Bus Safety: Basic First Aid and CPR Skills Transcript

S1 - Being prepared for Emergency Situations

Emergencies can happen at any time to anyone, being prepared to act in an emergency situation can make the difference between life and death.

One of the most important steps individuals can take to ensure the safety and well-being of others is to become trained in Cardio Pulmonary Resuscitation, Automatic External Defibrillator use, and First Aid. This course will provide an overview of these methods but will not result in certification or provide opportunity for practice.

For information on how to become certified in CPR, AED use, and First Aid visit the American Heart Association or American Red Cross websites below.

S2 - Checking the Scene

Before providing emergency care it is important to first check the scene to make sure it is safe to approach the injured individual. Potential dangers to yourself or others may include concerns such as oncoming traffic, fire, or hazardous weather. Next determine how many people are injured and what the extent of the injuries are. Finally, determine if there are others around who can assist with providing help or calling 911.

S3 - Checking the Individual

After ensuring the scene is safe, assess the injured individual. Check to see if the individual is conscious, bleeding or having difficulty breathing. If the individual is not responsive, look for any signs of life, such as: breathing, making noises, or movement of the legs, arms, eyes, or chest. If the individual is not responsive, then shake or tap the individual's shoulder and ask loudly "Are You OK?". If the individual does not respond and you see no signs of life then CPR is needed. Response

S4 - Calling for Help

When you determine an individual is in need of emergency care it is important to call for help by dialing 911. If there are others available to help, direct someone else to call 911 while you begin assisting the injured individual. In the event that you are alone, you should call 911 from your cell phone using the speakerphone function while you continue to provide care. Be prepared to provide the emergency operator with your location, what the emergency is and how many people need help. If you are unsure of what assistance to provide the injured person, the dispatcher can help guide you through providing care. Remember to remain on the phone with 911 until the dispatcher tells you to hang-up.

(ADDED)

In the event of a cardiac emergency such as a heart attack another person if available should be sent to call 911 and get an AED. If you are alone and helping an adult call 911 immediately and get an AED as adults needing CPR are most likely experiencing cardiac issues that could benefit from immediate use of the AED. When children need CPR it is often due to issues with breathing, not cardiac concerns. If you are alone and helping a child, perform 2 minutes of CPR which consists of 5 cycles of 30 compressions and 2 breaths and then call 911 and get an AED.

S5 - Cardiopulmonary Resuscitation (CPR)

The purpose of Cardiopulmonary Resuscitation or CPR is to keep oxygen-rich blood circulating to the brain and throughout the body when the heart stops or is not functioning properly. CPR is done with a combination of chest compressions and rescue breathing, however if you have never been certified in CPR, Hands-Only CPR may be done. Hands-only CPR consists of only providing chest compressions, without rescue breathing. This method is only appropriate for adults or teens needing emergency assistance, not for children.

S6 - Providing CPR (Hands Only)

The following steps should be provided to an adult victim for hands-only CPR:

- Step 1: Ensure that individual is lying flat on his or her back on a firm surface.
- Step 2: Kneel beside the individual near the chest and shoulders.
- Step 3: Put the heel of one hand on the center of the person's chest while being careful to not press on the end of the breastbone, as it may break off and cause damage.
- Step 4: Put your other hand on top of the first and interlock your fingers. Keep your fingers from resting on the person's chest
- Step 5: Lean forward so your shoulders are above your hands and keep your elbows straight.
- Step 6: Using the weight of your upper body, compress the chest straight down at least 2 inches.
- Step 7: Compress at a rate of 100-120 beats per minute.
- Step 8: Continue providing compressions until emergency helps arrives.

S7 - Providing CPR (Hands & Rescue Breathing)

CPR for an adult victim consists of providing a cycle of 30 chest compressions followed by 2 rescue breaths. The following steps should be provided to an adult victim for hand and rescue breathing CPR:

- Step 1: Ensure the individual is lying flat on his or her back on a firm surface.
- Step 2: Kneel beside the individual near the chest and shoulders.
- Step 3: Begin by providing 30 chest compressions
- Step 4: After 30 compressions, open the individual's airway, this is done by placing the palm of one hand on the person's forehead to tilt the head backwards and two fingers from the other hand on the chin to lift the chin forward.
- Step 5: Give two rescue breaths to the victim by taking a normal breath and then cover the individual's mouth with your mouth.
- Step 6: Blow into the mouth for one second while watching for the chest to rise as you give the breath.
- Step 7: If the chest does not rise, open the airway again with the head-tilt and chin-lift. Give a second breath by repeating. A breathing barrier may be used if one is in your First Aid Kit, it is important to familiarize yourself with its use prior to an emergency situation.
- Step 8: Return to chest compressions by continuing with cycles of 30 chest compressions followed by 2 rescue breaths until help arrives, an AED becomes available, or the individual shows signs-of life such as breathing or movement.

Steps for rescue breathing:

- Step 1: Take a normal breath in then cover the individual's mouth with your mouth to form a complete seal. Pinch the individual's nostrils closed.
- Step 2: Blow into the mouth for one second while watching for the chest to rise as you give the breath.
- Step 3: If the chest does not rise, open the airway again with the head-tilt and chin-lift and give a second breath by repeating.

A breathing barrier may be used if one is in your First Aid Kit, however, it is important to familiarize yourself with its use prior to an emergency situation.

• Step 4: Return to chest compressions by continuing with cycles of 30 chest compressions followed by 2 rescue breaths until help arrives, an AED becomes available, or the individual shows signs-of life (breathing, movement).

S8 – Providing CPR to a Child

When providing CPR to a child the same cycle of 30 chest compressions and 2 rescue breaths is used, similar to performing CPR on adults. However, there are several important differences you need to know when performing CPR on a child victim.

First: When providing chest compressions on a child you may only need to use one hand to provide compressions, as less force is typically needed.

Second: Less air is required when giving rescue breaths to a child. Watch for the child's chest to rise when giving the rescue breaths.

As a reminder, Hands-Only CPR is not recommended for children - full CPR including rescue breaths and chest compressions should be provided when performing CPR on a child.

S9 – Automated External Defibrillators (AED)

An Automated External Defibrillator or AED is a portable, easy to use device that automatically checks the rhythm of the heart and provides an electrical shock to the victim when needed. AEDs are designed to be user friendly and utilize audio and/or visual prompts to guide the user in providing care.

The electrodes or pad on AED are attached to the victim's bare chest. If the AED detects an abnormal heart rhythm an electrical shock is delivered to the heart to attempt to restore a normal rhythm. It is important to know where the AEDs at your school district are located and become familiar with the operation of the AEDs that are available.

S10 – Operating an AED for an Adult

Before using an AED call 911 or have someone else call 911

- Step 1 Turn the power to the AED on.
- Step 2 Follow the step-by-step directions given by the audio or visual prompts from the AED.
- Step 3 AED pads or electrodes should be applied to the individual's bare chest. It is important to ensure that the chest of the individual is dry and that the pads are applied to the upper right chest, above the nipple and to the lower left side of the chest, below the nipple and to the left of the ribcage.
- Step 4 Connect the wires from the pads to the AED.
- Step 5 Ensure that no one is touching the individual, including yourself and press the "Analyze" button. It is important to note that AED models may differ slightly in how they operate some devices will automatically begin analyzing the heart rhythm and direct everyone to stand clear once the pads are applied.
- Step 6 If the AED detects a shock is needed, direct everyone to stand clear of the individual and then press the "Shock" button to deliver a shock.
- Step 7 The AED will direct you to begin CPR following the shock.

After 2 minutes the AED will again analyze the rhythm of the heart and advise if additional shocks are needed. If no shock is needed, continue providing CPR and following the prompts of the AED until help arrives or until the individual begins breathing on his or her own.

S11 – Operating an AED for a child

For a child under the age of 8 smaller electrode pads may be included in the AED. Pads are to be applied in the same locations as the adult pads.

The AED may also be equipped with a "pediatric" or "child" setting that can be turned on with a switch or key. If these options are NOT available, it is safe to use adult pads and adult settings on a child without the risk of harm.

It is important to remember that when applying adult pads to a child, make sure the pads are not touching each other on the child chest.

S11 – Basic First Aid Skills

Having an understanding of basic first aid can provide you with the skills to handle a variety of emergency situations such as: a broken bone, an allergic reaction, choking or a heat stroke. These emergency situations and others will be covered in this section to better prepare you in the event that an emergency occurs. The information provided is not a substitute for certification or training by a medical professional.

S12- Being Prepared for Emergency Situations

In order to be prepared for an emergency situation, it is important to have a well-stocked First Aid Kit prepared and ready to go. The First Aid Kit should be located in an accessible location on the school bus where it can be easily accessed in the event of an emergency. It is important to check the kit periodically to make sure no items are past their expiration date and to restock your First Aid Kit when it has been used.

It is important to familiarize yourself with the contents of the First Aid Kit.

Most standard First Aid Kits contain the following items:

- Sterile Gauze Pads
- Assorted Adhesive Bandages
- Triangular Bandages
- Gauze Roller Bandages
- Compress Dressings
- Adhesive Cloth Tape
- Antiseptic Wipes
- Antibiotic Ointment
- Scissors
- Disposable Gloves
- Breathing Barrier

S13 – Protecting yourself

It is always important to make sure to protect yourself first when providing first aid to another individual. The following precautions should be followed when providing first aid.

Hand Washing – Washing hands with soap and water before and after providing first aid care can provide protection for both the provider and victim.

- Step 1 Wet hands with warm water.
- Step 2 Apply soap
- Step 3 Rub hands together for at least 20 seconds, washing all areas of your hands, fingers, and under nails.
- Step 4 Rinse hands well in warm water.
- Step 5 Dry hands using a disposable paper towel.

When soap and water are not immediately available to wash your hands alcohol based hand sanitizer may be used. Apply hand sanitizer to the palm of hand and rub it across all the surfaces of hands and fingers until dry. Allow the hand sanitizer to dry on your hands and do not wipe it off with a paper towel or cloth. Hands should be washed with soap and water as soon as possible.

Disposable Gloves -

It is important to wear disposable gloves if there is a possibility that you will come into contact with blood or other body fluids.

Follow the steps below when removing gloves to avoid contacting the contaminated glove surface:

Step 1: Pinch the outside of one glove near the top of the wrist.

Step 2: Peel off the glove you are pinching by pulling downward, away from the body, turning the glove inside out as you pull.

Step 3: Hold the inside out glove you just removed in your gloved hand.

Step 4: Using the ungloved hand, slide your fingers inside the glove on the other hand at the top of the wrist.

Step 5: Remove the glove by pulling downward and away from the body, turning the glove inside out as you pull, leaving the first glove inside of the second.

Step 6: Wash hands with soap and water after removing gloves.

Following an emergency, it is important to make sure to clean all surfaces that came in contact with blood or bodily fluids with a disinfectant cleaning solution and then dispose of all contaminated materials and gloves appropriately.

Note that for the remaining skills discussed in this course, the assumption will be made that you have first put on gloves and that you will dispose of the gloves properly after use.

S14 – Emergency First Aid – Stay Calm

When providing any first aid skills, it is important to remain calm and try to keep the child calm as well. Being injured and seeing blood can be frightening to a child, so it is important for the caregiver to stay calm for the child. It is common for other children on the bus to be concerned about what is occurring. Reassure the children that appropriate help is being provided to the injured child. When possible keep the children away from the area where first aid is being provided. Before providing care tell the student who you are, that you know first aid, and then ask if you can help.

S15 – First Aid – A Nose Bleed

Nose bleeds commonly occur in children, but they can be freighting to the child with the nosebleed as well as to surrounding children. Most nose bleeds can be controlled and the bleeding stopped by following these steps:

Step 1: Have the child sit-up straight with his/her head leaning slightly forward. It is important not to tilt the child's heads backward or let the child lay down - this may cause blood to run down the child's throat.

Step 2: Squeeze the soft part of the lower nose together against the bony center bridge of the nose to apply pressure.

Step 3: Instruct the child to breathe through his/her mouth, as the child may be fearful of not being able to breathe.

Step 4: Apply pressure for 5-10 minutes. If the nose starts bleeding again, reapply pressure for another 5 minutes.

Step 5: If the bleeding is severe, does not stop after re-applying pressure, or if the child is having difficulty breathing call 911 for emergency medical care.

If the nose is bleeding due to being struck by an object in the nose, seek medical care for assistance with removing the object.

S16 – Wound Care

Wound care is a critical skill in providing first aid. Before providing wound care locate and use the disposable gloves located in the first aid kit. If the wound is only minor, apply direct pressure to stop bleeding, clean the area with soap and water and then cover with a bandage. However if a student has a significant wound that is bleeding externally, the following steps should be taken to control the bleeding.

Step 1: Using a sterile gauze pad or dressing, cover the wound and apply direct pressure to the site.

Step 2: If the bleeding does not stop or the blood goes through the gauze pad, place an additional gauze pad on top of the first. Continue applying direct pressure until the bleeding stops. If the child is old enough you can ask for his/her assistance with holding the gauze pad in place and applying pressure to the wound.

Step 3: Use a roller gauze bandage to wrap around the wounded area and secure the gauze pad in place.

Step 4: Check for circulation by assessing the color, temperature and feeling past the injury site to ensure the bandage is not too tight, loosen if needed. The area past the injury site should not be bluish or pale in color, cool to the touch or numb.

If you are unable to get the bleeding under control or if you have concerns the student is going into shock, call 911 for emergency help.

S17 – Dental Emergencies – Knocked Out Tooth

Knowing what to do in a dental emergency is important, responding quickly and taking the right steps can decrease risk of infection and improve the chance of a positive outcome.

When a permanent tooth is knocked out, follow the steps below:

Step 1: Use a rolled gauze pad to apply pressure in the tooth socket to control bleeding. If possible, rinse the area in the mouth with water or saline and re-apply the gauze.

Step 2: Find the tooth and pick it up by the top of the tooth or the crown, do not touch the roots of the tooth.

Step 3: If available, place the tooth in Hank's Balanced Salt Solution or the Save-A-Tooth container that may be found in the first aid kit. If not available, the tooth may be temporarily placed in whole milk, coconut water, or the child's own saliva. Do not leave the tooth in a dry condition, do not wrap it in a napkin or cloth, and do not place the tooth in water.

Step 4: Contact parents to take the child to the Dentist as soon as possible. Immediate care is important in order to successfully replant the tooth.

S18 – First Aid – Injuries to Muscles and Bones

S17 – First Aid – Injuries to Muscles and Bones

Injuries to muscles and bones are commonplace and therefore learning first aid skills for these types of injuries is critical.

Use the acronym RICE to care for minor injuries such as bumps, bruises, and sprains to muscles and bones.

- REST: Limit the use of the injured body area as much as possible
- ICE: Apply an ice bag wrapped in a towel to the injured area for 15 to 20 minutes at a time. Repeat as needed, waiting at least 20 minutes between applications. It is important to wrap the ice bag in a towel and not place the bag of ice directly on the skin.
- COMPRESSION: Wrap the injured area with an elastic bandage to help minimize movement and reduce swelling.
- ELEVATION: Raise the injured area to help reduce swelling.

Seek medical attention if swelling in the injured area increases or the pain does not subside.

The use of splints to injured muscles or bones can be very useful to immobilize the injured area and prevent further injury in the event the person must be moved.

There are several types of splints that you should be familiar with. Your First Aid Kit may contain a triangular bandage that can be used to make a splint or sling. You can use common items such as pillows, jackets, towels, cardboard, a large stick, wood boards, and even folded newspapers to make a splint. You can also splint an injured area to another body part – such as an injured arm to a chest or two fingers together.

The injured area should be splinted in the position it is in, do not move the injured area to conform to the splint.

The splint needs to extend beyond the injured area to keep it from moving, this means including the joint above and below the injury in the splint.

Use towels or cloths for padding when hard items are used for splinting such as boards or sticks. Secure the splint to the injured area using a roller gauze bandage, elastic bandage, tape, or cloth strips. It is important to check for circulation after applying a splint; this includes checking the color, temperature and feeling of the area beyond the splint. If needed, loosen the splint to allow for adequate circulation.

Call 911 for immediate medical assistance if:

- The injured body part looks misshapen, severely swollen, or abnormally bent. It important not to attempt to straighten a bone that looks bent out of place.
- There is an open break with the bone coming through the skin.
- The person believes they heard a "pop" or "snap" sound when the injury occurred.
- The person cannot move or has lost feeling or is experiencing numbress in the injured area.
- You have concern the individual may be going into shock.

S19 – First Aid – Head, Neck, and Spinal Injuries

Injuries to the head, neck, and spine can result from car accidents, falling from a height, sporting events, diving into shallow water, and other traumatic events. Injuries to these areas are especially critical and should be handled with great care.

If you suspect an injury to the head, neck, or spine you should call 911 immediately and have the person remain as still as possible while reassuring them that help is on the way.

It is important not to move the injured person unless it is necessary to perform CPR or move the person away from danger.

If a child is in a car seat they should remain buckled in the seat if a head, neck, or spinal injury is suspected unless it is necessary to perform CPR or move the child away from danger.

S20 - First Aid - Allergic Reactions

A child may have an allergic reaction to a food or beverage, an insect sting, medications, or a variety of other substances. When an allergic reaction occurs, it is important to take immediate action.

Bus Drivers and Monitors need to work with the school nurse to be notified of any children on the bus who have known allergies. The School Nurse can provide the Bus Driver with a copy of the student's Allergy and Anaphylaxis Emergency Plan, which provides information about the child's allergy and guidelines for treatment. If the student has a severe allergy, it is important that epinephrine is available on the bus to administer in the event of an emergency.

Anaphylaxis is a life threatening allergic reaction to an allergen that the body has become hypersensitive to. Let's review the many signs and symptoms of severe allergies and anaphylaxis, these include:

- Shortness of breath, coughing, wheezing
- Swelling of the lips, tongue, or throat
- Difficulty breathing or swallowing
- Weak pulse, dizziness, fainting
- Pale or slightly blue skin color
- Hives or red/flushed skin, sweating
- Nausea, vomiting, diarrhea
- Confused or agitated

Anaphylaxis is treated with the use of a medication called Epinephrine. When used quickly Epinephrine can help reverse the life-threatening symptoms of anaphylaxis. Epinephrine is administered through a device called an epinephrine auto injector, which automatically injects a specific dose of epinephrine into the body.

Follow these steps when administering epinephrine:

Step 1: Have the individual sit and hold the leg firmly in place.

Step 2: Grasp the auto injector in one hand and remove the safety cap. Make sure to keep your hand away from the needle injecting end.

Step 3: Firmly push the tip of the injector in to the outer thigh, midway between the knee and hip. Note that the auto-injector is designed to go through clothing, however you will want to avoid the seams of pants or jeans when administering.

Step 4: Hold the auto-injector in place for the required length of time specified by the manufacturer, usually 3-10 seconds.

Step 5: Remove the injector and massage the injection site for several seconds and note the time that the epinephrine was given.

Step 6: Call 911. Any time epinephrine is administered 911 should be called, as a secondary allergic reaction is possible. Tell the emergency responders that epinephrine was given and the time it was administered .

Continue to monitor the symptoms of the individual. If emergency help has not arrived and symptoms have not improved or have gotten worse, provide a second dose of epinephrine after 5-10 minutes.

S21 – Asthma Attack

Asthma is a condition in which a person has difficulty breathing as a result of an allergic reaction or other form of hypersensitivity. It is important to know which students on your bus have asthma and carry inhalers with them.

You will want to review each student's asthma action plan with the school nurse. The plan will provide guidance on how to handle an asthma attack, the appropriate medication or inhaler to give, and emergency numbers to call if an asthma attack occurs.

The following are common signs and symptoms of an asthma attack:

- Difficulty breathing, this is characterized by rapid shallow breaths or wheezing
- Coughing
- Difficulty talking without stopping to take breaths
- Complaints of not being able to catch his or her breath or get air into the lungs
- A feeling of pressure or tightness in the chest
- Looking pale and sweating
- Or feelings of anxiety, panic, or fear

S22 – First Aid – Choking

Choking is a serious life threating condition. Knowing what to look for and what to do when an individual is choking can save a life. If a student on the bus begins choking quick action is important. If the student is conscious and is able to talk or cough, encourage him or her to continue coughing until the object comes out. If the student is conscious, but cannot talk, cry, cough, or breathe or is coughing only weakly... ask the student if he or she is choking.

Signs of chocking include: the individual raises both hands to the throat, is panicked and scared, is gasping for breaths, and is turning pale or blue. Tell the student you know first aid and ask if you can help. Tell someone on the bus to call 911 to get emergency help.

To provide first aid to a choking individual who is conscious, you should first attempt to remove the object by using the heel of your hand to provide 5 back-blows to the individual. The blows should be between the individual's shoulder blades. If the object does not come out after the back blows, provide 5 abdominal thrusts, also known as the Heimlick Maneuver.

- To provide abdominal thrusts first stand behind the individual
- Next, make a fist with one hand and wrap your arm around the individual to place the thumb of your fist just above the individual's navel or bellybutton.
- Next, reach around the individual to grasp your fist with the opposite hand.
- Finally, forcefully thrust your fist inward and upward into the individual's abdomen five times.
- Repeat the cycle of 5 back-blows and 5 abdominal thrusts until the object comes out or the individual goes unconscious.

If an individual goes unconscious while choking, immediately lower the individual to the ground and begin CPR.

Note: Not all methods of first aid include the use of both Back-blows and abdominal thrusts. Some methods teach only the use of abdominal thrusts for an individual who is conscious and choking. You should use the method you have been trained in and are confident performing.

Follow the steps below to provide first aid to a unconscious choking individual:

- Step 1 Have someone call 911 and get an AED.
- Step 2 Start CPR with 30 chest compressions.
- Step 3 After the chest compressions, open the mouth and look for the object, sweep your finger through the mouth to remove the object if it is visible.
- Step 4 Attempt to provide 2 rescue breaths. Watch to see if breaths go in by watching the individual's chest.
- Step 5 Continue with CPR by providing cycles of 30 chest compressions and 2 breaths. Check for an object prior to giving rescue breaths. It is important to continue until emergency help arrives or the individual shows signs of life.

S23 – First Aid – Shock

Shock is an acute reaction to a trauma, a severe allergic reaction, loss of blood or body fluids, heatstroke or other medical conditions.

Signs and Symptoms of shock include:

- A weak or rapid heartbeat
- Rapid breathing
- Thirst
- Pale, clammy or cool skin
- Nausea or vomiting
- An altered state of consciousness
- And feeling anxious or irritable

Follow the guidelines below to provide first aid to someone who is in shock.

- Call 911 immediately to get emergency help.
- Have the individual lie down flat on his or her back.
- Cover the individual with a blanket to help maintain body temperature.
- Keep the person calm and reassure that help is on the way.
- Provide first aid care for any other injuries.
- If the individual vomits, roll to the side to prevent choking. Note that this should not be done if a spinal injury is suspected.
- Monitor the individual's breathing and level of consciousness until help arrives. It is important to be prepared to provide CPR if needed.
- Do not give the individual anything to eat or drink.

S24 – First Aid – Heat Related Illnesses

Left untreated, heat-illnesses can result in a severe, life-threatening emergencies that can be fatal. It is important to note that children are at an increased risk for the development of heat-related emergencies compared to adults.

<u>Heat cramps</u> are a heat related illness characterized by brief, painful muscle cramps or spasms in the legs, arms, or abdomen area. Heat cramps often result from physical activity in the heat along with a lack of adequate fluid and electrolyte intake.

Treatment for heat cramps are as follows:

Step 1 - Stop activity and move the individual to a cool place to rest.

Step 2 – If possible encourage the individual to drink a beverage that contains fluids and electrolytes such as a sports drink.

Step 3 - Gently stretch or massage the cramped or affected muscle.

It is important to treat heat cramps to prevent the progression to more severe heat-related illnesses.

<u>Heat Exhaustion</u> is a more severe form of heat illness generally resulting from heat exposure and inadequate fluid intake.

Signs and Symptoms include:

- Thirst
- Cool, clammy skin
- Headache, dizziness and weakness
- And nausea

Follow the guidelines below to provide first aid to individuals suffering from heat exhaustion.

- Move the individual to a cool environment such as indoors or a shady area.
- Loosen and remove extra clothing or sports gear such as uniform pads.
- Place cool, wet clothes on the skin
- Fan or spray the individual with cool water
- Encourage the individual to drink a beverage that contains fluids and electrolytes such as a sports drink.

<u>Heatstroke</u> is the most severe form of heat illness. Heatstroke is a life-threatening emergency in which the body has lost the ability to cool itself and body temperature can rise to dangerously high levels.

Signs and Symptoms of Heatstroke include:

- Rapid, shallow breathing
- A weak rapid heartbeat
- Skin that feels hot and may be moist or dry
- Severe headache
- Nausea or vomiting
- Seizure
- Confusion
- Or loss of consciousness

Follow the guidelines below to provide first aid to individuals suffering from heatstroke.

- Move individual to cool environment indoors or shady area.
- Rapidly cool the individual while you wait for emergency help. This can be done by removing excess clothing, immersing the individual in cold water, sponging the individual with cool water or by placing towels soaked in ice-water on the individual's body. Replace the towels frequently or add bags of ice to the top of the towels.
- Do not give fluids unless the individual is fully awake and alert enough to swallow.
- Immediate emergency care is necessary for anyone showing signs/symptoms of heatstroke.

S25 – Conclusion

In this course you have learned basic CPR, AED, and First Aid skills. Knowing how to respond in an emergency situation can save a life. It is importation to review and practice the skills you learned on a regular basis so that you are prepared to act in the case of an emergency. This course did not provide certification in CPR or First Aid. It is recommended that you seek out a course that will allow hands-on practice of skills and result in certification.

Additional information and printouts can be found in the resources section of this course.