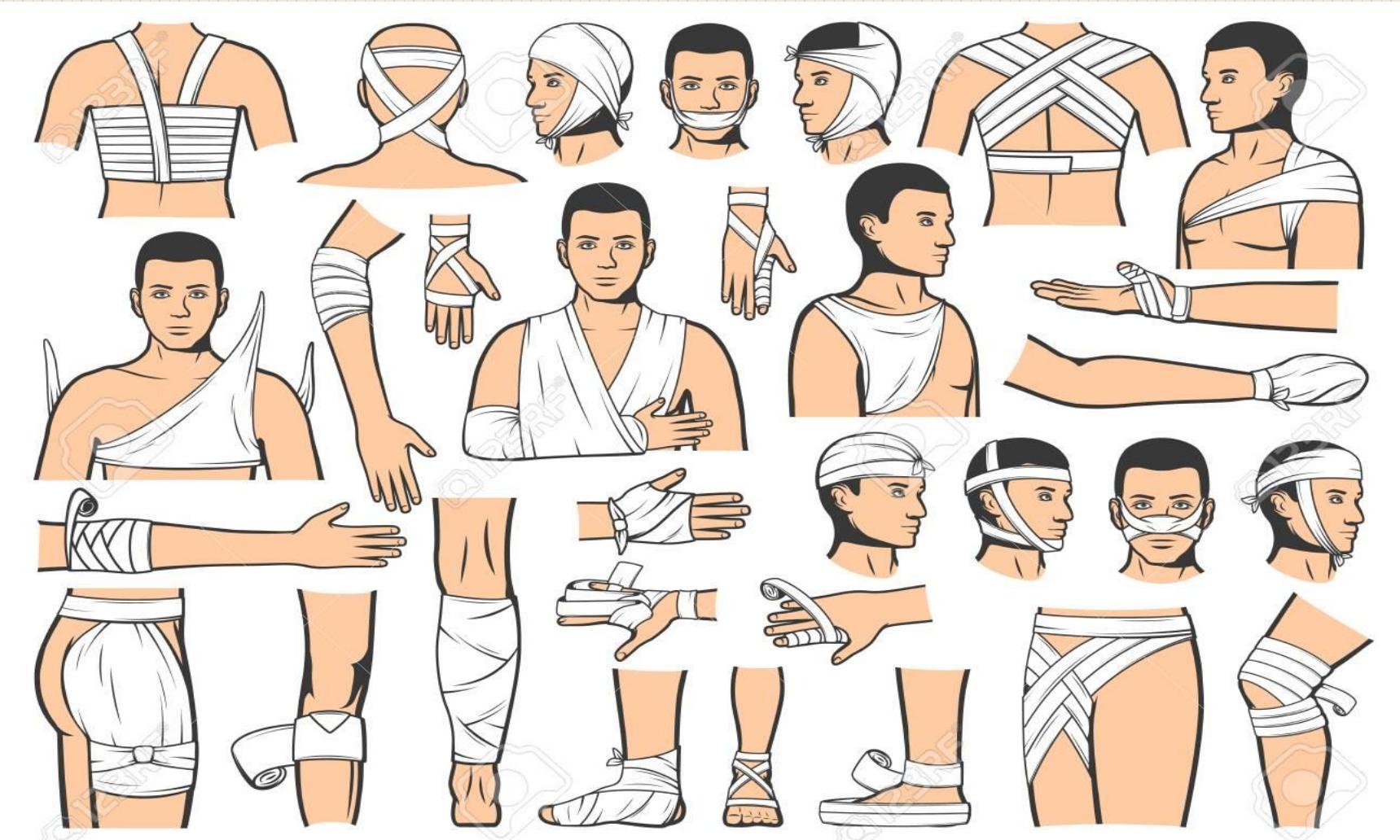




APPLICATION OF BANDAGES



CONTINUED



DRABCD ACTION PLAN

Primary Assessment

Danger



Response



Shout for help



Airway



Breathing



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DRABCD
ST JOHN

DRSABCD action plan

In an emergency call triple zero (000) for an ambulance



D DANGER

Ensure the area is safe for yourself, others and the patient.

R RESPONSE

Check for response – ask name – squeeze shoulders.

No response

→ shout for help.

Response

- lie on stomach
- check for injuries
- monitor response.



S SEND for help

Call Triple Zero (000) for an ambulance or ask another person to make the call.

A AIRWAY

Open airway – if foreign material is present:

- place in the recovery position
- clear airway with fingers.

Open airway by tilting head with chin lift.



B BREATHING

Check for breathing – look, listen and feel.

Not normal breathing

→ Start CPR.

Normal breathing

- place in recovery position
- monitor breathing
- manage injuries
- treat for shock.



C CPR

Start CPR – 30 chest compressions : 2 breaths

Continue CPR until help arrives or patient recovers



D DEFIBRILLATION

Apply defibrillator if available and follow voice prompts.

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CPR TECHNIQUES

CPR FIRST AID EMERGENCY PROCEDURE

1. CALL



Call 911
for help.

2. PUMP



Position hands at the center of the chest.
Push down hard and fast 30 times
(100 times/min), compress 2 in
(4-5 cm).

3. AIRWAY



Tilt head back, lift the chin
to open airway.
Check breathing.

4. BLOW



Give 2 breaths,
continue 30 pump/
2 breaths.

5. SECURITY POSITION



Put the victim in the security
position.

Early chest compression can
immediately circulate oxygen
that is still in the bloodstream.
By changing the sequence,
chest compressions are
initiated sooner and the delay
in ventilation should be
minimal.

Performing CPR

New research shows that for adults, chest compressions are key to assisting a victim of cardiac arrest. Current CPR guidelines, revised in 2005:

- 1 Tilt head back, lift chin to **open airway; check for breathing** by looking for a rising chest and listening for or feeling breathing



- 2 Give two full breaths if no breathing is detected; pinch nose shut and seal lips tight around victim's mouth



- 3 Find hand position; locate notch at end of breastbone, place heel of other hand next to fingers

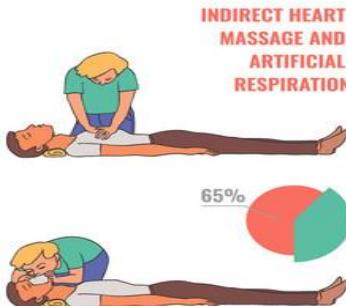


- 4 Begin CPR cycles; one cycle equals 30 chest compressions about 1.5 in. (4 cm) deep, and two rescue breaths



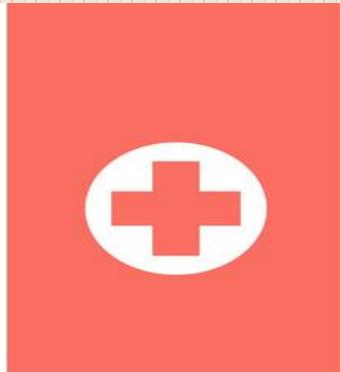
- Study shows compressions only might be as good or better than CPR with breathing

DIFFERENT TECHNIQUES TO FOLLOW



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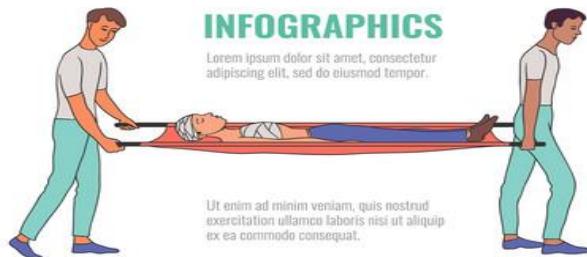
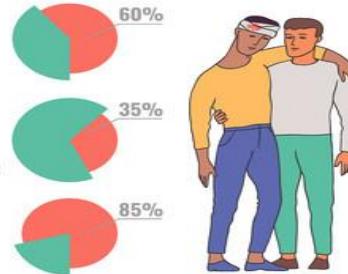


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EMERGENCY



INFOGRAPHICS

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FIRST AID

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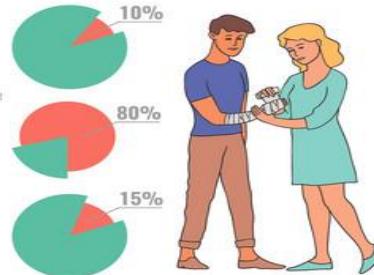
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FRACTURES, DISLOCATIONS AND BRUISES





EMERGENCY

*Lorem ipsum dolor sit amet,
consectetur adipiscing elit.
Vivamus mi felis.*

[READ MORE](#)



SAVING LIVES

*Lorem ipsum dolor sit amet,
consectetur adipiscing elit.
Vivamus mi felis.*

[READ MORE](#)



FIRST AID

*Lorem ipsum dolor sit amet,
consectetur adipiscing elit.
Vivamus mi felis.*

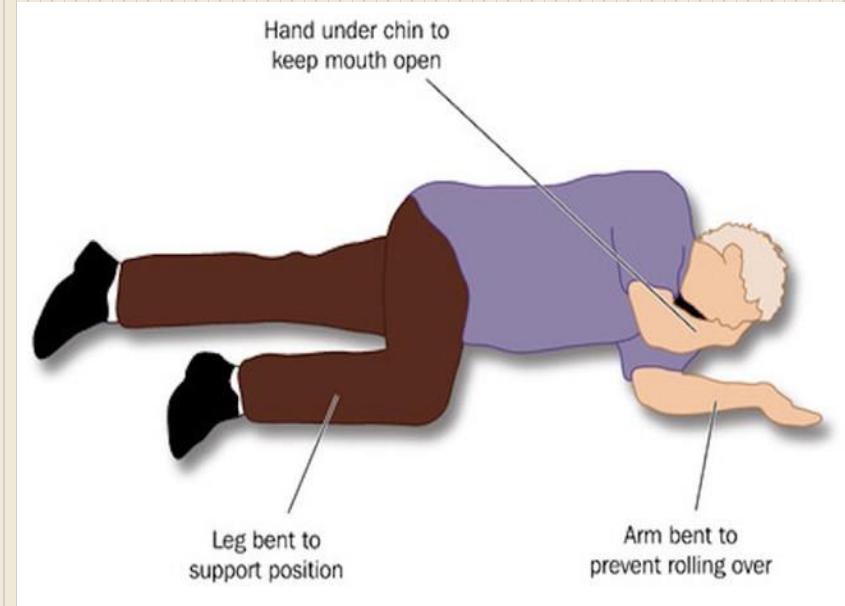
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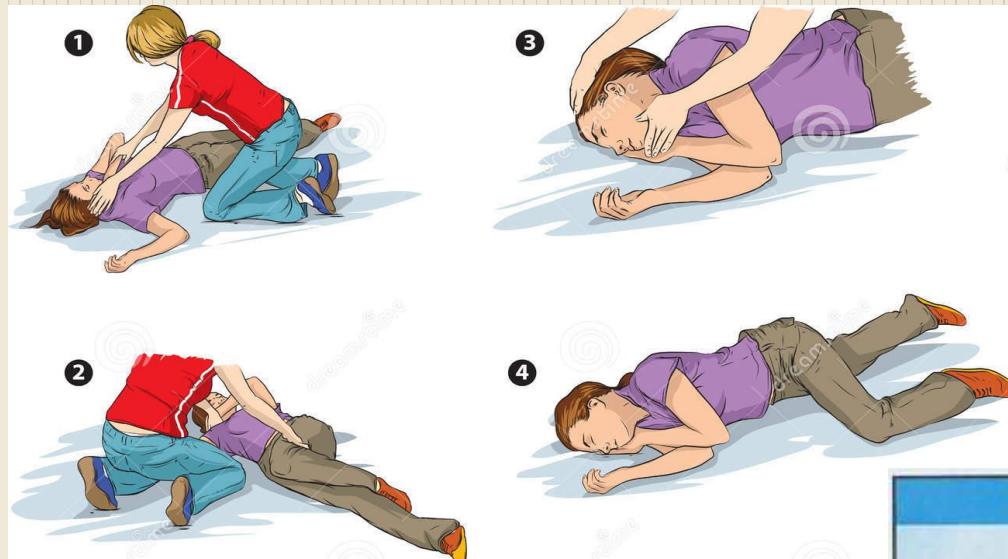
Position to be maintain while giving first aid emergency



Recovery position



Continued



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THE RECOVERY POSITION FOR CHILDREN

The diagram illustrates the five steps of the recovery position for children:

1. Kneel beside the child and place the nearest arm palm up at a right angle to the body.
2. Bring the arm furthest from you across the child's chest. Place the back of that hand under their near cheek. Pull the far leg into a bent position, with the foot on the floor at first, then pull the knee towards you.
3. Continue to pull the upper leg towards you so that the child rolls forwards on to his or her side. Tilt the head back to maintain an open airway.
4. Bend the upper leg so that it supports the body and is positioned at a right angle to the hip if possible.
5. Call an ambulance. Regularly monitor the child's breathing and pulse.

WARNING: If you suspect spinal injury, do not move the victim unless breathing is impeded or he or she needs to be removed from danger.

FIRST AID



BLEEDING

- Stop bleeding by applying direct pressure to the wound.
- If bleeding continues, apply a tourniquet to the limb above the wound.
- Apply a clean, non-stick dressing over the wound.
- Keep the wound clean and dry.



BURNS

- Remove the source of heat immediately.
- Cool the burn under cool running water for at least 10 minutes.
- Cover the burn with a sterile, non-adhesive dressing.
- Avoid applying ice or cold water directly to the skin.



FRACTURES

- Stop any bleeding from the wound.
- Remove any clothing from the injured area.
- Use a splint to immobilize the limb.
- Avoid moving the limb if it is broken.
- Apply a cold compress to reduce swelling.



SPRAINS

- Stop any bleeding from the wound.
- Remove any clothing from the injured area.
- Cleanse the injury with water.
- Apply a cold compress to reduce swelling.



EYE INJURIES

- Clean hands with soap.
- If an object is stuck in the eye, do not try to remove it.
- Avoid touching the eye with your hands.
- Avoid getting water in the eye.



SHOCK

- Check the person's pulse and breathing.
- If there is no pulse or breathing, start CPR.
- Avoid moving the person unless necessary.
- Keep the person warm and comfortable.



CHOKING

Signs of choking

- Difficulty breathing or coughing.
- Stridor (high-pitched noise) when breathing.
- Cyanosis (blue skin).
- Inability to speak.

First aid steps

1. Encourage the person to cough.
2. If they are still choking, perform back blows and abdominal thrusts.
3. If they are unconscious, begin CPR.
4. If they are still choking, repeat the steps.

- Clean the mouth of debris, position on a firm surface, and call 911.
- Perform CPR if necessary.
- Avoid giving liquids to a choking person.



CPR

1. Check for responsiveness and breathing.
2. If there is no response or breathing, call 911.
3. Open the airway.
4. Perform chest compressions.
5. Continue CPR until medical help arrives.



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CHOKING

FIRST-AID
FOR ADULTS

911

Conscious Victim Breathing

- 1** **Recognize choking signs.**
A person who is choking may have difficulty breathing, coughing, speaking, or making noise. They may be unable to speak or cough effectively, or have a persistent, high-pitched sound called "stridor".



- 2** **If choking - Give 5 abdominal thrusts.**
Stand behind the victim, facing them. Wrap your arms around their waist, keeping your hands just below the rib cage. Make a fist with one hand and place it in the center of the victim's abdomen. Grasp the fist with your other hand and pull inward and upward in quick, sharp movements. Continue until the object is dislodged.



- 3** **If unconcious or unable to cough - Call 911.**
Lay the victim face down on a firm surface. Place your knee against the victim's back. Place your arms around the victim's waist, keeping your hands just below the rib cage. Make a fist with one hand and place it in the center of the victim's abdomen. Grasp the fist with your other hand and pull inward and upward in quick, sharp movements. Continue until the object is dislodged.



- 1** **Check if consciousness has been lost.**
If the person is unconscious, call 911. If you are alone, begin CPR immediately. If the person is conscious, ask them if they are okay. If they are not breathing normally, begin CPR immediately.



- 2** **Position victim, supporting chin forward.**
If the person is conscious, lay them on their back. Kneel at the side of the person's head. Support the person's chin with one hand and the forehead with the other. Make sure the head is tilted slightly back so the airway remains open.



- 3** **Airway to ventilate.**
If the person is unconscious, lay them on their back. Kneel at the side of the person's head. Support the person's chin with one hand and the forehead with the other. Make sure the head is tilted slightly back so the airway remains open.



First aid in seizure

First Aid for Seizures

(Convulsions, generalized tonic-clonic, grand mal)



Cushion head



Loosen tight neckwear



Turn on side



Nothing in mouth



Look for I.D.



Don't hold down



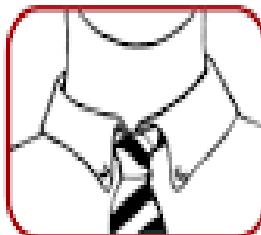
As seizure ends



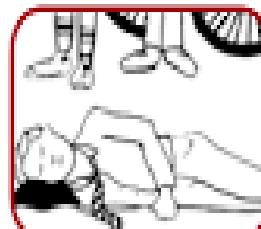
... offer help



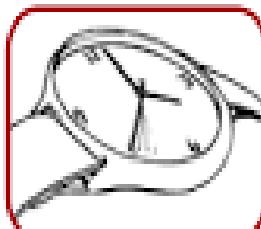
1. Cushion head, remove glasses.



2. Loosen tight clothing.



3. Turn on side and keep airway clear.



4. Note the time a seizure starts and the length of time it lasts.



5. Don't put anything in mouth.



6. Don't hold down.

7. As seizure ends...offer help.

Seizure first aid

Time the seizure



- Time the duration of the seizure
- Let the seizure run its course

Keep the person away from hazards



- Move any hazards out of the way
- Cushion their head
- Make sure nothing hinders their breathing
- Guide them away from danger (focal seizures)

Don't restrict their movements



- Don't restrain them
- Don't put anything in their mouth

Stay with them



- Reassure them
- Stay with them until they have fully recovered
- After the seizure, put them in the recovery position (if they are on the floor)

Make a record of what happened



- Include what happened before, during and after the seizure

Call 999 for an ambulance if...



- They have never had a seizure before
- They are not breathing or are blue around the lips
- The seizure lasts more than 5 minutes
- They are not responding after the seizure has stopped
- They have sustained an injury during the seizure

Epilepsy First Aid

1

Stay calm



2

Create a safe space



3

Roll the person on their side after the seizure subsides



4

Note the time the seizure begins and ends



5

Provide reassurance

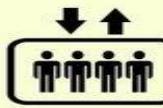


6

If a seizure last longer than 5 minutes- Seek Medical Assistance Immediately



Fire in emergency

FIRE EMERGENCY		STAY SAFE
DO'S		
Activate the Fire Alarm		 Don't use the elevator to evacuate from fire
 → Immediately go to the Fire Exit		 Don't open hot doors during Fire
Turn off Electrical Equipments		 Do not hide in any furniture or room
	Use the Fire Extinguisher if safe to do so	 Do not return to get your belongings
Gather at an Assembly Point		 Do not jump through a Window
FIRE SAFETY PROTOCOLS STATE THE METHODS FOR MINIMIZING FIRE HAZARDS AND GUIDE HOW TO ESCAPE IN CASE OF EMERGENCY		

First Aid In shock treatment

First Aid for Shock

Shock-failure of the cardiovascular system to keep an adequate supply of blood circulating to the vital organs of the body.

Life-threatening-requires immediate medical attention.



FIRST AID FOR SHOCK

1. Check for responsiveness, normal breathing and severe bleeding, and care for life-threatening injuries first.
2. Call medical emergency number immediately.

**IN CASE OF
EMERGENCY
CALL 112**

FIRST AID FOR SHOCK (CONTINUED)

4. Be alert for vomiting; turn victim's head to drain mouth.
5. Maintain normal body temperature.



FIRST AID FOR SHOCK (CONTINUED)

3. Have victim lie on back and raise legs so feet are 6-12 inches above the ground.

Put breathing, unresponsive victim (if no suspected spinal injury) in recovery position.

Loosen any tight clothing.



Continued

FIRST AID FOR SHOCK

1. Call 9-1-1 or the local emergency number.



2. Control any external bleeding.



3. Elevate the legs about 12 inches, unless you suspect head or back injury or broken bones involving the legs or hips. If unsure, leave the victim laying flat. This helps the blood return to the heart.



4. Never give the victim anything to eat or drink. Eating or drinking could cause vomiting.



5. Reassure the victim.

ELECTRIC SHOCK AND TREATMENT

विद्युतायात तथा उपचार

INSIDE THE HOUSE २०८ वर्ष



Wooden Plank
Rubber Mat

Keep on insulating material to touch victim.

Plug the plug or cut down wires or pull off.

- Effects of Shock**
- Paroxysms of involuntary muscles.
 - Excessive and noisy heart.
 - Respiratory arrest.
 - Loss of control of bladder.
 - Loss of control of bowels.
 - Convulsions.

Treatment

- Do not touch the victim.
- Don't touch the exposed object using insulating object.
- Turn off the electricity and then touch the victim.

OUTSIDE THE HOUSE २०८ वर्ष



Remove the live wire with a stick.
Don't touch it with
any other stick
in your hand.

Over rubber gloves.

२०८ वर्ष

REGIMENT OF TREATMENT



Never give any thing to drink to an unconscious person.
Some water at १०८ वर्ष तक जल दें।

ARTIFICIAL RESPIRATION ग्रीष्म व्रते बाटे



CONTACT IN EMERGENCY : स्थानीय इमेजिंग आणि असें



Doctor डॉक्टर

Ambulance
२०८ वर्ष



The speed with which casualty be transported under treatment is of utmost importance.
Hence an efficient vehicle must be used.



Police ग्रीष्म

Electricity Department
विद्युती विभाग

ELECTRIC SHOCK & Its MANAGEMENT

विद्युतायात एवं उसके प्रबंध नियम

EFFECTS विकार

- Painful paroxysms of heart.
- Convulsions.
- Miosis of breathing.
- Loss of power, Headache etc.
- Soreness, sharp or superficial or both.
- Death & loss more or less, also death is possible.

Electric shock due to faulty insulation
or short circuit in electrical equipment
can have an increased in frequency.

MANAGEMENT विकार नियम



1. EXPOSED LIVE WIRE

Stand on the insulated material like wood, folded newspaper, rubber mat, etc.
If you feel legs going weak
try to stand up, stand on a chair or lie down.



Do not give anything to drink.
Some water at २०८ वर्ष तक जल दें।



Perform compression
about १०८ वर्ष तक जल दें।



2. HIGH TENSION WIRE

Stay as far as possible from the electric wire.
Do not try to drag the casualty away from this side. Use only
the end not conducting part of the
high tension wire like a stick, etc.



Perform compression
about १०८ वर्ष तक जल दें।



External cardiac
massage
about १०८ वर्ष तक जल दें।



PRECAUTIONS विकार नियम

LOW VOLTAGE

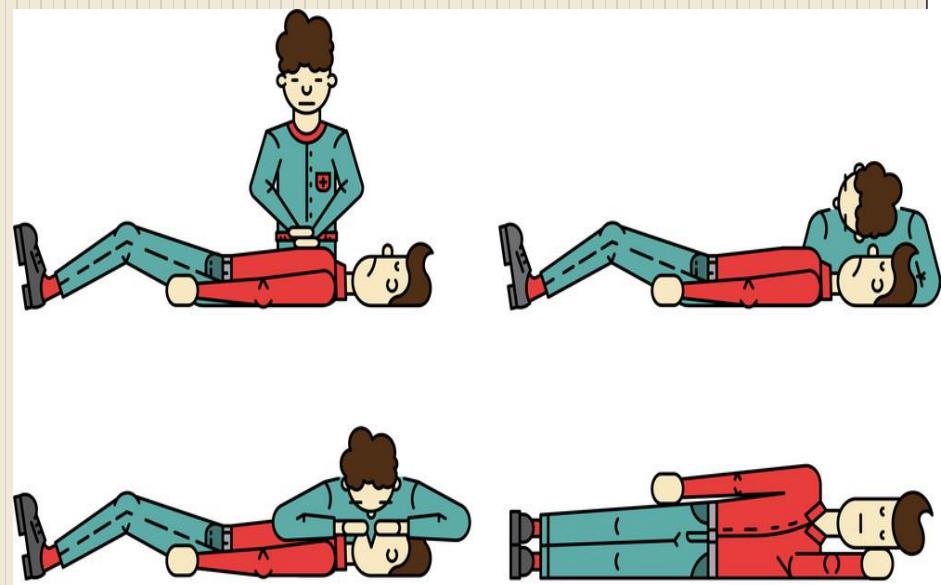
- Look professional help.
- Stand on a dry non-conducting like
wood, plastic, folded newspaper, etc.
and do not touch any metal part like
iron, metal glasses, if available.

HIGH VOLTAGE

- Do not attempt yourself.
- Stay as far as possible from a suspect
at २०८ वर्ष.
- Do not touch the casualty until the
electrician contact is broken.

DO NOT

- Take २०८ वर्ष.
- Stand on a chair to stand on a chair or
sit on a chair or sit on a chair or
stand on a chair.
- Do not touch the victim if you are
also shocked.
- Take २०८ वर्ष.
- Leave २०८ वर्ष on २०८ वर्ष.



FIRST AID

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vivamus at urna lobortis, tristique nulla id, consectetur libero. Proin euismod fringilla egestas. Nunc posuere bibendum mauris ac suscipit. Suspendisse dictum odio sed lobortis mollis. Mauris nisi nisl, dictum ac magna non, tristique maximus augue. Sed lincidunt convallis odio a volutpat. Sed id varius lorem. Ut pretium, arcu id convallis varius, lectus purus finibus nibh, elementum rutrum nunc erat sit amet ex.

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SMALL FIRST AID BOX

- 1 tube silver sulfadiazine ointment 15 g
- 10 band aid strips
- 1 roller bandage 5x5 cm
- 1 package absorbent sterilized cotton 15 g
- 1 scissor 7cm (sharp/blunt edge)
- 10 tablets paracetamol
- 1 plastic mouth-to-mouth resuscitator
- 1 triangular bandage (90 cm) 10 safety pins
- 1 adhesive plaster/tape 3-4 ice cream spoons to be used as splints of finger
- 2 ORS sachets

FIRST AID BOX CONSIST OF

First Aid essentials

- 1 Adhesive strip dressings
- 2 Wound dressings
- 3 Elastic (crepe) and non-elastic bandages
- 4 Swabs and disposable gloves
- 5 A pair of scissors and blunt-nosed shears
- 6 Tweezers
- 7 Saline
- 8 Burn relief cream or gel
- 9 Adhesive tape
- 10 A thermal blanket
- 11 Notepad and pencil
- 12 Medications



Health promotion

HEALTHY LIFESTYLE



MORE FRUITS



ENOUGH SLEEP



ENOUGH WATER



WEIGHT CONTROL



MORE VEGETABLES



REDUCE STRESS

UNHEALTHY LIFESTYLE



SMOKING



SWEETS



ALCOHOL



DRUGS



JUNK FOOD



TOO MUCH COFFEE



Personnel hygiene



Oral Hygiene



Bathing Ritual



Hair Care



Foot Hygiene



Toileting Hygiene



Hand Hygiene



Coughing and
Sneezing Hygiene

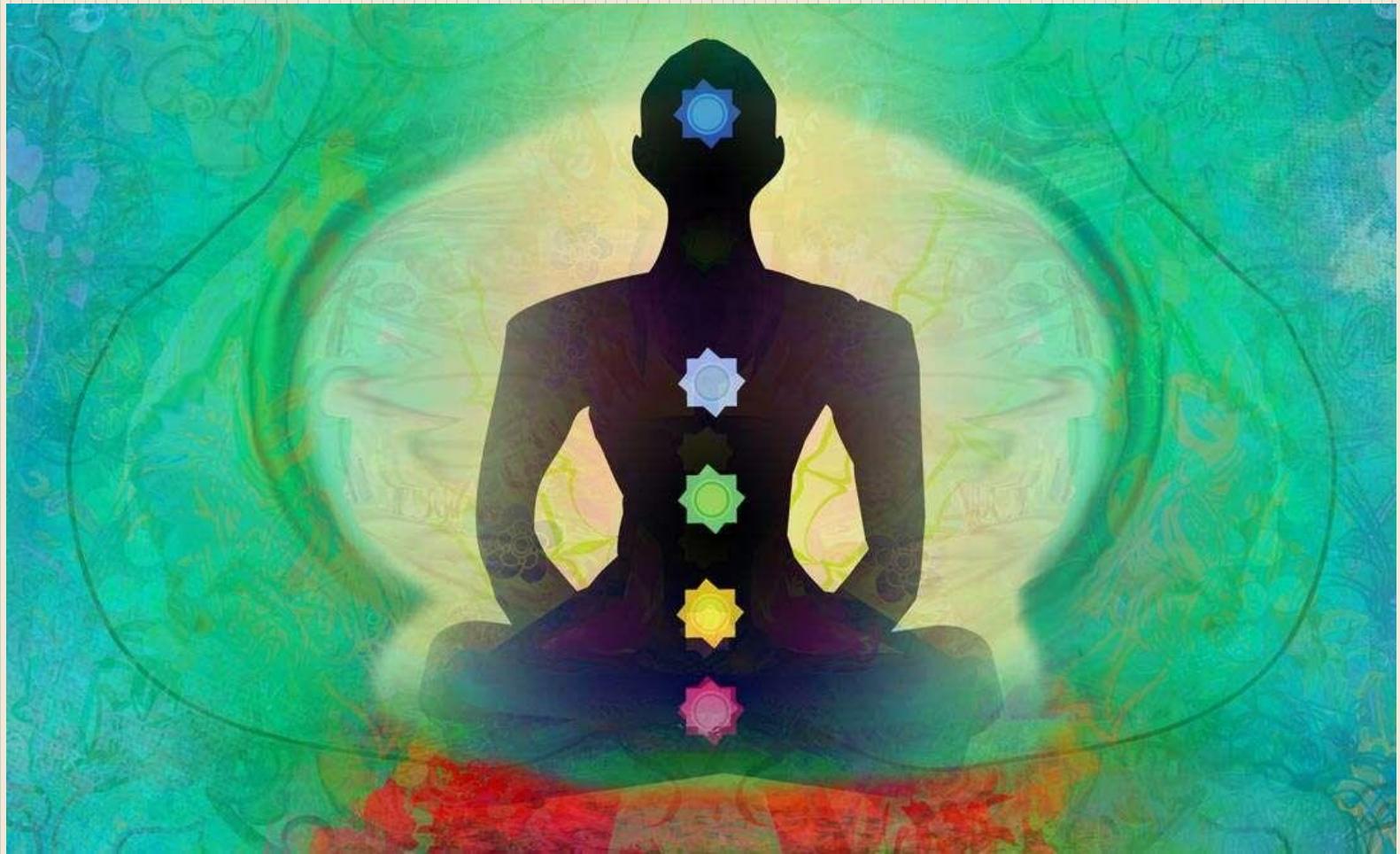


Home Hygiene

Balanced diet



Daily meditation keep the mind free from stress

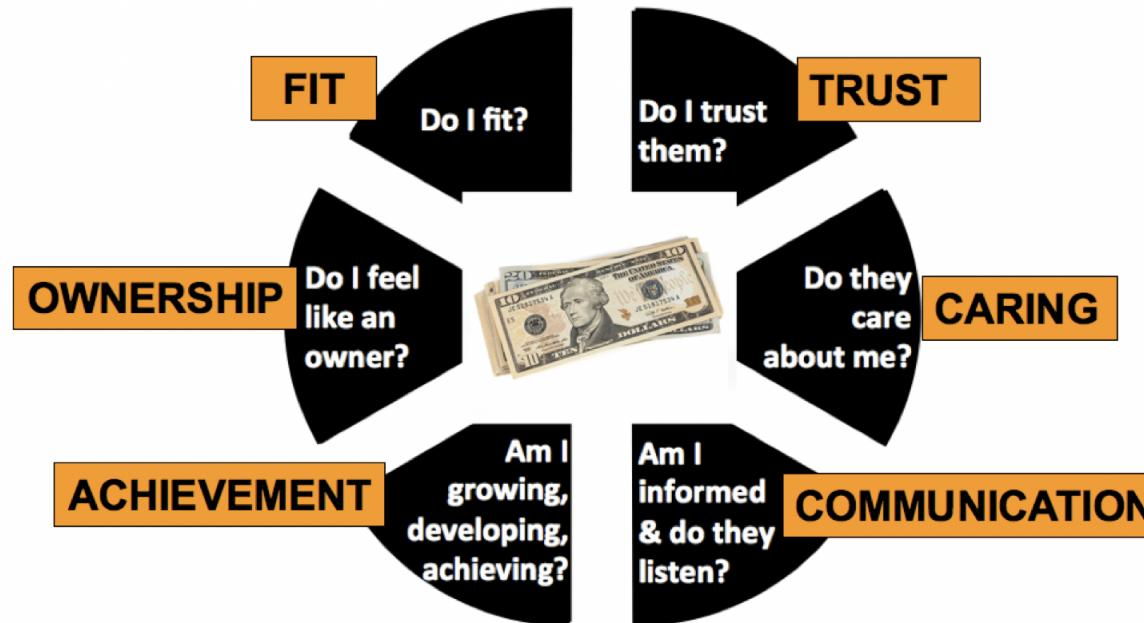


Daily activities



Work Environment healthy

Six Universal Priorities Drive Employee Engagement



Worship of healthy life with family



Prevention of diseases



Continued



Healthy life style

HEALTHY LIFESTYLE INFOGRAPHICS ELEMENTS



SPORT

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



FULL SLEEP

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



HEALTH

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



RELAXATION

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



TRAVEL

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



ACTIVE LIFESTYLE

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



FRESH WATER & FOOD

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



GOOD MOOD & POSITIVE

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



NO SMOKE & ALCOHOL

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT



AVOID FATTY FOOD

LORTEM IPSUM
DOLOR SIT AMET
CONSECTETUR
ADIPISCING ELIT

Continued

10 EASY WAYS TO STAY HEALTHY

1. Wash your hands
2. Avoid people who are sick
3. Eat whole foods
4. Cut back on sugar & alcohol
5. Exercise regularly
6. Stay hydrated
7. Take vitamin C
8. Take care of your gut
9. Get enough sleep
10. Manage your stress

simply quinoa



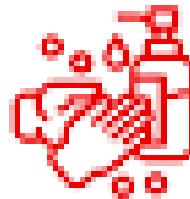
Get vaccinated /immunized



VACCINATED



TIPS TO AVOID GETTING SICK



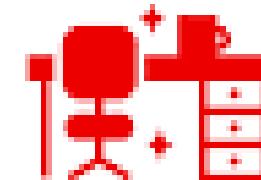
Wash your hands often, or use hand sanitizer



Try not to touch your face



Avoid close contact with people who are sick

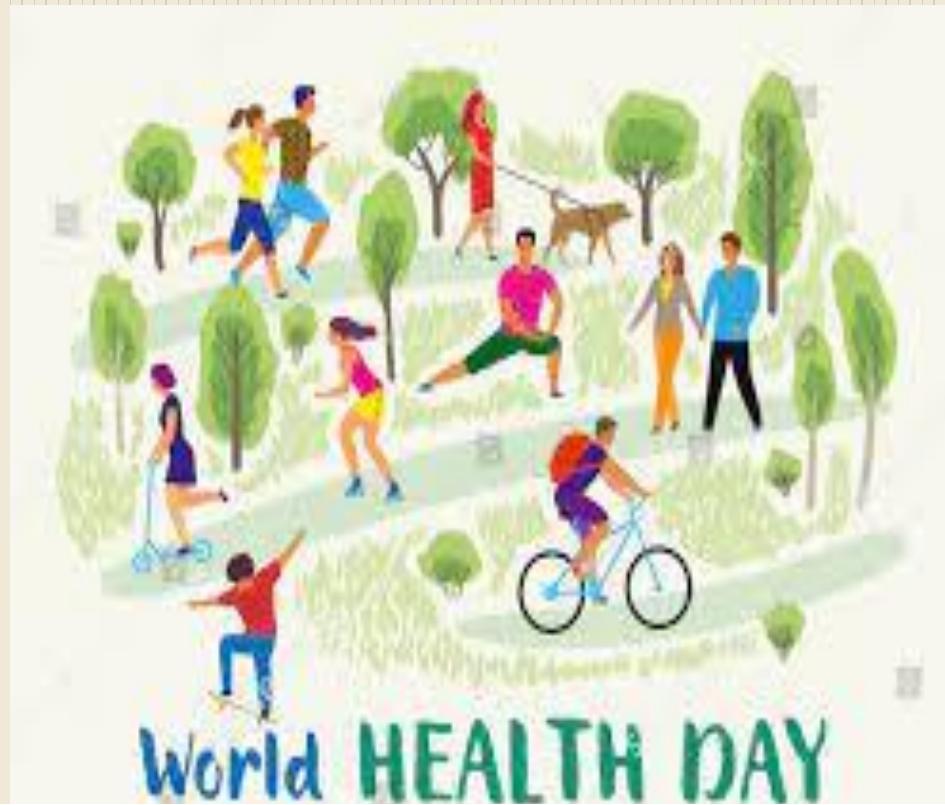


Clean commonly used surfaces regularly

Reference

- INDIAN FIRST AID MANUAL 2016 (7th edition)
AUTHORIZED MANUAL – ENGLISH VERSION
- St. John Ambulance Association (India) – Indian Red Cross
Society National Headquarters 1, RED CROSS ROAD, NEW
DELHI - 11001

Thank you



TAKE CARE
OF YOUR
BODY
IT'S THE ONLY PLACE
you have
TO LIVE IN

