

First Aid Course at the Workplace Module

Lecturer: Mr. Gesmond Micallef

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**Undergraduate Diploma in
Occupational Health and Safety**

Emergency Nurse Instructor Gesmond Micallef

Gesmond has over 37 years of experience, working in the Accident & Emergency Department of a major hospital and in pre hospital care. His background to date has been centered around delivering advanced emergency care. He was trained to work in such situations through real world experiences, involving travelling abroad for training, namely Australia, France, England and Scotland. He was also a volunteer emergency nurse in major incidents namely in Libya, Mozambique, Tanzania, Egypt, Albania, Kosovo and Tunisia among other countries. Besides having gained experience by delivering hands on emergency care in various countries, he also has teaching experience on the related subject in Malta and around the globe. Through these hands-on experiences, he further gained many strengths that helped him pass on the knowledge, skills and attitudes, to provide safe and effective care in an emergency situation.

Gesmond is a qualified Charge Nurse and Emergency Nurse Instructor. He is licensed with EFR UK, European Resuscitation Council and the University of Malta and acts as an instructor and mentor for the Primary Health Care. He is also a member in the Resuscitation Committee of the Primary Health Care.



Gesmond Micallef

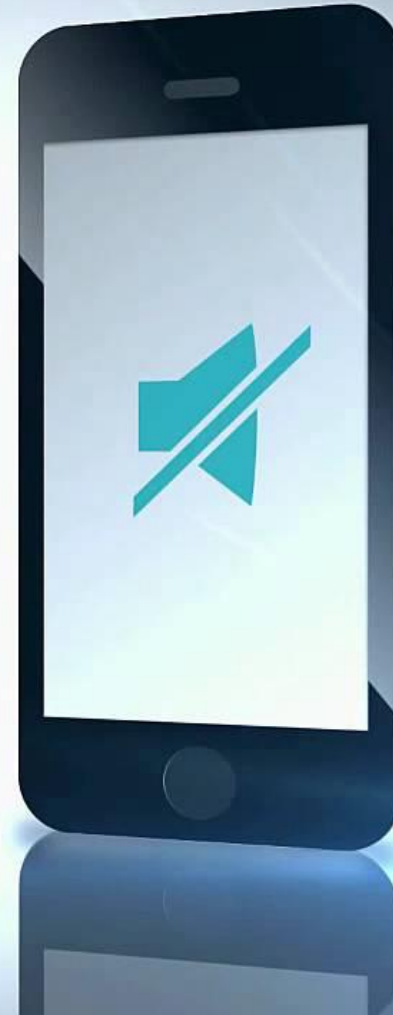
Qualified Emergency Nurse Instructor

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**PLEASE
SILENCE
YOUR PHONE**



Making an Emergency Call

- Prepare yourself
- **Call 112**
- Choose Emergency Service Required
- Personal Details
- Exact Location of Accident
- Number of Casualties
- Name/Surname and age of Casualty (if known)
- Current State
- Additional Information
- Details of Any Hazards



Introduction to Paediatric First Aid



Introduction to Paediatric First Aid

- As grown ups, you know that with children, accidents happen all the time.
- Often resulting only in simple scrapes and bruises.
- This is all part of the growing up process and it is mutually accepted.



Introduction to Paediatric First Aid (cont.)

- However, sometimes children suffer from medical conditions as well
 - Automobile accidents
 - Serious falls
 - Choking
 - Serious bleeding
 - Near drowning
 - Poisoning
 - Allergic reactions



Differences consideration when treating a child

- So what do we need to consider to determine the best way to handle an emergency?
 - Age – this is only used as a guideline
 - Size – this refers to both the size of the patient and also to the size of the First Aider
 - Ability to understand what is going on
 - Ability to communicate effectively
 - Mental state and willingness to cooperate



Legal Responsibilities

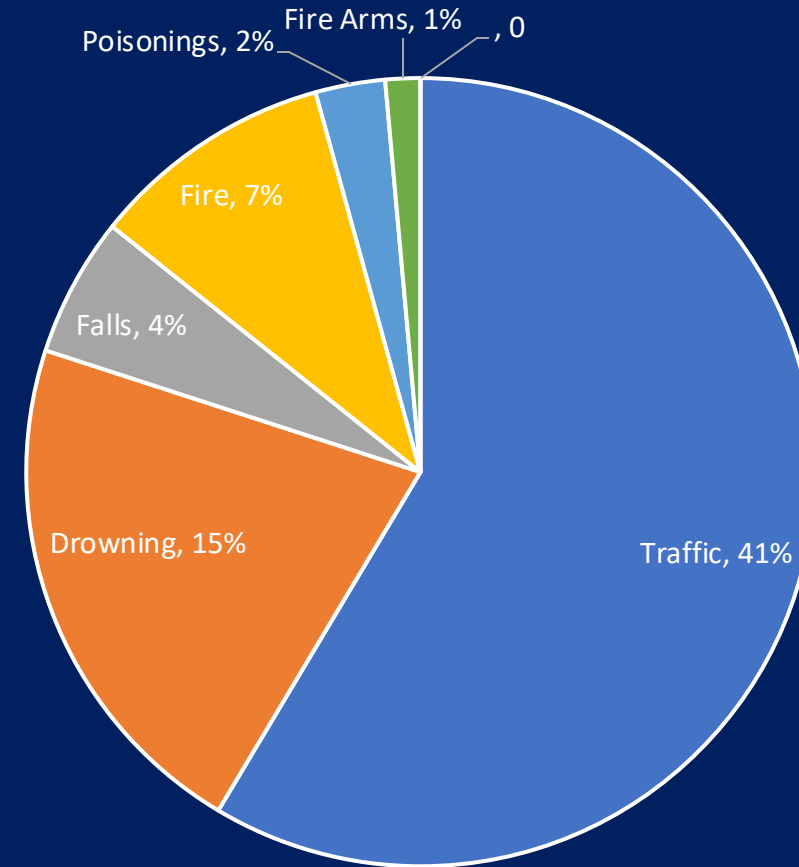
- Good Samaritan laws are laws or acts protecting from liability those who choose to aid others who are injured or ill
- They are intended to reduce bystanders' hesitation to assist, for fear of being sued or prosecuted for unintentional injury or wrongful death
- Implied Consent may be implied if the patient is unconscious, delusional, intoxicated or deemed mentally unfit to make decisions regarding their safety



A few facts according to UNICEF

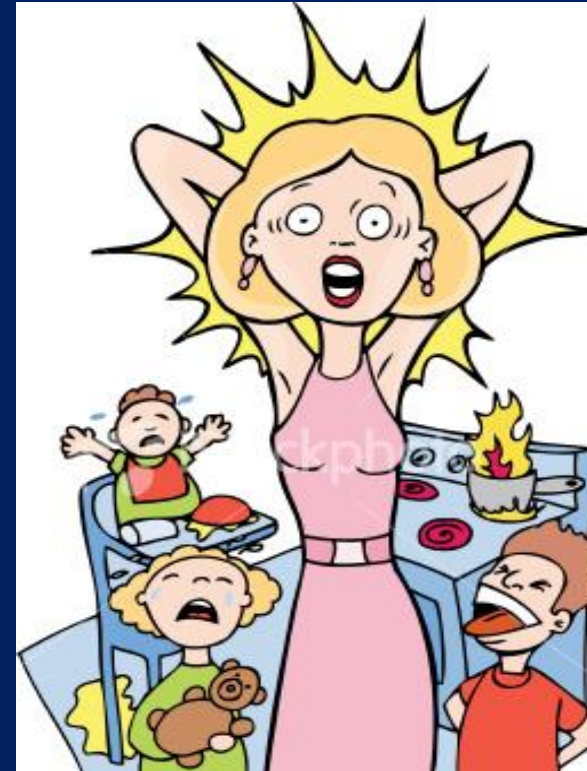
- ▶ In developed countries 20,000 children die every year due to traffic accidents, intentional injuries, drowning, falls, fires, poisonings, etc.

- Traffic accidents 41%
- Drowning 15%
- Falls 4%
- Fire 7%
- Poisonings 2%
- Fire arms accidents 1%



Calming a child and their parents/guardians

- Always approach as calmly as possible
- Remember you will be dealing with a frightened, injured child
- But also, you have to face the frantic parents/guardians.



The First Aid Kit

- First Aid Kits may be purchased from a local drugstore or make one of your own.
- If you decide to make one, choose containers for your kits that are roomy, durable, easy to carry, and simple to open.



Some items the First Aid Kit should have:

- ☐ Sterile gauze pads
- ☐ Adhesive tape
- ☐ Adhesive bandages (several sizes)
- ☐ Elastic bandage
- ☐ Triangular bandage
- ☐ Antiseptic wipes
- ☐ Scissors
- ☐ Plastic non-latex gloves
- ☐ Flashlight
- ☐ A blanket
- ☐ Pocket mask
- ☐ Emergency Action Plan

Minimising Infection

To assist in minimising the risk of infection and cross contamination there are various precautions that can be taken such as:

- having good personal hygiene
- ensuring that barrier devices are used
- covering any open cuts or sores
- minimising contact with blood or bodily fluids
- changing gloves between casualties
- washing hands thoroughly after removing gloves





What are the 7 Steps of Hand Washing?

Step 1: Wet Hands. Wet your hands and apply enough liquid soap to create a good lather

Step 2: Rub Palms Together

Step 3: Rub the Back of Hands

Step 4: Interlink Your Fingers

Step 5: Cup Your Fingers

Step 6: Clean the Thumbs

Step 7: Rub Palms with Your Fingers



The “who, what, where, when, how and why” of Hand Hygiene

Where should you perform Hand Hygiene?

Who should practice Hand Hygiene?

What is Hand Hygiene?

how and why

When do you perform Hand Hygiene

Infection Control

Work Practice to Prevent and Control Infection Risks.



What is Hand Hygiene?

Hand Hygiene includes cleaning hands with soap and water or alcohol-based hand rub in order to remove germs, also known as microorganisms.



Alcohol-based hand rub

- Apply a dime-sized amount (2-3 ml) of product into palms of dry hands
- Rub product into hands
- Palm to palm
- Rub fingertips of each hand in opposite palm
- Between and around fingers
- Rub each thumb clasped in opposite hand
- Rub back of each hand with opposite palm
- Rub hands until dry before performing another task
- DO NOT WIPE OFF



Soap and Water

Soap and water is the recommended method when hands are visibly soiled.

Plain soap is used for routine hand hygiene while anti-microbial soap is used in acute care high-risk areas.



Recommended personal protective equipment



INTERNATIONAL LIAISON COMMITTEE ON RESUSCITATION



Cardiopulmonary Resuscitation (CPR)

Time is Critical

If CPR is not started immediately damage to the brain can develop very rapidly due to lack of oxygen.

**So immediate action is
VITAL**



0 Minutes

BREATHING STOPS; THE HEART
WILL SOON STOP BEATING

4-6 Minutes

POSSIBILITY OF LONG-TERM
BRAIN DAMAGE

6-10 Minutes

HIGH PROBABILITY OF
LONG-TERM BRAIN DAMAGE

Over 10-15 Minutes

CERTAIN IRREVERSIBLE BRAIN
DAMAGE RESULTING IN DEATH

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