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

jesmondmicallef@hotmail.com

Contact number 99800702

PLEASE
SILENCE
YOUR PHONE

Secondary Care

Cuts and Penetrations to Eye

All eye injuries are potentially serious due to risk to patient's vision.

Treat eye injuries that result from trauma to the head or face as medical emergencies: Follow primary and secondary care procedures.

Never apply pressure to the eye and be careful not to rub it.

If patient wear contact lenses, remove them only if it will not cause further damage to the eye.

Encourage patients with an eye soreness or irritation to see an eye specialist for treatment as soon as possible. Provide secondary care.

Encourage patient to keep calm. Increased activity and blood pressure can cause important eye fluids to leak causing further harm to the eye.

Do not touch or try to remove an object embedded in the eye. Do not touch anything that is sticking to the coloured part of the eye.

Secondary Care

Cuts and Penetrations to Eye

- Stop / Think / Act / Check responsiveness and alert EMS.
- Perform a primary assessment and monitor patient using the Cycle of Care.
- Apply a sterile dressing and lightly bandage the eye.
- Consider covering both eyes to deter patient from moving injured eye.
- Continue to monitor patient using the Cycle of Care until EMS arrives

Secondary Care

Blow to the Eye

- **STOP**: Assess and observe scene
- **THINK**: Consider your safety and form action plan.
- **ACT**: Check responsiveness and **ALERT EMS**, as appropriate.
- Perform a primary assessment and monitor patient using the Cycle of Care.
- Apply cold compresses for 15 minutes.
- If EMS is not called, encourage patient to see eye specialist as soon as possible#

Chemical Splashes in the Eye

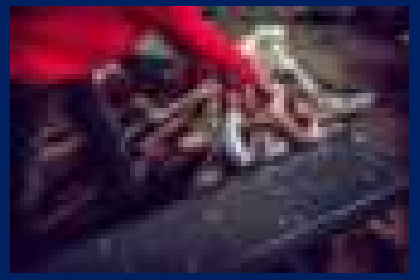
- Stop / Think / Act / Check responsiveness and alert EMS as appropriate.
- Monitor patient using the Cycle of Care.
- Immediately flush eye with water until EMS arrives or for a minimum of 15 minutes.
- Be careful that the rinsing water does not splash into the uninjured eye or yourself. Ask the patient to hold a sterile, non fluffy dressing over the eye.
- Identify the chemical if possible.

Secondary Care

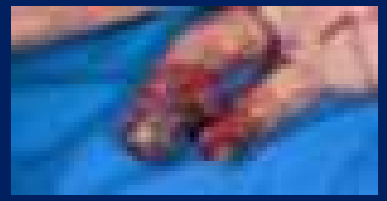
Irritants to the Eye

- Wear gloves to protect yourself and patient from disease transmission.
- Inspect the eye and attempt to locate irritant.
- Either you or the patient should lift the upper lid and gently pull it down over lower eye lashes.

- Encourage patient to blink and let tears wash irritant away.
- If irritant remains flush the eye with a gentle stream of water.
- If irritant remains carefully attempt to dislodge it with a sterile moistened cloth
- If irritant remains, have patient seek treatment from an eye specialist.



Secondary Care



Crush Injuries

A crush injury involves great force to the body, causing swelling, internal bleeding, fractures, impaired circulation.

- A patient can be crushed by machinery, a vehicle, falling objects, pressure from another person and explosions. Industrial accidents and traffic accidents are the most common cause.
- If the object crushing the patient is over the head, chest, neck, or stomach area, it is immediately life threatening and should be removed as quickly as possible.
- A patient may appear alert, but should have medical attention as deterioration may occur at a later stage.
- If the casualty is trapped for a long period of time, two serious complications can result:

1.Extensive damage to the body tissue- one pressure is removed, fluid moves into injured area and can cause shock.

2.Toxins can build up in injured area and when pressure is suddenly released, the toxins are released into the circulation and may cause kidney failure.

BE AWARE OF PERSONAL SAFETY. ENSURE NO HARM CAM COME TO YOURSELF WHEN MOVING OBJECTS

Traumatic Amputations

Care of stump

- Call for an ambulance immediately
- Control bleeding
- Irrigate
- Apply sterile dressing

Preservation of limb

- Remove gross debris
- Wrap in a saline moistened gauze
- Place in plastic bag
- Put in a container with ice and water

Secondary Care

Crush Injuries

- STOP – Assess and observe scene – what is the crushing force, can it be removed quickly and safely?
- THINK – Consider your safety and form action plan.
- ACT - Check responsiveness and alert EMS.
- Perform a primary assessment and monitor patient using **Cycle of Care**. If the patient has been crushed for less than 15 minutes, remove the crushing force as quickly as possible. Control severe bleeding, treat for shock and secure and support any other injuries, such as fractures. If the patient has been crushed for more than 15 minutes, do not remove the crushing force.
- Comfort and reassure patient while continuing to monitor the patient using the **Cycle of Care.**
- Monitor and record vital signs.

Wound and Bleeding

Bleeding is the loss of blood from the circulatory system

Causes can range from small cuts and abrasions to deep cuts and amputations

Injuries to the body can also result in internal bleeding, which can range from minor (seen as superficial bruising) to massive bleeds

Secondary Care

Minor Cuts, Scrapes and Bruises

- Deep cuts or puncture, wounds with embedded objects, human or animal bites that penetrate or old infected wound need to be treated by a medical professional.
- Patients with wounds that do not stop bleeding with direct pressure or pressure points need immediate EMS care.

Cuts and Scrapes:

- Wear gloves and other barriers to protect yourself and patient from disease transmission.
- If necessary, control bleeding with direct pressure.
- Wash wound with water to remove all dirt and particles.
- Cover wound with a no adhesive dressing and bandage securely.

Bruises:

- Apply cold compress to injured area as soon as possible.
- Elevate affected area if possible.

Wound and Bleeding

First Aid for Bleeding

- Direct Pressure
- Pressure Dressing
- Elevation

Embedded Foreign Body

- Do not remove it but apply padding on either side of the object and avoid pressure on the foreign body
- Hold the padding firmly in place with a roller bandage or floded triangular bandage

Nose Bleed

- Sit the casualty down and leaning forward
- Ask the casualty to breath through the mouth and to pinch the soft part of the nose
- Maintain the pressure for 10 minutes and then release slowly
- If bleeding stopped inform the casualty to rest and avoid blowing nose
- If nose bleed persisted seek medical advice

Secondary Care

Head Injuries

➢The patient may experience a changing level of consciousness, loss of consciousness, blood or fluid from ears, nose, mouth, have difficulty speaking or moving and be agitated or irritable. The patient may vomit, be nauseous and complain of headache or dizziness, have altered pupil size, and seizures can occur.

➢Concussion can occur with a head injury, which leads to a temporary loss of consciousness followed by a rapid recovery. Give appropriate over to the EMS.

➢Head injuries are often accompanied by other injuries such as internal bleeding and cervical spine damage. Follow primary care procedures for these injuries, but breathing and circulation takes precedence.

1.STOP: Assess and observe scene.

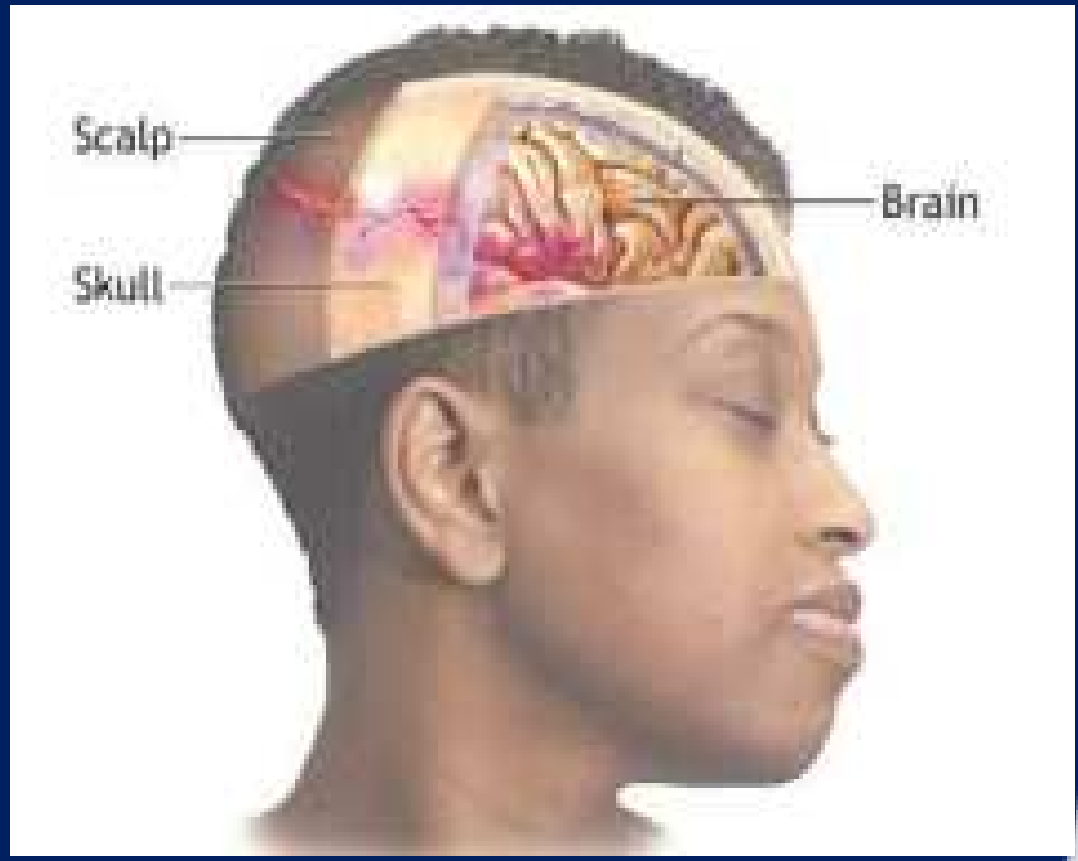
2.THINK: Consider your safety and form action plan.

3.ACT: Check responsiveness and **ALERT EMS.**

Head Injuries

Common Signs and Symptoms

- Disorientation
- Slow or slurred speech
- Headaches and Dizziness
- Nausea and Vomiting
- Unequal Pupils
- Visual Disturbances
- Weakness or paralysis
- Seizures
- Drowsiness
- Unconsciousness



Management of Head Injuries

Minor Head Injuries:

- These often involve superficial wounds, such as cuts or scrapes on the scalp.
- First aid:
- - Clean the wound with mild soap and water.
- - Apply an antiseptic.
- - Use a sterile bandage to cover the wound.

Concussion:

- A concussion is a mild traumatic brain injury that may result from a blow to the head.
- First aid:
- - Ensure the injured person rests and avoids strenuous activities.
- - Monitor for symptoms like dizziness, confusion, or memory problems.
- - Seek medical attention if symptoms worsen or persist.

Management of Head Injuries (continued)

Skull Fractures:

These involve a break in the bone of the skull.

First aid:

- Keep the injured person as still as possible to prevent further damage.
- Control bleeding with a clean cloth or bandage.
- Do not press on the injury site.
- Call emergency services immediately

Severe Traumatic Brain Injury:

This is a critical condition where there's significant damage to the brain.

First aid:

- Call 112 immediately.
- Keep the injured person still and maintain their airway.
- Do not remove any penetrating objects from the head.

Secondary Care

BURNS
Thermal, chemical and electric burns.
First-degree burns affect only the outer skin layer. The skin is red, slightly swollen and painful to touch. Sunburn usually falls into this category.

Second-degree burns go into the second skin layer and appear as blisters on red, splotchy skin.

Third-degree burns involve all layers of the skin – even underlying tissue. These serious burns are often painless due to nerve destruction. They appear as charred black or dry and white areas.

Secondary Care

BURNS

- Never put ice, butter, grease, ointments, creams or oils on a burn.
- Do not peel off any clothes or break any blisters.
- Do not use fluffy materials such as cotton wool, which will stick to the burned area.
- Where possible, elevate burnt limbs.
- **STOP –** Assess and observe scene. **THINK-** Safety **ACT-** Check responsiveness and **ALERT EMS.**
- Primary and Secondary Assessment.
- Help patient to lie down, but ensure burnt area does not come into contact with ground.
- Douse the burnt area with cold liquid minimum 20 minutes cooling. Continue cooling until pain is relieved.
- Carefully remove clothing from around the burnt area and remove any constricting items, such as watches, belts, rings before swelling begins.
- Cover burns with a sterile dressing or other non fluffy material. Cling film could also be used.
- For finger or toe burns, remove jewellery and separate with dry, sterile dressings.
- For burns to the airway, loosen clothing around the neck, offer ice or small sips of cold water.
- Continue to monitor patient using the Cycle of Care, until EMS arrive- manage shock and hypothermia.

Secondary Care

Chemical Burn

- **STOP-** Assess and observe scene – What and where are chemicals?
- **THINK-** Consider your safety and form action plan – How can you avoid chemical contact?
- **ACT-** Check responsiveness and **ALERT** EMS, as appropriate.

- Perform a primary assessment and monitor patient using the Cycle of Care.
- For **liquid chemicals**, flush skin surface with cool, running water 1 hour, or until stinging stops.
- For **powder chemicals**, brush off skin before flushing with water.
- Cover burn with a dry, sterile dressing or a clean cloth.

Secondary Care

Electricity

When an individual is electrocuted there are risks of many injuries. These include:

Respiratory Arrest
Cardiac Arrest
Internal and external Burns.

High Voltage:

High voltage electrocution can occur when the casualty has contact with high voltage overhead power lines. Due to the amount of power involved , the majority of incidents involving high-voltage power lines will be instantly fatal. The safety of other is paramount.
High-power electricity can jump (arc) up to 18meteres; therefore , the first aider should ensure everyone stays back by at least that distance until it can be confirmed that the power has been shut down.

Low voltage

Low voltage electricity is found at home and is the main source for workplace. Even though the power is significantly lower than in power lines, low-voltage electricity can still be fatal.
If the casualty is still in contact with the supply DO NOT touch them. Switch OFF power at the mains. Use non conductive material such as wooden broom handle to remove the casualty from the supply.

Secondary Care

Electrical Injury

➢Any contact with electricity can cause life-threatening injuries such as cardiopulmonary arrest, deep burns and internal tissue damage.

➢**STOP-** Assess and observe scene – Is patient still in contact with electricity?

➢**THINK-** Consider your safety and form action plan – Make sure electricity is off. Turn off power supply without touching the victim.

➢**ACT-** Check responsiveness and ALERT EMS, as appropriate.

If patient is responsive , perform secondary assessment- look for burns.

Treat burns by flushing with cool water

Secondary Care

Hypothermia

- Severe Hypothermia – body temperature below 32 C/ 90 F. May be disoriented, confused, uncoordinated or completely unresponsive..
- **STOP** – Assess and observe scene. **THINK**- Safety **ACT-** Check responsiveness and **ALERT** EMS.
- Do not move patient unless necessary to prevent further heat loss. Handling may cause irregular heartbeat.
- Remove wet clothing. Cover patient with warm blankets or thick clothing.
- Continue to monitor patient using the Cycle of Care.

- Mild Hypothermia – body temperature lowered to 34 C / 93 F. May be conscious and alert, yet shivering and also displaying slightly impaired coordination
- Move patient to a warm and dry sheltered area and wrap in warm blankets or clothes.
- Give warm, non-alcoholic, no caffeinated drinks.
- Continue to support patient until completely rewarmed.

Secondary Care

Heat Stroke and Exhaustion

- **Heat stroke.** Body temperature higher than 40 C / 104 F. Occurs when the body's temperature control system fails and body temperature rises dangerously high. It is a life-threatening condition.
- Patients with heat stroke may have hot, dry, flushed skin, rapid pulse and be disoriented, confused or unconscious.

- **Heat exhaustion.** Body temperature up to 40 C / 104 F. Occurs when fluid intake does not compensate for perspiration loss.
- Patient with heat exhaustion may have cool and clammy skin, weak pulse and complain of nausea, dizziness, weakness and anxiety.

Secondary Care

Secondary Care

Heat stroke.

- **STOP-** Assess and observe scene – has patient been exposed to a hot environment?
- **THINK-** Consider your safety and form action plan – Is a cool, shady area nearby?
- **ACT-** Check responsiveness and ALERT EMS, as appropriate.
- Perform a primary assessment and monitor patient using the Cycle of Care.
- Move patient to a cool , shady area.
- Immediately cool patient by spraying or sponging with cool water.
- Cover patient with wet cloth and continue to monitor patient using the Cycle of Care, until EMS arrives
- Replace wet cloth with dry one if temperature returns to normal.

Secondary Care

Heat exhaustion

- Move the patient to a cool location.
- Urge patient to lie down and elevate legs.
- Provide patient with cool water or an electrolyte- containing beverage to drink every few minutes.
- Cool patient by misting with water and fanning.
- Continue to support patient until completely cooled.
- If condition deteriorates, place patient in recovery position.

Secondary Care

Meningitis

- **STOP-** Assess and observe scene .
- **THINK-** Consider your safety and form action plan – Is there a skin rash?
- Meningitis is a term used to describe an inflammation (Bacterial / Fungal / Viral).
- **ACT**- Check responsiveness and ALERT EMS, as appropriate.
- Press a glass over a skin rash – if rash doesn't fade, call EMS
- Reduce fever. Keep patient comfortable and prevent patient from inhaling vomited material.

Secondary Care

Meningitis

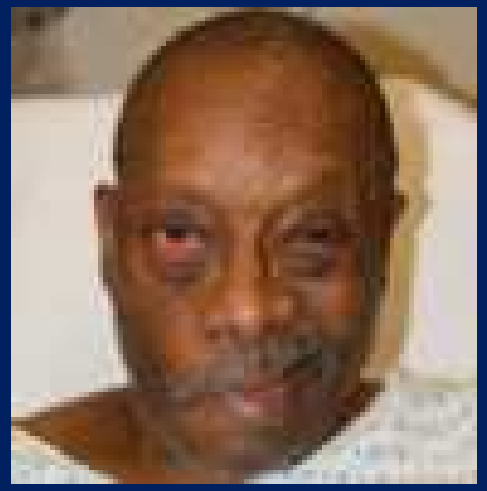
Secondary Care

Stroke

- Strokes occur when a blood vessel in the brain is blocked or ruptures depriving brain tissue of oxygen.
- Patients might have signs of numbness, paralysis or weakness of the face, arm or leg, often just one side, and may have troubled speaking. They might complain of headache and decreased vision.

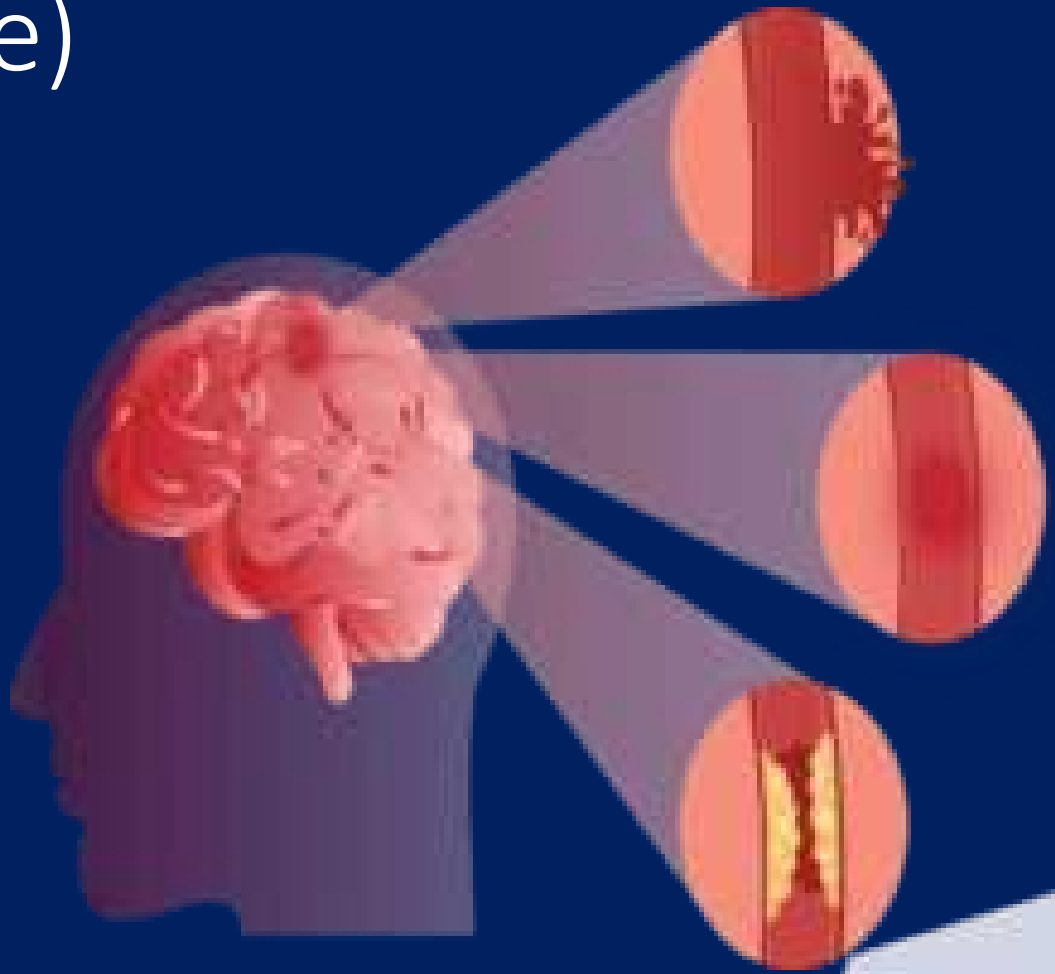
- Primary and Secondary Assessment - Illness Assessment - Call EMS .

- F A S T
- **F**acial weakness
- **A**rm weakness
- **S**peech difficulty
- **T**ime : act fast



CVA (Stroke)

- A stroke is often called a ‘brain attack’.
- Part of the brain is deprived of the oxygen and blood supply it needs to function, because a blood vessel to part of the brain either has a clot or blockage or bursts



F.A.S.T

- F: Facial Weakness
- A: Arm Weakness
- S: Speech problems
- T: Time to Call 112

Management of Stroke

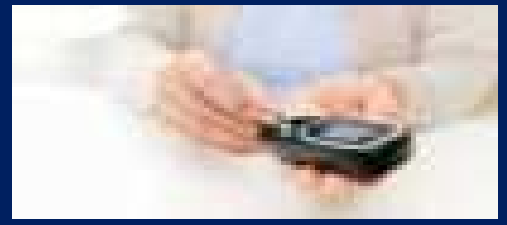
- Call 112 immediately
- Assess the patient's level of consciousness. If unresponsive and breathing normally, place the person on their side in a supported position
- If conscious assist casualty into the position of greatest comfort
- Loose any restrictive clothing
- If there are any secretions wipe them away
- Monitor airway and breathing
- Be prepared to carry out basic life support

Diabetic Emergencies:Hypoglycemia

- This condition occurs mainly with diabetic people who are insulin dependent, as the level of insulin in the body is ‘fixed’ due to the dose administered by injection
- Unlike the other cells in the body, glucose (sugar)is the only energy source the brain can use. If the sugar In the blood drops, this literally starves the brain.

Secondary Care

Diabetic Problems



➢Hypoglycaemia – insulin shock, insulin reaction.

Patients suffering from low blood sugar may appear pale, have moist skin and sweat excessively. Patients may complain of a headache and dizziness, and be irritable and confused. If patient is conscious provide oral glucose. If unconscious ----- recovery position.

➢Hyperglycaemia – diabetic coma, diabetic ketoacidosis.

Early symptoms include thirst, and frequent urination. Advanced signs and symptoms include drowsiness and confusion, rapid, weak pulse and rapid breathing with a fruity odour on breath. May also have nausea, vomiting and abdominal pain.

Call EMS for immediate transport to hospital.

Management of Hypoglycemia

- Sit the casualty down, calm and reassure
- For suspected hypoglycemia, assist the casualty to take their glucose tablet or give other dietay form of sugar
- If the condition improves offer further sugary drinks or foods
- If there is no improvement in the casualty's condition call 112
- If the casualty becomes unconscious carry out basic life support

Airway and Breathing Emergencies

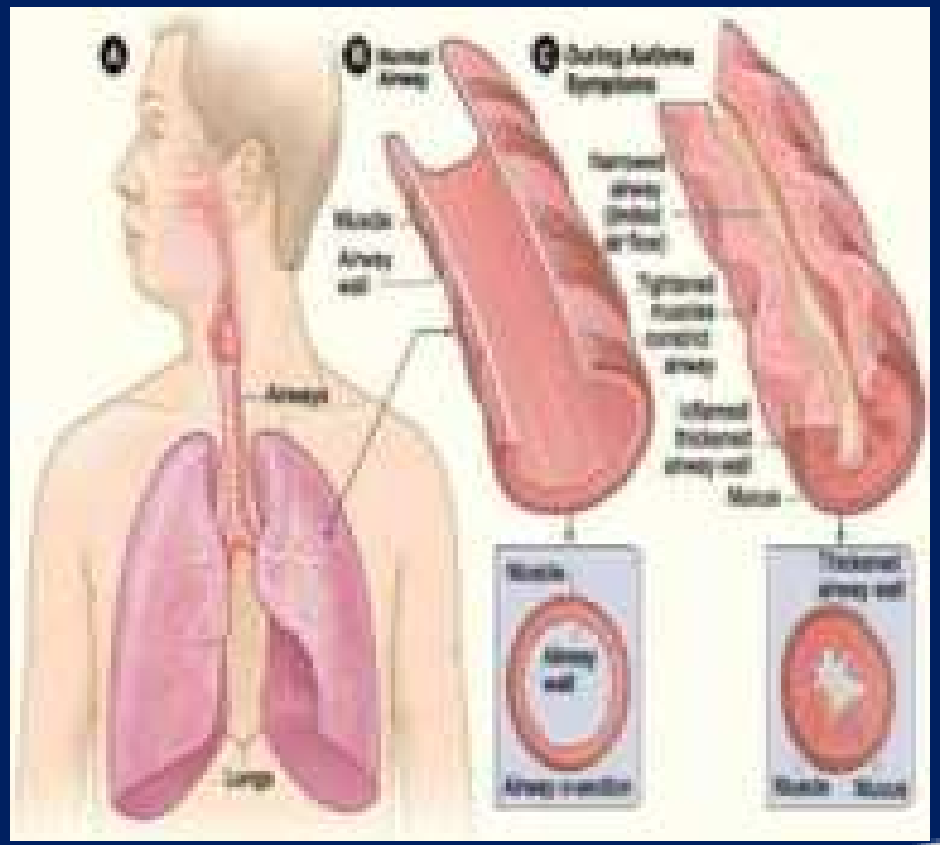
A person with breathing difficulty may complain of tightness in the chest or feeling suffocated; they may have very rapid or noisy breathing, or perhaps struggle to inhale.

The most important causes that may need first aid are **Choking**, **Anaphylaxis** or an acute episode of a known condition such as **Asthma** or chronic obstructive pulmonary disease.

Hyperventilation is also a relatively frequent breathing disorder which is usually a consequence of anxiety or being upset and usually passes quickly.

ASTHMA

- Asthma is a condition that affects and inflames the airways, making it difficult to manage normal breathing
- There are many ‘asthma triggers’ such as dust, pet fur and house dust



Secondary Care

Asthma

A patient suffering from a mild asthma attack will normally experience difficulty breathing (wheezing).

In a severe asthma attack you may not be able to hear the wheezing sound and the patient may experience difficulty speaking, drowsiness or unconsciousness.

- Sit the person comfortably upright. Be calm and reassuring. Do not leave the person alone. Use the victim s own inhaler and ask the person to take 4 to 6 breaths from the spacer.
- Wait for 6 minutes if little or no improvement give another 4 to 6 puffs. If no improvement call EMS.
- If severe allergic reaction is suspected follow anaphylaxis guidelines.
- If patient becomes unresponsive and not breathing normally, commence CPR.

General Management of Respiratory Emergencies

- Well ventilated area
- Sitting position and release tight clothing
- Give first aid specific to condition
- Assist with sell self medication if applicable
- Reassure and call 112
- Be prepared to resuscitate

Secondary Care

Seizures

Seizures of convulsions may result from epilepsy, heat stroke, poisoning, hypoglycaemia, pyrexia in children, brain injury or electric shock.

STOP – Assess and observe scene. **THINK**- Safety **ACT-** Check responsiveness and ALERT EMS.

- During seizures, attempt to cushion patient's head and move objects out of the way, but do not restrain patient.

Protect patient. Do not put anything in patient's mouth.

- After seizure, conduct primary assessment. Place breathing patient in recovery position.

Febrile Seizure.

- Children from the age of 6months to 6 years have a convulsion when febrile.

May become stiff or floppy, become unconscious or unaware of the surroundings, display jerking or twitching or have difficulty in breathing.

General Seizure: Recognition

- Convulsions
- Shallow breathing
- Blue or purple coloration of the skin
- Rigidity
- Crying out
- Muscle jerks
- Loss of consciousness
- Loss of bowel control

Management of Seizures

- If you see the casualty falling, try to ease her/his fall.
- Make space around casualty and ask bystanders to move away
- Remove potentially dangerous items, such as hot drinks and sharp objects
- Keep calm and let the seizure take its course.
- Roll the person on their side as soon as possible, to allow saliva or other fluids to drain away, helping to clear the airway.
- Note the time when the seizure started
- Be conscious of the casualty’s embarrassment
- Call 112

Secondary Care

Allergic Reaction

- Severe reaction occurs immediately after the patient eats, is bitten by an insect, or takes medication.
- Patients having severe allergic reaction may have hives, wheezing, chest tightness, stomach pain and complain of nausea, difficult in breathing and swallowing due to swollen throat tissue.
- Lay the victim flat: do not stand or walk. If breathing is difficult allow to sit.
- Anaphylaxis can be treated by epinephrine. Assist patient to administer epinephrine into the lateral thigh.
- Child less than 5 years = 0.15mg Older than 5 years = 0.3mg (second dose after 5 minutes if patient are not relieved by the initial dose.
- Call ambulance.

Secondary Care
Anaphylaxis

Prescribed drugs

Insect stings

Nuts

Sea foods

Secondary Care
Anaphylaxis

Anaphylaxis is an extremely dangerous allergic reaction.

The condition is caused by a massive over reaction of the bodies immune system.

The immune cells release massive quantities of a chemical called **histamine**.

Secondary Care Recognition

There are three main characteristics:

A rapid onset the casualty usually becomes very ill very quickly.

Airway, breathing and circulator problems.

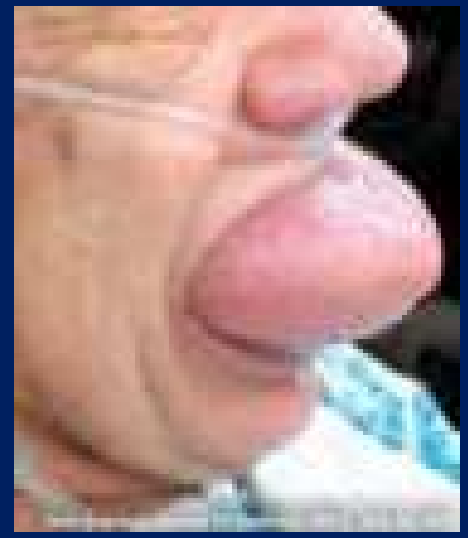
Skin rash, flushing and swelling.

Secondary Care

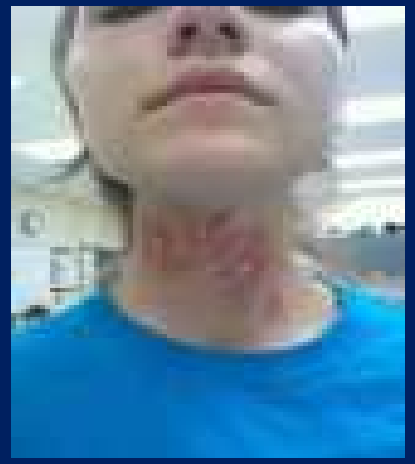
Airway
Swelling of the tongue, lips or throat. A feeling of the throat closing up.

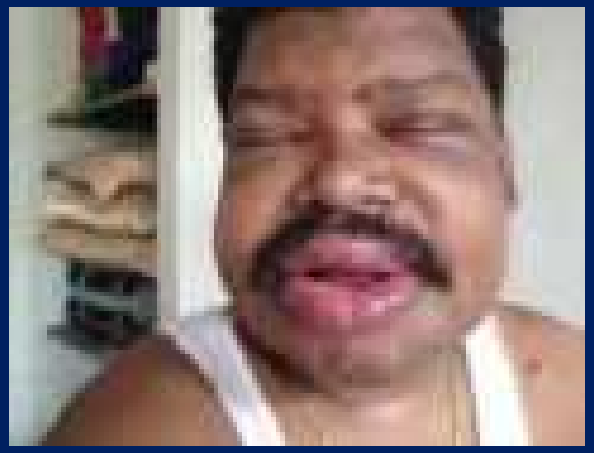
Breathing
Difficult, wheezy breathing or a tight chest.
(the equivalent to an asthma attack).

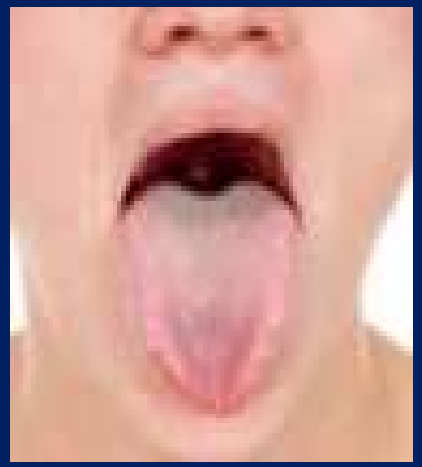
Circulation
Dizziness, feeling faint, passing out
Pale cold clammy skin, fast pulse.

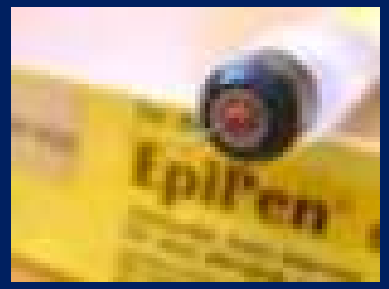


Secondary Care
Anaphylaxis









Allergic reaction

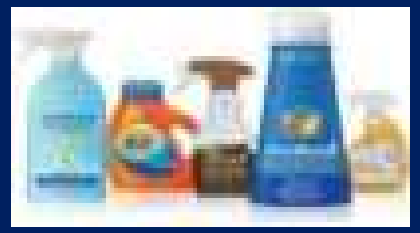
Allergic reactions are hypersensitive to a particular antigen, called allergens which provoke characteristic symptoms whenever they are inhaled, ingested, injected, or otherwise contacted.

Call 112.

If the casualty has breathing problems, they may sit up to make breathing easier

Prompt use of adrenaline auto-injector.

If casualty becomes unconscious check ABC and resuscitate if necessary.



Secondary Care

Poisoning

Ingested Poisons – medications, chemicals, cleaners, solvents, pesticides and plant material.

Food Poisoning – ingested poisoning by foods.

Different chemicals cause different reactions within the body. In general patients who have ingested poison may have burns or stains around the mouth, excessive salivation, sweating, nausea and tear formation. Their breath may smell like chemicals and they may have difficulty breathing. Vomiting, diarrhoea, convulsions, drowsiness and unconsciousness may occur.

Food poisoning occurs when people eat foods contaminated by bacteria or eat food that is toxic, such as certain mushrooms, fish or shellfish. Symptoms may be delayed and include severe stomach cramps, nausea, vomiting, diarrhoea, weakness and general discomfort.

Secondary Care

Ingested Poisons

- **STOP** – Assess and observe scene. Is there a poisonous substance nearby?
- **THINK**- Consider your safety and form an action plan – Can the substance harm me?
- **ACT**- Check responsiveness and **ALERT** EMS.

- Perform an illness assessment and monitor patient using the Cycle of Care.
- For a responsive patient, conduct an illness assessment – gather information about what, when and how much poison was ingested while waiting for EMS to arrive.
- If available save vomit and gather poison container for EMS personnel.

Secondary Care

Poisoning

Absorbed Poisons – poison ivy, oak or sumac and chemical fumes.

In mild cases, patients who absorb poison through their skin may have swelling skin, rash, itching, burning and blisters. Symptoms may be delayed. In more serious cases, patients may also complain of difficulty breathing, fever, headache and weakness.

STOP – Assess and observe scene. Has patient come in contact with a poisonous substance?

THINK- Consider your safety and form an action plan – Can the substance harm me?

ACT- Check responsiveness and **ALERT** EMS as appropriate.

- Conduct an illness assessment- gather information about what, when and how much contact the patient had with poison.
- Carefully remove contaminated clothing and brush off any poison remaining on skin.
- Flush area with fresh water and wash skin with soap. Do not allow contaminated water to touch you or the patient.

Secondary Care

Inhaled Poisons – Carbon monoxide, gases and toxic fumes.

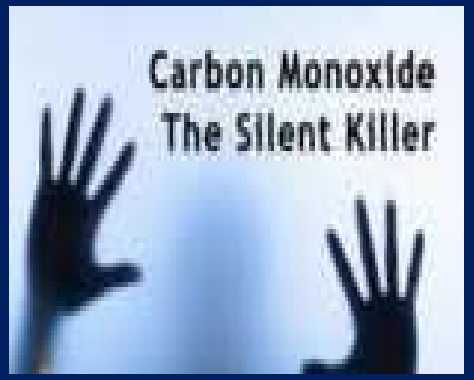
Patients who inhale carbon monoxide or other harmful substance may experience headache, dizziness, nausea and chest tightness. They may cough, wheeze, and have difficulty breathing. Their skin may become pale, then bluish, and nail beds and lips may appear cherry-red.

Secondary Care

STOP – Assess and observe scene. Is there a poisonous substance or fumes nearby? Be very cautious of entering enclosed spaces. Remember, some poisonous gases are both odourless and colourless. ?? Need of breathing apparatus.

THINK- Consider your safety and form an action plan – Can the substance harm me?

ACT- Check responsiveness and ALERT EMS.



- If necessary move patient to area with fresh air.
- Perform an illness assessment and monitor patient using the Cycle of Care.
- For a responsive patient, help loosen clothing around the neck and chest for easier breathing. Conduct an illness assessment- gather information about what, when and how much poison was inhaled while waiting for EMS to arrive.

Secondary Care

Venomous Bites and Stings

➢Insect bites and stings usually result in pain, redness, itching and swelling at bite site. Some patients may experience delayed reactions such as fever, painful joints, and swollen glands.

➢Many aquatic life stings result in burning or sharp pain at the sting site along with swelling and/or red rash and welts. Some patients may experience shock, unconsciousness, respiratory difficulty or arrest, weakness, nausea and vomiting.

Jellyfish Stings.

➢If the patient shows signs of severe allergic reaction treat appropriately.

➢Remove the tentacles while still rinsing with hot water.

➢Apply a heat pack or immerse the affected area in water of a temperature at least 113 °F for 40 minutes.

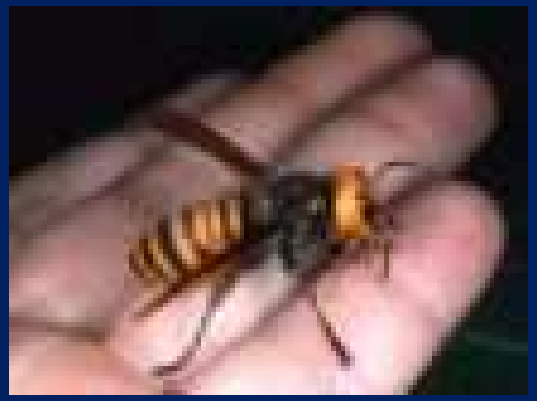
➢Transport to clinic to treat discomfort. (mild hydro cortisone cream or an oral antihistamine to relieve itching and swelling might be used)

Secondary Care

Venomous Bites and Stings

Insect Stings

- Wash the sting area with soap and water to remove as much of the venom as possible.
- If the patient shows signs of severe allergic reaction treat appropriately.
- Apply a cold pack to the wound site to reduce swelling and pain.
- Keep the wound clean and dry to prevent infection.
- Cover with a bandage if desired.



First Aid Course at the Workplace Module

First Aid Course at the Workplace Module

Gesmond Micallef

Qualified Emergency Nurse Instructor

jesmondmicallef@hotmail.com

Contact number 99800702