

# Housekeeping and Laundry Service

## Level-I

**Based on March 2022, Curriculum Version I**



**Module Title: Provide First Aid**

**Module code: CST HLS1 M04 1222**

**Nominal duration: 45Hour**

Prepared by: Ministry of Labor and skill

December, 2022  
Addis Ababa, Ethiopia

Page 1 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
--------------	--	-------------------	--

## Contents

Acknowledgment .....	4
Acronyms.....	5
Introduction to the Module .....	6
Unit one: Assessing the situation .....	7
1.1. Hazards .....	8
1.1.1. Introduction .....	8
1.1.2. Types of hazards.....	9
1.1.3 .Ways of hazard identification.....	12
1.2 .Minimize immediate risk to self and health and safety of the casualty .....	20
1.2.1.Introducing on mitigating risks or risk mitigation .....	21
1.2.2. Risk Mitigation Planning.....	21
1.2.3. Strategies to risk mitigation.....	22
1.3. Injuries, illnesses and conditions .....	22
1.3.1. Protect the neck.....	24
1.3.2. Use bystanders to help you .....	24
1.3.3. Fire man's Carry to move casualties.....	25
1.3.4. Casualty's vital signs and physical condition.....	26
Self check - 1 .....	33
Unit Two: Apply basic first aid techniques .....	35
2.1 Providing information calmly.....	36
2.2.Available resources and equipment.....	37
2.2.1 Automated External Defibrillator /AED/ equipment .....	37
2.2.2 First aid kit .....	39
2.2.3 Auto-injector .....	40
2.2.4 Puffer/inhaler.....	40
2.2.5 Resuscitation mask or barrier and Spacer device .....	41
2.2.6 Disposable gloves , CPR face shields , CPR pocket mask .....	41
2.3. Casualty in a culturally aware, sensitive and respectful manner .....	42
2.4.The nature of casualty's injury and relevant first aid procedures .....	44
2.5. First aid management .....	44
2.6. Established first aid principles.....	45

2.6.1 Definition of First Aid.....	45
2.6.2 Responsibilities of a first aider.....	45
2.6.3 Philosophy of First Aid .....	45
2.6.4 Importance of established first aid principles.....	45
2.6.5 Seek first aid assistance.....	46
2.6.6. Timing- Identify possible helpers immediately .....	47
2.7. First aid assistance.....	48
2.7.1.Assistance and supervision in taking medication.....	49
2.7.2.The difference between prescription drugs and Non-Prescription or Over-the-Counter (OTC) drugs.....	49
2.7.3.Supporting people in homecare to take their own medicines.....	50
2.7.4.Common Positions during administer medication .....	51
2.8. Operate First aid equipment correctly .....	53
2.9. Manual handling techniques.....	54
2.10. Casualty's condition and response .....	54
2.11 Sample Incident Report form.....	67
2.12 Injury Register.....	67
Self-Check – 2 .....	69
Unit Three: Communicate Details of the Incident .....	70
3.1 Request Ambulance support and/or appropriate medical assistance .....	71
3.2 Communicating Details of the Incident.....	72
3.3 Preparing a Report .....	73
Self check - 3 .....	75
Unit Four: Evaluate Own Performance.....	76
4.1. List of Appropriate clinical expert.....	77
Self-Check -4.....	78
Reference books.....	79

## Acknowledgment

Ministry of Labor and skill wishes to extend thanks and appreciation to bakery and pastry production instructors who donated their time and expertise to the development of this Teaching, Training and Learning Materials (TTLM).

Page 4 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
--------------	--	-------------------	--

## Acronyms

CPR----- Cardio-Pulmonary Resuscitation  
 DRABC----- Danger Response Airway Breathing Circulation  
 R ICE----- Raise Ice Compress Elevate  
 YMHFA----- Youth Mental Health First Aid

Page 5 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
--------------	--	-------------------	--

## Introduction to the Module

This module covers the knowledge, skills and attitude required to provide an initial response where First Aid is required. In this unit it is assumed that the First Aider is working under the supervision according to the established workplace First Aid procedures and policies.

This module is designed to meet the industry requirement under the House keeping & Laundry Service occupational standard, particularly for the unit of competency: Provide First Aid.

## Module units

- Assess the situation
- Perform first aid procedures
- Communicate details of the incident
- Evaluate own performance

## Learning Objectives of the Module

At the end of this session, the students will able to:

- Assess the situation
- Identify physical hazards
- provide First Aid management
- Apply basic first aid techniques
- Communicate details of the incident
- Evaluate every performance

## Module Learning Instructions

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions.
3. Read the information written in the information Sheets
4. Accomplish the Self-checks

Page 6 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
--------------	--	-------------------	--

## Unit one: Assessing the situation

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Hazards
- Immediate risks
- Injuries, illnesses and conditions

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Apply first aid
- Determine Physical hazards
- Understand Occupational health safety (OSH)
- Assess Casualty's vital signs and physical conditions

## 1.1. Hazards

### 1.1.1. Introduction

Workplace hazards are numerous and can arise on a daily basis. It is important for every employer to identify and take steps to mitigate the risks that their workers may face. When administering first aid, your first concern must be to make sure you do not become a casualty of the situation. This means you must assess the situation you are facing and take time to identify the physical hazards that may be present to your own safety and that of others who may be present.

First aid: is any care given to an injured or ill person (called a casualty) before professional medical assistance (ambulance, paramedics, nurse or doctor) arrives on the scene to take control of the situation.

First aid is the initial assistance or treatment given to an injured or sick individual before professional medical care becomes available, with the materials at hand.

The aims of first aid are to prevent the occurrence of further dangerous incidents, preservation of life, stabilization of the person's condition, promotion of recovery and protection and comfort of the person

First aid can include the provision of:

Mouth-to-mouth resuscitation– if the casualty is not breathing

- Cardio-Pulmonary Resuscitation (CPR)– where there is no
- Breathing and no pulse Control of bleeding–to limit blood loss
- Wound care–to limit blood loss and infection by covering wounds
- Treatment for burns and scalds– including treatment for electric Shock
- Bandaging and splinting– to fractures and sprains.

The following important points must always be taken into account when providing first aid:

Page 8 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
--------------	---	-------------------	--



- Protect yourself and others at all times against injury. Persons delivering first aid should not become casualties
- The casualty must be protected against further injury
- Whenever there is a need to administer first aid make sure you notify your supervisor immediately to arrange for professional help to be called

Wear protective gloves when administering first aid to protect against infection.

A hazard is any source of potential damage, harm or adverse health effect on something or someone under certain conditions at work. Basically a hazard cause harm or adverse effects (to individuals as health effects or to organization's as property or equipment losses)

### 1.1.2. Types of Hazards

To protect first aid providers, bystanders and casualties against harm when providing first aid you must take care to identify physical and other hazards which may be present such as:

Work place and incident- specific hazards- including stock, plant, equipment, machinery, utensils and vehicles. It also includes the general environment in the form of heat, cold, wind, sunshine, rain.

Hazards sometimes associated with casualty management –for example, first aid providers need to be aware there can be a risk of being bitten. Always wear protective gloves when providing first aid.

Risk of further injury to the casualty– which can be caused by a range of issues, for example:

- The casualty being burned by fire spreading toward them
- Something falling on to the casualty and adding to their existing injury.

#### A. Animal Bites

An animal bite is a wound, usually a puncture or laceration, caused by the teeth. An animal bite usually results in a break in the skin but also includes contusions from the excessive pressure on body tissue from the bite. The contusions can occur without a break in the skin. Bites can be

Page 9 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
--------------	---	-------------------	--

provoked or unprovoked. Other bite attacks may be apparently unprovoked. Biting is a physical action not only describing an attack but it is a normal response in an animal as it eats, carries objects, softens and prepares food for its young, removes ecto parasites from its body surface, removes plant seeds attached to its fur or hair, scratching itself, and grooming other animals. Animal bites often result in serious infections and mortality. Animal bites not only include injuries from the teeth of reptiles, mammals, but fish, and amphibians. Arthropods can also bite and leave injuries.

### **B. Bullying and harassment, including sexual harassment**

Systematic aggressive communication, manipulation of work, and acts aimed at humiliating or degrading one or more individual that create an unhealthy and unprofessional power imbalance between bully and target(s), result in psychological consequences for targets and co-workers, and cost enormous monetary damage to an organization's bottom line.

Bullying is characterized by;

- Repetition (occurs regularly)
- Duration (is enduring)
- Escalation (increasing aggression)
- Power disparity (the target lacks the power to successfully defend themselves).

### **C. Dust and pollutants**

Dust are fine particles of solid matter. It generally consists of particles in the atmosphere that come from various sources such as soil, dust lifted by wind (an Aeolian process), and pollution. Dust in homes, offices, and other human environments contains small amounts of plant pollen, human and animal hairs, textile fibers, paper fibers, minerals from outdoor soil, human skin cells, burnt meteorite particles, and many other materials which may be found in the local environment.

### **D. Excessively Hot and Cold Environments**

Page 10 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

As with high temperatures, don't rely solely on the thermometer reading of environmental air for gauging cold temperatures. The speed of the wind and external body moisture can cause a chill that dramatically changes your body's rate of cooling and how you feel. In extremely cold weather, especially with a high wind chill factor, you can quickly experience the onset of hypothermia. Falling into cold water can also result in immersion cold body temperature.

First, note that the temperature reading on a thermometer is not necessarily the temperature that you should be concerned about. The relative humidity in your environment can affect the temperature you actually feel, which is called the "apparent temperature." Some example includes:

- If the air temperature reads 85°F (29°C), but there's zero humidity, the temperature will actually feel like it's 78°F (26 °C).
- If the air temperature reads 85°F (29°C), with 80 percent humidity, it will actually feel like 97°F (36°C).

High environmental temperatures can be dangerous to your body. In the range of 90° and 105°F (32° and 40°C), you can experience heat cramps and exhaustion. Between 105° and 130°F (40° and 54°C), heat exhaustion is more likely. You should limit your activities at this range. An environmental temperature over 130°F (54°C) often leads to heatstroke.

### **E. Electricity and Water**

Electrical injuries can be caused by a wide range of voltages but the risk of injury is generally greater with higher voltages and is dependent upon individual circumstances.

The exact effect is dependent upon a large number of things including the size of the voltage, which parts of the body are involved, how damp the person is, and the length of time the current flows. Injuries by electrical shock – OSHA indicates that non-fatal electric shocks most often occur to the hands. These types of injuries can occur when coming into contact with electrical wire or equipment. Immediate medical attention is required to treat electrical shock and avoid serious permanent damage.

Page 11 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

A drowning accident can occur anywhere including private pools, summer camp, water parks, hotels, apartment complexes and anywhere else a body of water exists. Drowning injury is a common outcome of water accidents and in other cases of near drowning, serious injuries can occur. Drowning is the leading cause of injury death in children ages 1 to 4. It is also the fifth leading cause of unintentional injury death for all age groups.

### **F. Explosion**

An explosion is a rapid increase in volume and release of energy in an extreme manner, usually with the generation of high temperatures and the release of gases. Supersonic explosions created by high explosives are known as detonations and travel via supersonic shock waves. Subsonic explosions are created by low explosives through a slower burning process known as deflagration.

### **G. Inadequate rest**

Inadequate sleep—such as not sleeping long enough overall or having poor quality sleep affects both how we feel and how we function. Short-term effects can include drowsiness or sleepiness, irritability, reduced alertness, poor motor skills, and attention problems.

### **H. Substance and alcohol abuse at work safety breaches**

Drug and alcohol use can affect a person's ability to work safely. It creates a risk to workers and work health and safety. identify all workplace factors that may influence someone to turn to drugs or alcohol, and use the hazard management process to eliminate drug or alcohol use or control the risks from them. And consult with workers, work health and safety representatives and/or the work health and safety on this issue. Address any factors in your workplace that may influence someone to turn to drugs or alcohol.

### **I. Chemical Spills**

Chemical hazards seriously affect human health among of these chemical used in house hold antifreeze, bleach, drain cleaners, upholstery cleaners, ammonia toilet rim block, insect repellent and air fresher's Chemical spills, alcohol abuse and splashes

- Chemical hazards are dependent on;

Page 12 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- ✓ Amount
- ✓ Concentration
- ✓ Time of exposure
- ✓ Mode of entry to the body
- ✓ Age
- ✓ Sex
- ✓ Health status
- ✓ Resistance of the exposed

- Among all chemical agents in work place the most notorious and most contact with the skin or respiratory tract that deserve attention is solvent.
- Chemical hazards evaluation
  - ✓ Toxicity assessment
  - ✓ Work activity/risk assessment evaluation
  - ✓ Assessment of controls effectiveness to block routes of entry
  - ✓ Exposure monitoring



- ✓ Recommendations for improvement

**Fig. 1.1.2. Chemical Hazard**

### **J. Infectious/contagious disease**

- Many Biological agents such as viruses, bacteria parasite, fungi, moulds and organic dusts have been found to occur in occupational exposures.
- Domestic workers may be at risk of viral or bacterial infection, allergies epidemic or outbreaks, contagious disease and respiratory diseases.
- In many developing countries the number one exposure is biological agents.
- HIV/AIDS, hepatitis B and C viruses and other blood borne pathogens, tuberculosis infections (particularly among health workers) asthma (among persons exposed to organic dust) and chronic parasitic infections (among agricultural and forestry workers) are the most common occupational disease that result from such exposures.
- Biological hazards can be transmitted to a person through;
 

✓ Inhalation	✓ Ingestion
✓ Infection	✓ Contact with the skin

- Biohazard control program;
  - ✓ Employee health –vaccination, pre placement examination, periodic physical examinations.
  - ✓ Employee training. Wearing personal protection.
  - ✓ Biological safety cabinet –to protect workers from exposure to aerosols in laundry activities.

Animal care and handling-periodic examination, cleanness etc.



**Fig 1.1.2. Infectious/Contagious Disease/frostbite injury**

#### **K. Psychosocial problem**

- In related domestic worker in numbers of effects from employer's aspects expose the workers for psychosocial hazards such insult, social isolation, hectic work, bullying, inadequate rest and harassment.
- Psychological stress caused by time pressure, hectic work, and risk of unemployment has become more prevalent during the past decade.
- Nervous overexertion during work (stress), due to daily contact with sick people (possible physical or verbal aggression), or due to relationships with colleagues etc.



**Fig 1.1.2. Psychosocial problem**

### 1.1.3 .Ways of hazard identification

- The accepted ways to identify hazards when providing first aid are:
- Use commonsense –this is the most important aspect
- Use your sense of sight– look for things that could present a problem. Look carefully in all directions. Be alert to smoke, fire and emerging issues
- Use your sense of hearing– listen for scalping gas, crackling of flames or creaking of wood and metal
- Use your sense of touch– vibrations or heat
- Use your sense of smell–gas or smoke.

Physical hazards- are the most normal occurrences in workplaces. They are usually easy to detect, however, very often are neglected because people are too accustomed (familiarized) to them. Another reason may be due to lack of knowledge or people do not see situations as hazards.

The top leading causes of home based physical hazards that happen usually around home /domestic area hazards/ are :

- **Falling**

Here are a few things that we can do to prevent people in your home from falling:

- ✓ Put soft, protective surfaces under play equipment.
- ✓ Pay special attention to staircases. Make sure that they have handrails, are well lighted, do not have any loose carpeting, and are always clear of toys and other items.

Page 12 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--



- ✓ Use safety gates both at the top and bottom of staircases if children are in the house.
- ✓ If there is a dark basement, installing a light on the staircase and paint your bottom step a bright color to make it more visible.
- ✓ If there is, Always clear outdoor steps of ice and snow as soon as possible.
- ✓ Look out for pets: Pets may cause fall-related injuries each year.
- ✓ Make your shower safe: use non-slip rubber mats and install extra rails or grab bars if necessary. Also, make sure that the existing rails and other supports are in good condition and can support your weight.
- ✓ Make sure that you always use (and have!) sturdy step stools when getting things in the kitchen or out of closets.
- ✓ Do not allow children under six years old to climb on bunk beds.
- ✓ If you have small children, install locks on all cabinets and drawers so that they won't be able to climb them.
- ✓ Require children who are riding skateboards or bikes on your property to always wear approved helmets.



**Fig. 1.1.3 Fracture caused by falling**

- **Poisoning**

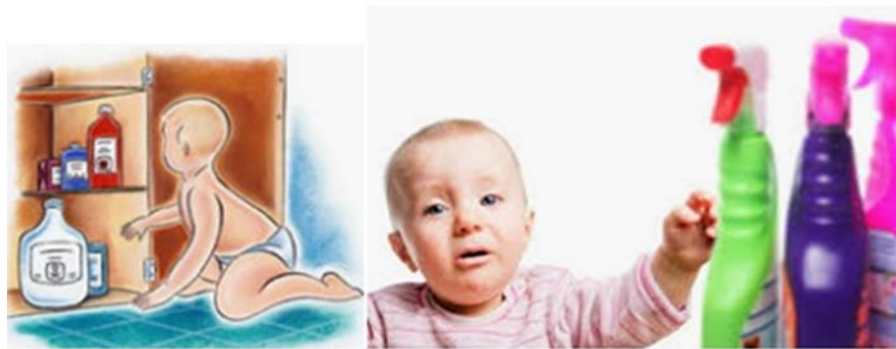
A poison is a substance which, if taken in to the body in sufficient quantity, may cause temporary or permanent damage. Poisons can be swallowed, absorbed through the skin, inhaled, splashed in to the eyes, or injected. Once in the body, they may enter the bloodstream and be carried swiftly to all organs and tissues. Signs and symptoms of poisoning vary with the poison-

Page 13 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

they may develop quickly or over a number of days. Vomiting is common if it has been ingested and breathing difficulties if inhaled.

some of the things that children are most often poisoned by:

- ✓ Household and cleaning products
- ✓ Personal care and beauty products
- ✓ Medicines
- ✓ Plants
- ✓ Lead



**Fig. 1.1.3 Chemical Poison**

- **Carbon monoxide**

- ✓ Things that you can do to prevent accidental poisonings in the home:
- ✓ Place chemicals high up on shelves rather than down low under kitchen and bathroom sinks where people commonly put them. If possible, store them out in a garden shed outside of the house.
- ✓ If you have to put chemicals in low cabinets, use baby proof locks and be sure that you can properly close the doors.
- ✓ Never put household cleaners in old drink bottles or food containers that might confuse a child.
- ✓ Get children and pets out of a room before you use pesticides or other chemicals.
- ✓ Always close the packaging on a medication or chemical if you are interrupted by the phone or the doorbell.
- ✓ Don't trust that childproof packaging on medications will keep children safe. The best defense is to keep the medications out of children's hands in the first place.

Page 14 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

- ✓ Don't (obviously) store medications on easy to reach tables or counter tops.
- ✓ Be aware of where all of the medications in your home are, especially if you have visitors who might leave them in an open purse or bag.

Get rid of any old “watch” type batteries as children can easily swallow them. Consider getting rid of any toys or gadgets that use them.

• **Fires/burns** Here are a few things that you can do to prevent fires and burns in your home:

- ✓ Keep your water heater at a low temperature of 120 degrees.
- ✓ Use the back burners on the stove when possible. Children can't reach them and there's less of a chance of a hot pot getting knocked off of the stove.
- ✓ Keep candles and other open flames out of reach of children.
- ✓ Stay focused in the kitchen and never walk away from a pot that is in use.
- ✓ Keep clothes irons and curling irons out of reach of children and don't balance them precariously on counters or ironing boards. Teach children that irons and curling irons can remain hot even after they have been unplugged.
- ✓ Keep space heaters at least three feet away from flammable things like curtains and clothing.
- ✓ Don't cook and hold a small baby or child at the same time.
- ✓ Don't eat or drink anything hot while a baby or small child is sitting on your



**Fig. 1.1.3 Chemical Poison**

Page 15 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

- **Suffocation and choking**

Suffocation occurs when the stoppage or disturbance of respiration, as by strangulation Chocking on food, or other exclusion of oxygenated air occurs.

Here are a few things that you can do to prevent choking and suffocation in your home:

- **Suffocation:**

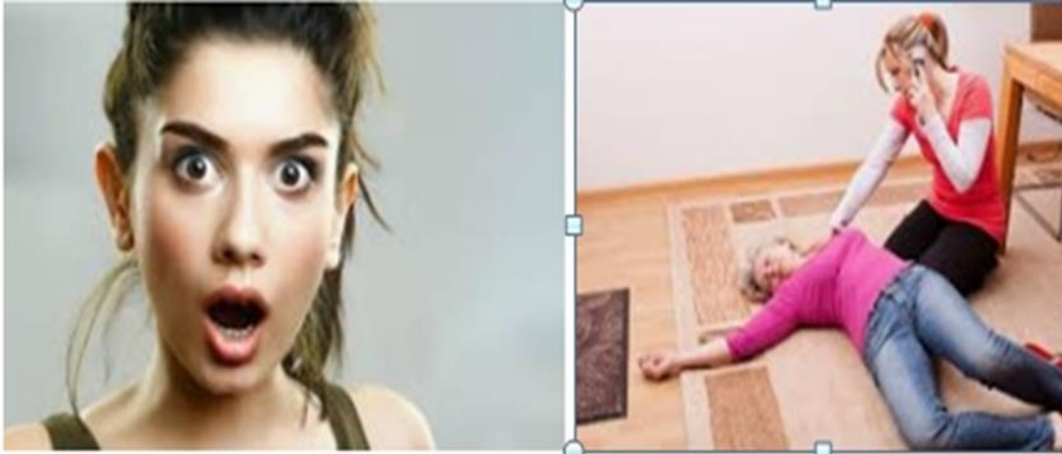
- ✓ Don't place an infant face down on a soft surface like a waterbed, comforter, or pillow or on a mattress that is covered in plastic.
- ✓ Keep infant's crib free of soft items like blankets, pillows, bumpers, and stuffed animals.
- ✓ Use a crib mattress that fits snugly without any spaces on the sides where your baby can get stuck. Also, make sure that the sheets fit the mattress snugly and won't get wrapped around your baby's head.
- ✓ An infant should not sleep in an adult's bed, especially if adults are in it. Infants should also not sleep in the same bed as other children.
- ✓ Infants should also not sleep on couches, chairs, or other soft surfaces.
- ✓ Keep all plastic bags out of reach of children. That includes shopping bags, sandwich bags, and dry cleaning bags.
- ✓ Keep uninflated balloons out of reach of young children and dispose of the pieces if they break.
- ✓ Put child resistant locks on any airtight spaces that a child could climb into like a freezer.

- **Choking:**

- ✓ Have kids sit and chew their food thoroughly when eating so that they are less likely to swallow food whole.
- ✓ During adult parties, make sure that nuts and other foods are quickly cleaned up and inaccessible.
- ✓ Make sure that kids under four don't have access to hard, smooth foods that can block their airway like nuts, sunflower seeds, cherries, raw carrots, popcorn, etc.. Also be careful with soft foods like cheese cubes, hot dogs, and grapes. Make sure to always cut them into small pieces.

Page 16 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

Regularly, get down on your hands and knees to inspect play areas for small choking hazards that are within grabbing range like pieces of toys, coins, balloons, balls, batteries, jewelry, etc.. Also check in couch cushions.



**Fig. 1.1.3. Choking**

- **Strangulation:**

- ✓ Make sure that all window treatment cords are tied down and that the ends are cut so that they do not end in a loop. Better yet, replace them with cordless designs.
- ✓ Don't put necklaces or headbands on your infant.
- ✓ Cut all drawstrings out of your child's hoods, jackets, waistbands, etc..
- ✓ Don't leave babies unattended in strollers as they can become tangled in the straps and strangle themselves.
- ✓ Make sure that an infant child cannot get his or her head stuck between the slats of their crib. Also make sure that mattress and bedding fits snugly.
- ✓ Never tie a pacifier around your baby's neck or otherwise attach it to their clothing.
- ✓ Don't hang things like bags or purses on a crib.
- ✓ Always remove your infant's bib after mealtimes.





**Fig. 1.1.3 Strangulation**

- **Drowning:**

means to die under water or other liquid of suffocation or to kill by submerging under water or



other liquid.

**Fig. 1.1.3 Drowning**

- **Working in Confined Spaces**

A confined space is a place that is substantially (although not always entirely) enclosed where there is a risk of death or serious injury from hazardous substances or dangerous conditions (e.g.

Page 18 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

lack of oxygen). Very often, injuries and deaths occur as a result of work being carried out such as welding, painting, flame cutting, use of chemicals. Places can also become confined spaces during construction work, fabrication or modification.

What are the risks of working in confined spaces?

- ✓ lack of oxygen
- ✓ poisonous gas, fume or vapor
- ✓ liquids and solids suddenly filling the confined space, or releasing gases into it when disturbed
- ✓ fire and explosions
- ✓ residues left behind which can give off gas, fume or vapor
- ✓ dust
- ✓ Hot working conditions

- **Hazardous Substances**

They are those substances classified as toxic, very toxic, corrosive, harmful or irritant.

Biological agents and dusts in substantial concentrations are also classified as hazardous substances. Hazardous Substances are used in many workplaces and take many different forms. Solids, liquids, gases, mists and fumes can be present in the workplace. Exposure to hazardous substances can affect the body in many different ways. Skin contact, inhalation and ingestion can cause damage.

What risks do Hazardous Substances present?

Hazardous Substances can cause short- and long-term health problems. They can cause serious ill health including cancers, dermatitis and asthma. Cleaner splashing bleach on their skin could cause a burn or inflammation, which will have little long-term effect in most cases. However, a splash in the eye could cause permanent damage to their sight.

- **Carbon monoxide**

What is Carbon Monoxide?

Carbon Monoxide (CO) is a colorless, odorless and deadly gas produced by the incomplete burning of fossil fuels. CO is produced by all fuel burning appliances These fuels can be natural

Page 19 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

gas, oil, kerosene, coal or wood. Carbon monoxide replaces oxygen in the blood, interfering with the transport of needed oxygen to cells in the body.

## 1.2 .Minimize immediate risk to self and health and safety of the casualty

The action you need to take to minimize risk will depend on the hazard you have identified. Only act to address identified issues where they pose a risk. Generally speaking, casualties should not be moved until they have been assessed as being safe to move BUT if there is a serious and immediate risk of extra injury to a casualty from an identified hazard it is standard practice to move them away from the hazard.

If un injured by standers are near an identified hazard, they must be told to move away to a safe location. Whenever there is identified danger from fire, gas leaks or smoke the emergency fire authorities must be called. Where there is an identified hazard from electricity, the electricity supply company or someone from within the work place with knowledge of how to turn off the power must be contacted.

Other action may include:

- If there is a fire near the casualty—call the fire brigade, move the casualty out of the danger zone or fight the fire with nearby hoses, fire blanket or extinguisher
- If the casualty's situation is being made worse by rain or sunshine— provide cover to the person
- If gas is leaking from a damaged appliance—turn off the gas at the stop valve and make sure no one is smoking
- If unstable items are near-by and posing a risk of— either move the items or casualty
- If the casualty is in a position where they are likely to be run over by vehicles —move them or take action to stop traffic.

Immediate risks include:

- ✓ risks from equipment, machinery and substances
- ✓ risks from first aid equipment
- ✓ environmental risks
- ✓ exposure to blood and other body substances

Page 20 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--



- ✓ risk of further injury to the casualty
- ✓ risks associated with the proximity of other workers and bystanders
- ✓ risks from vehicles

### 1.2.1. Introducing on mitigating risks or risk mitigation

Risk mitigation is the process of planning for disasters and having a way to lessen negative impacts. Although the principle of risk mitigation is to prepare a business for all potential risks, a proper risk mitigation plan will weigh the impact of each risk and prioritize planning around that impact.

At its simplest, risk mitigation lowers exposure to risk, or moderates the adverse effects. A slightly more complete risk mitigation definition is “developing preventative and reactive action plans for reducing the likelihood of risk, or damage from risk.” Within the procurement and supply chain environment, the risk mitigation process includes using appropriate measures to secure supply.

Risk mitigation can also be thought of as risk control. For example, regular maintenance of a machine can help you control the risk of breakdowns. This preventative effort to mitigate or control risk costs money or resources. However, the cost of reacting to risk can end up being much higher.

The ultimate purpose of risk identification and interpretation is to prepare for risk mitigation. Mitigation includes of the likelihood that a risk event will occur and/or reduction of the effect of a risk event if it does occur.

### 1.2.2. Risk Mitigation Planning

Risk management planning needs to be an ongoing effort that cannot stop after a qualitative risk assessment. Risk management includes front-end planning of how major risks will be mitigated and managed once identified.

- **Risk mitigation plans should**

- ✓ Characterize the root causes of risks that have been identified and quantified in earlier phases of the risk management process.
- ✓ Evaluate risk interactions and common causes.

Page 21 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- ✓ Identify alternative mitigation strategies, methods, and tools for each major risk.
- ✓ Assess and prioritize mitigation alternatives.
- ✓ Select and commit the resources required for specific risk mitigation alternatives.

### 1.2.3. Strategies to risk mitigation

These strategies include risk avoidance, transfer, elimination, sharing and reducing to an acceptable level. We have to keep in mind that there are always some risks and that's why the fundamental question is not how to eliminate the risk but how to deal with the risk in a way to reduce to the minimum level the impact or the probability of occurrence.

The possible strategies to mitigate risk:

- **Risk acceptance or risk retention** - when we accept the identified risk and do not take any other action in order to reduce the risk because we can accept its impact - the possible consequences. We simply risk it.
- **Risk reduction** - when we take some measures (countermeasure) to reduce the risk to an acceptable level.
- **Risk transfer** - when we transfer the risk to another person or entity. In practice, companies can for instance get an insurance (transfer of risk to an insurance agency) or can transfer the risk to another company by means of outsourcing.
- **Risk avoidance** - when we decide not to realize our intention from which the risk arises, for example, it means that we will not launch our project or will not conclude a contract.

### 1.3. Injuries, illnesses and conditions

Employees have a legal right to expect a safe and healthy work environment. Even though it may seem as if workplace health and safety is an obligation and cost to business owners, it has advantages in productivity and loyalty. Employers must understand that a safe workplace is a key component to developing a positive corporate culture

Most employers would agree that preventing accidents and potential death to employees is a natural priority.

Most safety issues don't arise out of nefarious intentions but come when work cut corners and don't take the time to train their employees properly on safety protocol

Page 22 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

- **Disadvantages of Injuries, illnesses and conditions**

#### **A. Injuries Cost Time and Money**

Employers are required to have workers' compensation insurance policies, but injuries increase the basic costs. Also, if an employer is underinsured, the gap of coverage is the responsibility of the employer.

Employers must continue to pay employees who miss work while they are out as a result of a workplace injury or illness. If the absence is long-term, the employer might need to hire another person to replace the injured employee temporarily.

#### **B. Fewer Injuries Increase Productivity**

Workplace injuries and unsafe working environments are bad for employee morale. An employee who is concerned about being hurt isn't able to devote full attention to daily work tasks. Employers who maintain a safe and healthy work environment and conduct employee training on safety build a stronger relationship with employees. Employees no longer feel like a means to an end but part of a team working together. This creates loyalty and increases team morale, which has a direct correlation to productivity.

#### **C. Increase Public Perception**

A restaurant that uses unsafe cooking practices isn't going to attract customers because they fear illness. Similarly, customers don't want to walk into a cluttered store with potential tripping hazards. Employer must understand that safety goes well beyond their employees. When thinking about productivity, positive team morale increases positive customer interactions, which leads to customer retention and loyalty.

#### **D. Minimizing Legal Liabilities**

The Department of Labor oversees the Occupational Safety and Health Act. Simply put, the act states that people have a right to feel and be safe at work. It sets forth minimum standards for various industries and work environments. Current OSHA posters must be posted in places where all employees can read and review them at will. Should employers violate safety laws, legal and financial ramifications may occur.

Accidents happen even in the safest workplaces. Even if employers have workers' compensation insurance, if they are negligent in providing a safe and healthy work environment, employees or a deceased employee's family can sue for damages.

Page 23 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

### 1.3.1. Protect the neck

If you ever have to move a casualty because they or you may be in danger, do whatever you can to protect the neck against movement. This is vitally important where the casualty is unconscious and you are un sure what injuries they have.

To help protect the neck:

- Keep the casualty still– tell the casualty not to move
- Kneel behind the head and place your hands on
- Either side to support it–with the head, neck and spine in a straight line
- Put rolled up towels, blankets, or clothing on each Side of the casualty head to keep it from moving.



**Fig. 1.3.1 Protecting Neck**

### 1.3.2. Use bystanders to help you

Always be alert to the possibility of asking others to assist you by calling emergency services

- Moving items
- Helping to move the casualty
- Using fire-fighting equipment.

This could include other staff, bystanders, customers, management, friends or family of the casualty. Remember others are often prepared and willing to help if they are told what to do.



**Fig. 1.3.2. Use bystanders to help you**

Page 24 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

### 1.3.3. Fire man's Carry to move casualties

The,, Fire man's Carry" is used to move unconscious people or casualties who are un able to walk. Do not use the Fire man's Carry if the casualty has an injured arm, leg, ribs, neck, or back. The steps for the Fire mans Carry are:

- Place the casualty face down

Grab the person around the waist help bring him or her to a standing position, facing you

- Keep one arm around his or her waist when you have him or her in the standing position
- Grasp the casualty's right arm in your left hand and swing his or her arm around the Back of your neck
- Pull him or her across your shoulders by bringing his or her raised arm around your neck and over your shoulder. In this position, the injured person's legs will be over one shoulder, and his or her arm and head will be over the other shoulder
- Reposition your hand from the person's waist to the back of his or her knee
- Lift yourself with the injured person in to a standing position.



**Fig.1.3.3. Carry' to move casualties**

Page 25 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

#### 1.3.4. Casualty's vital signs and physical condition

Vital signs- are measurements of the body's most basic functions. Vital signs are useful in detecting or monitoring medical problems. Vital signs can be measured in a medical setting, at home, at the site of a medical emergency, or elsewhere.

Before you give first aid, you must assess to the best of your ability the situation you are facing. To re-cap, the important aspects are:

- Check for danger to you, the casualty and others. Look for obvious, immediate, life-threatening hazards such as fire, the possibility of a gas explosion, and electrical hazards
- If there is danger around, you will need to move yourself and your casualty to prevent further injury to anyone
- If you think the casualty has a spinal injury, take care to stop more damage to the spine by stopping movement of the casualty's neck and back.

##### A. Danger - Assess situation and check for danger

Before you give first aid, you must assess to the best of your ability the situation you are facing. To re-cap, the important aspects are:

- Check for danger to you, the casualty and others. Look for obvious, immediate, life-threatening hazards such as fire, the possibility of a gas explosion, and electrical hazards
- If there is danger around, you will need to move yourself and your casualty to prevent further injury to anyone
- If you think the casualty has a spinal injury, take care to stop more damage to the spine by stopping movement of the casualty's neck and back.

##### B. Response– Check to see if the person is conscious or unconscious

- Response is a step enabling you to determine if the casualty is conscious or unconscious.
- Try and get a response from the casualty by gently tapping his or her shoulder and calling his or her name
- Avoid shaking them as this may worsen an existing injury

Page 26 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- Get a history – ask the casualty or any witnesses who saw the incident: What happened?
- Does the casualty have a neck or back injury? Does the casualty have an allergic reaction?
- Identify how the casualty feels. Ask: How do you feel? “Do you feel dizzy or weak?”, „Do you have pain? Where? For how long?
- Check the physical condition of the casualty– take a look at them and around them.

Is there evidence:

- ✓ Of bleeding? Where from? How badly?
- ✓ Bones are broken?
- ✓ Of swelling, bites, burns, scald?
- ✓ Of possible neck or back injury?
- ✓ They are suffering allergic reactions–perhaps to food, sting or bite?
- ✓ The casualty is in shock– symptoms of shock include:
  - Sweaty but cool skin, pale color or bluish skin around the mouth
  - Shallow, fast breathing
  - Rapid pulse that becomes weaker
  - As shock progresses, you will see the casualty has:
  - Anxiety–they will appear restless, agitated, worried
  - Unusual thirst
  - Yawning and sighing
  - Nausea

### C. Airway–Check to make sure the air way is free of obstructions

- ✓ If casualty is not breathing, open the air way by placing one hand on their forehead and gently tilt the head back by lifting the chin
- ✓ Remove any visible obstructions (vomit, mucus, saliva, false teeth, loose or broken teeth, food and tongue) from the mouth and nose to unblock the airways
- ✓ If obstructions are present the casualty will not be able to breathe and the obstruction will also impede the provision of rescue breathing /mouth-to-mouth resuscitation also known as EAR (Expired Air Resuscitation).



**Fig 1.3.4. Airway Checking**

### D. Breathing–Check to determine if casualty if breathing

- Check breathing by looking (to watch the rise and fall of chest), listening (to the sounds of in haling and exhaling) and feeling for breathing (by placing your cheek next to their mouth and feeling for exhaled breath on your cheek) for up to 10 seconds. Is the casualty breathing regular or irregular?
- If casualty is not breathing, administer rescue breathing /mouth-to-mouth resuscitation /EAR.

If casualty is breathing:

- Continue to monitor it to ensure they continue to breathe
- Apply rescue breathing if their breathing stops. Note their respiration rate so it can be communicated to professionals when they arrive.

Page 28 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--



The four main vital signs routinely monitored by medical professionals and health care providers include the following:

- Respiration rate (rate of breathing )
- Blood pressure (Blood pressure is not considered a vital sign, but is often measured along with the vital signs.)
- Pulse rate
- Body temperature

**I. Respiration rate**-is the rate at which the casualty is breathing. To determine the respiration rate for a casualty, watch their chest or stomach rise and fall for 15 seconds counting how many times it rises. Multiply this figure by four to obtain respirations per minute.

Write down your findings so they can be passed on to professional medical help when they arrive.



**Fig 1.3.4 Breath checking**

Respiration rates describes:

- The normal range of respiration rates in an adult when resting is 12 to 20 respirations per minute
- Respiration rate below 12 respirations per minute is called slow
- Respiration rate above 20 respirations per minute is rapid
- A breathing rate slower than 12 respirations per minute or faster than 20 respirations per minute may indicate a problem affecting the casualty's ability to get oxygen.

Page 29 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

## II. Circulation–Check to see if the person has a pulse

- This will indicate whether or not their heart is beating
- Without a pulse, there is no heart beating and there is no circulation
- If you cannot detect a pulse, commence chest compressions
- If casualty is not breathing **and** there is no pulse, administer CPR (Cardio-Pulmonary Resuscitation). This is a first aid technique combining rescue breathing and external chest compressions.

## III. Pulse finding

It is important to take the pulse of a casualty to determine if their heart is still beating or not. No pulse means their heart is not beating and chest compressions must commence.

If there is no pulse and there is no sign of breathing, CPR (cardio-pulmonary resuscitation) must commence. A good point for taking the pulse is the neck (carotid arteries). Place the middle and index fingers on the casualty's larynx (voice box).

- Move the fingers to the side until you feel the groove (between the bone and the muscle) next to the trachea (wind pipe), then press on the groove until you feel the pulse.
- Place the tips of your index and middle fingers over the pulse site and press gently. Using a watch with a second hand.
- Count the pulse for 15 seconds and then multiply by four to obtain beats per minute.
- Write down your findings.
- **pulse rate Vital signs :**
  - ✓ A normal pulse rate for an adult when resting is 60 to 80 beats per minute. The average is 72 beats per minute.
  - ✓ A resting pulse rate of more than 80 beats per minute is a higher than normal pulse rate. This can be caused by shock, bleeding, heat, dehydration, fever, pain or exercise.

Page 30 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- **Using history signs and symptoms**

- ✓ If the casualty is conscious and able to talk, speak to them to obtain whatever history is available relating to their condition. By putting the history, signs and symptoms together, you will have a better assessment of the injury.

For example:

- ✓ The casualty's chest pain came on quickly
- ✓ The casualty has had chest pain for more than 10 minutes and is short of breath and sweating
- ✓ The casualty is experiencing pain in the chest that is spreading down the arms. They also feel weak and dizzy



**Fig 1.3.4 Checking pulse rate**

#### **IV. Body temperature**

The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, time of day, and, in women, the stage of the menstrual cycle. Normal body temperature can range from 97.8 degrees F (or Fahrenheit, equivalent to 36.5 degrees C, or Celsius) to 99 degrees F (37.2 degrees C) for a healthy adult. A person's body temperature can be taken in any of:- Orally, Rectally, Maxillary, By ear, By skin.

Vital signs may include, but not limited to:

- **Consciousness**- the state of being aware of and responsive to one's surroundings
- **Breathing** - Breathing is the process of moving air into and out of the lungs, which are the organs in which gas exchange takes place between the atmosphere and the body. Breathing is also called ventilation, and it is one of two parts of the life-sustaining process of respiration, the other part being gas exchange
- **Circulation** - the flow of blood through the heart and blood vessels, and the flow of lymph through the lymph vessels

Page 32 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

<b>Self check - 1</b>	<b>Witten Question</b>
-----------------------	------------------------

**Part I. Choose the best answer.**

- Evisceration is an abdominal injury in which the organs are actually visible.
  - True
  - False
  - None
- A breaking in the skin or the mucus membrane
  - Open wound
  - Closed wound
  - Open fracture
  - Closed Fracture
- Occurs when body tissue is cut on Knife. Rough edges of metal, broken glass or other sharp objects .
  - Abrasion
  - Incision
  - Puncture
  - Laceration
  - Avulsion
- Bleeding inside body cavity
  - Internal bleeding
  - External bleeding
  - All
- Which one is a technique of stopping severe bleeding?
  - Direct pressure
  - Elevation
  - Applying Tourniquet
  - All
- Which one of the following is a cause for shock ?
  - Trauma
  - Heart failure
  - Sever bleeding
  - Loss of plasma
  - All
- Sign and symptom of poisoning
  - Redness around the mouth
  - Vomiting
  - Breathing smell of chemical
  - Difficult breathing
  - All
- Young children in the household most probably poison from
  - Cosmetics
  - Plants
  - Personal care items
  - Cleaning solutions
  - All
- The main function of the skeletal system is:
  - Protection
  - Storage of minerals
  - Support
  - Producing motion
  - All of the above

10. Muscular pump that drives the blood through the blood vessels

- A. Lung                      C. Stomach                      E. Intestine  
B. Heart                      D. Liver

**Part II. Answer the following question accordingly**

11. What are the function of the blood.

12. Digestive system consists of -----&----- . Write the three classifications of Burn .

- A. ....  
B. ....  
C. ....

13. Write the two types of wound

- A/.....  
B/.....

## Unit Two: Apply basic first aid techniques

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- First aid Management
- First aid assistance
- Casualty's condition

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Understand First aid Management
- Give First aid assistance
- Monitor Casualty's condition

## 2.1 Providing information calmly

Information is provided calmly to reassure casualty and adopting a communication style.

Calmly provide information to reassure casualty, adopting a communication style to match the casualty's level of consciousness.

Adopt a relaxed, neutral physical stance. Don't let your feelings interfere with your ability to communicate positively.

Calming : free of disturbance or strong feeling. Some people undergo amazing transformations in emergencies: They can make a solid plan and tell everyone what to do in calm voice

- **Here are some tips from survival and medical experts:**

- ✓ **Get educated.** The number one thing you can do to stay calm is to be relatively confident that you know what to do. Learn basic first aid, be prepared with (at least) basic supplies, learn some survival skills and The more you know the less likely you are to panic.
- ✓ **Focus on a goal.** The magnitude of things going on during an emergency can overwhelm many people. Practice tuning everything out except the one thing you're doing and learn to focus on one task at a time. If the house is on fire, focus on getting the people out. If you're performing CPR, just do that one thing. If you're the one calling 911, focus on the conversation with the operator and nothing else.
- ✓ **Breathe.** In emergencies, the body naturally kicks into “fight or flight” mode. It's common to start breathing rapidly and shallowly in the top of the chest – almost as if you have been running away from danger. You can override it by consciously taking long, deep breaths that feel like they're filling the belly instead of the lungs. Tell the body you're calm and the mind will follow.
- ✓ **Learn to adapt.** Almost every day we find ourselves facing a situation that didn't go as planned. Experts say that the people who practice adapting instead of resisting unplanned

Page 36 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--



outcomes are more calm in general. The next time something small goes wrong in your day, view it as an opportunity to practice a critical survival skill.

- ✓ **Be bold.** We are so attuned to following the rules that it can be difficult to break social rules when we need to. In emergencies it's perfectly okay to take emergency measures like disturbing the peace, bossing around total strangers, ripping expensive clothing or taking charge of someone else's property as needed to save lives.
- ✓ **Take care of yourself.** For a healthy portion of the population, panic and worry don't just dissipate when an emergency is over. Emergency situations, or the threat of an emergency situation, can cause prolonged panic, anxiety and worry that can keep you from being clear-headed in daily life. If you find yourself panicking or worrying instead of taking charge, learn a few tricks to manage anxiety.
- ✓ **Reassuring:** - means to restore to assurance or confidence
  - The psychological value of reassurance is as important in first aid as the treatment that you give. Comfort and reassure the casualty, as in some cases all the casualty needs is emotional support and reassurance.
  - Feeling frightened and panicked could make things worse for you. Feeling this way will increase your blood pressure and pulse causing more pain and more bleeding. This will in turn cause more anxiety and panic
  - Avoid allowing any person panicking/fearing at the scene be it a victim or bystander to affect you. Staying calm and collected can prevent panic within the group as well as minimize any damage

## 2.2.Available resources and equipment

Often confused with equipment, resources differ in that they are typically items or locations inside or outside of an organization's building(s). They can be scheduled, as well as serve as a housing unit for particular equipment items.

### 2.2.1 Automated External Defibrillator /AED/ equipment

There are several brands of AED's available in NZ. They are all effective, but there are

Page 37 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

differences in their design and operation. If you have regular access to an AED, it is important that you familiarize yourself with its operation. It helps the heart muscle that pumps blood around the body effectively. This function is achieved through a mechanical contraction of the heart initiated by a coordinated electrical stimulation from within the heart.

An AED is a device that has been designed in a way that a person with little or no training can use it effectively and safely, to defibrillate a casualty within 60 seconds.



**Fig.2.2.1. Automated Defibrillator.**

To operate an AED:

1. Turn the device on (there will be a clearly marked On/Off button).
2. Once the device is turned on, the device will start charging and provide audible prompts.
3. Follow all the instructions given by the AED.

Safety considerations:

Always keep in mind the following safety considerations:

- Do not touch patient when shocking, make sure everyone is clear
- Do not use the AED in flammable environments
- Do not use the AED on casualties who are lying in water
- Do not use the AED on casualties who are lying on metal surfaces.

Indications for use:

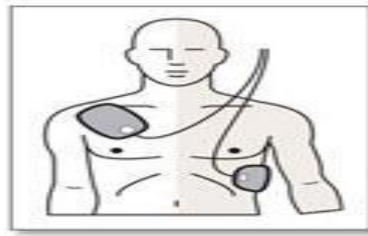
The AED should be used on all unresponsive casualties who are inadequately breathing or not breathing.

• **Placement of pads**

Follow the manufacturer's directions for specific placement of pads on the casualty's body.

1. Using a razor (if provided), quickly remove excess hair to assist with adhesion of the pads.
2. Dry the chest of excessive moisture to assist with adhesion.

Page 38 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--



### 2.2.1 Pad placement on an adult

- Child Pad Placement**

There are specific child pads designed to reduce the size of the shock delivered to children aged 1 to 8, and they should always be used if available. If the AED does not have a pediatric mode or pediatric pads, then the standard adult AED and pads can be used. Ensure the pads do not touch each other on the child's chest. This may require the one pad to be placed on the centre of the chest and the other one on their back, slightly to one side. If child pads are not available, you can use adult pads placed in the front and back position.

### 2.2.2 First aid kit

First aid is the first and immediate assistance given to any person with either a minor or serious illness or injury, with care provided to preserve life.

No one really ever expects to need first aid treatment, but we're all human and accidents happen. When those accidents happen and you are in need of help, a first aid kit can be a life saver!

First Aid kits are an essential for being prepare for an emergency. No matter if you just get a small paper cut and are in need of a band aid or you accidentally break a finger, your first thought it always "where is the first aid kit". Owning and carrying a first aid kit is an easy and painless way to prepare yourself for these unpleasant circumstances.



**Fig. 2.2.2 First Aid Kit**

### 2.2.3 Auto-injector

Manufacturer of a wide range of products which include Reusable Insulin Auto Injector Pen For Self Injection , Long Acting, Prefilled Diabetic Insulin Pen Safety Needles Auto Injection Devices, 3ml Cartridge Needle Hidden Vaccination.



**Fig.2.2.3.Auto injector**

### 2.2.4 Puffer/inhaler

The majority of asthmatic casualties carry medication to prevent and relieve symptoms. Such medication taken by inhaler.



**Fig.2.2.4.Vetoing Inhaler**

Page 40 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

### 2.2.5 Resuscitation mask or barrier and Spacer device



**Fig. 2.2.5.Bag / Valve / Mask Device**

A Bag Valve Mask (BVM) Resuscitator is a manually operated air/oxygen delivery device, suited to casualties who are breathing inadequately or not breathing. It has a reservoir bag attached that increases the delivery of oxygen (if fitted). Some organizations have a BVM Resuscitator as part of their first aid equipment

### 2.2.6 Disposable gloves , CPR face shields , CPR pocket mask



Disposable Gloves



CPR Face Shield



CPR Pocket Mask

**Fig .2.2.6. Health Apparatus**

Page 41 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

### 2.3. Casualty in a culturally aware, sensitive and respectful manner

According to the Youth Mental Health First Aid (YMHFA) curriculum, culture shapes people's attitudes, beliefs and behaviors when it comes to wellbeing, including mental health. For example, some people may want their family to be part of their mental health decisions, and some people may not. In many ways, every encounter you have is likely a cross-cultural one, as everyone is a member of multiple cultural groups based on a variety of factors such as race, ethnicity, faith, region, type of work, level of education, physical ability or disability status and so much more.

As a First Aider, it's important to do your homework and understand how to create a culturally safe environment when helping children and youth from cultural backgrounds different from your own to create trust. When providing Mental Health First Aid to a young person, remember these three ways to create a culturally safe environment:

Respect the culture of the community by using appropriate language and behavior.

Never do anything that causes the person to feel shame.

Support the person's right to make decisions about seeking culturally based care.

Let's dive into a few important cultural considerations to keep in mind when communicating with and providing support to children and youth from diverse backgrounds.

Learn about the young person's culture and concept of mental illness.

For example, some people may want help from a chaplain, spiritual leader, or healer vs. a medical doctor. To learn about their preferences, ask questions about what the young person needs rather than acting based on what you think they need.

Know what is acceptable, and what is not, in a young person's culture.

Depending on a person's culture, their experiences, beliefs and behaviors may be misdiagnosed or mislabeled as mental illness by those who don't understand the cultural context.

Know what culturally appropriate communication is.

Page 42 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

Did you know that in some communities, eye contact can be viewed as a way of reprimanding someone rather than a sign of respect? In others, it may be seen as inappropriate for a young person to speak alone with an adult of the opposite sex – even if they are seeking support for a mental health challenge. Be aware of these possibilities and make sure the young person’s sense of safety and comfort is at the forefront of your mind.

Do not shame the young person, their family or community.

The concept of shame can be a barrier to seeking help or even sharing honestly about their circumstances. Be mindful of the language and behaviors you use and ask yourself, “Could my words and actions be triggering any feelings of shame for this person? Can I adjust my approach to make them feel safer and more understood?” One way to help them feel comfortable is to ask questions about what has happened to the young person rather than what is wrong with them.

Use community and family supports.

Informal supports such as a young person’s social networks, including family members, respected elders or even a community liaison, can be vital, especially if access to professional services is limited. Encourage the young person to build their network and tap into these social supports when needed.

Be mindful of young people who are immigrants and refugees.

A young person who has moved to the United States from abroad may have experienced trauma in their country of origin, perhaps because of war, poverty, oppressive government or separation from family members. Young people in immigrant and refugee families are also at increased risk of experiencing racial discrimination; language barriers; lack of access to formal services and supports and more. If you’re from a community with a large migrant or refugee population, consider reading up on what culturally appropriate services are available for young people in your area.

Be aware of the possibility of a history of abuse or neglect.

In any culture, abuse is a significant risk factor for developing mental health challenges. It can often cause young people to be entirely disengaged and distrustful of adults, or alternatively, seek inappropriate attachment and affection from adults. When helping a young person with this kind of history, it’s important to:

- Be predictable and consistent with your interactions.

Page 43 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--



- Be firm about what your role as a First Aider is and the limitations of your role (e.g., First Aiders DO NOT diagnose or treat).

## 2.4. The nature of casualty's injury and relevant first aid procedures

Causality is a genetic connection of phenomena through which one thing (the cause) under certain conditions gives rise to, causes something else (the effect). The essence of causality is the generation and determination of one phenomenon by another. An injury is damage to your body. It is a general term that refers to harm caused by accidents, falls,

hits, weapons, and more. In the U.S., millions of people injure themselves every year. These injuries range from minor to life-threatening. Any type of injury has its own nature and relevant first aid procedures.

Causality is not often disputed in criminal prosecutions because the nature of the exposure (eg, gunshot, knife, blunt trauma) is strongly associated with the nature of the work.

## 2.5. First aid management

First aid management is the process providing first aid to people who are injured or ill in the workplace, maintaining first aid kits after utilization in a medical emergency, recording treatments and reporting treatment and incidents, maintaining a current first aid qualification.

Ways of First aid management include:

- workplace policies and procedures
- industry/ site specific regulations, codes etc
- OHS requirements
- state and territory workplace health and safety legislative requirements
- location and nature of the incident
- situational risks associated with, for example, electrical and biological hazards, weather, motor vehicle accidents
- location of emergency services personnel
- The use and availability of first aid equipment and resources
- Infection control

Page 44 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--



- Legal and social responsibilities of first aider

## 2.6. Established first aid principles

### 2.6.1 Definition of First Aid

First Aid is the emergency care and treatment of a sick or injured person before more advanced medical assistance, in the form of the emergency medical services (EMS) arrives.

### 2.6.2 Responsibilities of a first aider

- Preserve life and provide initial emergency care and treatment to sick or injured people
- Protect the unconscious
- Prevent a casualty's condition from becoming worse
- Promote the recovery of the casualty.

### 2.6.3 Philosophy of First Aid

In the pre-hospital setting, the key contributors to survival and recovery from illness and injury are prompt and effective maintenance of the body's primary functions:

- Airway
- Breathing
- Circulation
- Bleeding control (life threatening)

Medical research data suggests that effective support of these basic functions provides the most significant contribution to positive outcomes for casualties in the pre-hospital setting.

### 2.6.4 Importance of established first aid principles

- Preserve life
- Prevent illness, injury and condition(s) becoming worse
- Promote recovery
- Protect the unconscious casualty

Responding with first aid principles When monitoring a casualty and waiting for professional help to arrive:

Page 45 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- Re assure the casualty they are doing fine
- Double-check someone has called for professional medical personnel to attend
- Do not allow them to smoke
- Do not give them alcohol
- Do not give them food
- Generally speaking, avoid giving liquids– with the exception of water to wet the lips
- Keep on-lookers away
- Keep them still
- Protect them from the natural elements including sun, rain and wind.

### 2.6.5 Seek first aid assistance

In all first aid situations there can be a need to call on others who are not professional medical people to help you provide the basic first aid necessary.

#### Factors to consider

In addition to volunteers, assistance at the scene may be sought from:

- Other staff and colleagues
- Members of the public
- Friends or family members of casualty.

When seeking first aid assistance from others, consider the following

- Never be afraid to ask for help
  - Most people are prepared to help even if they do not know what to do. They will do
  - What you ask them to do.
- 
- A vital thing they can do is to confirm professional medical help is on the way.

Page 46 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

They can be asked to:

- ✓ Give information about causes of the incident and injury
  - ✓ Provide directions to emergency services to help them get quickly to the scene
  - ✓ Contact friends or relatives of the casualty, so they can attend and perhaps provide history about the casualty
  - ✓ Help protect the casualty from further injury
  - ✓ Communicate with emergency services to provide them with updates
  - ✓ Communicate with emergency services to obtain advice
  - ✓ Record verbal information you give them—vital signs and condition of casualty
  - ✓ Obtain first aid requisites for you including fetching bandages or slings from the first aid room/ main office
- If one person refuses to help, ask someone else. Never assume just because one person has refused, everyone will refuse.

#### **2.6.6. Timing- Identify possible helpers immediately**

Always identify potential helpers as soon as possible when you arrive on scene. Ask questions such as:

- “Does anyone have first aid experience or Qualifications?”
- “Can anyone here help me if I need help?”
- “Does anyone have a cell phone?”
- It is best to have people ready to help and not need to use them than it is to not have identified possible helpers and then find you do need them.
- When you have identified helpers Thank them
- Ask them to stand where you can communicate readily with them
- Give them a job— get them to hold something, take notes, control the crowd or provide shade.

‘Timely manner’

Obtaining assistance for others must be done in a, timely manner“. This means you must do it as soon as you identify a need for help from others. For example, you may be dealing quite competently with a casualty but suddenly find changes in the environment or condition of the casualty. As soon as this is identified, action must be taken to obtain help from others immediately. Do whatever is needed – call out, ask bystanders or use your cell phone to call for help.

## 2.7. First aid assistance

First aid is the first and immediate assistance given to any person with either a minor or serious illness or injury, with care provided to preserve life. Tips to develop more positive and healthy relationships to give assistance for others include:

- Accept and celebrate differences.
- Listen effectively
- Give people your time
- Develop your communication skills.
- Manage mobile technology.
- Learn to give and take feedback.
- Learn to trust more
- Develop empathy

Personal care and support requirements

- Types of bath
  - ✓ Bed bath
  - ✓ Self-help bed bath
  - ✓ Partial bath
  - ✓ Tub bath
  - ✓ Shower
  - ✓ Dressing and Undressing

Page 48 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- ✓ Eating and Drinking
- ✓ Giving and receiving bedpans and urinals

### 2.7.1.Assistance and supervision in taking medication

Medicine is a substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people ,Medicines may be required for or to:

- Management of short-term or chronic conditions
- Supplement deficiencies (such as in diabetes)
- Alleviate symptoms or manage pain (such as analgesics)
- Cure disease (such as antibiotics or Tuberculosis (TB) medicines)
- Prevent disease (such as a vaccine)
- Lifestyle (such as contraceptives)

Medicines include prescribed for the client by a doctor or health professional and medicines purchased over the counter(non- prescribed).

### 2.7.2.The difference between prescription drugs and Non-Prescription or Over-the-Counter (OTC) drugs

- Prescription drugs prescribed by a doctor, bought at a pharmacy, prescribed for and intended to be used by one person and regulated by Food and Drug Administration (FDA) through the New Drug Application (NDA) process.
- Non-Prescription or OTC drugs Drugs that do NOT require a doctor's prescription, bought off-the-shelf in stores and regulated by FDA through OTC Drug monographs

There are various terms applied to medication management. It is important to understand these definitions as they outline the manner and extent of assistance that can be given to clients.

- **Administer medication:** - medication is given or applied to the person or body. This can be done by either the person themselves or by someone else qualified to undertake this procedure.
- **Monitoring self-administration of medication:** - that a carer or support worker checks

Page 49 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

whether a client has taken their medicines as ordered by their doctor.

- **Assisting with medication:** - providing physical assistance with medication. Therefore, to assist with medication means that assistance is given to someone who is able to take their medication but requires physical assistance to do so safely and effectively.
- **Self-directed care:** - where a client manages their care needs according to their preferences but may require assistance with the administration of medications which includes oral and topical medicines.

### 2.7.3. Supporting people in homecare to take their own medicines

People working in health and social care (practitioners) should carry out an assessment to find out how much support a person needs to take their own medicines.

The assessment should involve the person who is living in the care home, care home staff and, if the person wishes, their family members or carers. The assessment should include:

- Discussing what the person would like
- Checking whether there will be a risk to the person (or others) if they are responsible for taking their own medicines
- Checking how able the person is to take their own medicines
- Determining how the medicines will be stored (this is usually in a lockable cupboard or drawer in the person's room).
- Sometimes support will involve doing things like pharmacists and GPs supplying medicines in packages that make them easier to use (for example, by putting medicines for each time of day and each day of the week in a separate compartment in a box). This can help people have more control of their medicines.
- Pharmacists and GPs who supply medicines to homecare should make sure that all their staff follows an agreed process for checking that this has been done properly.
- A person who is taking medicines that need special storage should be able to get to their medicines when they need them. When a person is taking controlled drugs and is responsible for their own medicines, the care home should have a process that clearly sets out how this should be done, including what the staff should do when they are given drugs the person no longer needs and how they should get rid of them.

## A. Assistance and supervision of client with medication

- A person who requires supervision or assistance with medication usually has complex health care needs or a disability of some kind.
- This could be because of
  - ✓ A physical disability e.g. arthritic hands, poor eye sight, poor coordination, Parkinson's disease,
  - ✓ Cognitive impairment e.g. short term memory loss, dementia and
  - ✓ Through an acquired disability e.g. acquired brain injury, amputation.
- It is important that the client be encouraged to maintain their independence with medication administration as much as possible.
- There are steps which must be systematically followed in assisting a client safely with their medicine. They are :
  - ✓ Before administer
  - ✓ During administer and
  - ✓ After administer steps.
- The care/support worker must ensure clients dignity and independence throughout the procedure, as well as practicing universal precautions.

## B. Assist client in positioning

- Patient positioning is an essential aspect of medication administration.
- Maintaining good body alignment is essential principles of patient positioning that care givers must consider during administer medication.

•

### 2.7.4.Common Positions during administer medication

- **Fowler's**
  - ✓ Fowler's position is a bed position where in the head and trunk is raised 40 to 90 degrees.
  - ✓ This position is useful for patients who have cardiac, respiratory, or neurological problems and is often optimal for patients who have nasogastric tube in place.

Page 51 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- ✓ Uses for administering of oral medications



**Fig.2.7.4. Fowler positioning**

## **Techniques of assisting client with Medication**

### **A. Before the procedure**

1. Wash and dry your hands before assisting with medication
2. Discuss procedure with client
3. Collect the medication and medication chart
4. Check the integrity of the pack first
5. Check Special Considerations (e.g. expiry date)
6. Check for any Short term or out of regular hours medications i.e., 11.30am, 4.30pm
7. Check Treatment Sheets
8. Check that it is the right current medication for the right client, the right dose, the right route for the right time

### **B. During the procedure**

1. Use a new, clean or disposable cup or spoon for medication administration
2. Confirms medication is accurate by counting the number of medications listed on the blister pack and checks medication by asking client what medications they take (where appropriate)
3. Remove medication from pack (container)

Page 52 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--



4. For liquid medications, powders, ointments check the dose identification is documented on the pharmacists label
5. Assists to ensure the medication is taken as close as possible to the time written on the pharmacists label
6. State to client that their medication is to be given
7. Ensure client is sitting as upright as possible
8. Encourage the client to take their medication if they are reluctant to do so
9. Assist client to ingest medication as per special considerations
10. Provide privacy for client

#### **C. After the procedure**

1. Stay with the client and ensure all medication is ingested
2. Checks that the correct record keeping as per the service's policy is adhered to
3. Sign for medication on chart after administration of medication
4. Write "R" in the chart if medication is refused and notify the supervisor
5. Document reason for refusal, who was notified and any medical practitioner's instructions in the client's notes
6. Refused tablet/s to be returned to pharmacy
7. Secures medication appropriately and ensures adequate supplies
8. Wash and dry your hands after assisting with medication

#### **D. Observe your client:**

1. Observe the client to ensure that ingestion of medication has occurred
2. Give a drink to help with swallowing
3. Observe for any possible reaction to the medication

### **2.8. Operate First aid equipment correctly**

The Five Most Important Items for a First Aid Kit and their operation method asks skillfull man to handle the operational equipments.

- Bandages and dressings –a few adhesive bandages and gauze dressings to cover wounds.

Page 53 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- Antibiotic cream – check the expiration date.
- Scissors to cut dressings, clothing, rope, seatbelts and more.
- Needle-nose tweezers to pull out splinters, ticks, thorns and rattlesnake

## 2.9. Manual handling techniques

Manual handling is defined as any activity requiring the use of force exerted by a person to lift, push, pull, carry or otherwise move, hold or restrain any object (including a person).

Assess a situation quickly and calmly.

- Protect yourself and any casualties from danger—never put yourself at risk
- Prevent cross-contamination between yourself and the casualty as best as possible
- Comfort and reassure casualties.
- Assess the casualty: identify, as best as you can, the injury or nature of illness affecting a casualty
- Give early treatment, and treat the casualties with the most serious (life-threatening) conditions first.
- Arrange for appropriate help: call for emergency help if you suspect serious injury or illness; take or send the casualty to the hospital; transfer him into the care of a healthcare professional, or to a higher level of medical care. Stay with a casualty until care is available.

## 2.10. Casualty's condition and response

The 3 priorities when dealing with a casualty are commonly referred to as ABC, which stands for: Airway. Breathing. Circulation.

Casualty's condition include, but not limited to:

- abdominal injuries
- airway obstruction
- allergic reactions
- altered and loss of consciousness
- bleeding

Page 54 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- burns - thermal, chemical, friction, electrical
- chest pain/cardiac arrest
- injuries: cold and crush injuries; eye and ear injuries; head, neck and spinal injuries; minor skin injuries; needle stick injuries; soft tissue injuries including sprains, strains, dislocations
- near drowning
- envenomation - snake, spider, insect and marine bites
- environmental conditions such as hypothermia, hyperthermia, dehydration, heat stroke
- fractures
- medical conditions, including cardiac conditions, epilepsy, diabetes, asthma and other respiratory conditions
- no signs of life
- poisoning and toxic substances (including chemical contamination)
- respiratory distress/arrest
- seizures
- shock
- stroke
- Substance misuse - common drugs and alcohol, including illicit drugs.

### **A. Applying mouth-to-mouth resuscitation**

If the casualty is breathing, mouth-to-mouth resuscitation is not required and you must manage bleeding and other injuries. Mouth-to-mouth resuscitation should be given when diagnosis reveals the patient is not breathing.

Procedure for mouth-to-mouth resuscitation

1. Turn casualty onto their back and:

1. Kneel beside the casualty
2. Keep the casualty's head tilted back



Page 55 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

3. Pinch the casualty's nostrils with your fingers
- Resuscitation**

**Fig 2.10 Mouth-to Mouth**

4. Lift the jaw forward with your other hand
5. Take a deep breath and open your mouth wide
6. Place your mouth firmly over their mouth making an airtight seal
7. Breathe into the casualty's mouth
8. Remove your mouth and turn your head to observe the chest fall and listen or feel for exhaled air.

## **B. Recovery position**

When it has been determined the casualty is breathing, they should be placed into the 'Recovery Position'. The steps are:

- Kneel beside him or her
- Place the furthest arm at right angles to the body
- Place his or her nearest arm across the chest
- Lift his or her nearest leg at the knee so it is fully bent upwards
- Roll casualty away from you onto the side while supporting head and neck and keeping the leg at right angles with the knee touching the ground.

## **C. Applying cardio-pulmonary resuscitation**

If the casualty is not breathing and has no pulse, administer cardio-pulmonary resuscitation (CPR). Where CPR is needed, it must take priority over treating other injuries.

To apply CPR to an adult:

- Ask somebody to call an ambulance or summon assistance from on-site professionals
- Start CPR:
  - ✓ Place one hand on the breast bone (centre of chest)
  - ✓ Place other hand on top of hand positioned on breast bone

Page 56 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- ✓ Align your shoulders above your hands and straighten your elbows, using the weight to your upper body, with the heel of your hand, press down (4–5cm)
- ✓ Perform 30 compressions (presses) at a rate of 100 per minute
- ✓ Count aloud at a steady and fast pace to achieve this rate
- ✓ After every 30 chest compressions give two breaths—with casualty's head tilted back, pinch their nose, place your mouth over the mouth, and give two breaths—blowing steadily.



**Fig 2.10. Applying cardio-pulmonary resuscitation**

Check again for signs of circulation and breathing. If the casualty does not have sign so circulation and does not begin breathing, continue CPR until signs of circulation and breathing return or until emergency medical help arrives.

If two first aid providers are present:

- One should give chest compressions
- one should give breaths
- Count the compressions out loud.

Page 57 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

## D. Managing bleeding

Bleeding is loss of blood. Loss of blood can be external or internal. First aid treatment relates to managing external bleeding.

### Guide lines

- Use disposable gloves to reduce the risk of cross-infection
- If the wound is a clean cut (free of dirt), apply addressing. Your main aim is to stop the flow of blood.

If blood comes out of addressing applied to an arm or a leg, apply a pressure dressing (a wad of material on top of the dressing and directly over the wound) then raise the injured arm or leg above heart level

- If an object is stuck in the wound, stabilize the object with a bulky dressing made from the cleanest material available. Then apply a bandage over the dressing. Do not press on the object; do not try to remove object.



**Fig 2.10. Bandage**

## E. Treating burns

### I. Clothes on fire

If the casualty's clothing is on fire, cover the casualty with a fire blanket and roll them on the ground until the fire is put out. If you cannot get to a fire blanket quickly, tell the casualty to drop to the ground and roll on the flame until it goes out.

### Treatment of burns

- Place the burn under cold running water for at least 10 minutes
- Cut and gently lift away any clothing covering the burned area

Page 58 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

- Leave any piece of clothing that sticks to the burned area in place
- Remove any jewelry from the burned limb so you do not have to cut off the jewelry later when the limb swells
- Apply a sterile dressing over the burn and raise the limb to reduce swelling
- If the burned area is large, use the cleanest material available to cover the burned area
- Do not try to clean the burned area before applying the dressing
- Do not apply ointments or medications to the burned area
- Do not break any blisters.
- Fluid lost through burns is a cause of shock
- Respond appropriately to prevent shock or control shock. A casualty with serious burns should receive intravenous fluids and medical attention as soon as possible.
- If the casualty is not in shock or suffering nausea, you can give small amounts of cool water to drink.

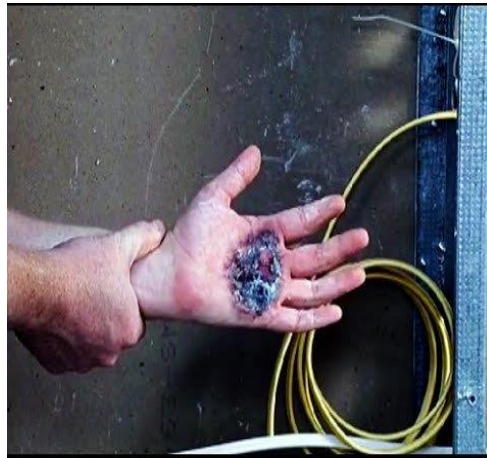
## II. Treating electrical burns

Electrocution occurs when electricity goes through the body. If the casualty is lying on an electrical wire, the electrical wire is probably carrying electrical current and can be a danger to you as well as to the casualty. Below are the steps you should follow:

- Do not touch the electrical wire with your hands
- Find the source of the electricity and turn it off. If you cannot turn off the electricity:
  - ✓ Protect yourself by standing on something dry and non-conductive like a wooden chair
  - ✓ Push the casualty away from the electricity, or push the source of the electricity away from the casualty with a non-conductive pole like a wooden broom handle
- Check for breathing – use resuscitation techniques if he or she is not breathing

Page 59 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

- Find and dress the entry burn wound and the exit burn wound – the sole of the foot is a common location for the exit burn.



**Fig 2.10 Electrical shock**

## **F. Applying basic first aid to bites and stings**

### **I. Treating snake bites**

To treat snake bites:

- Apply a firm crepe or elastic bandage over the bite site, then the rest of the limb
- Stop the arm or leg from moving
- Do not allow the casualty to move around more than is necessary
- Monitor the casualty's breathing
- Watch

the casualty for shock.



**Fig 2.10. Snake Bite**

Page 60 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--



Bites from other animals can cause severe bruises and infection, and break the skin. Here First aid should include: Cleaning the bite thoroughly with soap or antiseptic, washing the bite with water, covering the bite with a sterile dressing, Immobilizing an injured arm or leg and Taking the casualty immediately to a medical facility.

### G. Treating insect bites

First aid should include:

- Removing any stingers by carefully scraping the skin with a clean finger nail or blunt knife
- Washing the bite/sting site
- Applying ice or cold compresses to the bite /sting site
- Treating more serious reactions, including severe
- Rapid swelling, allergic symptoms, the same as a snake bite
- Monitoring the casualty's breathing.

Insect bites/stings may cause severe allergic reaction, such as difficulty breathing, if a person is sensitive. Symptoms include swelling of the mouth and throat, red face, hives, wheezing or difficulty breathing, coughing, nausea or vomiting, convulsions, drop in blood pressure and loss of consciousness



**Fig 2.10 Insect Bite**

Often allergic people carry identification, such as a MEDICALERT tag, or emergency insect bite treatment kits. If the casualty is having an allergic reaction and has such a kit,

Page 61 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

follow the instructions that accompany the kit.

## H. Rapid diagnosis and quick treatment

- Call professional medical assistance and identify anaphylactic shock is suspected
- Search casualty for,, rescue medication'. This is medication carried by persons susceptible to anaphylaxis for use by first aid providers when treating them.
- Administer rescue medication:
- Inject into the outer thigh
- Do not inject intravenously
- Do not inject into the buttock
- Prepare yourself to administer CPR—as anaphylaxis can stop breathing and the heart.

## I. Responding to choking

If a person has food stuck in their throat, they could be choking. To treat choking:

- Use the,, heel of your hand“, and give up to five blows
- Between the shoulder blades
- Check the casualty’s mouth quickly after each blow and
- Remove any thing that is stuck in there
- Give up to five abdominal thrusts, if the casualty is still choking.  
Place a clenched fist between the navel and the bottom of the
- breast bone and pull inwards and up wards
- Check the casualty’s mouth quickly after each abdominal
- Thrust and remove any thing that is stuck in there.



**Fig 2.10 choking**

## J. Fractures

A fracture is a broken bone. It is standard practice to splint or immobilize an arm or leg, even if they are not broken as this will reduce the pain. The technique is as follows:

- Remove any jewelry on the casualty's injured limb
- Dress any open wounds on the injured limb before applying the splint or sling
- Cover any exposed bone with a dressing
- Do not try to push the bone back under the skin
- Do not try to straighten or,, put together “the injured limb
- Place the fractured arm in a sling:
- Place the triangular sling under the injured arm so the arm is in the centre, the base of the sling is beyond the elbow and the top corner is over the shoulder of the injured side
- Position the fore arm with the hand slightly raised (about 10 degree angle)
- Bring the lower portion of the material over the injured arm and over the shoulder of the un injured side
- Tie the two corners in a knot on the side of the neck on the un injured side
- Twist the pointed end of the sling and tuck it in at the elbow.



**Fig 2.10 Fractures**

To splint a fractured leg or arm

Page 63 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- Place one splint on each side of the arm or leg
- The aim of splinting is to immobilize the joints above and below any fracture so ensure splints go above and below the fracture
- Secure each splint in place above and below the fracture site with little movement to the injured areas
- Use the chest wall to immobilize a fractured arm and use the good leg to immobilize the fractured leg if nothing is available.

### **K. Treating Sprains**

A sprain is injury to the soft part in the ankle, knee, or wrist. Use the RICE procedure to treat sprains:

- **Raise** the limb
- **Ice** –apply ice or a cold pad to the injured area
- **Compress** the injury using a bandage or soft padding

Elevate the injured limb.



**Fig 2.10 Fractures**

### **L. Head or spine injuries**

Do not move the casualty if you think they have a spinal injury, unless you believe there is immediate danger. If you must move the casualty to save his or her life, keep the movement of their back and neck to a minimum. The steps are:

- Send someone to get medical help immediately
- Keep the casualty still–tell the casualty not to move
- Kneel behind the head and place your hands on either side to support it, with the head, neck and spine in a straight line
- Put rolled up towels, blankets, or clothing on each side of the casualty's head to keep

- It from moving
- Cover the casualty with a blanket.



**Fig 2.10 Head Injury**

### **M. Treating shock**

A casualty with burns or bleeding can have shock. Signs of shock include:

- Sweaty but cool skin, pale colour, or bluish skin around the mouth
- Shallow, fast breathing
- Rapid pulse that becomes weaker.
- As shock progresses, you will see the casualty has:  
Anxiety: they will appear restless, agitated, worried, unusual thirst, Yawning and sighing and Nausea.



Treat shock by:

- Calling an ambulance or summoning professional medical attention
- Treating major wounds and stopping heavy bleeding
- Positioning the casualty on their back with a blanket to keep warm
- Keeping the casualty calm—confidently and calmly tell the casualty that you are helping and they are fine
- Making sure fractured legs are splinted before you elevate the legs
- Raising casualty's legs so feet are slightly higher than the level of the heart. Place a rolled up towel or other stable object under the casualty's feet or ankles
- Not elevating the legs if you think that a casualty has a broken back

- Placing unconscious casualties in the Recovery Position
- Loosening any tight clothing, including boots. Keeping the casualty from being too warm or too cold.

#### **N. Monitoring casualty's condition**

When you have rendered all the first aid you can, you should monitor the condition of the casualty. Try to record the casualty's condition and any changes that may occur. This information should be provided to professional medical help when it arrives.

When you have rendered all the first aid you can, you should monitor the condition of the casualty. Take written notes of any observations rather than rely on memory. Make sure you record the time of the note being made.

Things to note at this stage may include:

- Their pulse and respiration and any changes in them
- Colour of and any changes in the colour of the Casualty's skin.

Mention made by the casualty of pain including location of the pain, type of pain and degree of pain  
Requests for anything—warmth, liquids, pain relief

- How long casualty was unconscious
- Comments made relating to cause of the injury.

Page 66 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

## 2.11 Sample Incident Report form

**Tabel 2.11 To be completed by the injured worker**

Brief description of incident:	
If any witnesses, please state name and phone number	
1.Name:	Phone number:
2.Name:	Phone number:
3.Name:	Phone number:
Any further comments:	
<p>Part B: To be completed by the Supervisor</p> <p>Action (if any) taken to prevent the incident from occurring in the future:</p>	

## 2.12 Injury Register

Employers should have an Injury Register where accidents and injuries involving staff must be recorded. The injured staff member may be required to record the details of the incident or if the person is unable to do that, the First aid provider may be required to do so.

The following information needs to be recorded in the register:

Page 67 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

- Worker's name
- Worker's occupation or job title
- Time and date of injury
- Worker's exact location at the time of the injury
- Exact description of how injury was sustained
- Nature of injury and the body part(s) affected
- Witnesses to the injury ,if any
- Date of entry in register
- Name of person making the entry.

Page 68 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--



**Self-Check – 2**

**Written Question**

**Directions:** Answer all the questions listed below. Time Alloted : 25 min

**Part I-Choose the best Answer**

1. Under developing plan what must be done during the first hour of the plan being implemented?(1point)

- A. Define time periods                      B. Identify the trigger  
C. Keep the plan simple                      D. Identify needs

2. Someone who works a 40-hour per week is(3pts)

- A. Part-Time employee                      C. Full-Time employee  
B. Shift employee                      D. flexible employee

3. The first choice of temperature measuring method for child aged 2-5 years old(1pt)

- A/ Rectal                      B/ Oral                      C/ Arm pit                      D/Ear

4. Among the following form of medication one is administer orally?(1point)

- A. Cream                      B. Syrup                      C. Paste                      D. Shampoo

5. Among the following one is used to measure dosage of medication?(1 point)

- A. Milligram                      B. Centimeter                      C. Kilogram                      D. Meter

**Part II-Give short answer**

1. Write types of work schedule
2. Write all key steps in the contingency plan maintenance

### Unit Three: Communicate Details of the Incident

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- Requesting Medical Assistance
- Conveying Details of casualty's condition
- Report to medical expert

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Request Medical Assistance
- Convey Details of casualty's condition
- Prepare Report to experts

### 3.1 Request Ambulance support and/or appropriate medical assistance

Whenever there is a need for you to provide first aid, it should be standard practice to also involve professional medical authorities. Your role should only be as a „first responder“ to provide emergency help. Your job is not to deliver professional medical assistance. This should apply whether the casualty is a customer, member of staff or member of the public.

The importance of obtaining professional medical assistance

It is more important to get suitably -qualified professional assistance moving in your direction than it is to render first aid. This means professional medical Assistance must be summoned when you are advised there is a need to attend a casualty to provide first aid.

Never wait until you have started treating the casualty before contacting professional medical assistance. Contact the ambulance or other suitable people as soon as possible. You do not need to have attended the casualty before requesting help. Contact the ambulance and give them the information you have to begin with and get them moving towards you. You can always phone back later and give them an update. If you *have* to choose between providing first aid and summoning professional medical help always choose to contact the ambulance or professional assistance first.

Calling for help Common sense must be used when contacting professional medical assistance.

Options include:

- Asking someone else to call for help whether it is a colleague, management, bystander or member of the public. This can be done while you go to the casualty or while you are rendering first aid
- Yelling out for help or for someone to ring an ambulance
  - ✓ Flagging down a passing vehicle and asking them for help or to ring an ambulance
  - ✓ If you cannot make telephone contact–activating a Fire“ alarm.

Page 71 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- ✓ Never waste time thinking about whether or not to summon medical assistance—always
- ✓ Summon medical assistance.
- ✓ If you have to choose, delay rendering first aid until you have called for assistance.

Facilitate arrival of authorities:- You should take whatever action you can to facilitate the arrival of emergency services or professional medical help to the casualty's location.

This may involve:

- Opening gates or arranging for them to be opened
- Moving vehicles which may impede access
- Asking others to position themselves in locations to sign post the location of the casualty as emergency service workers arrive on scene.

### 3.2 Communicating Details of the Incident

When professional medical assistance or a relieving first aid provider arrives you must communicate to them all knowledge you have about the casualty changes in their vital signs, action taken and, where appropriate, the incident giving rise to the injury.

Calling for assistance :- When making initial contact with Emergency Services to obtain help they will require information about the incident before they send assistance:

- Be guided by them—let them ask questions and answer them as required
- Speak clearly and calmly
- Never hang up the telephone until directed to do so.

Emergency service telephone operators will want information about:

- The exact location of the casualty

Page 72 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- The number of casualties
- The age and gender of casualties
- Descriptions of injury, illness and symptoms
- Details of any first aid which may already been given
- Whether or not the situation is life threatening and if you need over-the-telephone assistance in rendering more first aid.

While the authorities will prefer to have all of the above information, never delay calling them just because you are missing some of the information they will ask you about. Always contact them and get them moving towards you.

### 3.3 Preparing a Report

Incident report after an incident you may be required to complete an Incident Report. The purpose of an incident report is to provide details about the event to enable action to be taken to prevent a recurrence. Information in the Incident Report may include:

- Date, time and location of the accident or injury
- Who was involved– names of casualties
- Numbers involved, identification of gender
- Names of staff involved– as first aid responders and care givers
- Action taken– describing the first aid delivered and contact of professional medical assistance
- Involvement of Emergency services–when they were called, when they arrived and the action they took
- Why you believe the injury or incident occurred– to prevent recurrence
- Names and contact details of witnesses.
- A sample Incident Report follows on the next page

When preparing a report:

- Observations taken at the time should be referred to. This may include vital signs or actions taken

Page 73 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	--	-------------------	--

- Any record prepared (see 2.4) should be used
- Ensure „facts“ are distinguished from „beliefs“—it is important for the report to be fact-based.
- **Facts may relate to:**
  - ✓ Time you were advised of the incident
  - ✓ Time of your arrival at the scene
  - ✓ Date
  - ✓ Location of the incident
  - ✓ Name of casualty or casualties
  - ✓ Time professional medical help or emergency services were recalled- and name of person who called them
  - ✓ Time professional assistance arrived on scene—and name of emergency services or professional help that responded
  - ✓ Description of the casualty when you arrived— position, vital signs, original diagnosis and reasons for same
  - ✓ First aid action taken – detailing what was done and the sequence in which it was done
  - ✓ Details of any action taken as a result of the understanding the casualty was in danger and there was a need to move the person
  - ✓ Details of any action taken to mitigate further injury, or injury to other persons
  - ✓ Record what happened to the casualty—, Taken by ambulance to XYZ hospital

Assist the employer by:-

- Identifying what you believe may have been the cause of the—such as „Casualty appears to have slipped on wet floor in toilet“, or „Casualty was burned as a result of touching top of bain Marie in dining room“
- Making suggestions as to what could be done to prevent a recurrence of the incident
- Sign and date the report providing your contact details.

Page 74 of 84	Author/Copyright_Ministry of Labor and Skills	Provide First Aid	Training module Version -II Dec.2022
---------------	---	-------------------	--

Self check - 3	Written test
----------------	--------------

**Directions:** Answer all the questions listed below.

**Part I- Choose the best answer**

- The diaper changing area cannot be in the kitchen or on counters or tables used for food preparation or dining(1 pt)  
A/true                      B/ false                      C. Both                      D .None
- The sanitizer for the diaper changing area is recommended to be \_\_\_\_\_bleach water solution(1 pt)  
A/ stronger                      B./ weaker                      C/ medium                      D/ none
- For which form of medication dosage administration aid (DAA) is used? (1 point)  
A. Cream Solid              B. Liquid                      C. Powder              D. All
- Which patient needs assistance and supervision during administer medication?(1 point)  
A. Patient with physical impairment                      B. Patient with normal cognitive development  
C.Patient with no physical impairment                      D. All

## Unit Four: Evaluate Own Performance

This learning unit is developed to provide the trainees the necessary information regarding the following content coverage and topics:

- See Feedback come from appropriate clinical expert
- Recognized the possible psychological impacts

This unit will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Identifying feedback
- Recognizing impacts



#### 4.1. List of Appropriate clinical expert

Clinical expert means a person who, by reason of specialized education or substantial relevant experience in pain management, has knowledge regarding current standards, practices and guidelines. List of Appropriate clinical expert

- Supervisor/manager- is a person supposed to supervise different work areas.
- Ambulance officer/paramedic-a person who controls the in and out flow of patients' car or checks ambulance service in different work areas.
- Other medical/health worker-are workers who perform the given task in their planned time.

#### 4.2 Ways of evaluating clinical performance

Evaluation is the process of the making of a judgment about the amount, number, or value of something; assessment, "the evaluation of each method"

Primary strategies for the evaluation of clinical practice include

- Observation,
- Written communication,
- Oral communication,
- Simulation,
- Self-evaluation.

Because clinical practice is complex, a combination of methods used over time is indicated and helps support a fair and reasonable evaluation.

- Seek feedback from appropriate clinical expert
- Recognize the possible psychological impacts on rescuers of involvement in critical incidents
- Participate in debriefing/evaluation as appropriate to improve future response and address individual needs

<b>Self-Check -4</b>	<b>Written Test</b>
----------------------	---------------------

**Directions:** Answer all the questions listed below.

1. \_\_\_\_\_ is a route of medication administration is closely related to the oral route, the drug puts under the tongue but not swallowed. (1 point)

A. Sublingual      B. Buccal      C. Rectal      D. Vaginal

2. \_\_\_\_\_ drugs are applied to a surface area of the body. (1 point)

A. oral      B. topical      C. ocular      D. inhaler

3. Which medication is inhalation medication? (1 point)

A. Salbutamol      B. Bioscopy      C. Nifedipine      D. Amoxicillin

## Part II-Give Short Answer

1. List all equipment for medication administration? (10 points)

2. Write the six rights of medication administration? (6 points)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. List at least three safety considerations during medication administration?

(3 points)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

## Reference

- 1) Australian RedCross,2005,Firstaid:respondingto emergencies, Revised edn., Australian Red Cross, Carlton, Victoria, Australia
- 2) Fermie,P., Keech, P.& Shepherd, S., The illustrated practical book of first aid & family health : from treating cuts, sprains and bandaging in an emergency to making decisions on headaches, fevers and rashes...,Lorenz, London
- 3) Haines,J.,2010,Emergencyfirstaid,Medic Media, Up wey, Victoria, Australia
- 4) Keech,P., 2003, Practical guide to first aid: fast and effective emergency care, Lorenz Books, London
- 5) St.JohnAmbulanceAustralia,2007,Australianfirstaid: an authorized manual of St John Ambulance Australia, St. John Ambulance Australia, Forrest, A.C.T
- 6) Tyler, E., 2002,CPR:withstep-by-step instructions, Tyr rells Building Consultancy for the First Aid Trust, Rydalmere,N.S
- 7) [http://www.expertvillage.com/video/139808\\_carry-injured-person-yourself-first.htm](http://www.expertvillage.com/video/139808_carry-injured-person-yourself-first.htm).
- 8) <http://www.redcross.org.uk/standard.asp?id=75052>.

**Participants of this Module (training material) preparation**

<b>N o</b>	<b>Name</b>	<b>Sex</b>	<b>Qualific ation (Level)</b>	<b>Field of Study</b>	<b>Experie nce</b>	<b>Organiz ation/ Instituti on</b>	<b>Mobile number</b>	<b>E-mail</b>
1	Asteway Admasu	F	B	Hotel and tourism management	7yrs	TTI	0943824862	astewayadmasu2@gmail.co
2	Hana mariyam Dereje	F	B	Hotel management	7yrs	APTC	0922228784	Derejehani@gmail.com
3	Fetiya Jemal	F	B	Hotel and tourism management	13yrs	YIC	0946681167	Jemalf205@gmail.com
4	Tewodros Wendafrash	M	B	Hotel management	20yrs	H/P/T/C	0926440271	tediwandafrash@gmail.com
5	Adugnaw Muche	M	B	Hotel management	5yrs	B/Dar PTC	0918253770	Adugnawmuche21@gmail.com
6	Zebene Gebre	M	B	Hotel management	13yrs	W/sodo poly	0920256388	Zebenegebre@gmail.com
7	Solomon Tadesse	M	B	Hotel management	14yrs	W/ro siheen PTC	0910805056	Solomontadesse1976@gmail.com