

Chapter -1

FIRST-AID

1.1 An Overview

First aid is the provision of initial care for an illness or injury. First aid is literally the first assistance you give to someone who has been injured. All of us should know basic first aid techniques, in the home at the office or when out and around. One in three of all accidents take place in our homes, the majority involving children and elderly. Certain self-limiting illnesses or minor injuries may not require further medical care past the first aid intervention. It generally consists of a series of simple and in some cases, potentially life-saving techniques that an individual can be trained in to perform with minimal equipment.

The instances of recorded first aid were provided by religious knights, such as the Knights Hospitaller, formed in the 11th century, providing care to pilgrims and knights, and training other knights in how to treat common battlefield injuries. The practice of first aid fell largely in to disuse during the High Middle Ages, and organized societies were not seen again until in 1859 when Henry Dunant organized local villagers to help victims of the Battle of Solferino, including the provision of first aid. Four years later, four nations met in Geneva and formed the organization which has grown into the Red Cross, with a key stated aim of “aid to sick and wounded soldiers in the field”. This was followed by the formation of St. John Ambulance in 1877, based on the principles of the Knights Hospitaller, to teach first aid, and numerous other organizations joined them, with the term ‘first aid’ coined in 1878 as civilian ambulance services spread as a combination of ‘first treatment’ and ‘national aid’ in large railway centres and mining districts as well as with police forces. First aid training began to spread through out the empire through organisations such as St John, often starting, as in the UK, with high risk activities actraces such as ports and railways.

Many developments in first aid and many other medical techniques have been driven by wars, such as in the case of the American Civil War, which prompted Clara Barton to organize the American Red Cross. Today, there are several groups that promote first aid, such as the military and the Scouting movement. New techniques and equipments have helped make today’s first aid simple and effective.

1.1.1. Objectives of First Aid:

1. To preserve life.
2. To promote recovery.
3. To prevent further injury and deterioration of the condition.
4. To make the victim as comfortable as possible.
5. To put the injured person under professional medical care at the earliest.



1.1.2 The First Aider:

A first aider is just a common person who may have learnt a standard method at application of the first aid best suited to his skill. He/she is trained to reach to sick and injured, identify the problem, and provide emergency care as and when necessary move the patients and injured victims to medical care without causing further injury.

A First Aider should have the following qualities:

1. Should be a good observer.
2. Should be able to act quickly.
3. Should not get panicky or excited.
4. Should have the ability to lead and control the crowd and take help from onlookers.
5. Should have self confidence and the ability to judge injuries to be tackled first.
6. Should be able to reassure the victim and his/her anxious and nervous relatives by demonstrating competence and expressing sympathy.

1.1.3. Responsibilities of the First Aider:

1. Gain access to the patient in the easiest and safest way.
2. Observe the accident scene and assess the situation.
3. If necessary, ask others to direct the traffic, keep bystanders at a safe distance and make essential telephone calls.
4. To find out if the casualty is conscious, unconscious, dead or alive.
5. Identify the disease or medical condition from which the casualty is suffering.
6. Give immediate, appropriate and adequate treatment considering priorities of first aid measures, such as restoration of breathing and circulation will be the first priority while stopping the bleeding will be the second.
7. Should keep in mind that the casualty might have more than one injury and that some casualties may require more attention than others.
8. Arranging for shifting the casualty to the hospital or nearest medical facility without delay, in such a manner so as not to complicate the injury or subject the victim to unnecessary discomfort.
9. Keeping a record of the patient, incident and witnesses.



10. Once a first aider has voluntarily started taking care of the situation he should not leave the scene until a responsible person relieves him.

The responsibility of the first aider ends when the causality is handed over to the care of a doctor, a nurse or other appropriate person. He/she may assist the doctor later on, if required.

1.1.4. Warning to the First Aider:

1. First aider should keep in mind that he/she is not a Doctor.
2. He/she should not examine wounds by opening those which have already been bandaged by somebody else.
3. He/she should not declare any person dead. That is not his/her scope as a first aider.

1.2 Emergency

Emergency is defined as a sudden, unexpected, or impending situation that may cause injury, loss of life, damage to property, and/or interference with normal activities of a person and which, therefore requires immediate attention and remedial action.

Emergencies may broadly be seen in **three categories**:

- **Life threatening or potentially disabling:** These types of emergencies can cause death or disability within minutes and, therefore, require immediate intervention, medical care and usually hospitalization.
- **Serious, or potentially life threatening or disabling:** Because these may soon result in a life threatening situation or may produce permanent damage, they must be tackled as soon as possible.
- **Non life threatening.** These are identified as any injury or illness that may affect the general health of a person, the person should be evaluated as soon as possible and parents notified. First Aid is to be provided.

The **basic immediate response protocol** for all health emergencies may be followed as given below :

- Don't panic, get organized.
- Take charge of the situation.
- Act quickly but efficiently.
- Get assistance from other staff personnel so that they can notify the emergency response team if needed.



- Make a preliminary assessment of the victim's condition in the position you found him in (if possible).
- Determine the foremost life-threatening condition.
- Maintain treatment until qualified assistance arrives.

MEDICAL EMERGENCIES

A medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long term health. These emergencies may require assistance from another person, who should ideally be qualified enough to do so, although some of these emergencies can be dealt with by the victim themselves. Depending on the severity of the emergency and the quality of treatment required, it may need the involvement of multiple levels of care, from a first aider to an emergency physician, to specialist physicians/surgeons.

The emergency guidelines are meant to serve as basic information for "what to do in an emergency".

Emergency medical services (EMS)

This system is a community based system that delivers specialized care for victims who are ill or injured. Care is provided at the scene of the emergency and is continued during transportation and following arrival at an appropriately staffed and equipped health care facility.

Below are examples of emergencies for activating Emergency Medical Services through the Emergency Response Team(ERT):-

- Breathing problems.
- Severe bleeding.
- Anaphylactic reaction/shock.
- Severe burns.
- Head, neck or back injury.
- Concern about a heart problem.
- Poisoning/snake bite.
- Loss of consciousness.
- Seizures, more than one.
- Serious limb injury or amputation.
- Penetrating injuries.
- Foreign body/object in the throat.



1.3 First Aid Kit - Constituents and Uses

A properly equipped first aid kit can save vital minutes in an emergency. In addition to your first aid kit at home, keep one in your car and take a portable kit on camping trips and holidays.

Make sure you:

- Label the kit 'First Aid Kit'.
- Use a container that is childproof and waterproof.
- Replace items as they are used, do not keep medications for any length of time and safely dispose off prescribed medicine once the course of treatment is completed.
- Tape a card, listing emergency phone numbers and the blood group, allergies and special medical problems of family members, to the container.
- Keep the kit handy but beyond the reach of children.
- Keep this book close to the kit for quick reference secure it in the kit.

Home Kit:

A first aid kit for a family should contain the following:

- Adhesive dressing strips for minor cuts and grazes.
- Adhesive tape to hold dressings in place.
- Analgesic tablets, such as paracetamol for headaches and minor pain.
- Antihistamine cream for bites and stings.
- Antiseptic Cream.
- Antiseptic Solution.
- Cotton buds.
- Disposable gloves.
- Eye pad.
- Measuring glass or spoon.
- Plastic cup.
- Roller bandages in a range of size.
- Round-ended scissors (use only for first aid).
- Safety pin.
- Splinter forceps or remover.



- Sterile combine dressing for severe bleeding.
- Sterile eye pads, wrapped singly.
- Sterile non-adherent absorbent dressing for burns.
- Sterile gauze swabs for cleaning wounds.
- Non macury Thermometer in a protective case.
- Triangular bandages.
- Tubular gauze finger bandage with applicator.

Car Kit:

Always remember to keep a first aid kit in your glove box in the car. Your car kit should contain at least a selection of the dressing, pads and bandages listed above, scissors and safety pins among others.

