DOCUMENT RESUME

ED 368 951 CE 066 299

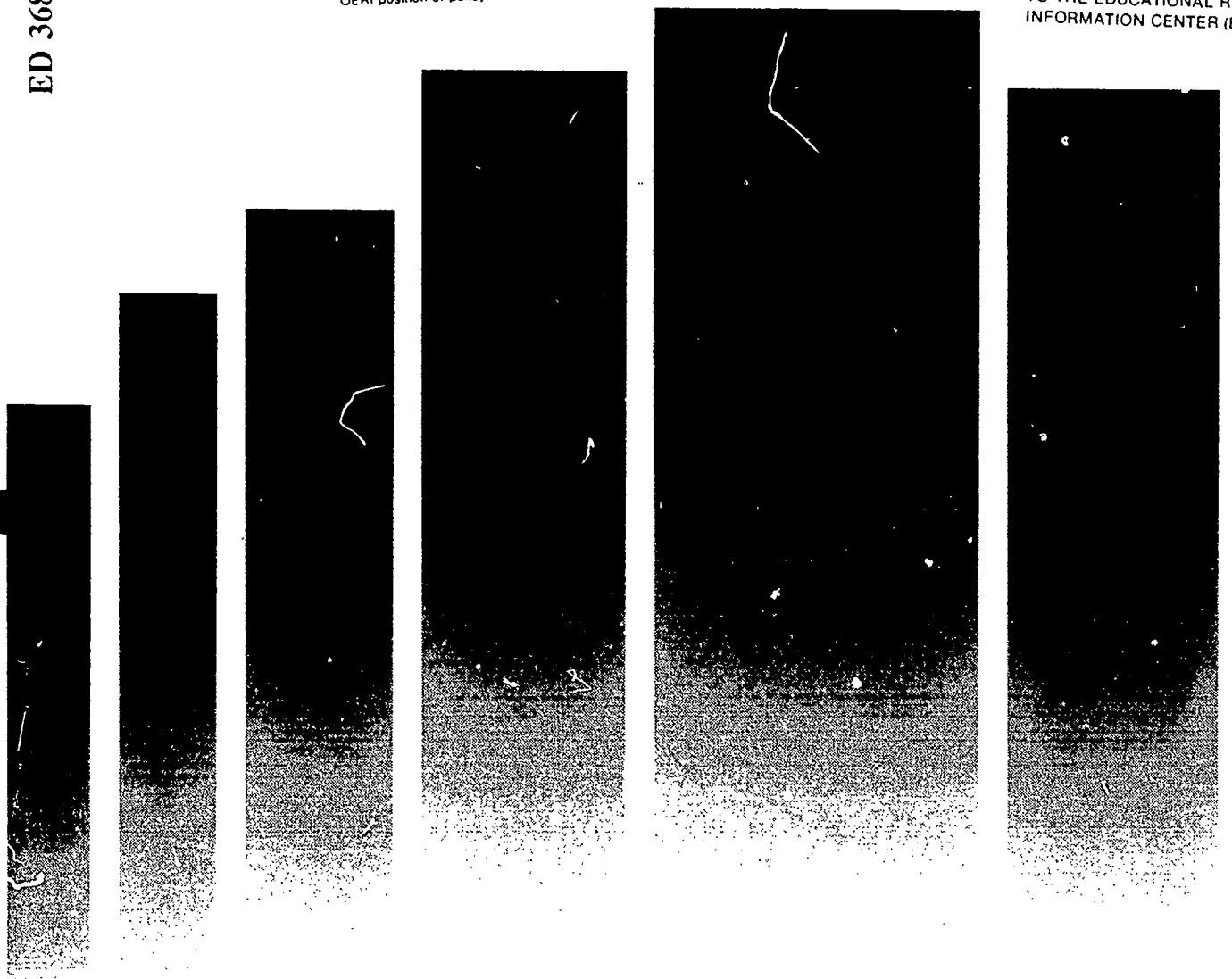
TITLE	First Aid: Helping Yourself, Helping Others. Student Workbook. Health Promotion for Adult Literacy Students: An Empowering Approach.
INSTITUTION	Hudson River Center for Program Development, Glenmont, NY.
SPONS AGENCY	New York State Education Dept., Albany. Bureau of Continuing Education Program Development.
PUB DATE	94
NOTE	65p.; For the related teacher's guide, see ED 362 759. For other related documents, see ED 362 757-763 and CE 066 298-303.
AVAILABLE FROM	Hudson River Center for Program Development, 102 Mosher Road, Glenmont, NY 12077 (student workbooks, audiotapes, and teacher's guides).
PUB TYPE	Guides - Classroom Use - Instructional Materials (For Learner) (051)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Adult Basic Education; *Adult Literacy; Adult Students; *First Aid; *Health Education; Health Promotion; High Interest Low Vocabulary Books; *Independent Study; Injuries; Instructional Materials; Learning Activities; *Literacy Education; Units of Study; Workbooks

ABSTRACT

This workbook was developed to help adult literacy students learn about first aid in order to help themselves and others. It contains information sheets, student worksheets, and answers to the worksheets. The information sheets are coordinated with an available audiotape. Some of the topics covered in the workbook are the following: handling an emergency; first aid for adults, children, and infants (breathing, bleeding, shock, injuries, poisoning, breaks and sprains burns, choking, heart attacks, temperature-related conditions; snakebites, insect bites); and finding community resources for further help. Three appendixes provide information on the contents of a first-aid kit and vomiting in cases of poisoning; a glossary lists 28 terms that are underlined in the workbook. (KC)

HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

An Empowering Approach



First Aid: Helping Yourself, Helping Others

STUDENT WORKBOOK

The University of the State of New York • The State Education Department
Bureau of Continuing Education Program Development • Albany, New York 12230

Important

What you are about to learn should **not** be used in place of attention from a health professional or other expert.

This workbook and tape contain the most current information available. The New York State Education Department, the Hudson River Center for Program Development, Inc., and the authors do not assume responsibility for the correctness or completeness of the information.

If you have any questions, talk to your teacher or get more information from someone who works in the health field.

Please start the tape now.

First-Aid: Helping Yourself, Helping Others

This workbook is to help you learn about first-aid, so that you know what to do for the people around you and yourself during emergencies. You and your teacher can decide the best way for you to learn this: either working on your own with the cassette, or learning from your teacher with the rest of the class.

If working on your own with the cassette is best for you, the first step is to talk to your teacher about when it's available. When you have the tape and are ready to begin, find a well-lit room, a comfortable chair, and a steady writing surface.

I'll be saying exactly what is on the pages of your workbook so that you can read along with me. If you would like to listen to a certain section again, or need to think for a minute, feel free to stop the tape at anytime. In the workbook, you will see certain words underlined. These are words that are explained in the glossary. If you are still unsure about what the word means, ask your teacher to help you.

You will hear a "BEEP" after I give you instructions. Stop the tape after the beep, so that you can work on the exercises. Don't be nervous about them. They will help you remember what you have learned. If you have trouble with the answers, you can either review the section again by yourself, or ask your teacher for help. You should also talk with your teacher about your progress. Your teacher is there to help you, even if you just need to talk with someone about first-aid.

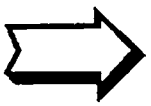
You didn't expect it to happen; it was an accident.

You've seen it on TV and probably heard about it from friends. First-aid saves lives; it's that simple. First-aid is important. Knowing how to take care of yourself and others in emergencies is a vital tool for you.

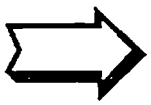
After listening to this tape, you will be able to:

- Handle an emergency.
- Describe different first-aid for adults, children, and infants, and
- Find community resources for further help.

Here are some important reasons for learning about first-aid:



FACT #1: Over 5,000 deaths per year are caused by accidents with fire or electricity. About the same number of deaths are caused by poisons.



FACT #2: Severe brain damage may occur after only two to three minutes of no breathing, and death after four to six minutes. The critical time for severe bleeding is even shorter: a person can bleed to death in as little as one minute.

If you know proper first-aid, you might save a life, or you can easily help your friend, your partner, or your child be more comfortable until a health professional arrives. Always call a health professional in an emergency, and remember to let them do their job by getting out of their way.

EMERGENCY CALLING

In most communities, dialing **911** is the fastest way to contact an ambulance, the police, or the fire department. Here's what to do when you make that call:

1) Identify yourself.

2) Tell the operator your exact location, including the street address and phone number.

3) Explain what happened and when.

4) Describe the person's condition. Mention if the person is wearing a medical emergency bracelet.

5) Stay on the phone. If possible, put someone by the phone to keep it clear for any return calls.

6) If you're in a large apartment building, hold an elevator for the emergency crew.

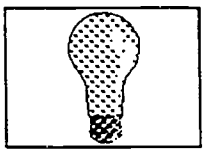
If there is no 911 service in your area, you should dial **0** to reach the operator. Then, give the operator information like this:

1) Explain that there is an emergency.

2) Describe the type of help you need: medical, police, or fire. Give as many details as possible.

3) Identify yourself. Tell the operator your address and phone number.

If help does not arrive within five minutes, call again!



If a telephone is not close by, you will need to decide what to do to get help. This might be sending another person to the nearest phone, or attracting attention to yourself in some way, such as a loud whistle. Put important phone numbers near your telephone to help you respond faster.

Please stop the tape after the beep and fill out the worksheet on the next page. Use the phone book to look up numbers you don't know.

* * *

WORKSHEET 1
Emergency Phone Numbers

Use your local telephone directory to fill in the numbers you don't know. Keep this paper near your phone.

Ambulance _____ Paramedics _____

Doctor _____ Emergency Room _____

Poison Control Center _____ Cardiac Unit _____

Pharmacy _____ Insurance Co. _____

Medicaid # _____ Insurance Policy # _____

Fire Department _____ Local & State Police _____

Water Co. _____ Electric Co. _____

Gas Co. _____ Telephone Co. _____

Taxicab (24 hrs. service) _____

Nearest relative _____ Phone no.: _____

Nearest neighbor/friend: _____ Phone no.: _____

Your name and telephone number: _____

Directions to your house (easier to read than to describe in an emergency): _____

_____

_____

_____

Dial **911** or **0** for operator for assistance.

Tell the operator you have an emergency and give your correct address.

PROTECTING YOURSELF

Before we begin talking about first-aid procedures. let's talk a little about the danger of giving first-aid. You might be worried about being exposed to blood or other fluids because they might be infected with HBV (which causes a serious liver disease called *Hepatitis B*) or HIV (which causes AIDS). Rest assured that it is very hard to be infected because you are protected by your own skin. Chances of becoming infected may increase if you have a break or cut in your skin, or if germs enter through your eyes or mouth. To prevent this, follow "universal precautions" when giving first-aid:

- Do not come into direct contact with bodily fluids, such as blood. Try to use disposable gloves or other protective barriers, such as a clean, dry cloth.
- Be very careful when handling sharp objects so that you don't cut your or someone else's skin.
- Protect yourself by covering any cuts. scrapes, or other skin problems that you have so that germs cannot get to them.
- Wash your hands often. especially before and after giving first-aid. Be extra careful to wash your hands after giving first-aid and before eating. drinking, and touching your mouth, nose, or eyes.
- If you'll be giving rescue breathing often, you may want to learn how to use a resuscitation mask. so that you don't have to make mouth-to-mouth contact when giving rescue breathing. Call the local Red Cross office for more information.
- If you are exposed to blood when giving first-aid. report to a health professional or your teacher immediately to see if follow-up is necessary.

Now, turn the page to learn how to give first-aid in an emergency.

HANDLING AN EMERGENCY

The most important thing to remember in an emergency situation is to

STAY CALM.

Staying calm helps you to help the victim, and allows the victim to stay calm, too. Besides staying calm and calling for help, the first thing to do in an emergency is to check for three vital signs:

BREATHING

BLEEDING

SHOCK

Breathing

Here's how to check for breathing:

- Place your ear near the victim's face and listen.
- Can you hear the person breathing?
- Can you feel air around the nose or mouth?
- Is the chest rising and falling?

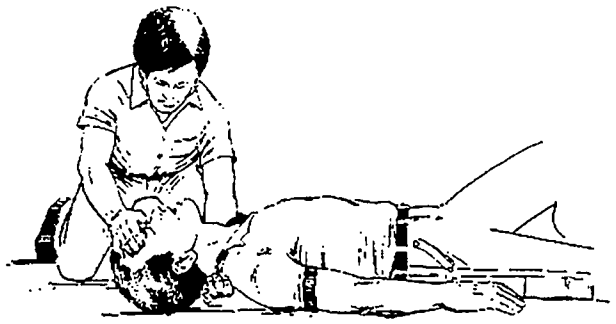
If you answered "no" to these questions, you must get the person to start breathing right away. To start the victim's breathing, do what's called artificial respiration. **Here's what to do:**

1) Stay calm.

2) Ask someone to call for an ambulance.

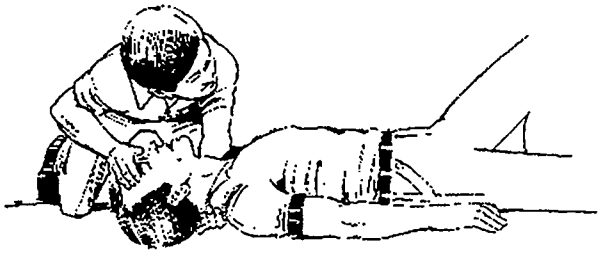
3) Put the victim on his or her back on a hard, flat surface.

4) Place one hand on the forehead. Place the other hand under the neck. Tilt the head back so the chin is pointing up.



5) Clear the mouth of any blockage. Be sure that the tongue is not blocking airflow.

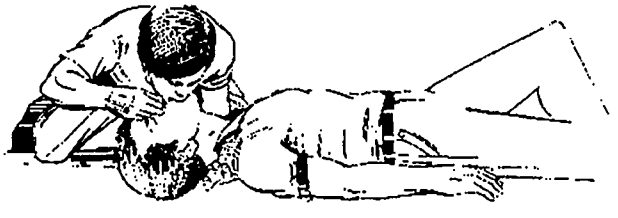
6) Recheck for breathing by placing your ear near the nose and mouth. See if the chest is moving for at least five seconds.



7) Pinch the nose shut.

8) Place your mouth over the victim's mouth, making an airtight seal. If a seal cannot be made around the victim's mouth, put your mouth over his or her nose. For children, cover both the nose and mouth with your mouth to make an airtight seal.

9) Breathe into the mouth until the chest rises. If breathing into the nose, hold the victim's mouth shut.



10) Give two full breaths, keeping the head tilted back.

11) Continue giving one breath (lasting 1 - 1½ seconds) every 5 seconds, removing your mouth from the victim each time to allow air to escape. Look, listen, and feel for the victim's breathing for 5 seconds between every series of breaths. If breathing into the nose, open the victim's mouth when rechecking for breathing.

12) As the victim begins to breathe, keep the head tilted.

13) Once revived, the victim must be treated and examined by a health professional.

PLEASE NOTE: Use deep breaths for an adult, shallower ones for a child, and gentle puffs for an infant. Anyone can give artificial respiration, if the above steps are carefully followed. However, CPR can be given only by those who are certified to do so.

Please stop the tape after the beep, so that you can fill in the correct answers on the next page.

* * *

WORKSHEET 2
Breathing

Please fill in the blanks with the correct word. You can replay this section of the tape and fill the response in as you go along.

1) Stay _____.

2) Ask someone to call for an _____.

3) Position the victim on his/her _____ on a hard, flat surface.

4) Place one hand on the victim's forehead and the other under his/her _____, and tilt the victim's head pointing up.

5) Clear the victim's mouth of any obstructions. Ensure that the victim's tongue is not obstructing _____.

6) Recheck for breathing by placing your ear near the victim's nose and mouth and watch _____ for 5 seconds.

7) Place your mouth over the victim's mouth, forming an _____ seal.

8) Breathe into the victim's mouth until his/her chest _____.

9) Give a total of _____ full breaths, keeping the victim's head tilted back.

10) Continue giving one breath (lasting 1 - 1 1/2 seconds) every 5 seconds, removing your mouth from the victim each time to allow _____ to escape.

11) Look, listen, and feel for victim's self-breathing for _____ seconds between every series of breaths.

12) As the victim begins to breathe, keep _____.

13) Once revived, the victim must be treated and examined by a _____ _____.

The answers to this worksheet are in the back of this workbook.

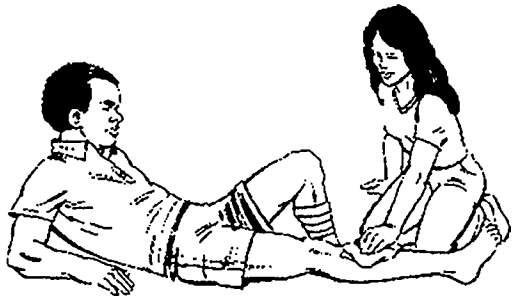
Bleeding

After you've restored breathing, check for bleeding:

- Is the victim bleeding a lot from any part of the body?
- Has the victim been bleeding for longer than 1 minute?

You can stop bleeding by using one of these methods:

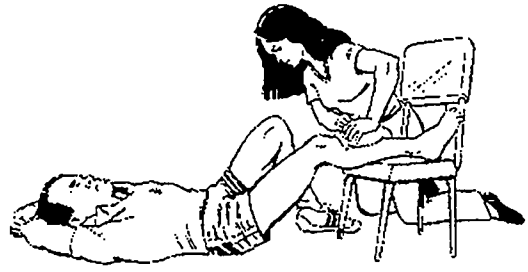
Direct-Pressure Method



Press on the cut or source of bleeding with a pad of clean cloth. If you don't have a clean cloth, wash your hand and use it to apply direct pressure. Put a pad in place, if available, when bleeding slows.

PLEASE NOTE: Do not take off the blood-stained pad from the wound because it may tear open the scab. Put a clean pad on top of the stained pad.

Elevation Method

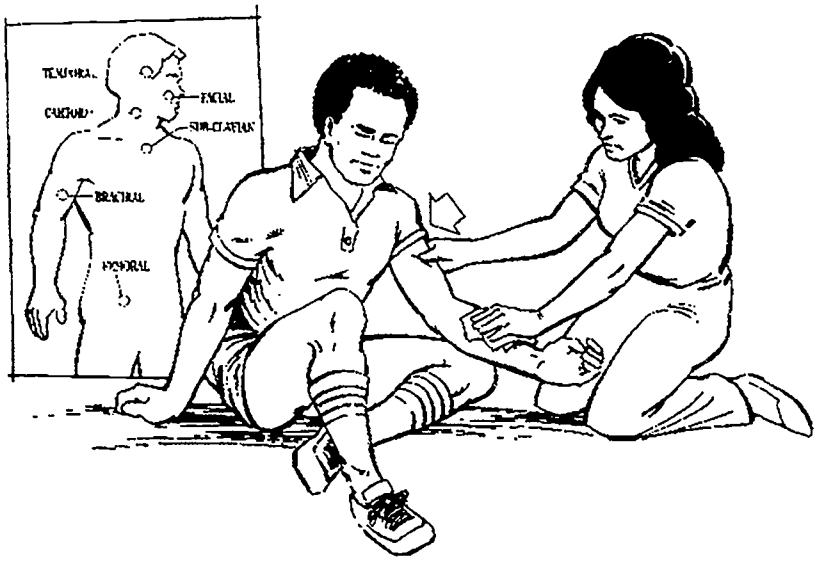


Have the victim lie down. Raise or elevate the wounded area higher than the heart. Apply direct pressure.

PLEASE NOTE: If you aren't sure whether there are broken bones or not, it is best **not** to elevate the wound.

If direct pressure and elevation don't stop the bleeding, try the Pressure-Point Method:

Pressure-Point Method



Keep one hand on the wound. With the fingers of your free hand, apply pressure to the large blood vessel that's sending blood to the wound -- this is called the pressure point. Keep your fingers flat so that you don't dig into the victim with your fingertips. Look at the picture to figure out the correct pressure point.

PLEASE NOTE: Do not apply pressure longer than five minutes so that you won't cut off blood flow to the limb.

Tourniquets are often used by health professionals as a last resort to stop bleeding. **Only a care-giver who has been instructed on the proper procedure can tie a tourniquet. If the tourniquet is not tied right, you may cause further damage.**

There are special cases of bleeding such as small cuts, large cuts, and nosebleeds.

Things to Do...

- Wash small cuts with soap and water, and bandage them to keep them clean.
- Large cuts should be looked at right away by a health professional.
- Nosebleeds can usually be stopped easily:
  1) Ask the person to sit down. Tilt the head forward slightly.
  2) Apply pressure, with or without a cold cloth or compress, to the nostril that's bleeding.
  3) If bleeding doesn't stop, wet a piece of cotton with cold water and gently push it into the bleeding nostril. Press the nostril until the bleeding stops.

PLEASE NOTE: Do not tip the head backward, because blood will flow down the throat and possibly gag the victim. If bleeding lasts longer than 15 minutes, call a health professional.

Please stop the tape after the beep, and take a minute to list three methods to stop bleeding.

* * *

1. _____
2. _____
3. _____

The answers to this exercise are in the back of this workbook.

Shock

After checking for breathing and bleeding, the third vital sign to check for is shock. The signs of shock are:

rapid shallow breathing	rapid, weak pulse	nausea and vomiting
shivering	pale and moist skin	drooping eyelids
confusion	dilated pupils	collapse

Shock often goes along with blood loss, heart failure, severe burns, or poisoning. A person in shock must be treated right away:

1) Keep the victim lying down with feet higher than the head, unless head or chest injuries, heart attack, stroke, or sunstroke are involved. In these cases, the victim will probably be more comfortable in a semi-reclining position.

2) Keep airways open. If the victim vomits, roll the victim on his or her side, keeping the head and neck in line with each other.

3) Stop bleeding.

4) Keep normal body temperature with either fans or blankets so that the patient is neither too warm or too cold.

5) Keep the victim awake by talking out loud.

6) Ask someone to call an ambulance. **In fact, always call an ambulance when you're giving first aid.**

YOUR OWN FIRST-RATE FIRST-AID KID

Besides knowing what to do, you should also have a well-stocked medicine chest or first-aid kit. You can buy first-aid kits at any drug store, or you can make your own.

*After the beep, look at **Appendix A** for some of the things you need. Check off the items that you know you have in the house already.*

* * *

The next step is to buy the things you don't have when you go shopping. You can buy two or three of them on each trip. In a short time, you'll have all the items for your first-aid kit without putting a big dent in your shopping bill. A simple plastic or metal box can hold the items.

There are a few important points to remember about your first-aid kit:

- First, bandages protect wounds from further injury and infection, but only if they are completely sterile. Only touch a wound with something sterile.
- Second, never put adhesive directly on a wound, or use cotton as a dressing, since removing either may reopen the wound.
- Third, first-aid supplies should be checked regularly for expiration dates. Replace any supplies that are out-of-date.
- Finally, all first-aid supplies should be kept out of reach of young children or anyone with a poor memory.

Please stop the tape after the beep, so that you can fill out the chart on the next pages. You might want to use the glossary in the back of the workbook, work with a fellow student, or ask your teacher for help.

* * *

WORKSHEET 3
First-Aid Kit Contents

ITEM	DESCRIPTION	USED FOR
Absorbent cotton		
Sticky tape		
Bandage compress		
Cotton balls		
Cotton-tipped swabs		
Elastic bandages		
Gauze roller bandage		
Non-sticky gauze pads		
Oval eye pads		
Plastic and sheer strip bandages		
Triangular bandages		
Flashlight		
Matches		
Measuring cup		

ITEM	DESCRIPTION	USED FOR
Needles		
Razor blade		
Safety pins		
Scissors		
Short board for splint		
Thermometers, oral and rectal		
Baking Soda		
Aspirin		
Calamine lotion		
Petroleum jelly		
Rubbing alcohol		
First-aid cream (Neosporin)		
Sunburn lotion		
Disposable gloves		
Soap		
Tongue depressors		

ITEM	DESCRIPTION	USED FOR
Aromatic spirits of ammonia		
Anti-motion sickness tablets		
Oil of cloves		
Antiseptic wipes		
Activated charcoal		
Syrup of Ipecac		
Tweezers		
Hydrogen peroxide		

COMMON HOUSEHOLD INJURIES

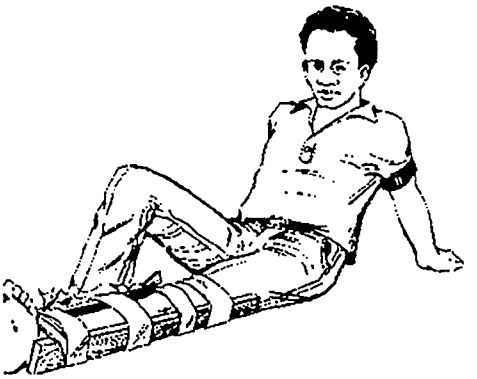
Accidents in the home happen all the time. It helps to be ready for them. Falls, burns, and choking are just some of the accidents that happen often and may need first-aid.

Falls

The first one we'll look at is falls, which can cause fractures or sprains. A fracture with an open wound is called a compound or open fracture. One without an open wound is called a simple or closed fracture. A health professional should set a broken bone. For immediate first-aid, follow these steps:

1) Stop bleeding and cover any open wounds with clean bandages.

2) Keep joints, which are knees, elbows, ankles, hips, shoulders, and any other part that bends, on both sides of the suspected break from moving. If you don't have an inflatable splint in your first-aid kit, use a homemade splint like a padded board, rolled blanket, newspaper, or broomstick. Attach the splint with strips of cloth, twine, or other material.



3) Keep the victim warm.

4) For pain and swelling, put ice on the fracture.

5) Get help from a health professional.

PLEASE NOTE: Never move the victim, unless necessary for survival because you may cause more damage to the injured area. Be prepared to treat the victim for shock.

Sprains occur when the soft tissue around the joints are torn or stretched. Sprains usually heal in a few weeks.

To treat a sprain:

1) Raise or elevate the part that's hurt.

2) Keep the joint from moving by using a splint or bandage. When attaching the splint, leave room for swelling.

3) Use an ice pack to reduce pain and swelling.

4) Get help from a health professional to make sure that the bone is not broken.

After the beep, stop the tape to complete the short exercise on the next page. Choose whether the problem is simple, complex, a sprain, or a fracture by circling one of the ***bolded*** *words. Then write down what should be done to treat the problem.*

* * *

WORKSHEET 4
Identify the Injury

Choose whether the problem is simple, complex, a sprain, or a fracture by circling one of the ***bolded*** *words. Then write down what should be done to treat the problem.*

Problem: A **sprain/fracture** occurs when the soft tissues around the joints are torn or stretched. They usually heal within a few weeks, and should be treated by:

_____

_____

_____

Problem: A broken bone is called a **sprain/fracture**. You should help a person with a broken bone by:

_____

_____

_____

Problem: A fracture with an open wound is called a **complex/simple** fracture. What extra step do you need to take with this type of fracture?

_____

_____

_____

The answers to this worksheet are in the back of this workbook.

Burns

Burns happen as often as falls do. Burns can be caused by extreme heat, chemicals, electricity, and radiation. Burns can be of different degrees, depending on how deep and how severe the injury is to the body. It is most serious when a burn becomes infected, because it can lead to shock and death.

First-degree burns make the skin red, but with no blisters or swelling. Mild pain is involved. Only the outside layer of skin is affected.

Second-degree burns have blisters, swelling, and pain. They take longer to heal, because there is greater damage.

The most dangerous types of burns are third-degree burns. They are serious because of possible shock or infection. The skin turns white or charred, and deeper layers of skin are damaged. There will be severe pain, unless the nerve endings are destroyed. Then, there will be no feeling.

Chemical burns are caused by chemicals such as acids, alkalis and corrosive chemicals.

Electrical burns are caused by electricity, and may appear minor. However, all electrical burns are serious.

As I explain how to treat burns, read along with the information on the next few pages.

TREATING BURNS

FIRST-DEGREE BURNS

Examples of first-degree burns are too much sun and touching a hot iron.

Treatment:
- ▸ To help the pain, put cool water, ice wrapped in a towel, or cool, wet cloths on the burned area.
- ▸ Gently pat dry with a clean cloth.
- ▸ If necessary, take aspirin to help relieve pain.

Important:
- ▸ First-degree burns don't need to be bandaged.
- ▸ If burns are on the face or hands, call your health professional.
- ▸ Do not apply ointment to the burn if you see a health professional, because the ointment will cover up the burn.
- ▸ Do not put butter or margarine on the burn because the salt will cause stinging.

SECOND-DEGREE BURNS

Examples of second-degree burns are deep sunburn and burns from very hot liquids like grease.

Treatment:
- ▸ To help pain and swelling, put the burn area in cold water.
- ▸ Raise or elevate the burn area.
- ▸ Cover with cold, wet dressing and bandage.

Important:
- ▸ Do not break any blisters.
- ▸ If burns are extensive, call your health professional right away.
- ▸ Be ready to treat the victim for shock.

TREATING BURNS

THIRD-DEGREE BURNS

Examples of third-degree burns are burns from boiling water or flames and electrical burns.

Treatment:
- ▸ Get medical help as soon as possible.
- ▸ Cut away loose clothes that do not stick to the skin.
- ▸ Cover burn with sterile, moist dressings for pain relief.

Important:
- ▸ Blot the burn area dry and cover with thick, clean bandage to keep out dirt and germs, and to stop blisters from breaking.
- ▸ Have the patient lie down, raising any injured limb.
- ▸ Be ready to treat the victim for shock.
- ▸ Do not put ice water or ice on the wound.
- ▸ If there are severe face burns, sit or prop the victim up, rather than lying him or her down.

CHEMICAL BURNS

Examples of chemical burns are burns from toilet cleaner, bleach, lye, or drain cleaner.

Treatment:
- ▸ Flood the burn with lots of water from a shower, hose, or faucet.
- ▸ Make sure that the chemicals are not being washed to another part of the body.
- ▸ Cut away any clothes with chemicals on them.
- ▸ Follow first-aid directions according to the degree of burn.

Important:
- ▸ If chemical burn is in the eyes, flood inner corner of the affected eye with water for at least fifteen minutes. Cover the eye with clean compress, but not with cotton, because fibers may get stuck in the eye.
- ▸ Be ready to treat the victim for shock.

TREATING BURNS

ELECTRICAL BURNS

Examples of electrical burns are wet hands touching appliances like toasters, metal objects put into electrical outlets, fallen electric wires, and lightning.

Treatment:
- ▸ Remove the victim from the electricity by either turning it off or by using a non-conductor such as wood or rope to pull or push the victim or the fallen wire.
- ▸ Follow first-aid according to the degree of the burn.
- ▸ Get help from a health professional.

Important:
- ▸ Be ready to treat the victim for shock and to give artificial respiration.
- ▸ **Never** touch the victim until he or she is separated from the electricity.

Now that you know all about burns and how to treat them, let's look at another serious problem: choking. At this point, please turn the tape over to side B to continue.

* * *

Choking

Choking usually happens when large pieces of food get stuck in the windpipe. Someone who cannot breathe can die within four minutes. Fortunately, we can help someone, or even ourselves, in this situation:

1) The victim should cough to try to get the object out.

2) If this doesn't work, ask the victim to speak. If the victim cannot breathe, cough, or speak, the airway is probably blocked and first-aid should be given. If the victim can speak, do not help.

3) If still choking, do the Heimlich maneuver right away. The Heimlich maneuver can be performed when the victim is standing, sitting, or lying down. There are methods for treating babies and pregnant women, too. There is even a do-it-yourself method. Ask your teacher if there is a video on this for you to watch.

For standing or sitting victims:

Stand behind the victim or the victim's chair and wrap your arms around the chest.

Place your fist with the thumb side against the victim's abdomen slightly above the navel and below the rib cage.

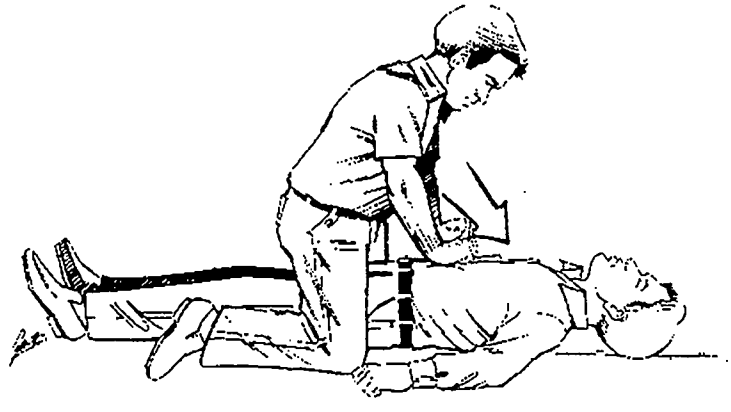
Grasp your fist with the other hand and pull into the victim's abdomen with a quick upward thrust.

Repeat movement several times, as necessary.

PLEASE NOTE: Once the object is out, be ready to give artificial respiration if breathing has stopped.

For victims who are lying down:
Face the victim and kneel astride hips.

With your hands on top of one another, place the heel of your bottom hand on the victim's abdomen slightly above the navel and below the rib cage.



Press into the abdomen with a quick upward thrust. Repeat as necessary.

For pregnant victims:

Stand behind the victim, and place your arms under her armpits.

Clench your fist and grasp it with your other hand.

Place the thumb side of your fist on her breastbone. Press sharply inward to compress her chest.

Do not place your fist on the lower tip of her breastbone. Be careful not to crush her chest.

PLEASE NOTE: Once the object is out, be ready to give artificial respiration if breathing has stopped.

There are two ways to treat babies:

The first method is to hold the baby in your lap. Place your index and middle fingers of both hands against the baby's abdomen between the navel and rib cage. Press into the abdomen with a quick upward thrust.

Using the second method, place the baby face upward on a hard surface and do the Heimlich maneuver while you face the infant.

PLEASE NOTE: Once the object is out, be ready to perform artificial respiration if breathing has stopped.

To help yourself:

Make a fist with one hand, and using the other hand, press it into your abdomen with a quick upward thrust, or lean forward to press your abdomen over a solid object, such as a chair.

Stop the tape after the beep to work on the worksheet about choking.

* * *

WORKSHEET 5

Treatment for Choking: The Heimlich Maneuver

In this worksheet, we ask you to identify a classmate or family member on whom you can perform the Heimlich maneuver. First, describe the steps shown in these pictures:

Step 1 _____

_____

_____

_____

Step 2 _____

_____

_____

_____

Step 3 _____

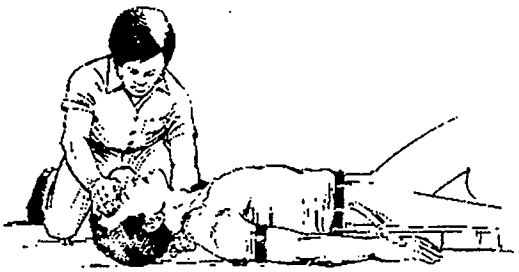
_____

_____

_____

_____

_____



Step 4 _____

_____

_____

Now, if you feel comfortable, perform these steps on your partner. Let your partner perform these steps on you, too.

The answers to this worksheet are in the back of this workbook.

HEART ATTACKS

You may have to give first-aid to someone having a heart attack. Heart attacks strike about 670,000 people each year. Heart attacks can happen to anyone. Most victims have pain or pressure in the chest hours or days before the actuai attack. The warning signs of an attack include:

- Uncomfortable pressure or severe aching that lasts more than two minutes in the center of the chest under the breastbone.
- Pain which spreads to the entire chest, to the left arm, to both arms, to the shoulders, to the neck, and to the jaw.
- Squeezing or fullness in the abdomen, which is frequently mistaken for indigestion.
- Dizziness, faintness, profuse sweating, nausea, and shortness of breath, and
- Ashen color, unconsciousness, impaired breathing, and an irregular pulse.

To treat a heart attack:

1) Call for an ambulance with oxygen equipment. If a hospital is not more than 10 minutes away and the victim can be safely moved, take him or her to the hospital.

2) Give artificial respiration if breathing stops.

3) Put the victim in a semi-reclining or sitting position.

4) Loosen tight clothes at the neck and wrist.

5) Place a nitroglycerin tablet under the tongue of the victim, if the victim is carrying one. If necessary, repeat in 15 minutes to relieve pain.

6) Keep the victim warm.

7) Comfort and reassure the victim -- anxiety makes the condition worse. Keep people away.

8) Do not give the victim stimulants such as coffee, other liquids, or food.

Stop the tape after the beep to work on the next worksheet.

* * *

WORKSHEET 6
Handling a Heart Attack

Gather three to five of your classmates. Explain to them that you are practicing emergency first-aid for heart attack victims, and that you need help to demonstrate the proper first-aid treatment for handling a heart attack.

After you finish demonstrating what to do if someone is having a heart attack, take a few minutes to list three warning signs of a heart attack:

1) _____

_____

_____

2) _____

_____

_____

3) _____

_____

_____

The answers to this worksheet are in the back of this workbook.

TEMPERATURE-RELATED CONDITIONS

Next, we'll take a look at temperature, starting with cold.

Cold

Being in very cold temperatures without proper clothes may mean you can no longer feel the cold. Death of tissue, and possibly amputation, may be the result. Frostbite is dangerous, because the affected area is numb. Since pain is one of the ways we know we are in trouble, frostbite can creep up on us without our knowing. The affected skin may turn white or grayish-yellow and form blisters. Nose, ears, cheeks, fingers, and toes are the most commonly frostbitten parts.

What's the proper treatment for frostbite?

1) Warm the frostbitten area gently by placing it in warm, but *not hot*, water.

2) Keep the frostbitten area in warm water for 30 minutes.

3) If water is not available, hold the frostbitten part between your two warm hands or against the victim's own warm skin.

4) Wrap it with a clean dry bandage to keep safe.

5) Get help from a health professional, unless frostbite is minor. It is minor if color and feeling of the frostbitten part return quickly.

Here are some very important points to remember:

- Do not rub the frostbitten area.
- Do not use heat lamps, hot water bottles, or snow to warm the frostbitten part.
- Do not place the victim near a hot stove.
- Do not warm the affected area until it can remain warm because it will be harder to rewarm if it freezes again. In the meantime, wrap the affected area in woolen cloth and keep it dry until you can get proper care.

Something else that usually happens in very cold weather is hypothermia. Hypothermia is when a body cannot make enough heat to stay warm. This problem is made worse by wind and humidity, wet clothes, fatigue, and alcohol. Older people are more apt to get hypothermia.

A drop in body temperature can cause heart attack, shock and infection, so it is important to know the early signs of hypothermia:

- shivering is the first sign, which is followed by
- numbness and weakness,
- drowsiness and mumbling,
- unconsciousness,
- shock, and
- possibly even death.

Treat hypothermia by:

1) Bringing the victim into a warm room as soon as possible.

2) Remove wet clothes. Wrap the victim in pre-warmed blankets or between two people for body warmth.

3) Give the victim warm drinks like coffee or tea, but not alcohol.

PLEASE NOTE: Give artificial respiration if the victim is unconscious. Also, be ready to treat for shock.

Heat

Heat and the sun can be as dangerous as the cold. When too much fluid is lost (such as during heavy exercise or working in a very warm, humid site), heat exhaustion can occur. Heat exhaustion is a form of shock, and is recognized by:

heavy sweating	dilated pupils
headaches	nausea
dizziness	weakness

cool, moist, pale, or red skin

To treat a person with heat exhaustion:

1) Take the person to the coolest spot nearby. Have him or her lie down, with shoulders and head raised.

2) If possible, undress the person and sponge the body with ice wrapped in a towel or with rubbing alcohol. If there is no time to undress the victim, wet him or her with cold water.

3) Use fans and air conditioner to cool the victim.

4) Recheck the temperature after 15 minutes. If temperature begins to rise again, repeat cooling process.

If left untreated, heat exhaustion can turn to heat stroke, which is more dangerous. Heat strokes happen when a body has too much heat or sun. Symptoms of a heat stroke are:

weakness	dizziness
nausea	heat cramps
delirium	flushed skin that later turns ashen or purplish.

To treat heat stroke:

1) Repeat steps one through three for heat exhaustion.

2) Get help from a health professional. People who have had a heat stroke **must** get care from a health professional.

For both heat stroke and heat exhaustion, remember these important points:

- Do not overcool the victim.
- Do not give the victim stimulants. Caffeine is a stimulant, and is often in soda.
- Be ready to treat for shock.

Please stop the tape after the beep to place the correct letter in the proper blank space.

* * *

WORKSHEET 7
Frostbite, Heatstrokes and Hypothermia

Diagnose these symptoms by placing the correct letter in the corresponding blank space.

1) _____ hypothermia

2) _____ heat stroke

3) _____ frost bite

4) _____ heat exhaustion

a. weakness, dizziness, nausea, heat cramps, delirium, flushed to ashen or purple skin

b. heavy sweating, nausea, dilated pupils, dizziness, headaches, weakness, and cool, moist, pale, or red skin

c. white or grayish-yellow skin, blisters

d. shivering, numbness, weakness, drowsiness and mumbling, unconsciousness, shock

The answers to this worksheet are in the back of this workbook.

POISONING

Poisoning can occur through eating, inhaling, skin contact, and snake or insect bites. Common symptoms of poisoning include:

- Having trouble breathing
- Burns on the lips or mouth
- Breath that smells like gasoline, paint thinner, or alcohol

Ingested Poisons

If someone has been poisoned by drinking something, follow these steps:

1) Give the adult victim one glass of milk or water to slow down the poison. Children should get less. Only give liquids to victims if they are alert.

2) Call a local health professional, hospital emergency room, or poison control center for instructions right away. When calling, be ready with:
   - the age of the victim,
   - the suspected poison and amount,
   - when the poison was taken,
   - any first-aid given, and
   - whether the victim vomited or not.

3) Give first-aid to keep the victim breathing and to prevent shock.

4) Keep the victim warm.

5) Move the victim to a health professional or hospital right away.

It is important to know that treatment for poisoning does not always mean vomiting.

DO NOT MAKE THE VICTIM VOMIT UNLESS A POISON CONTROL CENTER OR OTHER HEALTH PROFESSIONAL RECOMMENDS SO.

*After the beep, look at **Appendix B** for poisons that vomiting may be recommended by the Poison Control Center.*

* * *

If the victim is not alert, he or she should **not** vomit. Also, if an acid, alkali, or petroleum product such as listed in **Appendix C** was swallowed, the victim should not vomit.

*After the beep, look at **Appendix C**.*

* * *

First-aid procedures on product labels are not always correct or accurate. **It** is better to consult a poison control center.

THE NUMBER OF THE NATIONAL POISON CONTROL CENTER IS 1-800-336-6997.

Inhaled Poisons

A person who may have breathed in poison will know by irritated eyes, mouth and nose, followed by dizziness, headaches, and weakness. Victims may become unconscious and have trouble breathing. Death can happen in a matter of minutes. Poison that is breathed in can be very dangerous, because it is harder to detect poisonous vapors. Carbon monoxide poisoning, vapors from gasoline, turpentine, and paints are examples of poisons which can be breathed in.

To treat someone who has breathed in poison:

1) Get the victim away from the poison and into clean, fresh air.

2) Loosen the victim's clothes.

3) If the victim is not breathing, begin artificial respiration.

4) Get the victim to a health professional as soon as possible.

PLEASE NOTE: If you must enter an enclosed room where there are poisonous vapors, hold your breath.

Poisonous Plants

Did you know that rubbing or crushing a poisonous plant or leaf is enough to cause an allergic reaction? Exposure to the burning of the plant, or contact with pets, tools, or clothes that have touched the plant, may also result in an allergic reaction. The most common poisonous plants are poison oak, poison ivy, and poison sumac.

The affected area will become red, and bumps and blisters may appear. The area becomes itchy and may swell. The rash usually reaches its peak in two to three days, then it crusts over and disappears.

To provide first-aid for this condition:

1) Make sure skin and clothes are free of sap.

2) Wash skin with an alkali soap and wash clothes so that the bumps and blisters don't spread.

3) Wet cold compresses of water, boric acid, or liquid aluminum may relieve swelling during the oozing period.

4) To stop itching and help drying, use calamine lotion.

A health professional should care for anyone with severe reactions. As in any medical crisis, be prepared to treat for shock or to give artificial respiration.

Snakebites

In the United States, there are four kinds of poisonous snakes: rattlesnake, copperhead, cottonmouth, and coral. You must treat bites from poisonous snakes. It is better to avoid being bit. Before going outside, find out if any of these snakes are in the area.

If someone does get bit, treat it by:

1) Keeping the victim as quiet as possible. Do not let the victim walk.

2) Keeping the victim still. If possible, place the injured part so that it is lower than the heart.

3) Keeping the victim warm.

4) Calling a health professional or the poison control center right away so that anti-venom will be available.

5) Transporting the victim to a hospital as soon as possible.

PLEASE NOTE: Do not give the victim stimulants or alcohol. Do not suction the wound with your mouth. Bacteria could get into the wound or snakebite poison into your mouth.

Insect Bites

The usual response to an insect bite or sting is redness, warm skin at sting site, pain, swelling, and itching. If this spreads to places other than the sting site, the victim needs professional health care. In severe reactions, blood pressure may lower or the victim may collapse. Anyone with a history of severe reactions should be prepared with an emergency insect-sting kit or wear a medical bracelet.

To treat insect bites or stings:

1) Remove the stinger with tweezers. Do not squeeze or press the wound.

2) Wash the affected area thoroughly.

3) Apply ice to lessen pain and/or swelling.

4) Use calamine lotion or a baking soda and water paste to relieve itching and/or discomfort. Aspirin may also help relieve pain.

It is important to be extra careful with deer tick bites because of Lyme disease. This begins as a small red spot, and gradually develops into a large round lesion that may be warm and tender. A victim may also be tired, and have a fever, headache, stiff neck, painful joints, muscle aches, and a migrating rash. Over the next several days or weeks, other symptoms may occur. Deer ticks are found in wooded and grassy areas where deer are. Look over your children and yourself after outdoor activities for any unusual dark spots that look like moles or blood blisters. They may be ticks filled with blood.

If you find a tick:

1) Take it out right away with tweezers. Grab the tick where it's attached to the skin. Try not to grab it by its body. Gently pull the tick straight out without twisting it.

2) Wash the bite and your hands with soap and water. Apply antiseptic or rubbing alcohol to the bite area. If a rash develops around the bite, get professional health care right away.

3) If possible, save the tick in a small bottle with a little alcohol. If a rash develops on the victim, the tick should be examined by a health professional or laboratory.

PLEASE NOTE: Do not use gasoline, kerosene, turpentine, nail polish remover, vaseline, or a hot match to remove the tick. If you do this, the tick may expel more of the infective organisms that cause Lyme disease.

It is best to avoid contact with ticks. If you are in a wooded or grassy area, wear a long-sleeved shirt with a tight collar and cuffs, tucked into long pants tucked into socks so that none of your skin shows. You may also want to use insect repellent according to the directions on the bottle.

Congratulations on finishing this workbook! We hope that this information has been helpful to you. Always remember to call or visit a health professional during an emergency or any time you give first-aid. Also, remember to practice the different first-aid procedures, because an emergency is not the time to learn. If you would like more information on first-aid, ask your teacher for some other methods of ***Helping Yourself, Helping Others***.

APPENDIX A

FIRST-AID KIT CONTENTS

Absorbent cotton	Razor blade
Baking soda	Needles
Aspirin (children's & adults)	Soap
Calamine lotion	Oval eye pads
Petroleum jelly	Plastic or sheer strip bandages (all sizes)
Triangular bandage	Medicine to stop diarrhea
Rubbing alcohol	Sticky tape
Tongue depressors	Non-sticky gauze pads
Thermometers, oral & rectal	Aromatic spirits of ammonia
Tourniquet	Anti-motion-sickness tablets
Elastic bandage (3 wide)	Oil of cloves
Cotton-tipped swabs	Antiseptic wipes
Gauze roller bandage	Measuring cup
First-aid cream (e.g. Neosporin)	Activated charcoal
Sunburn lotion	Syrup of ipecac
Cotton balls	Tweezers
Disposable gloves	Scissors
Bandage compress	Flashlight
Short board for splint	Matches
Safety pins	Hydrogen peroxide

APPENDIX B

VOMITING MAY BE RECOMMENDED FOR THESE POISONS:

after-shave lotion	hair dye
alcohol	hydrogen peroxide
antifreeze	ink
arsenic	insecticides
boric acid	iodine
camphor	paint (lead)
cologne	perfume
cosmetics	pesticides
cough medicine	roach poison
DDT	shampoo
deodorant	sleeping pills
detergent	strychnine
fabric softener	suntan lotion
fluoride	tranquilizers
hand and skin lotions	

APPENDIX C

DO NOT CAUSE VOMITING FOR THESE POISONS:

battery acid	laundry bleach
bleach	lye
charcoal lighter	metal cleaner
cleaning fluid	naphtha
corn remover	oven cleaner
dishwasher granules	paint (liquid)
drain cleaner	paint thinner
gasoline	shoe polish
grease remover	toilet bowl cleaner
household ammonia	typewriter cleaner
household cleaner	wax (floor or furniture)
kerosene	wood preservative
lacquer thinner	zinc compounds

GLOSSARY

Activated Charcoal	charcoal treated to absorb better; used in an emergency to treat some types of poisoning and drug overdose.
Artificial Respiration	first-aid used to revive a victim who has stopped breathing.
Bandage	1. a strip of material for wrapping a wound; 2. to hold and protect dressing.
Calamine Lotion	a pink lotion made from either zinc carbonate or oxide, used to relieve itching and burning caused by insect bites.
Chemical Burn	a burn caused by contact with chemicals such as acids, alkalis, and/or corrosive chemicals.
Compound Fracture	a broken bone accompanied by an open wound (also called "open").
Compress	a pad or cloth pressed on the body to stop bleeding or cool warm swelling.
CPR	*Cardiopulmonary Resuscitation* -- first-aid used to revive a victim whose heart has stopped beating and who has stopped breathing.
Dressing	ointment or a compress applied to a wound.
Electrical Burn	a burn caused by electricity.
First-degree Burn	a burn affecting only the outer layer of skin. Skin is reddened, but there are no blisters or swelling.
Frostbite	an injury to the tissue of the body from freezing.
Heart attack	sudden failure of the heart to function normally.
Heat Exhaustion	dizziness, weakness, nausea, and sweating from too much activity in the heat.

Heat Stroke	getting too much heat or sun without relief through sweating.
Heimlich Maneuver	first-aid used to help a choking victim.
Hepatitis B	a disease involving inflammation of the liver.
Hypothermia	a condition of having a body temperature greatly below normal.
Inflammation	redness, pain, heat, swelling, and/or loss of function as a reaction to injury, infection, or irritation to part of the body.
Lyme Disease	a disease caused by deer tick bites.
Oil of Cloves	a clear or pale yellow oil taken from dried flower buds of *Eugenia Caryophyllis*. Clove Oil is mainly used for flavoring medicines, but when applied on the outside, it kills germs and dulls pain. It has also been used as a home remedy for toothaches, but using it too often may harm gums.
Petroleum Jelly	a greasy clear substance made from petroleum, used as a lubricant. A common brand of petroleum jelly is Vaseline.
Second-degree Burn	a burn which only damages the first layer of skin, but is worse and more painful than a first-degree burn. Blisters and swelling are present.
Simple Fracture	a broken bone that does not puncture the skin and create an open wound (also called "closed").
Sprain	an injury which tears or stretches the soft tissues around a joint.
Syrup of Ipecac	the boiled down juice of *ipecacuanha*, a South American plant, used to cause vomiting. Ipecac syrup should not be used if poisoning is by corrosive or petro-based substances, if victim is not fully alert, or if victim is less than one year old.
Third-degree Burn	the most severe kind of burn which damages deeper layers of skin. The skin may be white or charred, and the nerve endings in the burned area may be lost.
Tourniquet	a device or strip of material wrapped tightly around a limb to stop bleeding.

WORKSHEET 2: ANSWERS
Breathing

Please fill in the blanks with the correct word. You can replay this section of the tape and fill the response in as you go along.

1) Stay **calm**.

2) Ask someone to call for an **ambulance**.

3) Position the victim on his/her **back** on a hard, flat surface.

4) Place one hand on the victim's forehead and the other under his/her **neck**, and tilt the victim's head pointing up.

5) Clear the victim's mouth of any obstructions. Ensure that the victim's tongue is not obstructing **airflow**.

6) Recheck for breathing by placing your ear near the victim's nose and mouth and watch **the chest moving** for 5 seconds.

7) Place your mouth over the victim's mouth, forming an **airtight** seal.

8) Breathe into the victim's mouth until his/her chest **rises**.

9) Give a total of **two** full breaths, keeping the victim's head tilted back.

10) Continue giving one breath (lasting 1 - 1 1/2 seconds) every 5 seconds, removing your mouth from the victim each time to allow **air** to escape.

11) Look, listen, and feel for victim's self-breathing for **five** seconds between every series of breaths.

12) As the victim begins to breathe, keep **the head tilted**.

13) Once revived, the victim must be treated and examined by a **health professional**.

BLEEDING EXERCISE: ANSWERS

List three methods to stop bleeding.

1. **Direct-Pressure Method**
2. **Elevation Method**
3. **Pressure-Point Method**

WORKSHEET 4: ANSWERS
Identify the Injury

Choose whether the problem is simple, complex, a sprain, or a fracture by circling one of the ***bolded*** *words. Then write down what should be done to treat the problem.*

Problem: A **sprain** occurs when the soft tissues around the joints are torn or stretched. They usually heal within a few weeks, and should be treated by:

1) **Raising or elevating the part that's hurt**.
2) **Keeping the joint from moving by using a splint or bandage. When attaching the splint, leave room for swelling**.
3) **Using an ice pack to reduce pain and swelling**.
4) **Getting help from a health professional to make sure the bone isn't broken**.

Problem: A broken bone is called a **fracture**. You should help a person with a broken bone by:

1) **Keeping joints on both sides of the suspected break from moving. Attach an inflatable or homemade splint with strips of cloth, twine, or other material**.
2) **Keeping the victim warm**.
3) **Putting ice on the fracture**.
4) **Getting help from a health professional**.

Problem: A fracture with an open wound is called a **complex** fracture. What extra step do you need to take with this type of fracture?

★ **Stop bleeding and cover any open wounds with clean bandages**.

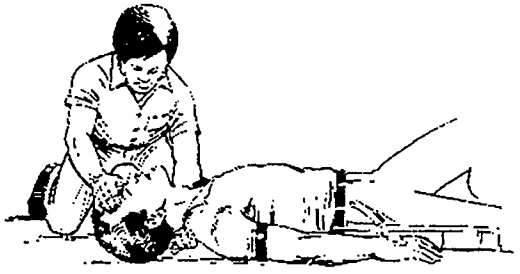
WORKSHEET 5: ANSWERS
Treatment for Choking: The Heimlich Maneuver

In this worksheet, we ask you to identify a classmate or family member on whom you can perform the Heimlich maneuver. First, describe the steps shown in these pictures:

Step 1: **The victim should cough to try to get the object out**.

Step 2: **If the object doesn't come out by coughing, ask the victim to speak. If the victim cannot breathe, cough, or speak, the airway is probably blocked and first aid should be given**.

Step 3: **If still choking, do the Heimlich maneuver right away. Stand behind the victim and wrap your arms around the chest. Place your fist with the thumb side against the victim's abdomen slightly above the navel and below the rib cage. Grasp your fist with the other hand and pull into the victim's abdomen with a quick upward thrust. Repeat several times, as necessary.**



Step 4: **Once the object is out, be ready to give artificial respiration if breathing has stopped**.

WORKSHEET 6: ANSWERS
Handling a Heart Attack

Gather three to five of your classmates. Explain to them that you are practicing emergency first-aid for heart attack victims, and that you need help to demonstrate the proper first-aid treatment for handling a heart attack.

After you finish demonstrating what to do if someone is having a heart attack, take a few minutes to list three warning signs of a heart attack:

★ **Uncomfortable pressure or severe aching that lasts more than two minutes in the center of the chest under the breastbone.**

★ **Pain which spreads to the entire chest, arms, shoulders, neck or jaw.**

★ **Squeezing or fullness in the abdomen (often mistaken for indigestion).**

★ **Dizziness, faintness, profuse sweating, nausea, and shortness of breath.**

★ **Ashen color, unconsciousness, impaired breathing, and an irregular pulse.**

WORKSHEET 7: ANSWERS
Frostbite, Heatstrokes and Hypothermia

Diagnose these symptoms by placing the correct letter in the corresponding blank space.

1) __d__ hypothermia

2) __a__ heat stroke

3) __c__ frost bite

4) __b__ heat exhaustion

a. weakness, dizziness, nausea, heat cramps, delirium, flushed to ashen or purple skin

b. heavy sweating, nausea, dilated pupils, dizziness, headaches, weakness, and cool, moist, pale, or red skin

c. white or grayish-yellow skin, blisters

d. shivering, numbness, weakness, drowsiness and mumbling, unconsciousness, shock