



Dairy Products Processing Level II

Based on October, 2019, Version 2 Occupational standards

Module Title: - Applying first aid

LG Code IND DPP2 M04 LO (1 - 4) LG (10 - 13)

TTLM Code: IND DPP2 TTLM4 1020 (V1)

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LG #10	LO #1- Assess the situation
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Instruction sheet
<p>This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:</p> <ul style="list-style-type: none"> • Identifying, assessing and minimizing hazards • Minimizing immediate risk • Assessing casualty and identifying injuries, illnesses and conditions <p>This guide 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:</p> <ul style="list-style-type: none"> • Identify, assess and minimize hazards • Minimize immediate risk • Assess casualty and identify injuries, illnesses and conditions
Learning Instructions:
<ol style="list-style-type: none"> 1. Read the specific objectives of this Learning Guide. 2. Follow the instructions described below. 3. Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them. 4. Accomplish the “Self-checks” which are placed following all information sheets. 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-checks).

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6. If you earned a satisfactory evaluation proceed to “Operation sheets
7. Perform “the Learning activity performance test” which is placed following “Operation sheets” ,
8. If your performance is satisfactory proceed to the next learning guide,
9. If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets”.

Information Sheet 1- Identifying, assessing and minimizing hazards

Introduction

First Aid is the temporary or the immediate care to a burn, wound, injury, etc that a victim has obtained from an accident. First Aid is used to ease the pain of an injury, to prevent the worsening of the injury, to stop blood from bleeding and to make the victim ready to be brought to the hospital. Sometimes, without first aid the victim may die before reaching the hospital that is why each one of us should learn the basics of First Aid.

Aims of first aid

Preserve life – This includes the life of the casualty, bystander and rescuer:

- Protect the casualty from further harm – Ensure the scene is safe.
- Provide pain relief – This could include the use of ice packs or simply applying a sling.
- Prevent the injury or illness from becoming worse – Ensure the treatment you provide does not make the condition worse.
- Provide reassurance

Benefits of first aid

- save lives (in the case of seriously injured or ill persons);
- reduce the chance of permanent damage (for example, prompt flushing of the eyes with water after a chemical splash can prevent blindness) help prevent an injury from

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becoming more serious (for example, cleaning and bandaging a cut can help prevent infection and further problems);

- Minimize the length and extent of medical treatment;
- Reduce lost time from work.

General Principles of first-aid

- Rescue and removal of the casualty in the shortest possible time without aggravating existing health situation.
- First aid should be confined to essentials only.
- Immediate arrest of hemorrhage.
- Restoration of respiration and circulation. v. Prevention of impending shock and treatment of shock if the victim is already in such a state.
- Immobilization of simple and compound fractures and dislocations.
- Alleviation of pain by simple procedures and medication.
- Assurance of getting well quickly to the victim and moral boosting

1.1. Identifying, assessing and minimizing hazards

Workplace hazards

A. 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. 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.

The risks of working in confined spaces

Every year, a number of people are killed and others seriously injured working in confined spaces across a wide range of industries, from those involving complex plant to simple storage vessels. Those killed include not only people working in confined

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spaces but those who try to rescue them without proper training and equipment.

Dangers can arise in confined spaces because of:

- 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.

B. Carbon monoxide

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

Sources

CO is produced by all fuel burning appliances. In the home, sources can be gas or oil furnaces and wood, kerosene, or pellet stoves. In addition, water heaters, gas dryers, stoves/ovens, unvented fireplaces, gas or charcoal grills and gas-powered portable generators and equipment can produce CO. Automobile exhaust in attached garages can be another source.

Prevention

- Have heating system and chimney inspected and cleaned yearly, making sure that the furnace is properly ventilated to the outside.
- Do not use alternative heating sources such as a kerosene heater inside the house or garage.
- Enough ventilation should be made in the household level.
- Leave the house immediately and call local emergency number from a cell phone or neighbors home.

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C. 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:

1.2. Types of hazards

1.2.1. Physical hazards

They 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.

- Falling
- Fires/burns
- Sharp material
- Machinery
- Hard and heavy blows or falls

1.2.2. Chemical hazards

A. 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 inter the bloodstream and be carried swiftly to all organs and tissues. Signs and symptoms of poisoning vary with the poison- 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 most often poisoned by:

- Chemicals cleaning products

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- Medicines
- Plants
- Carbon monoxide

1.2.3. Biological hazards

Pathogenic microorganism:

- Bacteria
- Virus
- Fungal

Self-Check -1	Written Test
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Name..... ID..... Date.....

Directions: Answer all the questions listed below. Examples may be necessary to aid some explanations/answers.

Test I: Choose the best answer (5pts)

1. From the following Which one is poisoning substance in a home ?(1pt)
A. Personal care and beauty products C. Plants E. All
B. Medicines D. Carbon monoxide
2. Workplace hazards includes all of the following except (3points)
A. Environmental hazards C. Hazardous substance
B. Working in confined place D. None
3. The cause of danger in confined workplace includes (3points)
A. lack of oxygen
B. poisonous gas, fume or vapor
C. liquids and solids suddenly filling the confined space, or releasing gases into it when disturbed
D. All of the above

Test II: Short Answer Questions (5pts)

1. List the things that you can do to prevent: (6pts)

A. Poisoning -----

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- B. Fires/burns -----
- C. Choking -----
- D. Suffocation -----

A. What are the physical hazards to self and client health and safety in a household level.(3 pts)

Note: Satisfactory Rating: - 10 points

Unsatisfactory: - below 10 points

Information sheet 2- Minimizing immediate risk

2.1. Minimizing immediate risk

Definition of terms:-

Risk is the possibility that somebody could be harmed by these and other hazards and the indication of how serious the harm can be.

Risk factor is a variable associated with an increased risk of disease or infection .Or any attribute, characteristic or exposure of an individual that increase the likelihood of developing a disease or injury.

Unfortunately our home is the place where accidents are most likely to occur. Everyone should be aware of the dangers in the home so that accidents can be avoided. The purpose of this information sheet is to raise awareness of the type of accidents that may occur in the home and what steps you can take to prevent them.

Risk factors

I. Fire

Fire is a process in which substances combine chemically with oxygen from the air and typically give out bright light, heat, and smoke, combustion or burn.

Fires can start suddenly and spread quickly, damaging your home and furniture and putting lives in danger.

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Actions to do when in a workplace fire

A. Get the fire extinguisher

If you hear the sound of the fire alarm in your home do not ignore it, go for your fire extinguisher as a one stop preventive measure. This singular act can help curb the fire instantly, but if your effort proves abortive after using the fire extinguisher, leave the scene immediately. Fire extinguishers are very important and should be installed in every house, no matter if private or commercial.



Fig: 1. Fire extinguisher

B. Raise an alarm

Inform others in the house of the fire situation by screaming out loud; do not rely on smoke detectors and alarm to inform others, they might sometimes malfunction due to battery faults and other reasons.

C. Call the local emergency number

Pick up your phone and call the fire department after leaving the property, do not stop inside the house searching for your mobile device as you could get caught up in the flames. Rush out, and ask neighbors or passer-by to help you call the fire department.

D. Leave Valuables behind

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When in a fire, never delay to find the best possible escape route from a burning house to find valuables. You could always notify the fire safety officers when they arrive of such valuables describing their last known location.

E. Stop, drop and roll

If your clothes catch fire, do not run, simply drop to the floor and roll over your back to extinguish the fire. Always crawl and remain close to the ground to keep you away from the high temperature, and thick smoke from the fire. Stay low, until you escape the burning house.

F. Cover your nose

Cover your nostril with a shirt or a damp towel during a house fire; this will prevent smoke from entering your lungs.

Lastly do not run into a room filled with smoke or flames, doing that means running into massive danger.

Electric - Many accidents and fatalities involve electricity - it must be treated with respect.

Heating - Safety is especially important when choosing and using heating products

G. Safety measures

Fire Safety measures

Fires can start suddenly and spread quickly, damaging the home and furniture and putting lives in danger. They are caused in a variety of ways, but there are a few simple hints you can follow to prevent them starting:

- Keep all fires and heaters well guarded, especially open fires.
- Keep portable heaters and candles away from furniture and curtains. Position safely where they cannot be knocked over
- Don't dry or air clothes over or near the fire, or the cooker
- Do not smoke in workplace

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- Many fires start in the kitchen, especially fat fires. Never leave a pan unattended when deep fat frying and watch for overheating.
- If there are children around, keep matches and lighters well out of reach
- Fit approved smoke detectors on each floor. Choose a smoke alarm that is mains operated or one with a long life battery
- Plan your escape route. Remember Get out, stay out and call the fire brigade **out!**

Electrical Safety measures

Many accidents and fatalities involve electricity - it must be treated with respect. Here are some tips:

- Do not use appliances with worn or damaged flexes. Don't wire flexes together.
- Keep portable mains-operated appliances out of the bathroom.
- Have electric blankets serviced and checked regularly
- If an appliance appears faulty stop using it and have it checked at once
- Consider having a RCD (residual current device) for whole house protection. These are especially valuable when power tools are used
- Look for the CE mark when you buy electrical equipment
- Never overload an electric socket.

Heating safety

Safety is especially important when choosing and using heating products.

- All fuel-burning appliances use up fresh air as they burn, and give off waste gases including the deadly carbon monoxide (CO). Never block air vents or airbricks and service appliances annually
- Be aware of symptoms of CO poisoning such as drowsiness and flu like symptoms
- If you use a chimney or flue, or bring one back into use, have it swept at least once a year, or more frequently if you burn wood
- Never block any outside grilles or rest anything against it

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- If a gas flame, which normally burns blue, burns orange this may be a built up of carbon monoxide. Have your appliance checked immediately
- Check the pilot regularly on gas cookers and water heaters to make sure it has not gone out
- If you suspect a gas leak, open the windows turn off the supply and call your gas supplier. Don't operate switches as a spark could ignite the gas
- Always keep a special watch on young children and elderly people when fires and heaters are in use.

Self-Check -2	Written Test
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Name..... ID..... Date.....

Directions: Answer all the questions listed below. Examples may be necessary to aid some explanations/answers.

Test I: Choose the best answer (2pts)

1. Which one of the following **is not** the benefit of first aid? (2 points)

- A. Save lives
- B. Reduce the chance of permanent damage
- C. Minimize the length and extent of medical treatment
- D. None of the above

Test II: Short Answer Questions (5pts)

2. Write the **actions to do when a fire occurs in work place?**

Note: Satisfactory Rating: - 4 points Unsatisfactory: - below 4points

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Information sheet 3 - Assessing casualty and identifying injuries, illnesses and conditions

3.1 Assessing casualty and identifying injuries, illnesses and conditions

Before any treatment can be undertaken the first aider must first assess the casualty. This ensures the first aider is aware of how to treat the casualty.

When examining a casualty for injury you need to be aware of the basic anatomy and physiology of the human body so that you can assess the type and extent of the injury, and how best to respond.

In life threatening, conditions the heart can stop beating, organs can bleed internally, and the person can be breathing abnormally because the lungs are being affected by the injury.

3.2 Systems of the body and basic anatomy and physiology

A. Integumentary system

This includes the skin, hair and nails. The skin is the first line of defense in the body and is the organ with which you will, primarily, be working with. Changes in the skin color,

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temperature or texture should be noted. Wherever possible, cuts in the skin should be covered to avoid infection.

B. Respiratory system

The respiratory system is concerned with breathing. It contains the lungs, mouth, nose and the windpipe. An inability to breathe means a person will suffer brain injury in two to three minutes and die within four or five minutes.

C. Circulatory system

The circulatory system is how blood moves around the body. It involves the heart, veins and arteries. Abrasions and cuts to the skin will bleed and the rate of bleeding will indicate which type of vein or artery has been injured.

Blood coming from a vein will ooze or flow but blood coming from an artery will spurt. Arterial bleeding needs to be controlled as quickly as possible because a person can bleed to death very quickly. Pressure should be applied to any areas of bleeding.

D. The skeletal system

The skeletal system is the framework of bones, tendons, ligaments and muscles that holds the human body together. Broken bones can sometimes be detected visually, i.e. they appear as a deformity.

If there is any chance of an injury being a broken or fractured bone, it is better to treat it as a break and immobilize the area until medical assistance arrives.

Strains and sprains to the muscles can be painful, but are not life-threatening.

E. Nervous system

The nervous system communicates messages through every muscle, cell, bone and fiber of the body. Damage to the nervous system that will concern the first aid officer is potential injuries to the spinal column. This can kill or cause permanent paralysis. Suspected spinal injuries are covered in further detail later in this unit.

F. Digestive system

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The digestive system processes nutrients from the food provided to the body. The main digestive system issues for a first aid officer are:

- Allergies
- Vomiting
- Diarrhoea
- Ingestion of poisons and foreign substances

If a casualty has swallowed a foreign substance you will need to call for medical advice immediately as the first aid response will vary depending upon the substance. Do not give the ill person anything to drink unless otherwise advised by medical professionals.

For allergies, a trained medical officer will be required to administer antihistamine.

Similarly, food-related upsets such as vomiting and diarrhoea should be treated by a doctor, but until they arrive, ensure the casualty is given adequate fluids to be sipped. Remember to take note of what fluids have been given, when they were given and how much.

G. Urinary system

The urinary system enables the body to dispose of waste materials. As a first aid officer, your main concern will be dehydration of the casualty. The darker the urine, the more dehydrated the person will be.

H. Lymphatic system

The lymphatic system is the body's infection-fighting system. When fighting an infection, the lymph nodes could swell. As a first aid officer, you will have limited, if any, contact with problems of the lymphatic system.

3.3 Initial assessment

Once the first aider reaches the scene of an emergency, it's vital to conduct a thorough initial assessment of the scene.

Survey the scene

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The first stage in the initial assessment is to survey the scene of the emergency. This will determine the type of accident and any immediate risks/hazards to the casualty, bystanders and treating personnel/workers. Ensure you are not placing yourself at risk by attempting to provide first aid.

It is at this point that you might encounter barriers to action. These barriers may be in the form of:

- Presence of bystander – may feel embarrassed performing first aid in front of others or may assume someone else will be doing it.
- Uncertainty about the person – the injured person may be a stranger, older, younger, different gender or race etc. You should provide assistance regardless of the individual. If you are unable to give assistance you can still call for assistance on '000'.
- Nature of the illness/injury – the nature of the emergency may be unpleasant or confronting (blood, vomit etc.). You should still try to do as much as possible. If needed take a moment to collect yourself but remember, it is still an emergency.
- Fear of disease transmission – the risk of disease transmission is actually quite small. If you take appropriate precautions you can greatly reduce the risks.
- Fear of doing something wrong – as outlined in the legal implication, as long as you do everything reasonably possible and follow your duty of care you should not worry about making an error. Some first aid is better than no first aid.

A. Primary survey

The next stage is to assess the casualty to determine the extent and nature of the emergency care required. This is called a primary survey because it is looking for any signs that the casualty is in a life-threatening situation.

The 4 points you should check in a primary survey are:

- State of consciousness
- Airways
- Signs of life

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- Severe bleeding

Vital signs are used to measure the condition of the casualty. The most common vital signs monitored by medical personnel/workers are:

- Body temperature
- Pulse (or heart rate)
- Blood pressure
- Respiratory rate

These vital signs must be constantly checked as they can change very quickly. Keeping abreast of any changes can often mean the difference between life and death. Do not proceed with a secondary survey if the casualty has a life-threatening condition.

B. Secondary survey

A secondary survey is conducted if the initial assessment found no life threatening conditions. It assesses the casualty more closely for signs such as cuts, burns, bruising, swelling, puncture wounds and anything out of place (misuse of drugs). It involves surveying the casualty from head to toe in a systematic method.

To conduct the secondary survey follows these 3 steps:

A. Question the injured person and any bystanders

This should give you a more complete picture of the incident, as well as allowing the person to describe how they are feeling, if they are in pain and where the pain is and will also allow you to observe the person for any other signs of injury/illness.

B. Check the person's vital signs

Vital signs:

- Conscious state
- Breathing
- Pulse

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- Skin color/appearance

These vital signs will give indications as to how the body is reacting to any trauma. These signs should be checked every 5 minutes until ambulance personnel arrive. You should note any changes etc. and pass this information on when emergency personnel arrive.

C. Complete a head-to-toe examination

Begin by informing the person of what you are about to do and ask them to remain still. If any hurt areas were identified when talking to the casualty try to avoid touching or moving the painful areas. First look for visual signs, then ask the person to move body parts, beginning with the head, then shoulders, arms, torso/chest, abdomen, then the legs. Look for signs such as bruising, swelling, blood or other body fluids, abnormal sounds, pain responses etc.

Throughout the survey continue to monitor the person's signs of life. Stop the survey if any problems begin to develop and immediately apply first aid. All information from the survey must be carefully collected, ready to be passed onto ambulance/paramedic personnel.

The first aider must then combine these assessments to determine the appropriate course of action and care required by the casualty.

3.4 Triage

If there are multiple casualties to treat, such as at a major incident, you need to prioritize treatment starting with the casualties with the most severe injuries. This process is called triage. Triage focuses on helping those casualties with the greatest chances of survival.

It can be a difficult decision to make as to who to treat first; however, you should work under the principle of acting in a way that gives the greatest number of people the greatest chance of survival.

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At the scene of the emergency incident, it is critical to dial the emergency number “000” or with a mobile “112” and request an ambulance.

As time is of the essence in sending for help, if a telephone or mobile is not available use other viable communication means such as:

- Satellite phones
- Two way radio (e.g. CB or UHF radio)
- Email
- Hand Signals
- Flares

LG #11

LO #2- Apply first aid procedures

Instruction sheet

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

- providing appropriate information
- Using **available** resources and equipment
- Responding to casualty
- Determining and explaining the nature of casualty's injury/condition
- Seeking consent from casualty
- Providing first aid management
- Seeking first aid assistance
- Operating first aid equipment correctly
- Using safe manual handling techniques
- Monitoring and responding casualty's condition
- Finalizing casualty management

This guide 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:



- provide appropriate information
- Use available resources and equipment
- Respond to casualty
- Determine and explain the nature of casualty's injury/condition
- Seek consent from casualty
- Provide first aid management
- Seek first aid assistance
- Operate first aid equipment correctly
- Use safe manual handling techniques
- Monitor and respond casualty's condition
- Finalize casualty management

Learning Instructions:

Read the specific objectives of this Learning Guide.

1. Follow the instructions described below.
2. Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
3. Accomplish the “Self-checks” which are placed following all information sheets.
4. 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-checks).
5. If you earned a satisfactory evaluation proceed to “Operation sheets
6. Perform “the Learning activity performance test” which is placed following “Operation sheets” ,
7. If your performance is satisfactory proceed to the next learning guide,
8. If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets”.



Information sheet 1 - Providing appropriate information

1.1 Providing appropriate information

In order to comfort the casualty it is important to provide them with as much detail as possible about the nature of their injuries and the course of action you intend to take in treating them.

Details may be able to provide:

- The history of the incident/injury or how it happened – How
- What time it occurred and how long they have been injured – When.
- What happened to them – The nature of the injury/condition?

First Aid treatment procedures

For example, if the victim was involved in a car accident, tell them “You’ve had a car accident and you’ve been injured for 2 hours now”. Depending on their level of consciousness, they may or may not respond to you. Use simple terminology and language to communicate. After having confirmation that an ambulance is arriving, you could say “Don’t worry, an ambulance will be coming over soon to take you to a hospital.” Trying to use words to reassure the casualty and it may help to speak slowly and calmly.

Be honest with the casualty about the action you intend to take in treating them.

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They may not be comfortable with particular treatment options and they need to be given the opportunity to consent to the first aid treatment before you begin.

You may be required to come up with an alternate plan of action after talking with the casualty and finding out more information.

Self-Check -3	Written Test
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Instruction: - Answer the following questions listed below.

1. Write general danger signs informed to the relatives .(4pts)
2. Write the ways how to inform to the family .(5pts)

Note: Satisfactory rating:- 5 points

Unsatisfactory :- below 5 points



Information sheet 2 - Using available resources and equipment

1.1 Personal protective equipment

The use of personal protective equipment or PPE will vary by kit, depending on its use and anticipated risk of infection. The adjuncts to artificial respiration are covered above, but other common infection control PPE includes:

- Gloves which are single use and disposable to prevent cross infection
- Goggles or other eye protection
- Surgical mask or N95 mask to reduce possibility of airborne infection transmission (sometimes placed on patient instead of caregivers. For this purpose the mask should not have an exhale valve)
- Apron

1.2 Instruments and equipment

- Trauma shears, for cutting clothing and general use
- Scissors are less useful but often included instead
- Tweezers
- Lighter, for sanitizing tweezers or pliers etc.
- Alcohol pads for sanitizing equipment, or unbroken skin.

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- Irrigation syringe - with catheter tip for cleaning wounds with sterile water, saline solution, or a weak iodine solution. The stream of liquid flushes out particles of dirt and debris.
- Torch (also known as a flashlight)
- Instant-acting chemical cold packs
- Alcohol rub (hand sanitizer) or antiseptic hand wipes
- Thermometer
- Space blanket (lightweight plastic foil blanket, also known as "emergency blanket")
- Penlight
- Cotton swab

1.3 First aid kit

It is a collection of supplies and equipment for use in giving first aid, and can put together for the purpose (by an individual or organization, for instance), or purchased complete.

Workplace first aid kit



Fig: 17 first aid kit

A. Essentials of first aid

- Adhesive bandages of various sizes
- Triple-antibiotic ointment
- Sunscreen
- Lip salve
- Antiseptic hand wipes or soap
- Moleskin for blisters

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- Dimenhydrinate (Dramamine) or meclizine for nausea
- Ibuprofen or acetaminophen for pain relief
- Diphenhydramine or fexofenadine for allergies
- Moist towelettes for cleaning hands when restrooms aren't available

B. Added when leaving the work place:

- Compression bandage of at least 5x9 inches
- Several 4x4 inch sterile bandages
- Roller gauze bandage two inches wide
- Roller gauze bandage four inches wide
- Elastic bandage for support or swelling
- Thermometer
- Tweezers for splinters
- Scissors
- Topical pain reliever
- Chemical cold pack
- Zipped closure freezer bags
- Insect repellent



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

1. What is first aid kit? (5pts.)
2. What are the PPE used in first aid? (5pts.)

Note: Satisfactory Rating: - 5 points

Unsatisfactory: - below 5 points

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Information sheet 3 - Responding to casualty

It is important that the whole process of responding to the casualty occurs quickly so that assessment and management of the situation may be carried out effectively.

3.1. The guidelines for responding to the casualty's condition:

- Do not approach the casualty if it is unsafe to do so
- Always call for help
- If the casualty is unconscious, determine airway and breathing
- If the person is conscious but can't move or feel their arms or legs, don't move them. They may have a spinal injury
- Manage illness and injuries with the guidance of a qualified first aider and stay with the casualty

If you need to phone for an ambulance and give details of the situation and workplace location, make sure you know exactly where! This includes::

- address
- nearest cross street
- the building level you are on

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- The best way for the ambulance to gain access to the casualty.

3.2. Effective first aid principles

First aid is the initial care of the sick or injured. First aid management is a set of established procedures and aims to:

- help promote recovery
- prevent the injury or sickness from becoming worse
- seek medical help
- promote a safe environment
- provide comfort
- protect the unconscious casualty
- Preserve life

It is important to follow these basic first aid steps:

- do not fear
- assess the situation quickly
- make sure the area is safe to approach
- identify the injury or sickness
- call for help
- stay with the casualty
- manage the casualty
- Monitor the casualty; their situation could change at any time

The best method for assessing a casualty in an emergency situation is to perform a quick primary survey followed by a more thorough secondary survey.

A primary assessment is a quick assessment of a casualty to find and correct any life-threatening issues. This involves checking the following things:

- Danger – any hazards to yourself or bystanders?
- Response – is the casualty unconscious?

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- ✓ Shout for help – if they are unconscious, shout for further help but do not leave their side
- Airway – open the airway by tilting the head back and lifting the chin
- Breathing – check for normal breathing for up to 10 seconds
- Circulation – perform CPR and use a defibrillator if the victim isn't breathing

A primary assessment should be carried out to assess all casualties.

Once a primary assessment has been performed, move onto a more thorough secondary assessment. It may not be possible to perform a secondary assessment if there are problems with the primary assessment. For example, performing CPR takes priority over performing a secondary assessment.

A. Approach to the primary assessment:

- Focus on life threats Airway (A), breathing (B), circulation (C)
- May vary depending on Patient's condition.
- On the scene resources other order of A-B-C depends on initial impression of patient. Sequence will vary A-B-C if patient has signs of life C-A-B if patient appears lifeless, no pulse Immediate interventions may be needed

B. The secondary assessment involves:

- History: Finding out the history of the incident/illness from the casualty or bystander.
- Examination: looking for visual clues.
- Vital sign/observation: if trained, recording relevant observations.

The primary and secondary assessment provides a structure for you to assess each casualty in a logical way.

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Self-Check -3	Written Test
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Name..... ID..... Date.....

Directions: Answer all the questions listed below. Examples may be necessary to aid some explanations/answers.

Instruction :- Answer the following questions correctly .

1. Write best method for assessing a casualty in an emergency situation.(5pts)
2. Write The guidelines for responding to the casualty's condition.(8pts)
3. What are effective first aid principles.(8pts)

Note: Satisfactory Rating: - 10 points

Unsatisfactory: - below 10 points

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Information sheet 4 - Determining and explaining the nature of casualty's injury/condition

4.1. Determining and explaining the nature of casualty's injury/condition

4.1.1. Abdominal injuries

Injuries to the abdominal region require prompt medical aid. If the liver, spleen or pancreas is damaged, profuse internal bleeding can occur. Injury to the bowel can cause the contents to spill into the abdominal cavity causing infection. Shock is also a complication of these types of injuries.

A. Causes:

- Car accidents
- Bike accidents
- Hard and heavy blows or falls
- Sport Swallowing foreign objects

B. Signs and Symptoms may include:

- Pain
- Pale, cold clammy skin
- Bleeding from the anus or genitals if injured.

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- Blood stained vomit or urine.
- Breathing noises
- Tenderness Bruising, and/or swelling
- Protruding Intestines

C. Management

Follow the basic first aid plan to assess the casualty:

- Assist the casualty into a comfortable position.
- Usually with the head raised slightly and the knees flexed will relieve the pressure or placed in the fetal position.
- Cover protruding intestines with plastic wrap, a non-stick dressing or if not available, a wet dressing could be used.
- Monitor vital signs.
- Seek medical aid immediately.

4.1.2. wounds/injuries

- A wound is any type of injury to the skin.
- In general, wounds can be classified as closed (where the skin stays intact) or open.

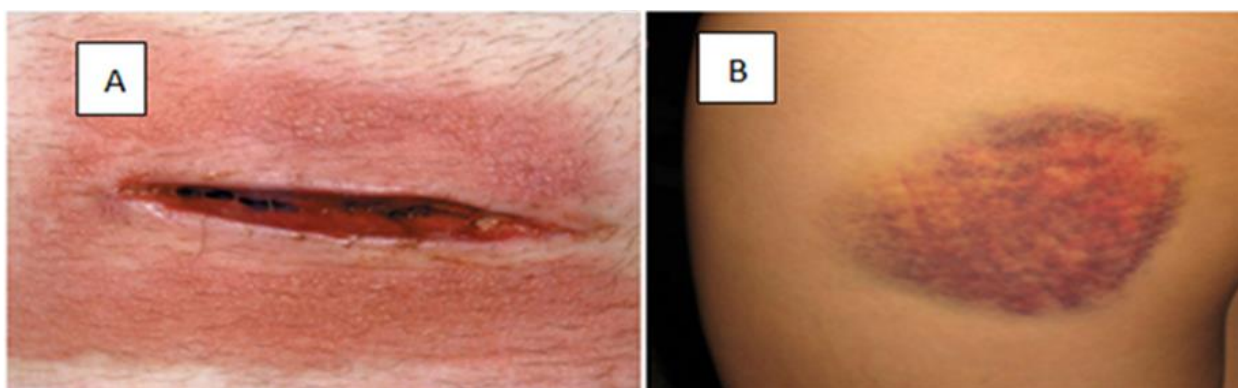


Fig: 2 A. Open wound, B. closed wound

- In open wounds, the skin is cracked open, leaving the underlying tissue exposed to the outside environment, which makes it more vulnerable to bleeding and infections.

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- In closed wounds, the skin is intact and the underlying tissue is not directly exposed to the outside world. Even with the skin intact, the damage can reach down to the underlying muscle, internal organs and bones. That is why these kinds of wounds can be complicated by severe bleeding, large bruises, nerve damage, bone fractures and internal organ damage.
- Open wounds can be classified according to the object that caused the wound.
- The types of open wounds are:
 - ✓ Incisions or incised wounds, caused by a clean, sharp-edged object such as a knife, razor, or glass splinter
 - ✓ Lacerations, irregular tear-like wounds caused by some blunt trauma
 - ✓ Abrasions, superficial wounds in which the topmost layer of the skin (the epidermis) is scraped off. Abrasions are often caused by a sliding fall onto a rough surface
 - ✓ Avulsions, injuries in which a body structure is forcibly detached from its normal point of insertion.
 - ✓ Puncture wounds, caused by an object puncturing the skin, such as a splinter, nail or needle.
 - ✓ Penetrating wounds, caused by an object such as a knife entering and coming out from the skin.
 - ✓ Gunshot wounds, caused by a bullet or similar projectile driving into or through the body. There may be two wounds, one at the site of entry and one at the site of exit, generally referred to as a "through-and-through."



Fig: 3 the types of open wounds A. incisions, B. laceration, C. abrasion, D. avulsion E. puncture wound F. penetrating wound G. gunshot wound

The types of closed wounds are:

- **Contusions**, more commonly known as bruises, caused by a blunt force trauma those damages tissue under the skin.
- **Hematomas**, also called a blood tumor, caused by damage to a blood vessel that in turn causes blood to collect under the skin.
- **Crush injury** is an injury that occurs because of pressure from a heavy object onto a body part or from squeezing of a body part between two objects. Depending upon their severity, crush injuries can be complicated by bleeding, bruising, broken bones, open wounds or so-called compartment syndrome.



Fig: 4 the types of closed wounds A. contusion, B. hematoma C. crush injury

4.1.3. Cuts and Scrapes

Follow these steps to keep cuts clean and prevent infections and scars.



- Wash your hands. First, wash up with soap and water so you don't get bacteria into the cut and cause an infection. If you're on the go, use hand sanitizer.
- Stop the bleeding. Put pressure on the cut with a gauze pad or clean cloth. Keep the pressure on for a few minutes.
- Clean the wound. Once you've stopped the bleeding, rinse the cut under cool running water or use a saline wound wash. Clean the area around the wound with soap and a wet washcloth. Don't get soap in the cut, because it can irritate the skin. And don't use hydrogen peroxide or iodine, which could irritate the cut.
- Remove any dirt or debris. Use a pair of tweezers cleaned with alcohol to gently pick out any dirt, gravel, glass, or other material in the cut.

4.1.4. Allergic reactions

- Allergies are an overreaction of the body's natural defense system that helps fight infections (immune system).
- The immune system normally protects the body from viruses and bacteria by producing antibodies to fight them.
- In an allergic reaction, the immune system starts fighting substances that are usually harmless (such as dust mites, pollen, or a medicine) as though these substances were trying to attack the body.

A. Types of allergies

There are many types of allergies. Some of the more common ones include:

- Food allergies
- Medicine allergies
- Allergies to insect venom.
- Allergies to Insect Stings.
- Allergies to animals,
- Allergies to natural rubber (latex).
- Allergies that develop from exposure to a particular inhaled substance in the workplace. These are called occupational asthma.
- Allergies to cosmetics,

These are the six key things to look for:

- Difficulty breathing (e.g. tight chest and wheezing)

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- Swelling of the tongue and throat
- Itchy or puffy eyes
- An outbreak of blotchy skin
- Anxiety
- Signs of shock

4.1.5. Thermal burn and Chemical burns

Definition: A burn is an injury that results from heat, chemical agents, or radiation. It may vary in depth, size, and severity causing injury to the cells in the affected area.

Chemical burns usually occur when the skin comes in to contact with a strong acid or alkaline substance. The longer the substance remains on the skin, the more severe the burn will be.



Fig: 12 burn injury

4.1.6. Heart attack

A heart attack occurs when heart tissue dies and is often linked to cardiovascular disease, where fatty deposits have built up in the inner walls of the coronary arteries, causing a blood clot/s to form and slowing blood flow to the heart.

A person who is experiencing a heart attack will still be conscious and have a pulse. However, if the heart attack is not treated it may lead to sudden cardiac arrest.

A. Recognizing a heart attack:

- Onset of persistent tight/heavy or dull pain or ache in the chest, often felt in the centre behind the sternum

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- Pain can radiate to the neck, jaw, shoulders or arms (usually the left arm)
- May develop nausea, vomiting
- Breathing – difficult, shallow breathing, shortness of breath.
- May look pale with cold sweaty skin and be anxious/distressed
- Pulse – rapid, irregular, or weak
- May develop dizziness, fatigue or become unconscious

4.1.7. Chemical contaminants

Chemical contaminants are chemicals toxic to plants and animals in waterways. The phrase 'chemical contamination' is used to indicate situations where chemicals are either present where they shouldn't be, or are at higher concentrations than they would naturally have occurred.

A. Chemical splashes to the eye

In addition to the general principles of poison management you could rinse the eye with fresh slow-running water for 15 minutes, keeping the eyelids open. Be careful that the water does not flush the chemicals into the unaffected eye.

B. Chemical splashes to the skin

In addition to the general principles of poison management you could carefully remove any contaminated clothing making sure not to come into contact with the poison or risk spreading it further. Immediately rinse the skin area with fresh running water. Powered chemicals should be carefully brushed off first, and then flushed with water.

C. Inhaled gases / toxic substances

In addition to the general principles of poison management you could:

- Remove the person to fresh air (only if safe to do so)
- Open any windows and doors — do not turn on air conditioning or fans.
- Closely monitor airway and breathing.

4.1.8. Dislocation

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- A dislocation is an injury in which the ends of your bones are forced from their normal positions. The cause is usually trauma resulting from a fall, an auto accident, or a collision during contact or high-speed sports.
- Dislocation usually involves the body's larger joints. In adults, the most common site of the injury is the shoulder. In children, it's the elbow. Your thumb and fingers also are vulnerable if forcibly bent the wrong way.



Fig: 12 Dislocation

4.1.9. Drowning

- Drowning is defined as respiratory impairment as a result of being in or under a liquid.
- Drowning typically occurs silently, with only a few people able to wave their hands or call for help. Symptoms following rescue may include breathing problems, vomiting, confusion, or unconsciousness.

4.1.10. Fracture

A fracture is a break or crack in the continuity of bone.

Types of Fracture:

- **Closed fractures:** closed (simple) fractures are those not associated with open wounds on the surface of the body
- **Open fractures :** open (compound) fractures are those associated directly with open wounds



Fig: 14 Closed Fracture (A) and Open fracture (B)

4.1.11. Epilepsy

- Epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations, and sometimes loss of awareness
- First aid for a seizure is aimed at keeping the person safe until the seizure stops on its own. Most seizures last from 30 seconds to 2 minutes.

4.1.12. Shock

- The reaction of the body to the failure of the circulatory system to provide enough blood to all the vital organs of the body.



Fig: 16 Shocking

Causes

- Trauma
- Heart failures
- Sever bleeding



- Loss of plasma -in burns or crushing injures
- Allergy
- Loss of body fluid- recurrent vomiting from any cause

3.1.13 Venomous snake bites

Prompt medical care significantly reduces the likelihood of dying from a venomous snake bite. Most deaths from venomous snake bites occur because the person had an allergic reaction to the venom or is in poor health, or because too much time passed before he or she received medical care.

Signs and symptoms of venomous snake bites

Signs and symptoms of a possibly venomous snakebite include a pair of puncture wounds and localized redness, pain and swelling in the area of the bite.

Self-Check -4	Written Test
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Name..... ID..... Date.....

Directions: Answer all the questions listed below. Examples may be necessary to aid some explanations/answers.

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Test I: Choose the best answer (5pts)

2. Evisceration is an abdominal injury in which the organs are actually visible.
A. True B. False
3. A breaking in the skin or the mucus membrane
A. Open wound C. Closed wound
B. Open fracture D. Closed Fracture
4. Occurs when body tissue is cut on Knife. Rough edges of metal, broken glass or other sharp objects.
A. Abrasion C. Incision E. Puncture
B. Laceration D. Avulsion
5. Bleeding inside body cavity
A. Internal bleeding B. External bleeding C. All
6. Which one is a technique of stopping severe bleeding?
A. Direct pressure C. Elevation
B. Applying Tourniquet D. All
7. Which one of the following is a cause for shock?
A. Trauma C. Heart failure E All
B. Sever bleeding D. Loss of plasma
8. Sign and symptom of poisoning
A. Redness around the mouth C. Vomiting E. All

Test II: Short Answer Questions (5pts)

1. Write the two types of wound
A.
B.
1. Write the three classifications of Burn.
A.
B.
C.
2. Write first aid measures for open wound? (5pts)
3. Write first aid measures for external bleeding? (5pts)



4. Write first aid measures for major (sever) burn? (5pts)
5. Write first aid for heart attack? (5pts)
6. Write first aid management of shock? (5pts)

Note: Satisfactory Rating: - 16 points

Unsatisfactory: - below 16 points

Information sheet 5 - Seeking consent from casualty

Before begin applying first aid, the first aiders must ask for consent (provided the casualty is conscious) to allow them the option to refuse treatment.

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Before applying first aid, it's important to observe decency in regard to culture as different cultures have different practices. For example, the casualty can verbally refuse proposed treatment by the rescuer. They could be religious reasons or personal ones. It's always best to ask the casualty (if they are well enough to speak) if they are comfortable with receiving assistance. Depending on their level of consciousness, they may respond with hand gestures, body language or verbal consent.

If the casualty is unconscious and is not responding to your questions, you should proceed with first aid.

Check the casualty for medical identification tags as they can provide information such as the name of the casualty, emergency contact, medical illnesses, allergies, and even what medical treatment they would refuse inscribed on a bracelet or necklace. There are medical tags to refuse blood transfusions and resuscitation. There are USB tags that can store more details but require a computer or mobile phone with a USB port to access.

5.1. Important points before act to help injured person:

- Anytime see an accident or an injured person, dialing health safety center immediately is the key to getting help there as soon as possible. As you wait for help to arrive, there are some things you can do to help the injured person remain calm, while also keeping yourself safe.
- Before go towards an accident or an injured person, make sure that the area is safe to enter. Don't want to get injured or killed by rushing into an unsafe environment to help someone else. If the area is safe, proceed to the injured person and try to keep him or her calm and still:
 - ✓ Talk to them and explain what has happened.
 - ✓ Let them know that they need to stay still so they don't cause further harm or injury to themselves.
 - ✓ Tell them that you will be with them until help arrives.
 - ✓ Always be on the lookout for safety hazards. If things change and the situation becomes unsafe, you may need to move yourself and the injured person to a safe location and wait for help to arrive.

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Before giving first aid care, the first aiders must obtain **consent** (permission) from the injured or ill person (or the person's parent or guardian if the person is a minor)

To obtain consent:

- State your name
- State the type and level of training that you have (such as training in first aid or CPR).
- Explain what think is wrong.
- Explain what plan to do.
- Ask if you may help.

With this information, an ill or injured person can grant his or her consent for care. Someone who is unresponsive, confused or mentally impaired may not be able to grant consent. In these cases, the law assumes the person would give consent if he or she were able to do so. This is called **implied consent**. Implied consent also applies when a minor needs emergency medical assistance and the minor's parent or guardian is not present.

An injured or ill person may refuse care, even if he or she desperately needs it. A parent or guardian also may refuse care for a minor in his or her care. You must honor the person's wishes. Explain to the person why you believe care is necessary, but do not touch or give care to the person if care was refused. If you believe the person's condition is life threatening, call EMS personnel to evaluate the situation. If the person gives consent initially but then withdraws it, stop giving care and call for EMS personnel if you have not already done so.

If you do not speak the same language as the injured or ill person, obtaining consent may be challenging. Find out if someone else at the scene can serve as a translator. If a translator is not available, do your best to communicate with the person by using gestures and facial expressions. When you call the designated emergency number, explain that you are having difficulty communicating with the person, and tell the dispatcher which language you believe the person speaks. The dispatcher may have someone available who can help with communication.

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Self-Check -5	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in
The next page:

1. One of the most dangerous threats to an injured person is-----(1pt)

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- A. Talking loudly C. Reading a book
B. Unnecessary movement D. None
2. Before you go towards an accident or an injured person, what would you do first? (4pts)
3. What are the definitely times when the injured person needs to be moved to prevent further harm?(4pts)

Note: Satisfactory Rating: - 5 points

Unsatisfactory: - below 5 points

Information sheet 6	Providing first aid management
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6.1. Work place policy

Work place Policies and Procedures are a major part of protecting the safety, health and welfare of people engaged in work or employment.

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incidence and effects of domestic violence, sexual violence, and stalking at the workplace.

- Lack of OSH protection for domestic workers (care givers) the following events may occur
 - ✓ Domestic violence,
 - ✓ sexual violence, and
 - ✓ Stalking are workplace issues even if incidents occur elsewhere.
- Domestic violence, sexual violence, and stalking cross economic, educational, cultural, age, gender, racial, and religious lines and occur in a wide variety of contexts. Therefore, the employer will take every appropriate measure to prevent and/or address such violence

6.2. First Aid Policy

A. Purpose and Scope

- The purpose of first aid policy is to guide the provision of first aid to people suffering injury or illness.
- First aid services are an important element of work health and safety, facilitating first initial treatment for: -
 - ✓ Injuries that may occur in the workplace (including home); and
 - ✓ Acute personal sickness that may impact on staff members, consumers or others while at premises.

B. Policy Implementation

- Ensures effective implementation of first aid through: -
 - ✓ Staff having access to policies and procedures relating to first aid
 - ✓ Provision of tailored training to persons with specific tasks
 - ✓ Record of first aid activities, including first aid training provided and undertaken, information provided to consumers and use of PPE
 - ✓ Mechanisms for monitoring compliance with first aid.

C. Personal Protection

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- First aiders are to assume that all blood and other body fluids are infectious and are aware of standard precautions in relation to managing blood and other body fluids, including wearing gloves when administering first aid.
- Cross infection is managed while providing first aid by wearing gloves and washing hands with soap and water:
 - ✓ before and after contact with an ill or injured person
 - ✓ after contact with blood or and/or other body fluids or contaminated items
 - ✓ when protective gloves are removed

6.3. Work place procedures

- Safe Work Procedures are documented procedures for performing tasks.
- The purpose of a safe work procedure is to reduce the risk to health and safety in the workplace and reduce the likelihood of an injury by ensuring that employees know how to work safely when carrying out the tasks involved in their jobs.
- The following steps should be followed to ensure safe work procedure.
 - ✓ Observe the task/activities: It is important to observe the task/activity being performed the preferred way to ensure safest method is documented.
 - ✓ Review associated legislative requirements: Some task/activities are governed by legislative requirements. These must be considered when developing a safe work procedure to ensure any legal requirements are included.
 - ✓ Record the sequence of basic job steps: write down the steps that make up the task/activity.
 - ✓ Record potential hazards of each step: Next to each step identify what may have potential to cause injury or disease
 - ✓ Identify ways of eliminating and controlling the hazards: list the measures that need to be put in place to eliminate or control any likely risk.
 - ✓ Test the procedure: Observe staff/student following the safe work procedure
 - ✓ Obtain approval: Before the safe work procedure can be used it must be approved by each approver nominated.
 - ✓ Monitor and review: Make sure the activity is supervised to ensure the documented process is being followed

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Self-Check -6	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

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1. What are the events may occur due to lack of OSH protection for domestic workers (Home caregivers)?(6pts)
 - a. _____
 - b. _____
 - c. _____
2. When caregivers to wear gloves and washing hands with soap and water during their activities?(6pts)
 - a. _____
 - b. _____
 - c. _____

Note: Satisfactory rating: - 6 points

Unsatisfactory: - below 6 points

Information sheet 7 - Seeking first aid assistance

If do find a situation where the casualty needs urgent first aid or medical attention, the sooner raise the alarm the sooner help will arrive. Do not leave the casualty. Call for

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help. Depending on the workplace set-up, you may be able to call for help, or you may have to use an intercom or telephone. Find out your workplace procedures regarding getting help.

In most workplaces there will be enough staff working nearby that quite easily raise the alarm. You may be able to call out to the person closest to you to either get the first aid kit, the supervisor or any qualified first aider, depending on whom you are working with and where the first aiders are.

Methods

Can call out something like this:

‘Mr. X, we need some first aid in the frozen room for Mr. Y.’ or

‘Mr. X, quickly bring the first aid kit to the office. Mr. Y has hurt himself.’

Remain calm but assertive

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. 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, you should 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.

7.1. Seek assistance from others

You cannot always handle the situation all by yourself, seeking assistance from others is a good idea because 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

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- Contact friends or relatives of the casualty, so they can attend and perhaps provide history about the casualty
- Help move the casualty and 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.

Always identify potential helpers as soon as possible when you arrive on the 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. Then, give them a job – get them to hold something, take notes, control the crowd or provide shade.

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.

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Self-Check 7	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What is the importance of seeking for first aid assistance? (7 points)

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2. Write example of call out something.(2pts)

Note: Satisfactory rating: - 5 points

Unsatisfactory: - below 5 points

Information sheet 8 - Operating first aid equipment correctly

8.1. First aid kits

A. Format

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First aid kits can be assembled in almost any type of container and this will depend on whether they are commercially produced or assembled by an individual. Standard kits often come in durable plastic boxes, fabric pouches or in wall mounted cabinets. The type of container will vary depending on purpose, and they range in size from wallet sized through to large rucksacks. It is recommended that all kits are in a clean, waterproof container to keep the contents safe and aseptic. Kits should also be checked regularly and restocked if any items are damaged or expired out of date.

B. Contents

The first aid kit should provide basic equipment for administering first aid for injuries including:

- Instructions for providing first aid – including cardio-pulmonary resuscitation (CPR) flow chart.
- Adhesive strips (assorted sizes) for minor wound dressing.
- Splinter probes (single use, disposable).
- Non-allergenic adhesive tape for securing dressings and strapping.
- Eye pads for emergency eye cover.
- Triangular bandage for slings, support and/or padding.
- Hospital crepe or conforming bandage to hold dressings in place.
- Wound/combine dressings to control bleeding and for covering wounds.
- Non-adhesive dressings for wound dressing.
- Safety pins to secure bandages and slings.
- Scissors for cutting dressings or clothing.
- Kidney dish for holding dressings and instruments.
- Small dressings bowl for holding liquids.
- Gauze squares for cleaning wounds.
- Forceps/tweezers for removing foreign bodies.
- Disposable nitrile, latex or vinyl gloves for infection control.
- Sharps disposal container for infection control and disposal purposes.
- Sterile saline solution or sterile water for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening.

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- Resuscitation masks to be used by qualified personnel for resuscitation purposes.
- Antiseptic solution for cleaning wounds and skin.
- Plastic bags for waste disposal.
- Note pad and pen/pencil for recording the injured or ill person's condition and treatment given.
- Re-usable ice-pack for the management of strains sprains and bruises.

All equipment must be used in accordance with the manufacturer's instructions. If you are unsure how to use or apply any first aid equipment check the manufacturer's instructions or procedures for more information or seek further training.

C. Location

In the event of a serious injury or illness, quick access to the kit is vital. First aid kits should be kept in a prominent, accessible location and able to be retrieved promptly. Access should also be ensured in security-controlled workplaces. First aid kits should be located close to areas where there is a higher risk of injury or illness. For example, a school with a science laboratory or carpentry workshop should have first aid kits located in these areas. If the workplace occupies several floors in a multi-storey building, at least one kit should be located on every second floor. Emergency floor plans displayed in the workplace should include the location of first aid kits.

8.2. Restocking and maintaining kits

A person in the workplace should be nominated to maintain the first aid kit (usually a first aid officer) and should:

- Monitor access to the first aid kit and ensure any items used are replaced as soon as practicable after use
- Undertake regular checks (after each use or, if the kit is not used, at least once every 12 months) to ensure the kit contains a complete set of the required items (an inventory list in the kit should be signed and dated after each check)

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- Ensure that items are in good working order, have not deteriorated and are within their expiry dates and that sterile products are sealed and have not been tampered with.

8.3. Automated external defibrillators

Providing an automated external defibrillator can reduce the risk of fatality from cardiac arrest and is a useful addition for workplaces where there is a risk of electrocution or where there are large numbers of members of the public.

Automated external defibrillators are designed to be used by trained or untrained persons. They should be located in an area that is clearly visible, accessible and not exposed to extreme temperatures. They should be clearly signed and maintained according to the manufacturer's specifications.

8.4. Cardio pulmonary resuscitation (CPR) Breathing Barriers

CPR breathing barriers are used to protect from contact with saliva and other body fluids, such as blood, as you give rescue breaths. Breathing barriers also protect you from breathing the air that the person exhales. The most basic and portable type of breathing barrier is a face shield, a flat piece of thin plastic that you place over the person's face, with the opening over the person's mouth. The opening contains a filter or a valve that protects you from coming into contact with the person's body fluids and exhaled air. A pocket mask is a transparent, flexible device that creates a tight seal over the person's nose and mouth to allow you to give rescue breaths without making mouth-to-mouth contact or inhaling exhaled air. Breathing barriers sized specifically for children and infants are available. Always use equipment that is sized appropriately for the injured or ill person.

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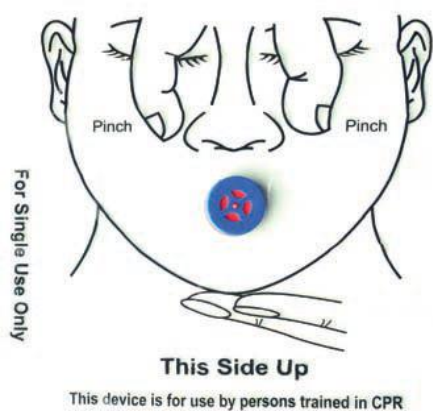


Fig: 16 Cardiopulmonary resuscitation (CPR) Breathing Barriers

There is a wide variation in the contents of first aid kits based on the knowledge and experience of those putting it together, the differing first aid requirements of the area where it may be used, and variations in legislation or regulation in a given area. The international standard for first aid kits is that they should be identified with the ISO graphical symbol for first aid which is an equal white cross on a green background, although many kits do not comply with this standard, either because they are put together by an individual or they predate the standards

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Self-Check 8	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Write the first aid kits contents? (7 points)
2. What is the important cardio pulmonary resuscitation (CPR) Breathing Barriers (4 points)

Note: Satisfactory rating: - 6 points

Unsatisfactory: - below 6 points

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Information sheet 9 - Using safe manual handling techniques

Definition of items

Manual handling is an activity which requires the use of force exerted by a person to lift, lower, pull, push, move, carry, restrain or hold any object, person or even animal. It is an activity that is required of all people both at home and at work.

Manual handling covers a wide range of activities including: lifting, pushing, and pulling, holding, throwing and carrying. It includes repetitive tasks such as packing, typing, assembling, cleaning and sorting, using hand-tools, operating machinery and equipment.

D. Protect your back during Manual handling

- The back is particularly vulnerable to manual handling injuries. Safety suggestions include controlling risk factors in the workplace, in addition to personal controls:
 - ✓ Lift and carry heavy loads correctly by keeping the load close to the body and lifting with the thigh muscles.
 - ✓ Never attempt to lift or carry loads if you think they are too heavy.
 - ✓ Pushing a load (using your body weight to assist) will be less stressful on your body than pulling a load.
 - ✓ Use mechanical aids or get help to lift or carry a heavy load whenever possible.
 - ✓ Organize the work area to reduce the amount of bending, twisting and stretching required.
 - ✓ Take frequent breaks.
 - ✓ Cool down after heavy work with gentle, sustained stretches.
- Improve your fitness – exercise regularly to strengthen muscles and ligaments, and reduce excess body fat.
- Warm up cold muscles with gentle stretches before engaging in any manual work.

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- Do not move an injured person unless they are in a life-threatening situation. Moving an injured person can worsen the injury. If the person has a spinal injury it can cause them to be permanently paralyzed. If the person is not in immediate, life threatening danger, call emergency responders for medical help. If you do need to move the person out of life threatening danger, it is important to do it correctly to reduce the risk to the injured person and to yourself.
- Do not move someone if you think she has a spinal injury. Moving them could increase the damage and even cause them to be paralyzed. If you are unsure if the person has a spinal injury, then you should proceed as if they do.
 - ✓ Having a head injury, particularly one that involved a blow to the head or neck.
 - ✓ Showing changes in the state of consciousness, for example, being unconscious or confused.
 - ✓ Experiencing pain in the neck or back.

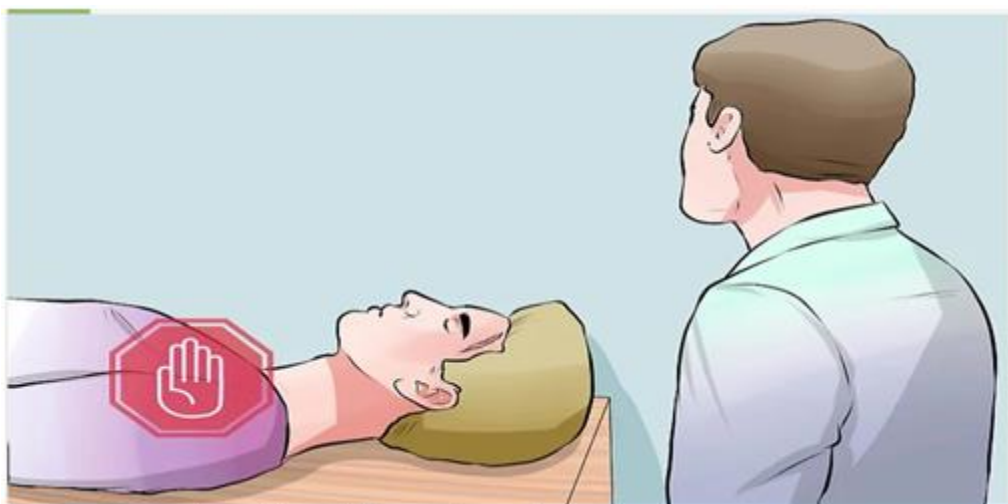


Fig: 17 stabilize with a spinal injury

- If the person's head or body moves, it may increase the damage to the spine. You can prevent this by:
 - ✓ Putting towels or pillows on both sides of the person's head to prevent it from rolling or slipping.

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- ✓ Providing first aid, like CPR, without moving the head. This means that you should not tilt the person's head back to open the airway. Instead, use the jaw-thrust method.
- ✓ Not taking the person's helmet off if he was wearing one. For example if they had a bike or motorcycle helmet on, leave it so you don't move the spine



Fig: 18 stabilize the person with spinal injury

- This should only be done if the person is in immediate danger, for example if they are vomiting or choking on blood. Under these circumstances, you may have to roll the person onto their side. It is important to do this with at least one other person so that you can prevent the person's body from twisting.



Fig: 19 moving a person without a spinal injury

E. Use the human crutch method.

- If the person is conscious and can move their own, this method might be the most effective. It can be used if the person has an injury to only one leg.
- Crouch with your knees bent and back straight next to the injured person on the side of the injury. Have the person sit up and wrap their arm over your shoulder.

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Slowly stand, allowing the injured person to support them self with their good leg. You will support their weight on the side with the injury. Hold their hand around your shoulders with the hand furthest from them. Put your other hand around their waist.

- Help them balance as they hope to safety. This enables them to minimize the amount of weight that must go on the injured leg.



• Fig: 20 using human crunch method

F. Drag the person to safety

The drag method is safer than lifting the person, for both you and the injured person. Lifting increases the amount of weight that you must support and it puts the person at risk of falling. Always pull slowly and steadily, moving the person in as straight a line as possible. You want to keep the person's spine aligned so that it does not twist or bend unnaturally. Which type of drag you use will depend on injuries that the person has.¹



Fig: 21 drag the person safely

- **Leg drag:** This method is used when the person has no leg injuries, but cannot walk

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- **Arm drag:** This method is necessary when the person has leg injuries. Bend your legs and keep your back straight. This will protect your own back. Lift the person's arms above the head and grasp the person by the elbows
- **Clothing drag :** If the person has injuries on both the arms and legs, it may be necessary to drag them by their clothing

G. Carry a larger person like a backpack.

- This method can be used if the person is too large for you to carry in the cradle position or the person must be carried too far for you to maintain the cradle position. It can be used for people who are unconscious.



Fig: 22 carry a large person a backpack

- Start with the injured person on their back. Bend their legs and stand with your feet on their toes. Pull them up by their wrists to a standing position.
- As you put the person into a standing position, rotate so that the person's chest is against your back and their arms are over your shoulders. This allows you to hold the person's arms, tip forward slightly at the waist, and carry the person like a backpack



Self-Check -9

Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page (2pts for each)

1. ----- is an activity which requires the use of force exerted by a person to lift, lower, pull, push, move, carry, restrain or hold any object, person or even animal.
2. Do not move an injured person unless they are in a life-threatening situation.
 - A. True
 - B. False.
3. List the cares you have to take for your back during manual handling of casualty.
4. How would you move if the casualty experience unconscious, pain in back and neck.
5. How would move a casualty without spinal injury.
6. How you move children and longer persons without spinal injury.

Note: Satisfactory rating: - 6 points

Unsatisfactory: - below 6 points



Information Sheet 10 - Monitoring and responding casualty's condition

10.1 Monitoring and responding casualty's condition

Introduction

First aid is an important part of everyday life at home, work or at play. Everyone should learn first aid and be willing to administer basic care until emergency assistance arrives. Not every incident requiring first aid is a life-and-death situation. First aid knowledge is commonly used to manage minor injuries at work.

10.2. The purpose of basic principles of first aid is to:

- Preserve life – This includes the life of the casualty, bystander and rescuer.
- Protect the casualty from further harm – Ensure the scene is safe.
- Provide pain relief – This could include the use of ice packs or simply applying a sling.
- Prevent the injury or illness from becoming worse – Ensure the treatment you provide does not make the condition worse.
- Provide reassurance.

10.2. principles

Basic principles of first aid include:

- Safe response to emergencies for the benefit of casualties, bystanders and rescuers
- Securing the emergency site to reduce further harm to the casualty
- Using appropriate first aid procedures and techniques
- Safely moving the casualty, minimizing pain and helping stabilize the condition
- Providing reassurance and guidance to the casualty
- Communication with bystanders and emergency services personnel
- Acting in accord with first aid protocol and workplace guidelines

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If you think someone needs your help, these are the seven things you need to do as a first aider:

A. Assess the situation quickly and calmly:

- Safety: Are you or they in any danger? Is it safe for you to go up to them?
- Scene: What caused the accident or situation? How many casualties are there?
- Situation: What's happened? How many people are involved and how old are they? What do you think the main injuries could be?

B. Protect yourself and them from any danger:

- Always protect yourself first - never put yourself at risk
- Only move them to safety if leaving them would cause them more harm
- If you can't make an area safe, call for emergency help

C. Prevent infection between you and them:

- Wash your hands or use alcohol gel
- Wear disposable gloves
- Don't touch an open wound without gloves on
- Don't breathe, cough or sneeze over a wound or a casualty

D. Comfort and reassure:

- Stay calm and take charge of the situation
- Introduce yourself to them to help gain their trust
- Explain what's happening and why
- Say what you're going to do before you do it

E. Assess the casualty:

- If there's more than one casualty, help those with life-threatening conditions first
- Start with the Primary Survey and deal with any life-threatening conditions
- Then, if you've dealt with these successfully, move on to the Secondary Survey

F. Give first aid treatment:

- Priorities the most life-threatening conditions
- Then move on to less serious ones

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- Get help from others if possible

G. Arrange for the right kind of help:

- Call for an ambulance if you think it's serious
- Take or send them to hospital if it's a serious condition but is unlikely to get worse
- For a less serious condition call for medical advice
- Suggest they see their doctor if they're concerned about a less serious condition
- Advise them to go home to rest, but to seek help if they feel worse
- Stay with them until you can leave them in the right care.

First aid measures for wound and injury

E. First aid measures for open wound

Stop the bleeding:

- Minor cuts and scrapes usually stop bleeding on their own.
- If they don't, apply gentle pressure with a clean cloth or bandage.
- Hold the pressure continuously for 20 to 30 minutes and if possible elevate the wound



Fig: 4 A. stop bleeding and B. elevating

Clean the wound

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- Rinse out the wound with clear water. Soap can irritate the wound, so try to keep it out of the actual wound.
- If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles.
- To clean the area around the wound, use soap and a washcloth.
- There's no need to use hydrogen peroxide, iodine or an iodine-containing cleanser.



Fig: 6 cleaning wound

- Cover the wound
- If the bleeding slows, cover the wound with a clean dressing and bandage.
- Dressings and bandages can help keep the wound clean and keep harmful bacteria out.



Fig: 7 covering a wound

F. First aid measures for external bleeding:

- A. Wash your hands to avoid infection and put on gloves

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B. Lie on the injured person down and cover the person to prevent loss of body heat.

- If possible, position the person's head slightly lower than the trunk or elevate the legs and elevate the site of bleeding

C. Wearing gloves, remove any obvious dirt or debris from the wound:

- Don't remove any large or more deeply embedded objects.
- Your principal concern is to stop the bleeding.



Fig: 8 How to prevent shock during high bleeding

D. Apply pressure directly on the wound until the bleeding stops:

- Use a sterile bandage or clean cloth and hold continuous pressure for at least 20 minutes without looking to see if the bleeding has stopped.
- Maintain pressure by binding the wound tight adhesive tape.
- Use your hands if nothing else is available.



Fog: 9 Applying Direct Pressure

- If the bleeding continues and seeps through the gauze or other material you are holding on the wound, don't remove it. Instead, add more of it



Fig:10 Applying Gauze on bleeding

E. Squeeze a main artery if necessary

- If the bleeding doesn't stop with direct pressure, apply pressure to the artery delivering blood to the area.
- Squeeze the main artery in these areas against the bone. Keep your fingers flat.
- With your other hand, continue to exert pressure on the wound itself.

G. First aid measures for internal bleeding

- Call for help
- If the victim has ABC complications, treat those first – CPR always has priority.
- Administer CPR if necessary
- Treat for shock
- Assist the victim into the most comfortable position
- Check the victim's vital signs regularly (until the ambulance arrives)

H. First aid measures for Nose bleeds

I. Stop the Bleeding

- Have the person sit up straight and lean forward slightly. Don't have the person lie down or tilt the head backward.
- With thumb and index finger, firmly pinch the nose just below the bone up against the face.

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- Apply pressure for 5 minutes. Time yourself with a clock.
- If bleeding continues after 5 minutes, repeat the process.

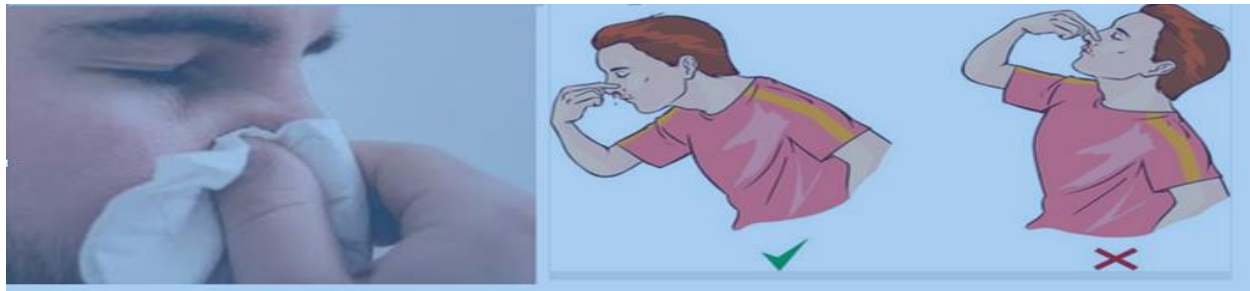


Fig: 11 the method to Stop Nose bleeding

II. Call a Health Care Provider

See a health care provider immediately if:

- Nosebleed does not stop after 10 minutes of home treatment.
- There is so much bleeding that it is hard to breathe.
- The person is taking blood thinners, such as warfarin or aspirin, or has a bleeding disorder.
- Nosebleed happens after a severe head injury or a blow to the face.

III. Medical Treatment

- The health care provider may use specialized cotton material, insert a balloon in the nose, or use a special electrical tool to cauterize the blood vessels.

IV. Follow Up

- Broken noses often are not fixed immediately. The healthcare provider will refer the person to a specialist for a consultation once the swelling goes down.
- The person should avoid strenuous activity; bending over; and blowing, rubbing, or picking the nose until it heals.
- The nostrils should be kept moist with a water-based lubricant or by increasing the humidity in the home.

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A. First aid measures for Allergic reactions

- If you notice these symptoms and you think someone is having an allergic reaction then you need to get emergency help to get them to hospital as fast as you can (even if the symptoms are mild or have stopped).
- Dial straight away. Tell them you think someone is having a severe allergic reaction and give any information you have on what may have triggered it (e.g. an insect sting, or certain food, like peanuts).
- If the person knows what their allergy is, they may have medication with them, like an auto-injector. This is a pre-filled injection device, containing adrenaline/epinephrine, which when injected can help reduce the body's allergic reaction. Check if they have one, and if they do, help them to use it or do it yourself following the instructions.
- Help them into a comfortable sitting position, leaning forward slightly, to help their breathing.
- If they become unresponsive, open their airway and check breathing. Follow the instructions for treating someone who is unresponsive.

A. Basic First Aid for thermal burn

Heat burns from different sources are generally treated in the same manner. This involves:

- The first step to treating a burn is to stop the burning process. Chemicals need to be cleaned off. Electricity needs to be turned off. Heat needs to be cooled down with running water.
- Cool the burned area under cool water for 20 minutes.
- Gently remove any clothing and jewellery from the burned area. Do not try to remove any clothing that is sticking to it.
- If the area cannot be immersed – such as the face – towel, sheets or wet clothes that have been soaked in water can be applied. Change/rewet these regularly as they will absorb heat from the burn.

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- Cover the burn with a sterile, non-stick dressing and loosely bandage in place. If this is not available or the burn covers a large area use a dry, clean sheet or other material that is not fluffy.
- Minimize shock
- For bad burns seek medical advice
- Sunburn victims need to be covered up or go inside. No matter what caused the burns or how bad they are, stopping the burn comes before treating the burn.
- The severity of a burn is based on depth and size. For serious burns, you might need to see a doctor or call.

B. Basic First Aid for chemical burns

If you think you have a chemical burn, take these steps immediately:

- Remove the cause of the burn. Flush the chemical off the skin with cool running water for at least 10 minutes. For dry chemicals, brush off any remaining material before flushing. Wear gloves or use a towel or other suitable object, such as a brush.
- Remove clothing or jewelry that has been contaminated by the chemical.
- Bandage the burn. Cover the burn with a sterile gauze bandage (not fluffy cotton) or a clean cloth. Wrap it loosely to avoid putting pressure on burned skin.
- Flush again if needed. If you experience increased burning after the initial flushing, flush the burn area with water again for several more minutes.
- Make sure that your tetanus booster is up to date.

B. First aid for heart attack

If you think someone might be experiencing a heart attack:

- Call for emergency medical service
- If they have been prescribed nitroglycerin, help them locate and take this medication
- Cover them with a blanket and comfort them until professional help arrives
- If they have difficulty breathing, loosen any clothing around their chest and neck
- Place both hands on the center of their chest, with one hand on top of the other

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- Press straight down to compress their chest repeatedly, at a rate of about 100 to 120 compressions per minute
- Continue performing chest compressions until professional help arrives

First aid measures for dislocation:

- Don't delay medical care. Get medical help immediately.
- Don't move the joint. Until you receive help, splint the affected joint into its fixed position. Don't try to move a dislocated joint or force it back into place. This can damage the joint and its surrounding muscles, ligaments, nerves or blood vessels.
- Put ice on the injured joint. This can help reduce swelling by controlling internal bleeding and the buildup of fluids in and around the injured joint
- For sprains, use RICE procedure - R=rest, I=Ice, S=compression and E=elevation
- In both cases seek medical care (Referral).



Fig: 13 steps of first aid measures for dislocation

First aid measures for drowning

- Get help
 - ✓ Notify a lifeguard, if one is close. If not, ask someone to call emergency.
 - ✓ If you are alone, follow the steps below.
- Move the person
 - ✓ Take the person out of the water.
- Check for breathing

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- ✓ Place your ear next to the person's mouth and nose. Do you feel air on your cheek?
- ✓ Look to see if the person's chest is moving.
- If the person is not breathing, check pulse
 - ✓ Check the person's pulse for 10 seconds.
- If there is no pulse
 - ✓ Carefully place person on back.

First aid measures for fractures

Take these actions immediately while waiting for medical help:

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

First aid measures for epilepsy

Do the following:

- Stay calm - remain with the person.
- Time the seizure.



- Protect from injury - remove any hard objects from the area



Fig: 15 Calm, Time the seizure and protect from injury

- Protect the head - place something soft under their head and loosen any tight clothing.
- Gently roll the person on their side as soon as it is possible to do so and firmly push the angle of the jaw forward to assist with breathing. A person cannot swallow their tongue' but the tongue can move back to cause a serious block to breathing
- Stay with the person until the seizure ends naturally and calmly talk to the person until they regain consciousness, usually within a few minutes.

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- Reassure the person that they are safe and that you will stay with them while they recover.



Fig: 2.19 reassuring the person

- **Do not perform the following:**
 - ✓ Restrain the person's movements.
 - ✓ Force anything into the mouth.
 - ✓ Give the person water, pills or food until they are fully alert.
- After the seizure, the person should be placed on their side. Keep in mind there is a small risk of post-seizure vomiting, before the person is fully alert. Therefore the person's head should be turned so that any vomit will drain out of the mouth without being inhaled. Stay with the person until he/she recovers (5 to 20 minutes).
- Call an ambulance if:
 - ✓ The seizure activity lasts 5 or more minutes or a second seizure quickly follows.
 - ✓ The person remains non-responsive for more than 5 minutes after the seizure stops.
 - ✓ The person is having a greater number of seizures than is usual for them.
 - ✓ The person is injured, goes blue in the face or has swallowed water.
 - ✓ The person is pregnant.
 - ✓ You know, or believe it to be, the person's first seizure.
 - ✓ You feel uncomfortable dealing with the seizure at the time.

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First aid management of shock

- Have the patient lie down and stay at rest
- Keep the air way open and preventing the forward tilting of the head
- Control External bleeding
- Keep the patient warm by covering with blanket or sheet
- Properly position the patient
- Open air way and alert for vomiting
- If there is no spinal injuries use one of the following positions
 - ✓ Elevate the lower extremities, place patient flat, face up, and elevate the legs 8 to 12 inches
 - ✓ Do not tilt the patient's body
 - ✓ Do not elevate any fractured limb unless they have been properly splinted
 - ✓ Do not elevate the leg if there are fractures to the pelvic
 - ✓ Nothing by mouth (NPO)
 - ✓ Monitor the patient vital signs
 - ✓ Refer the patient to Hospital

First aid care for venomous snake bites

Call the designated emergency number immediately. If you are not sure whether the snake bite was caused by a venomous snake, call the designated emergency number anyway. Do not waste time trying to find and capture the snake for identification, and do not wait for life-threatening signs and symptoms of poisoning to appear.



Self-Check -10	Written Test
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Name..... ID..... Date.....

Directions: Answer all the questions listed below. Examples may be necessary to aid some explanations/answers.

Test I: answer the following question

1. Write the rolls of first aider/caregiver during first aid management ? (5pts)

- i.
- ii.
- iii.
- iv.

2. List purposes of first aid principles .(5 pts)

3. List the basic principles of first aid. (7 pts)

Note: Satisfactory Rating: - 9 points

Unsatisfactory: - below 9 points

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11.1 Requirement in providing first aid

First aid requirements will vary from one workplace to the next, depending on the nature of the work, the type of hazards, the workplace size and location, as well as the number of people at the workplace. These factors must be taken into account when deciding what first aid arrangements need to be provided. This Code provides information on using a risk management approach to tailor first aid that suits the circumstances of your workplace, while also providing guidance on the number of first aid kits, their contents and the number of trained first aiders that are appropriate for some types of workplaces.

The risk management approach involves the following four steps.

- Identifying hazards that could result in work-related injury or illness
- Assessing the type, severity and likelihood of injuries and illness
- Providing the appropriate first aid equipment, facilities and training
- Reviewing your first aid requirements on a regular basis or as circumstances change

It is time to finalize casualty management when you see and hear the ambulance arrive. You need to prepare for the handover of the casualty to the paramedics who will take over treatment.

10.2. Accurately convey information to emergency medical personnel

When relaying information to the emergency services telephone operator, stick to facts about the incident – not opinions.

Answer questions and convey information in a calm, clear and concise manner.

While it is normal to be tense and anxious, keeping your composure and taking a few slow and deep breaths before talking to the ambulance operator could improve communication and recollection of incident details.

The ambulance telephone operator will want to know:



Where	Where the incident occurred so that an ambulance can be dispatched to the location. If you are unsure of the exact location, then try to request this information from a bystander. If this information is unavailable, then try to describe any surrounding landmarks.
What	What has happened? Details of the casualty's condition, injuries and treatment provided. Try to be as thorough as possible and provide as much information as you can.
When	When the incident occurred. If you are not sure let the operator know.
Who	Who you are and the identity of the casualty (if known). Don't be afraid to provide your own details – you may need to be contacted again after the incident is over.

Listen to any feedback from the operator that may be provided in response to the information you have reported.

Do not hang up the phone until the operator tells you to do so.

11.2. Provide assistance as required

The emergency services staff (paramedics) may require your assistance to provide further treatment to the casualty. You should do everything in your power to help and provide assistance whenever possible.

This may involve:

- Continuing CPR
- Completing an incident report or notes
- Providing a verbal report or testimony to the paramedics/ambulance officers, centered on information recorded in the incident report.
- Wash hands, clean and disinfect resuscitation mask and other PPE (Personal Protective Equipment) with antiseptic hand rub.
- Clean and pack away items that belong to the first aid kit.



Self-Check -11	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What are the emergency services staffs (paramedics) may require assistance from aiders to provide further treatment to the casualty? (5 points)
2. What kind of information the ambulance telephone operator will want to know from aiders? (4 points)

Note: Satisfactory Rating: - 5 points Unsatisfactory: - below 5 points

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LG #12	LO #3- Communicate details of the incident
Instruction sheet	
<p>This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:</p> <ul style="list-style-type: none"> • Request ambulance support and/or appropriate medical assistance • Conveying assessment of casualty's condition and management activities • Preparing reports • Recording details of casualty's Accurately • Maintaining confidentiality of records and information <p>This guide 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:</p> <ul style="list-style-type: none"> • Request ambulance support and/or appropriate medical assistance • Convey assessment of casualty's condition and management activities • Prepare reports • Record details of casualty's Accurately • Maintain confidentiality of records and information 	
Learning Instructions:	
<ol style="list-style-type: none"> 1. Read the specific objectives of this Learning Guide. 2. Follow the instructions described below. 3. Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them. 4. Accomplish the “Self-checks” which are placed following all information sheets. 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-checks). 6. If you earned a satisfactory evaluation proceed to “Operation sheets 7. Perform “the Learning activity performance test” which is placed following “Operation sheets” , 8. If your performance is satisfactory proceed to the next learning guide, 9. If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets”. 	



Information sheet 1 - Request ambulance support and appropriate medical assistance

1.1. Communication

Communication is derived from 'communes' who means commonness or sharing.

Communication is not just about talking to someone

It is an active process in which information (including ideas, specifications, goals, feelings, work orders, and so on) is exchanged among two or more people.

It is any verbal or non-verbal behavior which gives people an opportunity to send their thoughts and feelings, and to have these thoughts and feelings received by someone else.

Communication needs to be clear and effective in order to achieve its aim. When it is not, all kinds of problems can result.

Ineffective Communication

If people working together are not able to communicate well, it can lead to confusion, unhappiness, frustration and annoyance. It can also mean that an organization's goals will not be met.

Effective Communication

When a sender elicits an intended response from his/her receiver, communication is effective.

When a sender elicits intended response repeatedly, he/she is not only an effective communicator but also a successful and influential communicator.

Elements of Communication

- listening
- seeking clarification
- body language
- blocking and barriers

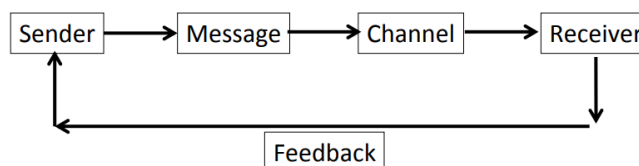
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- general attitude

Communication Process

SMCR Model



- **Sender Must know:**
 - ✓ Objectives
 - ✓ Audience
 - ✓ Interests & needs
 - ✓ Message
 - ✓ Channels of communication
 - ✓ Limitation
- **Receiver Must know:**
 - ✓ Single person or Group of people
 - ✓ Controlled audience
 - ✓ Uncontrolled audience
- **Message Must be:**
 - ✓ In line with the objective(s)
 - ✓ Meaningful
 - ✓ Based on felt needs
 - ✓ Clear and understandable
 - ✓ Specific and accurate
 - ✓ Timely and adequate
 - ✓ Fitting the audience
 - ✓ Culturally and socially acceptable
- **Channel**
 - ✓ Interpersonal communication
 - ✓ Mass media
 - ✓ Traditional or folk media
- **Feedback**
 - ✓ Flow of information from the audience to sender
 - ✓ Opportunity to the sender to modify his message
- **Types of Communication channel.**



- ✓ The types of communication channels are grouped into three main groups: formal, informal and unofficial. A formal communication channel transmits organizational information, such as goals or policies and procedures.
- ✓ Messages in a formal communication channel follow a chain of command.

1.2. Equipments for communication media/channel/

- | | |
|------------------------|----------------------------------|
| ✓ Mobile phone | ✓ Newspapers |
| ✓ Satellite phones | ✓ Internet |
| ✓ Radio | ✓ Printed material |
| ✓ Flags | ✓ Direct mailing |
| ✓ Flares | ✓ Posters, billboards and signs |
| ✓ Two-way radio | ✓ Health museums and exhibitions |
| ✓ Email | |
| ✓ Electronic equipment | |
| ✓ Television | |

Here are 12 caregiver communication tips to help interact more effectively with the person in care:

- Pay attention to nonverbal communication, such as body language and lack of eye contact, for clues as to how the person may be feeling. In time, you will become familiar with the particular nonverbal cues the person in your care displays.
- Sharing your own fears and emotions can help break the ice if the person seems reluctant to tell you what he or she is feeling. You may be surprised at their reactions to what you share.
- Avoid phrases that tend to shut the conversation down or seem dismissive to what the person in your care is feeling. For example, phrases like “Don’t worry about that”, “You’ll be just fine” or “What do the doctors know anyway?” can make someone feel as if their concerns aren’t important to you.
- Listen more and talk less. Give the person in your care a chance to talk uninterrupted.
- Repeat back what the person has said to make sure that you understand. Ask for clarification if you aren’t sure what they mean.



- Offer reassurance that you will try to help to have the person's physical, emotional, and spiritual needs taken care of. Let the person in your care know how you plan on helping resolve their issues.
- Help the person focus on what he or she is still able to do. Help them find ways around tasks that they find challenging. Remain positive, and look for small ways to make tasks enjoyable.
- Make eye contact when you are talking. Smile and engage in active listening to show you are interested in what they have to say.
- Avoid deep conversations when you are rushed for time. Set aside time to discuss important issues or topics that the person you are caring for is interested in discussing.
- Express yourself physically, as well as verbally – a touch on the hand, stroking of the hair or a kiss on the cheek can make a difference. A gentle touch can often be reassuring.
- Encourage them to express themselves through writing or through hand movements and other body language. When people who are ill have trouble speaking, they may understand far more than they can say.
- Reach out for help if you find you need assistance with your feelings, or those of the person you care for. Help can come from another family member, a social worker, nurse, doctor, chaplain or spiritual advisor. Sometimes an outside perspective can help you and the person you are caring for better understand one another.



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(Each 1pt)

1. What a communication mean.
2. List materials used for communication.
3. Write 5 elements of communication.
4. Write the difference between effective and non effective communications.
5. List at least 6 care givers tips of communication used to interact more effectively in home care.

Note: Satisfactory Rating: - 5 points

Unsatisfactory: - below 5 points



Information Sheet 2- Conveying assessment of casualty's condition and management activities

B. Convey details of casualty's condition

Once you have connected with the emergency service's operator and requested an ambulance, hold the line to tell them details such as:

- Location of casualty—providing the exact address is best, but if you aren't sure of this, give some landmarks or nearest crosses streets, and some directions.
- Number of casualties
- Nature and extent of illness or accident—include the physical condition of the casualty, and any relevant signs and symptoms (see below for more details)
- The number of the phone using
- Name

Then hold the line to answer any further questions and provide any other relevant details, such as damaged power lines.

The casualty's condition

When providing details of the casualty's condition, include the following

- Color—what color is the casualty's skin?
- Conscious state—is the casualty conscious?
- Breathing—is the casualty breathing? If not, have rescue breaths and CPR commenced?
- Bleeding—is the bleeding controlled? Is it bright red spurting blood or dark red flowing blood?
- Pupils—are the pupils of equal size and reacting to light?
- Shock—are there signs of shock (pale, sweaty, nauseous, and cold)?
- Movement—does the casualty have coordinated movement?

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- Can the casualty feel and move limbs, if conscious?
- Anything abnormal (such as bruising, a bone sticking out or swelling).

The information that you have obtained about the casualty's condition and the nature of the incident should be passed on to relevant personnel.

C. Handling over to emergency services personnel

On the arrival of the ambulance:

- Continue first aid management and observation of the casualty until the ambulance officer is ready to assume care
 - ✓ provide as much information as possible, this may include:
 - ✓ the nature of the accident to the time you arrived on the scene
 - ✓ the types of first aid management provided
 - ✓ the duration of any Basic Life Support
- Provide any other information that is asked for, including your contact details
- Stay and assist the ambulance officer if requested to do so.

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Self-Check -2

Written Test

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

1. Write details of causalities should be conveyed. (5pts)
2. What are the activities take place after arrival of ambulance? (6pts)

Note: Satisfactory Rating: - 5 points

Unsatisfactory: - below 5 points



Information Sheet 3 - Preparing reports

Reports to appropriate person are prepared in a timely manner, presenting all relevant facts according to the established workplace procedures. An incident report needs to include all the essential information about the accident or near-miss. The report-writing process begins with fact finding and ends with recommendations for preventing future accidents.

3.1. Basic steps report

Any incident report involves four basic steps, and includes all the essential information about the accident or near-miss:

A. Find the Facts

To prepare for writing an accident report, you have to gather and record all the facts.

For example:

- Date, time, and specific location of incident
- Names, job titles, and department of employees involved and immediate supervisor(s)
- Names and accounts of witnesses
- Events leading up to incident
- Exactly what employee was doing at the moment of the accident
- -Environmental conditions (e.g. slippery floor, inadequate lighting, noise, etc.)
- -Circumstances (including tasks, equipment, tools, materials, PPE, etc.)
- -Specific injuries (including part(s) of body injured and nature and extent of injuries)
- Type of treatment for injury
- Damage to equipment, materials, etc.

B. Determine the Sequence

Based on the facts, should be able to determine the sequence of events.

In report, describe this sequence in detail, including:

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- Events leading up to the incident. Was the employee walking, running, bending over, squatting, climbing, lifting operating machinery, pushing a broom, turning a valve, using a tool, handling hazardous materials, etc.?
- Events involved in the incident. Was the employee struck by an object or caught in/on/between objects? Did the worker fall on the same level or from a height? Did the employee inhale hazardous vapors or get splashed with a hazardous chemical?
- Events immediately following the incident. What did the employee do: Grab a knee? Start limping? Hold his/her arm? Complain about back pain? Put a hand over a bleeding wound? Also, describe how other co-workers responded. Did they call for help, administer first aid, shut down equipment, move the victim, etc.?

The incident should be described in the report in sufficient detail that any reader can clearly picture what happened.

C. Analyze

Your report should include an in-depth analysis of the causes of the accident. Causes include:

- Primary cause (e.g., a spill on the floor that caused a slip and fall)
- Secondary causes (e.g., employee not wearing appropriate work shoes or carrying a stack of material that blocked vision)
- -Other contributing factors (e.g., burned out light bulb in the area).

D. Recommend

Recommendations for corrective action might include immediate corrective action as well as long-term corrective actions such as:

- Employee training on safe work practices
- Preventive maintenance activities that keep equipment in good operating condition
- Evaluation of job procedures with a recommendation for changes

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Self-Check -3	Written Test
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Instruction: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Write 4 basic steps to prepare and present report. (4pts)
2. What should you analyze during incidence? (2pts)
3. In report what are details should be included sequentially. (3pts)

Note: Satisfactory Rating: - 5 points

Unsatisfactory: - below 5 points

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Information Sheet 4 - Recording details of casualty's accurately

It is always good practice to record an accident however small, it protects both the employers and the injured person (IP) should any future problems occur. Reporting all accidents also makes it easier to spot trends and prevent such accidents happening again.

There are a 12 steps guide to completing an accident report and investigation. Each step lists what information should be gathered or examples of questions you should be asking yourself when completing that step of the accident reporting process.

That includes:

A. Record the injured person's and contact details:

- First name
- Last name
- Contact phone number
- Email Address
- Home Address
- Reason for being at the location
- Sex
- Age or Date of Birth
- Occupation
- Employee Number (where applicable)
- Whether the IP was a member of the family

B. Record your contact details and information

- First name
- Last name
- Position
- Contact phone number
- Email Address
- Employee Number (where applicable)

C. Record accident details

- ✓ The date of the accident
- ✓ The time of the accident
- ✓ The location of the accident



2. Record injury details

- The type of injury the IP suffered e.g. fracture, laceration, bruising, burn
- The part of the body injured
- Whether the IP required hospitalization or resuscitation
- Whether the IP was unconscious
- Whether the IP is an employee and had lost days from work due the accident and how many days
- Whether the IP taken from the scene by ambulance to hospital

3. Collect witness details

- First name
- Last name
- Contact phone number
- Email Address
- Address

4. Gather supporting evidence

- If witnesses are available and can provide a written statement, record the statement along with the accident report as evidence.
- Other examples of evidence...
 - ✓ Photographs
 - ✓ Training Records
 - ✓ Health and Safety Check Records
 - ✓ Cleaning Logs

5. Record how the accident happened

- Record any details of the accident given to you by the IP in your accident report.
- Example questions to ask yourself and information to record at this stage...
 - ✓ How did the injury occur?
 - ✓ What have you observed?
 - ✓ Was there anything unusual or different about the working conditions?

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- ✓ What personal protective equipment was being worn at the time of the accident?
- ✓ What work process or activity was being carried out at time?
- ✓ What equipment was being used at the time?
- ✓ What were the events that led up to the accident?

6. Record what caused the accident

- When recording information about how the accident happened use only the objective facts that you have gathered e.g. leave assumptions or accusations out of the record.

7. Record what was done when dealing with the accident

Example questions to ask yourself and information to record at this stag

- Was first aid was administered?
- What first aid was administered?
- Was an ambulance called?
- How the area was made safe?
- What had been done directly after the accident happened?

8. Record what has been done to prevent such an accident happening again

Example questions to ask yourself and information to record at this stage...

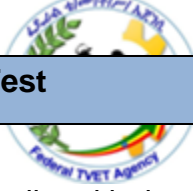
- Have any training needs been identified?
- Has a plan been put in place for corrective action?
- How will your preventative measures stop future occurrences of the accident?

9. Review risk assessments

- Review and update any relevant risk assessments to reduce the risk of re-occurrence. Record within your accident report which risk assessments have been reviewed.

10. Report the accident to the concerned body as requirements

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Instruction: Answer all the questions listed below

1. Write 12 steps that guide to completing an accident report and investigation.(12pts)

Note: Satisfactory rating- 6 pts Unsatisfactory - below 6 pts



Information Sheet 5 - Maintaining confidentiality of records and information

The client health record is a legal document that records events and decisions which help the practitioner manage client care. It may also provide significant evidence in lawsuits, hearings or inquests when the client care provided by the practitioners is in question.

5.1. Types of record-keeping used in work place care

- Hand-written records
- Computer-based systems (electronic)
- Some organizations or employers will use a combination of both

The expected to be able to comply with whatever requirements your employer or organization sets for record-keeping. That means will need to:

- Ensure that are up to date on the information systems and tools in your workplace including their security, confidentiality and appropriate usage;
- Protect any passwords or details given to you to enable your access to any systems
- Make sure written records are not left in public places where unauthorized people might see them (including any electronic systems or displays);

5.2. Principles of Good Record Keeping

Some key factors underpin good record keeping. The patient's records should:

- Be factual, consistent and accurate.
- Be updated as soon as possible after any recordable event.
- Provide current information on the care and condition of the client.
- Be documented clearly in such a way that the text cannot be erased.
- Be consecutive and accurately dated, timed and all entries signed (including any alterations).
- All original entries should be legible. Draw a clear line through any changes and sign and date.

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- Not includes abbreviations, slang or jargon as not all workplaces or Home will use the same terminology.
- Records must be stored securely and should only be destroyed following your local policy.
- Avoid meaningless phrases, speculation and offensive subjective statements/insulting or derogatory language.
- Identify the patient by recording patient's name, date of birth and hospital number on each page of the record (three approved identifiers) or follow your local policies on how to identify patient's records;
- Still be legible if photocopied or scanned.

5.3. Common deficiencies in record keeping

Poor record keeping hampers the care that patients receive and makes it difficult for healthcare professionals to defend their practice.

The most common deficiencies in record keeping include:

- An absence of clarity
- Inaccuracies
- Spelling mistakes
- Missing information
- Failure to record action taken when a problem has been identified.

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Self check - 4	Written test
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Answer the following questions

1. Write types of record keeping . (3pts)
2. Write the most common deficiencies in record keeping include (6pts).

Note: Satisfactory rating- 5 pts Unsatisfactory - below 5 pts

**LG #10****LO #1- Evaluate own performance****Instruction sheet**

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

- Seeking feedback
- Recognizing the possible psychological impacts
- Participating in debriefing/evaluation

This guide 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:

- Seek feedback
- Recognize the possible psychological impacts
- Participate in debriefing/evaluation

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below.
3. Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
4. Accomplish the “Self-checks” which are placed following all information sheets.
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-checks).
6. If you earned a satisfactory evaluation proceed to “Operation sheets
7. Perform “the Learning activity performance test” which is placed following “Operation sheets” ,
8. If your performance is satisfactory proceed to the next learning guide,
9. If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets”.



Information sheet 1 - Seeking feedback

Once you have handed over care of the casualty to professional medical personnel and completed the required reports and forms you should look back and evaluate how well you performed.

Clinical experts involved in the first aid management are a good source of feedback.

Clinical experts may include:

- Your supervisor/manager
- Ambulance officer/paramedic
- Other medical or health workers



Self check : 2	Written exam.
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Instruction: Write the correct answer for the following questions.

1. List the 8 steps to Calm person in emergency.(8pts)
2. Write What Reassurance and calm means. (2pts)
3. What are the things you have to do, and not to do during reassurance and comforting? (8pts)

Note: Satisfactory rating- 9 pts Unsatisfactory - below 9 pts

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Information sheet 2 - Recognizing the possible psychological impacts

2.1. **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. 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 outcomes are calmer 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

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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.

2.2. 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

Steps to calm during emergency

- Remain calm.
- Seek additional help.
- Determine the nature **of the emergency**.
- Know that sudden changes can be **emergencies**.
- Be alert for human-caused **emergencies**.
- Assess the immediate threat.
- Remove yourself from danger.
- Help others leave a hazardous area.

2.3. How to comfort someone in emergency situation

During emergency situation out the dos and don'ts below:

- Do: Say something. “No matter what, it is better to say something than nothing. Its okay if not sure what to say, but do acknowledge the situation.

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- Don't: Make it about yourself. It's human nature to focus on you. But try to suppress that natural inclination when speaking to a loved one dealing with a diagnosis. Take yourself out of the equation, and offer the other person the opportunity to explain how they feel without being imposing.
- Do: Take the /ask off their plate.- When a friend or loved one is facing a serious health scare, one of the best ways to be truly supportive is to eliminate the burden of making the ask, he said.
- Don't: Pretend to be a medical expert. Don't assume they're doing fine just because they look fine, she added. Many health conditions are invisible on the outside, so commenting on someone's appearance can feel dismissive or hurtful.
- Do: Give encouragement. Although you might be wondering, try not to ask, "How are you doing?" as it can bring up an unwanted remind.
- Don't: Take it personally if your attempts to talk are rebuffed-. Either way is okay, and don't press people who don't seem ready to talk about it.
- Do: Provide a sense of normalcy.- Spending time with them doing normal activities watching TV shows, taking a yoga class, walking the dog and having
 - ✓ Conversations that don't involve their condition can be a much-needed respite.
- .Don't: Disappear. Many people begin to check out after the first couple of days or weeks, despite the fact that the person continues to deal with their disease or diagnosis.



Fig: 28 calming, reassuring and comforting people in emergence situation

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Self check : 3	Written exam.
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Instruction: Write the correct answer for the following questions.

4. List the 8 steps to Calm person in emergency.(8pts)
5. Write What Reassurance and calm means. (2pts)
6. What are the things you have to do, and not to do during reassurance and comforting? (8pts)

Note: Satisfactory rating- 9 pts Unsatisfactory - below 9 pts

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Information sheet 3 - Participating in debriefing/evaluation

As a first aider that has been personally involved in an emergency incident, there is an opportunity to participate in debriefing by talking to your supervisor, work colleague or counselor. This enables you to raise any issues or concerns you have had about the emergency process.

In participating in a debriefing or evaluation session, may learn more about your abilities such as your successes and failures in a crisis situation to improve the response in future emergency situations.

Debriefing may also provide closure on the incident for you.

Go back over the situation in your mind. Were there things you could have done better? Was there anything you couldn't do because you had forgotten or never learned something?

Be honest with yourself. If you think you could have done better, you can gain objective feedback from an outsider who may place your efforts in proper perspective.

Always be on the lookout to improve your skills.

Evaluating your performance may be the only way you can identify how to provide better first aid before its too late.

Your organization can also learn from your experience and develop methods to improve emergency response techniques.

Your employer may send you to relevant training courses to assist with professional development and update skills critical in becoming a better first aider.

If the incident occurred outside of the workplace, you may gain feedback from a health care professional. A discussion with the treating doctor may also bring closure to the incident.

Reviewing your first aid requirements

Regularly review the first aid arrangements in consultation with workers to ensure they remain adequate and effective:

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- Check that the people who have responsibilities under your first aid procedures are familiar with them
- If the way work is performed is changed, or new work practices introduced, review first aid against a risk assessment to ensure the arrangements are still adequate
- Organize a mock first aid emergency to check that first aid is effective. Check that kits and first aid rooms are accessible and suit the hazards that are unique to your workplace
- If an incident has occurred that required first aid, evaluate the effectiveness of the first aid that was provided and make changes if necessary
- If new information is obtained about a previously unidentified hazard, review the first aid measures you have put in place

The following questions can assist to review first aid and assess whether improvement is needed:

- Do the first aid kits and modules suit the hazards at your workplace?
- Are more first aid kits required?
- Are first aid kits accessible to workers?
- Are first aid kits well maintained and identifiable to workers?
- Is a first aid room or health centre required?
- Are first aid facilities well maintained?
- Do first aiders have the skills and competencies required of them and are their skills up-to-date?
- Do workers know how to access first aiders?
- Are more first aiders needed?
- Do workers have access to first aiders at all times?
- Do workers and other people know what to do in an emergency situation?
- Is there easy access for emergency services, such as parking for an ambulance?



Self-Check -3	Written Test
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Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What are the procedures and plans for managing an emergency? (5 points)
2. What are the information and instruction on first aid? (5 points)

Note: Satisfactory rating – 5 points and above

Unsatisfactory - below 5 points

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MayoClinic.com. *Hypothermia: Risk Factors*. conditions/hypothermia/basics/risk-factors/CON-20020453. Accessed October 2015.

Title 42 United States Code Section 1395 cc (a)(1)(Q)(A).Patient Self-Determination Act.

American Red Cross first aid/CPR/AED participant's manual

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