

FIRST AID TRAINING METHODOLOGY



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First aid training methodology Safety training for practical life

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Time-Topic Training Schedule

Topic	Time	Table od Contents
0. Introduction	5 min.	Introduction, participants introduction, training content
0. Introduction	5 min.	Entrance test
1.Introductionto FA	5 min.	Chain of life
1.Introductionto FA	5 min.	R-Z-P procedure + own safety
1.Introductionto FA	5 min.	How and when to call the ambulance
1.Introduction to FA	2 min.	Roundabout
2.CPR	3 min.	Real-time demonstration of CPR (step 1)
2.CPR	25 min.	Explanation of the procedure with PPT (step 2)
2.CPR	3 min.	Space for questions
2.CPR	7 min.	Navigating participants (step 3)
2.CPR	30 min.	Training + comment by participants (step 4)
		Break
3.CPR with AED	5 min.	Real-time demonstration of CPR using an AED (step 1)
3.CPR with AED	20 min.	Explanation of the procedure with PPT (step 2)
3. CPR with AED	3 min.	Space for questions
3. CPR with AED	25 min.	Participants training in pairs CPR with AED (step 4)
4.Unconsciousness	3 min.	Real-time demonstration – stabilized poosition (step 1)
4.Unconsciousness	15 min.	Explanation of the procedure (step 2)
4.Unconsciousness	2 min.	Space for questions
4.Unconsciousness	10 min.	Participants training in pairs together (step 4)
5.Bleeding	3 min.	Real-time demonstration – pressure dreessing (step 1)
5.Bleeding	15 min.	Explanation of bleeding (Step 2)
5.Bleeding	2 min.	Space for questions
5.Bleeding	10 min.	Practice in pairs pressure dressing + testing the tourniquet application
5.Bleeding	5 min.	Demonstration and the possibility to try out the wound pressure – simulator
		Break
6.Burns	10 min.	Explanation of first aid for burns- principles
6.Burns	2 min.	Demonstration of dressing for burns
7.Fractures	10 min.	Explanation of first aid for fractures
7.Fractures	10 min.	Practice application of the three-cornerred scarf
7.Fractures	2 min.	Demonstration of head fixation in trauma
8.Traffic accident	10 min.	Explanation of the first aid procedure inn the event of a traffic accident
Test	5 min.	Output test
	10 min.	Feedback and certificates
	272 min.	(4,5 hour)

0. INTRODUCTION TO TRAINING

- Welcoming,
- Introduction,
- Role clarification,
- Motivation (why we go to learn first aid, the importance of first aid...),
- Training content,
- Introduction of the participants (first name, job position, whether they have ever provided first aid),
- Comparative test before the training(5min.)

1. INTRODUCTION TO FIRST AID

Utilities: roll-up R-Z-P, presentation, mobile phone, gloves

- Question: "How would you define first aid?"
- Chain of life-chain of survival, When to call 112 and when to call 155?
- Roll-up - R-Z-P (when talking about "Rozhliadni sa" ("Recon"), use the Security slide),
- Defining the transition from R to Z, when from Z to P,
- Which conditions can we call the ambulance for and which can be solved at home?
- 3 questions to ask yourself when calling the emergency services "Where? What? To whom?"
- "Ambulance" app,
- Ways we can use to call an ambulance – mobile phone, watch, approach a passer-by (but the mobile must be charged!),
- Consciousness and Breathing roundabout - 4 exits, one stop sign.

2. CARDIOPULMONARY RESUSCITATION

Utilities: resuscitation model, blanket, mobile, resuscitation mask, resuscitation drape, presentation, (if there are more participants 2x model, blanket)

- Introduction to the topic – introduction to the 4 steps
- **1) Real-time demonstration** (flawless demonstration)
- **2) Explanation of the procedure:**

- Causes – 2 chapters of causes (1. cardiac, 2. non-cardiac),
- Algorithm procedure - appointment,
- Look around (think of your own safety) Addressing (loudly addressing "Hello sir/madam..."),
- Shaking by the shoulders (as when waking up, we do not use painful stimuli),
- Head tilt(chin-forehead thrust)
 - We implement a demonstration of carp breaths,
 - Grunting is not considered as a breathing!,
- Breathing control (see, feel, hear breathing)
 - Keep the head tilted, checking the presence of breathing for no more than 10 s.),
- Calling the 155 emergency line (Where? What? – unconscious + not breathing, To whom? + report the start of CPR
 - We use loud speaker when making calls- "handsfree mode"
 - We start with chest compressions in addition to the call.
- Chest compression (two hands, hands on top of each other, palm edge, 5-6 cm into depth, elbows locked, at a speed of 100 but no more than 120 beats per minute)
 - It is appropriate to compare the rate of pressing 100/min .to the song "Jingle Bells", "Stayin' Alive" , also show counting to the beat,
 - Chest compression is important but also decompression. Watch out for the bulging of the arms so they do not completely let go of the chest,
 - During compressions, rib cracking is often audible – it is natural during resuscitation and it is not a barrier to continuing,
- Breaths (every 30 chest compressions are followed by 2 rescue breaths)
 - One inhalation should last no longer than 1s.,
 - Beware of very voluminous breaths – as light lift of the chest is a sign of a sufficient inhalation,
 - If the person is vomiting, has a bloody mouth, damaged oral cavity - we do not need to give breaths. We'll only do chest compressions,
- we stop resuscitation when the emergency medical service arrives, or the person is waking up (defends him/herself, opens eyes), or when we can no longer perform CPR.
- **3) Navigation by participants** (trainer conducts a demonstration - participants navigate him in the correct procedures)

- **4) Training participants + commentary**
 - It is advisable to divide the participants in case of a larger group, e.g. two workshops with 5 participants + trainer,
 - Each participant will perform a real-time demonstration,
 - Each participant will make a comment "what is the colleague currently performing",
 - When calling the emergency line, the trainer plays the role of the operator,
- Conclusion of the topic (summary in one sentence)

3. CARDIOPULMONARY RESUSCITATION WITH AED

Utilities: resuscitation model, blanket, mobile, resuscitation mask, resuscitation drape, training AED, presentation, (if there are more participants 2x model, blanket, mobile)

- Introduction to the topic - introduction to the 4 steps
- **1) Real-time demonstration** (flawless execution ideally in a pair of trainers)
- **2) Explanation of the procedure:**
 - Causes - defibrillatable rhythm of cardiac cause,
 - AED map – found in the Ambulance app,
 - Asking participants if they know where the nearest AED is, if there is an AED in their work,
 - Algorithm procedure - appointment,
 - Look around (think of your own safety),
 - Addressing (loudly addressing "Hello sir/madam..."),
 - Shaking by the shoulders (as when waking up, we do not use painful stimuli),
 - Head tilt (chin-forehead thrust)
 - We implement a demonstration of carp breaths,
 - Grunting is not considered breathing!
 - Breathing control (see, feel, hear breathing)
 - Keep the head tilted, checking the presence of breathing for no more than 10s),
 - Calling the 155 emergency line (Where? What? – unconscious + not breathing, To whom? + report the start of CPR,
 - We use speaker on phone - "handsfree mode" when making calls,
 - We start with chest compressions in addition to the call,

- Highlighting that it is the operator who sees the AED map, and can navigate to use the nearest available public AED,
 - Sending a person for an AED/personally fetching an AED.
 - Highlighting that the AED box often has an alarm, triggered when opening. Some lockers have a numerical code provided by the operator.
 - Bringing the AED, turning it on.
 - Tearing up the electrodes and sticking them to the exposed chest (right upper + left bottom),
 - The electrode must not extend beyond the collar bone and nipple,
 - Watch out for a wet chest – it needs to be dried,
 - Watch out for a possible pacemaker under the right clavicle,,
 - We listen to the instructions "Don't touch the patient, analysis"
 - We observe the representation with our hands and the loud command "No one touches!",
 - We listen to the instructions "Don't touch the patient, step away from the patient, there will be a discharge"
 - We reserve a space with gesture and word "Stand back, there will be a shock!"
 - Press the shock button.
 - We will start at the call of CPR.
- **4) Participants training** (note: we can skip the third step)
 - Divide the participants in to pairs(or invite them to divide),
 - Each participant will perform the demonstration in real time in pairs,
 - One of the pair starts CPR, the other one brings the AED,
 - We can leave out the commentary,
 - When calling the emergency line, the trainer plays the role of the operator,
- Conclusion of the topic (summary in one sentence).

4. UNCONSCIOUSNESS WITH PRESENT BREATHING

Utilities: roll-up R-Z-P, blankets, mobile,

- Introduction to the topic – introduction to the 4 steps
- **1) Real-time demonstration** (flawless execution ideally in a pair of trainers)

- **2)Explanation of the procedure:**
 - Causes- A) Traumatic, B) Non-traumatic,
 - Algorithm progression (naming on the slide),
 - 1) look aroundd (think about your own safety),
 - 2) addressing (loudly addressing "Hello sir..."),
 - 3)shaking by thhe shoulders (as when waking up, painful stimuli are not used),
 - 4) headtilt (chin-forehead thrust)
 - 5)breathing coontrol (see, feel, hear breathing)
 - Keep the head tilted, checking the presence of breathing for no more than 10s),
 - 6) Calling the 155 emergency line (Where? What? - unconsscious + not breathing, Who? +announce the start of CPR)
 - We use speaker on phone - "handsfree mode" when makingg calls,
 - Stabilized position can be implemented alongside the call,
 - 7) Straightening of the limbs (if the upper or lower limbs are unnaturallyy positioned),
 - 8) Check pockeets (we may find a glucosemeter, insulinpen, pump or sugar)
 - If we suspect the person is a diabetic, we will report the factt to the paramedics on arrival,
 - 9) Placing the person in a stabilized lateral position
 - Place thee closer hand in the right corner,
 - Grab the further hand through the fingers and bend at the elbow to the cheek,
 - Grab the far leg in the knee socket.
 - Place thee person sideways.
 - 10) Check at leaast once a minute that the person has not sttopped breathing on the side.
 - **The3V** Principlle – When we don't put a person in a stable position?
 - Serious head injury – after being hit on the head with an object, or during fight.
 - Steering wheel - high-energy impacts and falls (car, bicycle, pedesttrian collision, ski, snowboard, motorcycle, horse...)
 - Height – a fall of 3 m. or more can cause damage too the vertebrae. (rotationaal movements can damage the cervical paart of the spine which innervates the breathing movements and so would make breathing impossible).
- **4) Participant training** (note: we can skip the third step)
 - Divide the participants in to pairs (or invite them to dividdee),

- Each participant will perform a real-time demonstration on a colleague,
- Always the intervener in a pair, carries out the whole procedure with breathing control, call and placing in a stabilized position,
- There must also be an exchange so that everyone tries a stabilized position once,
- We can leave out the commentary.
- Conclusion of the topic (summary in one sentence).

5. LARGE EXTERNAL BLEEDING

Utilities: roll-up R-Z-P, enough elastic bandages, hydrophilic bandages, disposable gloves, red washable marker, tourniquet, bleeding stop simulator

- Introduction to the topic-introduction to the 4 steps
- **1)Real-time demonstration** (flawless execution ideally in a pair off trainers)
- **2)Explanation of the procedure:**
 - Causes-car accidents, serious injuries, carelessness, amputation injuries, open fractures
 - Algorithm procedure(naming on the slide):
 - 1) look around(think about your own safety),
 - 2)Pressure directly on the wound/with your own hand in the wound,
 - 3)use of gloves,
 - 4) if we do not have bandages – apply pressure directly in to the wound,
 - 4) if we have bandages – apply pressure bandage:
 - One bandage in the wound, the second ideally elastic bandage to create compression,
 - We create pressure – to stop the bleeding,
 - If the bandage is leaking – we apply pressure with hand over the bandage on the wound,
 - 5)provide anti-shock measures
 - We always treat in a sitting position – fall prevention in case of collapse,
 - If a person is cold, we provide thermal comfort.
 - 6) calling the 155 emergency line
- **4)Participants training** (note: we can skip the third step),
 - Divide the participants in to pairs (or invite them to divide),
 - Each participant will perform a real-time demonstration on a colleague,
 - Always the intervener in pairs, carries out the whole procedure - the option for a time of up to one minute.

- (covering the wound alone - putting on gloves - making a pressure bandage),
 - There must also be an exchange so that everyone tries to create pressure bandage,
 - We can leave out the commentary.
- **Example of tourniquet application**
 - Demonstration of application of tourniquet on the second trainer or participant (see slide)
 - Only on the limbs, application to places where there is one bone (shoulders, thighs),
 - If we don't know where the bleeding is coming from – apply as high as possible,
 - Offer the opportunity to try out the tourniquet application (especially in companies where there is an increased risk of traumatic bleeding).
- **Wound Packing-training**
 - Demonstration of traumatic bleeding wound packing on the bleeding simulator,
 - the possibility of practice (fill the bottle with warm water with red food dye, the stop is realized by filling the wound with a bandage and applying pressure to the wound),
 - use especially in companies where there is an increased risk of traumatic bleeding,

6. BURNS

Utilities: roll-up R-Z-P, gloves, plastic bag, Burn Gel, eyewash

- **Interpretation only:**
 - Causes: fire, hot liquids, hot objects, chemicals, radiation...
 - 1) look around – own safety (gloves)
 - 2) immediate cooling with clean cold water for at least 200 min.
 - Or if it brings cooling relief,
 - for extensive burns or deep burns, cover with foil and seek medical assistance,
 - if water cooling is not possible, use burn gel,
 - when the eye is burned or hit by a chemical – use eyewash.

7. FRACTURES

Utilities: roll-up R-Z-P, gloves, three-cornered scarves,

- **Interpretation only:**
 - Causes: falls, impacts, high-energy injuries, pressure on bones/joints
 - Types of injuries: closed, open, dislocations
 - 1) look around – personal safety (gloves) especially when open
 - 2) for limb injuries – fix with a three-horned scarf (demonstration by the trainer)
 - Make a limb sling from the three-horned scarf
 - 3) forehead, spine, pelvic injuries - we do not move the person.
 - We will ensure that the person does not move. Use both hands to fix the head on the ground (on the floor) and call for emergency medical services.

8. TRAFFIC ACCIDENT

Utilities: roll-up R-Z-P, reflective vest, reflective triangle

- **Interpretation only:**
 - Causes: inattention, blindspot, skidding, alcohol, microsleep...
 - Types of accidents: frontal impact, side impact, ejection
 - Accident Management:
 - Applying the handbrake,
 - Switching on the warning lights,
 - Removing the key from the ignition,
 - Use of a warning vest – looking around, getting out of the car
 - Retrieving the first aid kit from the car,
 - Calling the emergency number 112,
 - Triangle layout 50/100 m. behind the car.
 - We follow the instructions of the emergency number 112,
 - We always treat in sequence:
 - 1) major external bleeding,
 - 2) unconsciousness with no breathing present
 - 3) Those who are conscious and talking (shouting),
 - We only drag people out of the car, when in danger or those that are unconscious and not breathing. Everything else we can, we treat in the car.

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