THE INITIAL STEPS

The initial steps to first aid are the most important. Keeping them simple to remember is important.

A SAFETY CHECK MUST COME FIRST

- There is no one more important than you. This is something that you must keep in mind when faced with a situation where someone else needs help. This is not a selfish statement, in fact it’s a selfless statement. It means that first you need to take care of yourself before you can take care of anyone else. Rushing into a situation without first checking for safety may result in you also becoming injured which means you will not be able to help the other person, and you are now also a casualty.

Some of the things to check for include;
- Fumes, smoke, fires, or potential fires.
- Falling objects.
- Broken glass on the floor where you’ll be kneeling.
- Electrical wires/sources.
- Oncoming traffic if on the road.

If there are dangers you have three possible choices.
1. Get help and stay away from the danger.
2. Move the casualty away from the danger.
3. Eliminate the danger if you can do so safely (e.g. open windows to expel fumes).

Remember, if you get hurt you are not going to be able to help anyone else.

RESPONSE

Check to see what is wrong with the person. E.g. are they bleeding, conscious or unconscious, breathing or not breathing, etc.
Medical Help

- Don’t hesitate to get help when someone is hurt. In most cities the best and fastest way to get help is to call your local ambulance service. Know in advance how this service works in your area. Make sure you know the number. Teach your children the number as well because they may need to call if you are injured or ill. Have this number posted on your phones. And make sure you can explain to them where you are located.

- During an emergency, e.g. someone is unconscious; do not waste time calling your relatives or your friends. Even your family doctor will most likely not be able to help over the phone. Call for an ambulance immediately.

- When calling for an ambulance stay calm and answer the questions that the dispatcher will ask. They need to know things such as where you are, what happened, how many people are hurt, and who is doing first aid. When they have finished asking you questions then they will tell you to hang up, don’t do so until they are done talking to you. They may also be able to give you instructions over the phone of how you can help until the ambulance arrives.

- When using a regular landline the phone can easily be traced and the paramedics will know where you are calling from. But, just to be safe give them your location anyway. If using a mobile phone they may be able to triangulate your location but will probably not know exactly where you are so you will have to provide this information as accurately as you can.

- If you are traveling make sure you know the emergency number of where you are going, ahead of time.
HELP THE PERSON

Airway:
- Place them on their back, carefully so as to not cause any injury.
- Open their airway by tilting their head back and lifting their chin upwards. This will remove the tongue from blocking the airway. Keep the airway open.

Breathing:
- Check for Breathing by looking, listening, and feeling for air (10 seconds).
- If they are breathing then monitor and put them in the recovery position until the paramedics arrive.
- If they are not breathing give them 2 breaths, allowing the air to come out in between.
- If the air goes in then go to “Circulation.”
- If the air does not go in, re-position the head-tilt/chin-lift a bit further back and try blowing again. Be careful not to injure their neck.
- If the air still does not go in then go to “Circulation” but check the mouth for the food after doing CPR.

Circulation:
- Start CPR if needed (compressions and breaths).
- It is 30 compressions to 2 breaths. Continue until paramedics arrive or until something changes with the person (reassess at this point).
- If the air was not going in make sure you check the mouth, to see if the food came out, after each set of compressions. If you see the object in their mouth take it out and reassess breathing.
- Under this category, we are also concerned with shock and severe bleeding.
Compressions:
- Four to five cm deep.
- Fast.
- 30 compressions then 2 breaths.
- Do not stop unless something changes or ambulance arrives.
- Ribs will break, keep going.
**Conscious Choking Adult or Child:**

- Ask them if they are choking.
- Ask them if you can help.
- Step behind them and do abdominal thrusts (chest thrusts if they are big or pregnant).
- Continue until the food comes out or until they become unconscious.
- If the food comes out make them comfortable and activate ambulance if they need it.
- If they become unconscious:
  - Lay them down.
  - Call for an ambulance.
  - Check their mouth for the food.
  - Follow the A, B, Cs.

- The thrusts need to be quick and forceful. And if unsuccessful, the force needs to be increased.
- If they are visibly pregnant, or you can’t get your arms around their abdomen then you must do chest thrusts on the breastbone.
- If they are considerable shorter than you, such as a child, kneel down behind them and do the exact same thing.
- Never pick up a child to put them on a table or a chair simply because you don’t want to kneel down.
- After wards, this person should go see a doctor to make sure there was no internal damage done during the procedure.
**Conscious Choking Infant:**

- Lay them on your arm face down and give 5 back blows.
- Turn them over face up and give 5 chest compressions.
- Continue until the food comes out or until they become unconscious.
- If the food comes out make them comfortable and get medical help if they need it.
- If they become unconscious;
  - Lay them down.
  - Activate ambulance.
  - Check their mouth for the food.
  - Follow the 3 Cs explained above.

Hold the baby securely so that they don’t slip and fall.

- Once the food comes out take the baby to a doctor to check for any injuries that may have occurred from the rescue attempts.
- Never shake a baby upside down to try and remove a choking object.
- Always support the head, as they do not have developed neck muscles yet.
HEAD/tilt-chin/lift:
- This is done in order to lift the tongue off the throat so as to open the airway. It is done by placing one hand on the forehead and pushing the head back, and by placing one finger on the underside of the chin and lifting the chin upwards.
- If you suspect a neck injury then you should open the airway using the modified jaw thrust, without the head tilt.

TONGUE-JAW LIFT:
- This is done when you want to see if there is food inside an unconscious person’s mouth.
- It is done by opening their mouth and grabbing their tongue (like a tongue depressor) with your thumb. Now you can see inside their mouth.
- If you see an object use your other hand to pull it out.
- Never put any foreign objects, e.g. tweezers, inside their mouth to pull out the object.
- If the object is liquid or hard to get out, turn the person on their side and try scooping it out from this position.