



# Lesson 1: Being an EFAR

## Emergencies and Being an Emergency First Aid Responder

During an emergency, a dying patient is only part of the problem. There are also the possibilities of further danger and mass panic. As an Emergency First Aid Responder you will have the power to...

- Keep the dying patient(s) alive until further help arrives
- Remove further danger to the patient, yourself and others
- Control the situation and keep people calm

## First Steps to Treating a Patient: Scene Management is all about HHH CAB

The **MOST IMPORTANT** job of the EFAR is to prevent further harm to anyone, including yourself.

When an emergency happens, the first steps are to... **HHH CAB**

1. **(H) Check for HAZARDS and scene safety.** If it is not safe for you to get involved (like if there is a fire or the shooter is still around) then DO NOT treat the patient until it is safe. Your safety comes first.
2. **(H) Say HELLO to assess if the patient is responding.** If there is no response it means the person isn't getting enough blood and oxygen to the brain and needs urgent help
3. **(H) Call for HELP.** Call immediately to give the ambulance time to arrive.
4. **(CAB) Treat the patient.** Only start treatment once previous steps are done. Treat in the order of the CAB (Airway, Breathing and Circulation)

**SPECIAL CASE FOR FIXING PROBLEMS:** If there are many patients, ask the patients who can get up and walk away to do so. This separates the low priority patients from the more serious ones.

**REMEMBER: YOUR SAFETY COMES FIRST!!! IF YOU GET HURT, THEN YOU ARE NOT HELPING THE PROBLEM AND YOU ARE MAKING IT WORSE!!!**

## Calling the Ambulance: Shout for help, you should also call:

For any emergency, cell phone only:	<b>112</b>
For the ambulance:	<b>10177</b>
For the police:	<b>10111</b>

## CIRCULATION, AIRWAY and BREATHING(CAB)

The three **most important** bodily functions that keep humans alive are the **CAB's**:

### Circulation, Airway and Breathing!!!

**EVERYTHING YOU WILL LEARN TODAY CIRCLES AROUND THESE THREE THINGS!!!**

**YOUR #1 PRIORITY IS TO HELP A PERSON'S AIRWAY, BREATHING AND CIRCULATION!!!!**

	Good 😊	Bad ☹️
<b>Circulation</b>	Not bleeding, heart pumping normally	Bleeding, heart beating too fast/slow or not at all
<b>Airway</b>	Throat + mouth/nose are open and clear	Throat or mouth/nose are blocked or kinked
<b>Breathing</b>	Regular, deep breaths. Not struggling	Too slow/fast or not at all, coughing or wheezing

**\*When a patient has more than one problem, treat airway first, then breathing, then circulation\***

# Lesson 2: Unconscious Patients

## Patients in Shock: Very serious!

The symptoms of shock include confusion and nervousness; pale, sweaty and cool skin; and nail beds that stay white for a while when pressed. Shock can be caused by either heavy blood loss or extreme emotional stress, and can lead to unconsciousness and organ death due to the lack of blood.

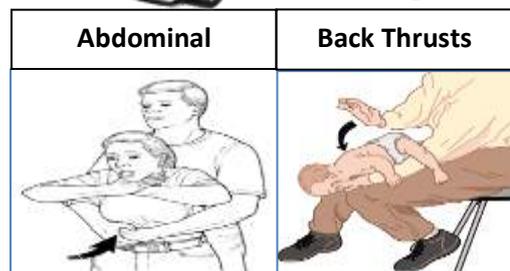
When you see a patient in shock, place him or her in the Recovery Position (lying on side with head to the side):

Recovery Position



## Choking

- **Conscious and can breathe:** encourage coughing
- **Conscious and cannot breathe (silent):** abdominal thrusts (adults), back thrusts (baby)
- **Unconscious:** CPR OR Recovery Position



## Unconscious Patients: CPR and the Recovery Position

Always make sure if the patient really is unconscious. If the patient doesn't respond and is unconscious, there is a medical emergency. In this case, the first steps are always **HHHCAB**

After **HHH**, follow these steps:

1. Check the patient's breathing.
  - Look for chest movement or movement of the patient



**Decide if the patient's breathing is NORMAL or NOT NORMAL**

Breathing is **NOT NORMAL** or **ABSENT**

**START CHEST COMPRESSIONS**

**PUSH HARD AND FAST IN THE CENTRE OF THE CHEST.**

- **Men:** at the nipples
- **Women:** between breasts above bra line

**TRY TO MAINTAIN A CHEST COMPRESSION RATE OF 100 PER MINUTE AND CONTINUE TILL THE AMBULANCE ARRIVES.**



If your patient is breathing normally, put the patient in the **Recovery Position** (on his or her side with the head facing sideways). This prevents the patient from choking on his or her own vomit. Keep checking the patient's breathing.

# Lesson 3: Violent Injuries

## Spinal Management

When a patient suffers a major general injury or a specific injury to the head or neck, it is important to keep the neck from moving. Major general injuries include a fall from a tree or building, car accidents, or general head and neck pain. Splint the neck to keep it from moving; you can use your hands to hold the head still or even use the patient's arms.



**KEEP THE NECK SPLINTED AT ALL TIMES UNTIL THE AMBULANCE ARRIVES. NEVER LET IT MOVE!!!!**

## Bleeding Control by:

### -- Direct Pressure --

This is the most effective method to control bleeding



## Bandaging

### **Burn Wounds:**

**White and Red burns:** Run under cold water. Bandage with cool, moist bandages. **DO NOT APPLY OINTMENT, BUTTER OR TOOTHPASTE.**

White burns with blisters. Treat the same as red burns. Do not break the blisters

**Black burns:** Use DRY bandages or clingwrap. **DO NOT APPLY OINTMENT, BUTTER OR TOOTHPASTE.**

### **Bloody Wounds:**

**Arms, Legs and Head:** Bandage normally with cloth or gauze. For an injured eye, bandage **both** eyes.

**Chest:** bandage wound with a THREE-SIDED seal to protect the lungs.

**Abdomen:** If organs are still inside the body, treat as normal bleeding and bandage normally. If the organs are outside the body, cover organs with a MOIST bandage. **DO NOT TRY TO PUSH THE ORGANS BACK INTO THE BODY!!!**

**Impaled Objects:** Do not remove impaled objects. Use a doughnut bandage to stabilize the object.

**Amputations:** Apply a tourniquet. Tighten tourniquet with a pen or stick. Keep severed body part.

## Splinting

**Do not pull or straighten the bone, splint the body part as you find it.** Splinting is done to prevent further movement and damage to the broken area. Splinting can be done with any firm material (wood, newspapers, wires, pillows, other body parts, etc.). Put the splint on the limb and tie it with bandages. **If the patient is bleeding, stop the bleeding and bandage the wound BEFORE splinting** (Bleeding is part of Circulation, CAB's!). If you can, splint the joints above and below the bone.



# Lesson 4: Medical Illnesses

## Fits, Drug and Alcohol Overdose, and Psychosis



**Drunk or drugged patients can be dangerous! Your safety comes first! If you do not feel safe or if the patient is holding a weapon then do not get involved! Call the police if the patient is violent.**

If a patient is safe and conscious, it is best to not anger the patient and to keep them calm. If they want to vomit, let them vomit. **If they are having a fit/seizure, DO NOT physically restrain them and DO NOT open or put anything in the mouth (NO SPOONS)—just wait for the fit/seizure to stop.**

Once the patient becomes unconscious, if they are breathing **put them in the Recovery Position** so they don't choke on their own vomit. If they are not breathing then begin CPR.



## Diabetes

If a patient is a known diabetic and is acting strange or confused, place something sugary to eat or drink in front of the patient and ask him or her to eat/drink it. Never feed it to the patient yourself because they may choke. Smearing jam under the tongue also works.



## Dehydration

Patients, especially infants, who have been vomiting or have diarrhea are at high risk of dehydration. Treat them by giving them a drink made by mixing 1 liter of water with 8 teaspoons of sugar and 1 teaspoon of salt. **(1-8-1 and it's done!)**

## Heart Attacks and Chest Pain

If a patient has chest pain, you can allow patient to take own Aspirin/Disprin.  
NB: Take into account any allergies the patient may have. The patient may also have left arm pain, nausea or short breath.

**Call an ambulance or get the patient to a hospital AS SOON AS POSSIBLE!**



## Stroke

Patients often slur their speech, act strange, or have half their face/body go limp.

**Call an ambulance or get the patient to a hospital AS SOON AS POSSIBLE!**



## Wheezing, and Abdominal Pain

**Call an ambulance or get the patient to a hospital AS SOON AS POSSIBLE!** In all cases, transport the patient in their most comfortable position. If the patient is asthmatic they can use their own inhaler.