



Emergency First-aid &  
Safety Training

# FIRST AID & CPR Handbook



Preserving lives, empowering people

# ABOUT E-FAST

E-FAST's mandate is to provide first aid, CPR, and other pre-hospital training in keeping with its motto of 'preserving lives, empowering people'. The organisation boasts a cadre of well-trained and experienced instructors who are themselves experts in the health, safety, and security industries.

It is E-FAST's vision to help create a safer Jamaica by reducing the loss of lives and by improving the quality of life for all Jamaicans.

Courses include:

Basic first aid

Standard first aid (including paediatric first aid)

Advanced first aid

Emergency Medical Responder (EMR)



International Trauma Life Support (ITLS)

E-FAST also provides first aid kits and supplies at a cost that makes them accessible to the general public.

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E-FAST Jamaica  

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# CONTENTS

What is first aid? -----	1
The aims of first aid -----	1
Universal precautions -----	1
Legal considerations -----	1
Emergency scene management -----	2
Recovery position -----	2
CPR -----	3
Choking -----	4
Bleeding -----	4
Amputated body parts -----	5
Shock -----	5
Fainting -----	5, 6
Poisoning -----	6
Fractures -----	6
Diabetic emergencies -----	7
Seizures -----	7
Stroke -----	8
Impalement -----	8
Minor injuries -----	9
Electrical injuries -----	9
Burns -----	10
Heat illnesses -----	10
Emergency moves -----	11
Notes -----	11
Contact numbers -----	12
Medical information -----	12
Your first aid kit -----	12

# DISCLAIMER

This booklet is intended to be a quick reference guide to the layperson in the event of an emergency. The information contained in this booklet is accurate and updated to the latest International Liaison Committee on Resuscitation Guidelines (2020) at the time of publication. Nevertheless, it is not intended to replace medical advice and treatment.

# WHAT IS FIRST AID?

First aid is the primary assistance given to a person who is injured or who has suddenly become ill before advanced medical care is available.

## THE AIMS OF FIRST AID

The aims of first aid can be thought of as three Ps:

- » Preserving life
- » Preventing a condition from worsening
- » Promoting recovery

## UNIVERSAL PRECAUTIONS

Universal precautions are set practices used by first-aiders at all times to avoid unnecessary exposure, whether or not an infection is suspected. Some universal precautions are:

- » Handwashing
- » Wearing of gloves
- » Use of a face shield or pocket mask



## LEGAL CONSIDERATIONS

You are legally protected if you:

- » obtain permission before you assist,
- » use reasonable skill and care,
- » are not careless in giving care, and
- » do not abandon the casualty.

# EMERGENCY SCENE MANAGEMENT

The approach: **Keep calm and reassure the casualty.**

## 1. Scene Survey

Check surroundings for hazards and determine the number of casualties.

## 2. Primary Survey

Treat all life-threatening conditions (ABC).

## 3. Secondary Survey

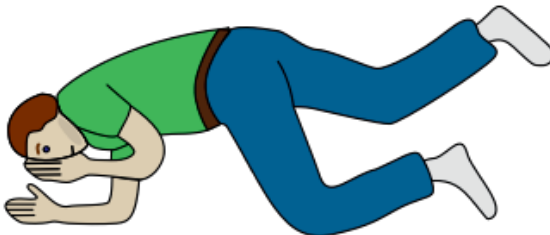
Perform a detailed head-to-toe examination of the casualty, especially if you are going to transport him.

## 4. Ongoing Care

Reassess and reassure the casualty. Record findings while waiting for medical help or transporting him.

# RECOVERY POSITION

1. Position the casualty on his side.
2. Keep his head tilted with his jaw forward to maintain an open airway.
3. Make sure he cannot roll forward or backwards.
4. Reassess the casualty frequently.



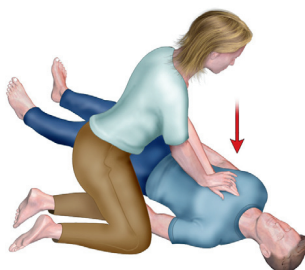
# CARDIOPULMONARY RESUSCITATION

Cardiopulmonary resuscitation (CPR) is the combination of two life skills: chest compressions and artificial respiration. CPR is needed whenever there is an unresponsive casualty who is not breathing. An AED (automated external defibrillator) should be used as soon as it is available.

Begin CPR by giving 30 chest compressions, followed by two rescue breaths. Continue until the casualty begins breathing normally or shows signs of regaining consciousness, medical help arrives, or you are too exhausted to continue.

## Technique: Chest Compressions

Place the heel of one palm in the centre of the casualty's chest. Place the other hand on top with fingers interlocked. With arms straight, compress the chest 30 times at a rate of 100-120 compressions per minute.



Use one-hand compressions for a child. For infants, compressions are given using two fingers on the breast bone just below the nipples.

## Technique: Rescue Breaths



Open the airway using the head tilt-chin lift method. Place a face shield over the victim's mouth and nose. Pinch the nostrils closed. Give two breaths to make the chest rise.

**If you cannot deliver rescue breaths for some reason, perform Hands-Only CPR.**



Continue this 30:2 cycle until help arrives.

If the unconscious casualty begins to breathe again, place him in the recovery position as the injury permits.

# CHOKING

It is very important to quickly recognise the difference between a partial and complete blockage of the airway.

Ask the casualty: "ARE YOU CHOKING?"

If the blockage is partial, the casualty will be able to speak, cough, or breathe. Encourage him to cough forcefully.



If the blockage is complete, the casualty will be unable to speak, cough, or breathe. Alternate between five back blows and five abdominal thrusts.



If the casualty becomes unconscious, safely lower him to the ground.

Begin CPR, starting with compressions. Look into the casualty's mouth for an object before giving rescue breaths. If seen, remove the object and continue as needed.

For a choking infant, alternate between five back blows and five chest thrusts, using two fingers on the nipple line.



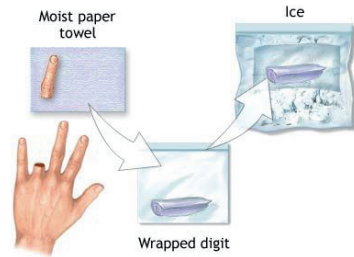
# BLEEDING

1. Quickly expose and inspect the wound.
2. Apply direct pressure to the wound using a sterile dressing or clean pad.
3. Secure dressing with a pressure bandage.
4. If dressing is soaked with blood, apply additional dressings and maintain pressure.
5. Elevate the injured area.
6. Observe and treat for shock.



# AMPUTATED/SEVERED BODY PARTS

Control bleeding on the casualty. Save the severed body part. Wrap it in a sterile or clean cloth. Slightly moisten it and put it into a plastic bag. Place it in a container with ice, and send it with the casualty to the hospital.



## SHOCK



Shock is a failure of the circulatory system that causes vital organs to be deprived of oxygen. Shock can be life-threatening. Symptoms include pale, cold, clammy skin; fast, shallow breathing; rapid, weak pulse; extreme thirst; and unconsciousness.

How to proceed:

1. Treat any obvious cause.
2. If possible, lay the casualty down and raise his legs; take care if you suspect a broken bone.
3. Keep the casualty warm.
4. Arrange without delay for medical attention.

## FAINTING

Fainting is a temporary loss of consciousness due to a reduction of oxygen going to the brain. This may be caused by prolonged standing, extreme hunger, or fright. The casualty may experience dizziness, blurred vision, nausea, paleness, and sweating.



## FAINTING CONT'D

- » Lay the casualty on his back with legs elevated.
- » Loosen tight clothing.
- » Keep the casualty comfortable.
- » If the victim vomits, tilt his head to the side.
- » Keep away crowds and provide plenty of fresh air.
- » Constantly reassure the casualty.
- » Do not give the casualty anything to eat or drink until he is fully conscious.

## POISONING

Poisons can enter the body through various routes: the mouth (eating or drinking poisonous substances), the lungs (inhaling fumes or glue sniffing), and the skin (contact with chemicals or injections such as animal/insect bites and needles). How to proceed:

- » Contact your local poison control centre.
- » If the casualty is conscious, ask what happened.
- » DO NOT induce vomiting.
- » Call for medical help.
- » If the casualty does vomit, keep a sample to send with him to the hospital. Also send any bottles, etc., from which the poison was taken.

## FRACTURES (BROKEN BONES)

The casualty will experience pain and swelling in the affected area. The area may have a deformed look, and the casualty will have a difficulty or inability to use the limb. How to proceed:

- » Advise casualty not to move.
- » Steady and support the injured area.
- » Pad around area for extra support.
- » Apply appropriate splint as required.
- » Get medical help.



# DIABETIC EMERGENCIES

These occur when there is a severe imbalance between the amount of sugar and insulin in the body.

## **Hypoglycaemia (insulin shock)**

This occurs when the **casualty's sugar level is low**. It is caused by overdosing, not eating enough, vomiting, or doing too much exercise. Signs include paleness and sweating, trembling and hunger, and fainting.

## **Hyperglycaemia (diabetic coma)**

This occurs when the **casualty needs insulin**. He may have skipped medication or may have had too much sugar. Signs include fruity breath, an unsteady walk, nausea, and gradual loss of consciousness.

*The casualty may be wearing a medical alert bracelet.*

How to proceed:

- » Place the unconscious casualty who is breathing in the recovery position and monitor until medical help arrives.
- » If the casualty is conscious, assist in the taking of medication.
- » If the casualty is confused or you are uncertain of what is required, it is best to give him something sweet to eat or drink. Never give an unconscious person anything by mouth.

# SEIZURES

A seizure involves partial or complete loss of consciousness. The casualty may have convulsions, froth at the mouth, grind his teeth, or fall to the floor. How to proceed:

- » Clear the area and make it safe.
- » Guide but do not restrict movement.
- » Do not attempt to put anything into the casualty's mouth.
- » Place casualty in the recovery position.

# STROKE

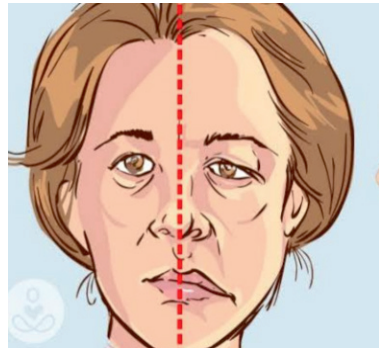
Symptoms of a stroke:

- » A sudden onset of numbness and weakness to arms and legs, especially to one side.
- » Severe headaches and confusion.
- » A droop to one side of the face.
- » Slurred speech
- » Sudden loss or blur of vision.
- » Loss of coordination (casualty may fall).

To determine whether the symptoms above are present, ask the casualty to smile, raise both arms, and answer a simple question.

How to proceed if a stroke is suspected:

- » Calm, comfort, and reassure the casualty.
- » Do not give the casualty anything to eat.
- » Call for medical help.
- » Transport casualty to the nearest health facility.



# IMPALEMENT

This is when an object is embedded into a body part. How to proceed:

- » Do not remove an impaled object.
- » Control the bleeding and stabilise the object by padding around it.
- » Do not apply pressure to the object itself.
- » Get medical assistance.



## MINOR INJURIES

### NOSE BLEEDS

- » Have the casualty sit up straight with the head tilted forward and chin down.
- » Pinch the soft portion of casualty's nose for 10-15 minutes.
- » Do not tilt casualty's head back or have him lie down.
- » Have the casualty spit out any blood that collects in the mouth.
- » If bleeding continues, get medical assistance.



### DENTAL INJURIES

- » Control bleeding of the mouth.
- » Gently push the tooth into the socket and place a gauze pad between top and bottom teeth to keep the injured tooth in place.
- » You may also hold the tooth by the crown and place it in a container with milk or the casualty's own saliva.
- » Have the casualty take the tooth to the dentist immediately.

## ELECTRICAL INJURIES

- » Do not touch the casualty.
- » Turn off the source of electricity.
- » Separate the casualty from the source of electricity by standing on a dry, insulated object such as a rubber mat or box and using a dry pole or broom to push the casualty and the source away from each other. You may also loop a piece of rope around the victim's leg without touching him and pull him away from the source.
- » Once you are sure that contact has been broken, treat injuries in order of priority.

# BURNS

- » Place the burned area in cool or cold water, preferably running water, for at least 10 minutes, or longer if pain persists.
- » Remove any jewellery, watches, or tight clothing.
- » Do not remove any clothing that is stuck to the skin.
- » Cover the area with a clean plastic bag, cling film, or some other non-fluffy material.
- » **Never apply fats, ointments, or sticking plasters. Do not pop blisters.**

Get medical help if the burn is deep, covers a large area, interferes with breathing, was caused by chemicals/an electrical current, or involves an infant or elderly person.



# HEAT ILLNESSES

## HEAT EXHAUSTION

The casualty will experience fatigue, confusion, dizziness, headaches, cramps in arms and legs or abdomen, sweating, a weak and rapid pulse, and pale and clammy skin.

Move the casualty to a cool area. Have him lie down with the feet raised. Loosen his clothing, and give him rehydration salts to drink. Use a wet cloth to cool the victim.

## HEAT STROKE

**This is a medical emergency.** The casualty will experience headaches; dizziness; restlessness; confusion; hot, flushed, dry skin; deteriorating consciousness; a full, bounding pulse; and a high temperature.

Move the casualty to a cool place. Cool him down with water and fanning. Wrap him in a cool, wet sheet. Once his temperature has returned to normal, cover him with a dry sheet.

## EMERGENCY MOVES

**The first-aider should only move the casualty if it is absolutely necessary.**

Keep the casualty as close to your body as possible, and never pull on his head or pull his body sideways.



Blanket drag



Clothing drag

## NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## CONTACT NUMBERS

Emergency contact: \_\_\_\_\_

Doctor: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Nearest hospital: \_\_\_\_\_

Police emergency number: \_\_\_\_\_

Local police station: \_\_\_\_\_

Fire station: \_\_\_\_\_

Poison control: \_\_\_\_\_

Other: \_\_\_\_\_

## MEDICAL INFORMATION

Blood type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

## YOUR FIRST AID KIT

- |                           |                            |
|---------------------------|----------------------------|
| » Disposable gloves       | » Hand sanitizer           |
| » Pocket mask/face shield | » Safety pins              |
| » Gauze pads              | » Scissors                 |
| » Roller bandages         | » Notebook                 |
| » Triangular bandages     | » Pencil                   |
| » Adhesive bandages       | » Emergency blanket        |
| » Adhesive tape           | » Antibiotic/burn ointment |

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