



**Basic First  
Aid/CPR  
Refresher**

# Wearing and Removing Gloves

It is important to wear disposable gloves when ever possible to reduce risk of contamination for both the caregiver and the person being supported.

## Gloves On:

- Before a sterile procedure
- When anticipating contact with blood or another body fluid, regardless of the existence of sterile conditions and including contact with non-intact skin and mucous membrane
- Contact with a person (and his/her immediate surroundings) during contact precautions.

## Gloves Off:

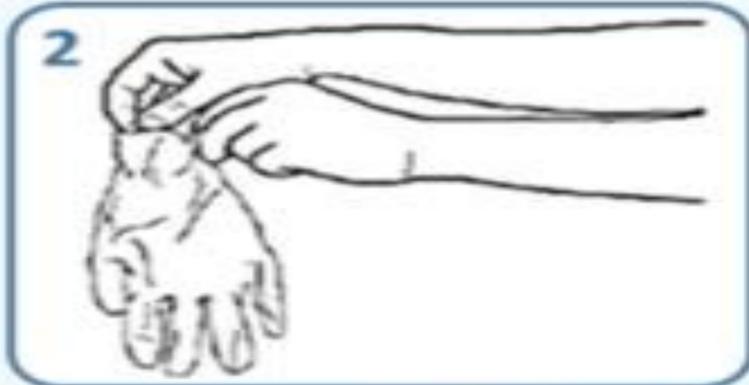
- As soon as gloves are damaged (or non-integrity suspected)
- When contact with blood, another body fluid, non-intact skin and mucous membrane has occurred or has ended
- When contact with a single person and his/her surroundings, or a contaminated body site on a patient has ended
- When there is an indication for hand hygiene.

# Putting Gloves On

Wash hands with soap and water or by rubbing with an alcohol-based hand rub if possible



1 Take out a glove from its original box



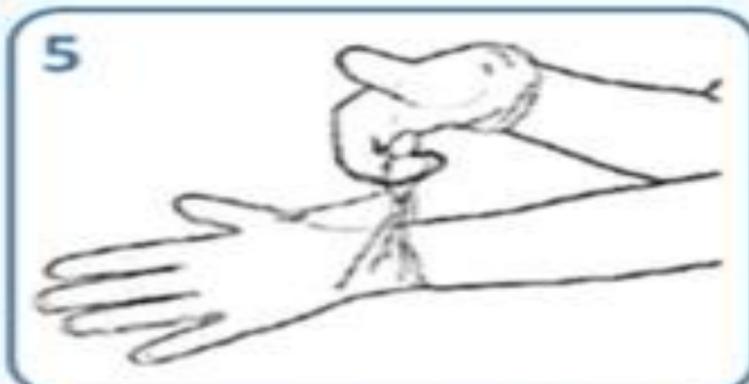
2 Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



3 Don the first glove



4 Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist



5 Turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand



6 Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

# Removing Gloves

It is important to remove disposable gloves correctly. After removal wash hands thoroughly with soap and water or alcohol based hand rub.



# Basic First Aid: Burns

## Follow these steps when treating minor burns :

- If the skin is not broken, run cool water over the burn for several minutes.
- Cover the burn with a sterile bandage or clean cloth.

## Seek emergency treatment immediately for major burns. Until an emergency unit arrives, follow these steps:

- Remove the person from the source of the burn (fire, electrical current, etc.).
- Remove all smoldering or chemical contaminated clothing to stop further burning.
  - Use a barrier on you hands to prevent burning yourself, such as gloves or cloth.
- Cover the burned area with a cool, moist, sterile bandage or clean cloth. Do not place any creams, ointments or ice on the burned area or break blisters.

# Basic First Aid: Minor Wounds

- **Stop the bleeding by applying pressure**, wearing rubber gloves, and using a gauze pad or clean cloth. If the bleeding persists after several minutes of applying pressure, get immediate medical attention.
- **Keep the wound clean** by washing the area with mild soap and water and removing any dirt. Dry the area gently with a clean cloth, and cover the wound with a protective bandage. Change the bandage at least once a day. If the wound becomes tender to the touch and red or oozes fluid, see your doctor.
- **Maintain pressure on the wound until the bleeding stops.** If the cut is more serious and the bleeding does not stop on its own or the cut is large, deep, or rough on the edges, try to stop the bleeding. Wear rubber gloves and apply pressure directly to the injury using a sterilized gauze pad or clean cloth.

# Basic First Aid: Severe Bleeding

- Lay person down.
- Apply steady, firm pressure directly to the wound using a sterile bandage, a clean cloth, or your hand. Maintain pressure until the bleeding stops, then wrap the wound with a tight dressing and secure it with adhesive tape.
- If the bleeding continues and seeps through the bandage, add more absorbent material.  
Do not remove the first bandage.
- Most bleeding can be controlled this way. If bleeding can not be controlled, call for emergency help immediately.
- Seek medical attention.



# Basic First Aid: Poisoning

- Call your local poison control center for instructions.
- If the poison has spilled on the person's clothing, skin, or eyes, remove the clothing and flush the skin or eyes with cool or lukewarm water for 20 minutes.
- Get immediate medical attention. If you have identified the poison, take the container with you.



# Basic First Aid: Heat Exhaustion

Heat exhaustion occurs when your heart and vascular system do not respond properly to high temperatures. The symptoms of heat exhaustion include faintness, excessive sweating, rapid heartbeat, low blood pressure, muscle cramps, cold clammy skin, and nausea.

## **If you suspect heat exhaustion:**

- Get the person out of the sun and into a cool spot.
- Lay the person down and elevate his or her feet slightly.
- Loosen or remove most or all of the person's clothing.
- Give the person cold (not iced) water to drink.

# Basic First Aid: Heat Stroke

Heat stroke is a fever of 105 degrees Fahrenheit with hot, dry skin. Other signs include rapid heartbeat, throbbing headache, confusion or unconsciousness, hot skin, and nausea or vomiting. Heat stroke is an emergency that needs immediate medical attention.

## **If you suspect heat stroke:**

- Get the person out of the sun and into a cool spot.
- Cool the person by covering him or her with damp sheets or lightly spraying with water.
- Direct air onto the person with a fan or a newspaper.
- Monitor the person's temperature with a thermometer. Stop cooling the person when his or her temperature returns to normal.

# KNOW THE SYMPTOMS



## Heat Exhaustion

VS

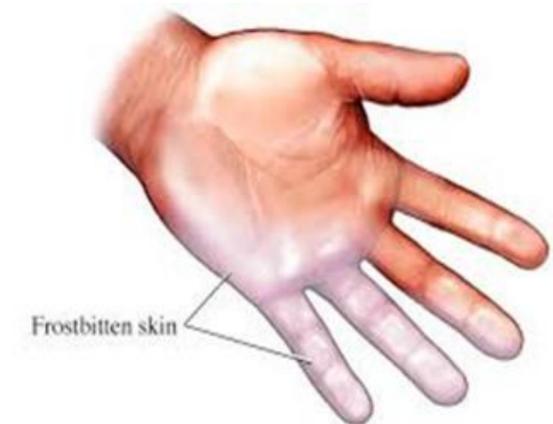
## Heat Stroke

Faint or dizzy			Throbbing headache
Excessive sweating			No sweating
Cool, clammy skin			Red, hot, dry skin
Nausea or vomiting			Nausea or vomiting
Rapid, weak pulse			Rapid, strong pulse
Muscle cramps			May lose consciousness

# Basic First Aid: Frostbite

Frostbite is distinguishable by the hard, pale, and cold quality of the skin that has been exposed to the cold. As the area thaws, the flesh becomes red and painful.

- If your fingers, ears, or other areas are frostbitten, get out of the cold.
- Warm your hands by tucking them into your armpits; if your nose, ears, or face are frostbitten, warm the area by covering it with dry, gloved hands.
- Do not rub the affected area.
- If numbness remains during warming, seek professional medical care immediately.
- If you are unable to get immediate emergency assistance, warm severely frostbitten hands or feet in warm—not hot—water. (The water should be between 100 and 105 degrees Fahrenheit).



# Checking a Conscious Person

Interview the person (or bystanders) using **SAMPLE** incase you need to communicate with emergency personnel.

- **S**=Signs and Symptoms
- **A**=Allergies
- **M**=Medications
- **P**=Pertinent medical history
- **L**=Last food or drink
- **E**=Events leading up to the incident.

Do a head-to- toe check

- Asking permission first.
- Look for signs of injury including pain, bleeding, cuts, burns, bruising, swelling, or deformities.

# Stroke

Think **FAST**

**F=Face**, ask the person to smile. Is there weakness or drooping on one side of the face?

**A=Arm**, Ask the person to raise both arms. Does one arm drift downward or appear to be weak?

**S=Speech**, Ask the person to repeat a simple sentence, such as “the sky is blue”. Does the person have trouble speaking, or is his or her speech slurred?

**T=Time**, If the person has difficulty performing any of these actions or shows any signs and symptoms of a stroke, call 9-1-1 immediately.

# Choking

Verify the person is choking and obtain consent to provide aid.

## Give 5 back blows

- Make sure your stance is stable.
- Bend the person forwards supporting the person, or leaning against a table or chair.
- With the palm of your hand give 5 back blows between the shoulder blades.

## Give 5 Abdominal Thrusts

- Make sure your stance is stable.
- Finding the naval area of the person typically just above the pant line, cup one hand into the other.
- Thrust in and up

# Choking

Continue 5 back blows and 5 abdominal thrusts until the person can cough forcefully, speak, cry, breathe, or becomes unresponsive then provide CPR.

## Five-and-Five

Give 5 back blows



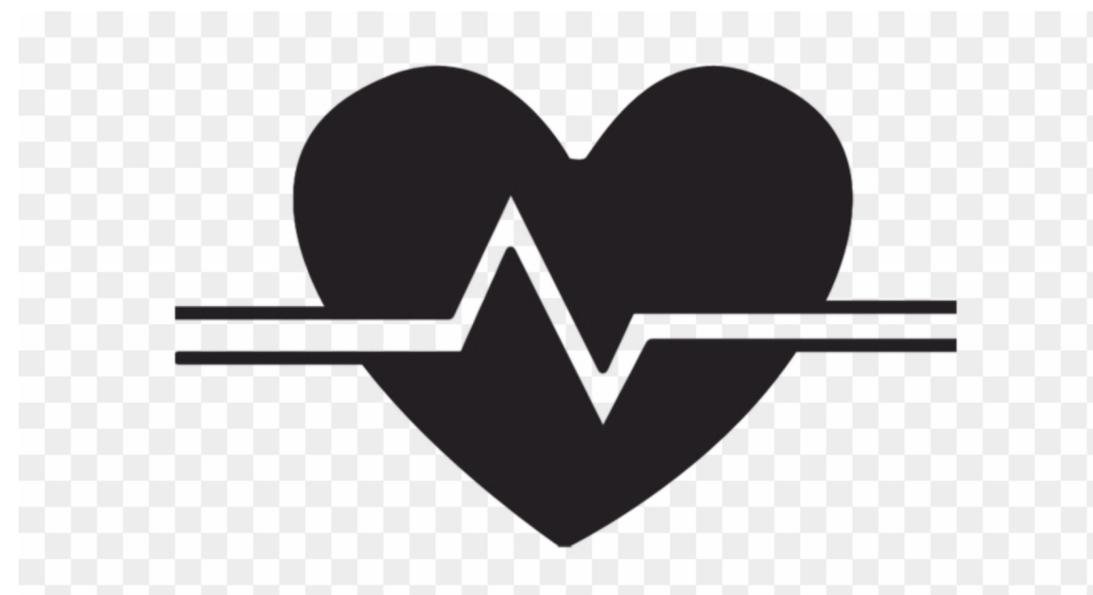
Give 5 abdominal thrusts



# Signs and Symptoms of a Heart Attack

Heart attacks may present differently in men and women

- Pain radiating down left arm, shoulder and or through jaw.
- Sweating
- Chest pain and or extreme pressure
- Shortness of breath
- Change in skin tone
- Feeling of doom
- Feeling of denial
- Extreme fatigue



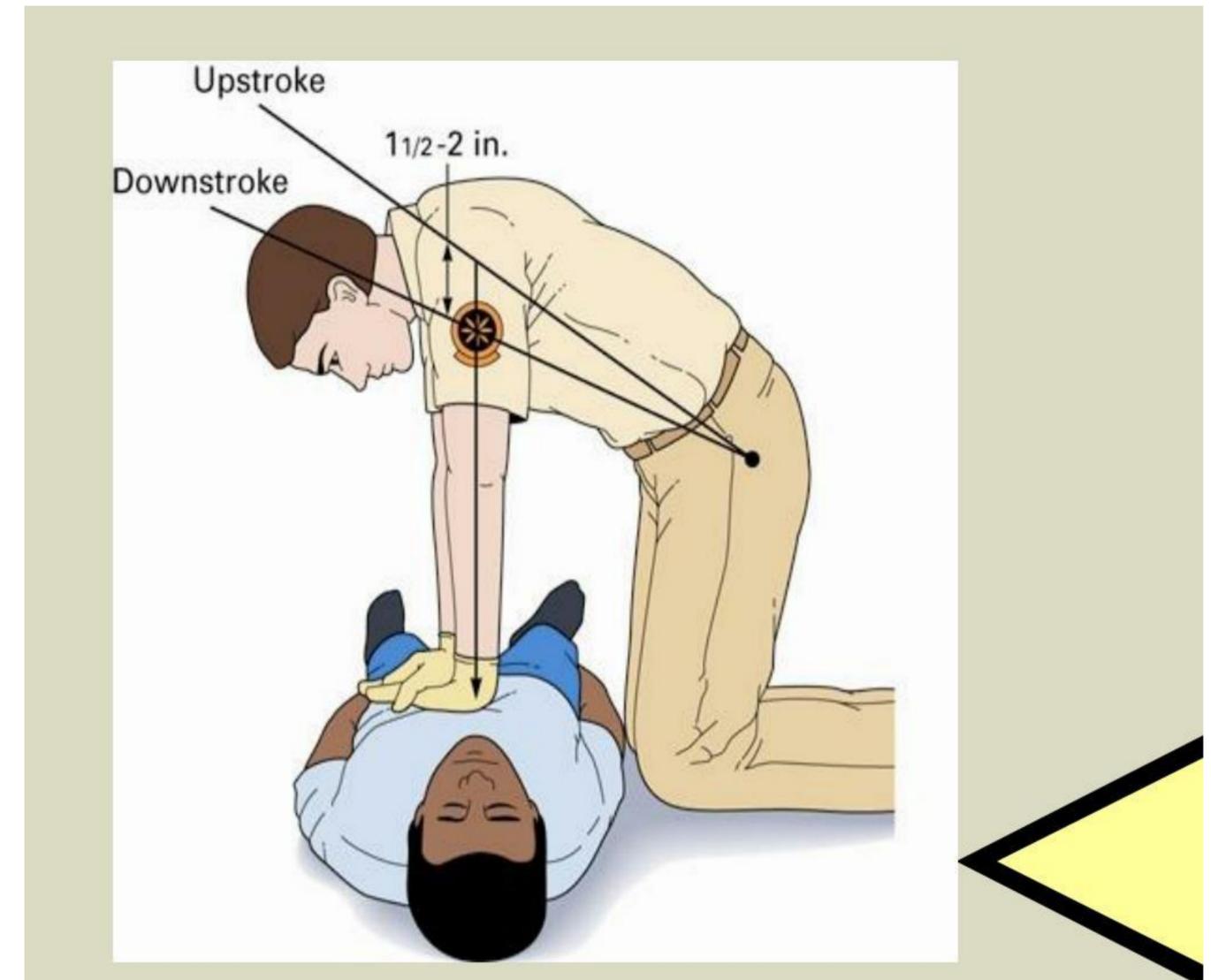
# Unconscious and Not Breathing

- Check to make sure the scene is safe
- Check the person for consciousness
- Call 911-or ask a bystander to call 911
- Assess the person to determine if they are breathing (no more than 10 seconds)
- Start chest compressions.
  - Ensure the person is face-up on a firm, flat surface.
  - Give continuous chest compressions.
  - Push hard and fast in the center of the chest to the depth of at least 2 inches and at a rate of 100-120 compressions a minute.
  - Provide continuous compressions until:
    - You are exhausted and or unable to continue
    - You are relieved by another person or medical personnel
    - The person starts to breath

# Unconscious and Not Breathing

## Proper Hand and Body Position

### Proper Techniques for Chest Compressions.



# Recovery Position

Place person in recovery position when breathing on their own.

