



Module Two Trainers Resources

Fire Warden Training

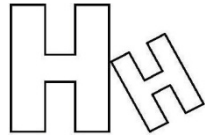
- Calling the Fire Department
- Evacuating Residents safely
- Fire Cells
- Evacuation Plans & Maps
- The Disability Register
- Fire Blankets & Fire Extinguishers

Disaster Planning

- Emergency Survival Rules
- Emergency supplies & get away kit
- Volcanoes
- Earthquake
- Storm
- Tsunami
- Flood

Workplace First Aid Resource including CPR

Hurt From a Fall – recovery when down Skin Tears – dressing guide Broken Bones - splinting Sprains & Strains – practical strapping	Fitting – grand mal seizure / petit mal Burns Aid – cool & cover Choking – needs practical session Chest pain – recognise heart attack
Bleeding – Venous vs Arterial Bruised – Minimising swelling Foreign Body in the Eye / Ear / Nose Unconscious – not responding	Breathlessness – practical relief measures Recognising emergency shortness breath Medication reaction / allergic reactions Recovery Position – practical session

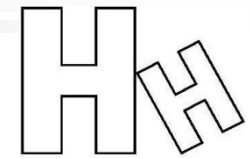


Healthcare Help

Supporting Health Providers

Module 2

Resources for Fire Warden Refresher Training



Introduction

This training shows what to do if you find fire.

People might panic. . . . People could get hurt!

Trained people can HELP:

- reduce panic,
- contain fire &
- reduce HARM to people.



Natural Born
Firefighter

Legal Responsibilities & References

Fire & Health & Safety Laws require us to provide employees with good fire instruction and training:

- The Fire Safety & Evacuation of Buildings Regulations 1992
- Evacuation Schemes (section 21) of the Fire Service Act 1975

Emergency plans are required under the HSE Amendment Act 2002 for:

- EMPLOYERS: Duty of the Employer Section 12 (1) a
- SUPERVISORY STAFF in control of a place of work
- Owner or lessee of buildings
- Staff, Contractor and Visitors (must be aware of emergency plans)

Safety in the Home [including your own Home] is just as important.

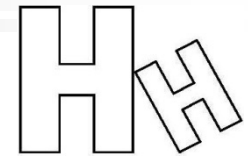
Saving money: ACC gives discount to employers with robust fire plans & good Health & Safety Management Systems [WSMP]

When Do We Need an Evacuation Plan?

- If a 100 or more people gather in a common venue
- **If you have more than 10 employees**
- If you store Dangerous Goods like diesel or other fuels
- **Accommodation for more than 5 people**
[Boarding house or hotel / motel / residential care]
- May help attain ACC discounted levies [WSMP]
- If in doubt ask the Fire Service

Essentials of an Evacuation Plan

1. Some way of warning people of a fire and to evacuate
2. Highly visual notices showing the evacuation plan and assembly points
3. Fire wardens :
 - To dial 111 for help.
 - To get everyone out safely
 - To gather them together safely
 - To fight the fire BUT only if it is safe to do so
 - Tell firemen **who is out** and **what kind of fire it is** and **where**



NZ Fire Service Approved Evacuation Plan

Précis of Requirements:

1. Raise the alarm: smoke / wired to station alarm / telephone
2. Evacuation points – cell to cell before full evacuation outside
3. Signage: in good locations & easily understood
4. Fire warden responsibility : Sound alarm / get people to safety / roll call / report to fire department / keep people safe until all clear.
5. Training Program: all new inductees & 6 monthly thereafter:
 - ◇ Keep yourself safe
 - ◇ Get help – ring 111
 - ◇ Getting everyone out safely / disability registers/ shutting doors behind you.
 - ◇ Counting people
 - ◇ Keep them with you – no going back
 - ◇ Fight the fire BUT only if it is safe to do so
 - ◇ Telling firemen **who is out / lost / what kind of fire / where**
 - ◇ Regular training & mock evacuation training
6. Trial Evacuations: Well recorded with corrective actions as needed
7. Sprinklers: Heat activated in each room incorporated in the plan.
8. Other Fire Fighting Equipment: hose reels & fire extinguishers
9. Explanation to visitors & residents & their families how, when & where to evacuate & the assistance that staff have been trained to provide.
10. Endorsement of the building by the Fire Department

Training Program Fire Warden Refresher Training

[all staff need to attend]

KNOWING THE BUILDING: If the building has Fire Cells, staff need to be clear about where they are.

- A Floor Map as a poster is GREAT as an induction Tool
- It really helps to have **each Fire Cell outlined in colour on the MAP**
- Laminated & posted on the wall as a quick reference
- A copy is used for new inductees to walk around the building locating emergency exits, alarm points and evacuation routes.
- This is the start point of each refresher training [asking where the Fire Cells are]
- Everyone needs to be clear on where the external evacuation point is.
- Everyone needs to be clear the location of escape routes on all levels [and this may be dependant upon where the fire is].

AWARENESS & PREVENTION: Ask staff where they think the areas of greatest risk for fire are?

- [kitchen / laundry / build up of cardboard or paper for rubbish collection / any smoking related activity by staff, resident or visitor].

SMOKING RULES:

- Review policy. Are people obeying policy? Are residents smoking in bedrooms. Cigarette smouldering in bed has It really helps to have **each Fire Cell outlined in colour on the MAP**

UNDERSTANDING ALARMS:

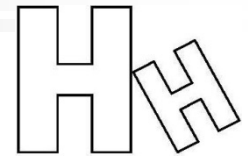
- Staff need to know which are wired directly to Fire Department [Alarm goes off = Fire Service is ON ITS WAY]
- Alarms that staff activate to warn people [FIRE DEPARTMENT WILL STILL NEED TO BE RUNG]
- Smoke activated Alarms [Early warning devices]
- The sprinkler system & what activates it [and how] – mark heat activated system in all rooms on the Evacuation Map

EVACUATION PLANNING [should be collaborative with staff]

- Identification of the Fire Warden / s during a fire evacuation by high visibility jacket / arm band or hat [where these are kept]
- Discuss & decide routes that are safest between cells [may be dependant upon fire location] [discuss scenarios]
- In the event of total evacuation staff need to know how to get everyone to “YOUR AGREED EXTERNAL EVACUATION POINT”
- For **each floor / area** of the Home **ON EACH SHIFT** staff need to know **WHO** will lead the evacuation.

DISABILITY REGISTERS

- List anyone who needs assistance to get out of the building [keep this list current]
- Staff need to know who to evacuate first [most able] & how to minimise harm [method and equipment needed e.g. wheelchair]
- Trial evacuations are essential [these need to be slow and include residents – from one cell to another reveals staff competency]



Fire Warden Evacuation Guideline:

- ◇ Dial 111
- ◇ Say **FIRE** & where e.g.
City / Suburb / Street / number
- ◇ Help people move to next cell or out of the building
- ◇ Roll call residents
- ◇ Keep safe & supervised
- ◇ Find missing people but **ONLY IF IT IS SAFE** to do so.
- ◇ Help injured people
- ◇ Advise the Fire Service about the fire and if everyone is out
- ◇ Take instruction from the Fire Department
- ◇ Keep staff and public clear of emergency services
- ◇ The Fire Department will give the all clear at the end
- ◇ Debriefing

Fire Warden Refresher Training & Trial Evacuations

[all staff need to attend]

Untimed Trial Evacuation: Rushing residents may cause falls or distress.

The Fire Department requires confirmation that Trial Evacuations have considered essential points.

In this way Fire Evacuation Schemes remain robust.

Points to consider & to improve on:

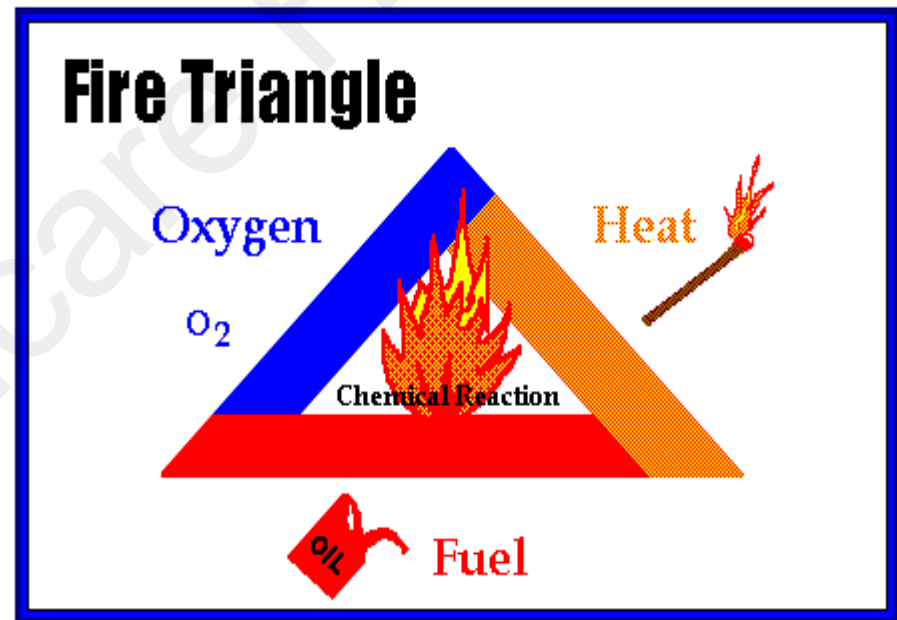
- | | | |
|--|---|---|
| ➤ Did staff check for the location of the fire on the Fire Board [if this was required]? | Y | N |
| ➤ Was everyone evacuated safely & efficiently [most able first . . . to least able]? | Y | N |
| ➤ Was the alarm volume sufficient to be heard in all areas [Too loud may distress] | Y | N |
| ➤ Was the Fire Department 111 call made correctly | Y | N |
| ➤ Did Fire & smoke stop close / did staff close doors behind? | Y | N |
| ➤ Where people evacuating others organised and familiar with the drill? | Y | N |
| ➤ Were enough wheelchairs available / were they easily located? | Y | N |
| ➤ Did the Fire Warden / s wear their high vis identification | Y | N |
| ➤ Was the Building Assistance Register / List of Residents used? Was it up to date? | Y | N |
| ➤ Are evacuation maps and signs clear and easy to understand? | Y | N |
| ➤ Did people know where to evacuate to [next cell / external point] | Y | N |
| ➤ Was fire fighting equipment conveniently located where needed | Y | N |
| ➤ Has it been checked regularly / is it adequate to the task? | Y | N |
| ➤ Are smoke alarms well positioned & fully functional? | Y | N |
| ➤ Building Warrant of Fitness [if required] needs to be current. | | |

Evacuations are usually conducted by day, but it is well worth 'practising' evacuation when staffing

Fire Triangle

We need 3 things, at the same time, to make fire:

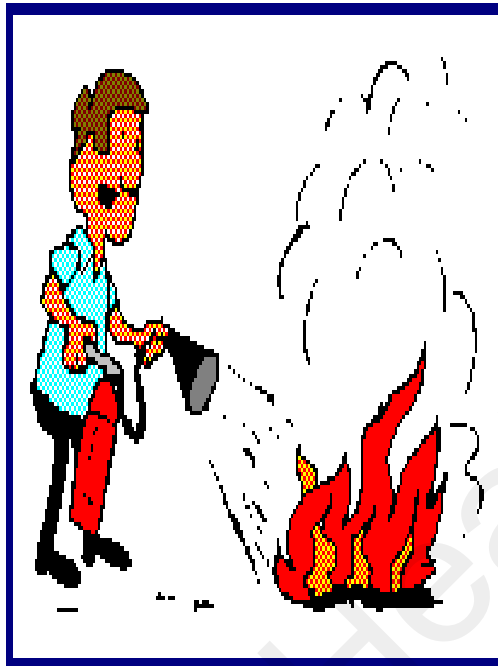
1. Oxygen
2. Enough heat to ignite
3. Some sort of fuel



Fire extinguishers put out fire by taking away one or more elements of the fire triangle.

Fire Extinguishers

Alfa Bravo Charlie



Ordinary
Combustibles

For ordinary materials:
burning paper, lumber,
cardboard, plastics etc.



Flammable
Liquids

Liquid based or will splatter.
For grease, fat or oil, petrol
or kerosine.

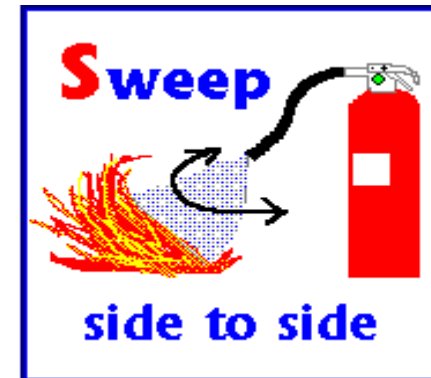
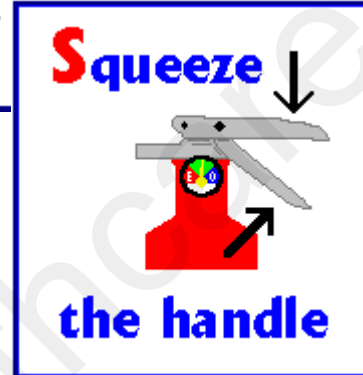
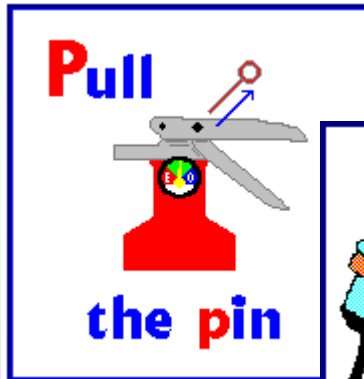
- ◆ Needs to coat or smother the fire.



Electrical
Equipment

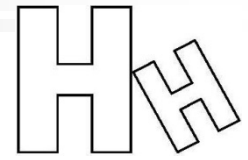
Electrical: appliances, power
switches or power tools.

PULL AIM SQUEEZE & SWEEP



Aim at the base of the fire.

- ◇ Sweep from side to side until the fire is completely out.
- ◇ Start using the extinguisher from a safe distance away.
- ◇ Move forward.
- ◇ Once the fire is out, watch in case it re-ignites.



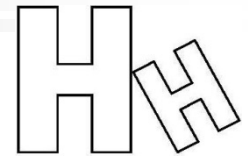
Fire Fighting:

- Know what is burning.
- Only fight fire in the early stages
- Use appropriate extinguisher

Do not fight the fire if:

- You are alone
- You don't have adequate equipment.
- If you do not know what is burning
- If the fire is out of control already
- If there are large amounts of [toxic] smoke
- If there is a danger of explosion – near accelerants
- If your instincts tell you not to.

Always position yourself with an exit or means of escape at your back before you attempt to use an extinguisher to put out a fire.



THE END

Essential links:

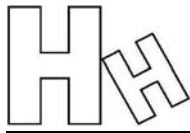
www.fire.org.nz

www.fireprotection.org.nz

For assessments of knowledge:

For more training Programs:

www.hh.net.nz



Assessment of Knowledge Fire Warden

1. You hear the Fire Alarm. How do you find out where the fire is?

2. If the smoke alarms go off does that mean that the Fire Department are coming?
YES NO

3. What number do you dial to get the Fire Department to come? _____

4. Who is / are the Fire Warden / Fire Wardens? _____
 - a) Does the Fire Warden ring the Fire Department?

 - b) What is the BEST way to bring the Fire Department quickly?

5. What are the Fire Warden's responsibilities?
 - a) To get h _ _ _ How:
 - b) Move people to s _ _ _ _ _
 - c) Roll call to see if everyone is _____
 - d) Keep the evacuated people safe & supervised
 - e) Report to the F _ _ _ Fighters
 - f) To take instruction from them & await the all clear

6. What is a Fire Cell?

7. How many Fire Cells are there in this Home? 1 2 3 4 5 6 7 8
 Do you know where these fire cells are? Are they marked on Evacuation Maps? Y N
 Where do you evacuate people to first?

8. Where is the outside evacuation area? _____

9. What documentation [lists] do we take with us if we need to evacuate?
 Where is this kept? _____

10. We need three things to make a Fire. Those three things [the fire triangle] are:

- 1.
- 2.
- 3.

11. What part of the Fire Triangle does a Fire Blanket take away when it puts the fire out?

12. When is it NOT SAFE to fight a fire:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

13. There is a fire in Mr B's bedroom. The sprinklers are activated. How many rooms get wet?

- Just his room
- Just his cell
- All of the Home

14. **WHY?** What activates the sprinklers?

15. You saw big flames in the laundry all the way up the wall with lots of black smoke? What do you do first? I would shut the door and s ___ d ___ a ___

16. What would you do next?

17. You are helping a resident out of their room. There is lots of smoke. What do you do?

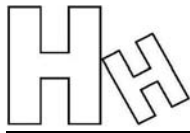
18. Which residents do you evacuate first? A) The MOST able or
B) the LEAST able?

19. Which residents need a wheelchair to be evacuated? Is there a list? Where is it?

20. Where is the main electrical switch & when might we turn it off?

Sign..... Designation..... Date.....

Assessor: Designation..... Date.....



Assessment of Knowledge Fire Warden

1. You hear the Fire Alarm. How do you find out where the fire is?

This questions tests knowledge of location of Fire Boards. Also good to elaborate on how & when to turn of alarms. It is important all staff know the sound of a Fire Alarm.

2. If the smoke alarms go off does that mean that the Fire Department are coming?

YES **NO**

3. What number do you dial to get the Fire Department to come? **? outside line & 111**

4. Who is / are the Fire Warden / Fire Wardens? _____

a) Does the Fire Warden ring the Fire Department?

Tests knowledge of your evacuation planning – usually yes or the Fire Warden delegates this task.

b) What is the BEST way to bring the Fire Department quickly?

If monitored alarm = break the glass press switch

Otherwise by ringing NOTE: this is a FREE call from any cell phone regardless of credit

5. What are the Fire Warden's responsibilities?

a) To get **HELP** How: **Fastest way – phoning or using monitored alarm**

b) Move people to **SAFETY**

c) Roll call to see if everyone is **accounted for [safely out of danger]**

d) Keep the evacuated people safe & supervised

e) Report to the **FIRE** Fighters [department / men / women]

f) To take instruction from them & await the all clear

6. What is a Fire Cell? **Part of a building with thicker more fire resistant walls and doors that help contain a fire in just that part of the building.**

7. How many Fire Cells are there in this Home? 1 2 3 4 5 6 7 8

Do you know where these fire cells are? Are they marked on Evacuation Maps? Y N
Where do you evacuate people to first?

The next Fire Cell & NEVER past the FIRE

8. Where is the outside evacuation area? _____

9. What documentation [lists] do we take with us if we need to evacuate?

Where is this kept? _____

10. We need three things to make a Fire. Those three things [the fire triangle] are:

1. Heat
2. Fuel
3. Oxygen

11. What part of the Fire Triangle does a Fire Blanket take away when it puts the fire out?
Oxygen

12. When is it NOT SAFE to fight a fire:

- ➡ You are alone
- ➡ You don't have adequate equipment.
- ➡ If you do not know what is burning
- ➡ If the fire is out of control already
- ➡ If there are large amounts of [toxic] smoke
- ➡ If there is a danger of explosion – near accelerants
- ➡ If your instincts tell you not to.

13. There is a fire in Mr B's bedroom. The sprinklers are activated. How many rooms get wet?

- Just his room
- Just his cell
- All of the Home

14. **WHY?** What activates the sprinklers? **Heat activates sprinklers**
Smoke activates smoke alarms

15. You saw big flames in the laundry all the way up the wall with lots of black smoke?
What do you do first? I would shut the door and "**sound the alarm**"

16. What would you do next? **Move people in immediate danger to the next fire cell or to your best place of safety away from the laundry.**

17. You are helping a resident out of their room. There is lots of smoke. What do you do?
Crawl on the floor below the smoke. The Fire Department has EXCELLENT posters for this

18. Which residents do you evacuate first? A) The **MOST** able [Gets more out quickly]
B) the **LEAST** able? [next & as help arrives]

19. Which residents need a wheelchair to be evacuated? Is there a list? Where is it?
Disability register needs to be updated in REAL TIME. Everyone needs to be aware of who needs what level of help.

20. Where is the main electrical switch & when might we turn it off?

This Assessment of Knowledge may be used to guide your training.
It covers off essential points in a structured manner.

Your getaway kit

Everyone should have a small bag for a getaway kit, ready for evacuation. Most of the items are part of your emergency survival kit. Other items include:

- family documents
- birth/marriage certificates
- drivers' licences/passports
- family photos
- insurance policies
- personal hygiene items
- towels/soap and toothbrushes
- a change of clothes.

Emergency survival kit

Food and water (enough for three days) including:

- canned or dried food
- a can opener
- a primus or BBQ to cook on
- bottled water (3 litres per person per day).

Emergency items, including:

- a first aid kit and essential medicines
- spare toilet paper and plastic rubbish bags for your emergency toilet
- pet supplies
- waterproof torches and spare batteries
- a radio and spare batteries.

Check the batteries every three months.

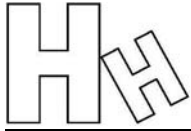
Special supplies for those with disabilities, for example:

- hearing aids
- mobility aids
- glasses.

Emergency clothing, including:

- wind proof and rain proof clothing
- sun hats
- blankets or sleeping bags
- strong shoes for outdoors.

Put all items, especially blankets and clothing, into leak proof plastic bags.



Assessment of Knowledge Disaster Planning

Reference Auckland City Civil Defence

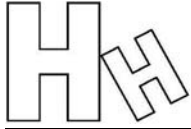
Volcano Eruption

During an eruption:

1. Water supplies might get polluted. Where can we save water?
2. Where is it best to stay? Indoors or out doors?
3. Why would you wear mask and goggles if you had to go outdoors?
4. Why do we need to keep gutters and roof clear of ash?
5. Why take your outdoor clothing off before entering a building?
6. What should be in a good getaway kit?
7. What needs to be turned off?
8. You want to see the damage and find other people you care about. What is the golden rule?

Earthquake

1. How can we prepare for earthquake before it happens?
2. You are inside and the shaking starts. Where do you stand? Go?
3. Should you go outside?
4. You are outside in down town Queen Street when the shaking starts. Where do you go / stand?
5. You are driving and realise there is an earthquake. What do you do?
6. Do you get out of the vehicle?
7. What might you do afterwards?
8. What DON'T you do?



Assessment of Knowledge Disaster Planning

Reference Auckland City Civil Defence

STORMS

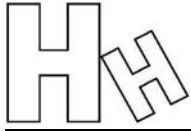
1. What do you do when a strong wind warning is issued?
2. What do you do during a storm?
3. Is it a good idea to drive?
4. What do you do avoid the storm?

Tsunami

1. What do you do if there is tsunami warning and you are at Home?
2. How far from the sea must you be?
3. What do you take if you need to evacuate?

Floods

1. Where do we store valuables?
2. What do we turn off?
3. Can you drink flood water?
4. Listen to the radio. It tells you to evacuate. Do you take your pets?



Assessment of Knowledge Disaster Planning

Reference Auckland City Civil Defence

Answers Volcanoes:

1. Save water in your bath, basin, containers or cylinders at an early stage
2. Indoors
3. To keep volcanic ash out of your eyes and lungs.
4. Heavy deposits can collapse the roof.
5. Volcanic ash is difficult to get rid of / hard to wash off.
6. Army rations type food / drinking water / torch / cell phone / small radio / warm clothing / waterproof clothing.
7. Turn electricity and gas off at the mains.
8. Do not go sightseeing.

Answers Earthquakes;

Before an earthquake occurs:

- Secure heavy furniture to the wall or floor.
- Place heavy items near the floor.
- Put strong catches on cupboards.
- Check that the chimney is secure.
- Secure your hot water cylinder.
- Check your household insurance.
- Do not put chemical cleaner in the toilet cistern.
- This will poison a potential source of drinking water.

During an earthquake (inside)

- Take cover under a table or brace yourself in a doorway.
- Do not attempt to run outside.

During an earthquake (outside)

In a high rise area:

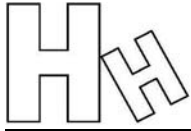
- take cover in a doorway
- do not run into the street.

If you are driving:

- slow down, pull over to the side of the road and stop
- stay in the vehicle - it will provide some cover.

After an earthquake

- Check those around you and help them if necessary.
- Make sure that someone reports the damage in your area to Auckland City.
- Put out small fires. Evacuate the building if the fires cannot be controlled.
- Listen to the radio for advice and information.
- If your property is damaged, try to take notes of damage for the loss adjustor.
- Do not go sightseeing.



Assessment of Knowledge Disaster Planning

Reference Auckland City Civil Defence

Answers Storms:

When a strong wind warning is issued

- Listen to your radio for information.
- Bring pets inside.
- Pick up rubbish and put rubbish bins indoors.
- Secure outdoor furniture and lightweight garages.
- Put tape across large windows to prevent them from shattering.

During the storm

- Open a window on the side of the building away from the wind - this will relieve pressure on the roof.
- Close the curtains to slow down flying glass or other loose objects.
- Stay away from doors and windows. If the wind becomes destructive, shelter further inside the house. Use a mattress for added protection.
- Stay away from metal and electrical fixtures.
- Contact Auckland City if your house or building is severely damaged by the wind.
- Do not walk around outside.
- Do not drive unless absolutely necessary.

After the storm

- Avoid dangling and broken power lines. Report these to the nearest electrical authority.

Answers Tsunami:

When a tsunami threatens

- Turn on your radio and follow all instructions.
- Take your getaway kit with you if you are told to evacuate.
- Leave the area immediately if you are on the beach or near a river when a strong earthquake occurs.
- Go at least one kilometre inland or 35 metres above sea level.
- Do not go to a river or beach to watch the waves come in.

When a flood threatens

- Listen to your radio for information. Follow civil defence advice and instructions.
- Disconnect electrical appliances and move valuables, clothing, food, medicines and chemicals above the likely reach of the floodwater.
- Take your getaway kit with you if you have to leave your home. Turn electricity and gas off at the mains.
- Take your pets with you if possible - refer to "What about the family pet?"
- Do not go into floodwaters alone.
- Do not go sightseeing through flooded areas.
- Do not drink floodwater - it could be contaminated.

Trainers Resource Manual

Work Based First Aid



www.hh.net.nz

Contents:

Assessing Situations & Understanding Risk – Introduction to the basics

Taking Baseline Recordings

Emergency Situations

Civil Defense

CPR

Essentials of Basic First Aid

Hurt From a Fall Skin Tears Broken Bones - splinting Sprains & Strains – practical strapping	Fitting – grand mal seizure / petit mal Burns Aid – cool & cover Choking – practical session Chest pain – recognise heart attack
Bleeding – Venous vs Arterial Bruised – Minimising swelling Foreign Body in the Eye / Ear / Nose Unconscious – not responding	Breathlessness – practical relief measures Recognising emergency shortness breath Medication reaction / allergic reactions Recovery Position – practical session

Action Plan

No. 1 is SAFETY: Assess the Risk!

REMEMBER: FOOLS RUSH IN

Role Play: The girl who rushed to help her injured friend, on the road, and was killed by the next car!

Think of people in this order

1. Yourself
2. Residents & other staff / visitors

What are possible risks you face at work in Residential Care / Home Support Service?

1. **Blood** contamination
2. **Hurting your back** / hurting the resident more
3. Electric shock
4. Burns
5. Trips and falls

No 2. ASSESS:

What might we be assessing?

1. Hurt from a fall / hurt from misadventure
2. Bleeding
3. Bruised
4. Something in the eye
5. Unconscious / not responding
6. Fitting / thrashing around
7. Burned
8. Choking
9. Chest pain
10. Breathless
11. Reaction to medication / reaction to insect bite / reaction to food

Take base line recordings

- Pulse
- Blood pressure
- Blood sugar
- Level of Consciousness

No 3. Respond

How you respond depends on what you see / what has happened

1. For an unconscious person: We make all effort to keep all residents comfortable to the end of their **natural** lives. Hospital type resuscitation is beyond the scope of our service. Staff are trained to call an ambulance in an emergency and to **maintain airways**.
2. It is important to **stop severe bleeding**.

We will cover responses to other situations one by one further on.

No. 4 Call for Help

First Level Help

Another staff member – ring bell, shout, send someone, leave briefly to get help.

The RN or a Manager – if something happens **ALWAYS** tell the RN or a Manager, **straight away!**

Outside Help

Ring an ambulance:

Who can ring for an ambulance?

1. The RN or the Manager – always ask the senior person
2. The senior or most confident person on duty
 - ➡ when you need to act at once [emergency situation like heart attack]
 - ➡ when you make every attempt to contact the RN or manager and they are not available in the late evening or at night [note usually they ARE].

What number do you ring?

[Outside line – one or nine then, **111**

Police / Fire or Ambulance – what is your emergency?

Say: “Ambulance please”.

NB: Even a prepay
mobile with
NO CREDIT
can ring 111

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Where?

Say:

City or Area
Suburb
Street
Number
Name

Also know the main roads near the Home to help find us more quickly

NB: Use the same order to tell where you are if you are on a cell phone at the scene of a car accident or at any outside location.

Deaf people can call from txt phones on 0800 16 16 16

Tell them WHO – first **our phone number** [who you are / who needs help].

Tell them WHAT [happened]

Extra Help:




- ➡ Have someone waiting to show the ambulance where to come
- ➡ Make sure cars are not blocking the entrance
- ➡ In the community, at a point where you can flag the ambulance

Situations You Might Face at Work

Fallen Down – Cannot get up!

Safety: NO LIFTING PLEASE! Beware NOT to cause more injuries than the fall itself. Hauling people up from under the arms can wrench their shoulder and your back!

Assess: If not hurt then help resident to get themselves up!

	<p>Roll over naturally, turning the head in the direction of the roll</p>
<p>Roll onto hands and knees. Approach the chair from the front and put both hands on the seat.</p>	
	<p>Slowly, begin to rise. Bend whichever knee is stronger, keep other knee on the floor</p>

NB: Trained people have successfully completed the written & practical assessments of knowledge for skin tears.

1. Skin Tear – **Trained People only** get the Skin Tear Box [restock after use]

SKIN TEAR	
1. ASSESS THE RISK	RISK: <ul style="list-style-type: none"> - Amount blood - Do I need gloves? - Make resident comfortable - Reassure resident
2. GET A SKIN TEAR BOX FROM THE TREATMENT ROOM	Skin tear boxes stocked up and ready. Stays with the resident until healed
3. CLEAN THE WOUND	<ul style="list-style-type: none"> - Work on something clean - It will stop bleeding itself - Bleeding is cleansing too - Mop away excess blood - Use gauze from skin tear box
4. PULL BACK SKIN FLAP & IRRIGATE	Use a clean forcep Use saline supplied [or water from the tap] Wash well under the skin flap
4. CAREFULLY ARANGE SKIN BACK IN PLACE	This can be difficult Sometimes the edges roll under It is important to get all the skin back in place if you can.
5. ONLY SERISTRIP IF VERY LARGE TEAR	Steristrip will hold large skin tears Not needed on little ones Steristrips sweat and healing under them may be less
6. COVER WITH PARANETTE GAUZE	Careful that the skin stays in place Paranette seals and protects Gives the body a chance to heal
7. PLACE TELFA OR MELANIN ON TOP	Padded for protection Only just cover the wound
8. SEAL WITH TEGADERM	Use a tegaderm large enough to cover all of the dressing
9. WRITE THE DATE	Use a felt tip
10. LEAVE AS LONG AS POSSIBLE	Don't get dressing wet Check every day for signs of infection Leave until falls off – HEALED!!!!!! Check no signs infection – heat / pain / swelling / ooze

Do NOT

- Use Savlon or Detol or Betadine [they kill off the top layers of skin and make healing much slower]. There is no need as no “infection” is present at this stage.
- Put on a dry dressing [you will lose the skin flap and it will be much slower to heal.
- Put Tegaderm directly on top of the wound [it will sweat and go sloughy and you will lose the skin flap].

If you are not skin tears trained [i.e. you are very new] it is ok to make a dressing and get a trained person to re-do it as soon as possible if no one else is available.

Hurt from a fall / hurt from misadventure continued

2. Bruising

- Raise the limb
 - Leg up on foot stool or bed on pillows
 - Arm or hand higher than the heart
 - Stop moving around
- Cool with ice to constrict the blood vessels and limit the bleeding
- Reassure
- Rest
- Holistic: Arnica on the site / arnica tablets.

3. Sprain

Sprain will always have bruising as well, so treat as above, as though bruised, initially, then strap or bandage. Use a large supportive bandage or strapping tape.

4. Broken Bone

Broken bone in the Home is most likely to be fractured neck of femur [broken hip].

Signs that the hip is broken are:

- a) Fallen down and unable to get up
- b) Lots of pain
- c) Hurt leg shorter than the other leg
- d) Foot turned outwards

Assess

What to do [Respond]:

- a) Put pillow under the head & make as comfortable as possible
- b) Get help from an RN or manager if possible [they will tell the family]
- c) Call an ambulance – it is OK to say that it “looks as though” the hip is broken
- d) Clear the area of extra people – crowding around is not ok
- e) Take baseline recordings
- f) Fill in a transfer form and get together the things listed on the form [photocopies from the resident chart etc]
- g) It is best if the RN or a manager or senior care person can go with the resident.

Do NOT:

- a) Try to move the person or get them up
- b) Give the resident a drink
- c) Give them any medication [the person will get pain relief as soon as possible after the ambulance comes].
- d) Splint the hurt leg to the good leg [this will make the hip worse].

RULES ABOUT BROKEN BONES

1. **DO NOT MOVE ANYONE YOU THINK COULD HAVE BROKEN THEIR BACK OR NECK**
2. Call an ambulance
3. Smaller breaks: Splint & Bandage to stop movement – include the joint above and below the break.
4. Splinting helps prevent worse pain and further injury but you need to know what you are doing.
5. If the bone is sticking out or there is a hole where it came out and went in again cover with a clean pad.

5. Bleeding – two kinds

From artery – blood will be spurting out as the heart pumps it – this is a medical emergency. **Get help immediately.**

From vein – blood oozes out.

Bleeding is the first way that nature cleans a wound – a little bleeding is good [beware not to let blood touch your skin though].

Too much bleeding can be serious:

- The **blood pressure drops** [less volume of blood in the body]
- The **heart beats much faster** [trying to pump less blood to all the organs that need it]

What to do:

1. If it is from hand or leg **ELEVATE THE LIMB** – raise the leg or hand / arm up as high as possible. Keep the **bleeding part above the level of the heart** i.e. If bleeding is from the head sit up rather than lie down.
2. Apply pressure – keep the pressure on firmly.
3. Tourniquet should only be applied to arms or legs by trained people because they can damage nerves.

Nose Bleeds:

1. Sit the person down and loosen any tight clothing about the neck and chest.
2. Advise them to breathe through the mouth, with the head tilted forward. Get him or her to pinch the entire soft part of the nose. You may have to do this for them. **Make sure you are using gloves!**
3. Suggest they do NOT talk, swallow, cough, spit, sniff or raise the head. Allow any blood to drip into a container held in front of the person.
4. Maintain the pressure for a full 10 minutes. If bleeding has not been controlled, repeat pressure for another 10 minutes.
5. Clean around the nose with a swab moistened with warm water.
6. When the bleeding stops tell the person not to blow his or her nose for at least 4 hours, to rest and NOT to pick their nose.
7. If the bleeding has not stopped after 30 minutes or the person shows signs of shock, seek urgent medical aid.

SIGNS OF SHOCK = WEAK PULSE / FAST PULSE / DROP BLOOD PRESSURE / LESS ABLE TO TALK SENSIBLY / NEEDS TO LIE DOWN.

People May Fall due to a Stroke

RECOGNIZING A STROKE

It can be difficult to tell if someone has had a stroke.

We should always thin about this if someone is sleepy and not wanting to get up out of bed or if they have had a fall.

S * Ask the person to **SMILE**. [If stroke only one side goes up properly. This can be slight]

T * Ask the person to **TALK** to **SPEAK A SIMPLE SENTENCE** (i.e. . . . It is sunny out today). [If stroke may slur the words or say them differently]

R * Ask them to **RAISE BOTH ARMS**. [If stroke one arm may not work properly]

P * Ask them to **'stick' out their tongue**. [If stroke tongue may go to one side].

If a resident has trouble with **ANY ONE** of these tasks, report to the RN or Manager immediately because they should see a doctor.

6. Something in the eye

If this is large [and still sticking out of the eye] then **LEAVE IT**. Call an ambulance.

Smaller things in the eye hurt badly. Wash out with salt water / tap water. Use 20ml saline and sluice up under the lids if necessary.

Blood splashes or splash of bleach should be washed away with tap water **IMMEDIATELY** [lots of it].

Do NOT:

1. Rub the eye
2. Put your fingers in any ones eye

Injuries to the eye where the cornea has been scratched make the eye reddened and sore. Once the grit or whatever has caused the problem is out the eye is usually improved by the next day. Make sure the RN sees any eye problem on the same day or sooner, if possible.

7. Unconscious / not responding

People loose consciousness for different reasons including:

- Heart attack

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- Stroke
- Drug Overdose [including alcohol, insulin and 'make you high' drugs]
- Epileptic seizure
- Electric shock
- More but we won't go into those you are less likely to encounter.

Action Plan

1. Assess the risk [to yourself and others]
2. Is the person breathing? Can you find a pulse? Do they respond to gentle shake or tapping?
3. Call for help!
4. Maintain an airway until the ambulance arrives.

RECOVERY POSITION**8. Fitting / thrashing around / Seizure**

Assess:

Signs of seizure are stiffening of arms and legs / jerking of arms and legs – might be one side of the body only. May also be incontinent urine. Often followed by sleep with noisy breathing. Recovery may take minutes or hours.

Seizure Action [Respond]:

- a) Look at the time – time the seizure
- b) Clear away any things that could hurt the fitting person

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- c) **Put a soft pillow or cushion under their head**
- d) Loosen any tight clothing
- e) **Stay with them**
- f) Make clean if have wet themselves
- g) Allow to seep / rest
- h) Take recordings
- i) Report to RN or Manager

Do **NOT**

- a) Put anything in the mouth
- b) Hold, restrain, lean or sit on the person
- c) Pour liquid into the mouth

Seizures are not usually medical emergencies, but ring the doctor at once if:

- Seizure **lasts longer than 5 minutes** or
- A **second seizure** follows soon after the first.
- If the person is **pregnant**
- If the person is **diabetic**
- **If having trouble breathing** [heavy breathing is ok]

9. Burns

- a) Assess the risk – ensure you are in no danger
- b) **Cool with cold tap water for 10 minutes** (to reduce pain and further damage).
- c) **Cover with cling film** to prevent infection.
- d) Reassure the burned person.
- e) Take the patient to a doctor or call an ambulance as appropriate.

Dressing the burn:

Use 'glad wrap' or '**cling film**' to **cover and protect** the burn. Much of the pain from a burn is caused when the burnt area is exposed to air. This will also reduce the risk of infection.

Cooling is very important: Continue to cool the burn area by applying cold water compresses on the outside of the cling film.

10. Choking

Pictures from British Red Cross
Web Site
www.redcross.org.uk

Assess:

- Unable to speak – ask 'Are you choking?' [if they answer they are ok]
- Cannot breathe
- Cannot cough
- Holding their throat
- Distressed and panicking

Action:

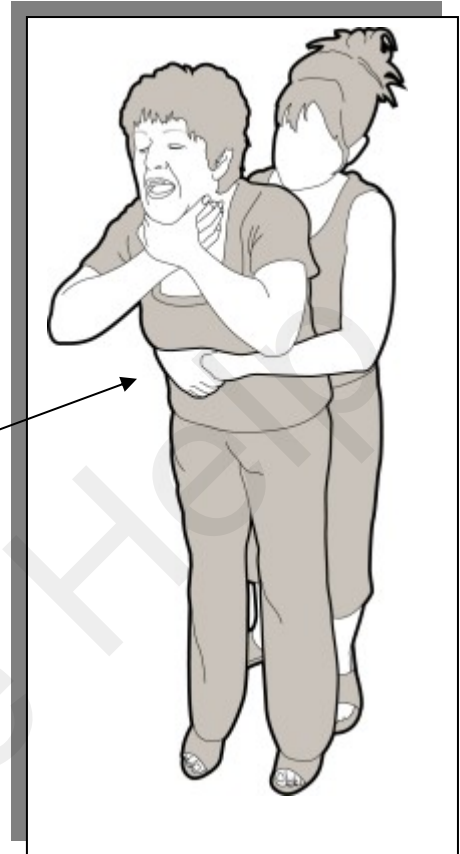


1. **Use the heel of your hand** to give up to 5 blows between the shoulder blades.
2. **Check the mouth** quickly after each blow and remove any choking objects.

This is a serious medical emergency

3. Give up to 5 abdominal thrusts.

Place a clenched fist between the navel and the bottom of the breast bone and pull inwards and upwards. Check the mouth quickly after each one. If the obstruction does not clear after three cycles of back blows and abdominal thrusts call an ambulance.



11. Chest pain

Assess [this is a doctors job] Angina or Heart Attack or Something Else?

Chest pain can come on suddenly and be very painful and very frightening.

Chest pain does not mean heart attack. Other causes of chest pain are:

- Indigestion
- Lung problems [pleurisy]
- Blood clot in lung [pulmonary embolism]

Some people take a puffer for Angina

If the puffer is not working as it should be call the RN or Manager.

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Call for medical help if:

- a) The person has uncomfortable pressure, fullness or squeezing pain in the center of their chest lasting more than a few minutes
- b) The pain spreads to the shoulders, neck or arms
- c) They are lightheaded, fainting,
- d) Sweating and feeling sick
- e) Short of breath

Assess

CPR

Collapse without breathing needs CPR and Emergency Dial 111

First give 5 breaths

Then do 30 compressions to 2 breaths

Check for pulse.

Please note that it is not the policy of the Home to provide Hospital Type Resuscitation – rather to maintain an airway and call for help.

12. Breathless

Causes:

1. **Asthma** – narrowing of the smaller airways in the lung

- muscle spasm triggered by an allergic reaction to pollen, dust, smoke, animal fur, or cold air.
- obstructed by excess mucus.
- due to infection such as a cold.

2. **Chronic Obstructive Airways Disease [CORD]**

This breathlessness is ongoing and may be worse some days. It is managed by the doctors with medications and sometimes people that are very bad have an oxygen concentrator – this machine takes air and increases oxygen concentration in it.

3. Other medical conditions

Assessing Breathlessness – **Red Flags** for when to call for help.

- a) Is there a whistling sound (**wheeze**) when breathing out?
- b) It is worse if you hear the **whistling breathing in and breathing out**.
- c) Is the person anxious and **distressed**?
- d) Have the **lips**, hands and feet gone a **blue colour** [cyanosed]?
- e) Can the person **speak in whole sentences**?
- f) It is often difficult to assess the seriousness of an asthmatic attack. If **medication does not appear to be helping**, seek medical attention earlier rather than later.

Helping the breathless person:

- a) **Sit upright and lean slightly forward**. Perhaps on a comfortable pillow across a chair or table. Support the arms as well so no effort is needed by the breathless person.
- b) It is important that they **relax** and try and be calm. **Not to try and talk**.
- c) Most asthmatics know how to **use of a puffer** and should take the medication within recommended doses – not to keep on taking it over & over.
- d) **Count the breathing & pulse**. If the breathlessness is not helped by medication, contact the RN or Manager at once. Most ambulances carry medication to treat asthma.

13. Reaction to medication / reaction to insect bite / reaction to food

If the reaction to food [e.g. sea food] or to insect bite includes breathlessness then **seek medical help immediately!**

Skin reactions [rash or redness] need to be reported to the RN as soon as you notice them. Don't give any more of the medication.

