First Aid

When a person needs first aid, even trained bystanders may wait for someone else to do it. They don’t remember the procedure. Or it’s too intimidating. Recently, the American Red Cross, American Heart Association and other organizations simplified several prescribed procedures. “We want people to feel empowered,” says Carol Maloney, instructional programs manager for the Red Cross serving King and Kitsap counties. Here are some of the streamlined procedures, or standard ones that many people may be confused about.

Choking
The goal is to dislodge the food or object that is blocking the person’s airway.

1. Give five back blows
Lean the person forward and give five back blows with the heel of your hand.

2. Give five abdominal thrusts
 Quickly find the person’s navel with your finger. Clasp hands just above navel. Thrust inward and upward.

3. Continue the back blows and abdominal thrusts, alternating 5 each. Do this until the object is forced out or the person can breathe or cough forcefully.

Cardiopulmonary resuscitation-CPR for adults

1. Check for consciousness
If person doesn’t respond to shouts and shoulder taps, call 911. If an automatic defibrillator (AED) is available, use it immediately. Easy instructions come with the AID.

2. Check for breathing and movement
Place person face up on a hard surface. Tilt head, lift chin and look, listen and feel for signs of life for no more than 10 seconds. Do not check for pulse.

3. Give two quick rescue breaths, if not breathing
Pinch the nose, cover person’s mouth with yours and blow until chest rises. Each breath should take only about one second.

4. Give chest compressions
Kneel at victim’s side. Place heel of one hand on in the middle of the breast bone between the nipples. Place other hand on top of that hand. Do 30 quick compressions, pushing in about two inches. Faster than one per second.

5. Continue cycle
Two breaths, 30 compressions.

External bleeding
• Apply direct pressure to the wound with gauze or a cloth until bleeding stops.
• Bandage with sterile dressing, if available.
• If bleeding continues, apply additional dressings and bandages on top.
• Do not spend time checking for pressure point.

Burns
• Cool burn with cold, running water as quickly as possible. Continue until pain is relieved.
• Loosely cover blisters with a sterile dressing. Leave blisters intact.
• Do not use butter, lard or other makeshift preparations on burns.

Spine stabilization
Suspect a spinal injury if the injured person:
• Is involved in a motor-vehicle accident.
• Has fallen from greater than a standing height.
• Complains of neck or back pain.
• Complains of tingling in the arms or legs, or complains of weakness.
• Appears to be intoxicated, or is not fully alert.
• Appears to be frail or older than 65.

What to do
Manually support the head in position found.

If head is sharply turned to one side, do not move it unless necessary for breathing.

If person is unconscious:
Follow CPR procedure below. Look in the back of the throat for expelled foreign object between compressions and rescue breaths.

If a person is pregnant or too big to reach around:
Give chest thrusts by reaching around them under their armpits.

If you are choking:
You can give abdominal thrusts to yourself in the same manner. Or lean over and repeatedly push your abdomen against a firm object like a chair back.