



# **FIRST AID:** *Until Help Arrives*

**Leader's Guide, Fact Sheet  
& Quiz**

**Item Number: 3832**  
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***This easy-to-use Leader's Guide is provided to assist in conducting a successful presentation.***

## **PREPARING FOR THE MEETING**

Here are a few suggestions for using this program:

- a) Review the contents of the Fact Sheet that immediately follows this page to familiarize yourself with the program topic and the training points discussed in the program. The Fact Sheet also includes a list of Program Objectives that details the information that participants should learn from watching the program.
- b) If required by your organization, make an attendance record to be signed by each participant to document the training to be conducted.
- c) Prepare the area and equipment to be used for the training. Make sure the watching environment is comfortable and free from outside distractions. Also, ensure that participants can see and hear the TV screen or computer monitor without obstructions.
- d) Make copies of the Review Quiz included at the end of this Leader's Guide to be completed by participants at the conclusion of the presentation. Be aware that the page containing the answers to the quiz comes before the quiz itself, which is on the final page.

## **CONDUCTING THE PRESENTATION**

- a) Begin the meeting by welcoming the participants. Introduce yourself and give each person an opportunity to become acquainted if there are new people joining the training session.
- b) Introduce the program by its title and explain to participants what they are expected to learn as stated in the Program Objectives of the Fact Sheet.
- c) Play the program without interruption. Upon completion, lead discussions about your organization's specific policies regarding the subject matter. Make sure to note any unique hazards associated with the program's topic that participants may encounter while performing their job duties at your facility.
- d) Hand out copies of the review quiz to all of the participants and make sure each one completes it before concluding the training session.

**3832 FIRST AID:  
Until Help Arrives  
FACT SHEET**

**LENGTH: 20 MINUTES**

**PROGRAM SYNOPSIS:**

Your employees never know when they'll have to respond to an injured co-worker, so it is crucial that they know what to do until help arrives. First aid, as well as knowing what to do and knowing what not to do in an emergency, can greatly reduce the extent of a person's injuries and can even save his or her life. In this program, best-selling author/EMT Martin Lesperance shares experiences and tips he's learned from 25 years of working in emergency services while showing viewers how to respond in a variety of emergency situations.

Topics include universal precautions, CPR, attending an unconscious person, responding to heart attacks, helping choking victims, assisting people bleeding and/or in shock, treating fractures and preventing injuries before they occur.

**PROGRAM OBJECTIVES:**

After watching the program, the viewer will be able to identify the following:

- How to assess an emergency situation and control the hazards present;
- How to approach a person who has suffered an injury;
- How to properly administer cardio-pulmonary resuscitation;
- How to respond to an unconscious person who may or may not be vomiting;
- How to approach co-workers who show the signs and symptoms of heart attack;
- How to treat victims who are bleeding, in shock or have suffered a fracture.

**INSTRUCTIONAL CONTENT:**

**ASSESS THE SCENE & CONTROL THE HAZARDS**

- The most important concern you have when dealing with any emergency situation is not to become a victim yourself. In many cases, people have rushed in to assist an injured person and they ended up getting injured themselves; many of these people ended up dying.
- If you ever come across an emergency situation, before you rush in, stop. Take a good look around, assess the scene for dangers and look for hazards such as downed power lines, rotating machine parts, traffic and other similar dangers.
- Control those hazards if you can. In some cases it may be too dangerous for you to attempt to help this person; only when it is safe to do so should you attempt to approach an injured person.
- People make mistakes when they start thinking with their emotions. When people think with their emotions, they can make deadly mistakes.

**UNIVERSAL PRECAUTIONS**

- Dealing with sick and injured people can lead to other problems. One of the things we're very concerned about is disease transmission because diseases can be transmitted through bodily fluids such as blood and saliva.
- A few things that we can use to protect ourselves are gloves and barrier devices. We put gloves on like we would put on any other gloves and they should fit quite snugly.
- A barrier device lays over the person's face and has a one-way valve over the person's mouth. This allows us to pinch the nose and give ventilation through the valve, greatly reducing the chance of disease transmission.
- When you're finished with the gloves, take them off by turning them inside out to avoid exposing yourself to any saliva or blood. Dispose of them according to your company's rules for biohazard material or you can give them to the paramedics when they arrive.
- Always, after performing first aid, wash your hands thoroughly with soap and water.

**APPROACHING THE PERSON**

- Some injuries can be quite disturbing to look at. Before rushing to help, you should always stop and mentally prepare yourself.

- Think to yourself, “This could be quite messy. What do I have to do?—airway, breathing, circulation” and then approach the person.
- In reality, that only take a couple of seconds and it’s not going to make the difference between life and death, but it does mentally prepare you for what you’re about to see and for what you’re about to do.

### **GETTING HELP FOR THE VICTIM**

- For the person who is unresponsive, we should follow the latest CPR guidelines. Many of you probably have taken first aid in the past, but lately there have been some major changes; here’s what you want to do now.
- If you discover an unconscious person, assess the scene for hazards before approaching the person. When it’s safe to do so, approach them and establish unresponsiveness; we can do this by tapping and shouting at the person, asking them, “Are you okay? Are you okay?”
- If there is no response you must get help. Call out for help; get someone’s attention. When they come, tell them to call 911 or the emergency number at work site, and make sure they come back so you know help is on the way and they can assist you further.
- It’s very important to have someone meet the ambulance at the front gate. This way they can lead them to the injured person; the faster you get trained help, the better off the person is.

### **CLEARING THE VICTIM’S AIRWAY**

- Your tongue can fall down and block the airway. When you stick out your tongue, you can see a small piece of it, but your tongue is quite a large muscle back in your mouth.
- When you’re deeply unconscious, like any other muscle, your tongue becomes very, very relaxed. Unfortunately, if you’re lying on your back, your nose and mouth form an air passage and the tongue can fall down, blocking that air passage that goes down into your lungs.
- The person can basically die, just because they are on their back, but it’s really easy to fix this. We can use something called the head-tilt chin-lift.
- Put one hand on the forehead and take two fingers from your other hand. Tilt the head back and give a slight upwards pull with this. Quite often, you’ll hear an “uh” and the person takes a deep breath, and you probably just saved this person’s life.

### **CARDIO-PULMONARY RESUSCITATION**

- After we’ve established a victim as unresponsive, we want to open the airway and check to see if they’re breathing. Use the head-tilt chin-lift.
- Look for the chest rise. Listen for air exchange and feel for exchange; this means your face has to be close. Take five to ten seconds to see if they’re not breathing; if they’re not breathing, start CPR.
- Take your barrier device and put over the person’s face. Keep the airway open using the head-tilt chin-lift, then give two ventilations.
- Each ventilation is going to take about a second. You want to blow just enough to get the chest to rise.
- For the CPR, I’m going to take the heel of my hand. I’m going to go across the nipple line, in the middle of the breast bone.
- I’m going to interlock my fingers, leaning over the doll. I want my body to do a lot of the work. I’m going to compress one and a half to two inches for an adult at a rate of 100 per minute.
- Do 30 compressions and give two more ventilations, then do 30 more compressions and two more ventilations and keep doing that. Push fast and push hard.
- Your facility may have an AED on hand and personnel trained to use it. If so, continue CPR until they arrive and take over.

### **ATTENDING AN UNCONSCIOUS PERSON**

- There’s a lot of reasons why a person could become unconscious: a blow to the head, electrical shock or maybe they just fainted.
- If a person is unconscious and they’re breathing, they do not need CPR. Unconsciousness is still a very serious condition and these people become a high priority.
- We’ve already talked about what can happen when someone’s tongue falls down and blocks the airway, but there is another serious condition that can result when a person is unconscious and that is when they vomit.

## **ASSISTING UNCONSCIOUS VICTIMS IN DRAINING THEIR VOMIT**

- One of the ways we can deal with vomiting and the unconscious person is called the recovery position.
- We want to have the victim in a position where if he does vomit, the vomit is going to drain out to the ground, not stay in his mouth.
- We're going to take his left arm and put it above his head, resting on the ground.
- We're going to take his right leg and pull it over his left leg and bring his right arm over his body.
- Now we're going to cradle his head and his neck and reach around and roll him around on his side.
- With his leg resting on our knee, we bring his right leg up, rest his head on the left arm and prop up his chin.
- He's still breathing and if he does vomit now, it's going to drain to the ground instead of finding its way to the lungs.
- This is a very important maneuver to know because unconscious people should not be left on their backs.

## **AIDING A CO-WORKER WHO IS IN THE PROCESS OF VOMITING**

- Let's say we came upon a scene where a victim had already thrown up or has just started to throw up. We're not going to take time to position him as we just mentioned because he's probably inhaling his vomit.
- What we are going to do is roll him over rather aggressively. We put our hand underneath the neck, grab his hips and bring them over.
- We bring the right leg up to stabilize them; the vomit is now draining.
- Heads are heavy and with the other recovery position, we were able to rest his head on his shoulder. We're not doing that now.
- Now, we're going to use an item such as a coat to keep his head in that position; place a pillow, blanket or anything that we have under his head so he's still supported.
- If he does vomit, it's going to drain out.

## **SIGNS & SYMPTOMS OF HEART ATTACKS**

- If a co-worker, family member or anyone else starts to complain about signs and symptoms of a heart attack, call 911 immediately or the emergency number at your workplace. Whatever you do, don't waste time.
- Some of the signs and symptoms may include pain. A lot of people having a heart attack describe their pain as a heavy pressure in the middle of their chest, like a squeezing sensation.
- The pain may radiate down the right or left side of the body or between the shoulder blades.
- The person may feel very, very weak; there may be shortness of breath. They're just sitting there, watching a ball game and they notice they're having a hard time breathing. They have to work at breathing.
- The skin may be very, very pale, yet it's sweating and cool to the touch.
- The person may feel like throwing up or they've already thrown up.

## **DENYING A HEART ATTACK KILLS**

- A big thing is that people may deny they're having a heart attack. A lot of people who suffer heart attacks actually deny that there's anything wrong with them; they think they're too young, too fit, too healthy and heart attacks happen to someone else "but they'll never happen to me."
- When it comes to heart attacks, stubbornness can kill. Everyone knows someone who at times can be extremely stubborn; in fact, they might be sitting in your chair right now.
- Martin tells the story of responding to a call as an EMT on Christmas Day. A 62-year-old man's family had called for an ambulance because the man was suffering chest pain. After several minutes of complaining, the EMT's got him in the ambulance and began to attend to him.
- After the man said, "I don't see why you guys are making such a big deal out of this," the man died from a heart attack.
- Denial kills. Don't let it happen to you.

## **HELPING CHOKING VICTIMS**

- With choking, we have two main types of airway blockage. We've got a partial airway obstruction and that's where just part of the airway is obstructed and the person can still cough.
- For this person, you encourage them to cough. You don't do anything because coughing is a very effective way of expelling a foreign object, but sometimes they may end up with a total airway obstruction.

- What these people generally will do then is put their hands up to their throat and they won't make any sounds whatsoever or the sounds will be very, very weak or they might have a weak cough.
- For this person, we're going to do something called abdominal thrusts. If you encounter someone you think is choking, look him or her straight in the eye and ask, "Are you choking?"
- If the response is yes and you are by yourself, call for help, try to get someone's attention.
- Then make a fist and use the inside of the fist (the thumb side) and put it above his belly button and well below his breastbone.
- Then give quite firm inwards and upwards thrusts. Continue doing this until the object is expelled.
- Once the object is expelled, it's very important that this person seek medical aid because in the heat of the moment, you could have been pushing or pulling very, very hard and you could have done internal damage. So the person should be seen in the emergency department.

### **BLEEDING & SHOCK**

- Upon finding an unconscious person and verifying they are breathing, the next thing you want to do is a fast bleed check; that means you want to be wearing your gloves.
- Just start looking at the head and start to touch and look at your hands to see if there is any blood on top of the victim, around him or under him. Just look at your hands for any kind of blood.
- If we do find any major bleeding, we have to find out where it's coming from and we have to stop it. If we start losing too much blood, our blood pressure can drop and then we go into shock.
- Shock is a very serious condition and people die from shock. A person in shock may look like their skin is very pale and sweaty, and it's cool to the touch.
- They might have rapid, shallow respirations. Their pulse could be very fast, very thread-like and they might feel very lightheaded.
- A main priority in first aid is to stop bleeding and the best way we do that is with direct pressure. When applying direct pressure to a wound, remember to wear your gloves.
- Place a sterile dressing over the cut and use direct pressure. If a sterile dressing isn't available, use something that's as clean as possible.
- Bandage the dressing in place, but be sure not to bandage too tight, but tight enough to stop the bleeding.
- Monitor circulation by making sure the fingers aren't turning black and blue or you can pinch the fingernails. They'll turn white but the color should return to them within a couple of seconds.
- If the bandage is too tight and you are cutting off circulation, release some of the pressure.

### **PREVENTING A BLEEDING PERSON FROM FAINTING**

- When dealing with a conscious person who is bleeding, sit them down. A lot of people don't like the looks of their own blood and when they see it, they faint.
- Martin tells the story of a man assisting his wife who had cut herself in the kitchen of their home. While her husband was trying to stop the bleeding, the woman fainted at the site of her own blood pouring out. She struck the corner of the kitchen counter, knocking out three teeth and receiving 30 stitches to her lips.
- This probably could have been prevented right at the start had the husband sat her down before she fainted. If you're ever dealing with a person who looks like they are going to faint, lay them down on the ground before they fall down.

### **TREATING OPEN & CLOSED FRACTURES**

- There's two main classifications of fractures: open fractures and closed fractures.
- A closed fracture is where the bone has not broken through the skin; there can still be deformity, but the bone hasn't broken through the skin.
- An open fracture is where the bone has broken through the skin and it's sticking up.
- To treat a closed fracture, remember that movement can do further damage and that's why you don't want to move the person unless they are in immediate danger. So to treat them, don't move them unless it's absolutely necessary; wait for professional help.
- For open fractures, control the bleeding with direct pressure. If the bone is sticking up, you want to put the pressure around the bone; you want to avoid pushing the bone back in.

- Once again, you may be tempted to move the person; however, if there is no immediate danger, there is no need to move them. Call 911 or the emergency number at your workplace and wait for help.

#### **PREVENTING INJURIES BEFORE THEY OCCUR**

- We've spoken about what we should do when someone's been injured or suffered a medical emergency, but here's a better idea: let's prevent injuries from happening in the first place.
- Be aware of where you are and what's around you.
- Wear your personal protective equipment. Hardhats and helmets prevent injuries; protective gloves help prevent cuts; and, safety glasses protect your eyes.
- Watch where you are stepping. Don't walk or step where your eyes haven't already been.
- Pay attention to the safe work practices at your worksite and use that same information at home.
- Most of all, think about your safety. Think about how you will do the job safely even before you start it; no job is worth getting hurt for and no job is worth dying for.
- Remember that you won't be the only person who's affected by your injury because your family will be affected as well.

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**ANSWERS TO THE REVIEW QUIZ**

1. b
2. a
3. c
4. b
5. a
6. b
7. c
8. a



**FIRST AID:  
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REVIEW QUIZ**

*The following questions are provided to determine how well you understand the information presented in this program.*

Name \_\_\_\_\_ Date \_\_\_\_\_

1. What is your most important concern when dealing with an emergency situation?
  - a. The condition of anyone who is injured
  - b. That you don't become a victim yourself
  - c. That any injury victims are away from potential hazards
  
2. You must always call for help from others when you discover a person is unconscious.
  - a. True
  - b. False
  
3. When administering CPR, how many compressions should you do before giving two ventilations?
  - a. 100
  - b. 70
  - c. 30
  
4. If a person is unconscious and breathing, you should administer CPR immediately.
  - a. True
  - b. False
  
5. A choking victim who has received abdominal thrusts to expel an item should be taken to the emergency department to make sure internal damage has not occurred.
  - a. True
  - b. False
  
6. When treating an open fracture, you should apply pressure directly on the bone where it has broken through the skin.
  - a. True
  - b. False
  
7. When dealing with a conscious bleeding victim, why should you have the victim sit down?
  - a. To help reduce the victim's blood flow
  - b. It's easier to administer first aid to someone in a sitting position
  - c. To help prevent the victim from falling if he or she faints
  
8. There is no need to move a victim of a fracture if he or she is not in any immediate danger.
  - a. True
  - b. False