Course Description

PE 333 Community First Aid (3.00)

This course consists of recognizing and caring for victims of any age. Situations which include breathing, choking and cardiac emergencies are examined. The course studies the care of injuries such as cuts, burns, sprains, fractures and sudden illnesses. Certification in First Aid, Adult, Child and infant CPR are offered.

First Aid and CPR in Practice

A big part of responding to an emergency is the ability to stay calm and take charge of the situation. My company requires cardiopulmonary resuscitation (CPR) training and first aid classes for all employees, along with regular refresher courses every two years (Document 1). Since I work for a power plant, safety is important. Accidents are more likely to occur at our plant than at nonindustrial companies, and it is important that all employees know what to do in an emergency situation.

Recently, my company started training interested employees for the use of defibrillators that have been installed around the plant. Our first aid course gives a basic overview of the defibrillator (AED). However, I have signed up for the in-depth class offered in the spring. Since our plant is thirty miles from a hospital, having the defibrillator cold save lives. Using the AED machine is the next step to saving a life after CPR has been initiated. My company has given us the tools to help our co-workers in an emergency.

My company also provides hazardous material training (Document 1) to help us understand the hazards of chemicals found on the plant site and how to handle them properly. All material safety data sheets (MSDSs) are filed with a company that enters the information in a computer database for easy access via a telephone call during emergencies. This company instructs the caller as to the proper precautions and procedures required for an accident involving
a hazardous material. Their telephone number is posted on every bulletin board for easy access. Part of assessing an accident may include requesting information on any hazardous material or materials involved that could pose a threat to responders.

Our training includes a course in blood-borne pathogens (Document 1) such as HIV, hepatitis, and tuberculosis. Because of the many infections that a responder may contact when providing assistance, the use of protective barriers for CPR and first aid is imperative when responding to any accident. My company provides gloves and mouthpiece barriers to all employees. They are located in first aid kits placed in strategic areas around the plant and in every company vehicle.

Injuries could occur at any time. First aid and CPR save lives since response time is vital to the victim’s survival. CPR has increased survival rates. Handling emergencies is much easier when the response is routine and understood. These courses provide practical experience through simulated emergency situations, but without the trauma and crises of a real emergency. Recognizing common medical emergencies enables a citizen responder the ability to provide basic help until emergency medical service (EMS) personnel arrive. Having all employees in a workplace trained in first aid and CPR offers peace of mind to everyone when an accident occurs. Each refresher course that I take reinforces the basic concepts and provides a foundation that makes the techniques familiar. I recently completed a refresher course for both first aid and CPR (Document 2-3). I feel comfortable in my ability to help during an accident. This knowledge will help me to help my family, community, and co-workers.
Learning First Aid

An emergency medical technician (EMT) teaches these courses at the plant site. We receive a booklet (Document 5) and watch films showing first aid in practice. We receive common emergencies and then practice all of the techniques learned.

Assessing the scene by doing a quick survey is the first step when an accident occurs. I understand that I cannot be of any help to anybody if I add to the danger or administer inappropriate care. If smoke, electrical wires, flowing liquids, chemical fumes, or possible falling objects make a scene unsafe, additional help or protective clothing may be needed to make the scene safe for the responders. When a victim is in an unsafe environment and it is possible to move the victim, he or she should be moved carefully to remove the victim from immediate danger. Moving a victim from an unsafe location could cause harm to the victim, so this should be done only to save a life.

Help should be summoned after assessing the scene. Send a co-worker or bystander to get help if someone is available. If no one else is around, perform any necessary first aid then leave briefly to call 911 for help. Assessing the victim’s condition will help determine the extent of injury. This will speed the emergency response when help arrives. The first priority of a responder is protecting himself or herself by using protective barriers. The next step is checking for consciousness and looking at the ABCs of the victim. A is for airway, B is for breathing, and C is for circulation. First, determine if the airway is clear. Use the head tilt/chin lift method to clear the throat or the jaw thrust if spine injuries are suspected. Breathing can be checked by using the “look, listen and feel” technique. I practiced rolling a patient with one or more people when the body was face down. Checking the pulse near the Adam’s apple determines if there is circulation. Once the ABCs have been assessed, CPR may need to be performed.
The most important job of responder is to perform CPR if the victim is not breathing and does not have circulation. If the victim is conscious and breathing, conducting a head-to-toe survey will help to determine any injuries. The class discussed and practiced bleeding control measures, which included applying direct pressure over the wound or applying direct pressure to a pressure point (artery). Shock could be a symptom of internal bleeding. The class covered the symptoms of shock and how to recognize them. Symptoms include anxiety, nausea and thirst. The signs might include mental confusion and restlessness. The victim’s tissue color may be pale and the skin moist and clammy. The pulse may be weak and breathing may be shallow and labored. I practiced splinting techniques for bone injuries and discussed ways to stabilize a patient with possible spinal injuries. Burns were also discussed.

Our instructor discussed the correct rescuer-to-patient dialog by stressing the need to always state my medical training and assure the victim that I will take care of him or her. I was taught to talk to the victim and ask questions so as to ascertain his or her level of consciousness. Pulse, respiration, and tissue color are all indicators of the patient’s status. Our instructor told us to ask the patient for information, look for medical alert tags, and discuss medications the person may be taking in order to provide adequate assessment of the situation.

Recently, my mother cut her forehead on a ladder protruding out the back of a truck. I was not sure how severely she was cut. Since my mother is elderly and taking blood thinners, the blood was flowing heavily right away. I rushed her to the house, sat her down, and put a clean cloth on her head. She applied pressure while I cleaned up the excess blood. After thoroughly cleansing the area, I examined the cut and determined that the injury was neither large enough nor deep enough to warrant stitches. I applied some gauze to the cut and had her apply pressure again. The cut was near the hairline. After trimming the area, I added more
gauze before securing it to her forehead. I made sure the cut did not continue to bleed heavily and determined that we did not need to go to the hospital. Calm, quick response made my mother comfortable and helped her to relax.

Another injury that I experienced happened when I burned myself on a hot lawn mower. My finger immediately blistered, and I realized that I needed to stay calm since I was alone. The burn was only on one finger, but hurt immensely. I washed the burn with cool running water and applied a burn cream. I elevated the finger to stop the throbbing and control the pain. I recognized how shock could happen with minor burns. Even with this small burn, it was hard to stay calm. The burn was not bad enough for a hospital visit, but this small burn helped me to recognize the reactions that a burn victim may experience.

Basic first aid knowledge will help a responder to stabilize an accident victim until emergency help arrives. With this knowledge and some common sense, a responder can help to save lives of loved ones or strangers.

**CPR Training**

During CPR training, I watched and practiced the rescue breathing techniques and chest compressions. I received two informative booklets (Document 6-7) that I used for reference when practicing techniques. My company has several mannequins for practice. I was able to use an adult and infant dummy to gain hands on experience. CPR is an extension of first aid.

The class learned about the warning signs of heart attack, stroke, cardiac arrest, allergic reaction, asthma, hyperventilation, poisoning, diabetic coma, insulin shock, epileptic seizures, and choking. The methods used for adults are altered slightly for children and infants when CPR is needed or for a choking response. The book covered the chain of survival for adults and
children. This includes recognizing the warning signs and calling 911 to get help coming, beginning CPR, performing defibrillation, and transferring the victim to advanced care. It is necessary to continue CPR once started and continue until someone else takes over or EMS personnel arrive.

Before performing CPR on an adult, call 911 or have another person call. Checking the ABCs will establish the need for CPR. If the victim is unresponsive and not breathing, give two slow rescue breaths. Always breathe through a protective mouthpiece and pinch the nose closed with the head tilted. Because vomiting can occur, I learned how to clear the airway and reposition the head for continued care. Always check for circulation after the initial breaths. If there is no sign of circulation, the responder should begin chest compressions. Chest compressions are performed between the nipples by using fifteen chest compressions and then two slow breaths. Check for signs of circulation every few minutes and continue CPR until the victim responds or someone else takes over. If the victim responds and is not breathing normally, continue the rescue breaths (one breath every five seconds) without chest compressions. If the victim is breathing normally and does not have a possible spinal injury or trauma, turn the victim on his or her side and wait for rescue personnel. Once breathing the circulation is fully established, a full body survey will provide important information. Practicing on the mannequins in class provided valuable practice with using CPR. In a real emergency, barriers should always be used to protect the responder from disease.

The chain of survival in performing CPR on infants and children starts with CPR, then after one minute a sole responder should call 911. If others are present, 911 should be notified immediately when a problem occurs. Performing CPR on infants and children has some variation. When performing CPR on a child or infant, it is still important to use a barrier over
the mouth, establish a good seal, and pinch the nose shut. Continue to keep the airway open with the head tilted and give two slow breaths. Watch to make sure that the chest rises with each breath given. If the victim is non-responsive, check for circulation, then start chest compressions. Chest compressions for an infant are performed using two or three fingers on the sternum, with one small breath for every five compressions. Always check for circulation after the first minute and then every few minutes after that. When there is only one responder, 911 should be called after the first minute of CPR. Chest compressions for a child should be done using the heal of one hand on the sternum. Give one breath for every five compressions. If there are signs of circulation, but no breathing, continue with one breath every three seconds without the chest compressions. I practiced these methods on the adult, child and infant dummies provided. Practice allowed me to understand the basic concepts that need to be performed during CPR.

The instructor reviewed the signs of choking. The abdominal thrust technique was shown and practiced. The class learned to modify the chest thrusts for pregnant or obese patients and explored the proper response for an unconscious person. I also learned the proper techniques for rescuing infants and children that are choking. Infants should have back blows and chest thrusts alternated. Children receive the abdominal thrusts with the responder in a kneeling position if necessary. If the child or adult becomes unresponsive, CPR should be started.

My son experienced choking while eating meat when he was about six years old. I kneeled and did the abdominal thrusts on him. He immediately felt relief, and I realized my training was important for my family’s well-being. The training helped me respond quickly.

While it would be impossible to cover every type of injury, the class did watch videos and discuss chest injuries, neck and back injuries, and wounds. The instructor discussed how
critical is it to immobilize a person with possible head, neck, or spinal injuries. Fractures and dislocations were reviewed. Additionally, our instructor stressed the importance of not removing impaled objects.

When I was at a dance recently, a friend of mine who has asthma was struggling to breathe. She left the dance and went outside to catch her breath. I followed her outside and realized that she was struggling, and her inhaler was not helping. I realized that she needed to go to the hospital immediately. I took her to the hospital, and they took over her care. She told me later that she had experienced this kind of reaction before and had ended up in the emergency ward on other occasions. She was in no condition to drive on her own, and, fortunately, I realized that she was in need.

The training sessions concluded with the signs and symptoms of hypothermia, frostbite, heat cramps/exhaustion/stroke, burns, and electrical injuries. Our instructors stressed repeatedly that recognition of the current situation is a vital part of first aid response measures.

**Practice Builds Confidence**

The CPR mannequins proved to be an invaluable part of the training. Attempting the CPR compressions and giving rescue breaths was more difficult than I had imagined. Without the practice, I would be ineffective in a real emergency. The infant mannequins made me recognize that I needed to adjust my methods for a child or infant. Reading about the theory would not have prepared me for the reality of CPR. Practice makes the theory a routine part of life and helps me to remain calm. If I am calm, I am more effective in dealing with the victim to help him or her remain calm also. CPR and first aid prepare me for the unexpected. Knowing
When and how to respond to an emergency will keep me from becoming paralyzed and withdrawing when someone really needs help.

Every two years I will complete a refresher course that explains new theories and techniques and helps reinforce a routine reaction to emergencies. I have been taking these courses since 1989 and each time it seems a little more familiar. I hope that I will not have to use these skills, but I realize that by having these skills, I may save someone’s life or bring them comfort. With the addition of taking the AED course, I will have all the information I need to deal with emergencies at work as our workforce ages. Practice and knowledge will help me to respond appropriately. Periodic practice is invaluable to retaining skills. Applying what I have learned in simulated emergency reinforces the methodology of assisting those in need in an actual emergency.
Documentation Index

1- Documentation Certification
2- CPR Training Certificate
3- CPR Refresher Course Certificate
4- AED Training Course Certificate
5- Haz Mat Training for Employees
6- First Aid Booklet
7- Advanced CPR Training Booklet