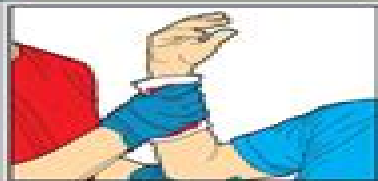
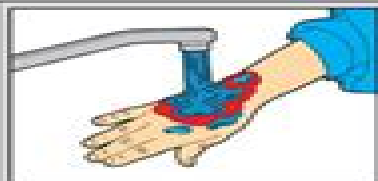


FIRST AID



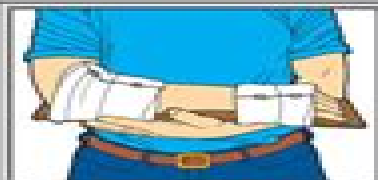
BLEEDING

- Apply direct pressure to the wound using a sterile gauze pad or clean cloth.
- Elevate the injured area above the level of the heart if there is no fracture.
- Cover the dressing with a pressure bandage. If bleeding does not stop apply additional dressings.
- If necessary, apply pressure to the artery with your hand.



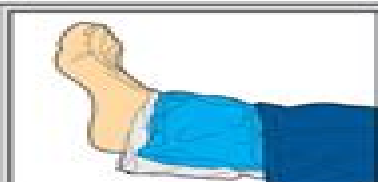
BURNS

- Stop the burning. Remove the person from the source of the burn.
- Cool the burn. Hold burned area under cool (not cold or icy) running water or immerse for 10 to 15 minutes. Use cool compresses if water is unavailable.
- Cover the burn. Cover burn with non-adhesive sterile bandage or clean cloth.
- Prevent shock. Lay the person down and elevate the legs.



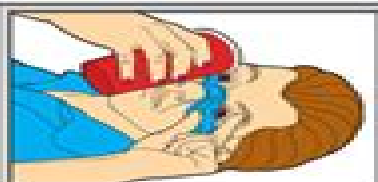
FRACTURES

- Help the person support the injured area. Stop any bleeding by applying pressure with sterile bandage or clean cloth.
- Check for feeling, warmth and color below fracture.
- Immobilize the injured area. Apply a soft or hard splint above and below the fracture.
- Apply ice or cold packs and elevate.
- Treat for shock. Lay the person down and elevate the legs.



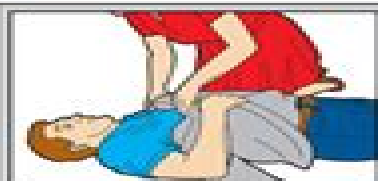
SPRAINS

- Rest the ankle or injured area.
- Apply ice or cold packs (wrap in cloth or put cloth under to protect the skin).
- Compress by lightly wrapping an elastic bandage around the injured area.
- Elevate the injured area above heart level to reduce swelling.



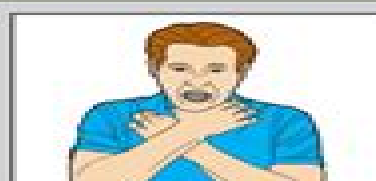
EYE INJURIES

- Don't rub the eye.
- For a foreign particle such as dirt, sand, or sliver of wood or metal have the person pull the upper lid down and blink repeatedly.
- Flush the eye with water.
- For any chemicals in the eye immediately wash the eye with lots of water.



SHOCK

- Help the person lie down on his or her back.
- Elevate the feet about 12 inches. If raising the feet causes pain or further injury, keep him or her flat.
- Check for signs of breathing, coughing, or movement, and if absent begin CPR.
- Keep the person warm and comfortable.
- Turn the person on his or her side to prevent choking if the person vomits or bleeds from the mouth.



CHOKING

Signs of choking

- The person has hands clutching his or her throat, unable to breathe or talk, or skin, lips, and nails are turning blue.

Perform abdominal thrusts (Heimlich maneuver)

- Stand behind the person. Wrap your arms around the waist.
- Make a fist with one hand. Position is slightly above the person's navel.
- Grab the fist with the other hand. Press hard into the abdomen with a quick inward and upward thrust.
- Perform 5 abdominal thrusts. (Heimlich maneuver)
- If you are alone, perform abdominal thrusts before calling 911. If two people are available, one can call for help while the other performs first aid.
- If the person becomes unconscious, perform CPR.



Clear the airway of obese person or pregnant woman

- Place your hands a little higher than normal.
- Proceed as with the Heimlich maneuver, showing your fist inward and upward quickly.
- Repeat abdominal thrusts until the blockage is dislodged. If the person becomes unconscious, perform CPR.



CPR

- Check to see if the person is conscious or unconscious.
- If the person doesn't respond and you are alone first call 911, then begin CPR. If two people are available, one should call 911 and the other begin CPR.

Compressions - Begin compressions

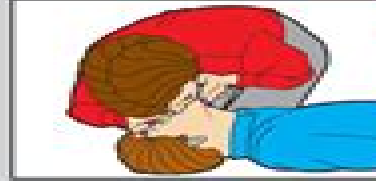
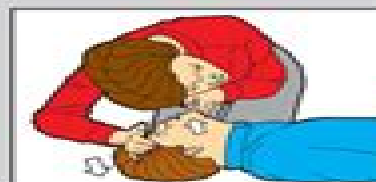
- If face down, put the person on his or her back while supporting the head, neck, and back.
- Place the heel of one hand over the person's breastbone. Place the other hand on top of the first hand. Keep your elbows straight.
- Using your upper body push straight down compressing the chest to about 2 inches. Push hard at a rate of 100 compressions per minute.

Airway - Clear the airway

- If trained for CPR, after 30 compressions, open the person's airway by placing your palm on the person's forehead and gently tilt the head back. With the other hand gently lift the chin forward to open the airway.
- Check for normal breathing, chest motion, and listen for normal breathe sounds.

Breathing - Breathe for the person

- Pinch the nostrils and cover the person's mouth with yours.
- Give the first rescue breath and watch to see if the chest rises. If it does rise give the second breath. If the chest doesn't rise, reposition the head tilt, chin tilt, and give the second breath.
- Resume chest compressions.
- Continue CPR until there are signs of movement or emergency personnel take over.



First Aid And Emergency Care Prevention And Protection Of Injuries

Rosina Ehmann



First Aid And Emergency Care Prevention And Protection Of Injuries:

First Aid and Emergency Care James E. Aaron, 1979-01-01 Offers guidance in accident prevention and guides the layman in caring for the injured when professional help is unavailable **First Aid and Emergency Care: Prevention and Protection of Injuries** James E. Aaron, A. Frank Bridges, Dale O. Ritzel, 1972 **Mine Safety Education and Training Seminar**, 1988 **Fire Safety Education Resource Directory** Barry Leonard, 1998-10 This compendium of materials will be useful in building and supplementing a public education program for fire safety Lists a wide range of programs videotapes booklets manuals pamphlets brochures program kits and web sites that are available from diverse sources throughout the U S There are 13 categories burn and scald prevention CPR and first aid electrical hazards escape plans and drills fire and the elderly fire extinguishers fire safety and the disabled flammable fabrics residences residential fire inspections and home safety fire safety programs for schools and day care programs smoke detectors and other programs **Current Catalog** National Library of Medicine (U.S.), 1983 First multi year cumulation covers six years 1965 70 *National Library of Medicine Current Catalog* National Library of Medicine (U.S.), 1971 *Emergency Care and Transportation of the Sick and Injured. Workbook* American Academy of Orthopaedic Surgeons. Committee on Allied Health, 1977 Highway Safety Literature, 1973 **Working Dogs: An Update for Veterinarians, An Issue of Veterinary Clinics of North America: Small Animal Practice, E-Book** Maureen McMichael, Melissa Singletary, 2021-06-10 This issue of Veterinary Clinics Small Animal Practice guest edited by Drs Maureen McMichael and Melissa Singletary focuses on Working Dogs An Update for Veterinarians This issue is one of six issues published each year Articles in this issue include but are not limited to Introduction to Working Dogs Preventative Health Care and essential equipment needs Anesthetic Considerations in Working Dogs Dentistry for Working Dogs Nutrition in Working Dogs Current Rules and Regulations for Working Dogs Canine Olfaction Sports Medicine and Rehabilitation in Working Dogs Herding and Sporting Dogs Breeding Management and Production in Working Dogs Development and Training for Working Dogs Military Working Dogs Operational Canines and Assistance Service and Therapy Dogs Navy Lifeline, 1973 **European Report on Child Injury Prevention** Dinesh Sethi, World Health Organization. Regional Office for Europe, 2008 Injuries are a leading cause of death and disability in children This report presents evidence on how they can be prevented and calls for greater commitment and action from policy makers and practitioners to decrease the burden Every year unintentional injuries kill nearly 42 000 children and young people under the age of 20 in the WHO European Region Injuries are the leading cause of death among those aged 5 19 years and 5 out of 6 of these deaths occur in low and middle income countries Irrespective of country income the burden falls disproportionately on children from the most disadvantaged groups The leading types of unintentional injuries are road traffic injuries drowning poisoning burns and falls All injury types have similar main causes and socioeconomic and environmental determinants Children are particularly vulnerable to injuries and need special consideration to safeguard their

rights to health and safe environments free from injury This report companion to the World Report on Child Injury Prevention presents the evidence on both the great potential for injury prevention and the effectiveness and value for money of measures already in use in European countries with low injury mortality It shows why health systems and particularly programs for child health throughout the WHO European Region should give priority to preventing and controlling child injury

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web you must write one reflective statement for each of the six cda competency standards see specific requirements for each one many of the statements require the

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web the candidate is required to write a reflective statement of competence for each of the competency goals a total of six 6 each reflective statement of competence

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web cda competency 1 to promote good health practices i check each child entering care for symptoms of illness or injury everyone washes hands before entering to play and often

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web take the time to write them well your statements are intended to reflect your own teaching practices in each of the cda competency standards areas reflective statements of

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web competency statement vi by cda class participant to maintain a commitment to professionalism i am going to maintain a commitment to professionalism by pledging to

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web each reflective competency statement should start with an preamble paragraph these paragraph needs to include what the goal is and wherewith you meet it is the courses of

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web competency statement ii to advance physical and intellectual competence physical as a preschool teacher i make sure that our daily activities support my children s physical