**LEARNER STUDY GUIDE**

*Provide Risk Based Primary Emergency Care / First Aid in the Workplace*

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Name of Learner: ………………………………………………..

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**INTRODUCTION**

*Conducting Baseline Assessments*

Dear Learner

We welcome you to this learning programme – **PROVIDE RISK BASED PRIMARY EMERGENCY CARE / FIRST AID IN THE WORKPLACE.**

Congratulations on choosing to upgrade your skills. We believe that this is one of many learning programmes that will develop and improve your skills.

Over the past couple of years, South Africa has made a significant shift from the old dispensation in education (where learners used to be bombarded with theory and very little practical work) to an outcomes-based education model (based on competency rather than on theory). The aim of the shift is to make the South African labour force more productive and show them how to apply the knowledge that they have gained from training programmes.

The learning programme you are about to start is outcomes-based and in line with the outcomes as stipulated in the applicable unit standard. The assessment is also in line with the assessment criteria as stipulated in the unit standard. Once you have been declared competent on the outcomes of this unit standard, you will receive **credits** towards a nationally recognised qualification.

You will be assessed formatively and summatively. The **formative** assessment will be conducted as you work through the lessons of this Study Guide and the **summative** assessment will be conducted when you have completed your training. Assessment can also be defined as the method that is used to determine whether you have mastered the skills that you will be taught during this learning programme. Assessment usually consists of two components, namely **instructional learning**  (as conducted during this learning programme) and the **workplace assessment** – to determine your practical skills and your ability to implement what you have learnt.

The purpose with the Practical Guide Logbook (which will be handed to you by your assessor) will be to assess whether you can apply what you have learnt in the workplace.

Another added advantage to the new dispensation is the fact that recognition of prior learning is also considered and can count towards achieving credits towards a skills programme or qualification. Life experience, work experience and previous courses attended can be taken into consideration for recognition of prior learning purposes, should it relate to the specific learning programme or qualification you are working towards. This is merely a brief description to the new dispensation and barely covers what one can learn about this.

So, you will undergo theoretical training, receive your Practical Guide Logbook and Learner Assessment Workbook & Portfolio of Evidence. These documents contain the requirements for your summative assessments that must be included in the PoE. At this point, you and your assessor will sign the Assessment Plan and your assessment will commence! You will be guided all the way.

We hope that this makes you as excited as it does us and it is a real privilege for us to be able to facilitate and assess you on the outcomes of the unit standard that we are about to start.

Please feel free to communicate any questions to your facilitator or to your assessor.

Remember, look out for the following icons in your Study Guide:

This icon indicates an activity that must be completed in or during training (Class Work)

This icon indicates an activity that must be completed and placed in your Portfolio of Evidence (PoE).

**LEARNING PROGRAMME SCHEDULE**

*Conducting Baseline Assessments*

Learning Programme Name: **PROVIDE RISK BASED PRIMARY EMERGENCY CARE / FIRST AID IN THE WORKPLACE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit Standard** | **Unit ID** | **US NQF Level** | **US Credits** |
| Provide risk based primary emergency care / first aid in the workplace | 120496 | NQF Level 2 | 5 Credits |

**Details of the Learning Programme Schedule:**

* This learning programme will be trained over a period of 1 DAY
* The learner has 10 HOURS (2 DAYS) in which to complete the FORMATIVE and SUMMATIVE Assessments
* The learner has to spend a minimum of 35 HOURS (6 DAYS) in the work environment in the form of practical work

*Good Luck and enjoy your learning experience!*

**UNIT STANDARD**

*Conducting Baseline Assessments*

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| --- | --- | --- | --- | --- |
| **SAQA US ID** | **UNIT STANDARD TITLE** | | | |
| 120496 | Provide risk-based primary emergency care/first aid in the workplace | | | |
| **ORIGINATOR** | | **ORIGINATING PROVIDER** | | |
| SGB Occupational Health and Safety | |  | | |
| **QUALITY ASSURING BODY** | | | | |
| - | | | | |
| **FIELD** | | | **SUBFIELD** | |
| Field 09 - Health Sciences and Social Services | | | Preventive Health | |
| **ABET BAND** | **UNIT STANDARD TYPE** | **OLD NQF LEVEL** | **NEW NQF LEVEL** | **CREDITS** |
| Undefined | Regular-Fundamental | Level 2 | NQF Level 02 | 5 |
| **REGISTRATION STATUS** | | **REGISTRATION START DATE** | **REGISTRATION END DATE** | **SAQA DECISION NUMBER** |
| Reregistered | | 2009-07-01 | 2012-06-30 | SAQA 0480/09 |
| **LAST DATE FOR ENROLMENT** | | **LAST DATE FOR ACHIEVEMENT** | | |
| 2013-06-30 | | 2016-06-30 | | |

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| *In all of the tables in this document, both the old and the new NQF Levels are shown. In the text (purpose statements, qualification rules, etc), any reference to NQF Levels are to the old levels unless specifically stated otherwise.* | | | | | |
| This unit standard replaces: | | | | | |
| **US ID** | **Unit Standard Title** | **Old NQF Level** | **New NQF Level** | **Credits** | **Replacement Status** |
| 116507 | Explain the functional aspects of the human anatomy in the use of primary emergency care terminology | Level 2 | NQF Level 02 | 1 | Complete |
| 12483 | Perform basic first aid | Level 2 | NQF Level 02 | 4 | Complete |
| 9965 | Render basic first aid | Level 2 | NQF Level 02 | 3 | Complete |
| 113929 | Render basic first aid in an office workplace | Level 2 | NQF Level 02 | 4 | Complete |

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| **PURPOSE OF THE UNIT STANDARD** |
| This Unit Standard will be useful for employees to enable them to provide primary emergency care (first aid) in response to an occupational risk induced or any health emergency in their specific workplaces.   Qualifying learners are able to:   Demonstrate the principles of primary emergency care.   Assess and control a single injury emergency scene in the workplace.   Demonstrate primary emergency life support for adults, children and infants.   Explain and manage shock.   Carry out secondary assessment of the sick or injured person and provide appropriate primary emergency care at the scene.   Keep records of the incident/accident. |

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| **LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING** |
|  Communication at NQF Level 1 or ABET Level 4.   Mathematical Literacy at NQF Level 1.   In order for the learner to achieve this unit standard the learner must already be competent in:   Unit Standard ID 14656: "Demonstrate an understanding of sexuality and sexually transmitted infections including HIV/AIDS". |

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| **UNIT STANDARD RANGE** |
| This unit standard covers the recognition and management of the following range of emergencies for adults, children and infants according to current and accepted emergency care protocols and principles:   Emergency scene management.   Rescue breathing, CPR and choking for adults, children and infants.   Shock.   Bleeding and wounds.   Neck and spine immobilization and transportation.   Fractures and dislocations.   Burns.   Thermal stress.   Poisoning.   Medical emergencies. |

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| **Specific Outcomes and Assess1ment Criteria:** |
| **SPECIFIC OUTCOME 1** |
| Demonstrate the principles of primary emergency care in the workplace. |
| **OUTCOME RANGE** |
| All health emergencies for people of all the ages. |
| **ASSESSMENT CRITERIA** |
| **ASSESSMENT CRITERION 1** |
| The aims of primary emergency care are identified in the evidence. |
| **ASSESSMENT CRITERION RANGE** |
|  Protection against further injury.   Preservation of life.   Promotion of recovery.   Prevention of injuries for people at any age.   Promotion of healthy lifestyles. |
| **ASSESSMENT CRITERION 2** |
| Personal protective devices and infectious disease prevention procedures (universal precautions), used during treatment of casualties, are identified and their purpose and application correctly described and demonstrated. |
| **ASSESSMENT CRITERION RANGE** |
|  Personal protective equipment must include; surgical gloves, mouthpieces/respiration devices.   Universal precaution procedures must cover the safe management of body fluid spills. |
| **ASSESSMENT CRITERION 3** |
| The medico-legal implications of primary emergency care are explained in terms of existing relevant legislation. |
| **ASSESSMENT CRITERION RANGE** |
|  Occupational health and safety legislation.   Common law principles. |

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| **SPECIFIC OUTCOME 2** |
| Sustain a basic level of preparedness for health emergencies in the workplace. |
| **ASSESSMENT CRITERIA** |
| **ASSESSMENT CRITERION 1** |
| The content of the relevant primary emergency care/first aid kit is demonstrated in accordance with the current relevant legislation and associated regulations. |
| **ASSESSMENT CRITERION 2** |
| The maintenance and storage of the relevant risk based primary emergency care kit is described and demonstrated where relevant in accordance with accepted workplace procedures. |

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| **SPECIFIC OUTCOME 3** |
| Assess and manage an emergency scene in the workplace. |
| **ASSESSMENT CRITERIA** |
| **ASSESSMENT CRITERION 1** |
| The principles of emergency scene management are explained and demonstrated in accordance with current accepted emergency care practices. |
| **ASSESSMENT CRITERION RANGE** |
| Time limitations, golden hour concept, emergency rules. |
| **ASSESSMENT CRITERION 2** |
| The primary emergency care process is explained and demonstrated in accordance with current accepted practice. |
| **ASSESSMENT CRITERION RANGE** |
|  Primary assessment.   Secondary assessment.   Continual care.   Recording and reporting. |
| **ASSESSMENT CRITERION 3** |
| Assistance is called for according to workplace procedures. |
| **ASSESSMENT CRITERION 4** |
| The emergency scene is assessed for safety risks and the specific workplace hazards managed according to accepted safety procedures. |
| **ASSESSMENT CRITERION 5** |
| The initial scene assessment identifies emergency requirements and the scene is made safe according to accepted safety procedures. |
| **ASSESSMENT CRITERION 6** |
| Triage and primary assessment is explained and demonstrated. |
| **ASSESSMENT CRITERION RANGE** |
| Priority order must include: airways; breathing; circulation; internal and external injuries and/or medical conditions. |
| **ASSESSMENT CRITERION 7** |
| Available resources are utilised to the benefit of the sick or injured person(s). |
| **ASSESSMENT CRITERION RANGE** |
| First responders assigned tasks according to priority and sound primary emergency principles and suitable materials used. |
| **ASSESSMENT CRITERION 8** |
| Emergency services are activated according to workplace and area procedures. |
| **ASSESSMENT CRITERION 9** |
| Secondary assessment is conducted according and managed according to current protocol. |
| **ASSESSMENT CRITERION 10** |
| Continual care is explained and demonstrated according to current protocol. |

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| **SPECIFIC OUTCOME 4** |
| Demonstrate primary emergency life support for adults, children and infants according to current international protocols. |
| **OUTCOME NOTES** |
| Appropriately sized manikins must be used for the purpose of this assessment. |
| **ASSESSMENT CRITERIA** |
| **ASSESSMENT CRITERION 1** |
| The choking person(s) are managed according to accepted protocols. |
| **ASSESSMENT CRITERION RANGE** |
| Foreign bodies, strangulation, suffocation, asphyxia. |
| **ASSESSMENT CRITERION 2** |
| Rescue breathing is explained and demonstrated according to accepted protocols. |
| **ASSESSMENT CRITERION 3** |
| Recovery position is appropriately utilized. |
| **ASSESSMENT CRITERION 4** |
| One rescuer Cardio-Pulmonary resuscitation (CPR) is explained and demonstrated with and without the use of barrier ventilation devices, according to accepted protocols. |
| **ASSESSMENT CRITERION 5** |
| Bleeding is controlled according to current protocols using direct pressure/bandages or suitable materials. |

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| **SPECIFIC OUTCOME 5** |
| Explain and manage shock. |
| **OUTCOME RANGE** |
| General shock, Anaphylaxis. |
| **ASSESSMENT CRITERIA** |
| **ASSESSMENT CRITERION 1** |
| Shock is identified, explained and managed according to accepted protocols. |
| **ASSESSMENT CRITERION 2** |
| Anaphylactic shock is identified, explained and managed symptomatically according to accepted protocols. |

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| **SPECIFIC OUTCOME 6** |
| Conduct secondary assessment of the sick and/or injured person and provide appropriate primary emergency care within the workplace. |
| **OUTCOME RANGE** |
| The learner must be able to identify and manage injuries and/or illnesses specific to his/her particular workplace. |
| **ASSESSMENT CRITERIA** |
| **ASSESSMENT CRITERION 1** |
| Immobilisation and transporting techniques for persons with neck and/or spinal injuries are demonstrated according to accepted emergency and workplace protocols. |
| **ASSESSMENT CRITERION 2** |
| Head injuries and levels of consciousness are recognised, monitored and managed according to accepted protocols. |
| **ASSESSMENT CRITERION 3** |
| Fractures, dislocations and sprains immobilized in the position of most comfort to the affected person. |
| **ASSESSMENT CRITERION 4** |
| Wounds are managed according to current accepted protocols. |
| **ASSESSMENT CRITERION RANGE** |
| Amputations, abrasions, lacerations, punctures, embedded objects, gunshot wounds, hand and eye wounds, human/animal/marine/insect/reptile bites and stings. |
| **ASSESSMENT CRITERION 5** |
| Burn wounds are managed according to current accepted practices. |
| **ASSESSMENT CRITERION RANGE** |
| Classification, causes, infection control. |
| **ASSESSMENT CRITERION 6** |
| Thermal stress. |
| **ASSESSMENT CRITERION RANGE** |
| Febrile patient; hyper/hypothermia. |
| **ASSESSMENT CRITERION 7** |
| Poisoned patients managed according to current accepted protocols. |
| **ASSESSMENT CRITERION RANGE** |
| Common and workplace accidental poisoning; overdose; animal/marine/insect/reptile bites and stings. |
| **ASSESSMENT CRITERION 8** |
| Illnesses common to the workplace are recognised and described according to current accepted practices. |
| **ASSESSMENT CRITERION RANGE** |
| Diabetes, epilepsy, asthma, stroke, heart attack. |

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| **SPECIFIC OUTCOME 7** |
| Keep records of the incident/accident. |
| **ASSESSMENT CRITERIA** |
| **ASSESSMENT CRITERION 1** |
| The scenario and condition of the sick or injured person is communicated to the relevant receiving party during transferral and in accordance with current accepted workplace and emergency care procedures. |
| **ASSESSMENT CRITERION 2** |
| The incident/accident is reported in accordance with current and accepted workplace procedures and policies. |

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| **UNIT STANDARD ACCREDITATION AND MODERATION OPTIONS** |
| Anyone assessing a candidate against this unit standard must be registered as an assessor with the relevant ETQA or ETQA where a Memorandum of Understanding exists with the relevant ETQA.   Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider through the relevant ETQA or ETQA where a Memorandum of Understanding exists with the relevant ETQA.   Moderation of assessment will be overseen by the relevant ETQA according to the moderation guidelines and the agreed ETQA procedures. |

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| **UNIT STANDARD ESSENTIAL EMBEDDED KNOWLEDGE** |
|  The scope of practice of a first responder.   Patient consent and recording.   Primary and secondary assessment.   Principles of primary emergency health care.   Universal precautions regarding safe management of blood and body fluids.   Specific management of sick or injured adults, children or infants in health emergencies. |

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| **Critical Cross-field Outcomes (CCFO):** |
| **UNIT STANDARD CCFO IDENTIFYING** |
| Identify and solve problems regarding the mechanisms of injuries and make decisions, using critical and creative thinking, regarding the prevention of complications, referral systems to use and the treatment to be provided with improvisation where equipment is unavailable. |
| **UNIT STANDARD CCFO WORKING** |
| Work effectively with others as members of a first response team, fires, fire services, ambulance and civil defence/disaster services. |
| **UNIT STANDARD CCFO ORGANISING** |
| Organise and manage activities responsibly in respect of scene control, establishing the order of treatment (triage) and managing the first response team effectively. |
| **UNIT STANDARD CCFO COLLECTING** |
| Assess, analyse and critically evaluate information with regards signs and symptoms and explain meanings and results. |
| **UNIT STANDARD CCFO COMMUNICATING** |
| Communicate effectively using visual, mathematical, and/or language skills in the modes of oral and/or written presentations when managing the sick or injured person, the team and when reporting effectively to emergency health personnel indicates proficiency. |
| **UNIT STANDARD CCFO SCIENCE** |
| Use science and technology effectively and critically with regard to information and communication systems used to mobilise the emergency services and correctly utilising available emergency equipment responsibility towards the environment and health of others. |
| **UNIT STANDARD CCFO DEMONSTRATING** |
| Demonstrate an understanding of the world as a set of related systems as applied to the management of emergency situations. |

**LESSON 1**

**Emergency Situations**

This Learning Unit is aligned to US 120496 Specific Outcome 1:

**Demonstrate the principles of primary emergency care in the workplace**

Specific Outcome 2:

**Sustain a basic level of preparedness for health emergencies in the workplace**

Specific Outcome 3:

**Assess and manage an emergency scene in the workplace**

This Learning Unit comprises the theoretical component of your learning and includes activities that are class-based and of a formative nature.

**After completing this Lesson, you should be able to:**

* Apply the principles of primary emergency care in the workplace
* Apply a basic level of preparedness for health emergencies in the workplace
* Assess and manage an emergency in the workplace

 **TASK 1 – This task needs to be completed and placed in your Portfolio of Evidence.**

Obtain the list of trained First Aid Officers in your organisation.

This Task is aligned to Specific Outcome 3

**EMERGENCY PROCEDURE**

The importance of identifying emergency situations quickly and correctly is that you can save lives. First Aid should only be administered by someone qualified to do so, so make sure that you complete a First Aid course and obtain certification by a First Aid training provider namely St. Johns Ambulance, or Red Cross.

However, everyone should have some first aid knowledge. First aid personnel should be identified and summoned immediately to the scene.

|  |  |
| --- | --- |
| Procedures | On arrival first aiders should follow the procedure below: |
| **Step** | **Action** |
| 1. | Take charge of the situation |
| 2. | Call to attract the attention of bystanders |
| 3. | Assess hazards by establishing cause of accidents and secondary causes of the result of the accident |
| 4. | Identify yourself as a first aider and offer help |
| 5. | Before attending to the victim of any emergency, you must first survey the scene to ensure your safety |
| 6 | Then, do a primary survey of the patient |
| 7. | After checking the victim, call the Emergency Services, giving them a description of the emergency situation as well as the location of the scene |
| 8. | After calling the Emergency Services, provide appropriate care based on your primary survey of the victim until Emergency Services or other advanced medical personnel arrives and takes over |

**CRITICAL INJURIES**

There are 3 injuries that take precedent over the rest and Emergency Services should be called if:

* The victim has sustained injuries to the head, neck or back;
* The victim is having trouble breathing;
* The victim is unable to move or use the injured body part without experiencing pain;
* These require special and careful attention

**ADMINISTERING FIRST AID**

 **TASK 2 – This task needs to be completed and placed in your Portfolio of Evidence.**

Discuss with a qualified First Aider, some emergency situations that have occurred at your organisation. Ask them questions about the situation, the signs and symptoms and what treatment was given to the injured person.

This Task is aligned to Specific Outcome 3

At no time should untrained personnel be allowed to administer first aid in an emergency situation as this could seriously increase the severity of the injuries and result in unnecessary death.

**RECOGNISING AN EMERGENCY**

Emergency situations are as a result of accidents, illness, fire/flood and chemical contamination. Recognising an emergency situation quickly and correctly is critical to saving lives.

In the table below are the visible signs and symptoms indicative to recognising emergency situations:

| Situation | **Signs and symptoms** | | |
| --- | --- | --- | --- |
| Shock | * Restlessness or irritability * Altered consciousness * Pale, moist, cool and eventually blue skin * Rapid breathing * Rapid pulse | | |
| Fainting / Diabetic Emergency | Unfortunately, the symptoms of hyper and hypoglycemia are very similar. They include:   * dizziness; * drowsiness; * confusion; * rapid breathing; * rapid pulse; * sweating yet with skin that is cold to the touch. | | |
| Sudden illness | Common signals of sudden illness include: | | |
| * feelings of light-headedness; * dizziness, confusion, or weakness; * the victim may become pale or flushed, and may start sweating; * nausea and vomiting are causes for concern, as is diarrhea | * changes in consciousness; * seizure; * paralysis; * slurred speech; * difficulty seeing; * severe headache; * breathing difficulty; * persistent pressure or pain | |
| Bone injuries / Fractures | There are two types of bone injuries / fractures, namely:   * **open fractures** – (broken bone tears through the skin, causing an open wound) * **closed fractures** – (skin is not broken)     ***Open and closed fractures***  For both these types of fractures, there is usually:   * pain/tenderness at place of fracture * inability to use limb * irregular line of the bone under the skin * shock * crepitus (grating noise as the broken end of the bone rubbing against each other) | | |
| Muscle | Types of muscle injuries include:   * **dislocations** – (abnormal bump, ridge or hollow due to displaced bone) * **sprains** – (swelling at the joint) | | |
| Burns | Types of Burns:   * **Superficial Burn (First Degree)**   **A first-degree burn involves only the top layer of skin. The skin is red and dry and usually painful. The burned area may also swell. Most sunburns are superficial burns. This type of burn usually heals in 5-6 days without any permanent scarring.**   * Partial-Thickness Burn(Second Degree)   **A second-degree burn involves the top layers of skin. The skin is red with blisters that may open and weep clear fluid, giving the skin a wet appearance. The area may also appear mottled. The burn is usually painful and often swells. This type of burn usually heals in 3-4 weeks, and scarring may occur.**   * **Full-Thickness Burn(Third Degree)**   **A third degree burn destroys all layers of skin and any or all of the underlying structures (fat, muscles, bones and nerves). The burn appears brown or black (charred) with the tissues underneath sometimes appearing white. This type of burn can be extremely painful or relatively painless if the burn destroys the nerve endings. This burn is critical and requires immediate medical attention**. | | |
| Critical Injuries | These include:   * injuries to the head, neck or back; * breathing problems; * excruciating pain to injured body part; * severely broken bone/s. | |
| Cuts | Cuts/open wounds are a result of damage to the tissue, which causes slight or severe bleeding depending on the degree of the injury and the rate of blood lost.  Signs and symptoms of severe bleeding are:   * Restlessness and anxiety * Progress of shock * Pale, cold and clamy skin * Rapid pulse becoming weaker * Faintness and dizziness * Shallow breathing, yawning, gasping for air | | |
| Head, Spine and Neck injuries | Signs that indicate head and spine injuries include:   * changes in consciousness; * vision and breathing problems; * nausea and vomiting; * inability to move a body part; * steady headache; * tingling or loss of sensation in hands, * fingers, feet or toes; * blood in the ears or nose; * seizures; * severe pain, pressure or bleeding in the head, neck or back; * bruising of the head; * loss of balance | | |

 **TASK 3 – This task needs to be completed and placed in your Portfolio of Evidence.**

Make a list of the 5 most common signs and symptoms of emergency situations

This Task is aligned to Specific Outcome 3

**ASSESSING EMERGENCY SITUATIONS**

Information needed to asses the casualty’s, injuries or illness are grouped under three headings, defined as follows:

* History – events leading to emergency situations, accidents/violence
* Signs – conditions you can see that indicate disease or injury e.g.: body temperature, pulse, breathing patterns.

(commonly named as the vital signs)

* Symptoms – the sensation the person feels as a result of the injury or illness i.e.: cold, pain, nausea, numbness…etc.

Below are guidelines/procedures to follow to ensure:

* Safety of emergency area
* Accurate assessment of the patient/victim
* Assistance **for backup of emergency services**

| Step | Action |
| --- | --- |
| 1. | **Making the area safe:**  Before you try to help the victim, you must determine if the scene is safe. If anything dangerous is present, such as a live wire, a vicious animal, deep water or fire, you cannot endanger your own life to try to help the victim. Summon trained medical personnel immediately, and they will handle the situation. If you get hurt at the scene, you end up as just another victim for the Emergency Services to treat. Once you have called Emergency Services, you have done all you can in such a situation.  **Never** move the victim to give treatment unless immediate life-threatening danger exists, like a fire or an unstable structure about to collapse. |
| 2. | If the scene is safe, try to determine what caused the accident. Determine how many victims there are, and look for bystanders who may be able to help by:   * providing information about the victim or the accident, * calling Emergency Services, or * giving treatment to the victim. |
| 3. | **Checking the victim:**  After determining that the scene is safe, do a primary examination; this refers to a quick assessment to life threatening conditions. Check the following and take corrective action:   * **stop breathing** – open airway and give artificial respiration * **severe bleeding** - apply direct pressure to area and elevate limb where possible, calm patient and encourage to rest * **unconsciousness** – place in recovery position to prevent tongue falling to back of throat and affecting breathing   *The Recovery Position* |
| 4. | **Secondary examination:**  After immediate threats to life have been removed a secondary examination is necessary, this is a systematic examination starting from the head down to the lower limbs, as follows:   * **Temperature –** feel the forehead and the back of the neck to see if the skin temperature is much warmer or cooler than that of your hand. * **Pulse –** check the pulse, noting its rate, strength and rhythm. * **Breathing –** note rate, rhythm and depth and smell the breath for distinctive odours of chemicals or acetone * **Eyes –** note if pupils are fully dilated, constricted, or of unequal size, and then check for reaction to light * **Ears and nose –** look for blood and other fluid discharge that may indicate skull injuries * **Mouth –** check the mouth for fluids or vomitus that might affect breathing. Also check for false teeth (if the casualty is unconscious) * **Skin –** note the colour, the amount of perspiration and the temperature * **Skull –** check for bruises, bumps or bleeding that may indicate head injuries |
| 4. | * **Neck –** check the neck gently. If there is pain, or deformity, suspect a fracture of the spine at the neck * **Spine –** feel along the centre line of the back for irregularities. If there is bleeding (*you feel an area that is warm and wet*) or if there is tenderness and pain, suspect a fracture of the spine * **Chest area –** look for wounds and note any unnatural movement of the chest. Gently feel the ribs with the fingertips for irregularities or, if the casualty is conscious, ask him to take a deep breath and cough. Pain and tenderness indicate a possible fracture of the ribs or sternum * **Abdominal area –** look for wounds and bleeding and ask the casualty to pull in and push out their abdomen. Suspect internal injuries if this causes pain * **Pelvic area –** gently feel on either side of the hips for signs of tenderness or irregularities that might indicate a fracture of the pelvis or dislocation of the hip * **Lower and upper limbs –** check the limbs for irregularities in the long bones or joints. To assess for nerve injury and loss of power, ask the casualty if he has feeling in the fingers and toes and if he can move the limbs |
| 5. | Organise assistance from bystanders or passers by colleagues. |
| 6. | Alert relevant or appropriate emergency services that are best equipped to handle the situation. |

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| Description: sy01198_ | **Always remember to:**   * **check for medical alert** * **be guided by complaints of pain or numbness from a consciousness patient and address those first** |

 **TASK 4 – This task needs to be completed and placed in your Portfolio of Evidence. Group Work**

In your groups, discuss the aims of primary emergency care1

This Task is aligned to Specific Outcome 1

**LESSON 2**

**Providing First Aid**

This Learning Unit is aligned to US 120496 Specific Outcome 4:

**Demonstrate primary emergency life support for adults, children and infants according to current international protocols**

Specific Outcome 5:

**Explain and manage shock**

Specific Outcome 6:

**Conduct secondary assessment of the sick and/or injured person and provide appropriate primary emergency care within the workplace**

This Learning Unit comprises the theoretical component of your learning and includes activities that are class-based and of a formative nature.

**After completing this Lesson, you should be able to:**

* Apply basic primary emergency care according to requirements
* Conduct assessments and provide primary emergency care in the workplace
* Manage shock

**FIRST AID PROGRAMMES**

The aim and importance of First Aid programmes are to:

* Preserve life
* Prevent injuries and illness from becoming worse
* Promote recovery

**RESPONSIBILITY OF FIRST AIDERS**

When a First Aider goes to someone’s aid, he undertakes to provide any assistance he can give safely and to remain on the scene until the casualty can be handed over to medical assistance or some other authority. In this role of Good Samaritan, the First Aider is given certain protections under the law. Therefore, he should not be overly concerned about legal liability.

A person has the right to accept (*consent*) or to refuse such help. A conscious adult or older child who agrees or makes no objection to your offer of help gives his consent. It is assumed that an unconscious person or a young child alone would consent to your help if he could. This is called *implied consent*. If a person refuses help, stay with him and keep a close eye on his condition until medical assistance arrives. If he becomes unconscious and his life is endangered, do whatever is necessary to save his life.

 **TASK 5 – This task needs to be completed and placed in your Portfolio of Evidence.**

Discuss with a qualified First Aider the viewpoints on the issue of consent and implied consent in your organisation. Record the main points of your discussion.

This Task is aligned to Essential Embedded Knowledge

**TYPES OF INJURIES / ILLNESSES**

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| Bone Injuries/ Fractures | | Your body consists of over 200 bones of all different shapes and sizes. All of these bones in addition to muscles and the tendons and ligaments that put them together form the skeleton, which serves to protect many of the organs your body uses to function normally. Bones are dense and very strong, and they tend not to break easily, except in elderly people who have developed osteoporosis, a gradual weakening of the bones. Bone injuries are often quite painful, and they may bleed, as all bones have an ample amount of blood and nerves.  The two types of bone injuries are:   * **Fractures**, which may be open or closed, and * **Dislocations**, which involve muscles and joints as well.   An open fracture occurs when an arm or a leg twists in such a way that the broken bone ends tear through the skin, causing an open wound. In a closed fracture the skin is not broken; this type of fracture is much more common than an open fracture. An open fracture brings with it a chance of infection and also severe bleeding.  Fractures can be life threatening if they sever an artery, affect breathing, or occur in very large bones such as the femur in the thigh. A motor vehicle accident or any fall from a height may cause a fracture. | |
| Muscle Injuries | The body has over 600 muscles, which are soft tissue. Injuries to the brain, the spinal cord or nerves can affect a person's muscle control, and when a muscle is injured, a nearby muscle may take over for the injured one.  A joint is formed where the ends of two or more bones come together in one place. The bones are held together by ligaments, which tear when a joint is forced beyond its normal range of movement.  A dislocation is typically more noticeable than a fracture. A dislocation occurs when a bone moves away from its normal position at a joint. A violent force tears the ligaments that hold the bone in place at a joint and the joint will no longer function. Usually, the displaced bone causes an obviously abnormal bump, ridge or hollow.  A sprain is the tearing of ligaments at a joint. Sprains may swell but typically heal quickly. Pain may be minimal and the victim may be active soon, in which case the joint won't heal properly and will remain weak. It is likely to be re-injured more severely, possibly involving a fracture or dislocation of the bones at the joint. The most easily injured joints are at the ankle, knee, wrist and fingers. A strain is a stretching and/or tearing of muscles or tendons.  Lifting a very heavy object or working a muscle too hard frequently causes strains. They usually involve muscles in the neck, back, and thigh or back of the lower leg. Strains tend to reoccur; especially those located in the neck or back. | |
| Burns | A burn can be caused by:   * heat (flames, hot grease, or boiling water), * the sun (solar radiation), * chemicals or, * electricity.   When a burn breaks the skin, infection and loss of fluid can occur. Burns can also result in difficulty breathing. If a burn victim has trouble breathing, has burns on more than one part of the body, or was burned by chemicals, an explosion, or electricity, call Emergency Services immediately.  Burns caused by flames or hot grease usually require medical attention as well, especially if the victim is a child or an elderly person. | |

 **TASK 6 – This task needs to be completed and placed in your Portfolio of Evidence.**

With the assistance of a First Aider, list the different types of injuries that could occur in the workplace with customers and/or staff.

This Task is aligned to Specific Outcome 4

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| Sudden illness | The most common illness are: | |
| * heart attack * shock * stomach ailments | * flu * asthma * allergic reactions |
| Signs and symptoms of sudden illness include: | |
| * feelings of light-headedness; * dizziness, confusion, or weakness; * the victim may become pale or flushed, and may start sweating; * nausea and vomiting are causes for concern, as is diarrhea; | * changes in consciousness; * seizure paralysis; * slurred speech; * difficulty seeing; * severe headache; * breathing difficulty; * persistent pressure or pain |
| Call Emergency Services if: | |
| * victim has lost consciousness, is unusually confused, or is losing consciousness; * victim has difficulty breathing or is not breathing in a normal way; * has chest pain or pressure that won't go away; | * has persistent pressure or pain in the abdomen; * is vomiting or is passing blood; * has seizures, a severe headache, or slurred speech; * seems to have been poisoned; * has injuries to his/her head, neck, or back |
| Head, Neck and Spine | These are considered critical injuries and take precedents over the rest and Emergency Services should be called. | |
| Shock | Shock is a life-threatening condition that can be caused by severe bleeding, an injury or sudden illness.  The circulatory system fails to carry oxygen-rich blood to all body parts. The body's oxygen-starved major organs cannot function properly, triggering a series of responses, which produce specific signals known as shock.  Three conditions are needed for the body to maintain adequate blood flow:   * the heart must be working well, * an adequate amount of blood must be circulating, and * the blood vessels must be intact and able to adjust blood flow.   When a severe injury or illness occurs, the body sends blood to the vital organs:   * brain, * heart and * lungs, among others.   When the tissues of the arms and legs begin to die, the body sends blood to them and away from the vital organs.  The victim goes unconscious as the brain is affected, his or her heartbeat slows and stops as the heart is affected, and then breathing stops as well. **Without proper medical treatment, a person in shock will die.** | | |
| Fainting or a diabetic emergency | When the insulin level in the body is too **low** and the blood sugar level is too **high**, the resulting condition is called **hyperglycemia**. If this condition is not corrected, the victim may go into a diabetic coma.  When the insulin level in the body is too **high** and the blood sugar level is too **low**, the resulting condition is called **hypoglycemia**. | | |

**PROVIDING APPROPRIATE FIRST AID**

In the event of emergency situations it is critical to carry out the correct and appropriate care to patients according to their conditions and situations. The appropriate first aid procedures for the various emergency situations are covered in more detail in the sections that follow.

**RESCUE BREATHING**

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| Overview | A person can stop breathing for many reasons: sudden illness, allergy, and a serious accident. When a person is not breathing, but still has a pulse, it is crucial that you perform Rescue Breathing – which in effect is breathing for the unconscious person.  When a person stops breathing, there is only a few minutes that pass before brain damage and death occurs. In a child, this timeframe is even shorter. In fact, it is recommended that you give an unconscious, not breathing child rescue breaths for a minute before you even call Emergency Services**.**  Only stop giving rescue breaths if:   * the victim begins to breathe on his or her own; * the victim has no pulse-begin CPR immediately; * more advanced medical personnel takes over; * you are too exhausted to continue.   Rescue breathing is the act of breathing for a person who is not breathing, yet has a pulse. You should never perform rescue breathing on a stranger unless you have a resuscitation mask, so that you will not catch any contagious disease the victim is carrying. |

**Rescue breathing ADULTS**

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| Procedure | If the victim is not breathing yet has a pulse, initiate rescue breathing. As follows: |
| Step | **Action** |
| 1. | Use a head tilt and a chin lift to keep the victim's airway open.  ***Head tilt – Chin lift*** |
| 2. | Pinch the victim's nose shut gently, using your thumb and index finger. |
| 3. | Then place your mouth over the victim's mouth, making a seal  ***Mouth to mouth ventilation*** |
| 4. | Breathe slowly, watching to see the chest rise. Pause in between each breath to let the airflow out  ***Look for the rise and fall of chest*** |
| Step | **Action** |
| 5. | If the victim's chest does not rise and fall, re-tilt the head and try again. If the air still does not go in, the victim has an obstructed airway, and you must perform **“abdominal thrusts”**. |
| 6. | After giving 2 breaths, check for a pulse. If the victim has a pulse but still is not breathing, continue rescue breathing |
| 7. | Give 1 breath every 5 seconds. Count the seconds as "one-one thousand, two-one thousand," etc., taking a breath on "four- one thousand" and breathing into the victim on "five-one thousand." |
| 8. | Check for a pulse after about 1 minute of rescue breathing (about 12 breaths). If the victim has a pulse but still is not breathing, continue rescue breathing and checking the pulse every minute. If the victim's pulse stops, begin “CPR”. |

**Rescue breathing INFANTS**

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| Procedure | If the victim is not breathing yet has a pulse, initiate rescue breathing. As follows: |
| Step | **Action** |
| 1. | To open the airway of an infant or a child, you do not need to tilt the head as far back as an adult's. A very slight tilt should allow air to go in. |
| 2. | Give a child or an infant **1** slow breath every **3** seconds |
| 3. | On an infant, you must make a seal over both the infant's mouth and nose |
| 4. | After **1** minute of rescue breathing (about 20 breaths), check for a pulse |
| 5. | If the victim has a pulse but still is not breathing, continue rescue breathing and checking the pulse each minute. If breaths do not go in, re-tilt and try again. If breaths still do not go in, you must go immediately to **“abdominal thrusts – child”** or **“abdominal thrusts - infant”** |
| 6. | If the victim's pulse stops, begin **“CPR – Child”** / **“CPR – Infant”** |

CLASS ACTIVITY 2A

What could be the result from administering rescue breathing procedures in the same to an adult and an infant?

**CHECKING FOR A PULSE**

There are 3 ways in which a pulse can be measured namely:

* Carotid Pulse – this being the preferred method for checking adults and children. The Carotid Pulse is checked on the side of the neck and felt with the fingertips between the large muscle and the windpipe.
* Radical pulse – this is checked on the palm side of the wrist above the thumb.
* Brachial Pulse – this is the most reliable and most easily found in infants, located in the inside of upper arm

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| Description: sy01198_ | Never use your thumb to feel for a pulse as the thumb has a pulse of its own.  Do not feel or compress both Carotid arteries at the same time. This could affect blood supply to the brain and cause severe damage. |

**CPR (CARDIOPULMONARY RESUSCITATION)**

This procedure is applied to a person who has stopped breathing and whose heart has stopped beating. CPR is a combination of rescue breathing and artificial circulation created by external chest compressions.

The rescue breathing provides oxygen to the lungs and artificial circulation, which causes blood to flow from the heart to the lungs where it picks up oxygen to be carried to vital organs sustaining life.

CPR motions are modified for use on children and infants - defined as follows:

* Adults – 8 years and older
* Children – 1 to 8 years old
* Infants – less than 1 year old

**CPR – ADULT**

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| CPR Adult | The chest compression ratio to lung ventilation is 15 chest maneuvers to 2 breaths.  Chest compression is applied by placing hands over one another, locking elbows and letting your body weight apply pressure through the heals of your hands to depress the chest to 4/5 cm.  *Chest compression* |

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| Procedures | Follow the CPR procedure below: |
| Step | **Action** |
| 1. | **Assess Responsiveness**. Tap or gently shake the shoulders of an apparently unconscious person and shout, “Are you OK?” to determine the degree of responsiveness. If there is no response… |
| 2. | **Assess Breathing.** Place your ear near the casualty’s mouth and look for chest expansion. Look, listen and feel for signs of air movement. If breathing is absent… |
| 3. | **Call Out for Help.** Shout or use any means to attract the attention of bystanders. |
| 4. | **Position the Casualty.** Place the casualty on his back on a firm, flat surface, supporting the head and neck during the move. |
| 5. | **Open the Airway**. Use the head tilt – chin lift maneuver to open the airway. |
| 6. | **Reassess Breathing.** Look, listen and feel for any signs of air movement. If breathing is absent… |
| 7. | **Ventilate the Lungs.** Pinch the casualty’s nostrils shut, take a full breath, make a good seal over the casualty’s mouth. Breathe into the mouth, taking 1 to 1.5 seconds. Pause to let the casualty exhale and repeat, giving one more breath. Maintain the head tilt and… |
| 8. | **Assess the Pulse**. Locate the carotid artery on the side of the neck nearest to you and feel for a pulse. Check carefully to detect what may be a weak, irregular pulse. If there is no pulse… |
| 9. | **Send for Help.** If someone responded to your call for help, send him to call emergency services, giving sufficient information to ensure a prompt response to your call. Direct that person to return to you when the call has been completed. |
| 10. | **Begin Chest Compressions**:   * Landmark for correct hand position, lock the elbows, and bring your shoulders directly over the sternum. * Press down on the hands to compress the chest to a depth of 4.0 to 5.0 cm and relax to allow the chest to return to its normal shape. Pressure and relaxation should be of equal time and take less than 1 second. * Repeat compressions at a rate of 80 to 100 per minute for a total of 15 compressions. This should not take more than 9 to 11 seconds. Counting at a constant speed – ONE AND, TWO AND, THREE AND, FOUR AND, FIVE etc to FIFTEEN – will help maintain rhythm, rate and count. * Ventilate the lungs twice. * Perform four full cycles of 15 compressions and 2 ventilation’s, which should take about 1 minute |
| 11. | **Reassess Pulse**. Check the carotid pulse for a return of spontaneous pulse. If there is no pulse… |
| 12. | **Ventilate the lungs**. Give 2 breaths. |
| 13. | **Continue CPR.** Resume compressions and ventilation’s in the ratio of 15:2 and recheck the pulse every few minutes. |

**CPR – CHILDREN**

 **TASK 7 – This task needs to be completed and placed in your Portfolio of Evidence.**

Ask a qualified First Aider the difference in procedures to that of adult CPR from child CPR. Note your findings.

This Task is aligned to Specific Outcome 4

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| CPR children | CPR is different in a child in that ventilation’s are of less volume.  Chest compressions are given with heel of 1 hand only and to a lesser depth. Chest compression ratios are 1 breath to 5 chest compressions of 2.5 / 3.5 cm depth.  Chest compression to a child |

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| Procedures | Follow the CPR procedure below: |
| Step | **Action** |
| 1. | **Assess Responsiveness.** Tap or gently shake the shoulders of an apparently unconscious child and shout, “Are you OK?” to determine the degree of responsiveness. If there is no response… |
| 2. | **Assess Breathing**. Place your ear near the child’s mouth. Look for chest expansion while you listen and feel for signs of air movement. If breathing is absent… |
| 3. | **Call Out for Help**. Shout or use any means to attract the attention of bystanders |
| 4. | **Position the casualty.** Place the child n his back on a firm, flat surface, supporting the head and neck during the move. |
| 5. | **Open the Airway**. Use the head tilt – chin lift maneuver to open the airway |
| 6. | **Reassess Breathing**. Look, listen and feel for any signs of air movement. If breathing is absent… |
| 7. | **Ventilate the Lungs**. Pinch the child’s nostrils shut and cover the mouth or cover both the mouth and nose of a small child with your mouth to make a tight seal. Breathe a volume of air appropriate to the size of the child into the mouth or into the mouth and nose. Give two breaths, taking 1 to 1.5 seconds for each breath. Pause between the two breaths to let the child exhale. Maintain the head tilt and… |
| 8. | **Assess the Pulse**. Locate the carotid artery on the side of the neck nearest to you and feel for the pulse. Check carefully to detect what may be a weak, irregular pulse. If there is no pulse… |
| 9. | **Send for Help.** If someone responds to your call for help send him to call emergency services, giving sufficient information to ensure a prompt response to your call. Direct that person to return to you when the cal has been completed. |
| 10. | **Begin Chest Compressions:**   * Landmark to position the heel of one hand along the lower half of the sternum. Bring your shoulders directly over the sternum. Maintain the head tilt with the other hand. * Press the heel of the hand down to compress the chest to a depth of 2.5 to 3.5 cm and release the pressure to allow the chest to return to its normal shape. Pressure and release should be of equal time and take less than 1 second. Give a total of five compressions, at a rate of 80 to 100 per minute. This should take 3 to 4 seconds. Counting at a constant speed – ONE AND, TWO AND, THREE AND, FOUR AND, FIVE – will help maintain rhythm and rate * Ventilate the lungs. Open the airway and give one light breath * Perform 10 full cycles of 5 compressions and 1 ventilation taking about 1 minute. |
| 11. | **Reassess Pulse**. Check for a return of spontaneous pulse. If there is no pulse… |
| 12. | **Ventilate the lungs**. Give one light breath |
| 13. | **Continue CPR.** Continue to give compression – ventilation cycles and reassess the pulse every few minutes. |

**CPR – INFANT**

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| --- | --- |
| CPR infants | Mouth to mouth (breathing) ventilation method is the recommended CPR for infants and children opposed to mouth to mouth used on adults.  Chest compressions for an infant are different to that of a child. Chest compression is done with 2 fingers and the ratio of chest compression to breathing are 5 to 1 with chest depth 1.5 to 2.5 cm.  *Chest compression to an infant* |
| Procedures | Follow the CPR procedure below: |
| Step | **Action** |
| 1. | **Assess responsiveness.** Tape or gently shake the apparently unconscious infant to determine the degree of responsiveness. It there is no response… |
| 2. | **Assess breathing.** Place your ear near the infants’ mouth. Look for chest expansion while you listen and feel for signs of air movement. If breathing is absent… |
| 3. | **Call out for Help**. Shout or use any means to attract the attention of bystanders who will be able to call emergency services |
| 4. | **Position the Infant**. Turn the infant on his back on a firm, flat surface, supporting the head and neck during the move. |
| 5. | **Open the Airway**. Use the head tilt - chin lift maneuver to open the airway, but avoid over-extension of the neck. Do not close the mouth completely or push on the soft underparts of the chin |
| 6. | **Reassess breathing**. Look, listen and feel for any signs of air movement. If breathing is absent… |
| 7. | **Ventilate the lungs**. Cover the infant’s mouth and nose with your mouth, making a tight seal, and breathe into the infant. Give two puffs of air, taking 1 to 1.5 seconds for each puff and pausing between the two to let the infant exhale. Ensure that the chest rises with each breath. Maintain the airway open and… |
| 8. | **Assess the pulse**. Locate the brachial artery with two fingertips and feel for signs of a pulse. Check carefully to detect what may be a weak, irregular pulse. I f there is no pulse… |
| 9. | **Send for Help**. If someone responded to your call for help, send him to cal emergency services, giving sufficient information to ensure a prompt response to your call. Direct that person to return to you when the call has been completed. |
| 10. | **Begin Chest Compressions**:   * Landmark to position two fingertips along the length of the sternum, one finger’s width below the line between the infants nipples. * Compress the chest vertically to a depth of 1.5 to 2.5 cm. Release the pressure to allow the chest to return to its normal shape, but keep the fingers in place. Pressure and release should be of equal time and take less than 1 second. Give five compressions at a rate of 100 – 120 per minute. This should take 3 seconds. Counting at a constant speed – ONE AND, TWO AND, THREE AND, FOUR AND, FIVE – will help maintain rhythm and the correct rate. * Ventilate the lungs. Open the airway and give one puff of air * Complete 10 compressions – ventilation cycles in the ration of 5:1, taking about 45 seconds. |
| 11. | **Reassess the pulse**. Maintain the airway open and reassess the brachial pulse (about 5 seconds). If there is no pulse… |
| 12. | **Ventilate the lungs**. Give one puff of air. Ensure that the chest rises. |
| 13. | **Continue CPR**. Give compression – ventilation cycles and reassesses the pulse every few minutes. |

**CHOCKING / BLOCKED AIRWAYS**

**Choking - ADULTS**

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| Procedures | If a person is clutching his or her throat with both hands, he or she is making the universal sign for choking. If the person can cough or talk, encourage him or her to continue coughing. But once the victim can no longer talk or cough, you must clear the obstructed airway. To clear the obstructed airway that causes choking, you must perform abdominal thrusts by doing the following: |
| Step | **Action** |
| Choking Adult (Conscious) | |
| 1. | Stand behind the conscious choking adult, wrapping your arms around his or her waist |
| 2. | With one hand, make a fist |
| 3. | Place the thumb side of the fist against the victim's abdomen just above the bellybutton |
| 4. | Be sure your hand is far below the tip of the breastbone |
| 5. | Put your other hand over the fist and give quick upward thrusts into the victim's abdomen |
| 6. | Continue giving thrusts until the object blocking the airway is dislodged and the victim begins to breathe, or until the victim becomes unconscious  ***Abdominal thrust*** |
| 7. | If, during the primary survey, your breaths would not go in an unconscious adult, despite having re-tilted the head and tried again, you must assume the victim's airway is obstructed. If the victim is a conscious choking adult who became unconscious, you must lower him or her to the floor on his or her back |
| 8. | Perform a head tilt and chin lift to try to open the airway, and attempt to remove the obstruction by sweeping it out of the victim's mouth with your finger. This is called a finger sweep. Always use a hooking action, being careful not to lodge the object in further |
| 9. | Perform a head tilt and a chin lift and give 2 slow breaths. If the breaths still do not go in, go to abdominal thrusts |
| 10. | Straddle one or both of the victim's thighs. Place the heel of one hand on the victim's abdomen, just above the bellybutton yet far below the tip of the breastbone. Place your other hand on top of the first, interlacing your fingers, and give 5 quick upward thrusts |
| 11. | Then do a finger sweep and give 2 slow breaths |
| 12. | If air still will not go in, continue giving 5 abdominal thrusts, a finger sweep and 2 slow breaths |
| 13. | Continue giving thrusts until the object is dislodged, air goes into the victim, or trained medical personnel takes over  ***Abdominal thrust – lying down*** |
| 14. | If the victim is not breathing but has a pulse, you must perform “Rescue Breathing”. |
| 15. | If the victim is not breathing and does not have a pulse, go to “CPR”. |

**Choking – CHILD**

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| Procedures | Proceed as follows for a choking child: |
| Step | **Action** |
| Choking Child (Conscious) | |
| 1. | If the child can cough or talk, encourage him or her to continue coughing. |
| 2. | If the child cannot cough or talk, ask if he or she is choking. |
| 3. | Perform abdominal thrusts. Stand behind the victim, wrap your arms around his or her waist, and make a fist with one hand. Place the thumb side of the fist against the child's abdomen, above the bellybutton yet far below the tip of the breastbone. Put your other hand over the fist and give quick upward thrusts into the victim's abdomen. |
| 4. | Continue giving thrusts until the airway is cleared and the child begins to breathe, or until the child becomes unconscious. |
| 5. | If the child was a conscious choking victim who became unconscious, lower the child down onto his or her back. Or, you may have determined during the primary survey that air would not go in, even after you retilted and tried again. |
| 6. | You must give the child 5 abdominal thrusts, do a finger sweep if you see the object, and open the airway with a head tilt and a chin lift and give 2 slow breaths. |
| 7. | If the breaths still will not go in, continue giving abdominal thrusts, a finger sweep and 2 slow breaths until the object is expelled, the child starts to breathe or cough, or Emergency Services takes over. |
| 8. | If the child is not breathing but has a pulse, you must perform “Rescue Breathing”. If the child is not breathing and does not have a pulse, go to “CPR”. |

**Choking – INFANT**

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| Procedures | During the primary examination, you may determine that the infant is conscious and cannot breathe, cough or cry. You must: |
| Step | **Action** |
| Choking infant (Conscious) | |
| 1. | Give 5 back blows and 5 chest thrusts. |
| 2. | Place the infant face-up on your forearm. Put your other arm on top of the infant. Use your thumb and fingers to hold the infant's jaw, sandwiching the infant between your forearms. Turn the infant over, facedown on your forearm. Place your arm down on your thigh, being sure that the infant's head is lower than his or her chest. Using the heel of your hand, give 5 back blows between the infant's shoulder blades. Be sure to hold the infant's jaw with your thumb and fingers to stabilize his or her head. |
| 3. | You must turn the infant back over to give chest thrusts. Place your free hand and forearm across the infant, sandwiching it between your forearms and supporting his or her head. Turn the infant over onto his or her back and place your arm down on your thigh, making sure the infant's head is lower than his or her chest. Imagine a line across the infant's chest between the nipples. Place your ring finger on the infant's breastbone just below the imaginary line. Place the pads of the next two fingers just under the line. Raise your ring finger, and if you can feel the notch at the tip of the infant's breastbone, move your fingers up a little bit. Compress the infant's breastbone 1/2-1 inch with the pads of your fingers and then let the breastbone return to its normal position. Give 5 compressions. |
| 4. | Continue giving back blows and chest thrusts until the infant can breathe or cough. |
| 5. | If the infant was a conscious choking victim who became unconscious, place the infant down on its back. |
| 6. | You may have determined during the primary survey, even after re-tilting the head and trying again, that air would not go in. |
| 7. | Perform 5 back blows and then 5 chest thrusts. |
| 8. | Do a foreign body check: open the infant's mouth, holding the tongue and lower jaw and lifting them upward, and look for an object; if you do see an object, do a finger sweep to remove it with your little finger. |
| 9. | Then give 2 slow breaths. If air still will not go in, continue doing back blows, chest thrusts, foreign body check and 2 slow breaths until the infant starts to breathe or cough or air goes in. |
| 10. | If the infant is not breathing but has a pulse, you must perform “Rescue Breathing”. If the infant is not breathing and does not have a pulse, go to “CPR”. |

**BONE INJURIES / FRACTURES**

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| Procedures | To care for bone injuries or fractures, proceed as follows: |
| Step | **Action** |
| 1. | Do not try to move a patient with a severely broken bone unless it is absolutely necessary. |
| 2. | Calling Emergency Services is the best course of action in this case. |
| 3. | However, if you must move the patient you must immobilize the injured body part. One way is to splint it, but do this only if it can be done without hurting the victim, and always attempt to splint the part in the position you found it. |
| 4. | Splint the injured area & the joints above and below the injured area. You may use another body part, like an injured leg to an uninjured one, or an injured arm to a chest - this is called an *anatomic splint*. Make a *soft splint* from folded blankets or towels, or use a triangular bandage to make a sling, another type of soft splint, which is used to support an injured arm, wrist or hand. Use folded magazines or newspapers, cardboard or metal strips to support the injured body part with a *rigid splint*. Use several folded triangular bandages to secure the injured body part to the splinting material, tying them securely but not too tight. |
| 5. | Apply ice and raise the injured part, and prevent the victim from getting chilled or overheated. |
| 6. | Remember to be reassuring! |

**MUSCLE INJURIES**

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| Procedures | To care for a muscle injury, proceed as follows: |
| Step | **Action** |
| 1. | The formula for proper care is rest, ice and elevation |
| 2. | Make the victim as comfortable as possible, and apply ice to reduce pain and swelling |
| 3. | Minimize movement of the injured part by supporting it with something like a pillow |

**BURNS**

|  |  |
| --- | --- |
| Procedures | To care for burns, proceed as follows: |
| Step | **Action** |
| Thermal Burns | |
| 1. | Stop the burning. Put out flames or remove the victim from the source of the burn. |
| 2. | Cool the burn. Use large amounts of cool water to cool the burn. Never use ice except on small superficial burns, because it causes body heat loss. If the area cannot be immersed, like the face, you can soak a clean cloth and apply it to the burn, being sure to continue adding water to keep the cloth cool. |
| 3. | Cover the burn. Use dry, sterile dressings or a clean cloth to help prevent infection and reduce pain. Bandage loosely. Do not put any ointment on a burn unless it is very minor. Do not use any other home remedies, and do not break any blisters. For minor burns or burns with broken blisters that are not severe enough to require medical attention, wash the burned area with soap and water, keep it clean and apply an antibiotic ointment. Remember that some people can be allergic to topical ointments, so if you have any doubts, call your doctor for advice. For a victim of severe burns, lay him or her down unless he or she is having trouble breathing. Try to raise the burned areas above the level of the victim's heart if possible, and protect the victim from drafts. |
| 4. | Chemical burns can be caused by chemicals used in manufacturing or in a lab, or by household products such as bleach, garden sprays or paint removers. |
| 5. | Call Emergency Services in any case of a chemical burn |
| 6. | Remove the chemical from the skin or eyes immediately by flushing the area with large amounts of cool running water until Emergency Services arrives. Remove any clothes with chemicals on them, and be careful not to spread the chemical to other body parts or to yourself. |
| Electrical Burns | |
| 7. | Electrical burns can be caused by power lines, lightening, defective electrical equipment, and unprotected electrical outlets. |
| 8. | Call Emergency Services in the case of an electrical burn. |
| 9. | Do not go near the victim unless you are sure the power source has been turned off. |
| 10. | The burn itself will not be the major problem. |
| 11. | If the victim is unconscious, check breathing and pulse. |
| 12. | Check for other injuries, and do not move the victim because he or she may have spinal injuries. |
| 13. | Cover an electrical burn with a dry, sterile dressing. Do not cool the burn. |
| 14. | Prevent the victim from getting chilled. |
| 15. | There may be two wounds, one where the current entered the body and one where it left, and they may be deep. |

**CUTS**

|  |  |
| --- | --- |
| Procedures | You will need: soap, hot water, cotton wool or gauze swabs, antiseptic lotion, plasters or a non-adhesive dressing (clean tissues will do) and a gauze bandage, then proceed as follows: |
| Step | **Action** |
| 1. | Wash your hands. |
| 2. | Press the wound with thumb and fingers (holding cut edges together if necessary) until bleeding stops. |
| 3. | Rinse wound under a tap if it’s dirty, |
| 4. | Then, using cotton wool or gauze, gently clean with soap and water. Work from the centre of the wound outwards, using a clean swab for each wipe. |
| 5. | Finish with some diluted antiseptic. |
| 6. | Pat skin thoroughly dry. |
| 7. | Carefully remove any small pieces of glass or gravel from the wound with a clean piece of gauze tweezers. |
| 8. | For small cuts and grazes, a plaster is enough. |
| 9. | Larger injuries need a non-adhesive dressing secured with a gauze bandage which you tie firmly, but not so tightly that the circulation is restricted. |
| 10. | **Never** put fluffy dressings like cotton wool next to the wound – they’ll stick to it and it will be painful when it comes to pulling it off. Only handle the very edges of a dressing. |

**HEAD, SPINE, NECK INJURIES**

|  |  |
| --- | --- |
| Procedures | To care for head, spine or neck injuries, proceed as follows: |
| Step | **Action** |
| 1. | If in a victim you see these signs:   * changes in consciousness, * vision and breathing problems, * nausea and vomiting, * inability to move a body part; * steady headache; * tingling or loss of sensation in hands, fingers, feet or toes; * blood in the ears or nose; * seizures; * severe pain, * pressure or bleeding in the head, neck or back; * bruising of the head; * loss of balance   Call Emergency Services immediately, and **DO NOT** attempt to move the victim or you may injure him or her further |
| 2. | Minimize movement of the head and spine, maintain an open airway (lift the chin slightly but **DON’T** tilt the head otherwise you might paralyze the victim), |
| 3. | Check consciousness and breathing, |
| 4. | Control any bleeding, |
| 5. | Prevent the victim from getting chilled or overheated |

**SHOCK**

|  |  |
| --- | --- |
| Procedures | To care for shock, proceed as follows: |
| Step | **Action** |
| 1. | Call Emergency Services immediately. |
| 2. | Have the victim lie down in order to rest comfortably, minimizing pain. |
| 3. | Control any bleeding. |
| 4. | Prevent the victim from becoming chilled or overheated. |
| 5. | Reassure the victim. |
| 6. | Elevate the legs about a foot unless you suspect head, neck or back injuries or broken bones in the hips or legs, in which case you must leave the victim lying flat. |
| 7. | Do not give the victim anything to drink. |

**FAINTING OR A DIABETIC EMERGENCY**

|  |  |
| --- | --- |
| Procedures | To care for fainting or a diabetic emergency, proceed as follows: |
| Step | **Action** |
| 1. | If you know that a person is diabetic and he or she is experiencing these symptoms, treat the person as though he or she has hypoglycemia, or low blood sugar. |
| 2. | If the victim is conscious, give him or her something to eat or drink that contains plenty of sugar, such as sweets, fruit juice, cola, etc. If the person is suffering from low blood sugar, or hypoglycemia, the sugar will help within minutes. If the person is feeling ill because of high blood sugar, or hyperglycemia, he or she will not be harmed by the extra sugar. |
| 3. | If the victim does not feel any better after five minutes, call Emergency Services. |

**SUDDEN ILLNESS**

|  |  |  |
| --- | --- | --- |
| Procedures | To care for a sudden illness, proceed as follows: | |
| Step | **Action** |
| 1. | First, call Emergency Services immediately and care for any life-threatening conditions the victim may have. |
| 2. | Help the victim rest comfortably, and prevent him or her from getting chilled or overheated. |
| 3. | Reassure the victim. Monitor him or her for changes in consciousness, and do not give the victim anything to eat or drink unless he or she is fully conscious. |
| 4. | If the victim **vomits**, place the victim on his or her side to prevent choking. |
| 5. | If the victim **faints**, position him or her on the back and elevate the legs about a foot if you do not suspect a head, neck or back injury. A person about to faint becomes pale, begins to perspire, and then loses consciousness and collapse. Remember the adage: “if the head is pale, raise the tail,” which refers to returning blood and circulation to normal after fainting. |
| 6. | If the victim has a **diabetic emergency**, give him or her some form of sugar drink or sweet. |
| 7. | If the victim has a **seizure, DO NOT** place anything in his or her mouth. Remove any nearby objects that might injure the victim. Cushion his or her head with a pillow or folded blanket, towel or article of clothing. Move yourself out of the victim's range as he or she will probably be thrashing violently and you do not want to be injured. After the seizure, keep the airway clear and place the victim on his or her side if there is fluid, like blood, saliva or vomit, in his or her mouth. |

**SUMMARY OF FIRST AID SYMPTOMS AND TREATMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Guidelines | | The checklist below summaries emergency situations including less common situations of emergency that’s not covered in this module: | | | |
| AILMENTS | | **SYMPTOMS** | **TREATMENT** |
| Appendicitis | | Pain in right lower abdomen. Nausea, possible vomiting and fever | Call your doctor. Never give anything by mouth. Ice back may reduce discomfort |
| Burns & Scalds | | Redness & pain. Moderate burn will blister. Severe burn shows tissue destruction. | Ice for small burn. Cool (not ice) water to big burn. Wash with cool water & soap. Sterile dressing. NO ointment. Do not remove clothing stuck to burn. Call a doctor if extensive, blistered, or white, dry and painless. |
| Convulsions | | Strong, jerking movements; stiff body. Difficulty breathing. Bluish face. Eyes rolled back, gritting or teeth, frothy mouth. | Call doctor. Prevent patient from hurting himself. Keep them lying down, do not restrain. Loosen collar, and cover him. |
| Croup | | Noisy, difficult breathing. Hoarse, barking cough | Call you doctor. Expose immediately to moist air; use a humidifier in a small room or put patient in the bathroom and turn on the shower (keep door and windows closed) |
| Dog Bite | | Skin may be punctured or torn. May show teeth/fang marks | Wash with soap and water, cover with sterile dressing and bandage. Capture animal to observe for rabies. (If must kill, preserve head for rabies tests). Report to a doctor or hospital |
| AILMENTS | | **SYMPTOMS** | **TREATMENT** |
| Drowning | | Unconscious, not breathing. Heart may have stopped | If victim has pulse but no breath, give mouth to mouth breathing. If heart stopped, give CPR – if trained. DO NOT move head, neck or back unnecessarily. Call ambulance. |
| Electric Shock | | Unconsciousness. Pale, bluish skin that is clammy and mottled in appearance. | Turn off current, break contract with dry wood or dry cloth. If no breath, give mouth to mouth. If no pulse, give CPR (if trained). Keep patient warm. Give nothing to eat or drink |
| Fractures & Dislocations | | Severe pain, deformity, and loss of motion. Possible protruding broken bones. | Call doctor. Do not move injured part until splinted. If legs, back, neck are injured, keep person lying flat and call ambulance. Cover open wounds with available clean fabric. Keep patient warm. Give nothing to eat or drink |
| Gas Poisoning | | Headache. Dizziness. Pale. Unconscious. | Open or smash windows and doors, pull victim to fresh air. If no breath, give mouth to mouth. If no pulse, give CPR (if trained). Keep warm. Call ambulance. |
| Heat Stroke Exhaustion | | **Heat Exhaustion:** Pale, clammy, headache and weakness. Possible nausea.  **Heat Stroke**: also vomits, is flushed and confused | Cold cloths to skin. Give salty fluid such as broth, Gatorade or Pedialyte. If patient vomits or becomes flushed and confused, he has **Heat Stroke**! Call ambulance or doctor |
| Heart Attack | | Persistent chest pain, often radiating to left shoulders and arms. Difficulty breathing. Lips, skin and fingernails turn blue. | Call an ambulance. Place victim in a comfortable position, sitting up. Use pillows for support. Keep warm and loosen collar. If trained, administer CPR (if trained), otherwise give mouth to mouth resuscitation if breathing has stopped. Give nothing by mouth |
| Poisoning | | Symptoms vary. Throat or stomach pains. Mouth burns. Vomiting. Drowsiness | Call Poison Centre or a doctor. If directed, give syrup of ipecac. DO NOT force liquids or induce vomiting unless so directed. |
| Shock | | Due to injury, illness, poison: pale, mottled face, cold sweat, fast breathing, weak pulse | Keep warm, lying down, feet raised. Call a doctor or ambulance. No fluids or food. Clear airway. If lower face/jaw injuries, or unconscious: lay on side to drain. Avoid rough or excessive handling |
| Stroke | | Unconscious. Heavy breathing. Apparent weakness in face or limbs on one side. Inability to speak. | Cover patient with a light blanket. Turn head of vomiting patient to side. Give no stimulants and nothing to eat or drink. Call an ambulance. |

**LESSON 3**

**Organising Assistance**

This Learning Unit is aligned to US 120496 Specific Outcome 2:

**Sustain a basic level of preparedness for health emergencies in the workplace**

Specific Outcome 3:

**Assess and manage an emergency scene in the workplace**

This Learning Unit comprises the theoretical component of your learning and includes activities that are class-based and of a formative nature.

**After completing this Lesson, you should be able to:**

* Assess and manage an emergency scene in the workplace

**TO ORGANISE EMERGENCY ASSISTANCE**

Call Emergency Services if:

* Victim has lost consciousness, is unusually confused, or is losing consciousness;
* Victim has difficulty breathing or is not breathing in a normal way;
* Has chest pain or pressure that will not go away;
* Has persistent pressure or pain in the abdomen;
* Is vomiting or is passing blood;
* Has seizures, a severe headache, or slurred speech;
* Seems to have been poisoned;
* Have injuries to his/her head, neck, or back.

If you ever need to give First Aid, make sure that you get someone to help you. You will need them to call Emergency Services, obtain blankets, or simply stay with the patient while you take any necessary action.

Do whatever you have to do to get the attention of someone who can help you – shout, scream, bang on doors or walls. But remember to stay calm and stay in control of the situation.

 **TASK 8 – This task needs to be completed and placed in your Portfolio of Evidence.**

Find out the correct procedure for organising emergency assistance in your organisation and when it is appropriate to call for back up service and emergency assistance.

This Task is aligned to Specific Outcome 3

**BACK UP SERVICES**

In the event of an emergency one cannot waste time, so promptly and immediate request assistance and appropriate back up services.

If someone is injured on Duty the First Aid representative for that area of work should immediately be alerted as well as the HOD and Duty Manager who would make the decision to call the appropriate medical services i.e. ambulance. The incident is then reported to the Regional Safety and Loss Control Manager who then has the responsibility of completing all relevant documentation and keeping all records on file

In the event of injury to the guest, the Duty Manager is immediately contacted and after assessment of situation he/she would alert appropriate medical services i.e. doctor, ambulance, SAP, etc.

In the table below find various emergency situations and appropriate back up services to contact:

|  |  |
| --- | --- |
| **Emergency Situations** | **Action** |
| **Guests** | |
| **Suicide attempts** | Report immediately to Duty Manager who will then summon the SAP (South African Police Services) and ambulance services |
| **Injury** | Immediately alert First Aid representative and the Duty Manager |
| **Illness** | Immediately report to the Duty Manager |
| **Staff** | |
| **Injury** | Alert first aid representative and Duty Manager ensuring all relevant details of situation documented on the IOD form (Injury On Duty Form) |
| Illness/heart attack | Same as above |

|  |  |
| --- | --- |
| Description: sy01198_ | **Certain establishments may have a directive that at no time may any medication what so ever be issued to guests or staff** |

**HOW TO RELAY INFORMATION TO EMERGENCY UNITS**

When emergency services arrives, you will have to give them the following information:

* **History:**
* (What happened) events leading to situation
* **Vital signs and symptoms:**
* The condition in which you found the patient – the not breathing, no pulse, patient cold, in pain
* What you have done – provide first aid to victim

As soon as you have done this, get out of the way, but be available for information or assistance if necessary.

 **TASK 9 – This task needs to be completed and placed in your Portfolio of Evidence.**

Find out from a qualified First Aider in your organisation about giving information to emergency staff. Record this information.

This Task is aligned to Specific Outcome 3

**EMERGENCY TREATMENT SEQUENCE CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Checklist | **x** | **√** |
| 1. | **Safety:** of your patient and yourself is of first concern. **Check area for hazardous and safety elements.** |  |  |
| 2. | **Breathing:** are airways clear? |  |  |
| 3. | **Pulse:** CPR needed? |  |  |
| 4. | **Symptoms:** Pain, cold, etc? |  |  |
| 5. | **Bleeding**: stop and cover wounds |  |  |
| 6. | **Breaks**: attend to fractures and immobilize them |  |  |
| 7. | **Transport**: get your patient ready for transport to hospital |  |  |
| 8. | **Observation**: watch patients respiration, pulse, and movements |  |  |

**LESSON 4**

**Organisational First Aid Policy**

This Learning Unit is aligned to US 120496 Specific Outcome 7:

**Keep records of the incident/accident**

This Learning Unit comprises the theoretical component of your learning and includes activities that are class-based and of a formative nature.

**After completing this Lesson, you should be able to:**

* Work in line with organisational requirements
* Keep records of all incidents / accidents

**LEGISLATION**

To ensure legislation and safety on premises. Organisations are governed by the following legislation that covers First Aid:

* OHASA (National Occupational Health and Safety Act.)
* This outlines the standard of policy and procedures to be implemented to ensure safety of guests and employees. For example:
* It is expected that there should be one qualified First Aider on the premises for every 50 people in an area.
* Monthly inspections are done internally to ensure compliance to the Occupational Health and Safety Act in terms of first aid, fire safety and equipment, etc.
* Local council annually do inspection to ensure compliance

**FIRST AID PROGRAMMES**

It is recommended that all staff are trained in basic First Aid. If this is not possible at least some staff should be identified in accordance with legislation to be trained as First Aid representatives.

|  |  |
| --- | --- |
| First Aid programmes | Follow the guidelines below to develop a First Aid programme: |
| **Step** | **Action** |
| 1. | Take all reasonable steps that are necessary under the circumstances, to ensure that persons at work receive prompt first aid treatment in case of injury or emergency. |
| 2. | Where more than five employees are employed at a workplace, provide a first aid box or boxes at or near the workplace, which must be available and accessible for the treatment of injured persons at that workplace. (Refer to section 4.3) |
| 3. | Taking into account the type of injuries that are likely to occur at a workplace, the nature of the activities performed and the number of employees employed at such workplace, the employer shall make sure that the first aid box or boxes contemplated in subregulation contain suitable first aid equipment. |
| 4. | Where more than 10 employees are employed at a workplace, take steps to ensure that for every group of up to 50, a minimum of one qualified first aid representative is available at that workplace, or shop / office as documented in the basic Conditions of Employment Act, 1983 (Act No. 3 of 1983). For every group of up to 100 employees ensure that at least one person is readily available during normal working hours, and in possession of a valid certificate of competency in fist aid, issued by –   1. the SA Red Cross Society 2. the St John Ambulance Foundation 3. the SA First Aid League |
| 5. | At a workplace where a high-risk substance or toxic, corrosive or similar hazardous substances are used, handled, processed or manufactured ensure that the first aid worker as documented in subregulation (4) is trained in the first aid procedures that are necessary for the treatment of injuries that may result from such activities including the acute detrimental effects of exposure to such substances, and in the emergency procedures which are necessary in the case of accidental leakage or dumping of such substances |
| 6. | Affix a prominent notice or sign in a conspicuous place at a workplace, indicating where the first aid box or boxes are kept as well as the name of the person in charge of such first aid box or boxes. |
| 7. | An employee with an open wound, cut, sore or any similar injury who works in a workplace where a substance as documented in subregulation (5) is used, handled, processed or manufactured, shall immediately report such injury to his employer. The employee may not continue to work until the injury has been cleaned with soap and water or with a diluted disinfectant and dressed. |
| 8. | Where an employee is exposed or can be exposed to a potential hazards of injury to the eye through contact with a biological or chemical substance, make sure that there is an eye-wash fountain in the immediate vicinity of the workplace and that employees are trained in the use thereof. |
| 9. | Where an employee at a workplace is exposed or can be exposed to a potential hazard of injury to or adsorption through the skin as a result of sudden contact with a large amount of toxic, corrosive, high risk or similar hazardous substance, make sure that there is a fast-reacting deluge-shower with clean water or a similar facility in the immediate vicinity of the workplace and that the employee is trained in the use thereof. |

**FIRST AID BOX**

The following items are the minimum contents required in a first aid box, in terms of the Government Gazette 14192 dated 7 August 1992. These are the only items to be kept in your first aid boxes. All other toiletry or medicinal products should be kept separately.

These items are for emergency purposes only, and should be issued either by the Departmental First Aider or the Department Head.

When one of the following items have been used, ensure that the form is completed stating date and purpose of use, and ensure that it is replenished immediately.

|  |  |  |  |
| --- | --- | --- | --- |
| Checklist | Below is a checklist to assist in acquiring and controlling the contents of the first aid box. | | |
|  | Checklist | **x** | **√** |
| 1. | 1 x Wound Cleaner / Antiseptic (100 ml) |  |  |
| 2. | 1 x Packet of Swabs for cleaning wounds |  |  |
| 3. | 1 x Packet of Cotton Wool for padding (100 g) |  |  |
| 4. | Sterile Gauze (minimum 10) |  |  |
| 5. | 1 x Pair Tweezers |  |  |
| 6. | 1 x Pair Scissors (min. size 100 mm) |  |  |
| 7. | 1 x Set Safety Pins |  |  |
| 8. | 4 x Triangular Bandages |  |  |
| 9. | 4 x Roller Bandages (75 mm x 5 m) |  |  |
| 10. | 4 x Roller Bandages (100 mm x 5 m) |  |  |
| 11. | 1 x Roll Elastic Adhesive (25 mm x 3 m) |  |  |
| 12. | 1 x Non-allergenic Adhesive Strip (25 mm x 3 m) |  |  |
| 13. | 1 x Pack of Adhesive Dressing Strips (min. quantity 10 assorted sizes ) (plasters) |  |  |
| 14. | 4 x First Aid Dressings (75 mm x 100 mm) |  |  |
| 15. | 4 x First Aid Dressings (150 mm x 200 mm) |  |  |
| 16. | 2 x Straight Splints |  |  |
| 17. | 2 x Pairs large and 2 pairs medium disposable latex gloves |  |  |
| 18. | 2 x CPR Mouth pieces or similar devices |  |  |

**DOCUMENTATION AND REPORTS**

 **TASK 10 – This task needs to be completed and placed in your Portfolio of Evidence.**

Find a copy of a completed report and any other related documents of an actual emergency situation that occurred in your organisation.

This Task is aligned to Specific Outcome 7

|  |  |  |
| --- | --- | --- |
| Procedures | | It is required in a organisation that all emergency situations must be reported and documented as follows: |
| **Step** | | **Action** |
| 1. | | Once the emergency is over, complete the “Accident Report” form and IOD with your Head of Department / Personnel Manager / safety and Loss Control Manager. |
| 2. | | Provide as much detail as possible describing details such as:   * Name and contact details of victims * How accident happened * Where and what time * What victim was wearing * Torn / soiled * Location of injury, e.g. left leg above the knee * Witnesses and names and contact numbers, etc. |
| Importance | | The following critical documentation is required for record purposes in the event of legal implications and comebacks:   * **Accident Report Forms and Injured on Duty Form (WCL 2)**– both need to be completed in the event of injury, etc and every detail must be recorded i.e. the guest slipped and fell on the left hand side injuring the knee. * **Inspection Certificates** of internal and external inspection done on Safety and Security, Health and Hygiene compliance’s. * **Schedules** of First Aid representatives training and certification.   (refer to folder enclosure) |
|  | **The General Manager is ultimately responsible to ensure that First Aiders are fully trained and meet requirements.** | |

 **TASK 11 – This task needs to be completed and placed in your Portfolio of Evidence.**

Attach samples of the following:

* IOD (Injured on Duty Form)
* Accident Report Form
* State the purpose of each form

This Task is aligned to Specific Outcome 7