



A Client Safety Module:

BASIC FIRST AID TIPS

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Inservices For Nursing Assistants



A Client Safety Module: Basic First Aid

Instructions for the Learner

**If you are studying the inservice on your own,
please do the following:**

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!



*We hope you enjoy
this inservice,
prepared by
registered nurses
especially for nursing
assistants like you.*

*After finishing this
inservice, you will be
able to:*

- Discuss why it is important for you to learn basic first aid and why your goal should be to NEVER have to use it!
- Describe 6 basic steps for handling any emergency.
- Recognize the difference between conditions that require basic first aid and those that require emergency medical attention.
- Demonstrate basic first aid tips for various situations including: falls, cuts, burns, seizures and poisoning.
- List at least 4 examples of safety precautions you can take to prevent injuries from ever happening.



IN THE KNOW

Developing Top-Notch CNA's, One Inservice at a Time

A Client Safety Module: Basic First Aid

ARE YOU PREPARED?

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WHAT I KNOW!

Take a minute to jot down a few things you already know about basic first aid before reading this inservice.

Your day has been going well. Things are running smoothly . . . when you hear a loud crash! You round the corner to find your client, Mary, on the floor. She is not moving or making any sound.

Her body is in an unnatural position and you notice a pool of blood on the floor where her left cheek is resting.

You call out for help and you hear someone say, "I'm calling 911!"

You shout your client's name, "Mary!" But, she doesn't respond.

You listen for breathing and look for the rise and fall of her chest. You check for a pulse.

"No breathing, no pulse!" You yell to the person on the phone with 911. "I'm starting chest compressions."

You straighten Mary's body and begin chest compressions at about 100 per minute.

While doing chest compressions, you look over the body and notice the blood is coming from a minor cut on her lip. You are relieved about that.

Then, you notice her left leg seems shorter and is turned outward. You know this means she must have broken her hip in the fall.

Paramedics arrive to take over. You report what you have done, and mention your suspicion about the hip.

A defibrillator is used to shock Mary's heart back into rhythm and a sling is placed to stabilize her hip. Then, she is transported to the hospital.

You learn later that Mary had a heart attack and that you were right about the broken hip.

Your quick action and assessment made a difference. She makes a full recovery!

So, when will you ever need to use your first aid skills? Who knows? Hopefully, never!

But, every year, *millions* of people are treated in emergency rooms for injuries and accidents like the one described here.

Keep reading to learn how you can provide basic first aid for everything from minor cuts and scrapes to major life threatening situations like this one!



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SIX BASIC STEPS FOR ANY EMERGENCY

1. USE CAUTION!

- Take a quick look around for any hazards. Be sure you don't put *yourself* in any danger. You won't be of any help to the victim if you get hurt also. For example, if a client has fallen on a wet, slippery floor, you might fall too if you rush to help without thinking.

2. CHECK THE VICTIM

- Ask the victim what happened and if he or she is injured. Usually, conscious victims will be able to respond to you. If they don't respond, they may be unconscious.
- Look for obvious signs of injury such as bleeding or unconsciousness. If the person is unconscious, check for breathing and a pulse. If there are no signs of breathing or pulse, call for help right away.
- Take note of the time when the emergency occurred. (You may be asked later.) This is especially important if the client loses consciousness.

3. GET HELP

- Most emergencies will require you to call for help from other staff or emergency medical service (EMS). Follow your workplace policy on how to handle emergencies.

4. PERFORM FIRST AID

- While you're waiting for help, keep the victim as comfortable as possible—without moving the person or causing further injury.
- Never perform life-saving procedures such as CPR unless you're sure they are necessary. *Unnecessary procedures can cause injury.* And, only perform procedures for which you've been trained.
- Follow basic first aid procedures as needed.

5. PROVIDE EMOTIONAL SUPPORT

- The injured person will often be fearful or angry due to the stress of the situation. You can reassure the person by keeping yourself calm. To help decrease victim anxiety, listen carefully to what they tell you and let them know what you are doing to help them.

6. REPORT THE INCIDENT

- You may have to file an incident report. Be sure to learn your workplace guidelines for reporting emergencies.

Remember: any information you have may be of great value to the treatment of the victim.



INFECTION CONTROL FOR FIRST AID

It's important to follow infection control guidelines during an emergency to protect yourself and the client from infection.

- Wash your hands**, if possible . . . to help stop the spread of infection.
- Wear gloves** to protect yourself and the victim.



TIP: Always keep a clean pair of gloves in your pocket for emergencies!

- Avoid direct contact with blood or other body fluids** such as saliva or vomit.
- Use a mask with a one-way-valve or face shield** when doing rescue breathing to prevent the spread of infection.

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



BASIC FIRST AID FOR COMMON EMERGENCIES

FOCUS ON FALLS

Falls are common accidents for people who are ill and elderly. A fall can result in serious injury, including cuts, head injuries, broken bones, and damage to internal organs.

Check out the situation . . .

- Did the client fall because the floor was slippery or cluttered? (If so, be careful that you don't fall.)
- Did the client fall because he was weak when he got up?
- Did the client fall because she passed out?

Check out the client . . .

- If the person is *conscious*, try to find out what happened.
- Check for life-threatening problems first such as:
 - Unconsciousness
 - Respiratory arrest (not breathing)
 - Cardiac arrest (no pulse)
 - Severe bleeding
- Look for any signs of broken bones (sharp pain, discoloration, deformity or swelling).

Get help . . .

- Follow your workplace policy on whom to call for an emergency.
- Report the fall to your supervisor.

FOCUS ON THE UNCONSCIOUS CLIENT

If you find a victim lying on the floor, you need to determine if the person is unconscious. Shake his or her shoulders and shout, "Are you ok?" If there is no response, the person is probably unconscious.

Here are some tips to help an unconscious victim:

- Always check for Airway, Breathing and Circulation (the ABC's of CPR) for the unconscious victim. This will help you know if the person is unconscious because the lungs aren't working (respiratory arrest) or because the heart has stopped beating (cardiac arrest).
- Without breathing and/or a pulse, death will follow quickly unless *cardiopulmonary resuscitation* (CPR) or other life-saving efforts are performed.
- Anyone can do CPR, but it is best if you are trained. If you're not trained, you should take a class as soon as possible! Most employers will require you to be CPR certified.

WHAT'S NEW IN CPR SCIENCE?

The latest research in CPR finds that chest compressions alone, without rescue breathing can be just effective or more effective in saving the life of a victim in cardiac arrest.

Here are some tips for doing CPR, with or without training:

- If you're not trained in CPR, then just do chest compressions . . . about 100 a minute until paramedics arrive.

TIP: Sing the song, "Stayin' Alive" in your head. Do chest compressions to the beat of the song to achieve about 100 per minute!

- If you're well trained, and

confident in your ability, then you can either alternate between 30 chest compressions and two rescue breaths or just do chest compressions.

- If you are trained, but rusty, then just do chest compressions at about 100 per minute.



Knowing first aid and CPR can be empowering! These are skills you can use at work, at home, and even in public places!

1. Have you ever had to administer first aid or CPR on someone?

2. Have you ever received first aid or CPR?

Share your story with your co-workers and discuss why you think it is important for health care workers to have these skills!



BASIC FIRST AID FOR COMMON EMERGENCIES - CONT.

FOCUS ON BROKEN BONES

When a bone is broken, it is said to be *fractured*. There are different types of fractures:

- **Complete fracture:** This is when the break goes completely through the bone.
- **Incomplete fracture:** This is when the break only goes part way through the bone.
- **Compound fracture:** This occurs when a sharp piece of broken bone pokes through the skin. Serious bleeding can happen with a compound fracture.
- **Simple fracture:** This kind of fracture doesn't go through the skin. However, without proper treatment, this can *become* a compound fracture.
- **Stress Fracture:** This type of fracture occurs from using a bone over and over causing a small crack. Some illnesses—like osteoporosis and cancer—cause bones to weaken and break very easily.

The symptoms of a broken bone or fracture are:

- Bruising
- Obvious deformity
- Swelling
- Pain and tenderness

Check out the situation:

- Check to see if the person fell down. If so, did the fracture come from the fall?
- Did the client move a certain way causing a fracture?

Check out the client:

- Check to see if the person is conscious.
- Look for signs of bleeding or obvious signs of a broken bone (such as a limb bent the wrong way or a bone poking through the skin).

How you can help:

1. Call for assistance.
2. Cover the part that's injured with a sterile towel, sheet or pad.
3. Put on a splint to prevent the bone from causing further damage or injury.
4. Keep from moving the person. However, remember to keep him comfortable, and reassure him that you are there to help.



A FEW HOT "HIP" TIPS!

The hip is the most commonly broken bone in the United States!

- There are more than 352 thousand hip fractures in the United States each year. The majority occur in women aged 65 and older and are generally the result of a fall.
- Nearly **one half** of women who reach age 90 will suffer a hip fracture.
- The cost to treat a hip fracture is around 27 thousand dollars.

Signs and symptoms of a hip fracture include:

- Inability to move or bear weight on the affected side,
- Severe pain in the hip or groin,
- Bruising and swelling around the hip area,
- Leg on the affected side is shorter and turns outward.

If you suspect your client has a hip fracture, call for help right away! Do not attempt to move the client yourself. This will be extremely painful. Just make the client as comfortable as possible until help arrives.



THERE ARE TWO WAYS TO APPLY A SPLINT:

1. Find anything that is stiff such as a stick, cane or a rolled up newspaper. Tie the stiff object to the injured area with a belt, or rope. Make sure the client can't bend the injured extremity.
2. If the fracture is a finger or toe, "buddy" tape the broken toe or finger to the next toe or finger.

BASIC FIRST AID FOR COMMON EMERGENCIES - CONT.

FOCUS ON CUTS

Cuts are commonly caused by sharp objects as well as blows from blunt objects that split the skin. The edges may be jagged or smooth.

A little bit of bleeding can be a good thing—it helps remove dirt from the cut. But, too much bleeding is a problem.

Here's what you can do for cuts:

- Use Standard Precautions to prevent spreading infection between you and the victim.
- Follow your workplace policy on whom to call. It may be the doctor, nurse, or 911.

How you can help:

1. Clean the cut thoroughly and carefully with warm water. Soap is not necessary and may irritate the skin. Rubbing alcohol, iodine and mercuriochrome can also harm the skin and slow healing.
2. Apply direct pressure until bleeding stops
3. Apply a small amount of topical antibiotic, like Neosporin.
4. Put on a sterile adhesive bandage to continue pressure.

FOCUS ON SCRAPES

Scrapes are caused by the scraping or rubbing away of the top layer of skin, which exposes the underlying nerve ending. This is why scrapes are so painful! As an added bonus, dirt and other matter often enter the wound and make it a target for infection.

To treat a scrape and prevent infection:

1. Wash thoroughly with soap and warm water.
2. If the scrape oozes or bleeds, bandage it to protect from infection.
3. Keep the scrape dry and clean.
4. Report the scrape, including what caused it.

SIGNS OF INFECTION

Infection—not blood loss—is the biggest risk with cuts and scrapes. Even a small cut can allow millions of germs to enter the body.

Signs of infection that need immediate medical attention include: Redness, warmth, streaking (stripes of red leading away from the site), and any white or greenish drainage.

HOW DO YOU KNOW IF A CUT NEEDS STITCHES?

Generally, minor cuts and scrapes will not need further medical attention. However, there are some cuts that may need stitches, staples or steri-strips.

Here is how you can tell the difference:

- A cut that is longer than 1/2 inch, or is gaping open, and more than 1/4 inch deep probably needs to be closed.
- A cut that is gaping open with dark red muscle showing



should be closed, even if it is small.

- Any cut that will not

stop bleeding, even if it is small, may need to be closed with steri-strips.

- Any cut on the face should be assessed, by a doctor or plastic surgeon because of the possibility of scarring.

A SMALL CUT THAT BLEEDS, AND BLEEDS . . . AND BLEEDS!

Some medications, called blood thinners, keep the blood from forming a clot. This makes even small cuts bleed forever!

Check the chart or ask the nurse if your client is on a blood thinner.

1. *What can you do differently to protect these clients and avoid bleeding situations?*
2. *What will you do if there is a cut or scrape?*



**CONNECT
it now!**

Apply what you know

BASIC FIRST AID FOR COMMON EMERGENCIES - CONT.

FOCUS ON HEMORRHAGE (BLEEDING)

A **hemorrhage** means there is *a lot* of bleeding. It can be from an **external** wound (such as a stab wound or a compound fracture) or from an **internal** injury (such as a bleeding ulcer or trauma to the chest or stomach).

Internal hemorrhage may show up as skin discoloration or blood in the urine, stool or vomit. The person will probably feel pain and tenderness in the affected area.

A person who is hemorrhaging may go into shock, lose consciousness, and die—if the bleeding isn't stopped.

YOUR MAIN GOAL IS TO . . .CONTROL THE BLEEDING AND GET HELP FAST!

- Always use Standard Precautions anytime you come into contact with blood. Remember to keep an extra pair of latex gloves with you at all times—just in case.
- Check for consciousness, respiratory arrest (no breathing) or cardiac arrest (heart stops beating). Stopping the bleeding won't help if the person isn't breathing!
- Follow your workplace policy on whom to call. When in doubt call 911.

Basic tips:

- While you are waiting for help, have the person lie down.
- Apply **direct pressure**.

- Cover the wound with a sterile gauze or pad. This will help the blood to clot and stop the bleeding.
- If blood soaks through the gauze, don't remove it. Instead, place another gauze on top and continue to apply pressure to the wound for 5 minutes.
- **Elevate** the injury. Position the wounded part of the body above the level of the heart if possible while you apply direct pressure.
- After five minutes, if direct pressure and elevation hasn't worked, you'll need to do more to try to stop the bleeding. Large arteries that are found close to the skin's surface supply blood to the head, arms and



legs. The bleeding may stop if you apply pressure to the major artery supplying blood to that wound. You do this by pressing your middle three fingers over the artery's *pressure point*. If using the pressure point on a leg, you may need to use the heel of your hand instead of your fingers. Be sure not to cut off circulation completely.

Provide emotional support:

- The victim may be confused and scared. It will be reassuring if you remain calm and supportive.

Report the incident:

- Following your workplace policy, be sure to report and document what took place and what you did.

MORE ABOUT Pressure Points

Pressure points are where the pulse can be felt by placing a finger against an artery.

The most common pressure points used during first aid are located in the upper arms and in the creases above the upper legs.

To apply pressure use 3 fingers (index and 2 middle) over the pressure point.

MORE ABOUT Shock

When too much blood is lost, a client may go into shock.

Signs of shock include:

- Pale, cool, clammy skin,
- Rapid, shallow breathing,
- Weak, thready pulse,
- Agitation and confusion, followed by loss of consciousness.

SHOCK IS A MEDICAL EMERGENCY!

BASIC FIRST AID FOR COMMON EMERGENCIES - CONT.

FOCUS ON CHOKING

If a person is choking, you shouldn't get in the way as long as they're coughing.

If coughing doesn't remove the object and the person is breathing with extreme difficulty, turning a bluish color, and is unable to cough or speak, quickly ask, "**Are you choking?**"

A choking victim can nod their head "yes", but will be unable to talk.

Here's what you'll do:

1. Stand behind the person with your arms at the waist.
2. Place one fist, with the knuckle of the thumb against the person's midsection, slightly above the navel but well below the breastbone.
3. Hold your fist firmly with the other hand and pull both hands sharply toward with an upward and inward jab. (like the letter "J"). This is called the Heimlich Maneuver.
4. This procedure should be done until the object is forced out or the victim becomes unconscious.



If the victim becomes unconscious, help them to the ground and get help right away!

FOCUS ON SEIZURES

Seizures or convulsions are uncontrollable temporary disorders that can be caused by epilepsy or sudden illness. Sometimes, seizures are barely noticeable. At other times, they cause severe muscle spasms. They aren't likely to cause death unless the victims stops breathing. However, seizures may require immediate medical attention.

Assess the victim . . .

- Is the person having a major seizure?
- Has the person injured their head in a fall?
- Are they diabetic or epileptic?

How you can help:

- Gently lower the person to the floor.
- Clear all objects away from the victim and place a pillow or rolled towel under the head. Turn the head to the side.
- NEVER place anything between the teeth or in the mouth.
- Keep the person from getting hurt on nearby objects such as sharp edges of furniture by cushioning the victim.
- Never try to restrain the victim. After the seizures are finished, position the victim on his side.
- Make sure the person is breathing. If not, check to see that the airway is open and, if you are trained, begin rescue breathing.
- Stay calm and keep the person comfortable until help arrives.

CONQUER

The Myth

A commonly believed myth about seizures is that you are supposed to **put something in the person's mouth** to keep the tongue from being swallowed.

This is a dangerous myth! *Here are the facts:*

It is impossible to swallow your tongue. Look in the mirror and open your mouth. Lift your tongue, and you will see the tongue is attached to the mouth by a tough piece of skin known as the lingual frenulum.

This keeps you from swallowing your tongue! Everyone, including those with seizures, have a frenulum to keep them from swallowing their tongue!

Sticking an object in a person's mouth during a seizure can cause choking and damage the teeth.

Having a seizure may cause a person to bite the tongue, and it may even bleed. But, don't worry, tongues usually heal very quickly!

BASIC FIRST AID FOR COMMON EMERGENCIES - CONT.

FOCUS ON POISONING

People can be poisoned by taking too much medication, ingesting household chemicals or eating spoiled foods.

They can also be poisoned by breathing poisonous gases, touching poisonous plants or from insect bites.

Accidental poisoning happens over one million times every year!

If you come across someone who you think may be poisoned, you should try to determine the **source** of the poison. Then, get help quickly.

For a poison victim, the most important time is the first hour or two. So, get help quickly!!

Here's what else you can do:

- See if there's any obvious source of poison. Do you notice any unusual odor? (Remember that carbon monoxide coming from faulty heating equipment has **no** odor.) If necessary, get the victim away from the poison.
- Are there empty medicine bottles near the victim? Can you see solid pills in the victim's mouth? You can try to remove them using a clean cloth wrapped around your finger.



- Is the client breathing or conscious? If so, ask the person to tell you their symptoms. If not inspect the mouth and smell the breath for signs of poison.
- If you suspect gas poisoning, open the windows immediately. If the problem is gas from an oven, turn it off. Get the victim (and yourself!) away from the gas so that you can breathe fresh air.
- If you suspect chemical poisoning—from a household cleaner, for example—do **not** induce vomiting. Call the Poison Control Center. Hotline. You may be instructed to give the victim water or milk to dilute the poison.
- If you think the victim has gotten poison on their skin (such as the toxins from a poisonous plant), wash the affected area with soap and cool water. Be sure the water and/or washcloth used to wash the poisoned area doesn't touch healthy skin.

CALLING

POISON CONTROL

Don't know the number for Poison Control? Visit the American Association of Poison Control Centers at: aapcc.org and click on "Find Your Poison Center".

It's best to keep the number for Poison Control near all phones in the facility and the home.

If you can't find your local number, you can always call the national hotline. It is staffed around the clock.

Cut out the phone number below and place it near your phone or other convenient location. Make copies if needed.



IN CASE OF
POISONING, CALL:

**1-800
222-1222**

**POISON CONTROL
HOTLINE**

Available 24/7/365



You are caring for a 73 year old man who has several medical problems, including mild dementia. He lives alone, but his condition is worsening, so a home health team is brought in to help with his care.

- On your first visit, you notice he has 18 pill bottles on the counter, some are expired. You find cleaning supplies under the sink in old juice containers, and the refrigerator is packed with moldy food.
- What do you need to do to keep this client safe?
- Share your ideas with your co-workers and supervisor.

BASIC FIRST AID FOR COMMON EMERGENCIES - CONT.

FOCUS ON BURNS

Burns from cooking, hot beverages and hot bath water are common accidents. Burns can be painful but small burns on adults are rarely serious. Large and/or severe burns can be very serious—even life threatening.

Before giving first aid for burns, ask yourself:

- Is the person in danger of more burns? For example, if clothing is on fire, help the victim stop, drop and roll.
- Is the skin red, swollen, blistered or broken?
- What is the person's age and medical condition? The elderly and children are at risk for complications from burns.
- How deep or severe is the burn? **Ever wonder what those degrees mean?**

FIRST DEGREE BURNS

involve only the outer layer of skin. The skin is dry, painful and tender to touch. This type of burn can come from a hot water bottle, a heating pad or a mild sunburn.



- Immediately put the affected part under running cold water, or wrap cold wet clothes on the burn until the pain decreases.
- Cover with a clean, dry gauze dressing for protection.

SECOND DEGREE BURNS

involve *several* layers of skin. You may see blisters, swelling and red skin. The victim will be in a lot of pain. Immerse in *cold* water immediately. DO THIS **BEFORE** YOU CALL FOR HELP!

- Gently blot the area dry. Don't rub as this may break the blister, opening it to infection.
- If the burn is on an arm or leg, keep it elevated as much as possible.
- Keep in mind that second degree burns usually heal within a few weeks.

THIRD DEGREE BURNS

involve all layers of the skin and any underlying tissue or organs. They are **less** painful than second degree because the nerves are destroyed.

- DO NOT remove any clothing near the burn.
- DON'T apply cold water or medication.
- If burns are on arms or legs, keep elevated above the heart. If burns are on face, check to make sure the person isn't having trouble breathing.

Get help right away!

THE DO's & DON'Ts OF BURN CARE

- **DON'T** apply ice to a burn. This may damage the skin.
- **DON'T** touch the burn with anything other than a dressing. This decreases the risk of infection.
- **DON'T** break or pop any blisters.
- **DON'T** apply butter, oil, or lard to a burn.
- **DON'T** remove pieces of cloth that stick to a burned area.
- **DO** remove any jewelry and shoes. Swelling may make them difficult to remove later.
- **DO** remember that cold water is the best immediate treatment for minor burns. It lowers the skin's temperature and lessens the severity of the burn
- **DO** make sure the *source* of the burn has been extinguished. (Don't put yourself in danger!)
- **DO** have the person lie down to prevent shock.
- **DO** elevate burned arms or legs to help keep the swelling down.

CARING FOR BURNS IN THE KITCHEN

Your client wants to cook her favorite Split Pea Soup from scratch. You know she is occasionally unsteady and often gets dizzy. But, she insists on cooking this soup, so you agree to help.

As she stirs the soup . . . the spoon slips. When she grabs it, her hand grazes the hot burner. You run her hand under cold water and notice a blister beginning to form.

- **What degree burn do you suspect? What else do you need to do to care for this injury?**



THE NEXT STEP!

Apply what you've learned!

BASIC FIRST AID FOR COMMON EMERGENCIES - CONT.

FOCUS ON HEAT EXHAUSTION

Heat exhaustion occurs when the body can't sweat enough to cool itself.

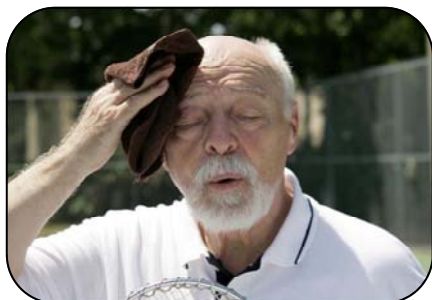
It usually happens when someone is working or exercising in hot weather, but can happen to people living in areas with poor air circulation.

The person may complain of:

- Nausea
- Weakness and fatigue
- Muscle Cramps
- Headache and dizziness
- Cool, clammy, red or flushed skin
- Profuse sweating
- Rapid, weak pulse
- Rapid, shallow breathing

How you can help:

- Get the person out of the heat and remove loose fitting clothes.
- Give the person plenty of water or Gatorade to prevent dehydration—after the nausea passes.



- Sponge the person with cool water.
- Check the person's temperature and continue cooling measures until the body temperature is below 100°F.

FOCUS ON HEAT STROKE

Heat exhaustion can sometimes lead to **heat stroke**—a potentially fatal condition. When people suffer from heat stroke, their sweat glands totally *quit* working.

The body temperature rises to 105 degrees or even higher!

Heat stroke requires emergency medical treatment.

Here's how to tell if someone is having a heat stroke:

- Mental confusion
- Staggering gait
- Unconsciousness
- Hot, dry, red or flushed skin
- High fever
- Rapid pulse and breathing

How you can help:

- Get the person out of the heat and/or sun immediately. Check to see if the victim is conscious. Call 911 or your supervisor immediately.
- Pour cool water over the person or wrap him/her in cool wet clothes. You can also cool the person down by using cold packs.
- Once the temperature decreases to about 101° F, you may lay them in the recovery position.
- If the temperature begins to increase again, repeat the cooling process.
- If the victim is able to drink, give some water—but only a little bit. Give no more than 1/2 cup every 15 minutes.

MEDICATIONS AND HEAT

Some common medications can make your client more sensitive to heat.

BETA BLOCKERS: These drugs lower blood pressure by decreasing blood flow to the tiny capillaries at the surface of the skin. This reduces the body's ability to sweat and cool off.

PARKINSON'S DRUGS: These medications also prevent the body from sweating.

DIURETICS (WATER PILLS): Water pills increase urine output. When the weather is hot, these clients will lose water from urinating *and* from sweating. This can quickly lead to dehydration.

If any of your clients are on these medications, take extra precautions to protect them from the heat.

How you can Help:

- Increase fluid intake.
- Keep room air conditioned or well ventilated.
- Keep these clients out of the direct sun.

BASIC FIRST AID FOR COMMON EMERGENCIES - CONT.

FOCUS ON HYPOTHERMIA

Hypothermia occurs when the body temperature drops below 96.8°F. It happens when the body loses heat faster than heat can be made by muscle contraction and shivering. Frail and inactive people can develop hypothermia indoors if they're not dressed warmly.

The first symptom of hypothermia is uncontrollable shivering. As it progresses, you may notice the victim having:

- Dizziness or lightheadedness
- Muscle stiffness and difficulty moving.

If no treatment is given the following symptoms occur:

- Slurred speech
- Slow pulse and breathing
- Memory loss or confusion
- Blurred or double vision

If there is still no treatment, the victim will suffer:

- Unconsciousness
- Cold stomach
- Eventually . . . death

How you can help:

- Take the person indoors or to an area of shelter.
- If the person's clothes are wet, take them off and replace them with warm, dry clothes as soon as possible.
- The victim may want to wrap up in a blanket and sit in a heated room to warm up.
- Remember that the body temperature must be raised *slowly*. Warming the person's body too quickly could cause damage.
- Give warm liquids if the victim is conscious. Don't give anything with caffeine (tea, coffee or hot chocolate).
- Make sure the victim gets medical attention as soon as possible.

**YOUR MAIN GOAL IS TO...
WARM THE PERSON UP AND GET HELP IMMEDIATELY!**



5 KEY points

Key Points to Remember

Here are the five key points to remember about Basic First Aid for Common Emergencies:

1. Knowing first aid and CPR can be empowering! These are skills you can use at work, at home, and even in public places!
2. It's important to follow infection control guidelines during an emergency to protect yourself and the client from infection. Always keep a clean pair of gloves in your pocket for emergencies!
3. Most emergencies will require you to call for help from your supervisor, co-workers or EMS. Always check the client first and if possible have someone else call 911 so you don't leave the client alone.
4. Anyone can do CPR, but it is best if you are trained. Remember, if nothing else . . . just doing chest compressions (at about 100 per minute) until help arrives can save a life!
5. Now that you know how to provide basic first aid, your goal should be to NEVER have to use it! Prevention is the key!

PREVENT INJURIES - AVOID FIRST AID!

Now that you know how to provide basic first aid, your goal should be to NEVER have to use it! Many of the situations you learned about in this inservice might be **prevented** by following some basic safety precautions. Here are a few:

- Make sure the hot water coming from the bathroom faucets isn't too hot. (It should be 120 degrees or less.)
- Make sure there are non-skid strips or mats on the bottom of the bathtub or shower.
- Keep stairs and walkways well-lighted and clear of clutter.
- Check to see if your client's area rugs are securely fastened to the floor with carpet tape or rubber matting.
- Make sure there aren't any electrical cords or wires where people might trip over them. And, be on the lookout for frayed electrical cords which could cause a burn or fire.
- Make sure that your workplace has smoke detectors. If you work in clients' homes, encourage the client or family to install a smoke detector.
- Be sure you—and your clients—know the emergency exit plan in case of fire.
- Don't let a client sleep with a heating pad and don't tuck in the ends of an electric blanket.
- Don't allow clients to smoke in bed. Some clients may need to be supervised while they smoke to prevent accidental fires.
- Make sure you have enough help when transferring clients between their beds and wheelchairs. If you struggle to perform the transfers by yourself, the client may end up with bruises or cuts from sharp edges on the bed or wheelchair.
- If your client tends to get out of bed at night, make sure a night light is on.
- If you work with confused clients, make sure that medications and household cleansers are kept out of their reach.
- If you notice your clients using expired medications (either prescription or over-the-counter), notify your supervisor.
- Encourage your clients to wear rubber soled shoes or slippers—not just socks—when walking around. This will help avoid falls.



WHAT I KNOW NOW!

Now that you've read this inservice on basic first aid, take a moment to jot down a couple of things you learned that you didn't know before.



IN THE KNOW

Developing Top-Notch CNA's, One Inservice at a Time

A Client Safety Module: Basic First Aid

Are you "In the Know" about Basic First Aid? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

EMPLOYEE NAME (Please print): _____

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

1. True or False

A client who has fallen probably needs CPR.

2. True or False

When a sharp piece of broken bone pokes through the skin, it is called a compound fracture.

3. True or False

Infection, not blood loss, is the biggest risk with cuts and scrapes.

4. True or False

To stop bleeding on an arm or leg, lower the area below the level of the heart.

5. If a person is having a seizure, you should:

- A. Restrain the person to stop the shaking
- B. Place a rolled up washcloth in the victims mouth.
- C. Lower the person to the floor and clear all objects.
- D. Stand the person up because walking stops a seizure.

6. True or False

Third degree burns may be *less* painful than first or second degree burns.

7. If you suspect heat exhaustion or heat stroke, the *first* thing you should do is:

- A. Get the person out of the heat.
- B. Force cold fluids.
- C. Place person in ice filled bathtub.
- D. Give Tylenol for fever.

8. True or False

Signs of infection include redness, warmth, streaking and drainage.

9. True or False

A broken finger or toe can be splinted using the "buddy" tape method.

10. Fill in the Blanks

The only time CPR should be used is if there is no _____ and no _____.

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.