

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

Ringling 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

Where?

Say:

<p>City or Area</p> <p>Suburb</p> <p>Street</p> <p>Number</p> <p>Name</p>
--

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 think 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 lose consciousness for different reasons including:

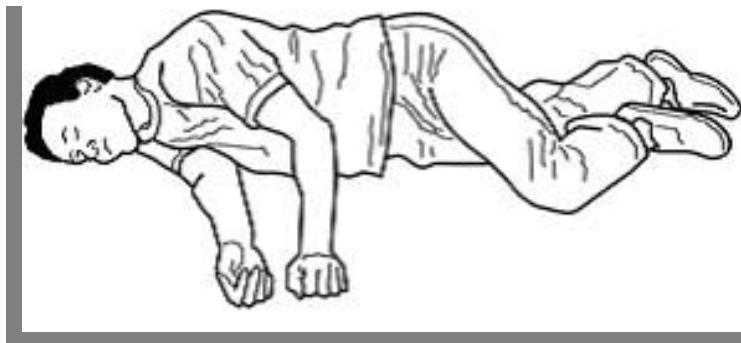
- Heart attack

- 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

- 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.

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.