



# Emergency First Aid & CPR Course



## Course Presentation

## Welcome

Canadian Group Emergency Training Inc



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# Electronic Devices in class

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Respect for your fellow colleagues, your instructor, and the educational process, all technology devices (cell / smart phones, laptops, tablets) must be powered down or at least on mute mode unless you are using the devices to download class notes or the First Aid APP.

If you feel you have an emergency situation that requires your phone please use your device outside the classroom.



# Notice on Care Procedures

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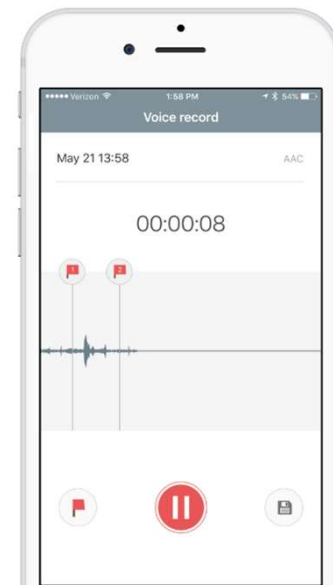
- Any procedures described in this slide presentation should be applied by persons who have received formal training.
- *Any discrepancy or variance of this presentation, please refer to “**Basic Emergency Care Manual - 13<sup>th</sup> edition**” published by the Canadian Group Emergency Training Inc.*
- Every effort has been taken to ensure the accuracy of the information presented and also to describe generally accepted basic emergency care. However, the author of this presentation and external reviewers cannot be held responsible for any errors or omissions, or for any consequences that may arise from improper use of the information in this slide presentation.
- Finally, if you are participating in a CPR & AED course, you may be subjected to some physical activity. Therefore, it is important to understand that CPR is indeed hard work. If for any reason, your physician has recommended that you avoid strenuous activity or that your activity be limited in any way, please advise your instructor if you require any assistance or if there are any physical restrictions that may hinder your participation during the course.





# Recording Policy

The course may be voice recorded for *audit, training and quality assurances (Q/A) purposes* as per our privacy practices to comply with applicable Canadian Federal, provincial and territorial laws, including the *Personal Information Protection and Electronic Documents Act (PIPEDA)*.





# Classroom Safety

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- **Washrooms**
- **Emergency Exits**
- **Safety Equipment**
  - First Aid kit & AED
  - Fire extinguisher
- **Emergency Procedures**

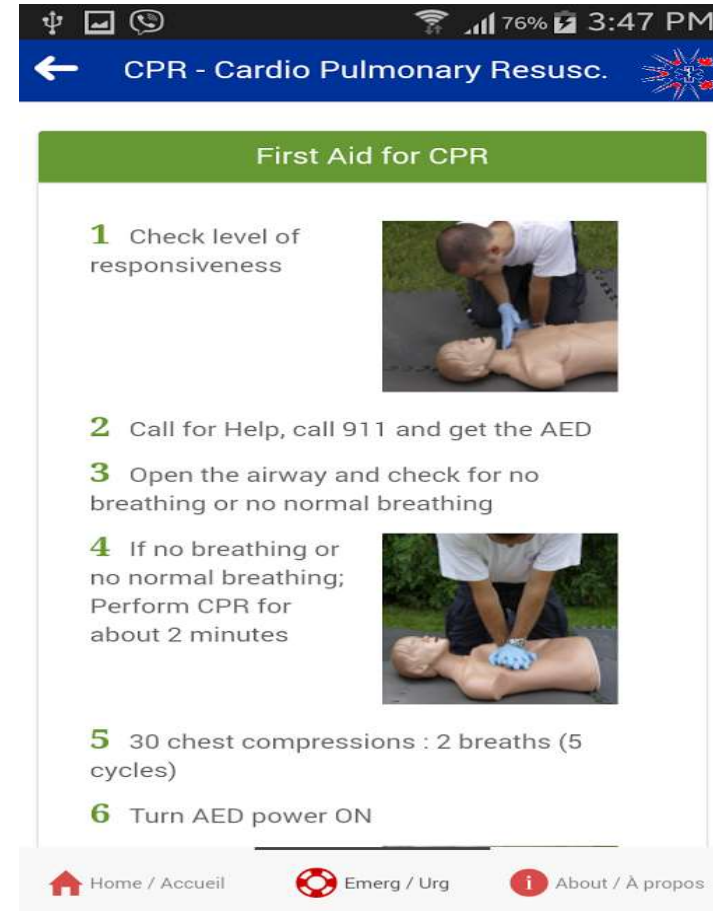
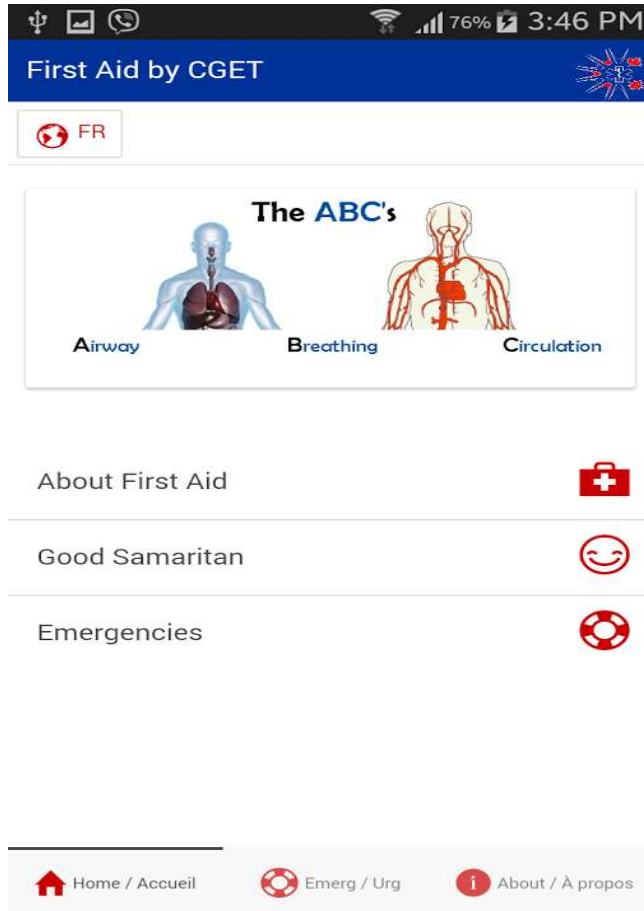
Follow directions from your instructor.





# Smart Phone & Tablet App

Name of the App: **First Aid by CGET**





# Accreditation

**Our programs meet standards and guidelines set by Provincial & Federal First Aid Regulations.**

**This course is recognized and approved by WSIB in accordance with the First Aid Regulations 1101.**







# Course Schedule

- Introduction, safety & schedule
- Definition of First Aid
- Principles of a Good Samaritan
- Communicable Diseases
- Emergency Scene Management
- Casualty Management & The ABC's
- Airway Obstruction
- Heart Attacks & Strokes
- Adult CPR
- Child/infant CPR
- AED-Defibrillation
- Wounds & Bleedings
- Burns
- Medical Conditions
- Orientation to First Aid Kits
- Written Exam & Course Evaluation





# What is First Aid ?

First aid is the emergency care that is provided to an ill or injured person until EMS arrives on scene.

**The three objectives of first aid are to:**

- Preserve life
- Prevent further injury
- Promote recovery



Are You Ready?





# Definitions

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**What is First Aid ?** Emergency care and treatment to an injured or sick person before EMS is available.

**What is a First Aider ?** This person is the one most likely to have first aid training and is the primary person in charge of treatment. This person will also be the one who decides whether an ambulance should be called, and the one who will direct resources for first aid.

**What is Medical Help ?** The First Aider is calling 911 or 0 to get Medical assistance. Medical help is the assessment and treatment by a licensed physician or under medical supervision such as: a Physician Assistant, a registered nurse, a paramedic or a emergency medical responder.

**What is a Casualty ?** The casualty is an injured or ill person that needs immediate first aid & medical help.

**What is the recommended Casualty age for resuscitation ?**

Adult: 8 years of age +      Child: 1 to 8 years of age      Infant: newborn to 1 year old





# Definitions

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## History

The history of the incident can guide the rescuer to the casualty's potential injury or illness. The person's past and present medical history is helpful when assessing and treating the injured or ill person.

## First Aider and Bystander Safety

This person ensures crowd and bystander safety. The person can ensure that all access routes are set up and cleared in the event that they are needed. Also, they can carefully assess the scene for potential hazards.

## Mechanism of injury (MOI)

MOI can confirm the type of trauma that the casualty may have received during the impact.

## Signs & Symptoms

- A sign is a trauma, an injury or a medical condition that can be observed by the first aider on the casualty.
- A symptom is a condition that can be described only by the casualty and cannot be observed by the first aider.





# First Aid & the Law

Identify yourself, ask for permission, and offer to help.

Act in good faith. Use common sense.

- **Consent:** informed or implied (children over 14 yrs.)
- **Standard of Care:** means you are responsible to provide first aid within the scope of your training. You should act within the limits of your training, and to the best of your abilities
- **Right to refuse treatment:** means that an injured or ill person, who is of sound mind and judgement, clearly understands the consequences of not receiving treatment. Ensure refusal is informed.
- **Abandonment:** means to leave or to stop providing care before a person of equal or greater training assumes responsibility for that person.





# First Aider and the Law

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**In any event, any first aider who initiates First Aid should continue until:**

- The person's breathing and signs of circulation have been restored and;
- Care is transferred to another trained person who continues First Aid or;
- Care is transferred to EMS personnel or to a licensed physician or;
- The first aider is too exhausted to continue resuscitation or;
- The first aider life is in danger.





# First Aider and the Law

***Bill 20 2001 - An Act to protect persons from liability in respect of voluntary emergency medical or first aid services.***

## ***Protection from liability***

*“Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.” (1)*

Employers must ensure staff who are designated first aid providers in the workplace are accredited by a first aid training agency recognized by the Workplace Safety and Insurance Board (WSIB).

(1) reference: [www.e-law.gov.on.ca](http://www.e-law.gov.on.ca)





# First Aider and the Law

## Federal Legislation

- *“18.3.1 First-aid attendants voluntarily provide first-aid services in conjunction with their regular duties.*
- *18.3.2 An adequate number of qualified first-aid attendants shall be available to render first aid to employees during working hours as follows:*
- *(a) if there are 2 or more employees, at least 1 attendant per 50 employees shall be available at all times during each shift or working period at a given location;*
- *18.3.3 Employers shall ensure that first-aid attendants' certification are current. A list shall be maintained of the names, certification levels and statuses, and the locations of first-aid attendants.”(1).*

(1)Source: **NJC Occupational Health and Safety Directive Part XVIII - First Aid**

The text does not replace a complete Act, Legislation or Regulations.







# First Aider and the Law

## Policy on Legal Assistance and Indemnification

### 5.1 Objective

- *“The objectives of this policy are to: protect Crown servants from personal financial losses or expenses incurred while they were acting within the scope of their duties or in the course of their employment, and were not acting against the interests of the Crown; protect the Crown's interest and its potential or actual liability arising from the acts or omissions of its Crown servants; and ensure continued and effective public service to Canadians” (1).*

**6.1.5 “Three basic eligibility criteria:** *In considering Crown servants for legal assistance or indemnification, determining whether the Crown servant:*

- *acted in good faith;*
- *did not act against the interests of the Crown; and*
- *acted within the scope of their duties or course of employment with respect to the acts or omissions giving rise to the request.”(1)*

(1)Source: treasury Board of Canada

<http://www.tbs-sct.gc.ca/pol/doc-eng>.





# Communicable Diseases

HIV, AIDS, Hepatitis A, B, C, Tuberculosis, Meningitis and etc..

## Diseases enter four ways:

- Direct contact
- Indirect contact
- Airborne
- Vector-borne



## Safety - Personal Protective Equipment (PPE)

- Medical gloves
- Barrier device (pocket mask, one-way valve)
- Proper disposal of gloves/barrier device
- Washing hands
- Immunization





# Anti-Contamination Procedures

## CPR Mask use

- Using a one way valve barrier device or CPR mask and wearing medical gloves is recommended when performing rescue breathing.

## After CPR Mask use:

- Dispose of face shield after use, CPR mask should be decontaminated.
- It is not recommended to use a CPR pocket mask or face shield on multiple casualties unless decontamination procedures are performed.



## Gloves

When you remove your medical gloves after treating an injured person; You should do the following:

- Pinch the medical glove at the wrist area (outside surface).
- Pull the medical glove downward motion and remove it.
- Form the medical glove in a ball and hold it in the other hand.
- Then, insert your thumb under the inside rim of the other glove.
- Push the glove inside out and down.
- Throw out gloves after use in garbage.
- Always wash your hands after removing gloves.





# Safety First !

## Check for hazards such as:

- Fire
- Electrical wire
- Broken glass
- Chemical spills
- Traffic
- Violence



## Why is Safety important for the First Aider ?

- ✓ Is it safe to approach the injured person ?
- ✓ Are there any hazards ?
- ✓ Does the first aider need any help ?
- ✓ History of the incident ?
- ✓ Signs and symptoms of the casualty?
- ✓ Number of casualties ?
- ✓ Treatment priorities ?
- ✓ Bystanders ?
- ✓ Mechanism of injury ?





# Emergency Scene Assessment

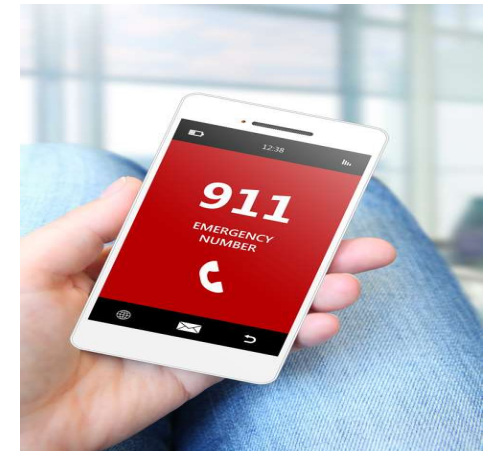
**Source of assistance in an emergency situation are:**

- Bystanders
- Emergency Medical Services (EMS)
- EMS Dispatch-assisted CPR
- Police and Fire Service
- Medical Help (physician, nurse and etc..)



**Source of technology in an emergency situation are:**

- Phone App for AED locations
- Phone App for First Aid & CPR skills



***What should the First Aider do ?***

***How do you call for help ?***



# Emergency Scene Management (ESM)

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## What is Emergency Scene Management ?

Emergency scene management provides the first aider a logical order to assess and treat an injured or ill person. ESM follows steps for any emergency situation.

### There is 4 ESM steps:

1. Scene Survey
2. Primary Survey
3. Secondary Survey
4. Ongoing Casualty Care





# Emergency Scene Management

## Scene Survey

- Take charge of the situation
- Call out for help
- Assess for hazards
- Safety first (First aider and others)
- History of the incident/accident (What happened?).
- Number of casualties & mechanism of injury.
- Identify yourself and ask permission
- Assess level of responsiveness
- Call 911

## Primary Survey

- Assess the ABC's
- Rapid body check, look for medical alert info and stop major bleeding
- Treat for shock

## Secondary Survey

- Head-to-toe assessment
- Check for the 3 "B"s : Bleeding , Burns & Bones
- Prioritize treatment & triage

## Ongoing Casualty Care

- Continue treatment
- Treat for shock & Monitor vital signs
- Ongoing casualty care until hand over to EMS



# ⊕ Casualty Management - Medical bracelet

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## Why check for a medical info bracelet or necklace ?

- In a first aid or emergency situation, the First Aiders should look for the MEDICAL bracelet, necklace, key chain or a tattoo on the forearm of the casualty and read the engraved information.
- Such information can include:  
medical conditions, allergies to medication, etc...
- First Aiders should call 911 and the medical bracelet provider who operates a 24hrs/7days a week emergency response centre who provides additional critical medical information.







# Casualty Management - Shock

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Shock is a condition that occurs as a result of inadequate circulation of oxygen throughout the body.

## **Types of shock**

- Hypovolemic shock
- Respiratory shock
- Septic shock
- Cardiogenic shock
- Psychogenic shock
- Anaphylaxis shock
- Neurogenic shock

## **Major Causes of Shock**

- Loss of blood
- Respiratory distress
- Trauma
- Medical illness





# Casualty Management - Shock

## Signs & Symptoms

- Pale, cool and clammy skin that changes to a bluish-grey color
- Sweating
- Bluish lips and finger nails
- Shallow and rapid breathing(may gasp for air as shock progresses)
- Very rapid and weak pulse
- Restlessness
- Confusion and disorientation
- Anxiousness and fear
- Dizziness
- Dry mouth and thirst
- Fatigue
- Nausea





# Casualty Management - Fainting

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This happens when the brain is deprived from oxygen over a short period of time. This should be treated in the same manner as shock.

## Causes of fainting

- ✓ Fatigue with low blood sugar
- ✓ Low blood pressure
- ✓ Bleeding
- ✓ Medical conditions: diabetes, epilepsy, etc..
- ✓ Emotional shock
- ✓ Respiratory distress
- ✓ Standing or sitting for a long time



# Casualty Management - Feels Faint

## Signs and symptoms of an impending faint

- Very sweaty skin
- Nausea ( feeling very sick)
- Fast, deep breathing
- Confusion
- Feeling lightheaded
- Blurred vision or seeing spots in front of the eyes
- Ringing in the ears



## First Aid for person who feels faint ( call for help & call 911 (if required))

1. Immediately sit the casualty in a position which is the most comfortable for them or place the casualty in the recovery position.
2. Assess level of responsiveness.
  - What is your name?
  - Where are we?
  - What happened?
  - What were you doing before you felt faint?
  - How do you feel?





# First Aid for Shock & Fainting

- Check for hazards and responsiveness
- Call 911.
- Check the ABC's
- Rapid body check and stop major bleeding
- Treat for the shock.
- Rest and reassure the injured person.
- Cover the person and keep them warm.
- If the person is unresponsive, place them in the recovery position.



# Casualty Management: Level of Unresponsiveness

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Unresponsiveness is defined as a state of unawareness or an inability to respond as a result of reduced brain stem activity.

## **Signs & Symptoms**

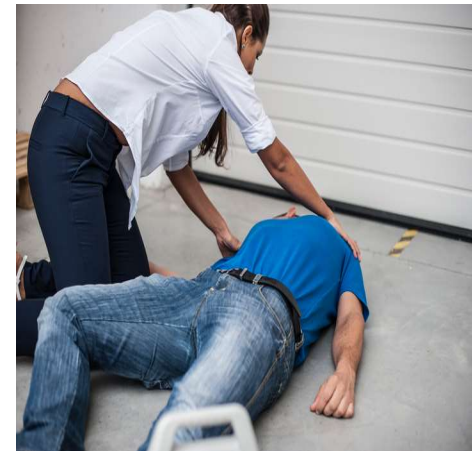
- Pale, cool and clammy skin that changes to a bluish-grey color
- Sweating
- Bluish lips and finger nails
- Shallow and rapid breathing (may gasp for air as shock progresses)
- Inability to respond
- Unconscious
- No or limited pain stimuli response



# Casualty Management - First Aid for Unresponsive

- Check for hazards and responsiveness.
- Call 911.
- Check the ABC's.
- Rapid body check and stop major bleeding.
- Place casualty in the recovery position.
- Rest and reassure the injured person.
- Cover the person and keep them warm.
- Continue monitoring vital signs.

\* Look for medical bracelet/necklace information.



# Casualty Management - Casualty positioning

1. Recovery position
2. Semi-sitting position
3. Prone position
4. Position found

If casualty is unconscious and not breathing or respiratory distress, position casualty face up by minimizing neck movement. Open the airway and check breathing, follow the ABC's procedures.

**\*The recovery position can be use for both conscious and unconscious persons.**







# Casualty Management- Recovery Positions

## Place in recovery position if...

- Unconscious casualty is breathing and injuries are not suspected.
- Breathing is noisy (gurgling sounds).
- Casualty starts to vomit.
- Casualty is bleeding from the mouth.
- You must leave the casualty to call 911 or get help.





# Respiratory System

The respiratory system consist of many components, including the upper airway and the lower airway.

## Upper airway consists of :

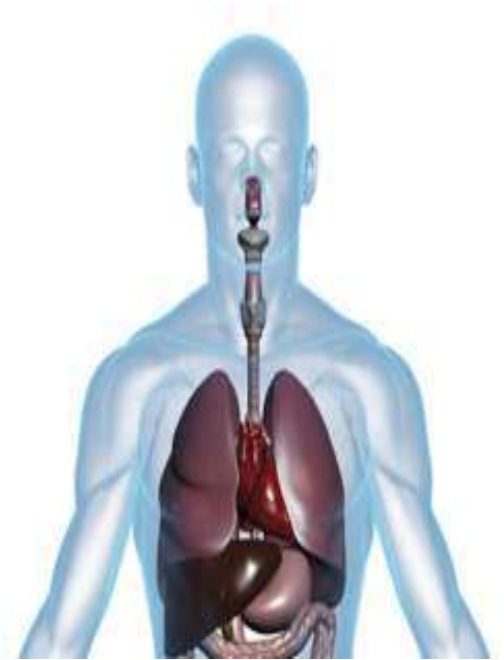
nose, the mouth, the larynx, and the trachea.

## Lower airway consists of :

bronchi, the bronchioles , the lungs and the alveoli (microscopic air sacs which transfer oxygen & carbon dioxide).

## Did you know ?

- The air we breathe contains about 21% oxygen.
- The air we exhale contains unused oxygen 16%.





# Causes of choking

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## Foreign objects

- Infants & Children: food, toys, buttons, coins, etc.
- Adults: food, liquids, etc.

## Unconscious Casualty

- Tongue falls to the back of the throat.
- Saliva, blood, or vomit pools in the throat.

## Injury or illness

- Injury to the throat area causes swelling of the airway.
- Illness causes swelling (allergic reaction & severe asthma attack)





# Choking

## Good Air Exchange

- Mild obstruction

The person will be able to **speak, breathe and cough.**



## Poor Air Exchange

- Severe obstruction

The person will have **extreme difficulty speaking, breathing and coughing.**



## No Air Exchange

- Completely blocked

The person is **not able to speak, or breath.**





# Choking Rescue Techniques

## 1. Ask “Are you choking?”

Call for help!

Get someone to call 911 !



## 2. Clear the obstruction

Give five back blows &  
five abdominal thrusts



### Signs & Symptoms of choking

- Visibly distressed
- Suddenly unable to speak
- Unable to cough
- Unable to breathe
- Wheezing or gasping
- Casualty may grasp their throat which is the universal sign for choking





# Choking Rescue Techniques



**Give 5 Back Blows  
then 5 Chest Thrusts for  
pregnant or corpulent  
casualty**



**Give Seated Chest Thrusts**



**Self-Administer Thrusts**

Always have the door open for EMS and call 911.





# Airway Obstructions Rescue

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## If a choking casualty becomes unresponsive

- Call for help, have someone call 911.

For an adult casualty, if no one is available, call 911.

- Start the steps of CPR
- Give chest compressions
- Open the airway
- Look in the mouth (sweep only if you see an object in the mouth)
- Give 2 breaths and continue CPR
- Continue the steps of CPR until someone brings an AED or EMS arrives on site

\*Place a wedge under the pregnant casualty's right hip.

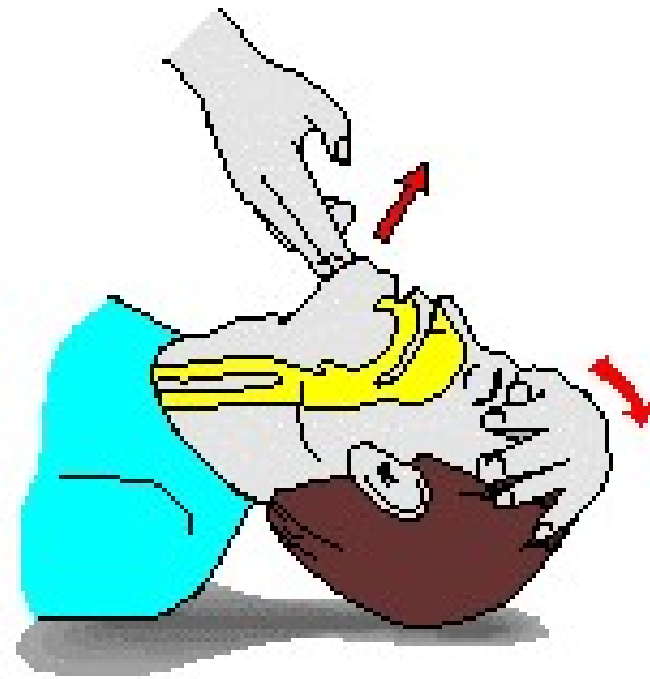




# The ABC's



closed airway



**Head-tilt-chin-lift**

open airway

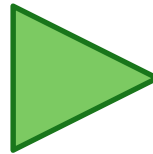






# Adult Choking Rescue Video

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Click to start





# Infant/Child Airway Obstruction

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## Common causes of breathing emergencies in infant & children

- Croup (Children age 4 and younger are most at risk)
- Asthma
- Whooping cough (infectious disease causes bouts of coughing followed by a deep inhalation with a high-pitched whooping sound)
- Choking
- Allergic reaction
- Smoke inhalation
- Strangulation
- Near drowning





# Infant/Child Airway Obstruction

**Safety measures to prevent breathing emergencies in infant and children**

- ✓ Avoid blind cords
- ✓ Remove small objects away from the reach of an infant or a child
- ✓ Do not leave an infant or a child unattended near a pool or a bathtub
- ✓ Do not leave an infant or a child unattended at or near a playground





# Infant/Child Airway Obstruction

## Child with an Airway Blockage Signs and Symptoms

- Respiratory distress
- Weak cough
- Weak cry
- Panic
- Respiratory distress
- Bluish lips & bluish skin
- High-pitched noisy breathing
- May demonstrate the choking sign



# Infant/Child Airway Obstruction Rescue

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Call for help and get someone to call 911 !

Give 5 back blows



Give 5 chest thrusts



Repeat the 5 back blows and 5 chest thrusts  
until the obstruction is cleared or infant goes unconscious.

Always have the door open and accessible for EMS.





# Infant Airway Obstruction Rescue

## If a choking infant becomes unresponsive

- Call for help and get someone to call 911
- If no one is available to call, start the steps of CPR for 2 minutes then call 911.
  - 30 compressions
  - Open the airway
  - Look for obstruction
  - Give to 2 breaths
  - If the first breath does not go in, re-tilt the head and attempt second breath.
- Continue CPR until EMS is on scene.





# Child Airway Obstruction Rescue

## If a choking child becomes unresponsive

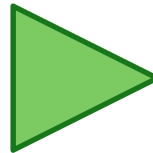
- Call for help and get someone to call 911
- If no one is available to call, start the steps of CPR for 2 minutes then call 911.
- 30 compressions
- Open the airway
- Look for obstruction
- Give to 2 breaths
- If the first breath does not go in, re-tilt the head and attempt second breath.
- Continue CPR until EMS is on scene.





# Infant/Child Choking Rescue Video

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Click to start







# Cardiovascular System

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**This complex system consists of :**

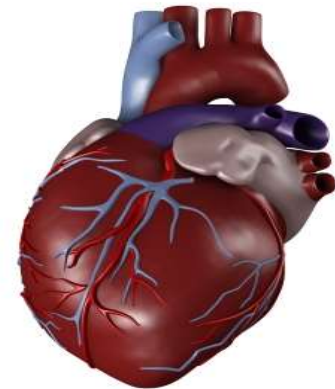
the heart, the blood vessels and the blood.

Circulation is the process of distributing blood to all cells and tissues of the body. The heart is a hollow, muscular organ with four chambers. It is located in the centre of the chest, between the lungs and sits on top of the diaphragm.

**Did you know ?**

The heart weighs about 250 to 300 grams.

The human body contains about 5 litres of blood.

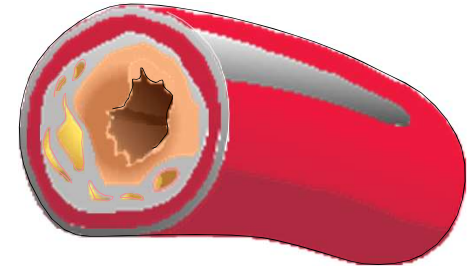




# Cardiovascular Diseases

**Progressive narrowing of blood vessels because of deposits.**

- Hypertension
- Cholesterol
- Stress
- Sugar



## **What are the Main Causes of Cardiac Arrhythmias?**

- Heart attacks (Myocardial Infarctions)
- Strokes
- A generalized lack of oxygen
- Heart failure from water retention
- Pneumonia
- Pulmonary Embolism
- Chronic heart failure, etc...





# Angina & Heart Attack

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## **Angina Attack (angina pectoris)**

Angina is a progressive narrowing of the heart's arteries (blood flow is reduced).



## **Heart Attack (Myocardial Infarction - MI)**

When the delivery of oxygen to the heart muscle is decreased over a long period of time, the damage to the heart muscle often becomes irreversible. The affected heart muscle cells eventually dies.





# Angina & Heart Attack

## General Signs & Symptoms

- **Tightness or squeezing sensation in the chest behind the breastbone:**
- **Crushing, vice-like pressure in the chest**
- **Sore, aching jaw or arm**
- Nausea, heartburn and indigestion
- Denial
- Fear and anxiety
- Pale, cool and sweaty skin
- General feeling of fatigue and weakness
- Shortness of breath
- Fainting



## Signs & Symptoms can be different for women

- **Swelling of the feet, ankles, and lower legs**
- **Pain in the lower jaw**
- **Pain or discomfort in the back, usually along the bra line**
- Clammy skin
- Sudden weakness, fatigue, or dizziness
- Very fast pulse
- Anxiety
- Stomach or abdominal pain
- Nausea and vomiting



*43% of female patient may not have chest pain.*



# First Aid for Angina & Heart Attack

- Assess level of responsiveness
- Call 911
- Assess the ABC's
- Ask the person to sit in a comfortable position
- Assist the person in taking his or her medication such as two chewable 81mg ASA (aspirin) and nitroglycerin medication (1)
- Treat for shock & ongoing care until EMS arrives on scene

## Six Rights to assist with medications:

Right patient, Right drug, Right dose, Right time, Right route, Right documentation.

## Ask the following questions?

Where is the pain located ? Severity of the pain (1 to 10) ?

Last meal (indigestion) ? Past medical history ?



### (1) Warning

1. Do not give ASA (acetylsalicylic acid), to a person with the following conditions: allergy to aspirin, asthma, ulcers, bleeding disorder, head injury and CVA.  
May chew 1 adult (325mg) or 2 low-dose aspirin while waiting for EMS assistance to arrive.
2. Do not give nitroglycerin to a person who has taken erectile dysfunction medication within the last 48hrs.

**Follow medical directions from a Health Care Professional on the use of ASA & Nitroglycerin.**





# Stroke / TIA

## Stroke

Part of the brain is not getting enough blood & oxygen to function properly.

## TIA (transient ischemic attack)

Part of the brain is not getting enough blood & oxygen temporarily to function properly.

## Signs & Symptoms

- Paralysis of facial muscles on one side
- Facial drooping & drooling
- Slurred speech, difficulty swallowing
- Numbness, weakness and tingling sensation in the arms or hands (mostly on one side)
- Nausea & indigestion
- Dizziness & lack of coordination
- Fear and anxiety
- Pale, cool and sweaty skin
- Decreasing level of consciousness
- Massive headache
- Blurred vision & unequal pupil size





# Stroke

## FAST check

- **F**acial droop – one side of face
- **A**rm drift – movement different in one arm
- **S**peech – impairment
- **T**ime – get help immediately





# First Aid for Stroke

- Assess level of responsiveness
- Call 911
- Assess the ABC's
- Ask the person to lay or sit in a comfortable position.
- Ask the person to smile and to squeeze both your hands.
- Also ask them to touch their nose with one finger of each hand, one at a time to assess for lack of coordination.
- Treat for shock & ongoing care until EMS arrives on scene.



## **Six Rights to assist with medications:**

Right patient, Right drug, Right dose, Right time, Right route, Right documentation.

## **Warning**

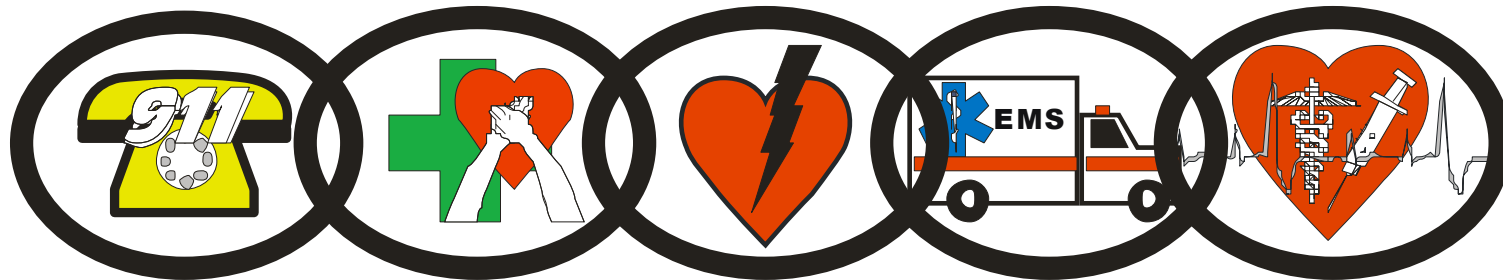
Do not give ASA (aspirin) since this may increase the chance of bleeding & follow directions of the medical doctor.







# Chain of Survival®



The links in the “chain” establish critical steps that can give a person the greatest chance of survival from the time of the injury or event to the treatment received on the way to the hospital.

- ❖ **Activation of EMS**
- ❖ **Early CPR**
- ❖ **Rapid defibrillation**
- ❖ **Effective Advanced Life Support**
- ❖ **Hospital (Integrated Post Cardiac Arrest Care)**

The Chain of Survival® is a registered trademark of the Heart and Stroke Foundation of Canada.



# CPR – Cardio Pulmonary Resuscitation

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## Signs of Cardiac Arrest

- Unconscious (unresponsive)
- Pupils are fixed & dilated
- No breathing or agonal breathing(1)
- No pulse(2)
- No signs of circulation

(1) Abnormal breathing. (2) Pulse check performed by HCP or EMS only.

## Potential Brain & Vital Organs Damage

(if CPR is not performed within 4 minutes of cardiac arrest)

- 4 minutes: potential brain & organ damage
- 6 to 10 minutes: brain & organ damage likely
- 10 minutes+ : permanent brain and organ damage



# CPR – Cardio Pulmonary Resuscitation

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## Why Push Hard & Push Fast ?

- ✓ Deeper compressions increase blood flow to the brain and vital organs such as the heart, lungs, kidneys and liver.
- ✓ Decreases the risk of blood coagulation (clotting).
- ✓ Extend heart fibrillation.

*Interruptions in chest compressions should be minimized.*





# Notice on Care Procedures - CPR

## Student Safety !

You may be subjected to some physical activity.

Therefore, it is important to understand that CPR is indeed hard work.

If for any reason, your physician has recommended that you avoid strenuous activity or that your activity be limited in any way, please advise your instructor if you require any assistance or if there are any physical restrictions that may hinder your participation during the course.





# Adult CPR

- Survey the area & safety check
- Determine unresponsiveness
- Call for help and call 911
- Open the airway & check for breathing
- Visual landmark for chest compressions
- Begin 30 compressions
- Open the Airway and give 2 breaths
- 30 :2 x 5 cycles
- Assess Breathing
- Continue until EMS arrives on scene

**If not breathing:** repeat CPR until a rescuer brings an AED or EMS arrives.

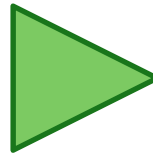
**If breathing:** place the casualty in the recovery position and monitor vital signs until EMS arrives.





# Adult CPR Video

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Click to start





# CPR/AED

## What is defibrillation ?

Defibrillation is the process by which a controlled electrical current is delivered by means of conductive pads which are applied to the exterior of the casualty's chest.

This brief but powerful electrical current passes through the heart muscle and interrupts the arrhythmia, with an objective of reversing the state of fibrillation.

This restores the heart's normal synchronized electrical activity and a proper heart beat, blood flow and blood pressure.

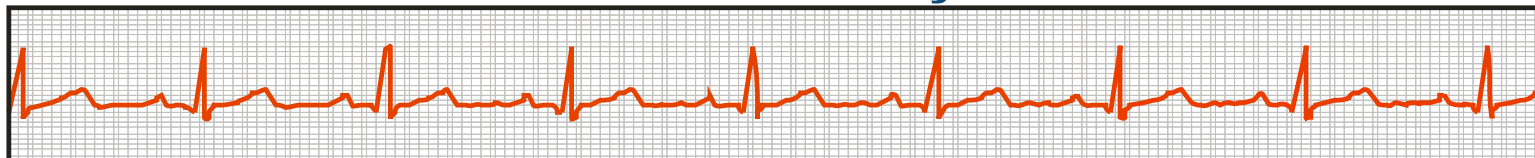




# CPR/AED

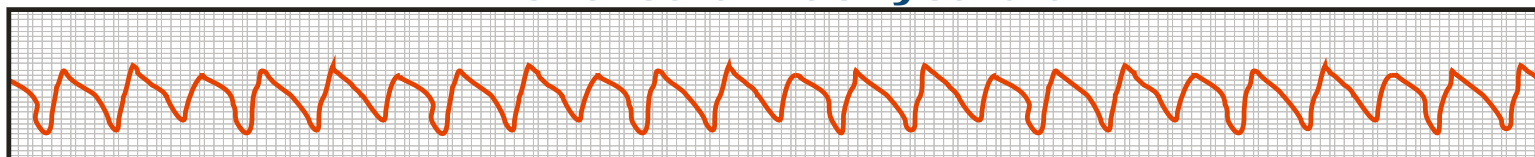
- ✓ **Normal Sinus Rhythm (NSR)** : Normal heart beat conduction
- ✓ **Ventricular Fibrillation (VF)** : Heart quivers, not able to pump blood and no pulse
- ✓ **Ventricular Tachycardia (VT)** : Very fast heart rate (190/min +)
- ✓ **Asystole -Ventricular Standstill** : No electrical activity and “Flat line” on an ECG

## Normal Sinus Rhythm



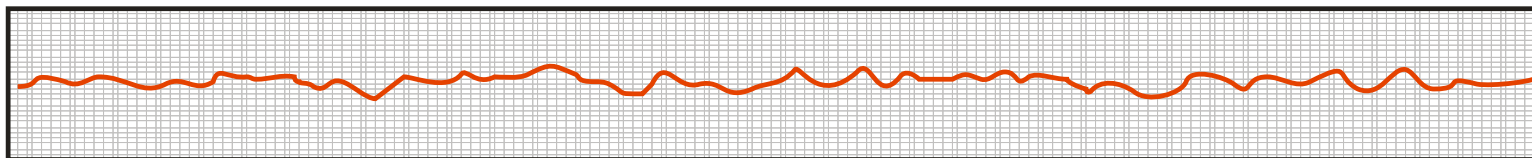
Electrocardiogram : Normal Heart Beat Conduction

## Ventricular Tachycardia



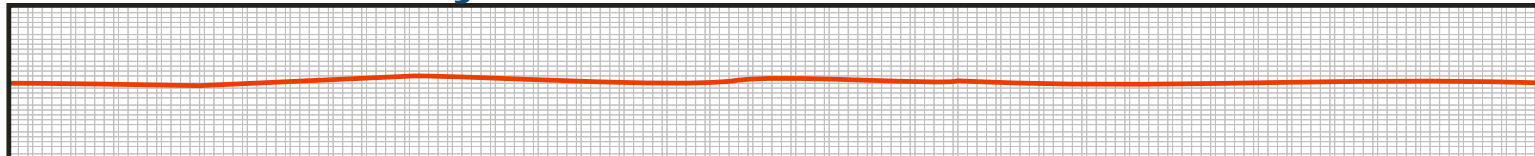
Electrocardiogram : Abnormal Heart Beat Conduction

## Ventricular Fibrillation



Electrocardiogram : Abnormal Heart Beat Conduction

## Asystole - Ventricular Standstill



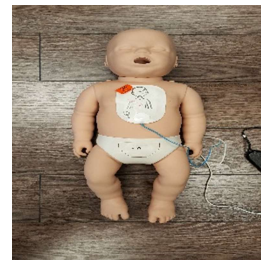
Electrocardiogram : No Heart Beat Conduction





# CPR/AED: If the AED indicates that shock is advised

- Make sure the scene is safe
- Check for level of responsiveness
- Call for help and activate 911, get an AED
- Check for breathing or agonal breathing
- Perform CPR = 30 compressions x 2 breaths: 5 cycles
- Turn on AED unit
- Follow verbal instructions
- Place the pads on the casualty bare chest  
(if needed, shave and dry off the chest area)
- Analyze mode (do not touch the casualty)
- Shock mode (do not touch the casualty)
- Make sure everyone including the rescuer is clear from  
the casualty before giving a shock
- Press the flashing shock button
- Follow AED verbal instructions to continue CPR
- Analyze again, shock advised
- Follow AED verbal instructions



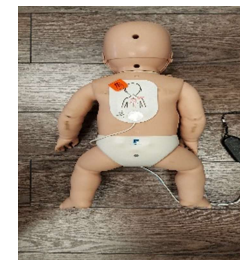
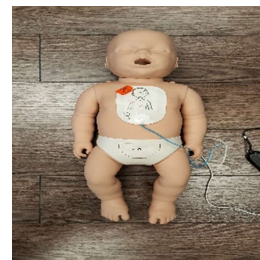


# CPR/AED – no shock is advised

- Make sure the scene is safe
- Check for level of responsiveness
- Call for help and activate 911, get an AED
- Check for breathing or agonal breathing
- Perform CPR = 30 compressions x 2 breaths: 5 cycles
- Turn on AED unit
- Follow verbal instructions
- Place the pads on the casualty bare chest  
(if needed, shave and dry off the chest area)
- Analyze mode (do not touch the casualty)
- No Shock mode\*

**\*If the AED indicates that no shock is advised:**

- Continue CPR at 30:2 for five cycles and then reassess breathing & signs of circulation
- Continue CPR until EMS arrives.





# CPR/AED

**If AED indicated to assess the ABC's after the shock:**

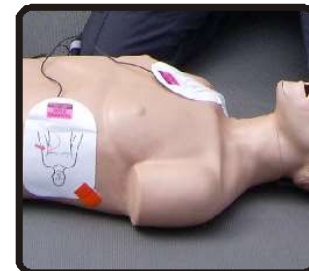
Then rescuer should check breathing.

Breathing : Yes, go to caring for a casualty.

Breathing : No, start rescue breathing.

**Caring for a casualty who has regained breathing/circulation after a shock has been delivered:**

- Proper airway management
- Supplemental oxygen (if available and trained)
- Appropriate airway clearance if vomit occurs
- Continued monitoring of vital signs
- Do not turn off the AED unit (Patient may re-arrest & EMS will turn off unit)
- Continue monitoring the vital signs until EMS arrives.





# CPR/AED

## BASIC SAFETY PROCEDURES

- Do not place the casualty on a conductive surface such as metal plates or water.
- Before shocking, the rescuer must ensure that no part of his body or of other rescuers and bystanders is touching the casualty.
- If the defibrillator malfunctions, continue CPR Protocols.
- If the electrode malfunctions, replace the pads immediately.



*For more information, please refer to the Basic Cardiac Resuscitation manual.*





# Child CPR

- Survey the area & safety check
- Determine unresponsiveness
- Call for help
- If you are all alone, start CPR
- Open the airway & check for breathing.
- Visual landmark for chest compressions
- Begin 30 compressions
- Open the Airway and give 2 breaths
- 30 :2 x 5 cycles
- Call 911 after 5 cycles of CPR
- Continue until EMS arrives on scene





# Infant CPR

- Survey the area & safety check
- Determine unresponsiveness
- Call for help
- If you are all alone, start CPR
- Open the airway & check for breathing.
- Visual landmark for chest compressions
- Begin 30 compressions
- Open the Airway and give 2 breaths
- 30 :2 x 5 cycles
- Call 911 after 5 cycles of CPR
- Continue until EMS arrives on scene



# Emergency Scene Management (ESM)

## Scene Survey

- Take charge of the situation
- Call out for help
- Assess for hazards
- Safety first (First aider and others)
- History of the incident/accident (What happened?)
- Number of casualties
- Identify yourself and ask permission
- Assess level of responsiveness
- Call 911

## Primary Survey

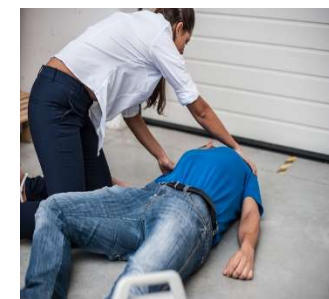
- Assess the ABC's
- Rapid body check, look for medical alert info and stop major bleeding
- Treat for shock

## Secondary Survey

- Head-to-toe assessment
- Check for the 3 "B"s : Bleeding - Burns - Bones
- Prioritize treatment & triage

## Ongoing Casualty Care

- Continue treatment
- Treat for shock & Monitor vital signs
- Ongoing casualty care until hand over to EMS





# Wounds and Bleeding

## **WOUNDS** are classified as:

- Contusions
- Punctures
- Incisions
- Lacerations
- Abrasions
- Avulsions



## **BLEEDING** is classified as:

- External or Internal
- Minor or Severe
- Venous or Arterial







# Signs & Symptoms

- Bleeding may be visible
- Pain, swelling and discoloration at the site
- Pale, cool and clammy skin
- Shallow and rapid breathing
- Rapid and weak pulse
- Restlessness
- Confusion and disorientation
- Anxiousness and fear
- Dizziness
- Dry mouth and thirst
- Fatigue & nausea





# Impaired Circulation

**The four common causes of impaired circulation are:**

1. Compartment syndrome
2. Crushing injury
3. Prolonged immobilisation
4. Deep vein thrombosis

## **Signs & Symptoms**

- Bruising
- Poor circulation
- Discoloration
- Numbness
- Weakness of the extremities
- Weak pulse
- Poor capillary refill





# First Aid for Impaired Circulation

- Reduce swelling (by applying an ice pack)
- Treat for shock
- Keep the person warm
- Have them rest in a comfortable position
- Seek medical attention

## First Aid for Internal Bleeding

### Ongoing Care

- Treat for shock
- Keep the person warm
- Have them rest in a comfortable position
- Seek medical attention



*If the internal bleeding is a minor bruise, put an ice pack with a cloth directly on the skin to reduce the swelling.*





# Internal Bleeding

## Signs & Symptoms

- Bruising
- Swelling
- Shock
- Boarding (bleeding into the stomach area; the quantity of blood combined with the tissues swelling result in a rigidity of the tissues.
- Pulsating masses (an area of the body that can be seen throbbing due to arterial blood pressure beneath the skin)

**Examples of internal bleeding ?**





# Wounds & Bleeding

## Cleaning a superficial wound procedure

- Rescuer must wear medical gloves
- Clean the wound with antiseptic swabs, other approved first aid cleaning agents or soap and water.
- When cleaning the wound wipe from the centre of the wound and outwards
- Apply antibiotic ointment(1)
- Use sterile bandages
- Treat for shock (if needed)
- Antibiotic prophylaxis to casualty deep wounds may be required (provided by a physician only)



(1) Apply if there no allergies, skin sensitivities and after checking the 6 Rights to medication.





# First Aid for Wounds and Bleeding

- Direct Pressure:** Apply direct pressure to stop the bleeding.
- Rest:** Keep the injured person at rest to reduce the amount of circulating blood at the site.
- Reassure:** Reassure the injured person and treat for shock.

Bandaging with sterile gauze





# Bleeding – use of slings

Slings: A triangular bandage or commercial product looped and tied around the neck to support an injured arm, shoulder hand or wrist)

- Arm sling
- Tubular sling
- Wrist sling

You can also use a belt, tie, scarf, etc....

**Practice session required !**





# First Aid for Imbedded Objects

- ❑ **Call 911**
- ❑ Expose the area to properly visualize the site.
- ❑ Gently place clean dressings around the object.
- ❑ Wrap gauze roll dressings around the object.
- ❑ Secure the dressings with tape or another conforming bandage.
- ❑ Stabilize the object
- ❑ Seek medical attention.







# First Aid for Amputations

## Call 911

- Apply direct pressure to stop the bleeding.
- Applying dressings and pressure bandage to the wound.
- Keep the injured person at rest to reduce the amount of circulating blood at the site.
- Reassure the injured person.

## Care for the amputated part

- Wrap the amputated part in a clean, moist dressing.
- Place the amputated part in a clean plastic bag & seal it.
- Place the plastic bag in a cool container.
- Indicate the body part on the bag.
- Indicate casualty's name, time and date on the bag.
- Provide the packed amputated part to EMS.

## Tourniquets

Use only in a delayed care situation to control extreme hemorrhage if direct pressure is not successful or possible.



# First Aid for Nose Bleed & Knocked-Out Teeth

## Nose Bleed

- Have the person sit with the head slightly forward.
- Pinch the nose to control and stop the bleeding and place an icepack on the nose.
- Place a small gauze or pad under the nostrils to absorb any dripping blood.



## Knocked-Out or Broken Teeth

- Stop the bleeding
- Pick up the tooth and rinse off with water
- Put the tooth in a sealed plastic bag or container filled with milk, water or saline solution
- If milk, water or saline solution is not available, the tooth can be stored in a bag with the person's saliva (not in the mouth)
- Label the bag or container with the injured person's name, date and time.
- Seek medical attention (dentist or Emergency Room)



# First Aid for Mouth & Facial Injuries

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- Check for hazards & safety
- Check level of responsiveness
- Call 911 & call for help
- Assess the ABC's
- Control any visible bleeding
- Treat for shock



## **Specific Treatment**

Mouth, face, ear and scalp

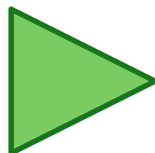
**The rescuer must take great care to protect the airway and stop bleeding.**





# Bleeding Treatment Video

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Click to start  
Video





# Abdominal Injuries

Abdominal pain from illness or injury is one of the most common complaints made by casualties, but it remains one of the most difficult types of pain to assess.

## 2 potential complications:

1. Infection
2. Internal bleeding



**Open abdominal wound:** A wound that exposes or penetrates the abdominal wall.

**Closed abdominal wound:** A wound that has not been penetrated from the exterior but has a risk of internal injuries.





# First Aid for Abdominal Injuries

- Check for hazards.
- Assess level of responsiveness.
- Call 911.
- Assess the ABC's.
- Place the person in a comfortable position with the knees raised if it reduces the pain.
- Be prepared to treat for shock from internal bleeding.
- Elevate the lower extremities slightly and keep the person warm.





# First Aid for Abdominal Wounds

## IF THE PERSON HAS AN OPEN WOUND

- Check for hazards & assess level of responsiveness
- Call 911
- Assess the ABC's
- Dress the wound with clean dry absorbent dressings
- Place the person in a comfortable position with the knees raised if it reduces the pain
- Be prepared to treat for shock from internal bleeding



## IF THE PERSON HAS AN OPEN WOUND WITH PROTRUDING ORGANS

- Check for hazard & assess level of responsiveness
- Call 911
- Assess the ABC's
- Dress the wound with clean moist dressings on the organs
- Place the person in a comfortable position with the knees raised if it reduces the pain
- Be prepared to treat for shock from internal bleeding





# First Aid for Bites & Stings

- Check for hazards and safety
- Assess level of responsiveness
- Call 911
- Assess the ABC's
- Apply an antiseptic lotion
- Dry the wound and cover it with a sterile dressing
- Direct pressure on the wound (if bleeding)
- Treat for shock







# First Aid for Bites & Stings

**Scene Survey, Primary Survey, Call 911**

## **Insect Bites**

- Give the person's antihistamine (if available)\*
- Use ice to stop swelling



## **Animal Bites**

- Wash site with antiseptic soap

## **Leeches & Ticks**

- Use tweezers to withdraw tick
- Use salt to remove most leeches



## **Snake Bites**

Use anti-venom kits (if available)

## **Jellyfish Stings**

- To prevent further nematocyst discharge and pain relief, the rescuer should use vinegar to neutralize the nematocyst and immerse in hot water for 20 minutes. Seek medical attention.

\* follow protocol for allergies.





# Burns Safety

## Safety Measure to prevent burns

- Make sure to turn off cooking appliances.
- Take precaution when handling hot liquid.
- Avoid intense radiation heat sources (radiator).
- Avoid prolonged exposure to the sun.
- Do not put water on a grease fire.
- Keep matches away from children.
- Wash your hands after handling a chemical.
- Keep electrical appliances away from water.





# Burns Injuries

## Common causes of burns

1. Sun exposure
2. Fire
3. Hot liquid
4. Chemical
5. Lightning strike
6. Cooking on the stove



## Factor affecting burn severity

1. Depth of burn
2. Percentage of body burned
3. Type of burn
4. Location of the burn





# Burns Injuries

## Complications from a burn

1. Epidermis & dermis damage
2. Infection
3. Nerve damage
4. Soft tissue and muscle damage
5. Scars

## Seek medical attention

1. Surface of the burn
2. Degree of burn
3. Percentage
4. Age of injured person
5. Level of awareness of the injured person





# Types of Burns

**First degree (Superficial)** involves the epidermis or top layer

**Signs & Symptoms:** pink and red, painful & slightly swollen.



**Second degree (Partial Thickness)** involves dermis or middle layer

**Signs & Symptoms:** mottled pink to red color. It presents with blistering and swelling and it is usually very sensitive.



**Third degree (Full Thickness)** involves the subcutaneous layer or bottom layer

**Signs & Symptoms:** brown or deep cherry-red areas that are dry and leathery in appearance.



## Classification of burns

- Thermal burns
- Radiation burns
- Chemical burns
- Electrical burns



# First Aid for Thermal & Radiation Burns

---

- Call 911**
- To stop burning: remove any clothing or jewelry from the burn site if possible
- If clothing is stuck to the skin; don't tear it off, cut around it.
- Sterile dressings and flushing the wound with water  
(for 1st and 2nd degree burns only.)
- Use water based gel for burns (if available)
- Keep the person warm & treat for shock



# First Aid for Thermal & Radiation Burns

---

## **Prevention of Sunburns**

1. Shade
2. Fluids
3. Remove excessive clothing
4. Water based gel with aloe vera
5. Rest
6. Look for heat exhaustion / stroke

## **First Aid for Sunburns**

- Wear protective clothing
- Use a sunscreen with a sun protection factor of SPF 30 or higher
- Drink plenty of water





# First aid for Chemical Burns

## Call 911

- Remove the casualty from the chemical spill area
- Brush off the powder chemical
- Rinse off the liquid chemical
- Treat for shock



## Workplace / Laboratories

- Hydrofluoric acid (HF) burns to the body first-aid treatment - use 2.5% calcium gluconate gel on the skin.
- Workplace Emergency Shower Stations are mandatory for laboratories.
- Follow WHMIS and first aid labels on chemical products







# First aid for Electrical Burns

- Call 911
- Cut the electrical current (safety first !)
- Treat the injury (look for entry and exit wounds)
- Treat for shock



## Rescuer Safety

Reduce the risk of electrocution by eliminating any potential conductor for the electrical current. If it is not safe for you to proceed, wait until a qualified person has shut off the power source.





# First Aid for Airway Burns

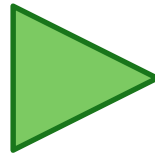
- Scene Survey
- Call 911
- Primary Survey
- Ongoing Casualty Care
- Remove casualty from hazards
- Bring casualty outside for fresh air
- Treat for facial burns
- Treat for shock





# Burns Treatment Video

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Click to start  
Video





# Asthma

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## What is asthma ?

Airway reaction causing narrowing, inflammation and production of mucus in the airway.

### Common causes of an asthma attack

- Physical activity induced
- Emotional and physical stress
- Allergens
- Environment (air quality, temperature, humidity)
- Chemical odour





# Asthma

## Signs & Symptoms

- Progressive shortness of breath
- Shallow, irregular and rapid breathing
- Laboured and difficult breathing
- Gasping for air
- Noisy, wheezy breathing
- Pale, sweaty skin from working hard to breath
- Leaning forward with shoulders pulled up
- Using neck muscles to move chest up to breath
- Bluish tinge to lips from lack of oxygen
- Anxious and fearful
- Unable to finish a complete sentence without gasping for air
- Weak and exhausted





# First aid for Asthma Attack

## Without an inhaler

- Call 911
- Assess breathing
- Ask the person to sit in a position that is the most comfortable for them (tripod position).
- Ask the person to inhale by the nose, and exhale by the mouth (Pursed lip breathing)
- Treat for shock





# First Aid for Asthma Attack

## With the Inhaler/spacer

- Shake the inhaler and test to make sure any dust particles are expelled.
- Ask the person to quietly breathe out completely.
- Ask the person to breathe in as they press the inhaler to release the medication.
- Ask the person to hold their breath for about 5 to 10 seconds so the drug can spread into the lungs. Person may use a spacer.
- If the asthma attack persists, call 911.



### Six Rights to assist with medications:

Right patient, Right drug, Right dose, Right time, Right route, Right documentation.



# Severe Allergic Reactions - Anaphylaxis

---

An extreme allergic reaction targeting the lungs & airways.  
Severe cases can progress in seconds and be fatal in minutes

## **4 Routes of Entry for the Allergens**

- Ingestion
- Injection
- Inhalation
- Absorption

## **Common Anaphylaxis-Causing Agents**

- Food Products
- Other products
- Pharmaceutical Products
- Venom from Stinging Insects







# Severe Allergic Reactions

## Signs & Symptoms

### Mild Signs & Symptoms

- Flushed, itchy skin, Skin rash (Hives)
- Runny nose
- Watery eyes
- Coarse voice

### Severe Signs & Symptoms

- Swelling of face, lips, tongue, and skin around the eyes and neck
- Breathing difficulties
- Chest tightness & wheezing
- “Lump in the throat”
- Hoarseness and coughing
- Metallic taste or itching in the mouth
- Stridor (high-pitched squeak or wheeze)
- Rapid, bounding heartbeat
- Abdominal bloating, cramping, vomiting & diarrhea
- Massive headache & dizziness





# First Aid for Severe Allergic Reactions

- Call 911
- Assess the person's level of responsiveness
- Have victim sit or lie down in a comfortable position
- Locate patient-prescribed auto-injector
- Administer epinephrine with auto-injector unit as per local protocols
- Monitor the ABC's

Dosage for adult: 0.3 mg of epinephrine

Dosage for child: 0.15 mg of epinephrine Jr.



*Administer a second dose if the first dose is not effective after 5 minutes.*

## **Six Rights to assist with medications:**

Right patient, Right drug, Right dose, Right time, Right route, Right documentation.





# Diabetes

Disease caused mainly by the pancreas inability to produce sufficient insulin. Insulin regulates the conversion of sugar to energy.

- Hypoglycemia (low blood sugar)
- Hyperglycemia (high blood sugar)

## Did you Know?

About 11 million Canadians living with diabetes or prediabetes.

- 90% with Type 2 diabetes
- 5 to 10% with Type 1 diabetes





# Diabetes

## Hypoglycemia (Diabetic Shock)

### Signs & Symptoms

- Develops very quickly
- Headache and confusion
- Weak, trembling and staggering
- Appears to be intoxicated
- Slurred speech
- Tired and sleepy
- May become belligerent and aggressive
- Pale, cool and clammy skin





# Diabetes

## Hyperglycemia (Diabetic Coma)

### Signs & Symptoms

- Develops over several hours
- Thirsty
- Nausea and vomiting
- Frequent urination
- Warm, dry and flushed skin
- Fever and abdominal pain
- “Fruity” or nail-polish remover smell to the breath
- Drowsy and comatose



# First aid for Diabetic Emergencies

- Call 911**
- Conscious person:** give glucose tablets, glucose gel, sugar tablets or a sweetened drink with a bit of sugar added. *(in order of preference)*
- Unresponsive person:** do not give anything by mouth, assess ABC's and place the person in recovery position.

## Identify diabetic emergencies

- ✓ Responsive or unresponsive casualty?
- ✓ What provoked the diabetic emergency?
- ✓ What is the severity of the diabetic emergency?
- ✓ How long ago did the diabetic emergency start?
- ✓ What was the casualty's last meal / oral intake?
- ✓ Events leading prior to the incident?
- ✓ Do they take diabetic medication?



*Administration of glucose may be repeated if symptoms persist after 10 minutes.*

## Six Rights to assist with medications:

Right patient, Right drug, Right dose, Right time, Right route, Right documentation.



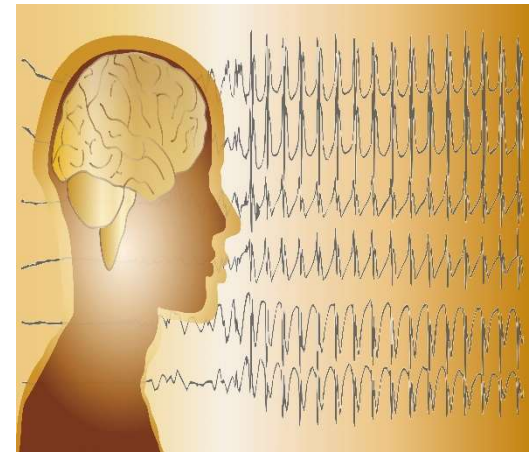


# Seizures

Seizures or convulsions occur when there are uncoordinated discharges of electrical activity in the brain.

## Types of Seizures:

- Grand-Mal Seizure (tonic-clonic seizure)
- Petit-Mal Seizure (absence seizure)
- Simple Partial Seizure (focal motor seizure)
- Complex Partial Seizure (temporal lobe or psychomotor seizure)
- Febrile (infantile spasm)
- Atonic Seizure (drop attack)
- Myoclonic Seizure



## Did you know ?

According to Epilepsy Canada, 300,000 Canadians are affected by epilepsy.





# Seizures

## Signs & Symptoms

They may mention that they don't feel well or that they have an odd taste or smell prior to the seizure episode.



- Blank stare
- General stiffening of the body
- Loss of consciousness
- Generalized jerking and uncoordinated body movements
- Grunting because of spastic diaphragm contractions
- Abnormal and irregular breathing and sometimes panting
- Frothing at the mouth (from productive salivary glands and panting)
- Loss of bladder and or bowel control.







# First Aid for Seizures

- Call for help and get someone to call 911**
- If you have sufficient time before the seizure activity begins, have the person lie on the floor or on the ground
- Loosen any restrictive clothing
- Protect the person from injury by supporting the head
- Assess the airway and breathing (Never place anything in the person's mouth since this may break teeth, cause gagging, vomiting, and will likely compromise the airway.)
- After the convulsion has subsided, place the person in the recovery position and cover them with a blanket
- Assess again airway and breathing
- Provide reassurance and limit the exposure to loud or bright stimulus (this could precipitate another seizure)
- Do not give any liquids during or after the seizure
- Check for medical bracelet.(casualty medical history)
- If another seizure begins or if the first seizure lasts longer than 5 minutes, please advise EMS personnel.

## **Six Rights to assist with medications:**

Right patient, Right drug, Right dose, Right time, Right route, Right documentation.





# Febrile Seizures

## Signs & Symptoms of Febrile Seizures

- Drowsiness
- Involuntary cry or moan
- Generalized jerking and uncoordinated body movements
- Irregular breathing
- May vomit
- Might bite the tongue
- Loss of bladder and or bowel control





# First Aid for Febrile Seizures

- Call for help and get someone to call 911**
- If you have sufficient time before the seizure activity begins, have the person lie on the floor or on the ground
- Loosen any restrictive clothing
- Protect the person from injury by supporting the head
- Assess the Airway and Breathing (Never place anything in the person's mouth since this may break teeth, cause gagging, vomiting, and will likely compromise the airway.)
- After the convulsion has subsided, place the young child in the recovery position
- Provide reassurance and limit the exposure to loud or bright stimulus (this could precipitate another seizure)
- Do not give any liquids during or after the seizure

## **Six Rights to assist with medications:**

Right patient, Right drug, Right dose, Right time, Right route, Right documentation.





# Fever

## Signs and Symptoms of a fever

- Fever
- Sore throat
- Earache
- Cough & Vomiting
- Dehydrated
- Drowsiness & confusion

## High fevers

- infant < 90 days old: 37.9 °C (100 °F)
- infant 3 – 6 months: 38.3 °C (101 °F)
- infant 6 – 12 months: 39.4 °C (103 °F)
- adult: 40.5°C (105 °F)



## First Aid for fevers

- Call 911 (if high fever does not subside or the casualty has a seizure).
- Remove excess clothing or blankets.
- The environment should be comfortably cool.
- Place cool towels in the armpits, behind the neck, and in the groin or sponge bath may help cool someone with a fever.





# Casualty Rescue Carries

- Pick a back
- Cradle carry
- Human crutch
- Four-hand seat carry
- Blanket carry
- Drag carry
- Firefighter carry



## Rescuer safety while moving a casualty

To avoid back injuries,

always lift with your legs not your back !

No lifting in class without direct assistance of the instructor.





# First Aid Kits

## Sample - Office First Aid Kit

- (a) a current edition of a standard First Aid Manual;
- (b) 24 safety pins;
- (c) 1 basin, preferably stainless steel; and
- (d) dressings consisting of,
  - (i) 48 adhesive dressings, individually wrapped,
  - (ii) 2 rolls of adhesive tape, 1 inch wide,
  - (iii) 12 rolls of 1-inch gauze bandage,
  - (iv) 48 sterile gauze pads, 3 inches square,
  - (v) 8 rolls of 2-inch gauze bandage,
  - (vi) 8 rolls of 4-inch gauze bandage
  - (vii) 6 sterile surgical pads suitable for pressure dressings, individually wrapped,
  - (viii) 12 triangular bandages,
  - (ix) splints of assorted sizes, and
  - (x) 2 rolls of splint padding.



information: [www.cget.ca](http://www.cget.ca)





# First Aid Quiz

## Multiple choice quiz

**Do not write on the quiz / please use the answer sheet provided**

**Please ask the instructor, If you need any help with the quiz.**

**GOOD LUCK !**





# Expiry date of certification

**First Aid certification valid for 3 years of the date of issue.**



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