Basic Agricultural Production and Natural Resources Conservation Level-I

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Training Module –Learning Guide 27-32

Unit of Competence: Apply Basic First Aid Procedures

Module Title: Applying Basic First Aid Procedures

TTLM Code: AGR BAN1 M02 TTLM 0919v1

October 2019

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This module includes the following Learning Guides

LG 05: Assess the situation

LG Code: AGR BAN1 M02 LO1-LG-05

LG 06: Apply basic first aid techniques

LG Code: AGR BAN1 M02 LO2-LG-05

LG 07: Apply monitoring and evaluation

LG Code: AGR BAN1 M02 LO3-LG-05

Instruction Sheet	Learning Guide #05

This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- Recognizing emergency situation
- Identifying physical hazard to personal
- Minimizing immediate risk
- Assessing physical condition

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, **upon completion of this Learning Guide, you will be able to**:

- Recognize emergency situation
- Identify physical hazard to personal
- Minimize immediate risk
- Assess physical condition

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described
3. Read the information written in the information "Sheet
4. Accomplish each "Self-check respectively.
5. If you earned a satisfactory evaluation from the "Self-check" proceed to the next or "Operation Sheet
6. Do the "LAP test"

Information Sheet-1	Recognizing emergency situation

1.1Introduction to first aid

1.1.1Definition

First Aid is the temporary or the immediate care to a burn, wound, injury, etc that a victim has obtained from an accident. First Aid is used to ease the pain of an injury, to prevent the worsening of the injury, to stop blood from bleeding and to make the victim ready to be brought to the hospital. Sometimes, without First Aid the victim may die before reaching the hospital that is why each one of us should learn the basics of First Aid.

1.2 Aims of first aid (5 p s)

- Preserve life – This includes the life of the casualty, bystander and rescuer.
- Protect the casualty from further harm – Ensure the scene is safe.
- Provide pain relief – This could include the use of ice packs or simply applying a sling.
- Prevent the injury or illness from becoming worse – Ensure the treatment you provide does not make the condition worse.
- Provide reassurance

1.3 Benefits of first aid

- save lives (in the case of seriously injured or ill persons);
- reduce the chance of permanent damage (for example, prompt flushing of the eyes with water after a chemical splash can prevent blindness) help prevent

an injury from becoming more serious (for example, cleaning and bandaging a cut can help prevent infection and further problems);

- Minimize the length and extent of medical treatment;
- Reduce lost time from work.

1.4 General Principles of First-Aid

i. Rescue and removal of the casualty in the shortest possible time without aggravating existing health situation.

ii. First aid should be confined to essentials only.

iii. Immediate arrest of hemorrhage.

iv. Restoration of respiration and circulation. v. Prevention of impending shock and treatment of shock if the victim is already in such a state.

vi. Immobilization of simple and compound fractures and dislocations.

vii. Alleviation of pain by simple procedures and medication.

viii. Assurance of getting well quickly to the victim and moral boosting.

1.5 Recognizing medical emergencies

Information

According to the American College of Emergency Physicians, the following are warning signs of a medical emergency:

- Bleeding that will not stop
- Breathing problems (difficulty breathing, shortness of breath)
- Change in mental status (such as unusual behavior, confusion, difficulty arousing)
- Chest pain
- Choking

- Coughing up or vomiting blood
- Fainting or loss of consciousness
- Feeling of committing suicide or murder
- Head or spine injury
- Severe or persistent vomiting
- Sudden injury due to a motor vehicle accident, burns or smoke inhalation, near drowning, deep or large wound, or other injuries
- Sudden, severe pain anywhere in the body
- Sudden dizziness, weakness, or change in vision
- Swallowing a poisonous substance
- Severe abdominal pain or pressure

BE PREPARED:

- Determine the location and quickest route to the nearest emergency department before an emergency happens.
- Keep emergency phone numbers posted in your home where you can easily access them. Also enter the numbers into your cell phone. Everyone in your household, including children, should know when and how to call these numbers. **These numbers include:** fire department, police department, poison control center, ambulance center, your doctors' phone numbers, contact numbers of neighbors or nearby friends or relatives, and work phone numbers.
- Know at which hospital(s) your doctor practices and, if practical, go there in an emergency.
- Wear a medical identification tag if you have a chronic condition or look for one on a person who has any of the symptoms mentioned.
- Get a personal emergency response system if you're an older adult, especially if you live alone.

WHAT TO DO IF SOMEONE NEEDS HELP:

- Stay calm, and call your local emergency number (such as 911).
- Start CPR (cardiopulmonary resuscitation) or rescue breathing, if necessary and if you know the proper technique.
- Place a semiconscious or unconscious person in the recovery position until the ambulance arrives. DO NOT move the person, however, if there has been or may have been a neck injury.

Upon arriving at an emergency room, the person will be evaluated right away. Life- or limb-threatening conditions will be treated first. People with conditions that are not life- or limb-threatening may have to wait.

CALL YOUR LOCAL EMERGENCY NUMBER (SUCH AS 911) IF:

- The person's condition is life threatening (for example, the person is having a heart attack or severe allergic reaction)
- The person's condition could become life threatening on the way to the hospital
- Moving the person could cause further injury (for example, in case of a neck injury or motor vehicle accident)
- The person needs the skills or equipment of paramedics
- Traffic conditions or distance might cause a delay in getting the person to the hospital

Self-Check- 1	**Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Define first aid (2 points)

2. What are the 5 p aims of first aid? (5 points)

3. List the general principles of first aid (8 points)

4. What are warning signs of a medical emergency? (5 points)

Note: **Satisfactory rating – 10 points and above** **Unsatisfactory - below 10 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Short Answer Questions

Information Sheet-2	Identifying physical hazard to personal

2.1 Workplace hazards

2.1.1 Working in Confined Spaces

A confined space is a place that is substantially (although not always entirely) enclosed where there is a risk of death or serious injury from hazardous substances or dangerous conditions (e.g. lack of oxygen). Very often, injuries and deaths occur as a result of work being carried out such as welding, painting, flame cutting, use of chemicals. Places can also become confined spaces during construction work, fabrication or modification.

What are the risks of working in confined spaces?

Every year, a number of people are killed and others seriously injured working in confined spaces across a wide range of industries, from those involving complex plant to simple storage vessels. Those killed include not only people working in confined spaces but those who try to rescue them without proper training and equipment. Dangers can arise in confined spaces because of:

- lack of oxygen
- poisonous gas, fume or vapor
- liquids and solids suddenly filling the confined space, or releasing gases into it when disturbed
- fire and explosions
- residues left behind which can give off gas, fume or vapor

- dust
    - Hot working conditions.

2.1.2 Hazardous Substances

- They are those substances classified as toxic, very toxic, corrosive, harmful or irritant. Biological agents and dusts in substantial concentrations are also classified as hazardous substances. Hazardous Substances are used in many workplaces and take many different forms. Solids, liquids, gases, mists and fumes can be present in the workplace. Exposure to hazardous substances can affect the body in many different ways. Skin contact, inhalation and ingestion can cause damage.

What risks do Hazardous Substances present?

Hazardous Substances can cause short- and long-term health problems. They can cause serious ill health including cancers, dermatitis and asthma. Cleaner splashing bleach on their skin could cause a burn or inflammation, which will have little long-erm effect in most cases. However, a splash in the eye could cause permanent damage to their sight.

Environmental hazards

Water related hazards-

Surface water

In urban areas, primarily from industrial and domestic wastes

In rural related pollution areas with co-use of waters for humans and livestock

Drinking water especially in areas without access to treated/piped water Contamination

Food Borne hazards

Associated with poor domestic sanitation and hygiene arrangements

Chemical Contamination

E.g. food additives, pesticides

Vector Borne Hazards

Water related vectors

E.g. malaria, guinea worm, schistosomiasis

Animal related vectors

E.g. sleeping sickness, bubonic plague

 Domestic Hazards

Indoor Air Pollution

Domestic problems –Often associated with over-crowding and poor living conditions.

Sanitation: Severe problem in areas lacking organized sewerage system (e.g. in informal settlements)

Waste handling: Associated especially with open waste dumps – e.g. communities living on, or regularly sorting through, waste sites

Immediate risks to self and casualty

Worksite equipment, machinery and substances

Environmental risks

Bodily fluids

A body fluid exposure incident is defined as a puncture of the skin or contamination of Mucous membranes caused by: -

- All penetrating sharps/needle injuries ·
- Contamination of abrasions with blood or body fluids ·
- Scratches or bites involving broken skin, (i.e. causing bleeding or other visible Skin puncture) ·
- Splashes of blood or body fluids into eyes or mouth. It is not always possible to know who is infected by certain bacteria or viruses, therefore, when dealing with blood and body fluids, the same procedure of standard infection control precautions need to apply.

Self-Check- 2	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Workplace hazards includes all of the following except (3points)

A. Environmental hazards

B. Working in confined place

C. Hazardous substance

D. None

2. The cause of danger in confined workplace includes (3points)

A. lack of oxygen

B. poisonous gas, fume or vapor

C. liquids and solids suddenly filling the confined space, or releasing gases into it when disturbed

D. All of the above

Note: **Satisfactory rating – 3 points and above** **Unsatisfactory - below 3 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Short Answer Questions

Information Sheet-3	Minimizing immediate risk

3.1 First aid Hygiene and Infection Control

If you are a first aider in the workplace, the risk of being infected with a blood borne virus (BBV) while carrying out your duties is small. There have been no recorded cases of HIV, or Hepatitis, being passed on during mouth-to-mouth resuscitation. However the following precautions are strongly recommended:

1. Wash your hands before and after treating a casualty.

2. Always protect yourself with waterproof dressings on all cuts and abrasions before administering first aid.

3. Use plastic gloves and aprons.

4. Use small yellow clinical waste bags for disposal of contaminated soft materials and dispose of safely in the clinical waste bin located in the First Aid Room.

Any clothing contaminated with blood, vomit etc. may be cleansed in any ordinary washing machine using a biological washing powder at the appropriate temperature.

6. If direct skin contact with another person's body fluid occurs, the area should be washed as soon as possible with ordinary soap and water. For affected areas of lips, mouth, eye or broken skin, wash with cold water and seek medical advice.

7. Needles, broken glass and sharp objects should be left untouched. Contact Estate Services (Ext. 2888) and they will arrange for the item to be disposed of correctly. If you sustain an injury from any sharp item that you suspect could be contaminated with Blood/Body Fluids. Make the wound bleed, DO NOT SUCK BLOOD, wash with soap and

water, cover with a waterproof dressing,Attend accident and emergency for advice /treatment.

8. Do not attempt to clean up blood or body fluid. and they will arrange for the item to be disposed of correctly.

It is not normally necessary for first aiders in the workplace to be immunised against Hepatitis, unless the departmental COSHH assessment indicates it is appropriate. As a first aider it is important to remember that you should not withhold treatment for fear of being infected with a BBV.

3.2 Basic life support (BLS)

Is the level of medical care which is used for patients with life-threatening illnesses or injuries until the patient can be given full medical care at a hospital. It can be provided by trained medical personnel, including emergency medical technicians, paramedics, and by laypersons who have received BLS training. BLS is generally used in the pre- hospital setting, and can be provided without medical equipment. Most laypersons can master BLS skills after attending a short course. Firefighter, lifeguards, and police officers are often required to be BLS certified. BLS is also immensely useful for many other professions, such as daycare providers, teachers and security personnel and social workers especially working in the hospitals and ambulance drivers. Basic life support consists of a number of life-saving techniques focused on the medicine "CAB"s (previously known as ABC. was recently changed by the American Heart Association) of pre-hospital emergency care:

Circulation: providing an adequate blood supply to tissue, especially critical organs, so as to deliver oxygen to all cells and remove metabolic waste, via the perfusion of blood throughout the body.

Airway: the protection and maintenance of a clear passageway for gases (principally oxygen and carbon dioxide) to pass between the lungs and the atmosphere.

Breathing: inflation and deflation of the lungs (respiration) via the airway Healthy people maintain the CABs by themselves. In an emergency situation, due to illness (medical emergency) or trauma, BLS helps the patient ensure his or her own CABs, or assists in maintaining for the patient who is unable to do so. For airways, this will include manually opening the patients airway (Head tilt/Chin lift or jaw thrust) or possible insertion of oral (Oropharyngeal airway) or nasal (Nasopharyngeal airway) adjuncts, to keep the airway unblocked (patent). For breathing, this may include artificial respiration, often assisted by emergency oxygen. For circulation, this may include bleeding control or Cardiopulmonary Resuscitation (CPR) techniques to manually stimulate the heart and assist its pumping action.

Self-Check- 3	**Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Which one of the following **is not** the benefit of first aid? (2 points)

A. Save lives
B. Reduce the chance of permanent damage
C. Minimize the length and extent of medical treatment
D. None of the above

2. Write the precautions recommended in First aid Hygiene and Infection Control.

(8 points)

Note: **Satisfactory rating – 5 points and above** **Unsatisfactory - below 3 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Short Answer Questions

Information Sheet-4	Assessing physical condition

4.1 Temperature

Temperature; Temperature can be recorded in order to establish a baseline for the individual's normal temperature for the site and measuring conditions. The main reason for checking body temperature is to solicit any signs of systemic infection or inflammation in the presence of a fever (temp > 38.5 °C or sustained temp > 38 °C), or elevated significantly above the individual's normal temperature. Temperature depression (hypothermia) also needs to be evaluated. It is also noteworthy to review the trend of the patient's temperature. A patient with a fever of 38 °C does not necessarily indicate an ominous sign if his previous temperature has been higher. Body temperature is maintained through a balance of the heat produced by the body and the heat lost from the body. Temperature is commonly considered to be a vital sign most notably in a hospital setting. First aid technician, in particular, are taught to measure the vital signs of: respiration, pulse, skin, pupils, and blood pressure as "the 5 vital signs" in a non- hospital setting.

4.2 Blood pressure

Blood pressure (BP), sometimes referred to as arterial blood pressure, is the pressure exerted by circulating blood upon the walls of blood vessels, and is one of the principal vital signs. When used without further specification, "blood pressure" usually refers to the arterial pressure of the systemic circulation. During each heartbeat, blood pressure varies between a maximum (systolic) and a minimum (diastolic) pressure. The blood pressure in the circulation is principally due to the pumping action of the heart. Differences in mean blood pressure are responsible for blood flow from one location to another in the circulation. The rate of mean blood flow depends on the resistance to flow presented by the blood vessels. Mean blood pressure decreases as the circulating blood moves away from the heart through arteries and capillaries due to viscous losses of energy. Mean blood pressure drops over the whole circulation, although most of the fall occurs along the small arteries and arterioles. Gravity affects blood pressure via hydrostatic forces (e.g., during standing) and valves in veins,

breathing, and pumping from contraction of skeletal muscles also influence blood pressure in veins.

The blood pressure is recorded as two readings; a high systolic pressure, which is the maximal contraction of the heart, and the lower diastolic or resting pressure. A normal blood pressure would be 120 being the systolic over 80, the diastolic. Usually the blood pressure is read from the left arm unless there is some damage to the arm. The difference between the systolic and diastolic pressure is called the pulse pressure. The measurement of these pressures is now usually done with an aneroid or electronic sphygmomanometer. The classic measurement device is a mercury sphygmomanometer, using a column of mercury measured off in millimeters. There is no natural 'normal' value for blood pressure, but rather a range of values that on increasing are associated with increased risks. Therefore, elevated blood pressure (hypertension) is variously defined when the systolic number is persistently over 140– 160 mmHg. Low blood pressure is hypotension. Blood pressures are also taken at other portions of the extremities. These pressures is called segmental blood pressures and are used to evaluate blockage or arterial occlusion in a limb. The measurement blood pressure without further specification usually refers to the systemic arterial pressure measured at a person's upper arm and is a measure of the pressure in the brachial artery, major artery in the upper arm. A person’s blood pressure is usually expressed in terms of the systolic pressure over diastolic pressure and is measured in millimeters of mercury (mmHg), for example 140/90. Various factors, such as age and sex influence average values, influence a person's average blood pressure and variations. In children, the normal ranges are lower than for adults and depend on height. As adults age, systolic pressure tends to rise and diastolic tends to fall. In the elderly, blood pressure tends to be above the normal adult range, largely because of reduced flexibility of the arteries. Also, an individual's blood pressure varies with exercise, emotional reactions, sleep, digestion and time of day. Differences between left and right arm blood pressure measurements tend to be random and average to nearly zero if enough measurements are taken. □

4.3 Heart rate (pulse)

Is the physical expansion of the artery. Its rate is usually measured either at the wrist or the ankle and is recorded as beats per minute. The pulse commonly taken is from the radial

artery at the wrist. Sometimes the pulse cannot be taken at the wrist and is taken at the elbow (brachial artery), at the neck against the carotid artery (carotid pulse), behind the knee (popliteal artery), or in the foot dorsalis pedis or posterior tibial arteries. The pulse rate can also be measured by listening directly to the heartbeat using a stethoscope. The pulse varies with age. A newborn or infant can have a heart rate of about 130–150 beats per minute. A toddler's heart will beat about 100–120 times per minute Older child's heartbeat is around 60–100 beats per minute Adolescents around 80–100 beats per minute Adults' pulse rate is anywhere between 50 and 80 beats per minute. Heart rate can vary as the body's need to absorb oxygen and excrete carbon dioxide changes, such as during physical exercise or sleep.

The measurement of heart rate is used by medical professionals to assist in the diagnosis and tracking of medical conditions. It is also used by individuals, such as athletes, who are interested in monitoring their heart rate to gain maximum efficiency from their training. Heart rate is measured by finding the pulse of the body. This pulse rate can be measured at any point on the body where the artery's pulsation is transmitted to the surface by pressuring it with the index and middle fingers; often it is compressed against an underlying structure like bone. The thumb should not be used for measuring another person's heart rate, as its strong pulse may interfere with correct perception of the target pulse. Possible points for measuring the heart rate are: The ventral aspect of the wrist on the side of the thumb (radial artery). The ulnar artery. The neck (carotid artery). The inside of the elbow, or under the biceps muscle (brachial artery). The groin (femoral artery). Behind the medial malleolus on the feet (posterior tibial artery). Middle of dorsum of the foot (dorsalis pedis). Behind the knee (popliteal artery). Over the abdomen (abdominal aorta). The chest (apex of the heart), which can be felt with one's hand or fingers. However, it is possible to auscultate the heart using a stethoscope. The temple (superficial temporal artery). The lateral edge of the mandible (facial artery). The side of the head near the ear (basilar artery)

4.4 Respiratory rate

Is also known by respiration rate, pulmonary ventilation rate, ventilation rate, or breathing frequency is the number of breaths taken within a set amount of time, typically 60 seconds. A Normal respiratory rate is termed eupnea, An increased respiratory rate is termed

tachypnea A lower than normal respiratory rate is termed bradypnea. Varies with age, but the normal reference range for an adult is 12–20 breaths/minute. The value of respiratory rate as an indicator of potential respiratory dysfunction has been investigated but findings suggest it is of limited value. Respiratory rate is clear indicator of acidotic states, as the main function of respiration is removal of CO2 leaving bicarbonate base in circulation. Human respiration rate is measured when a person is at rest and involves counting the number of breaths for one minute by counting how many times the chest rises. Respiration rates may increase with fever, illness, or other medical conditions. Whenchecking respiration, it is important to also note whether a person has any difficulty breathing. Average respiratory rate reported in a healthy adult at rest is usually given as 12-18 breaths per minute but estimates do vary between sources, e.g., 12–20 breaths per minute, 10–14, between 16–18, etc. With such a slow rate, more accurate readings are obtained by counting the number of breaths over a full minute. Average resting respiratory rates by age birth to 6 weeks: 30-60 breaths per minute 6 months: 25-40 breaths per minute 3 years: 20-30 breaths per minute 6 years: 18-25 breaths per minute 10 years: 15-20 breaths per minute adults: 12-20 breaths per minute

4.5 Consciousness

Is the quality or state of being aware of an external object or something within oneself. It has been defined as: subjectivity, awareness, the ability to experience or to feel, wakefulness, having a sense of selfhood, and the executive control system of the mind. Despite the difficulty in definition, many philosophers believe that there is a broadly shared underlying intuition about what consciousness is. "Anything that we are aware of at a given moment forms part of our consciousness, making conscious experience at once the most familiar and most mysterious aspect of our lives." Consciousness is assessed by observing a patient's arousal and responsiveness, and can be seen as a continuum of states ranging from full alertness and comprehension, through disorientation, delirium, loss of meaningful communication, and finally loss of movement in response to painful stimuli. Issues of practical concern include how the presence of consciousness can be assessed in severely ill, comatose, or anesthetized people, and how to treat conditions in which consciousness is impaired or disrupted.

Self-Check-4	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. The quality or state of being aware of an external object or something within oneself is called _____ (2 points)

A. Consciousness B. blood pressure C. coma D. pulse rate

2. Write the things to be checked during assessment of physical condition. (6points)

Note: **Satisfactory rating – 4 points and above** **Unsatisfactory - below 4 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Short Answer Questions

Instruction Sheet	Learning Guide # 2

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Selecting and checking suitable PPE
- Reassuring casualty in aid caring and calm manner
- providing first aid care

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to:

- Select and checking suitable PPE
- Reassure casualty in aid caring and calm manner
- provide first aid care

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described
3. Read the information written in the information “Sheet
4. Accomplish each “Self-check respectively.
5. If you earned a satisfactory evaluation from the “Self-check” proceed to the next or “Operation Sheet
6. Do the “LAP test”

Information Sheet-1	Selecting and checking suitable PPE

1.1 Personal protective equipment

The use of personal protective equipment or PPE will vary by kit, depending on its use and anticipated risk of infection. The adjuncts to artificial respiration are covered above, but other common infection control PPE includes:

- Gloves which are single use and disposable to prevent cross infection
- Goggles or other eye protection
- Surgical mask or N95 mask to reduce possibility of airborne infection transmission (sometimes placed on patient instead of caregivers. For this purpose the mask should not have an exhale valve)
- Apron

1.2 Instruments and equipment

- Trauma shears, for cutting clothing and general use
- Scissors are less useful but often included instead
- Tweezers
- Lighter, for sanitizing tweezers or pliers etc.
- Alcohol pads for sanitizing equipment, or unbroken skin. This is sometimes used to debride wounds, however some training authorities advise against this as it may kill cells which bacteria can then feed on

- Irrigation syringe - with catheter tip for cleaning wounds with sterile water, saline solution, or a weak iodine solution. The stream of liquid flushes out particles of dirt and debris.
- Torch (also known as a flashlight)
- Instant-acting chemical cold packs
- Alcohol rub (hand sanitizer) or antiseptic hand wipes
- Thermometer
- Space blanket (lightweight plastic foil blanket, also known as "emergency blanket")
- Penlight
- Cotton swab

1.3 First aid kit

is a collection of supplies and equipment for use in giving first aid,[1] and can put together for the purpose (by an individual or organization, for instance), or purchased complete. There is a wide variation in the contents of first aid kits based on the knowledge and experience of those putting it together, the differing first aid requirements of the area where it may be used, and variations in legislation or regulation in a given area. The international standard for first aid kits is that they should be identified with the ISO graphical symbol for first aid (from ISO 7010) which is an equal white cross on a green background, although many kits do not comply with this standard, either because they are put together by an individual or they predate the standards

Format

First aid kits can be assembled in almost any type of container, and this will depend on whether they are commercially produced or assembled by an individual. Standard kits often come in durable plastic boxes, fabric pouches or in wall mounted cabinets. The type of container will vary depending on purpose, and they range in size from wallet sized through to large rucksacks. It is recommended that all kits are in a clean, waterproof container to keep the contents safe and aseptic.[2] Kits should also be checked regularly and restocked if any items are damaged or expired out of date.

Appearance

The International Organization for Standardization (ISO) sets a standard for first aid kits of being green, with a white cross, in order to make them easily recognizable to anyone requiring first aid.

Self-Check -1	**Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What is first aid kit? (5pts.)
2. What are the PPE used in first aid? (5pts.)

Note: **Satisfactory rating – 5 points and above** **Unsatisfactory - below 5 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-2	Reassuring casualty in a caring and calm manner

Reassure the casualty

Imagine you are hurt in a workplace accident. You can see blood on your leg and you think you've broken your arm. You've twisted your ankle and you're also in considerable pain and feeling a bit dizzy. You will probably be feeling frightened and panicked or confused.

Feeling frightened and panicked could make things worse for you. Feeling this way will increase your blood pressure and pulse causing more pain and more bleeding. This will in turn cause more anxiety and panic. It becomes a vicious circle.

Not only is it important to reassure the casualty to make them feel better, this also lowers the blood pressure and pulse rate and therefore lowers the amount of bleeding and pain.

Think of what kind of things could alleviate some of this anxiety and panic.

Methods

There are definite dos and don'ts regarding ways in which you can reassure the casualty.

DO	DON'T
Be as honest as possible.	Don't tell them bad news eg 'Emma is dead.' If the casualty asks about another casualty who is dead or critical, just say 'Everything is being done for them.'
Let the casualty know that help is on its way.	Don't react to the situation ie don't shout 'Oh my goodness, look at Bob.' or 'Gee, look at all that blood.'
If an ambulance has been called, let the casualty know this.	
Stay with the casualty.	Do not leave the casualty.
Try to make them comfortable with minimal movement eg blankets, icepack.	Don't move the casualty unnecessarily.
Tell the casualty your name, find out theirs and use it eg 'How are you doing, Bob?' and 'Help is on it's way, Bob.'	Don't tell the casualty to look at the wounds.

Act confidently, instilling trust in the casualty.	Don't fall apart (eg do not say 'I don't know what to do').

Self-Check- 2	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What are the dos and don'ts regarding ways in which you can reassure the casualty? (5 points)

Note: **Satisfactory rating – 3 points and above** **Unsatisfactory - below 3 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-3	Providing first aid care

3.1 First aid for bleeding and injuries

3.1.1Bleeding

Bleeding refers to the loss of blood. Bleeding can happen inside the body (internally) or outside the body (externally). It may occur: Inside the body when blood leaks from blood vessels or organs Outside the body when blood flows through a natural opening (such as the vagina, mouth, or rectum) Outside the body when blood moves through a break in the skin

Always seek emergency assistance for severe bleeding, and if internal bleeding is suspected. Internal bleeding can rapidly become life threatening, and immediate medical care is needed. Serious injuries don't always bleed heavily, and some relatively minor injuries (for example, scalp wounds) can bleed quite a lot. People who take blood-thinning medication or who have a bleeding disorder such as hemophilia may bleed excessively and quickly because their blood does not clot properly. Bleeding in such people requires immediate medical attention.

-Direct pressure will stop most external bleeding, and is the most important first aid step. –

- -Always wash your hands before (if possible) and after giving first aid to someone who is bleeding, in order to avoid infection. –
- Try to use latex gloves when treating someone who is bleeding. Latex gloves should be in every first aid kit. People allergic to latex can use a non-latex, synthetic glove. You can catch viral hepatitis if you touch infected blood, and HIV can be spread if infected blood gets into an open wound -- even a small one.
- -Although puncture wounds usually don't bleed very much, they carry a high risk of infection. Seek medical care to prevent tetanus or other infection.
- -Abdominal and chest wounds can be very serious because of the possibility of severe internal bleeding. They may not look very serious, but can result in shock. Seek immediate medical care for any abdominal or chest wound. If organs are showing through the wound, do not try to push them back into place. Cover the injury with a moistened cloth or bandage, and apply only very gentle pressure to stop the bleeding.
- Blood loss can cause bruises (blood collected under the skin), which usually result from a blow or a fall. They are dark, discolored areas on the skin. Apply a cool compress to the area as soon as possible to reduce swelling. Wrap the ice in a towel and place the towel over the injury. Do not place ice directly on the skin.

Causes

Bleeding can be caused by injuries or can occur spontaneously. Spontaneous bleeding is most commonly caused by problems with the joints or the gastrointestinal or urogenital tracts.

Symptoms

- Blood coming from an open wound
- Bruising
- Shock, which may cause any of the following symptoms:
- Confusion or decreasing alertness
- Clammy skin
- Dizziness or light-headedness after an injury
- Low blood pressure
- Paleness (pallor)
- Rapid pulse, increased heart rate
- Shortness of breath
- Weakness

First Aid

First aid is appropriate for external bleeding. If bleeding is severe, or if shock or internal bleeding is suspected, get emergency help immediately.

- Calm and reassure the person. The sight of blood can be very frightening
- If the wound is superficial, wash it with soap and warm water and pat dry. Superficial wounds or scrapes are injuries that affect the top layers of skin and bleeding from such wounds is often described as "oozing," because it is slow.
- Lay the person down. This reduces the chances of fainting by increasing blood flow to the brain. When possible, raise up the part of the body that is bleeding.
- Remove any obvious loose debris or dirt from a wound. If an object such as a knife, stick, or arrow becomes stuck in the body, DO NOT remove it. Doing so may cause more damage and may increase bleeding. Place pads and bandages around the object and tape the object in place
- Put pressure directly on an outer wound with a sterile bandage, clean cloth, or even a piece of clothing. If nothing else is available, use your hand. Direct pressure is best for external bleeding, except for an eye injury.
- Maintain pressure until the bleeding stops. When it has stopped, tightly wrap the wound dressing with adhesive tape or a piece of clean clothing. Place a cold pack over the dressing. Do not peek to see if the bleeding has stopped.
- If bleeding continues and seeps through the material being held on the wound, do not remove it. Simply place another cloth over the first one. Be sure to seek medical attention.
- If the bleeding is severe, get medical help and take steps to prevent shock. Keep the injured body part completely still. Lay the person flat, raise the feet about 12 inches, and cover the person with a coat or blanket. DO NOT move the person if there has been a head, neck, back, or leg injury, as doing so may make the injury worse. Get medical help as soon as possible.

DO NOT

- DO NOT apply a tourniquet to control bleeding, except as a last resort. Doing so may cause more harm than good. A tourniquet should be used only in a life-threatening situation and should be applied by an experienced person
- If continuous pressure hasn't stopped the bleeding and bleeding is extremely severe, a tourniquet may be used until medical help arrives or bleeding is controllable.
- It should be applied to the limb between the bleeding site and the heart and tightened so bleeding can be controlled by applying direct pressure over the wound.
- To make a tourniquet, use bandages 2 to 4 inches wide and wrap them around the limb several times. Tie a half or square knot, leaving loose ends long enough to tie another knot. A stick or a stiff rod should be placed between the two knots. Twist the stick until the bandage is tight enough to stop the bleeding and then secure it in place.
- Check the tourniquet every 10 to 15 minutes. If the bleeding becomes controllable, (manageable by applying direct pressure), release the tourniquet.
- DO NOT peek at a wound to see if the bleeding is stopping. The less a wound is disturbed, the more likely it is that you'll be able to control the bleeding
- DO NOT probe a wound or pull out any embedded object from a wound. This will usually cause more bleeding and harm
- DO NOT remove a dressing if it becomes soaked with blood. Instead, add a new one on top
- DO NOT try to clean a large wound. This can cause heavier bleeding
- DO NOT try to clean a wound after you get the bleeding under control. Get medical help

3.1.2 Crush injuries

A crush injury occurs when a body part is subjected to a high degree of force or pressure, usually after being squeezed between two heavy objects. Damage related to crush injuries includes:

- Bleeding
- Bruising
- Compartment syndrome (increased pressure in an arm or leg that causes serious muscle, nerve, blood vessel, and tissue damage)
- Fracture
- Laceration (open wound)
- Nerve injury
- Secondary infection

First Aid

- Stop bleeding by applying direct pressure.
- Cover the area with a wet cloth or bandage, then raise the area above the level of the heart, if possible.
- Call your local emergency number (such as 911) or local hospital for further advice.

3.2 First aid for burns injuries

Causes

Burns can be caused by dry heat (like fire), wet heat (such as steam or hot liquids), radiation, friction, heated objects, the sun, electricity, or chemicals. Thermal burns are the most common type. Thermal burns occur when hot metals, scalding liquids, steam, or flames come in contact with your skin. These are frequently the result of fires, automobile accidents, playing with matches, improperly stored gasoline, space heaters, and electrical malfunctions. Other causes include unsafe handling of firecrackers and kitchen accidents (such as a child climbing on top of a stove or grabbing a hot iron). Burns to your airways can be caused by inhaling smoke, steam, superheated air, or toxic fumes, often in a poorly ventilated space.

First aid management for burns

- STOP THE BURNING PROCESS. Remove the source of heat…if clothing catches fire, —STOP, DROP AND ROLL‖ to smother the flames.
- REMOVE ALL BURNED CLOTHING. Clothing may keep in the heat and cause a deeper injury. If clothing sticks to the skin, cool the material or cut or tear around the area to preserve good skin tissue.
- POUR COOL WATER OVER THE BURNED AREA. Keep pouring the cool water for at least 3-5 minutes. Never put ice or cold water on a burn as it lowers body temperature and can make the burn worse.
- REMOVE ALL JEWELRY, BELTS, TIGHT CLOTHING, METAL, ETC. Remove from burned areas and around the victim's neck – swelling of burned areas occurs immediately.
- DO NOT APPLY OINTMENTS, CREAMS OR SALVES TO WOUNDS. These things may cause infection due to their oil base and can convert wounds to deeper injury; hold in heat and worsen the burn, and have to be washed off by a physician causing the patient additional discomfort.
- Cover burns with a soft, clean, dry dressing, bandage or sheet.
- Cover victim to keep him/her warm.
- Seek medical attention as soon as possible.

Self-Check- 3	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What are the most important steps in external blooding first aid? (5 points)
2. Write the damages related to crush. (5 points)

Note: **Satisfactory rating – 5 points and above** **Unsatisfactory - below 5 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Instruction Sheet	Learning Guide # 3

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Reviewing first aid provision activities
- Seeking first aid assistance
- Documenting and reporting activities

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to:

- Review first aid provision activities
- Seek first aid assistance
- Document and report activities

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described
3. Read the information written in the information "Sheet
4. Accomplish each "Self-check respectively.
5. If you earned a satisfactory evaluation from the "Self-check" proceed to the next or "Operation Sheet
6. Do the "LAP test"

Information Sheet-1	Reviewing first aid provision activities

1.1 What is required in providing first aid?

First aid requirements will vary from one workplace to the next, depending on the nature of the work, the type of hazards, the workplace size and location, as well as the number of people at the workplace. These factors must be taken into account when deciding what first aid arrangements need to be provided. This Code provides information on using a risk management approach to tailor first aid that suits the circumstances of your workplace, while also providing guidance on the number of first aid kits, their contents and the number of trained first aiders that are appropriate for some types of workplaces. The risk management approach involves the following four steps. Identifying hazards that could result in work-related injury or illness „ assessing the type, severity and likelihood of injuries and illness „ providing the appropriate first aid equipment, facilities and training „ reviewing your first aid requirements on a regular basis or as circumstances change.

1.2 The nature of the work and workplace hazards

Certain work environments have greater risks of injury and illness due to the nature of work being carried out and the nature of the hazards at the workplace. For example, factories, motor vehicle workshops and forestry operations have a greater risk of injury that would require immediate medical treatment than offices or libraries. These workplaces will therefore require different first aid arrangements.

Records of injuries, illnesses, ‘near miss’ incidents and other information that has already been obtained to assist in controlling risks at the workplace will be useful to make appropriate decisions about first aid. You should check the safety data sheets (SDS) for any hazardous chemicals that are handled, used or stored at your workplace. The SDS provides information about the chemical, possible health effects, controls that may be used to reduce exposure and first aid requirements. Manufacturers, importers and suppliers of hazardous chemicals have a duty under the WHS Regulations to ensure that the current SDS is provided to a person at the workplace if the person asks for it.

1.3 Size and location of the workplace

In relation to the size and location of the workplace, you should take into account: „ the distance between different work areas „ the response times for emergency services. First aid

equipment and facilities should be located at convenient points and in areas where there is a higher risk of an injury or illness occurring. A large workplace may require first aid to be available in more than one location if: „ work is being carried out a long distance from emergency services „ small numbers of workers are dispersed over a wide area „ access to a part of the workplace is difficult „ the workplace has more than one floor level. Where there are separate work areas (for example, a number of buildings on a site or multiple floors in an office building), it may be appropriate to locate first aid facilities centrally and provide first aid kits in each work area. This may include portable first aid kits in motor vehicles and other separate work areas. The distance of the workplace from ambulance services, hospital and medical centers should be taken into account when determining your first aid requirements. For example, if life threatening injuries or illnesses could occur and timely access to emergency services cannot be assured, a person trained in more advanced first aid techniques (such as the provision of oxygen) will be needed. Additional first aid considerations may be necessary for workers in remote or isolated areas. For example, where access is difficult due to poor roads or weather conditions, arrangements may need to include aerial evacuation. In minimizing the risks to health and safety associated with remote or isolated work, you must provide a system of work that includes effective communication with the worker. This will assist in enabling an immediate response in an emergency. Further guidance about working in remote or isolated areas is available in the Code of Practice: Managing the Work Environment and Facilities.

1.4 First aid procedures

You should develop and implement first aid procedures to ensure that workers have a clear understanding of first aid in their workplace. The procedure should cover: „

- the type of first aid kits and where they are located „
- the location of first aid facilities such as first aid rooms „
- who is responsible for the first aid kits and facilities and how frequently they should be checked and maintained „
- how to establish and maintain appropriate communication systems (including equipment and procedures) to ensure rapid emergency communication with first aiders „
- The communication equipment and systems to be used when first aid is required (especially for remote and isolated workers). These procedures should contain information about how to locate the communication equipment, who is responsible for the equipment and how it should be maintained „
- The work areas and shifts that have been allocated to each first aider. These procedures should contain the names and contact details of each first aider „
- arrangements to ensure first aiders receive appropriate training „
- arrangements for ensuring that workers receive appropriate information, instruction and training in relation to first aid „
- Seeking information when a worker commences work about any first aid needs that may require specific treatment in a medical emergency, such as severe allergies.

Information about a worker's health must be kept confidential and only provided to first aiders with the worker's consent „

- how to report injuries and illnesses that may occur in the workplace „
- practices to avoid exposure to blood and body substances „
- what to do when a worker or other person is too injured or ill to stay at work, for example if they require assistance with transport to a medical service, home or somewhere else where they can rest and recover „
- Access to debriefing or counseling services to support first aiders and workers after a serious workplace incident.

1.5 RECORDS-KEEPING

A record of any first aid treatment given should be kept by the first aider and reported to managers on a regular basis to assist reviewing first aid arrangements. First aid treatment records are subject to requirements under Health Records legislation.

1.6 PROCEDURES AND PLANS FOR MANAGING AN EMERGENCY

A person conducting a business or undertaking must ensure that an emergency plan is prepared for the workplace that provides procedures to respond effectively in an emergency. The emergency procedures must include: „

- an effective response to an emergency situation „
- procedures for evacuating the workplace „
- notification of emergency services at the earliest opportunity „
- medical treatment and assistance, and „
- Effective communication between the person authorised by the person conducting the business or undertaking to co-ordinate the emergency response and all persons at the workplace.

You may incorporate your first aid procedures into your emergency planning procedures. Emergency procedures should specify the role of first aiders according to their level of qualification and competence. In particular, first aiders should be instructed not to exceed their training and expertise in first aid. Other staff, including supervisors, should be instructed not to direct first aiders to exceed their first aid training and expertise. Further guidance on emergency plans and preparing emergency procedures is available in the Code of Practice: Managing the Work Environment and Facilities

1.7 Providing first aid information

You must provide information about first aid to your workers so that they know what to do and who to contact if they are sick or injured. Information should be easy to understand,

accessible and should take into account the language and literacy levels of your workers. Information may be given using verbal methods (for example, explanations and demonstrations) or visual methods (for example, videos and posters).

The information and instruction on first aid should include: „

- the location of first aid equipment and facilities „
- the names and location of persons trained to administer first aid „
- The procedures to be followed when first aid is required.

The information and instruction should be provided as part of workers' induction training and when there are any changes, for example in the location of first aid facilities or in the names, locations or contact details of first aiders.

1.8 REVIEWING YOUR FIRST AID REQUIREMENTS

You should regularly review your first aid arrangements in consultation with your workers to ensure they remain adequate and effective. „

- Check that the people who have responsibilities under your first aid procedures are familiar with them. „
- If the way work is performed is changed, or new work practices introduced, review first aid against a risk assessment to ensure the arrangements are still adequate. „
- Organize a mock first aid emergency to check that first aid is effective. Check that kits and first aid rooms are accessible and suit the hazards that are unique to your workplace. „
- If an incident has occurred that required first aid, evaluate the effectiveness of the first aid that was provided and make changes if necessary. „
- If new information is obtained about a previously unidentified hazard, review the first aid measures you have put in place.

The following questions can assist you to review first aid and assess whether improvement is needed: „

- Do the first aid kits and modules suit the hazards at your workplace? „
- Are more first aid kits required? „
- Are first aid kits accessible to workers? „
- Are first aid kits well maintained and identifiable to workers? „
- Is a first aid room or health centre required? „

- Are first aid facilities well maintained? „
- Do first aiders have the skills and competencies required of them and are their skills up-to-date? „
- Do workers know how to access first aiders? „
- Are more first aiders needed? „
- Do workers have access to first aiders at all times? „
- Do workers and other people know what to in an emergency situation?
- „ Is there easy access for emergency services, such as parking for an ambulance?

Self-Check -1	**Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Write first aid procedures? (5 points)

2. What are the procedures and plans for managing an emergency? (5 points)

3. What are the information and instruction on first aid? (5 points)

Note: **Satisfactory rating – 8 points and above** **Unsatisfactory - below 8 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-2	**Seeking first aid assistance**

2.1 Seek assistance from others

If you do find yourself in a situation where the casualty needs urgent first aid or medical attention, the sooner you raise the alarm the sooner help will arrive. Do not leave the casualty. Call for help. Depending on the workplace set-up, you may be able to call for help, or you may have to use an intercom or telephone. Find out your workplace procedures regarding getting help.

In most workplaces there will be enough staff working nearby that you can quite easily raise the alarm. You may be able to call out to the person closest to you to either get the first aid kit, the supervisor or any qualified first aider, depending on whom you are working with and where the first aiders are.

Methods

You can call out something like this:

'Nancy, we need some first aid in the playground for Tommy.' or

'John, quickly bring the first aid kit to the office. Mr Smith has hurt himself.'

Remain calm but assertive.

In all first aid situations, there can be a need to call on others who are not professional medical people to help you provide the basic first aid necessary. In addition to volunteers, assistance at the scene may be sought from other staff and colleagues, members of the public, friends or family members of casualty.

When seeking first aid assistance from others, you should never be afraid to ask for help. Most people are prepared to help even if they do not know what to do. They will do what you ask them to do. A vital thing they can do is to confirm professional medical help is on the way

Why you must seek assistance from others?

You cannot always handle the situation all by yourself, seeking assistance from others is a good idea because they can be asked to:

- Give information about causes of the incident and injury.
- Provide directions to emergency services to help them get quickly to the scene
- Contact friends or relatives of the casualty, so they can attend and perhaps provide history about the casualty
- Help move the casualty and protect the casualty from further injury
- Communicate with emergency services to provide them with updates
- Communicate with emergency services to obtain advice
- Record verbal information you give them – vital signs and condition of casualty
- Obtain first aid requisites for you including fetching bandages or slings from the first aid room/main office.

If one person refuses to help, ask someone else. Never assume just because one person has refused, everyone will refuse.

Always identify potential helpers as soon as possible when you arrive on the scene.

Ask questions such as:

“Does anyone have first aid experience or qualifications?”

“Can anyone here help me if I need help?”

“Does anyone have a cell phone?”

It is best to have people ready to help and not need to use them than it is to not have identified possible helpers, and then find you do need them.

When you have identified helpers, thank them. Ask them to stand where you can communicate readily with them. Then, give them a job – get them to hold something, take notes, control the crowd or provide shade.

Obtaining assistance for others must be done in a 'timely manner'. This means you must do it as soon as you identify a need for help from others. For example, you may be dealing quite competently with a casualty but suddenly find changes in the environment or condition of the casualty. As soon as this is identified, action must be taken to obtain help from others immediately. Do whatever is needed – call out, ask bystanders or use your cell phone to call for help.

Self-Check -2	**Written Test**

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. What is the importance of seeking for first aid assistance? (5 points)

Note: **Satisfactory rating – 3 points and above** **Unsatisfactory - below 3 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

Information Sheet-3	Documenting and reporting activities

3.1 Documenting and reporting incidents

Healthcare workers are responsible for documenting and reporting all hazards, near misses, incidents and injuries. If all activities and tasks that put clients and workers at risk are documented and reported, it is easier to review and monitor the frequency and patterns of events. This can reduce preventable injuries. Some of the benefits of reviewing records include:

- specific areas can be targeted for training
- safe work procedures are continuously reviewed and improved
- new, improved procedures can be put into place
- proper action can be taken to manage workplace hazards.

Documented information should include:

- the date, time and location of the incident
- the hazard/item that caused the incident
- the nature of the injury or incident
- how it occurred
- who was involved
- What actions were taken?

3.2 Prepare incident Reports to supervisors

Function/Purpose

An incident report is not part of the patient's chart, but it may be used later in litigation. A report has two functions:

1. It informs the administration of the incident so management can prevent similar incidents in the future.

2. It alerts administration and the facility's insurance company to a potential claim and the need for investigation.

When to Report

Incidents that must be reported and documented include:

1. Exposure Incidents: skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
2. Accident, Injury: patient, visitor, employee slips or falls, or other incident, which results or may result in injury.
3. Event, Behaviors, or Actions: incidents those are unusual, contrary to agency policy or procedure or which may result in injury.
4. Vaccine Adverse Event Reporting System: reaction to vaccine administered at agency (use VAERS form, instructions and sample in Immunization section).
5. Medication reaction: reaction to any drug administered at or provided by health department. Complete Adverse Drug Reaction Form. For more information,
6. Property damage or missing articles.
7. Administration of wrong medication or vaccine. 8. Improper administration of medication or vaccine.

Who Should Report

Only people who witness the incident should fill out and sign the incident report. Each witness should file a separate report. Once the report is filed, the nursing supervisor, department heads, administration, the facility's attorney, and the insurance company may review it.

Because incident reports will be read by many people and may even turn up in court, you must follow strict guidelines when completing them. If an incident report form does not leave enough space to fully describe an incident, attach an additional page of comments.

Document the incident as it occurred in the patient's medical record, "Incident Report Completed" should never appear in the patient's record. The incident report should never be referred to in any way in the medical record.

3.3 Employee Responsibility

All employees are responsible for preparing an incident report as soon as possible and reporting immediately to their supervisor or in the supervisors absence report to the administration any incident or injury including near misses. Recommendations and appropriate changes shall be discussed with the supervisor and necessary corrections implemented to prevent further accidents.

3.4 Supervisor Responsibility

Upon receiving a report of an incident, written or oral, the supervisor shall conduct an investigation. Following the investigation, supervisors are to review and complete the Incident Report and initiate Worker Compensation Report if indicated for the LHDs insurance carrier. The supervisor shall take action to implement corrective measures immediately when the investigation reveals such actions are necessary.

The supervisor shall provide a copy of the Incident Report and the Worker's Compensation Report (if necessary) to the LHDs Safety Officer within five working days of the accident.

Reports of all incidents and near misses should be discussed during meetings with employees of the work unit to prevent problems of the same nature in the future. Tips for Reporting Incidents

1. Include essential information, such as identity of the person involved in the incident, the exact time and place of the incident and the name of the doctor you notified.
2. Document any unusual occurrences that you witnessed.
3. Record the events and the consequences for the patient in enough detail that administrators can decide whether or not to investigate further.
4. Write objectively, avoiding opinions, judgments, conclusions, or assumptions about who or what caused the incident. Tell your opinions to your supervisor later.
5. Describe only what you saw and heard and the actions you took to provide care at the scene. Unless you saw a patient fall, write "found patient lying on the floor".
6. Do not admit that you are at fault or blame someone else. Steer clear of statements like "better staffing would have prevented this incident".
7. Do not offer suggestions about how to prevent the incident from happening again.
8. Do not include detailed statements from witnesses and descriptions of remedial action; these are normally part of an investigative follow-up.
9. Do not put the report in the medical record. Send it to the person designated to review it according to your facility's policy.

Self-Check -3	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1. Write the benefits of reviewing records (5 points)

2. What are Incidents that must be reported and documented? (5 points)

Note: **Satisfactory rating – 5 points and above** **Unsatisfactory - below 5 points**

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

List of reference material

1. http://www.sanfoundery.com Best-reference-books-first-aid

2. http://www.goodreads.com first-aid- reference- guide

3. http://www.books.apple.com first-aid- reference- guide

4. http://www.alscofirstaid.com first-aid-resources

5. http://www.bookautority.org first-aid-resources