

# First Aid Awareness Training Content

## HEALTH AND MEDICAL – GIVING FIRST AID

**First-Aid** means exactly what the term implies -- it is the *first care* given to a victim. It is usually performed by the *first person* on the scene and continued until professional medical help arrives (911 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. **Know your limits!** The average response time on 911 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, **do not attempt to transport a victim to a hospital.** Perform whatever First Aid you can and wait for the paramedics to arrive.

## First Aid-Kits

First Aid Kits will be furnished to each field at the beginning of the season. To *replenish materials* in the First Aid Kit, the manager must contact the AYS Safety Officer.

## Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The “Good Samaritan Laws” give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim’s life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling **911**.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

## Permission to Give Care

**If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help.** Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious,

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permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care. **THUS THE NEED FOR MEDICAL RELEASE FORM.** Please keep these in your possession at all games and practices.

## Treatment at Site

### Do . . .

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- **Know** your limitations.
- **Call** 911 immediately if person is unconscious, has trouble breathing, or seriously injured/bleeding.
- **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm or soothe an excited child.
- **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

### Don't . . .

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedure (CPR, etc.)
- Transport injured individual except in extreme emergencies.

### If the injured person is unconscious, call 911 immediately.

Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 911 anyway and request paramedics if the victim:

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.

If you have any doubt at all, call 911 and request paramedics.

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## CHECKING THE VICTIM

### Conscious Victims:

If the victim is conscious, ask what happened.

Look for other life-threatening conditions and conditions that need care or might become life threatening.

The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed.

1. Talk to the victim and to any people standing by who saw the accident take place.
2. Check the victim from head to toe, so you do not overlook any problems.
3. Do not ask the victim to move, and do not move the victim yourself.
4. Examine the scalp, face, ears, nose, and mouth.
5. Look for cuts, bruises, bumps, or depressions.
6. Watch for changes in consciousness.
7. Notice if the victim is drowsy, not alert, or confused.
8. Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
9. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
10. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
11. Ask the victim again about the areas that hurt.
12. Ask the victim to move each part of the body that doesn't hurt.
13. Check the shoulders by asking the victim to shrug them.
14. Check the chest and abdomen by asking the victim to take a deep breath.
15. Ask the victim if he or she can move the fingers, hands, and arms.
16. Check the hips and legs in the same way.
17. Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
18. Look for odd bumps or depressions.
19. Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
20. Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
21. When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
22. When the victim feels ready, help him or her stand up.

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## Unconscious Victims:

If the victim does not respond to you in any way, assume the victim is unconscious. Call 911 and report the emergency immediately.

1. Tap and shout to see if the person responds. If no response -
2. Look, listen and feel for breathing for about 5 seconds.
3. If there is no response, position victim on back, while supporting head and neck.
4. Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
5. Look, listen, and feel for breathing for about 5 seconds.
6. If the victim is not breathing, give 2 slow breaths into the victim's mouth.
7. Check pulse for 5 to 10 seconds.
8. Check for severe bleeding.

## BREATHING PROBLEMS/EMERGENCY BREATHING

### If Victim is not Breathing:

1. Position victim on back while supporting head and neck.
2. With victim's head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.  
**Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.**
4. Check for a pulse at the carotid artery (use fingers instead of thumb).
5. If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
6. Continue rescue breathing as long as a pulse is present but person is not breathing.

### If Victim is not Breathing and Air Won't Go In:

1. Re-tilt person's head.
2. Give breaths again.
3. If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
4. Give up to 5 abdominal thrusts.
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

**SEE INSTRUCTIONS ON CPR TECHNIQUE**

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# LEARN CPR you can do it!

### CPR IN THREE SIMPLE STEPS

## 1. CALL

Check the victim for unresponsiveness. If there is no response, Call 911 and return to the victim. In most locations the emergency dispatcher can assist you with CPR instructions.



## 2. BLOW

Tilt the head back and listen for breathing. If not breathing normally, pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 2 seconds.



## 3. PUMP

If the victim is still not breathing normally, coughing or moving, begin chest compressions. Push down on the chest 1 1/2 to 2 inches 15 times right between the nipples. Pump at the rate of 100/minute, faster than once per second.



CONTINUE WITH 2 BREATHS AND 15 PUMPS UNTIL HELP ARRIVES

NOTE: This ratio is the same for one-person & two-person CPR. In two-person CPR the person pumping the chest stops while the other gives mouth-to-mouth breathing.



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## ASTHMA AND ALLERGIES

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing if they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down until he/she is able to breathe normally. If the asthma attack persists, dial 911 and request emergency service.

### Asthma Emergency Signs

#### Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

**Asthma is different for every person.**

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

**Call 9-1-1 and the child's parent/guardian!**

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

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## BLEEDING

Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

### If a Victim is Bleeding

1. **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
2. **Control bleeding by applying direct pressure** on the wound with a sterile pad or clean cloth.
3. If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
4. If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call 911 immediately.

### Nose Bleed

To control a nosebleed, have the victim **lean forward** and pinch the nostrils together until bleeding stops.

### Bleeding on the Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

## Infection

To prevent infection when treating open wounds you must:

**CLEANSE...** the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

**TREAT...** to protect against contamination with ointment supplied in your First-Aid Kit.

**COVER...** to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

**TAPE...** to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

## Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars.**

## BURNS

### Care for Burns:

The care for burns involves the following 3 basic steps.

1. **Stop** the Burning -- Put out flames or remove the victim from the source of the burn.
2. **Cool** the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other

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wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

3. **Cover** the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

## Chemical Burns:

If a chemical burn,

1. Remove contaminated clothing.
2. Flush burned area with cool water for at least 5 minutes.
3. Treat as you would any major burn (see above).

## If an eye has been burned:

1. Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
2. If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
3. Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

## Sunburn:

If victim has been sunburned,

1. Treat as you would any major burn (see above).
2. Treat for shock if necessary (see section on "Caring for Shock")
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4. Give victim fluids to drink.
5. Get professional medical help immediately for severe cases.

## CHOKING

### Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

**Treatment:** Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

### Partial or Complete Airway Obstruction in Conscious Victim:

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.



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## **Treatment - The Heimlich Manuever:**

A choking victim can't speak or breathe and needs your help immediately. Follow these steps to help a choking victim:

1. From behind, wrap your arms around the victim's waist.
2. Make a fist and place the thumb side of your fist against the victim's upper abdomen, below the ribcage and above the navel.
3. Grasp your fist with your other hand and press into their upper abdomen with a quick upward thrust. Do not squeeze the ribcage; confine the force of the thrust to your hands.
4. Repeat until object is expelled.

## **UNCONSCIOUS VICTIM, OR WHEN RESCUER CAN'T REACH AROUND VICTIM:**

Place the victim on back. Facing the victim, kneel astride the victim's hips. With one of your hands on top of the other, place the heel of your bottom hand on the upper abdomen below the rib cage and above the navel. Use your body weight to press into the victim's upper abdomen with a quick upward thrust. Repeat until object is expelled. If the Victim has not recovered, proceed with CPR.

The Victim should see a physician immediately after rescue.

Don't slap the victim's back. (This could make matters worse.)



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## CONTUSION TO STERNUM

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

1. If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
2. If a player complains of pain in his chest after being struck, immediately call 911 and treat the player until professional medical help arrives.

## DISMEMBERMENT

If part of the body has been torn or cut off, try to find the part and **wrap it in sterile gauze** or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

## DENTAL INJURIES

### Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, gently rinse with water.
3. If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do this only if athlete is alert and conscious.
4. If unable to re-implant:
  - a. Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a- tooth."
  - b. 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
  - c. 3rd best - Wrap tooth in saline soaked gauze.
  - d. 4th best - Place tooth under victim's tongue. Do only if athlete is conscious and alert.
  - e. 5th best - Place tooth in cup of water.

**Time is very important.** Re-implantation within 30 minutes has the highest degree of success rate. TRANSPORT IMMEDIATELY TO DENTIST.

### Luxation (Tooth in Socket, but Wrong Position)

**Extruded Tooth** - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.
3. TRANSPORT IMMEDIATELY TO DENTIST.

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**Lateral Displacement** - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3. TRANSPORT IMMEDIATELY TO DENTIST.

**Intruded Tooth** - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. TRANSPORT IMMEDIATELY TO DENTIST.

## **Fracture (Broken Tooth)**

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion.
4. IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.

## **HEAD AND SPINE INJURIES**

### **Symptoms of Head and Spine Injuries**

- Changes in consciousness.
- Severe pain or pressure in the head, neck, or back.
- Tingling or loss of sensation in the hands, fingers, feet, and toes.
- Partial or complete loss of movement of any body part.
- Unusual bumps or depressions on the head or over the spine.
- Blood or other fluids in the ears or nose.
- Heavy external bleeding of the head, neck, or back.
- Seizures
- Impaired breathing or vision as a result of injury.
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears.

### **General Care for Head and Spine Injuries**

1. Call 9-1-1 immediately.
2. Minimize movement of the head and spine.
3. Maintain an open airway.
4. Check consciousness and breathing.

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5. Control any external bleeding.
6. Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

## Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

### Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

#### SIGNS OBSERVED BY COACHING STAFF

Appears dazed or stunned  
Is confused about assignment or position  
Forgets an instruction  
Is unsure of game, score, or opponent  
Moves clumsily  
Answers questions slowly  
Loses consciousness (even briefly)  
Shows mood, behavior, or personality changes  
Can't recall events prior to hit or fall  
Can't recall events after hit or fall

#### SYMPTOMS REPORTED BY ATHLETES

Headache or “pressure” in head  
Nausea or vomiting  
Balance problems or dizziness  
Double or blurry vision  
Sensitivity to light  
Sensitivity to noise  
Feeling sluggish, hazy, foggy, or groggy  
Concentration or memory problems  
Confusion  
Just not “feeling right” or “feeling down”

### CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

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- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## **WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?**

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

## **WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?**

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

## **Remember**

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

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## HEAT EXHAUSTION

Symptoms may include fatigue, irritability, headache, faintness, weak or rapid pulse, shallow breathing, cold clammy skin, profuse perspiration.

### Treatment:

1. Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
2. Massage legs toward heart.
3. Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
4. Use caution when letting victim first sit up, even after feeling recovered.

## HEAT STROKE / SUNSTROKE

Symptoms may include: extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

### Treatment:

1. **Call 911 immediately.**
2. Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in a well-ventilated room or use fans and air conditioners until body temperature is reduced.
3. **Do Not** give stimulating beverages such as coffee, tea or soda.

## HEART ATTACK

### Signals of a Heart Attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

- Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty
- Victim's breathing is noisy.
- Victim feels short of breath.
- Victim breathes faster than normal.
- Changes in pulse rate
- Pulse may be faster or slower than normal
- Pulse may be irregular.
- Victim's skin may be pale or bluish in color.
- Victim's face may be moist.
- Victim may perspire profusely.
- The absence of a pulse is the main signal of a cardiac arrest.

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**The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.**

## Care for a Heart Attack

1. Recognize the signals of a heart attack.
2. Convince the victim to stop activity and rest.
3. Help the victim to rest comfortably.
4. Try to obtain information about the victim's condition.
5. Comfort the victim.
6. Call 911 and report the emergency.
7. Assist with medication, if prescribed.
8. Monitor the victim's condition.
9. Be prepared to give CPR if the victim's heart stops beating.

## Giving CPR

1. Position victim on back on a flat surface.
2. Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
3. Find hand position on breastbone.
4. Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)
5. With victim's head tilted back and chin lifted, pinch the nose shut.
6. Give two (2) slow breaths into victims mouth. Breathe in until chest gently rises. (For small children only 1 time)
7. Do 3 more sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath). ***The sternum should be compressed to a depth of 1 1/2 - 2 inches***
8. Recheck pulse and breathing for about 5 seconds.  
**It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.**
9. If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
10. When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

## INSECT STINGS

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. **Call 911.** If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

### Allergic Reaction Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

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## Treatment:

1. For mild or moderate symptoms, wash with soap and cold water.
2. Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
4. If victim has gone into shock, treat accordingly (see section, "Care for Shock").

## MUSCLE, BONE OR JOINT INJURIES

### Treatment for muscle or joint injuries:

- If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- If a twisted ankle, do not remove the shoe -- this will limit swelling.
- Consult professional medical assistance for further treatment if necessary.

### When treating an injury, remember:

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### Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called 911, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

### Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc.

## PENETRATING OBJECTS

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

1. **Do not remove it.**
2. Place several dressings around object to keep it from moving.
3. Bandage the dressings in place around the object.



# First Aid Awareness Training Content

4. If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
5. Treat for shock if needed (see “Care for Shock” section).
6. Call 911 for professional medical care.

## POISONING

Call 911 immediately before administering First Aid then:

1. **Do not** give any First Aid if victim is **unconscious** or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.
2. If professional medical help does not arrive immediately:
  - a. **Do Not induce** vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).
  - b. **Induce** vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.
3. Take poison container (or vomitus if poison is unknown) with victim to hospital.

## SHOCK

Shock is likely to develop in any serious injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse.

Caring for shock involves the following simple steps:

1. Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body’s stress and accelerate the progression of shock.
2. Control any external bleeding.
3. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
4. Try to reassure the victim.
5. Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim’s condition, leave him or her lying flat.
6. Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
7. Call 911 immediately. Shock can’t be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

# First Aid Awareness Training Content

## SPLINTERS

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. **If splinter is in eye, DO NOT remove it.**

- First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- Sterilize needle or tweezers by applying disinfectant or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- Cover with adhesive bandage or sterile pad, if necessary.

## SUDDEN ILLNESS

### Symptoms:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain.

### Care For Sudden Illness:

1. Call 911
2. Help the victim rest comfortably.
3. Keep the victim from getting chilled or overheated.
4. Reassure the victim.
5. Watch for changes in consciousness and breathing.
6. Do not give anything to eat or drink unless the victim is fully conscious.

### If the victim:

**Vomits** -- Place the victim on his or her side.

**Faints** -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

**Has a diabetic emergency** -- Give the victim some form of sugar.

**Has a seizure** -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

# First Aid Awareness Training Content

## TRANSPORTING AN INJURED PERSON

If the injury involves the neck or back, **DO NOT** move victim unless absolutely necessary. Wait for paramedics. If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back as straight as possible.

### If victim must be lifted:

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

## COMMUNICABLE DISEASE PROCEDURES

- While risk of one athlete infecting another with *HIV/AIDS* or the *hepatitis B or C virus* during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:
- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (*latex gloves are provided in First Aid Kit*).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap.
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach. A 1:1 solution can be made by using a cap full of clorox (2.5cc) and 8 ounces of water (250cc).
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids. The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.
- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluids, especially blood.
- Wear disposable gloves during treatment.
- Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B.