



FTA

**Medical Laboratory
NTQF Level III
Learning Guide # 13**

Unit of Competence: Providing First Aid and
Emergency Response

Module Title: Providing First Aid and Emergency
Response

LG Code: HLT MLT3 M02 LO1-LG8

TTLM Code: HLT MLT3 TTLM 0919v1

**LO 1: Assess and
identify client's
condition**

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This learning guide is developed to provide you the necessary information regarding the following **content coverage and topics** –

Assess and identify client's condition

- Definition of terms
- Basic principle of care
- Hazard identification
- Assessment of causality of injury and illness
- Basic principles of emergency care
- Checking vital signs
- History taking
- Safety equipments for emergency
- Options for action in cases of emergency
- Emergency policies and procedures
- OHS procedure and safe work

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to –

- Addressed basic principles of first aid
- identified, assessed and minimized *Hazards* in the situation that may pose a risk of injury or illness to self and others are
- Immediate *risk* to self and casualty's health and safety is minimized by controlling any hazard in accordance with work health and safety requirements
- Casualty is assessed and injuries, illnesses and conditions are identified
- Emergency situation is recognized and hazards to health and safety of self and others are identified
- Vital signs and state of consciousness are checked and monitored in accordance with guidelines.
- History of the event is obtained.
- Safety equipment and aids required for emergencies are selected, used, maintained and stored in good order
- Options for action in cases of emergency are identified and evaluated

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described in **number 3 to 16**.

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3. Read the information written in the “Information Sheets 1”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
4. Accomplish the “Self-check 1” in **page 8**.
5. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-check 1).
6. If you earned a satisfactory evaluation proceed to “Information Sheet 2”. However, if your rating is unsatisfactory, see your trainer for further instructions or go back to Information sheet 1.
7. Submit your accomplished Self-check. This will form part of your training portfolio.
8. Read the information written in the “Information Sheet 2”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
9. Accomplish the “Self-check 2” in **page 16**.
10. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-check 2).
11. Read the information written in the “Information **Sheets 11**”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
12. Accomplish the “Self-check 3” in **page 19**.
13. Ask your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-check 3).
14. If you earned a satisfactory evaluation proceed to “Operation Sheet 1” in **page 21**; However, if your rating is unsatisfactory, see your trainer for further instructions or go back to Information sheet 3.
15. Read the “Operation Sheet 1 and try to understand the procedures discussed.
16. Do the “LAP test” in **page 22** (if you are ready). Request your trainer to evaluate your performance and outputs. Your trainer will give you feedback and the evaluation will be either satisfactory or unsatisfactory. If unsatisfactory, your trainer shall advice you on additional work. But if satisfactory you can proceed to Learning Guide #2

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Information Sheet-1	Identification of client's condition
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1. Identification of client's condition

1.1. Introduction

First aid is the initial assistance or treatment given to a person who is injured or sudden illness before emergency medical treatment is available. The first-aid provider in the workplace is someone who is trained in the delivery of initial medical emergency procedures, using a limited amount of equipment to perform a primary assessment and intervention while awaiting arrival of emergency medical service personnel. The person who provides this help may be a:

- First aider,
- First responder,
- Policeman or fireman, or
- Paramedic.

1.1.1. The key aims of first aid can be summarized in three key points:

- **Preserve life:** the principal aim of first aid is to save lives.
- **Prevent further harm:** to prevent the condition from worsening or further injury.
- **Promote recovery:** first aid also involves trying to start the recovery process from the illness or injury.

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Self-Check 1	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:(2 point each)

1. Define first aid (3 Point)
2. The key aims of first aid can be

Note: Satisfactory rating - 5 points & Above Unsatisfactory - below 5 points
 You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = 5

Rating: 10

Name: _____

Date: _____

Short Answer Questions

No	
1	A

2	D
3	A
4	B
5	C

Information Sheet 2	Hazard identification
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2. Hazard identification

Hazard is simply a condition or a set of circumstances that present a potential for harm. Hazards are the main cause of occupational health and safety problems. Therefore, finding ways of eliminating hazards or controlling the risks is the best way to reduce workplace injury and illness.

2.1. Types of hazards in the Laboratory.

- **Biological hazard:** it is due to viruses, bacteria, parasites, fungi and molds. It is also include insects, pests, rodents, mammals and their toxins e.g. lice, bedbugs, fleas, flies, cockroaches, ticks and mites, as well as rats and mice.
- **Chemical hazards:** This is due to exposure to hazardous chemicals that may lead to damage to body systems.
- **Mechanical hazards:**It is resulting from unshielded machinery, unsafe structures in the workplace and dangerous tools. It can be caused by exposure to a heavy physical workload, poor working conditions, involving heavy item lifting and moving, or repetitive manual tasks.
- **Psychosocial hazards:** - Psychological stress is caused by time and work pressures.
Psychological stress and work overload have been associated with sleep disturbances, burn-out syndromes, depression, cardiovascular disorders and hypertension.
- **Physical hazards:**high pitch noise, vibration, ionizing and non-ionizing radiation, electric and electromagnetic fields, extreme cold and heat are some of physical hazards. Ultraviolet radiation and ionizing radiation are known carcinogens

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Self-Check 2	Written Test
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Instructions: Answer all the questions listed below. Illustrations may be necessary to aid some explanations/answers. Write your answers in the sheet provided in the next page.

1. **Types of hazards in the Laboratory Advanced treatment**
 - A. **Biological hazard**
 - B. **Chemical hazards**
 - C. **Mechanical hazards**
 - D. **ALL**

Note: Satisfactory rating – 2.5 points points

Unsatisfactory – below 2

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

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Answer

N0	
1	
2	
3	
4	

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1. Assessment of causality of injury and illness

3.1. Risk

The likelihood, or possibility, that harms (injury, illness, death, damage etc) may occur from exposure to a hazard

3.2. Hazard identification

This process is about finding what could cause harm in work task or area. It is the process of examining each work area and work task for the purpose of identifying all the hazards which are essential in the job.

Work areas include: Machine workshops, laboratories, office areas, stores and transport, maintenance and grounds, and lecture theatres and teaching spaces etc

Work Tasks can include: Audio and visual equipment, industrial equipment, hazardous substances and/or driving a vehicle, dealing with emergency situations, construction.

In order to identify hazards the following are recommended:

- Past incidents/accidents are examined to see what happened and whether the incident/accident could occur again.
- Asking workers about hazards they have encountered as part of their work.
- Work areas or work sites be inspected or examined to find out what is happening now.
- Information about equipment and material safety data sheets be reviewed to determine relevant safety precautions.
- thinking what hazardous event could take place here

3.3. Risk Assessment

Is defined as the process of assessing the risks associated with each of the hazards identified so the nature of the risk can be understood. This includes

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the nature of the harm that may result from the hazard, the severity and the likelihood of this occurring

3.3.1. A risk assessment assists in determining:

- How severe a risk is
- Whether existing control measures are effective
- What action should be taken to control a risk?
- How urgently action needs to be taken.

3.3.2..A risk assessment should include:

- Identify factors that may be contributing to the risk,
- Review health and safety information
- Evaluation of how a hazard may cause harm and severity of the harm.
- Determining the likelihood of harm occurring. The level of risk will increase as the likelihood of harm and its severity increases.

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4. Assessment of causality of injury and illness

Physical hazards to self and casualty’s health and safety

In the management (mgt) of casualty, as a general principle, the first aider has to consider the following tasks as his or her responsibility.

- Assessment of the situation and casualty
- Reaching to diagnosis for each casualty
- Giving immediate & adequate treatment based on priority matrix
- Arrangement for transport according to the seriousness of the condition
- Prevent cross infection
- Provision of psychological and emotional support

2.2 Assessment of the casualty’s condition

- This involves assessment of the overall situation and the general condition of the casualty. During the process of assessment the following principles has to be considered:
 - be calm and confident
 - Talk, listen & reassure the conscious casualty
 - Check safety of casualty and of yourself
 - Check for breathing, bleeding and level of consciousness
 - Get others to help / (Emergency Medical Staff)EMS/

2.3 Components of assessment process:

- Assessment of the situation and safety / scene size up/
- Initial assessment
- Physical examination
- Vital sign
- Focused History taking

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- Ongoing assessment

2.4 Assessment of the situation /Scene size up/ – An assessment of the scene (current situation of an event) and the surroundings, if it is safe, will provide valuable information to the first responder and will ensure the well-being of the first responder. Ex. Unstable Situation, violent, Hazmat Situation (industry hazardous material) etc. Scene safety in relation to personal protection, casualty and bystander protection is important. If the scene is unsafe, make it safe, Otherwise, **DO NOT ENTER**

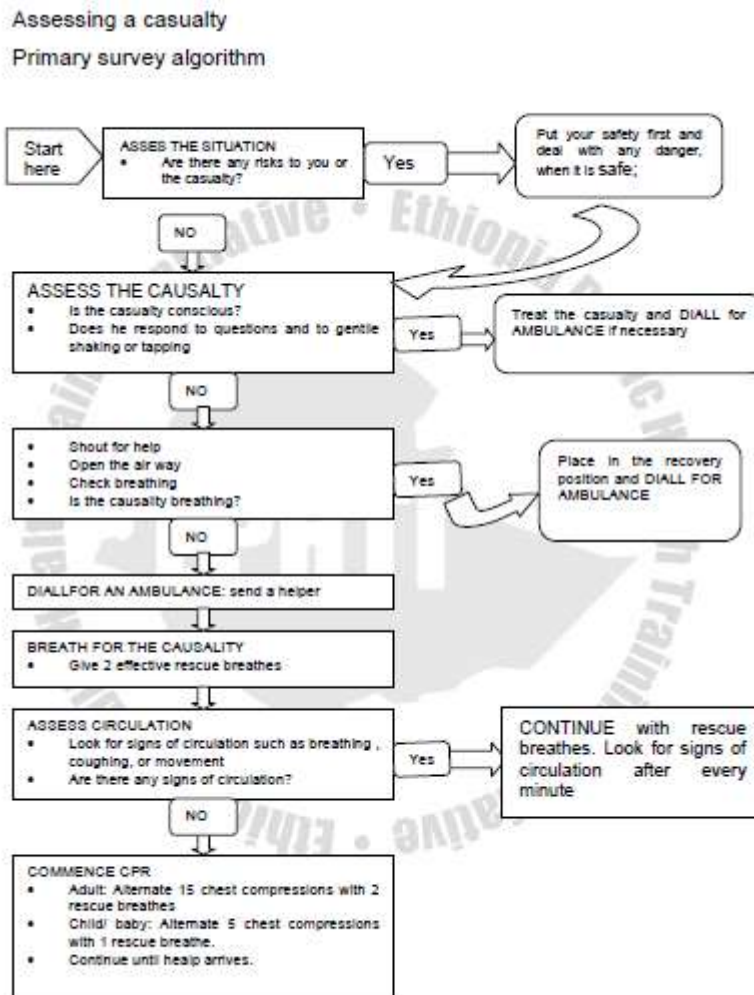


Fig 1 Assessing a casualty Primary survey algorithm

Self-Check 4

Written Test

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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Describe method of assessment of the casualty's condition (5 Point)
2. List the causality Components of assessment process (5 Point)
3. List method of assessment of the situation /Scene size up (5 Point)

Note: Satisfactory rating - 10 points Unsatisfactory - below 10 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____
Rating: _____

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Name: _____

Date:

Short Answer Questions

1. _____

2. _____

3. _____

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5. General directions to give first aid

- Responsibility of a first -aider in the management of casualty:
 - Assessment of the situation
 - Identify the problem
 - Giving immediate and adequate treatment, bearing in mind that
- A casualty may have more than one injury and that some
- Casualties will require more urgent attention than others (to give priority).
 - Arrangement for the transport of casualty according to the
- seriousness of his/her condition without delay accompanied
- With brief written report.
 - Prevent cross infection

General principle, the first aider has to consider the following tasks as his or her responsibility.

- Assessment of the situation and casualty
- Reaching to diagnosis for each casualty
- Giving immediate & adequate treatment based on priority matrix
- Arrangement for transport according to the seriousness of the condition
- Prevent cross infection
- Provision of psychological and emotional support

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Among the following which one is not Responsibility of a first –aider (3 point)
A. Assessment of the situation C. Giving immediate and adequate treatment
B. Identify the problem D. All of the above
2. Casualties will require more urgent attention than others (4 point)
A. True B. False
3. List tasks expected from first aider as a general principle of first Aid (5 points)

Note: Satisfactory rating - 8 points Unsatisfactory - below 8 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

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Rating: _____

Name: _____

Date: _____

Short Answer Questions

1. _____

2. _____

3. _____

Self-Check 3	Written Test
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Instructions: Answer all the questions listed below. Illustrations may be necessary to aid some explanations/answers. Write your answers in the sheet provided in the next page.

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1. Procedure area limit traffic to authorized staff and patients at all times
True False(2 point each)
2. The surgical unit is often divided into four designated areas, which are defined by the activities performed in each **True** False(2 point each)
3. Unrestricted area is the entrance from the main corridor and is isolated from other areas of the surgical unit. **True** False(2 point each)
4. Semi restricted area is the peripheral support area of the surgical unit and includes preoperative and recovery **True** False(2 point each)
5. Restricted area consists of the operating room(s) and scrub sink areas. **True** False(2 point each)

Note: Satisfactory rating - 12 points Unsatisfactory – below 12 points
You can ask your trainer for the copy of the correct answers.

Answer Sheet

Score = _____
Rating: _____

Name: _____

Date: _____

Answer

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No	
1	True
2	True
3	True
4	True
5	True

Information Sheet 6	Checking vital signs
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6. Vital Sign

Vital sign is an outward signs of what is occurring inside the body. They are the key signs that are used to evaluate the patient’s condition. The first set of vital signs that you obtain is called the baseline vital sign. You should take vital sign every 5 minutes for unstable patient and every 15 minutes for stable patient.

1.1. Respiration

Breathing is a continuous process in which each breath regularly follows the last with no notable interruption. Breathing normally a spontaneous, automatic process, which occur without conscious thought, visible effort, marked sounds or pain. You will assess breathing by watching the patient chest rise and fall, feeling for air through the mouth and nose during exhalation and listening to the breath sound with a stethoscope over each lung. Chest rise and breath sound should be equal on both sides of the chest. When assessing respirations, you must determine the rate, quality (character) and depth of the patients breathing

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Rate Table 1. Normal range respiration for different age group

Age	Range, breath per minute
Adult	12 to 20
Children	15 to 30
Infant	25 to 50

1.2. Pulse

The pulse is the pressure wave that occurs as each heart beat causes a surge in the blood circulating through the arteries. The pulse is mostly felt at a pulse point where a major artery lies near the surface and can be pressed gently against a bone or solid organ. To palpate (feel) the pulse, hold together your index and long fingers and place their tip over a pulse point, press gently against the artery until you feel intermittent pulsation



Figure 14 Radial pulse



Figure 15 Brachial pulse

Table 2 Normal range for pulse rate

Age	Range beat per minute
Adult	60 to 100
Children	70 to 150
Infant	100 to 160



Figure 16 Carotid pulses

1.1.4.C Skin condition

The condition of the patient's skin can tell you a lot about the patient's peripheral circulation and perfusion, blood oxygen level and body temperature. When assessing the skin condition, you should evaluate its color, temperature and moisture.

- Color
- Temperature
- Moisture

1.3. Capillary refill

Capillary refill is evaluated to assess the ability of the circulatory system to restore blood to the capillary system

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Figure 17 Checking capillary refill

Capillary refill should be prompt and the nail bed color should be pink, with adequate perfusion, the color in the nail bed should be restored to its normal pink within 2 second. Or about the time it takes to say “capillary refill” at a normal rate of speech.

1.4. Blood Pressure

Blood pressure is the pressure of circulating blood against the wall of arteries A drop in blood pressure may indicate: Loss of blood, Loss of vascular tone and Cardiac pumping problem.

Normal blood pressure

Blood pressure level varies with age and gender. The normal ranges for blood pressure

- a) Adults: 90 to 140 mm Hg (systolic)/60 to 90 mm Hg (diastolic)
- b) Children (1 to 8 years): 80 to 110 mm Hg (systolic)
- c) Infants (newborn to age 1 year): 50 to 95 mm Hg (systolic)

1.2 Level of consciousness (LOC)

Level of consciousness (LOC) should also be assessed as a vital sign. AVPU scale is a rapid method of assessing LOC. (See the previous session for detail)

A = Alert and awake

V = Response to verbal stimulus

P = Responsive to pain

U = Unresponsive

1.3. Pupils

The diameter and reactivity to light of the patient’s pupil reflect the status of the brain’s perfusion, oxygenation and condition.

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On injury if the pupil reacts in any of the following ways:

- Become fixed with no reaction to light
- Dilate with light and constrict when light is removed
- React sluggishly
- Become unequal in size

- Become unequal in size when a bright light is introduced into or removed from one eye

Depressed brain function can be produced by the following situation

- Injury to the brain or brain stem
- Trauma or stroke
- Brain tumor
- In adequate oxygen perfusion
- Drugs or toxins (Central nervous system depressant)



Figure 18 Constricted pupil

- P = Pupils
- E = Equal
- A = And



Figure 19 Dilated pupil



Figure 20 unequal size pupil

The letter PEARRL serves as a useful guide in assessing pupil. They stand for the following:

- R = Round
- R = Regular in size
- L = react to Light

Information Sheet 7	History taking
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7. History taking

History taking- Is complete history taking may include information gathered from patient/client, family and other care givers

For medical patients the history may be completed prior to the physical examination. History of the casualty can be taken from the casualty himself or herself. If the casualty could not respond or he/she is not conscious, history can be taken from a witness or bystander. Take “SAMPLE” history on: Signs / Symptoms, Allergies, Medications, Pertinent past History, Last Oral Intake, and Event

Initial assessment- After a through observation of the situation and the surroundings, the first aider can proceeds to initial assessment comprising General impression, assessment of responsiveness, and Assessment of **Air way**, **Breathing** and **Circulation (A,B and C)**.

a. General impression – this is performed based on the First Responder’s immediate assessment of the environment and the patient’s chief complaint

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Figure: 1. General assessment

b. Assessment of responsiveness by checking if the casualty is **Alert, responding** to Verbal stimuli, responding to pain stimuli or **Unresponsive**.

The level of responsiveness / consciousness can be expressed as: Full consciousness – able to speak & answer questions normally **Drowsiness**- Easily aroused (awoken) but lapses in to unconsciousness **Stupor** – Can be aroused with difficulty and is aware of painful stimuli Ex- pin prick **Coma** – Cannot be aroused by any stimuli



Figure 2: first aider assess responsiveness of the casualty

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c. Assessment of Air way (open the air way, inspect the air way, clear the air way as needed) , Breathing and Circulation)



Figure 3: Air way assessment: open airway by performing head-tilt/chin-lift maneuver



Figure 4: Open airway;perform jaw thrust.

d. Assessment of Breathing

- Look at the effort of breathing.
- Look, listen, and feel for presence of ventilations
- Ventilate as needed



Figure 5: Assess breathing; look, listen, feel

e. Assess the Patient's Circulation

- Assess Pulse , Assess for Bleeding and Assess Skin

Figure 6: checking for radial pulse



Activate V
Go to Setting



Figure 7; Check for a carotid pulse.



Figure 8: Checking Brachial pulse

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1.2 Physical examination: Complete physical examination form head to toe Techniques of physical examination (inspection, palpation, percussion and auscultation) Vital signs (temperature, pulse rate, respiration, blood pressure)

The First Responder Physical Examination is designed to locate and begin the initial management of the signs and symptoms of illness or injury. The First Responder should complete a physical exam on all patients following the initial assessment. Inspection and palpation /feeling of body parts/ are the two important methods of physical examination in first aid practice.

Inspect and palpate for DOTS (Deformity, Open wound, tenderness and Swelling). Do the physical examination in the sequence of: Head → Neck → Chest → Abdomen → Pelvic → Extremities



Figure 9: Assessment of the head



Figure 10: Assessment of the neck



Figure 11; Assessment of the Chest



Figure 12: Assessment of the abdomen



Figure 13: Assessment of the pelvic

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8. First aid equipment and resources

8.1. First Aid Rooms/Areas

A first aid room should be established at the workplace if a risk assessment indicates that it would be difficult to administer appropriate first aid unless a first aid room is provided. If a risk assessment determines that a first aid room is not needed, a rest area within the workplace may be suitable to assist an injured or ill person.

The contents of a first aid room should suit the first aid needs of the workplace. The location and size of the room should allow easy access to emergency services as well as movement of injured people who need to be supported or moved by stretcher or wheelchair.

Eye washes and shower facilities permanently fixed eye wash and shower facilities should be provided in any fixed workplace where there is a risk of serious burns to the eyes or a large area of the face or body.

Emergency Medication workplaces are to establish processes for the management of emergency medication based on their risk assessment and the disclosure of staff and student information example, Adrenaline is required in the event of a first time presentation of anaphylaxis of a previously undiagnosed individual student, staff or visitor.

8.2. *Equipment*

First-aid equipment must be adequate, should reflect the kinds of injuries that occur, and must be stored in an area where they are readily available for emergency access. It is advisable for the employer to give a specific person

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the responsibility for choosing the types and amounts of and for maintaining these supplies. Employers must provide and maintain a first aid station in the workplace. A specific example of the minimal contents of a workplace first aid includes:

- oxygen resuscitation/cylinders
 - AED
 - Thermometers
 - auto-injectors
 - back boards
 - stretchers
 - soft bag resuscitator
 - first aid kit
 - casualty's medication
 - analgesic inhalers
 - analgesic gas equipment
 - resuscitation mask or barrier
 - spacer device
 - cervical collars
 - Personal Protective Equipment
 - Relevant texts and documentation,
 - first aid principles, policies and procedures
 - relevant occupational Health and Safety Act and Regulations
 - first aid code of practice/compliance codes
 - workplace records
- and blanks
 Communication systems
 and equipment

8.3. First-aid kits

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Everyone should have a well-stocked first aid kit at work place. For first aid kits in the workplace, there will be legislation which specifies what must be present; this will depend on the size and type of the workplace.

First aid kits should be

- portable and be made of material that will protect the contents from dust, moisture and contamination
- clearly marked in the workplace,
- sufficient indication of the kit's location for those who are unfamiliar
- Kept well-stocked; supplies do expire, and must be replaced periodically.
- Checked regularly for that the kit is stocked, and
- Replaced for any expired items as required
- available at every warehouse and
- Inspected regularly for proper storage and distribution

The number of boxes required should be determined by the employer, taking the following into account:

- The type of injuries that are likely to occur at a workplace
- The nature of the activities performed and
- The number of employees employed at such workplace

Contents of first aid kits should match the types of injuries and illnesses likely to occur in the workplace. Where a risk assessment shows there is a need for extra first aid kits and certain first aid requirements (e.g. first aid rooms and/or first aid personnel) these should be made available. The minimum contents of a first aid box are:

- 1) Wound cleaner / antiseptic (100ml)
- 2) Swabs for cleaning wounds
- 3) Cotton wool for padding (100g)
- 4) Sterile gauze (minimum quantity 10)
- 5) 1 pair of forceps (for splinters)

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- 6) 1 pair of scissors (minimum size 100mm)
- 7) 1 set of safety pins
- 8) 4 triangular bandages
- 9) 4 roller bandages (75mm x 5m)
- 10) 4 roller bandages (100mm x 5m)
- 11) 1 roll of elastic adhesive (25mm x 3m)
- 12) 1 Non-allergenic adhesive strip (25mm x 3m)
- 13) 1 Packet of adhesive dressing strips (minimum quantity 10 assorted sizes)
- 14) 4 First aid dressing (75mm x 100mm)
- 15) 4 First aid dressings (150mm x 200mm)
- 16) 2 Straight splints
- 17) 2 Pairs large and 2 pairs medium disposable latex gloves
- 18) 2 CPR mouth pieces or similar devices

N.B. Anything used in the first aid box is replaced immediately. Inspect the box regularly to make sure that the box haven't run out of anything , that nothing has gone past the expiry date and that the box always has the minimum contents in the list above.

There should also be formal first aid register kept close to the first aid box, so that first aider can make a note of incidents where first aid had to be provided. List of the certified first aider(s) could also be kept in or near the first aid box.

Having the correct first aid and emergency procedures are not only, but also it can save lives and prevent minor injuries from becoming worse.

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8.5. Design of Kits

First aid kits can be any size, shape or type to suit your workplace, but each kit should be large enough to contain all the necessary items. Kits should also contain a list of the contents for that kit and have a white cross on green background that is prominently displayed on the outside. First aid kits should also be portable and be made of material that will protect the contents from dust, moisture and contamination.

8.6. Maintenance of first Aid kit

People with responsibility for administering first aid (first aiders) should:

- monitor access to first aid kits ensuring any items used are replaced as soon as possible after use undertake regular checks of first aid kits to ensure the kit contains a clean and complete set of the required items
- ensure items are in good working order, have not deteriorated and are within their expiry dates
- report any hazardous situations that have resulted in a person requiring first aid, and
- record first aid treatments

8.4. Automated External Defibrillators

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Automated external defibrillators (AEDs) are now widely available, safe, effective, portable, and easy to use. They provide the critical and necessary treatment for sudden cardiac arrest caused by ventricular fibrillation, the uncoordinated beating of the heart leading to collapse and death. Using AEDs as soon as possible after sudden cardiac arrest, within 3-4 minutes, can lead to a 60% survival rate. CPR is of value because it supports the circulation and ventilation of the victim until an electric shock delivered by an AED can restore the fibrillating heart to normal.

All worksites are potential candidates for AED programs because of the possibility of sudden cardiac arrest and the need for timely defibrillation. Each workplace should assess its own requirements for an AED program as part of its first-aid response.

8.7. First-Aid Courses/scope

First-aid courses should be individualized to the needs of the workplace. Some of the noted program elements may be optional for a particular plant or facility. On the other hand, unique conditions at a specific worksite may necessitate the addition of customized elements to a first-aid training program.

8.8. Trained Personnel

Employers must ensure that first aid is provided by trained and knowledgeable workers. Emergency-level first aid training. Standard-level first aid training is a more extensive program that generally includes:

- Emergency Scene Management
- Shock, Unconsciousness, and Fainting
- Choking
- Severe Bleeding
- One Rescuer CPR
- Fractures
- Head and Spinal Injuries
- Joint, Chest Hand Eye Injuries

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- Pelvic, abdominal, and crush injuries
- Burns
- Poisoning
- Medical conditions (diabetes, epilepsy, convulsions, and allergies)
- Environmental illnesses and injuries (exposure to heat or cold)
- Artificial respiration
- Automated External Defibrillatio

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9. Emergency policies and procedures

As in any situation, people at work can be injured on the job or take ill suddenly, so it's important to have action plan for employees to receive immediate attention if they are injured or taken ill at work.

Whether the injury or the illness is caused by the work they do or not, the person must receive immediate attention and an ambulance should be called in serious cases.

First aid is the provision of immediate care to a victim with an injury of illness before emergency medical treatment is available by a lay person, and performed within a limited skill range. The first- aid provider in the workplace is someone who is trained in the delivery of initial medical emergency procedures, using a limited amount of equipment to perform a primary assessment and intervention while awaiting arrival of emergency medical service personnel.

Basic elements for a first-aid program at the workplace include:

- Identifying and assessing the workplace risks that have potential to cause worker injury or illness
- Designing and implementing a workplace first-aid program that:
 - ✓ Aims to minimize the outcome of accidents or exposures
 - ✓ Complies with OHS requirements relating to first aid
 - ✓ Includes sufficient quantities of appropriate and readily accessible first-aid supplies and first-aid equipment, such as bandages and automated external defibrillators.
- Assigns and trains first-aid providers who:
 1. receive first-aid training suitable to the specific workplace
 2. Receive periodic refresher courses on first-aid skills and knowledge.

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The first aider, on approaching a victim should have:

- Put their gloves on
- Checked for danger
- Checked for responsiveness
- Looked at the scene for clues about what has happened
- Gained history on the incident
- Assessed to see how responsive the victim is.

If the victim is unconscious, the first aider should immediately call an ambulance

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The techniques used for history taking are:

Step 1: Assess responsiveness of the casualty

Step 2: Talk, listen and reassure the conscious casualty

Step 3: Check safety of casualty and of yourself

Step 4: check for breathing, bleeding and level of consciousness

Step 5 : assess any history of illness Eg: Epilepsy, Diabetes mellitus

Step 6 Assess for history of ingested material E.g. Drug, Alcohol, type of food or fluid

Operation Sheet 2	vital sign
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The techniques used for measuring vital sign are:

Step 1: Hand washing

Step 2: Put on disposable glove

Step 3: Collect the necessary equipment

Step 4 Take vital sign

Step 5: Record patient finding

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LAP Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within 2 hours.

Task 1: Perform history taking

Task 2: Measure and record vital sign

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List of Reference Materials

1. First aid manual, Emergency procedures for everyone, at home, at work, at leisure, 8th edition
2. The Federal democratic republic of Ethiopia Minster of health , First Aid learning module Addis Abeba, Ethiopia 2014
3. First Aid and Accident Prevention Lecture Note for Health Science Students the Carter Center, the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education

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