

Craven U3A Walking Group Basic First Aid

The aims of First Aid are to preserve life, prevent the situation from worsening and promote recovery.

The five primary situations which could occur whilst out walking are heart attack, stroke, sprain/strain, fracture or bleeding.

Heart Attack

Signs and Symptoms

Central chest pain; a dull ache or “heavy” feeling in the chest; or a mild chest discomfort that makes the person feel generally unwell. This may feel like bad indigestion.

This may spread to arms, neck, jaw, back or stomach.

They may also feel light headed, dizzy and short of breath, feel nauseous or vomit.

If you think a person is having a heart attack get them to sit down in the ‘W’ position to take the load off the heart. Do not walk them to a comfortable seat. Do not let them lie down. If they vomit, they could choke, if in a prone position. Keep calm. Don’t give them any food or drink. Call for help.

Dealing with the Casualty:-

- **D**anger (make sure it’s safe and find out what’s happened). Approach with care.
- **R**esponse (are they conscious?) gently shake their shoulders and ask loudly “Are you all right?” If there’s no response, phone, whistle or shout for help.
- **A**irway (open the airway). Carefully open the airway by using the “head tilt” and “chin lift”.
- **B**reathing (check for normal breathing). Look, listen and feel for signs of normal breathing for up to 10 seconds. If they’re barely breathing, or taking infrequent, noisy, gasps, this is not normal breathing. If you have any doubt, act as if it is not normal, get help and start CPR.

Aspirin Only give aspirin if the casualty can assure you that they do not have a heart condition, eg they are not on Warfarin or other anti-coagulant, have not had heart surgery, have not got a pace maker etc. **The decision should rest with the Casualty.** (Dose 300mg.) Tell the Rescue Team if the Casualty has been given aspirin

If, for whatever reason, you would not wish to be resuscitated if such an event occurred, you may want to make your wishes known to a regular walking companion.

CPR

Place the heel of one hand in the centre of the chest and the heel of the other on top and interlock your fingers.

Give compressions at a depth of 5-6 cms (2-2.5 in). The correct rate is 100-120 compressions per minute, to the tune ‘Staying Alive’ or ‘Nellie the Elephant’.

Continue with compression until the casualty coughs moves and breathes or professional help arrives. When you get tired ask a companion to take over.

If you are comfortable and confident then, after 30 compressions give two Rescue Breaths

then continue the pattern of 30 compressions/2 rescue breaths

Give 2 rescue breaths (if unable to do rescue breaths continue compression) :-

- Open the airway
- Pinch the nose closed, breathe in, cover their mouth with yours and breathe steadily into their mouth. 2 rescue breaths should only take 5 seconds.
- Make sure the chest rises and falls.

Strokes

A stroke is a 'brain attack' caused by a disturbance of the blood supply to the brain.

The most common form of stroke is caused by a clot narrowing or blocking blood vessels so that blood cannot reach a particular area of the brain. Part of the brain becomes damaged, and this can affect people's appearance, bodily functions, speech and sight. If you suspect a stroke act FAST a stroke needs immediate attention, and the faster the person receives medical help, the less damage is caused.

Main stroke symptoms can be remembered with the word FAST

Face is there weakness; can the patient smile?

Arms can they raise both arms?

Speech is their speech easily understood?

Time to call the Emergency Services

Talk to the person to reassure them while you wait for the ambulance or Fire Rescue

Sprain and Strains

A sprain is an injury to a ligament at a joint. A strain is an injury to a muscle.

Treatment

Rest the injury

Ice Apply an ice pack wrapped in a cloth to the injury ASAP (or clean cloth soaked in cold water) for a maximum of 10 minutes and allow the skin to return to normal temperature before repeat application. This will help reduce the swelling.

Compression Apply a firm (not constrictive bandage) to the injured area.

Elevate the limb to help reduce swelling.

NB Minor fractures can easily be mistaken for sprains and strains. The only way to rule out a fracture is by x-ray, so send casualty to hospital. If there is any doubt do not move the casualty but call out the Emergency Services.

Fractures

Possible signs and symptoms of a fracture.

The person may have bruising, pain and swelling, or be lying in an unnatural position.

In severe cases, the limb may be misshapen or have an open wound.

Do not move unnecessarily. Support the limb till help arrives.

Don't let the casualty eat or drink.

Bleeding

The aims of treatment for external bleeding are firstly to stop the bleeding, preventing the casualty from going into shock and then to prevent infection.

Treatment

Lie the casualty on the floor, keep warm, do not remove large objects from the wound.

Apply direct pressure over or around the wound continuously for 10 minutes.

Apply a sterile non-adherent dressing which should be sufficient to stem bleeding from the majority of minor wounds. Extra pressure and elevation may be necessary for severe bleeding.

Further reading

First Aid (a comprehensive first aid manual and reference guide) Nigel Barraclough. The walking group have a copy.

Load the App 'First Aid by British Red Cross' onto your phone

Excellent training available through Heartstart, a British Heart Foundation initiative which promotes emergency life support training throughout the UK.

Craven U3A Walking Group Basic First Aid Reminder Card

Heart Attack

Sit up don't lie down, keep warm, reassure
If unconscious or irregular breathing or any doubt,
Start CPR

CPR

30 compressions or until help arrives

120perminute; (Staying Alive, Nellie the elephant)

Kiss of Life every 30 compressions

Open Airways

Pinch Nose, cover mouth, breathe steadily

2 Rescue breaths take 5 seconds

Make sure chest rises and falls

Continue cycle of compressions/breaths

Aspirin (300mg) Only with Casualty's Permission

Sprain /Strain

Rest

Keep Cold

Compression

Elevation

Fracture

Don't move the casualty
until injury immobilised,
unless in danger.

Don't let the casualty
eat or drink.

Bleeding

Apply direct pressure
to the wound.

Elevate the Injury.

Stroke

Call the Emergency
Services ASAP.