

# Orientation Training

## Basic First Aid and Home Safety



**PEOPLECARE**  
HEALTH SERVICES

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# Basic First Aid and Home Safety

## IMPORTANT NOTICE!

While this training course identifies life threatening conditions requiring life saving measures (e.g. CPR or the Heimlich Maneuver), these skills require intensive classroom skill development and practice and cannot be effectively presented or taught in this forum. We encourage every caregiver to enroll in a certified basic first aid and basic life support (formerly called CPR) class. Contact your agency to find out when is the next training in your area.

## Order of Priority in an Emergency

In every emergency situation, there is a logical priority order to be followed. **Check—Call—Care.** First, carefully **Check** both the scene of an emergency and the person needing assistance before any steps are taken. The purpose of this assessment is to assure that it is safe to provide first aid care. For example, an unconscious person might be lying on a live power line. If you were to touch the person before the power could be shut off, you would become a victim as well! Always be sure it is safe before you attempt to help anyone! Once you determine it is safe, you should immediately determine if the victim has any life threatening conditions. Immediately **CALL 9-1-1** or the local emergency number. **CARE** for the person.

## Checking an Injured or Ill Adult

- Check first that the environment is safe; you or the individual are not in further danger or at risk
- Check for responsiveness
  - Tap the shoulder and shout, “Are you okay?”
- Call 9-1-1
  - If no response, CALL 9-1-1 or the local emergency number
    - > If an unconscious person is face-down, roll him or her face-up keeping the head, neck and back in a straight line
    - > If the person responds CALL 9-1-1 or the local emergency number for any life-threatening Conditions and stay with the person until EMTs arrive
  - CHECK the person from head to toe and ask to find out what happened
- Quickly scan for severe bleeding
- What to do next:
  - If there is NO breathing—Perform CPR or use an AED (if AED is immediately available)
  - If breathing—Maintain and open airway and monitor breathing and for any changes in condition

## If Non-Responsive (not breathing and has no pulse)

After opening the airway, quickly check an unconscious person for breathing. Position yourself so that you can look to see if the person’s chest clearly rises and falls, listening for escaping air and feel for it against the side of your face. Do this for no more than 10 seconds. If the person needs CPR, chest compressions must not be delayed.

# Basic First Aid and Home Safety

## Obstructions in the Airway (Adults vs. Children)

If a person is choking - but CAN speak or cough forcibly - there is an exchange of air (although it might be diminished) and you should encourage the person to continue coughing while you offer reassurance and support. On the other hand, if a person is choking, but CANNOT speak or cough, an airway obstruction most likely exists.

The treatment for an obstructed airway in a conscious person involves use of the **BACK BLOWS** and the **ABDOMINAL THRUSTS** which is performed as follows:

### Adults

- Give 5 back blows  
Bend the person forward at the waist and give 5 back blows between the shoulder blades with the heel of one hand

### Children

- Give 5 abdominal thrusts  
Place a fist with the thumb side against the middle of the person's abdomen, just above the navel  
Cover your fist with your other hand  
Give 5 quick, upward abdominal thrusts
- Continue care  
Continue sets of 5 back blows and 5 abdominal thrusts until the:
  - Object is forced out
  - Person can cough forcefully or breathe
  - Person becomes unconscious
- If the person becomes unconscious—call 9-1-1, if not already done, and give care for an unconscious choking adult

## Heart Attack

When blood flow to the heart muscle is reduced, people experience chest pain. This reduced blood flow usually is caused by coronary heart disease. When the blood and oxygen supply to the heart is reduced, a heart attack may result.

A heart attack can be indicated by common signals. Even people who have had a heart attack may not recognize the signals because each heart attack may not show the same signals. You should be able to recognize the following signals of a heart attack so that you can give prompt and proper care.

The most significant sign of a heart attack is chest pain. The person may describe it as pressure, a feeling of tightness in the chest, aching, crushing, fullness or tightness, constricting or heavy pain. The pain may be located in the center of the chest, although it is not uncommon for the pain to radiate to one or both shoulders or arms or to the neck, jaw or back. In addition to pain, an individual may experience sweating, nausea or shortness of breath. Many individuals deny they may be having a heart attack. It is important for the rescuer to constantly reassure the person and keep them as calm and relaxed as possible. The psychological value of reassurance is as important in first aid as any treatments!

# Basic First Aid and Home Safety

## First Aid For a Heart Attack

- Recognize the signs and symptoms of a heart attack
- Comfort and reassure the person
- Have the person stop whatever they were doing and sit or lie in a comfortable position
- Call 9-1-1
- Give the client four (4) baby aspirin or one (1) regular strength aspirin if they are conscious and do not have an allergy to aspirin
- If the person is or becomes unconscious, be prepared to perform CPR (if you are trained to do so)

Everyone can reduce the risk of a heart attack by controlling high blood pressure, limiting cholesterol in the diet, watching weight, exercising, not smoking and minimizing stress.

## Bleeding

Major bleeding may be a life-threatening condition requiring immediate attention. Bleeding may be from an ARTERY, a major blood vessel which carries oxygen-rich blood from the heart throughout the body. It may be from a VEIN, which carries blood back to the heart to be oxygenated or bleeding may be from a CAPILLARY, the smallest of our body's blood vessels. ARTERIAL bleeding is characterized by spurts with each beat of the heart, is bright red in color (although blood darkens when it meets the air) and is usually severe and hard to control. ARTERIAL bleeding requires immediate attention! VENUS bleeding is characterized by a steady flow and the blood is dark, almost maroon in shade. Venus bleeding is easier to control than Arterial bleeding. CAPILLARY bleeding is usually slow, oozing in nature and this type of bleeding usually has a higher risk of infection than other types of bleeding.

*First Aid For Bleeding Is Intended To:*

- Stop the bleeding
- Prevent infection
- Prevent shock

*How To Control Bleeding:*

- Apply DIRECT PRESSURE on the wound. If a dressing of some kind is not available, use your hand. Always wear protective gloves and use Universal Precautions
- Once the pressure has been applied, keep it in place. If the dressings become too saturated with blood, apply a new dressing over the old dressing. DO NOT REMOVE THE INITIAL DRESSING UNTIL THE BLEEDING HAS STOPPED. If you are seeking medical attention for the injury, do not remove the bandages, as this could potentially remove the clot, let a medical professional remove the bandages when you receive treatment. The less a bleeding wound is disturbed, the easier it will be to stop the bleeding
- Call 9-1-1 or seek medical attention

# Basic First Aid and Home Safety

## *Signs and Symptoms of Internal Bleeding:*

- Bruised, swollen, tender or rigid abdomen.
- Bruises on chest or signs of fractured ribs.
- Blood in vomit.
- Wounds that have penetrated the chest or abdomen.
- Bleeding from the rectum or vagina.
- Abnormal pulse and difficulty breathing.
- Cool and moist skin.

First aid for internal bleeding is limited. If you suspect more severe internal bleeding, seek emergency medical attention. You should also stay in order to reassure the person, control any external bleeding, care for shock, loosen tight-fitting clothing and place the person on their side so any fluids can drain from the mouth and do not cause aspiration.

## **Shock**

Shock is failure of the cardiovascular system to keep adequate blood circulating to the vital organs of the body, namely the heart, lungs and brain and can be caused by rapid blood loss, injury, severe infection or heart attack

## *Signs and Symptoms of Shock Include:*

- Confused behavior.
- Very fast or very slow pulse rate.
- Very fast or very slow breathing.
- Trembling and weakness in the arms or legs.
- Cool and moist skin.
- Pale or bluish skin, lips and fingernails.
- Enlarged pupils.

## *If you suspect possible shock:*

- Call 9-1-1
- Place the person in a lying position to improve circulation, in a safe place and stay with the person
- If you suspect a head or neck injury, keep the person lying flat. If the person vomits, turn them on their side to avoid aspiration.
- If the person is experiencing trouble breathing, place them in semi-reclining position. Maintain the person's body temperature, but do not allow them to become overheated.

# Basic First Aid and Home Safety

## Burns

The severity of a burn depends upon its size, depth and location. Burns are most severe when located on the face, neck, hands, feet and genitals or when they are spread over large parts of the body or when they are combined with other injuries. Burns result in pain, infection and shock. They are most serious when the burn victims are very young or very old. Any person suffering a serious burn should seek medical help immediately.

### *Degrees of Burns:*

- **First Degree** burns are the least severe. They are characterized by redness or discoloration, mild swelling and pain. Overexposure to the sun is a common cause of first degree burns.
- **Second Degree** burns are more serious. They are deeper than the first degree burns, look red or mottled and have blisters. They may also involve loss of fluids through the damaged skin. Second degree burns are usually the most painful because nerve endings are usually intact, despite severe tissue damage.
- **Third Degree** burns are the deepest and most severe. They may look white or charred, extended through all skin layers. Victims of third degree burns may have severe pain or no pain at all, if the nerve endings are destroyed.

### *First Aid for Burns:*

- **First Degree** - To treat a first-degree burn, flush with cool running water for 10-15 minutes, cover the burn with sterile gauze bandage, and take an over the counter pain reliever as needed.
- **Second Degree** - If the second-degree burn is no larger than 3 inches in diameter, treat it as a minor burn. If the burned area is larger or if the burn is on the hands, feet, face, groin or buttocks, or over a major joint, treat it as a major burn and get medical help immediately.
- **Third Degree** - To treat a third-degree burn, do not remove the burned clothing, do not immerse large severe burns in water, check for signs of circulation (breathing, coughing, movement), elevate the burned body part or parts, cover the area of the burn with a cool moist sterile cloth, and seek medical attention immediately.

Remember that burns can also be caused by chemicals. In this case, it is important to remove any clothing that the chemical has come into contact with and to brush off as much of the dry chemical as possible and then flush the affected areas with copious amounts of water for 15 to 30 minutes and seek medical attention. (If you do not remove the dry chemical before flushing the area with water, the water could activate the chemical further and cause more damage.)



# Basic First Aid and Home Safety

## Eye Injuries

Be extremely careful and gentle when treating eye injuries. Floating objects in the eye which are visible may be flushed from the eye with water. If the object cannot be removed in this manner, the person should seek medical attention immediately. NEVER attempt to remove objects embedded in the eye. First Aid care for these injuries consists of bandaging BOTH eyes and seeking professional care promptly! An inverted paper cup covered with a bandage is appropriate for serious eye injuries while the person is transported to the hospital.

For chemical burns of the eye, wash the eye with copious amounts of water for 15 to 30 minutes. Then wrap a bandage around both eyes and seek professional help. Eyes are delicate and sight is precious. Prompt professional attention to eye injuries is required to preserve sight.

## Nose Injuries

Severe nosebleeds can be frightening especially when they last for more than a few minutes. Nosebleeds can even lead to shock if enough blood is lost in a short period of time. Many cases of nosebleed can be controlled simply by having the person sit down, pinch the nostrils shut and lean forward (to prevent blood from running into the throat). Once the bleeding has been stopped, talking, walking and blowing the nose may disturb blood clots and allow the bleeding to resume. The person should rest quietly until it appears the bleeding remains stopped for a few hours.

If it is suspected that the victim has suffered a head, neck or back injury, DO NOT attempt to control the blood flow as it may cause increased pressure on injured tissue. All uncontrolled nosebleeds require prompt medical attention.

## Animal and Insect Bites

### *Animal Bites*

Animal bites carry a high risk of infection and require immediate medical attention. Infection may develop hours, or days, after an animal bite. Signs and symptoms of infection are pain & tenderness at the wound site, redness, heat, swelling, pus at the wound site, red streaks in the skin around the wound and possible swollen glands closest to the wound. First aid care for animal bites includes washing the wound thoroughly with soap and water, if there is no heavy bleeding. Then cover the wound and seek professional attention. A serious wound should be cleaned only by trained medical personnel.

### *Insect Bites*

Signs and symptoms of allergic reaction to insect bites include pain, swelling of the throat, redness or discoloration at the site of the bite, itching, hives, decreased consciousness and difficult or noisy breathing. Insect bites and stings can be life-threatening to individual with severe allergic reactions to the insect's venom. If a stinger remains in the skin, you may try to remove it carefully with a tweezers or by scraping with the edge of a credit card. Be careful not to squeeze the stinger as this will inject more venom. Once a stinger has been removed, the wound should be washed well with soap and water.

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Cold compresses will help relieve pain and swelling. The stung area should be kept lower than the heart to slow circulation of the venom. Remember in all cases of insect bites to watch for signs of allergic reaction and if they appear, seek medical attention immediately.

## Fractures, Sprains and Strains

Fractures, sprains, strains and dislocations may be hard for the average person to tell apart. For this reason, first aid treatment of any of these conditions is handled as though the injury was a fracture. Signs and symptoms of the above conditions may include a "grating" sensation of bones rubbing together, pain, tenderness, swelling, bruising and an inability to move the injured part.

*First Aid for Fractures, Sprains, Strains and Dislocations:*

- Control bleeding, if present.
- Observe for signs of shock and remain with the person
- If you suspect a fracture, seek immediate medical attention. Do not attempt to treat the person yourself
- Cold packs may help reduce pain and swelling.
- For care of sprain or fracture at home, follow the mnemonic RICE until help arrives. **Rest**—do not move or straighten the injured area. **Immobilize**—Stabilize the injured area in the position it was found to prevent further injury. A doctor may apply a cast or prescribe a brace **Cold**—Fill a plastic bag with ice and water and apply to the injury area for about 20 minutes. **Elevate**—Elevate the injured party only if it does not cause more pain.

Individuals with traumatic injuries, such as those caused by automobile accidents and falls should not be moved except by trained medical professionals. Head, neck and back injuries are serious and require special care for movement and transport of individuals with these conditions. In exceptional circumstances, such as when an individual is at risk of further injury unless moved, the individual's head and neck should be stabilized and the body moved with minimal flexing of the head, neck or spinal cord.

## Poisoning (Poison Control Phone Number: 1-800-222-1222)

Over a million cases of poisoning occur in the United States each year, most involving young children. However, seniors or individuals with memory impairment can also have accidental poisoning. Since various poisons can cause different symptoms, and because treatments vary depending upon the substance or medication ingested, call the Poison Control Center IMMEDIATELY! Do not wait for symptoms to occur. Identify the nature of the poison or item ingested and receive specific care instructions from medical professionals. The Poison Control Center will give you instructions for care for the individual. If the person is unconscious, call 9-1-1 and start BLS (CPR).



# Basic First Aid and Home Safety

## Diabetic Emergencies

It is important to identify possible low glucose levels (hypoglycemia) as well as high glucose levels (hyperglycemia) because they could potentially lead to diabetic coma, shock or even death.

### KNOW THE SYMPTOMS!

If the blood glucose level is **70 or below (Hypoglycemic)** the person may experience:

- Confusion
- Dizziness
- Feeling shaky
- Hunger
- Headaches
- Irritability
- Pounding heart; racing pulse
- Pale skin
- Sweating
- Trembling
- Weakness
- Anxiety

If your client is exhibiting these symptoms and is a diabetic, check the glucose level, if it is less than 70,

- Give 15 grams of simple fast acting carbohydrates\*:
  1. 4 ounces of fruit juice (use real fruit juice or high carbohydrate drink)
  2. 3-4 glucose tablets or glucose gel (one whole tube)
  3. If the client is able to eat some crackers with peanut butter or cream cheese, the protein will help keep the sugar levels up, but give after the juice or glucose tabs
- Re-check the blood glucose level again in 10 minutes, if still low, repeat the above steps. Continue to check the glucose until client is feeling better and levels are >100. Alert the provider in the event of hypoglycemia because they may need to make changes to the medications the client takes for diabetes
- If the client is unresponsive – CALL 911 Immediately – do not attempt to give them anything orally if they are unconscious, just stay with them until help arrives

# Basic First Aid and Home Safety

If the client has a high glucose level  $\geq 400$  it is called **Hyperglycemia** and if not treated correctly, may also cause serious illness, shock and possible death.

Symptoms of Hyperglycemia include:

- Frequent urination
- Excessive thirst
- Headaches
- Difficulty concentrating
- Blurred vision
- Weak or tired feeling

If the client has an insulin sliding scale that the doctor has provided, administer the amount of insulin that corresponds to the client's current glucose level. Most sliding scales will give you a number at which they would like to be notified. For example, if client's level is  $>400$ , call physician and administer corresponding insulin.

If the client has an insulin pump, make sure that it is attached to the client and is working.

If Insulin is administered, make sure to check the glucose again within 1 hour.

Notify the provider immediately, especially if the client is not on any insulin. If the person is incoherent or non-responsive, call 911 immediately.

# Basic First Aid and Home Safety

*Diabetics Are Subject to Two Very Different Types of Emergencies:*

- Insulin Reaction or Insulin Shock.
- Diabetic Coma.

## *Insulin Reaction or Insulin Shock*

This condition occurs when there is too much insulin in the body. People with diabetes often take insulin to keep their diabetes under control. However, too much insulin can rapidly reduce the level of sugar in the blood, causing brain cells to suffer. Signs and symptoms of insulin shock can include: fast breathing, fast pulse, dizziness, weakness, sweating, hunger, headache, numb hands or feet, confusion, slurred speech, vision difficulties and a change in the level of consciousness.

## *Diabetic Coma*

This condition occurs when there is too much sugar and too little insulin in the blood and body cells do not get enough nourishment. Diabetic coma can be caused by eating too much sugar, by not taking prescribed medications, by stress and by infection. Diabetic coma develops more slowly than Insulin shock, sometimes over a period of days. Signs and symptoms can include drowsiness, confusion, deep and fast breathing, thirst, dehydration, fever, a change in the level of consciousness and a peculiar sweet or fruity-smelling breath.

## *First Aid for Insulin Reaction and Diabetic Coma*

Looking for the signs and symptoms listed above will help to distinguish the two diabetic emergencies. In addition, if the patient is conscious, you can ask two very important questions which will help determine the nature of the problem:

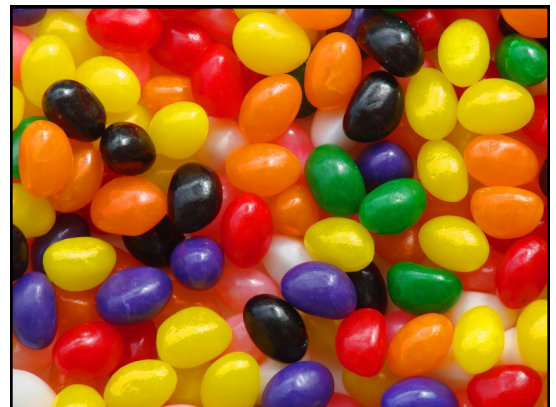
- Have you eaten today?

Someone who has eaten, but not taken the prescribed medication may be in a diabetic coma.

- Have you taken your medication today?

Someone who has not eaten, but did take their medication, may be having an insulin reaction.

Distinguishing between the two types of diabetic emergencies can be difficult. A person in insulin shock needs sugar quickly. If the person is conscious, give sugar in any form: candy, fruit juice or a soft drink. Sugar given to a person in insulin shock can be life-saving. If the person is suffering from a diabetic coma, the sugar is not required but will not cause them further harm. In either case, seek medical attention right away.



## **Stroke**

Stroke occurs when the blood flow to the brain is interrupted long enough to cause damage. This may be caused by a clot formed in an artery in the brain or carried to the brain in the bloodstream, a ruptured artery in the brain or by compression of an artery in the brain, as found with brain tumors. **First aid for strokes consists of recognizing signs and symptoms and seeking professional attention immediately.**

Remember: **F.A.S.T.**

**F**ace drooping

**A**rm weakness

**S**peech difficulty

**T**ime to call 9-1-1

# Basic First Aid and Home Safety

## *Signs and Symptoms of a Stroke*

- Weakness and numbness of the face, arm or leg, often only on one side of the body
- Slurred speech or difficulty speaking
- Dizziness
- Loss of balance
- Blurred vision, double vision or loss of vision in one eye
- “Pins and needles” sensation of touch
- Difficulty swallowing
- Confusion
- Headache

If you suspect a person is having a stroke, have them stop whatever they are doing and immediately seek medical help. Reassure them and keep them comfortable. Have them sit or lie down in a safe environment. Do not give them anything to eat or drink as they may be unable to control chewing and swallowing and may choke. If they vomit, make sure they tilt their head forward. Observe carefully while awaiting professional help and monitor the airway, breathing and circulation.

## **Seizures**

Seizures can be fairly common, but are often misunderstood. Seizures are not a specific condition but rather, they may be caused by many different types of conditions such as insulin shock, high fevers, viral infections of the brain, head injuries or drug reactions. When seizures recur with no identifiable cause, the person is said to have epilepsy. If this is the person’s first seizure, or if you are unsure, call 9-1-1.

## *Signs and Symptoms*

Many individuals have a warning AURA (or sensation) before the onset of a seizure. Many times, a person about to have a seizure will physically move themselves from danger (as from the edge of a train platform) before the seizure begins. Seizures can range from mild to severe. Mild seizures may take place and end in a matter of seconds. Severe seizures may involve uncontrollable muscle spasms, rigidity, loss of consciousness, loss of bladder and bowel control, and in some cases, breathing that stops temporarily. Many epileptics carry cards or bracelets which identify their condition.

## *First Aid for Seizures*

Prevent the person from injuring themselves by moving furniture or equipment and loosen clothing. If they vomit, turn them on their side to avoid choking and stay with them. Reassure them and immediately seek medical help.

When medical help arrives, try to give an accurate account of what was happening at the onset of the seizure activity (e.g. how long do the seizures last, is this the first seizure for the client/individual, do they have a history of seizures, etc...). This is important information that healthcare workers will need to know in order to treat.

# Basic First Aid and Home Safety

## Heat Emergencies

There are three types of heat emergencies that can occur:

- Heat Stroke
- Heat Exhaustion
- Heat Cramps

### *Heat Stroke*

This is the most serious type of a heat emergency. It is life-threatening and requires immediate and aggressive treatment. Heat stroke occurs when the body's heat regulating mechanism fails. The body temperature rises so high that brain damage and even death may result unless the body is cooled quickly.

### *Signs and Symptoms of Heat Stroke*

A person suffering from heat stroke may have hot, red and very dry skin. Their pupils are very small and their body temperature is very high, sometimes as much as 105 degrees.

### *First Aid for Heat Stroke*

Make sure the individual is moved to cool place and have them rest. You can place them in a bathtub of cool water, wrap them in wet sheets or take them to an air-conditioned room. Remember, heat stroke is a life-threatening emergency and you will need to call 9-1-1 immediately and watch for signs of shock. Do not give any food or drink by mouth.

### *Heat Exhaustion*

Heat exhaustion is less dangerous than heat stroke. It is caused by fluid loss which in turn causes blood flow to decrease in vital organs, resulting in a form of shock.

### *Signs and Symptoms of Heat Exhaustion*

A person suffering from heat exhaustion has cool, pale and moist skin. They may experience heavy sweating, dilated pupils, headache, nausea, dizziness and vomiting. Their body temperature will be fairly normal and may not be elevated.

### *First Aid for Heat Exhaustion*

Get the individual out of the heat and into a cool place. Place the person in the shock position, lying on their back with their feet raised. Remove or loosen clothing and cool by fanning or applying cold packs or wet towels or sheets to their body. If conscious, give them water to drink every 15 minutes but ensure they drink very slowly.

### *Heat Cramps*

Heat cramps are muscular pain and spasms due to heavy exertion. They usually involve the abdominal muscles or legs. It is generally thought this condition is caused by loss of water and salt through sweating.

# Basic First Aid and Home Safety

## *First Aid for Heat Cramps*

Get the individual to a cool place. If they can tolerate it, have them drink one-half glass of water every 15 minutes. Heat cramps can usually be avoided by increasing fluid intake when active in hot weather and are usually not serious.

## **Cold Emergencies**

Signs and symptoms of this dangerous condition called Hypothermia, which can become life-threatening are: shivering, dizziness, numbness, confusion, weakness, impaired judgment, impaired vision and drowsiness.

*Hypothermia victims pass through 5 stages, with each stage more serious and leading to death:*

- Shivering
- Apathy
- Loss of Consciousness
- Decreasing Pulse and Breathing Rate
- Death

## *First Aid for Hypothermia*

Seek professional help. Get victim out of the cold and into dry clothing. Warm the body slowly! Give the person nothing to eat or drink unless the person is fully conscious.



## **First Aid Kit**

Everyone should have a well-stocked first aid kit handy at home, in the car and in the workplace. The contents of a first aid kit will vary depending upon the number of people it is designed to protect as well as special circumstances where it will be used. For example, a first aid kit in a factory where there may be danger of flying debris getting into the eye should certainly have a sterile eyewash solution in its kit. If an individual is a diabetic, their first aid kit should have a glucose or sugar solution. When assembling a first aid kit for you or someone else, you should consider all the possible injuries you are likely to encounter and then select the kit contents to treat those conditions. It's also important to check your first aid kit periodically to restock items that have been used and to replace items that are out-of-date. It's also advisable at home and at work to have both a stationary kit, stored in a cabinet or drawer, as well as a compact portable kit that can be taken quickly to the site of an emergency.

# Basic First Aid and Home Safety

## Recommended Contents for a First Aid Kit

- Activated Charcoal (for poisoning emergencies)
- Adhesive strip bandages - assorted sizes
- Adhesive tape
- Alcohol - rubbing 70%
- Alcohol wipes
- Antacid
- Antibiotic ointment
- Baking soda
- Calamine lotion
- Chemical ice packs
- Chemical hot packs
- Cotton balls
- Cotton swabs
- Decongestant tablets & spray
- Diarrhea medication
- Disposable latex or vinyl gloves
- Elastic bandages
- Face mask for CPR
- First aid guide
- Flashlight
- Gauze pads - various sizes
- Paper & pencil
- Paper drinking cups
- Roller gauze - self adhering
- Triangular bandages
- Tweezers
- Waterproof tape
- Hot-water bottle
- Household ammonia
- Hydrocortisone cream .5%
- Hydrogen Peroxide
- Hypoallergenic tape
- Ice bag
- Insect repellent
- Insect sting swabs
- Matches
- Meat tenderizer (for insect bites)
- Moleskin
- Needles
- Non-adhering dressings [Telfa]
- Oil of Cloves
- Over-the-counter pain medication [aspirin]
- Paper & pencil
- Paper drinking cups
- Roller gauze - self adhering
- Safety pins
- Salt
- Scissors
- Soap
- Space blanket
- Sam splint
- Sugar or glucose solution
- Syrup of Ipecac
- Thermometer - oral & rectal
- Tongue blades



# Basic First Aid and Home Safety

## *Home Safety is No Accident*

*Reprinted from The Complete Eldercare Planner*

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

PCHS wants to help ensure the client's home is safe. Use the following checklist to make the home a safe place to live. Please ask the client for permission to inspect their home.

### **THROUGHOUT THE HOME**

- Electric cords are properly plugged in and safely tucked away
- Extension cords aren't overloaded
- Smoke and carbon monoxide detectors are present and have fresh batteries
- Electrical outlets aren't warm to the touch
- The home is well-lit - inside and outside
- Night lights are present in hallways, stairwells, bedrooms and bathrooms
- Electric heaters are placed away from curtains, rugs and furnishings
- Electric appliances are a safe distance from water
- Fireplace chimneys are clear of accumulation and checked yearly
- Light switches are present at the top and bottom of stairs
- Light switches are located near room entrances
- Stairwells are well-lit
- Stairways are free of objects
- Stair handrails are present and sturdy
- Stairs are marked for visibility with contrasting tape
- Steps are even and uniform in size and height
- Floors aren't slippery or highly polished
- Carpeting, linoleum and plastic stair treads are secure
- Carpets do not have holes or snags
- Carpet edges are securely fastened
- Water temperature is reduced to prevent scalding
- Water faucets are clearly marked hot and cold
- House smoking rules are established
- Rope ladders are available on upper levels
- Furnace is checked yearly
- Room furniture patterns permit easy access to doors and windows
- Rooms are free of floor clutter
- Stairs and pathways are free of objects
- Drawers, doors and windows open and shut easily
- Flashlights are available in every room
- Glow tape is stuck on key items to identify them in the dark
- Cleaners and poisons are clearly marked
- Step stools are sturdy
- Window and door locks are secure and operating
- Medications are properly stored and usage instructions are written down



# Basic First Aid and Home Safety

## IN THE KITCHEN

- Dishes and food are stored on lower shelves
- Towels and curtains are kept away from the stove
- Lighting is sufficient over stove, sink and countertops
- Radio and electric appliances are a safe distance from the sink
- "Off" indicators on stove and appliances are clearly marked with brightly colored tape
- A telephone is in the kitchen
- Emergency telephone numbers are displayed near the telephone and on the refrigerator
- A fire extinguisher is in easy reach and in working order
- Whistling teakettles and food timers are in use
- Food is properly stored in the freezer
- No expired food is in the refrigerator or cupboards
- Plastic, easy-open containers and dishes replace glassware
- Heavy pots or pans are replaced with lighter ones
- Pot holder mitts are available and used
- Refrigerator and stove are in good working order
- Sturdy step stools are available
- Pet dishes are tucked away from the walking path

## IN THE BEDROOM

- Lamps and light switches are within reach of bed
- The electric blanket is in good working order
- The telephone is accessible from the bed
- An emergency telephone list is near the telephone
- A flashlight and whistle are near the bed
- Medications are stored away from the nightstand
- The bed is an appropriate height

## IN THE BATHROOM

- Non-skid decals and rubber mats are available for the tub and shower
- Floor rugs are secure and won't skid
- Grab bars and handrails are next to the toilet, and in the tub and shower
- Handrails are secure
- Shower and tub stools are present
- There is telephone access in the bathroom

## HOME EXTERIOR

- Tools and yard equipment are safely and securely stored
- Solvents, paints and sprays are clearly marked
- Goggles are worn when using power equipment
- Stair rails are secure
- Walking paths are clear and safe, with no holes in concrete
- Leaves and snow are cleared away
- There is telephone access while outside

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Circle the best choice, or fill in your answer.*

**1. True or False**

The first thing you should do in an emergency situation is move the person to a safe location.

**2. True or False**

If you suspect someone is having a heart attack you should perform rescue breathing.

**3. True or False**

Confusion is a symptom of shock.

**4. True or False**

To control bleeding you should apply direct pressure on the wound.

**5. True or False**

Bruised, swollen, tender or a rigid abdomen can be signs of internal bleeding.

6. First aid for bleeding is intended to:

- A. Stop the bleeding.**
- B. Prevent infection.**
- C. Prevent shock.**
- D. All of the above.**

7. Which of the following first aid is recommend for sprains?

- A. Cold packs.**
- B. Increased movement.**
- C. Elevating legs and feet above the heart.**

8. Which of the following are signs of a stroke?

- A. Dizziness.**
- B. Ringing in the ears.**
- C. Difficulty speaking.**
- D. All of the above.**

9. Anyone displaying signs and symptoms of a stroke should seek immediate \_\_\_\_\_ attention.

10. If I ever have any doubt about the medical condition of a client, I should \_\_\_\_\_ !

**Pass or Fail:** \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_

**Supervisors Signature:** \_\_\_\_\_

\*Copy to be placed in employee file.