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 **FIRST AID** BY JDMT



FIRST AID MANUAL


HELPTOWN
BY JDMT

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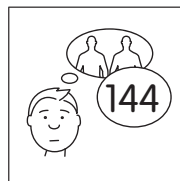
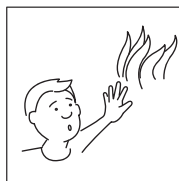
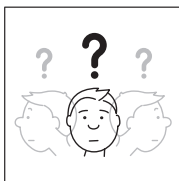
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ABOUT THE FIRST AID MANUAL

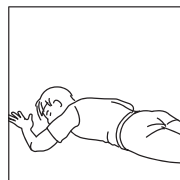
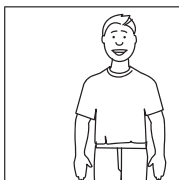
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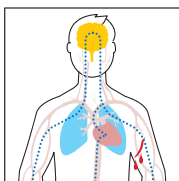
1 Situation Safety Support



2 First impression

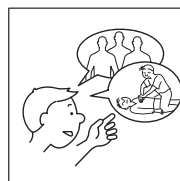
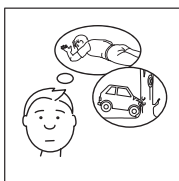


3 Patient assessment



Consciousness	+	◀	?	▶	-
Respiration	+	◀	?	▶	-
Circulation	+	◀	?	▶	-
Injuries	+	◀	?	▶	-

4 Realise Decide Organise



5 Medical measures

- > Alert & instruct
- > Chest compressions
- > AED/defibrillator
- > Stabilise neck with hands
- > Heimlich manoeuvre
- > Stem bleeding
- > Administer sugar
- > Recovery position
- > Seizure: support head
- > Treat wounds

SYSTEMATIC FIRST AID IN EVERY EMERGENCY



1

Situation, Safety, Support

- > What is the situation? What impact has been sustained?
- > Is it a minor incident or a serious emergency?
- > Is more than one person affected? Are the circumstances complex?

- > Are there any dangers to rescuers, patients or bystanders?
- > What measures need to be taken to secure the area?
- > Does the area need to be cordoned off, cleared or vacated?
Any other measures?

- > Is it already clear that support is needed?
- > Ambulance, fire brigade, additional helpers?
- > Don't ever hesitate to call emergency number 144 for help.

2

First impression

Gain an overall picture of the patient's condition within seconds:

- > Is the patient standing, seated or lying down? Are their eyes open?
- > Are they talking, can they recount what happened, do they seem confused?
- > Are they in pain, do they have any obvious injuries? Are they bleeding?
- > Does their breathing seem normal? Does their skin/complexion look normal?

Systematically assess the patient's condition:

Consciousness > Respiration > Circulation > Injuries

At all times, ask yourself whether these factors are in the green zone. If any of these factors are not in the green zone, that automatically means they are in the red zone. Consequence: this aspect must be discussed with a medical professional over the course of the treatment.

- > Is the person fully conscious? Or do they appear to be confused or even unconscious?
- > Does their breathing seem normal? Or is the patient breathing very quickly or struggling to breathe?
- > Are they wheezing when inhaling/exhaling?
- > Are there signs of circulatory problems (dizziness, malaise, paleness, sweating)?
- > Are any injuries visible (extremities out of position, swelling, bleeding)?
- > Are internal injuries possible (internal bleeding, spinal injury)?

Realise, decide, organise

- > Is the situation urgent or not? What is the main problem?
- > Realise what is wrong with the patient.
- > Could they be having a heart attack or have injured their spine?
- > The objective is not to miss anything relevant.
- > Decide how to proceed. And organise what's needed.

If a heart attack is suspected, a conscious decision should be made to systematically proceed according to the myocardial infarction scheme, even if the patient isn't convinced by the idea and would rather be left alone.

If in doubt, always consult a medical professional/call the emergency number 144 – even if you don't have the patient's consent.

- > What organisational measures need to be taken (arranging a person to instruct the ambulance vehicle, retrieving an AED and first aid kit)?
- > Do you need to prepare for resuscitation (AED, additional helpers out of the patient's sight)?
- > Does the patient need a quiet environment, do people need to be sent away?

CIRCULATORY ARREST

A circulatory arrest happens when the heart is no longer able to pump blood through the body, leading to the blood flow being disrupted. As a result, the brain and other organs are no longer supplied with oxygen-rich blood.



The symptoms are:

- > Unconsciousness
- > Absence of or abnormal breathing



In this case, first aid constitutes:

- > **Realise:** Circulatory arrest: every second counts!
- > **Alert:** Immediately alert someone internally (helpers, AED) and externally (emergency number 144)!
- > **CPR:** Immediately start giving chest compressions!
- > **Shock:** First defibrillation within 3 minutes!
- > **Rescue breaths:** Using a pocket face mask/aids.



Also pay attention to the following:

- > Literally every second counts when it comes to a circulatory arrest. 75% of people survive a circulatory arrest if chest compressions are given immediately and defibrillation is administered within 3 minutes. The survival rate increases/decreases exponentially, the quicker/slower the response times.
- > Chest compressions must be started immediately and must only be interrupted for the AED to analyse the heart rhythm and deliver a shock.
- > Rescue breaths should be given as long as the “Realise, alert, CPR and shock” procedure has been ensured, there are enough helpers, and/or the conditions are such that chest compressions and AED use will not be compromised by rescue breaths. 30 chest compressions followed by 2 rescue breaths should be repeated until an ambulance arrives. Every 2 minutes, the AED analyses the heart rhythm and delivers a shock if necessary. The patient must not be touched during the analysis and shock.



1

Realise
Alert



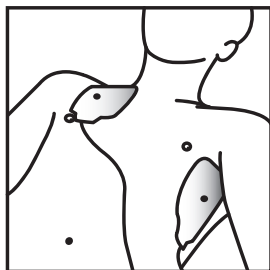
2

CPR



3

Shock



4

Rescue breaths



HEART ATTACK

A heart attack is when part of the heart muscle is no longer supplied with enough oxygen due to a blood vessel that supplies the heart with blood becoming blocked. A heart attack impairs the functioning of the heart muscle and can lead to a sudden circulatory arrest.



The symptoms are:

- > Feeling of pressure in the chest area
- > Pain in the chest area, potentially radiating outwards
- > Shortness of breath
- > Anxiety
- > Pale skin
- > Cold sweats



In this case, first aid constitutes:

- > Do not move the patient; elevate their upper body.
- > Prepare for resuscitation (have someone fetch an AED and helpers).
- > Call or get someone to call the emergency number 144.
- > Ensure that the area is as calm as possible; reassure the patient.



Also pay attention to the following:

- > Up to 1/3 of heart attacks are what are known as “silent heart attacks” with no or almost no symptoms. **With that in mind:** if a person is feeling unwell and is 40 years old or above, make sure to consult a medical professional. This will reduce the risk of not spotting a heart attack. Also see pages 26/27 in this respect.



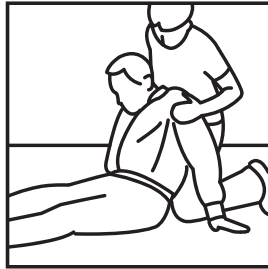
1

**Heart attack:
typical symptoms**



2

**Elevate upper
body**



3

**Reassure patient
and call
emergency
number 144!**



4

**Prepare for
resuscitation**



STROKE

A stroke is a heart attack of the brain. Here, a blood vessel becomes blocked, starving the brain tissue of oxygen. Sometimes, this also leads to the vessel rupturing (brain haemorrhage). This is referred to as a stroke, too. The symptoms of a stroke depend on the affected area of the brain.



The symptoms are:

- > Sudden paralysis and/or loss of/changes in sensation on one side of the body (face/arm)
- > Trouble speaking
- > Problems with vision and/or balance
- > A sudden and very severe headache



In this case, first aid constitutes:

- > Do not move the patient; lay them flat if possible.
- > Call or get someone to call the emergency number 144.
- > Reassure the patient and create a calm environment.
- > Prepare for resuscitation.



Also pay attention to the following:

- > Rapid assistance is crucial when it comes to a stroke. The quicker the patient is helped, the less damage will be caused to the brain ("time is brain").
- > If someone is acting "strangely", consider a stroke as a possibility and consult a medical professional.



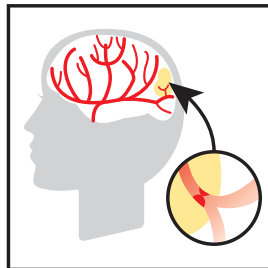
- 1** Paralysis visible
in face and arm
(less commonly
the leg)



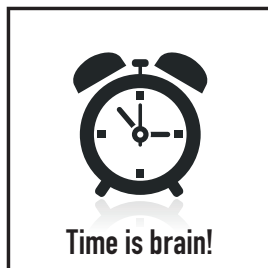
- 2** Dizziness,
excruciating
headache



- 3** Arterial occlusion
or bleeding



- 4** Rapid assistance
= better outcome



SPINAL INJURY

Trauma can injure the spine. The spine protects the spinal cord. If the spinal cord and/or associated nerves are damaged, this can result in paralysis and a loss of or changes in sensation.



The symptoms are:

- > Severe pain in the spinal area
- > A loss of or changes in sensation (tingling, numbness)
- > Signs of paralysis



In this case, first aid constitutes:

- > Ask the patient not to move.
- > Stabilise their neck with your hands (neutral position lying on their back, seated or standing; do not apply this if they're lying on their front).
- > Call the emergency number 144.



Also pay attention to the following:

- > If someone is confused or unconscious and may have been involved in a high-impact incident (falling, being hit by an object), you should assume that they have injured their spine.
- > Distracting factors (obvious major injury, unconscious child, etc.) can mask symptoms. Whenever a spinal injury is a possibility, you should assume that one has been sustained and act accordingly until the ambulance crew takes over.



1

What impact has been sustained by the skull and spine?



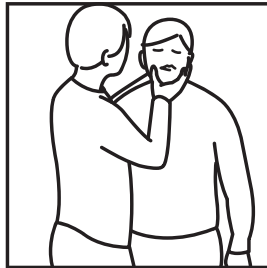
2

Focus on the cervical spine



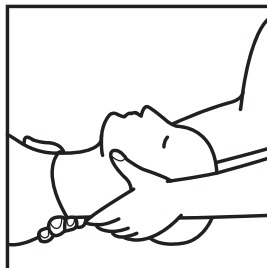
3

Immediately stabilise the neck with your hands



4

Reassure the patient, do not move them



SIGNIFICANT INTERNAL / EXTERNAL BLEEDING

Significant bleeding must always be stopped as quickly as possible. For external bleeding, this is done by applying pressure to the wound. For internal bleeding, intervention by a surgeon is required. Bleeding can result from sharp or blunt trauma. Internal bleeding in particular can remain undetected for some time.



The symptoms are:

- > Heavy, or even spurting, outward bleeding
- > Stomachache
- > Dizziness, weakness
- > Blurred state of consciousness
- > Shortness of breath
- > Paleness, chills, cold sweats



In this case, first aid constitutes:

- > Move the patient as little as possible; get them to lie down if they're standing.
- > Stop external bleeding by applying pressure to the wound.
- > Elevate the affected extremity (or get the patient/someone else to do so).
- > Apply pressure to the relevant artery (inner side of the upper arm, groin).
- > Apply a compression bandage or, if necessary, a tourniquet on the extremity.
- > Call or get someone to call the emergency number 144.
- > If internal bleeding is suspected, ensure that the patient is hospitalised as quickly as possible via an ambulance.

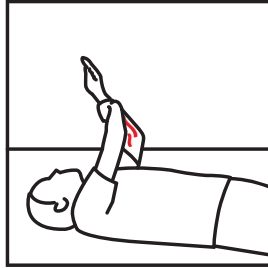


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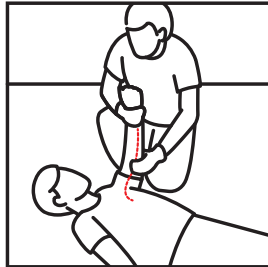
- > If there is significant outward bleeding, immediately stop it using the patient's hand, your hand (protected by a glove) or some other object, such as a cloth or paper, and medical gauzes if available.
- > Internal bleeding is often difficult to detect. If considerable trauma may have been sustained in the chest, abdominal and/or pelvic area, the patient must be hospitalised via an ambulance without delay. Who treats them in this case? Only the surgeon in the operating theatre can help here as long as the patient gets there in time.



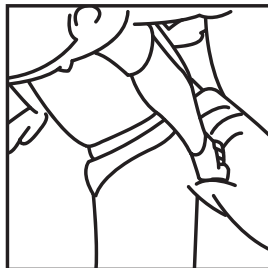
1 Get the patient
to apply pressure



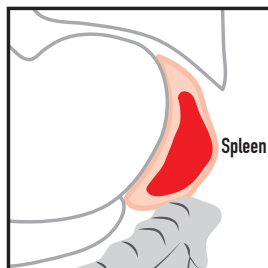
2 Elevate the
extremity,
apply pressure
to the wound
and artery



3 Leg bleed:
apply pressure
to the groin with
the fist



4 Make sure not
to miss any
internal bleeding!



SEIZURE

Seizures are caused by a disturbance in the brain. Possible reasons include: epilepsy, brain tumour, inflammation of brain structures, hypoglycaemia (low blood sugar) and brain haemorrhage. Seizures may affect all areas of the brain (known as “generalised” seizures) or may not be as obtrusive (“focal” seizures). Affected people may injure their skull and spine as a result of falling.



The symptoms are:

- > Blurred state of consciousness to loss of consciousness
- > Uncontrolled twitching
- > Spasms
- > Loss of control of bladder or bowel



In this case, first aid constitutes:

- > Call or get someone to call the emergency number 144.
- > Protect the patient's head from impact (without raising their neck/spine).
- > Remove hazardous objects.



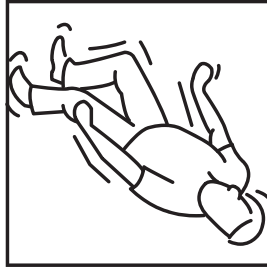
Also pay attention to the following:

- > The patient will generate enormous forces during the seizure. Do not hold the patient in place, but let the seizure run its course; only the head should be protected from uncontrolled impact, without raising the spine.
- > Most seizures stop on their own. Nevertheless, the emergency number 144 should be called if someone is having a seizure. If the seizure does not stop on its own within a few minutes, the ambulance crew will need to administer medication.
- > After a seizure, the patient will usually be exhausted. Create a calm environment and monitor them. Stabilise their neck with your hands if a spinal injury is possible due to a fall. Otherwise, put them in the recovery position.



1

Do not hold the
seizing patient
in place



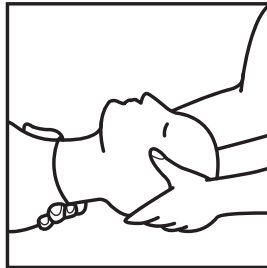
2

Protect the head
from impact



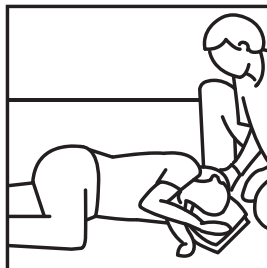
3

Support the
cervical spine,
without raising it



4

After the seizure,
monitor and
consult a medical
professional



RESPIRATORY DISTRESS / BLOCKED AIRWAYS

Respiratory distress can be caused by a range of things. Sudden breathing difficulties may be due to blocked airways, foreign objects or swelling of the airways. Especially if children or older people suddenly find it difficult to breathe, choking should be a consideration.



The symptoms are:

- > Noticeably laboured breathing
- > Sudden, severe coughing
- > Wheezing
- > Inability to talk or breathe
- > Distressed clutching at the throat
- > Lips/fingertips turning blue
- > Deterioration in consciousness



In this case, first aid constitutes:

- > Eliminate triggers (in the case of an allergic reaction/asthma).
- > Call or get someone to call the emergency number 144.
- > For choking: 5 blows between the shoulder blades; if unsuccessful: 5x Heimlich manoeuvre alternated with 5 blows between the shoulder blades; if the patient loses consciousness: chest compressions.



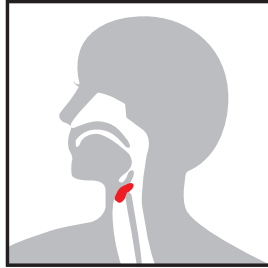
Also pay attention to the following:

- > Children are particularly at risk because their airways are narrow. The emergency number 144 must be called immediately if they show any slightest sign of respiratory distress.
- > If the Heimlich manoeuvre has been given, the patient needs to be hospitalised. The force exerted on the abdominal organs during this can lead to injuries with potential bleeding.



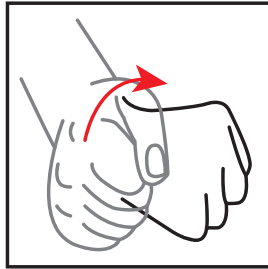
1

**Airways blocked
by a foreign object**



2

**Pull thumb in,
tilt fist**



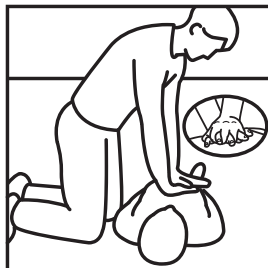
3

**Press sharply
into the upper
abdomen**



4

**Unconscious and
airways blocked?
Then give chest
compressions**



SIGNIFICANTLY IMPAIRED CIRCULATION/CONSCIOUSNESS

The body is a system, and circulation and consciousness make up two key components of this system. As such, they are dependent on each other. The causes of impaired circulation/consciousness are wide-ranging: injuries, poisoning, illnesses and deficiencies.



The symptoms are:

- > Dizziness
- > Confusion
- > Lightheadedness/drowsiness
- > Malaise
- > Pale skin
- > Sweating



In this case, first aid constitutes:

- > Call the emergency number 144.
- > Get the patient in a safe position (sit or lay them down – unless they have sustained an impact, in which case don't move them but stabilise their neck with your hands).
- > Person is unconscious and not breathing: chest compressions and use of an AED.
- > Person is unconscious, has sustained an impact but is breathing well: don't move them but stabilise their neck with your hands.
- > Person is unconscious, has not sustained an impact and is breathing well: put them in the recovery position.
- > If hypoglycaemia is suspected: place sugar inside their cheek (glucose powder/gel).



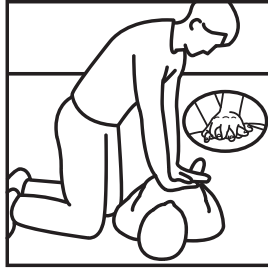
Also pay attention to the following:

- > Impaired consciousness is always an emergency. A medical professional must therefore always be immediately consulted.
- > Malaise is often a tell-tale sign. One in three heart attacks have no or only mild symptoms, e.g. malaise. **With that in mind:** if a person says they aren't feeling well and is 40 years old or above → always consult a medical professional.



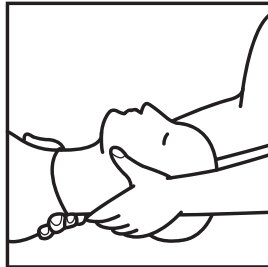
1

Unconscious,
not breathing:
chest compressions + AED



2

Unconscious
after impact:
do not move,
stabilise neck
with hands



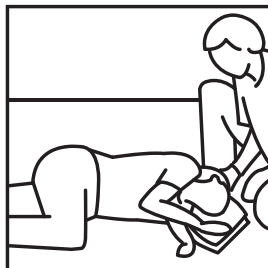
3

Hypoglycaemia
possible?
Administer
glucose gel
or powder



4

Unconscious,
breathing,
no impact:
recovery position



SIGNIFICANT SKIN / MUCOSAL INJURY

(CHEMICAL BURN, THERMAL BURN, ETC.)

The skin and mucous membranes are far more than just the body's coverings. So, if they get damaged, a person's health can be impacted. Skin and mucosal injuries can be mechanical (grazes, cuts), chemical (acid or alkali burns) or thermal (heat burns, scalding).



The symptoms are:

- > Pain
- > Redness, swelling, bleeding
- > Blistering/ulceration



In this case, first aid constitutes:

- > Stop exposure to the damaging factor (irritant, corrosive substance or heat).
- > Clean and cool the affected skin/mucosal area with lukewarm water.
- > Consult a medical professional.
- > Protect the affected area.
- > Take any additional measures agreed with the medical professional.



Also pay attention to the following:

- > Whatever injured the patient can also injure the rescuers. Ensure that the damaging factor does not pose a danger to the rescuers.
- > Thermal burns are often underestimated. Always consult a medical professional in the case of thermal burns with blistering or a wound on the face, genitals, joints or feet/hands and generally in the case of thermal burns with an open wound.
- > In the case of chemical burns/injuries to the eye: Rinse with a suitable rinsing solution or water. Do not exert any mechanical pressure on the affected eye. Consult a medical professional (eye clinic).



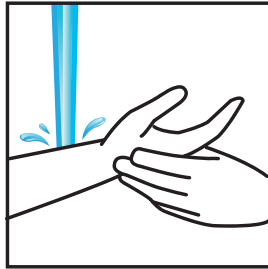
1

Mechanical,
chemical,
thermal



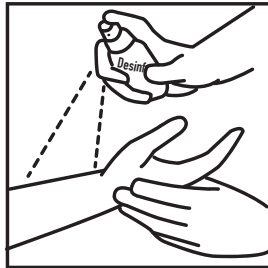
2

Stop exposure,
rinse/cool



3

Disinfect wound



4

Eye affected?
Rinse immediately



MENTAL HEALTH EMERGENCIES

Just like a physical health emergency, a mental health emergency can happen to anyone. A distinction is made between acute episodes of a psychiatric disorder, acute suicidality and acute psychological symptoms without a psychological disorder.



The symptoms are:

- > Mood disorders, persistently feeling down
- > Hopelessness and despair
- > Abnormal behaviour
- > Crying fits
- > Anxiety, panic attacks
- > Intensified breathing (hyperventilation)



In this case, first aid constitutes:

- > Keep watch over the patient (don't leave them on their own).
- > Consult a medical professional.
- > If the patient is hyperventilating: get their attention (using a pain stimulus if necessary) followed by calmly encouraging them to breathe slower (talking down).



Also pay attention to the following:

- > Psychological factors play a relevant role in many medical situations. **It is therefore important** to show compassion as a first aider. Reassure the patient and create a safe, private space.



1

Hyperventilation:
rapid breathing,
usually sitting
down



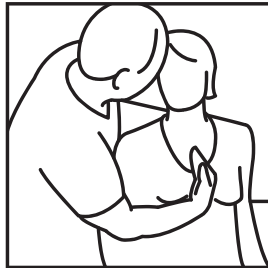
2

**Encourage to
breathe slower**



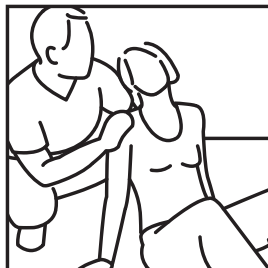
3

**If unsuccessful,
use a pain
stimulus to get
patient's attention**



4

**Monitor, continue
to reassure,
ensure privacy**



COURSE OF ACTION FOR MALAISE

Malaise is a common symptom. It is usually harmless, but it can also be connected to a serious medical condition. For example, one in three heart attacks only present themselves by a feeling of malaise. The important thing is to determine whether something serious is going on or not.



The symptoms are:

- > Nausea, retching and vomiting
- > Dizziness
- > Headache
- > Loss of appetite
- > A general feeling of uneasiness
"Something's not quite right."



In this case, first aid constitutes:

- > Put the person in a safe position (sit or lay them down).
- > Use the "Malaise" scheme (adjacent page) to determine whether you need to consult a medical professional.
- > Proceed as agreed with the medical professional or look after and keep watch over the affected person.



Also pay attention to the following:

- > Up to a third of all first aid cases at companies are due to malaise. These situations are usually harmless.
- > However, a heart attack can also lead to malaise without the presence of other symptoms (known as a silent heart attack). In 3 in 10 heart attacks, malaise is the only symptom, and even then, this symptom can sometimes be really mild.
- > JDMT recommends always consulting a medical professional for people experiencing malaise if they are 40 years old or above.



MALAISE AS MAIN SYMPTOM



Aged 40 or over?

No



Other symptoms such as:

- > Shortness of breath
- > Feeling of tightness in the chest area
- > Rapid heartbeat
- > Anxiety
- > Dizziness
- > Fever
- > Vomiting
- > Diarrhoea

and/or

- > Not happening for the first time
- > Not getting better/getting worse



Yes

- > Consult a medical professional.

Yes



Consult a medical professional.

Assess the risk factors
for a heart attack or other
serious illness.

→ **No**

Let the person rest, and monitor, reassure and make them comfortable. Release the patient if they're feeling better.

FIRST AID FOR MINOR INJURIES

Small cuts or surface grazes on the skin can often be treated without the help of a doctor and usually heal quickly and without any lasting damage.



In this case, first aid constitutes:

- > Clean the wound (rinse with clean water).
- > Disinfect the wound (using antiseptic spray).
- > Apply a sterile dressing to the wound (plaster/bandage).



Seek medical attention in the following cases:

- > Gaping cuts (wound edges are not in contact with each other)
- > Cuts in/over joint areas
- > Restricted movement or loss of/changes in sensation in injured limb
- > Sustained bleeding
- > Heavily contaminated wound
- > Foreign matter in the wound
- > Cuts or large grazes on the face
- > Bite injuries (whether from an animal or human)
- > Wound is not healing properly
- > Wound is infected (severe swelling, redness, pus, fever)



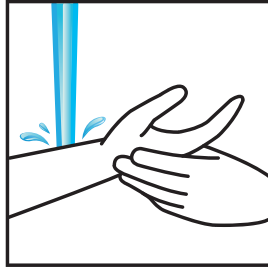
Also pay attention to the following:

- > Bacteria can enter the body through skin injuries. Tetanus is a particular concern in this respect. Seek medical assistance if the patient is not sure when they had their last tetanus vaccination or if it was more than 10 years ago.
- > Bites are dangerous wounds. They should always be immediately treated by a doctor and usually require antibiotics.



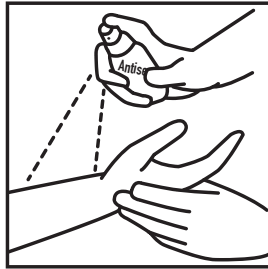
1

Clean wound



2

Disinfect



3

Gaping wound? Seek medical assistance



4

Always have bite wounds treated by a doctor



CHILD EMERGENCIES – CIRCULATORY ARREST

Pages 6 and 7 set out the course of action for a circulatory arrest. A child can also suffer a circulatory arrest, but in contrast to an adult, the cause is rarely the heart but rather the airways.



A child requires a slightly different response:

> Babies < 1 year

- Chest compressions using 2 thumbs or index and middle finger

> Small children > 1 year

- Same chest compressions as performed on an adult, but with less pressure

> Use of an AED

- AED with child electrodes or AED with adult electrodes (in which case stick one electrode in the middle of their chest and one in the middle of their back)



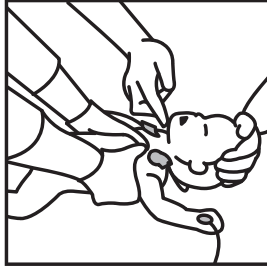
Also pay attention to the following:

- > Rescue breaths are particularly important when it comes to children. That's because a circulatory arrest in a child is usually caused by a lack of oxygen due to blocked airways or an inability to breathe.
- > Unconscious child who is not breathing (normally): Start with 5 rescue breaths followed by 15 chest compressions. Continue with 2 rescue breaths alternated with 15 chest compressions.



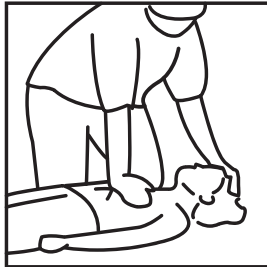
1

Babies: chest compressions using 2 thumbs or index and middle finger



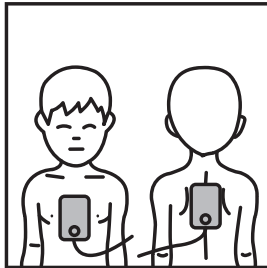
2

Small children: chest compressions using 1 hand



3

Stick electrodes to chest and back



4

Rescue breaths are particularly vital for (small) children!



CHILD EMERGENCIES

POISONING

Children are curious and are oblivious to numerous dangers. Poisoning from everyday household products and toxic substances is therefore a common medical emergency when it comes to children. In cases of poisoning, the child's current condition is always the initial decisive factor. In addition, the ingested substance's potential damage needs to be clarified with the help of a medical professional.



The symptoms are:

- > Sudden discomfort
- > Noticeable tiredness
- > Stomachache and/or headache
- > Nausea, vomiting, diarrhoea
- > Dizziness, confusion
- > Reddened skin



In this case, first aid constitutes:

- > Stay calm.
- > Do not induce vomiting.
- > Don't let them drink anything.
- > Call or get someone to call the emergency number 144.
- > Determine what has been ingested (give the ambulance crew the packaging/any remaining substance).



Also pay attention to the following:

- > In less urgent cases, the Swiss poisons information centre (tel. 145) can also provide information.
- > If a child is behaving unusually quietly, a medical emergency should always be considered.

Important information when calling emergency numbers 144 or 145:

- > **WHAT** has been ingested?
- > **HOW MUCH?**
- > **WHEN?** How much time has elapsed?
- > **HOW?** Swallowed, inhaled, etc.?
- > **SYMPTOMS?**

Small children's temperature regulation isn't yet fully developed, which is why they get fevers quicker than older children or adults. A body temperature of 37.5°C or higher is regarded as a high temperature, while a fever is 38.2°C or higher. Febrile seizures are occasional seizures that happen as a result of an illness presenting with a fever. Around three to four percent of children aged between six months and five years experience them.



The symptoms are:

- > Fever
- > Loss of consciousness
- > Muscle twitching



In this case, first aid constitutes:

- > Stay calm.
- > Call or get someone to call the emergency number 144.
- > Head protection (protect the head from injuries, do not hold it tight but simply support it).
- > Move objects and potential hazards out of the way.
- > After the seizure, make sure the child can breathe and doesn't get cold.



Also pay attention to the following:

- > Febrile seizures only last a few minutes and stop on their own. They are usually harmless.
- > Even if a febrile seizure is the suspected cause, this should be clarified without delay by a medical professional at a hospital. In rare cases, other, more dangerous conditions can cause a seizure (e.g. meningitis).

CHILD EMERGENCIES

CHOKING ON FOREIGN OBJECTS

Pages 18 and 19 set out the course of action for respiratory distress/blocked airways. Small children have a habit of putting everyday objects in their mouth. Swallowing foreign objects is therefore one of the main causes of blocked airways and respiratory/circulatory arrest in children.



A child requires a slightly different response:

- > Only perform the Heimlich manoeuvre on children over 1 year old!
- > Lay babies on their chest on your forearm, with their head facing down.
Caution: stabilise their head and neck with your middle and index finger.
- > Give 5 back blows.
- > Turn them around and give 5 chest compressions using two fingers (see pages 30/31).
- > Repeat until they cough up the foreign object or help arrives.



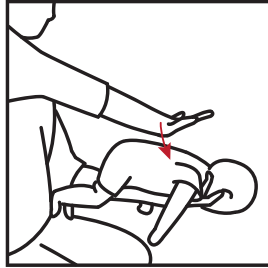
Also pay attention to the following:

- > If the child loses consciousness, immediately start CPR (as described on pages 30/31)!
- > Always immediately call or get someone to call the emergency number 144.



1

Babies: 5 back blows



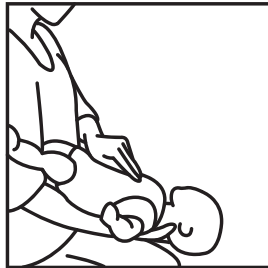
2

Stabilise child's head and neck with middle/index finger



3

5 chest compressions (2 fingers)



4

(Small) children: Heimlich manoeuvre as used on an adult



FIRST AID IN SPORT AND LEISURE

Sport and leisure activities can lead to musculoskeletal injuries, whether in the form of contusions, sprains, dislocation of joints (luxation) or bone fractures.



The symptoms are:

- > Pain
- > Swelling of the joint/soft tissue
- > Bruising
- > Restricted movement
- > Body part out of position



In this case, first aid constitutes:

- > Cool (cold pack)
- > Elevate
- > Immobilise (bandage/splint)



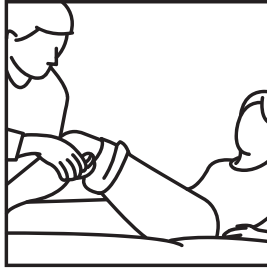
Also pay attention to the following:

- > Contusions result from blunt trauma. They usually heal quickly and without any lasting damage.
- > Sprains are injuries to a joint as a result of overstretching the joint structures. This can damage the ligaments, joint capsule and/or cartilage.
- > A luxation is when the head of a bone (ball) comes out of its socket. The joint locks and hurts. A luxation needs to be treated by a doctor.
- > A bone fracture is also painful. Swelling and sometimes misalignment may be noticeable. Again, treatment by a doctor is required.



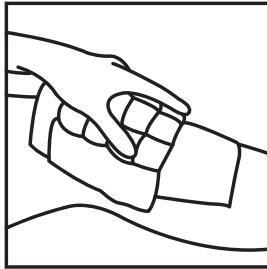
1

Protect the
affected body part



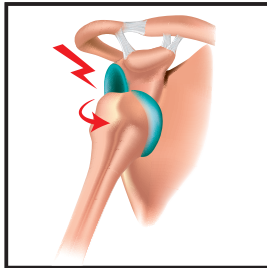
2

Cool in the case
of pain and
swelling



3

Luxation =
dislocation of joint



4

Fracture:
protect, do not
apply pressure



FIRST AID IN SECURITY-RELATED JOBS

SPECIFIC TACTICAL FACTORS

Security staff work in settings that can sometimes be dangerous. Here, it's critical to protect yourself when giving first aid.

To do that, you should apply the inner and outer ring method:

- > As part of this, a minimum of two helpers are required.
- > One assists the patient at the patient's eye level, and one stays standing, monitoring the surrounding area.

Inner ring:

- > For assisting the patient

Outer ring:

- > For protecting the first aider by observing what's happening in the vicinity





USE OF IRRITANT (PEPPER SPRAY)

Pepper spray affects the eyes, skin and airways. Its use is normally harmless, but it can trigger asthma attacks or lead to panic within a group, among other things.



The symptoms are:

- > Closed eyes
- > Coughing
- > Reddened skin
- > Excessive saliva flow
- > Burning of the skin



In this case, first aid constitutes:

- > Protect yourself.
- > Remove the irritant (evacuate, remove contaminated clothes, remove irritant from the skin using paper).
- > Cool and clean affected areas using running water (this will relieve pain and remove the irritant; gradually adjust the water until it is lukewarm).
- > Talk to the patient to encourage them to breathe correctly/stop them from hyperventilating.
- > Make sure the patient doesn't get cold/give them personal space.
- > Prepare for things to escalate medically.
- > Be alert to a possible asthma/panic attack.
- > Consult a medical professional if necessary.



Also pay attention to the following:

- > JDMT additionally recommends using Diphotérine®: this reduces the duration and intensity of symptoms by 50%.

FIRST AID IN SECURITY-RELATED JOBS

STAB/BULLET WOUNDS

In Switzerland, stab wounds are far more common than bullet wounds. The course of action is the same for both types of injury.

The surface of the skin may only be slightly damaged, but the actual damage underneath may be severe.

Stab/bullet wounds can be missed. Often, there is not much external bleeding.

If a stab/bullet injury is a possibility, the patient must be rigorously checked for a corresponding wound.

A serious injury must always be assumed in the case of a stab/bullet injury (especially if the injury is in the area of the head, neck, chest, abdomen or pelvis).

Here, first aid constitutes keeping the time delay between the incident and hospital treatment to a minimum.

Applying pressure to the injured area can reduce bleeding. In the case of dismemberment and/or severe external bleeding at the extremities, a tourniquet can also be used.



NARCOTIC POISONING (INTOXICATION)

Poisoning from mixing alcohol, THC and hard drugs (cocaine, etc.) is common. First and foremost, what's important is the person's condition (consciousness, respiration, circulation). What substance(s) they've taken is less important.

A pain stimulus (sternal rub) can be used to try to rouse an unconscious person (unless an injury to the skull/brain/spine is suspected). If they cannot be roused, they need to be hospitalised via an ambulance.

Drugs can have various side effects, including abnormal psychological behaviour, seizures and even heart attacks. A medical professional should be consulted in the case of significant symptoms. Protect the affected person from hypothermia.



DOCUMENTING FIRST AID SITUATIONS

First aid report



In need of an ambulance? Call emergency number 144

Date _____ Time _____ Location _____

1 Situation Safety Support

Situation ☐ Minor incident ☐ Critical incident ☐ _____
☐ Several people involved ☐ Considerable impact sustained ☐ _____

Danger for rescuer, patient, bystanders? ☐ Yes ☐ No **Consequences** _____

How clear that support is necessary?
☐ Emergency service 144 ☐ Other rescuers ☐ AED ☐ Fire brigade ☐ Police ☐ Alarm triggered

2 First impression

Patient Position ☐ Standing ☐ Seated ☐ Lying
 Conscious ☐ Yes ☐ Disoriented ☐ No
 Eyes open ☐ Yes ☐ No
 Breathing ☐ Yes ☐ With difficulty ☐ No
 In pain ☐ Yes ☐ No

Do you need to call the emergency number 144? Cardiac arrest? Heart attack? Spinal injury possible?

Description of the incident _____

Other details _____

3 Patient assessment

Consciousness ☐ Conscious ☐ Disoriented ☐ Unconscious
☐ Normal ☐ Too fast ☐ Inadequate respiration detected
☐ Showing shortness of breath ☐ Wheezing when inhaling/exhaling

Respiration ☐ Good ☐ Cold clammy skin ☐ Pale ☐ Vertigo

Circulation ☐ Good ☐ Cold clammy skin ☐ Pale ☐ Vertigo

Injuries ☐ Skull/brain area ☐ Yes ☐ No ☐ Spine ☐ Yes ☐ No
☐ Chest/abdomen/pelvis ☐ Yes ☐ No ☐ Arms/legs ☐ Yes ☐ No
☐ Bleeding ☐ Yes ☐ No

4 Realise Decide Organise

Realise ☐ Situation urgent ☐ Situation not urgent
 Main problem _____

Malaise ☐ > If the patient is 40 years old or above, consult a specialist department (do not miss a silent heart attack).

Decide Disoriented after fall ☐ > head/brain/spinal injury possible ☐
 Call emergency number 144/ask for an ambulance ☐
 Procedure according to myocardial infarction scheme ☐
 Procedure according to spinal injury scheme ☐
Organise Organise instruction of ambulance vehicle ☐

5 Medical measures

Cardiac arrest > resuscitate with chest compressions/AED ☐
Myocardial infarction, stroke > do not move the patient > reassure > prepare for resuscitation ☐
Spinal injury > stabilise neck with your hands > ask patient not to move ☐
Respiratory problems due to foreign body > Heimlich manoeuvre > alert 144 ☐
Disoriented > hypoglycaemia possible? > administer sugar ☐
Unconsciousness > no trauma > respiration present > recovery position ☐
Seizure > support head of patient (protection from collision/protection of the spine)
Bleeding > stem ☐ **Injured limb** > rest and splint
Burns > cool with water at body temperature

Other measures _____

Patient monitored ☐ lying ☐ sitting **Duration** _____

Patient details

Sex ☐ male ☐ female

Year of birth _____

First aider _____

Name _____

Email _____

Further details

Discomfort ☐ Better ☐ Unchanging

Discharged to ☐ Workplace ☐ Home add

☐ Hospital via ambulance



Medical assistance should always be documented, at least in first aid organisations (e.g. at companies). This makes it possible to reproduce what happened when and why.

JDMT provides a first aid report template that can also be used as a checklist.

Not only does this make it easy to document the help given, but it also ensures that the right priorities are set and nothing relevant is overlooked.

Completed first aid reports are to be evaluated by a medical professional. Feedback provided to first aiders allows them to optimise the care they give in the future.

Details relating to specific cases are to be kept confidential, especially personal details about the person who was treated. Completed first aid documentation is to be handled with due care and locked away.

First aid reports can be ordered from office@jdm.ch

COURSES ATTENDED

Training

Description:

Duration:

Date:

Signature:

Training

Description:

Duration:

Date:

Signature:

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PROVIDING EFFECTIVE AND SAFE FIRST AID



First aid is only successful when it is done systematically. JDMT is the only system provider of first aid training in Switzerland. Five components help ensure that first aid is given quickly, effectively, safely and systematically at all times:

- > The conceptual framework
- > The effectors (helpers)
- > Tools
- > Specialist support
- > Quality management

The conceptual framework determines what performance goals are to be reached by the first aid organisation (skills, response times) and how the organisational tasks are to be distributed. Effectors are the helpers and their respective level of training. JDMT distinguishes between four categories: laypeople, qualified first aiders, professionals (e.g. doctors and paramedics) and experts (e.g. A&E doctors).

Tools include algorithms, apps/manuals, documentation, protective items (gloves), AEDs and materials for treating wounds.

What's important is that every effector can access specialist support at all times. JDMT recommends always calling the emergency number 144 if in doubt. In addition, JDMT offers its own specialist support via a 24/7 telephone number. This reduces the risk of missing something relevant and reassures the helpers because they are able to consult someone.

Every patient interaction is followed up by one of the JDMT doctors, who provide direct feedback to the helpers. For the benefit of the customer, the conceptual framework is used to check whether the performance goals have been reached (on the basis of emergency exercises, for example).

10 Success formulas for effective and safe first aid:

- 1.** Take a systematic approach to all medical emergencies.
- 2.** Identify and avoid dangers to yourself, the patient and third parties.
- 3.** Promptly request support (helpers, AED, emergency number 144).
- 4.** Be excessively cautious and always assume something serious in the first instance.
- 5.** Quickly de-escalate any potential chaos and take control of the situation.
- 6.** Put the patient in a position they find comfortable (unless a spinal injury is suspected).
- 7.** Only have one person talk to the patient.
- 8.** Obtain specialist support without delay in the case of emergencies concerning children.
- 9.** Make sure that the situation is well managed: someone must always be in control.
- 10.** The patient should only ever be transported in an ambulance or taxi.

Name

Support number



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