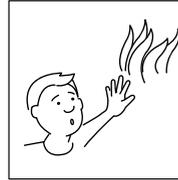
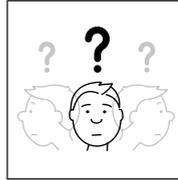


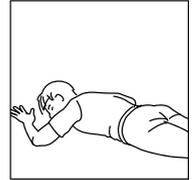
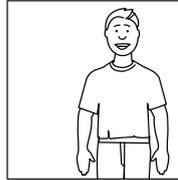


FIRST AID MANUAL

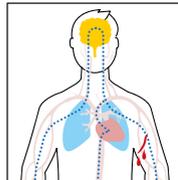
1 Situation Safety Support



2 First impression

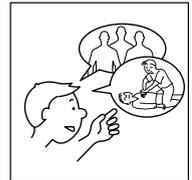
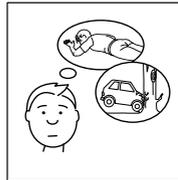


3 Patient assessment



Consciousness	+	◀ ? ▶	-
Respiration	+	◀ ? ▶	-
Circulation	+	◀ ? ▶	-
Injuries	+	◀ ? ▶	-

4 Realise Decide Organise



5 Medical measures

- > Alert & instruct
- > Pump
- > AED/defibrillator
- > Stabilise head & neck
- > Heimlich manoeuvre
- > Stop bleeding
- > Administer sugar
- > Recovery position
- > Seizure: support head
- > Attend to wounds

ADMINISTERING FIRST AID EFFECTIVELY IN ANY EMERGENCY



1

Situation, Safety, Support

- > What is the situation? Which forces have been at work?
- > Minor incident or serious emergency?
- > Several people affected? Complex circumstances?

- > Are there any risks for first aiders, those affected, bystanders?
- > What action has to be taken to ensure safety?
- > Cordoning the area off, removing oneself from area, other action?

- > Is it already obvious now that support is required?
- > Emergency services, fire brigade, other helpers?
- > If low-threshold consult by dialling the emergency number 144.

2

First impression

Get an overall idea of the patient's condition within a few seconds:

- > Is the patient standing, sitting or lying down? Are the eyes open?
- > Are they speaking, can they provide information, do they appear confused?
- > Are they in pain, do they have obvious injuries? Are they bleeding?
- > Does their respiration seem normal? Does their skin/skin colour look normal?

3

Patient assessment

Systematically assess the patient's condition:

Consciousness > Respiration > Circulation > Injuries

Always ask yourself the question whether what you are assessing is okay or not. If something is not okay then this must be defined as a «cause for concern».

Consequence: this aspect must be discussed with a medical expert.

- > Is the person fully conscious? Or do they seem confused or are they even unconscious?
- > Does their respiration seem normal? Or are they breathing rapidly or having trouble breathing?
- > Can a whistling be heard when they breathe in and out?
- > Are there any circulation problems (dizziness, generally feeling unwell, paleness, beads of perspiration) visible?
- > Are there any injuries (misaligned extremities, swelling, bleeding) visible?
- > Are internal injuries a possibility (internal bleeding, spinal injury)?

4

Realise, Decide, Organise

- > Is the situation urgent or not? What is the main problem?
- > Have you assessed what is wrong with the patient?
- > Could they be having a heart attack? Do they have a spinal injury?
- > The aim is not to miss anything serious.
- > Decide how you want to proceed and organise everything that is required.

If a heart attack is assumed a deliberate decision should be made to proceed according to the heart attack approach. Even if the person concerned is not keen on this and would prefer to be left in peace.

Always consult a medical expert/or dial 144 if in doubt, even without the consent of the person concerned.

- > What action needs to be taken in terms of organisation (guidance for emergency services, fetching the AED and first aid equipment)?
- > Does the patient need to be prepared for resuscitation (AED, other responders outside the patient's vision)?
- > Calm must be ensured, do people have to be sent away?

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ABOUT THIS FIRST AID MANUAL

This first aid manual was produced by JDMT Medical Services AG (JDMT). JDMT is a medical service provider. The text/graphics have been produced carefully. As always the following applies: The publisher does not accept any liability for the outcomes that result from the use of this first aid manual. The contents of this manual may be used by third parties. Additional first aid manuals can be ordered from JDMT. You can find more information about first aid topics on www.helptown.ch.

CARDIAC ARREST

We talk about cardiac arrest when the heart is no longer able to keep the circulation going due to it pumping inadequately. The blood flow stops. It can no longer be guaranteed that the brain and other organs will be supplied with oxygenated blood.



Symptoms are:

- > Unconsciousness
- > No longer breathing and no circulation (no vital signs)



In this context first aid means:

- > **Realise:** Cardiac arrest: every second counts!
- > **Alarm:** Immediately raise internal (first aiders, AED) and external alarm (emergency number 144)!
- > **Pump:** Immediately start chest compressions!
- > **Shock:** First defibrillation within 3 minutes!
Artificial respiration using pocket mask/aids



Also note:

- > With cardiac arrest literally every second counts. 75 percent of those affected survive with defibrillation within 3 minutes, significantly more/less with better/worse response times.
- > Chest compressions must be started straight away and should only be interrupted for analysis and shocking using the AED.
- > Artificial respiration should be started as soon as you have assessed the situation, raised the alarm, started compressions and shocked, as soon as there are enough first aiders available and/or the conditions are in place so that chest compressions and the use of the AED are not restricted despite artificial respiration attempts. 30 chest compressions followed by 2 rescue breaths are applied repeatedly until the emergency services arrive. The AED analyses the heart rhythm every 2 minutes and delivers a shock, if applicable. There should be no contact with the patient during analysis and defibrillation.

HEART ATTACK

We talk about a heart attack when part of the heart muscle is no longer adequately supplied with oxygen because a supply blood vessel is blocked. A heart attack endangers the heart muscle's function and can suddenly lead to cardiac arrest.



Symptoms are:

- > Crushing pressure in the chest area
- > Pain in the chest area, possible spreading out
- > Shortness of breath
- > Fear
- > Sweating but cold to the touch



In this context first aid means:

- > Do not move the patient and sit them in the «W» position (semi-recumbent)
- > Prepare them for resuscitation (get someone to fetch the AED and first aiders)
- > Dial the emergency number 144 (get someone else to dial it)
- > Provide as calm an environment as possible, reassure the patient



Please also note:

> Up to a third of heart attacks are so-called «silent attacks» with no or almost no symptoms. **That is why the following applies:** if a person feels unwell and is older than 40 then consult a medical expert. By doing this you reduce the risk of overlooking a heart attack.

STROKE

A stroke is a heart attack in the brain. A blood vessel is blocked and brain tissue is not supplied with enough oxygen. Sometimes there may also be a burst blood vessel (brain haemorrhage). This is also called a stroke. The symptoms of a stroke depend on the part of the brain that is affected.



Symptoms are:

- > Sudden severe headaches
- > Sudden, usually one-sided paralysis and/or loss of sensation
- > Vision, balance and/or speech problems



In this context first aid means:

- > Do not move the patient, sit in the «W» position (semi-recumbent)
- > Dial the emergency number 144 (get someone else to dial it)
- > Reassure the patient and ensure a calm environment



Please also note:

- > Rapid help is crucial with a stroke. If first aid is provided fast, the damage to the brain can be reduced («Time is brain»).
- > Whenever someone seems a bit «odd» bear in mind that it may be a stroke and consult a medical expert.

SPINAL INJURY

The spine can be injured by a forceful impact. The spine protects the spinal cord. If the spinal cord and/or associated nerve tracts are damaged this results in paralysis and loss of sensation.



Symptoms are:

- > Severe pain in the spine area
- > Loss of sensation (tingling sensations and numbness)
- > Paralysis



In this context first aid means:

- > Tell the patient not to move
- > Apply manual inline stabilisation (neutral position on their back, sitting or standing; exception on their stomach)
- > Dial emergency number 144



Please also note:

- > If someone is confused or unconscious and an incident involving force (a fall, impact) is possible then a spinal injury must be assumed.
- > Distracting factors (major, obvious injury, unconscious child, similar) may mask the symptoms. Whenever a spinal injury is a possibility it should be assumed and handled appropriately until the emergency services take over.

SERIOUS INTERNAL/ EXTERNAL BLEEDING

Serious bleeding must be stopped as quickly as possible. External bleeding by applying pressure to the wounds, internal bleeding by surgical intervention. Bleeding comes about through sharp or blunt trauma. Internal bleeding in particular can remain undetected for a long time.

Symptoms are:

- > Heavy, even spurting bleeding out
- > Stomach ache
- > Dizziness, weakness
- > Impaired consciousness
- > Shortness of breath
- > Paleness, feeling cold, sweating but skin cold to the touch

In this context first aid means:

- > Move the patient as little as possible, let standing patients sit down
- > Stop external bleeding by applying pressure to the wound
- > Hold the affected extremity up high (get someone to hold it up)
- > Apply pressure to the incoming artery (inside the upper arm, groin)
- > Apply a compression bandage
- > Dial the emergency number 144 (get someone else to dial it)
- > If internal bleeding is expected ensure the patient is hospitalised as quickly as possible by the emergency services.



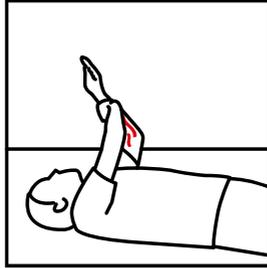
Please also note:

- > If there is significant bleeding out, then stop the bleeding immediately. For this use, e.g. the patient's hand, your hand (with gloves), some kind of object such as a cloth, paper and medical gauze as soon as available.
- > Internal bleeding is often difficult to identify. If a significant force could have impacted on the chest, stomach and/or pelvis then the person concerned must immediately be taken to hospital by ambulance. Who heals the patient there? The surgeon in the operating theatre but only if the patient arrives in time.



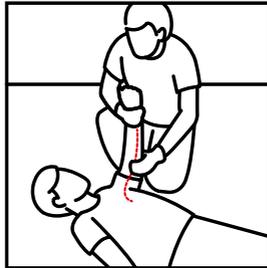
1

Get the patient
to apply pressure



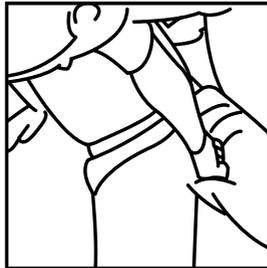
2

Hold the extremity
up high, apply
pressure to the
wound and artery



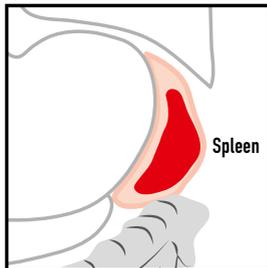
3

Leg bleed:
apply pressure
to the groin
using your fist



4

Do not miss
internal bleeding!



SEIZURE

Seizures are caused by a brain malfunction. Causes may be: epilepsy, brain tumour, inflammation of brain structures, low blood sugar and a brain haemorrhage. Seizures can be full blown («generalised») or just very discreet. Those affected can injure their skull and spine by falling.



Symptoms are:

- > Impaired consciousness to unconsciousness
- > Uncontrolled jerking
- > Convulsions
- > Loss of bowel and bladder control



In this context first aid means:

- > Dial the emergency number 144 (get someone else to dial it)
- > Protect the patient's head from impact (without any leverage on the neck/spine)
- > Move any dangerous objects out of the way



Please also note:

- > The person concerned acquires incredible powers during a seizure. Do not hold the patient down but let them convulse; just protect the head from uncontrolled impact without applying any leverage to the spine.
- > Most seizures end on their own. Nevertheless the emergency number 144 must be dialled as soon as the seizure starts. If the seizure does not end within a few minutes on its own the emergency services must intervene with medication.
- > Once the seizure is over those affected are generally exhausted. Ensure that they have peace and quiet and are supervised. Use the manual inline stabilisation if a spinal injury is a possibility due to a fall.

RESPIRATORY PROBLEMS / CHOKING

Respiratory problems can have many causes. Sudden respiratory problems may be due to the airways being blocked by foreign bodies or caused by the swelling of airways. Choking must be considered, particularly with children and old people, in the event of sudden breathing difficulties.



Symptoms are:

- > Obvious trouble breathing
- > Sudden, heavy coughing
- > A whistling breathing sound
- > Fast, shallow breathing
- > Blue lips/fingertips
- > A deterioration in state of consciousness



In this context first aid means:

- > Remove any factors causing it (with allergic reactions/asthma)
- > Dial the emergency number 144 (get someone else to dial it)
- > With choking: give back blows; if the patient is distressed:
Heimlich manoeuvre; if they lose consciousness: chest compressions

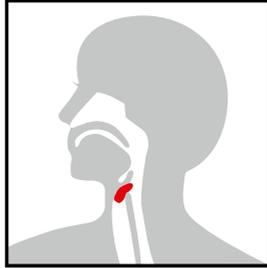


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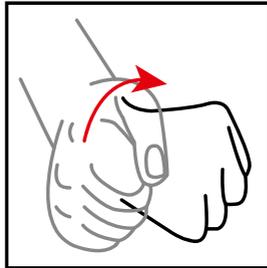
- > Children in particular are at risk because their airways are so narrow. At the slightest sign of respiratory problems the alarm must be raised immediately by dialling the emergency number 144.
- > If the Heimlich manoeuvre has been done the patient must be hospitalised. The force applied to the stomach organs may result in bleeding injuries.



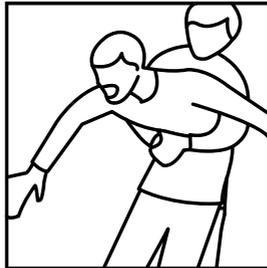
1 Airways blocked
by foreign bodies



2 Make a fist with
thumb inside



3 Apply pressure
to the upper
abdomen by
jerking backwards



4 Unconscious
and blocked
airways? Then
apply chest
compressions



SERIOUS CIRCULATION / CONSCIOUSNESS PROBLEMS

The body is a system and circulation and consciousness are two important elements in this system. They depend on each other accordingly. There are a whole range of causes for circulation and/or consciousness problems: injuries, poisoning, illness and poor supply.



Symptoms are:

- > Dizziness
- > Confusion
- > Impaired consciousness
- > A general feeling of unwellness
- > Pale skin



In this context first aid means:

- > Dial the emergency number 144
- > Make sure the patient is in a safe position (sit or lie them down; except after a forceful impact: then do not move them and use the manual inline stabilisation)
- > Unconscious person, not breathing: chest compressions and use AED
- > Unconscious person, with forceful impact, breathing well: do not move them, use manual inline stabilisation
- > Unconscious person, no forceful impact, breathing well: place in recovery position
- > With suspicion of low blood sugar level: administer sugar in the cheek pouch (sugar powder/gel)



Please also note:

- > A problem with consciousness is always an emergency. A medical expert must therefore always be consulted immediately.
- > People often say they feel generally unwell. One in three heart attacks have no or just minor symptoms, e.g. generally feeling unwell. **The following applies:** If a person complains about generally feeling unwell and is 40 years old (or older) > always consult a medical expert.

SERIOUS SKIN / MUCOUS MEMBRANE INJURY

(CHEMICAL BURNS, BURNS, INJURY)

Skin and mucous membrane are much more than just the body's shell. Damage to them is therefore accordingly serious for health. Skin and mucous membrane injuries can have mechanical (abrasions, cuts), chemical (chemical burns by acids or alkalis) and thermal (heat burns, scalding) causes.



Symptoms are:

- > Pain
- > Redness, swelling, bleeding
- > Blisters/ulcers



In this context first aid means:

- > Stop the effect of the harmful substance (irritant, burning substances and heat)
- > Clean and cool the affected (mucous membrane) skin area using water at body temperature
- > Consult a medical expert
- > Protect the affected areas
- > Take further action after consulting a medical expert



Please also note:

- > Whatever led to the patient's injuries may also injure the first aider. Make sure that any harmful substances no longer pose a risk to first aiders.
- > Burns are often underestimated. Always consult a medical expert with burns to the face, genitals as well as over joints and on the feet/hands and with burns where blisters form.
- > With chemical burns/injuries to the eye: rinse with a suitable cleansing solution or water. Otherwise do not apply any mechanical effects to the affected eye. Consult a medical expert (eye clinic).

EMERGENCY MENTAL HEALTH SITUATIONS

An emergency mental health situation can affect anyone just like a «physical» emergency. We differentiate between acute episodes of mental illness, acute suicidal tendency and acute mental symptoms without mental illness.



Symptoms are:

- > Mood disorders, sustained moroseness
- > A feeling of hopelessness
- > Behavioural problems
- > Crying fits
- > Fear, panic attacks
- > Hyperventilation



In this context first aid means:

- > Take care of the patient (do not leave them on their own)
- > Consult a medical expert
- > With hyperventilation: get their attention (if necessary using pain stimulus), followed by talking to them calmly and asking them to breathe slower (talking down)



Please also note:

- > The psychological element plays a significant part in many medical situations. **It is therefore important** to show empathy as a first aider. Reassure patients and ensure discretion.

APPROACH FOR A GENERAL FEELING OF UNWELLNESS

A general feeling of unwellness is a very common condition. It is usually not dangerous but feeling unwell can also be linked to a serious medical condition. For example, one in three heart attacks is only expressed in the form of feeling unwell. It is important to differentiate whether there is a real risk or not.



Symptoms are:

- > Nausea and vomiting
- > Dizziness
- > Headaches
- > Lack of appetite
- > An uneasy feeling
«I simply don't feel that good.»



In this context first aid means:

- > Place the person in a safe position (sitting or lying down)
- > Follow the feeling unwell flowchart opposite to assess whether it is necessary to consult a medical expert
- > Proceed according to the medical expert's advice or look after and monitor the person concerned



Please also note:

- > In up to a third of all cases of first aid in businesses it is a case of feeling unwell. Usually these situations are harmless.
- > However, a heart attack («silent heart attack») can also lead to a general feeling of unwellness without any apparent symptoms. Three out of ten heart attacks only have feeling unwell as a symptom, which is sometimes also very subtle.
- > JDMT recommends always consulting a medical expert when people who are 40 years old or older are feeling unwell.



MAIN SYMPTOM FEELING UNWELL

No

Age > 40 years ?

Yes

- Other symptoms such as:
- > Respiratory problems
 - > Crushing feeling in chest area
 - > Heart racing
 - > Fear
 - > Dizziness
 - > Feverish
 - > Vomiting
 - > Diarrhoea

Consult a medical expert.

Assess the risk factors
for a heart attack or any other
serious illnesses.

and/or

- > Not occurring for the first time
- > Not improving/getting worse

No

Let the person rest, monitor
them, comfort them. Let the
person go if they improve.

Yes

- > Consult a medical expert.

FIRST AID WITH MINOR INJURIES

Small cuts or surface skin abrasions can often be treated without any medical aid and usually heal quickly and without any consequences.



In this context first aid means:

- > Cleanse the wounds (rinse with clean water)
- > Disinfect the wounds (with disinfection spray)
- > Place a sterile dressing over the wound (plaster/bandage)



A visit to the doctor is recommended under the following circumstances:

- > Gaping cut wounds (the edges of the wound do not meet)
- > Cuts that run over the joints
- > Mobility or sensation problems with the injured limb
- > Sustained bleeding over a longer period
- > Heavily soiled wound
- > Foreign bodies in the wound
- > Cuts or major abrasions in the face
- > Bite injuries (animal or human)
- > Wound is not healing properly
- > Infected wound (heavy swelling, redness, pus, fever)



Please also note:

- > Bacteria can get into the body through skin injuries. Tetanus is of particular concern in this respect. If the last tetanus vaccination was more than 10 years ago or the date of the last vaccination is unclear then medical attention should be sought.
- > Bite wounds are dangerous. Medical attention should always be sought immediately and antibiotics are required.

PAEDIATRIC EMERGENCIES

CARDIAC ARREST

The approach for cardiac arrest is described on pages 6 and 7. Cardiac arrest can also happen with children but in contrast to adults the cause is rarely to do with the heart and far more frequently with the airways.



What is different with a child:

> Babies < 1 year old

- Chest compressions using 2 thumbs or the index finger and middle finger

> Toddlers > 1 year old

- Chest compressions as with adults but applying less pressure

> Use of AED

- AED with child electrodes or AED with adult electrodes (then stick one electrode in the middle of the chest and one in the middle of the back)



Please also note:

- > Breathing is particularly important with children. Generally a lack of oxygen due to the blocked airways or inability to breathe is the cause of cardiac arrest in children.

PAEDIATRIC EMERGENCIES POISONING

Children are curious and are not aware of the dangers. Poisoning from household articles and every day poisons are therefore often a cause of medical emergencies with children. The current condition of the child is always the primary deciding matter in poisoning situations. The risk of damage due to the substance ingested must also be clarified with a medical expert.

Symptoms are:

- > Suddenly feeling unwell
- > Unusual tiredness
- > Stomach and/or headache
- > Nausea, vomiting, diarrhoea
- > Dizziness, confusion
- > Red skin

In this context first aid means:

- > Keep calm
- > Do not induce vomiting
- > Do not let them drink anything
- > Dial the emergency number 144 (get someone else to dial it)
- > Establish what they have ingested
(Give the packaging/remains of poison to the emergency services)



Please also note:

- > The Toxins Centre (Tel. 145) can also provide information in less urgent cases.
- > If a child is behaving unusually subdued always bear in mind it could be due to a medical emergency.

Important for emergency numbers 144 or 145:

- > **WHAT** was ingested?
- > **HOW MUCH** of it?
- > **WHEN?** How much time has lapsed?
- > **HOW?** Swallowed, inhaled etc.
- > **SYMPTOMS?**

In small children their heat regulation is not fully matured yet which is why they develop a fever quicker than older children or adults. We talk about a «high temperature» when the body temperature is over 37.5°C and «fever» over 38.2°C. Febrile convulsions are occasional convulsions that happen in combination with a fever. They happen in approximately three to four percent of all children between the ages of 6 months and 5 years.



Symptoms are:

- > Loss of consciousness
- > Jerking of muscles



In this context first aid means:

- > Keep calm
- > Dial the emergency number 144 (get someone else to dial it)
- > Protect the head (protect the head from injuries, do not hold it tight but support it)
- > Move objects and possible risks of injury out of reach
- > Prevent respiratory problems and cooling down after a febrile convulsion



Please also note:

- > The febrile convulsion only lasts a few minutes and then automatically stops itself. These convulsions are usually harmless.
- > Even if a febrile convulsion is suspected to be the cause, medical attention should be sought from the hospital. In rare cases, other dangerous causes may lead to convulsions (e.g. meningitis).

PAEDIATRIC EMERGENCIES

SWALLOWING FOREIGN BODIES

The approach for dealing with breathing difficulties/blocked airways is described on pages 18 and 19. Small children have a habit of putting everyday objects in their mouth. As a result swallowed foreign bodies are among the main causes for blocked airways, respiratory problems and cardiac arrest in children.



What is different with a child:

- > Only carry out the Heimlich manoeuvre with children over 1 year old!
- > Place babies over your forearm on their stomach, keep the head facing downwards
 - Caution: Stabilise the spine using the index and middle finger
- > 5 back blows
- > Turn the child over and carry out 5 chest compressions using two fingers (see pages 30/31)
- > Repeat until the child regains consciousness or help arrives



Please also note:

- > In the event of loss of consciousness: immediately start chest s (same as pages 30/31)!
- > Always immediately dial the emergency number 144 (get someone else to dial it).

FIRST AID FOR RECREATIONAL AND SPORTS INJURIES

Sports and recreational activities may lead to injuries to the musculoskeletal system. These may be bruises, sprains, dislocation of limbs (luxation) and fractures.



Symptoms are:

- > Pain
- > Swelling
- > Restricted movement



In this context first aid means:

- > Keep the affected area cool (cold pack)
- > Rest in elevated position
- > Stabilise (bandage/splint)



Please also note:

- > Bruises are the consequence of a blunt force. Generally they heal quickly and do not have any consequences.
- > Sprains are joint injuries as a result of overstretching the joint structures. These may lead to damage to the ligaments, joint capsules and/or cartilage.
- > With dislocation the joint head comes out of the socket. The joint is jarred and painful. Dislocations must be medically treated.
- > A fracture is also painful. Swelling and if applicable misalignment can be observed. Medical treatment is necessary.

FIRST AID FOR SECURITY SERVICES

TACTICAL SKILLS

Security staff sometimes work in a dangerous environment. It is important to provide security during first aid.

This includes using the logic of the interior and exterior ring:

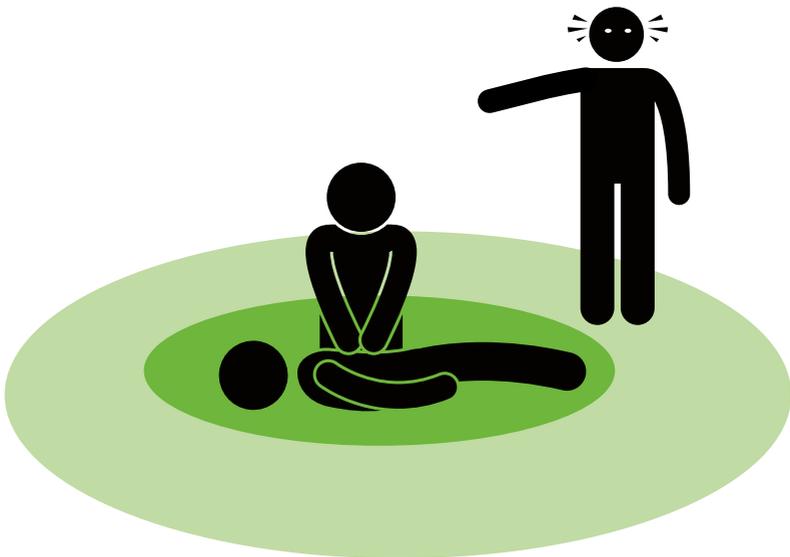
- > At least two first aiders are required for this.
- > One of them at patient level to take care of the patient.
The other one standing to monitor the surroundings.

Interior ring:

- > First aid for patient

Exterior ring:

- > Provide security for first aider; looking outwards.





USE OF RIOT AGENTS (PEPPER SPRAY)

Pepper spray affects the eyes, skin and airways. Generally the use of pepper spray is not dangerous. However, pepper spray may for example trigger an asthma attack or lead to panic within the group.

Symptoms are:

- > Closed eyes
- > Coughing
- > Red skin
- > Excessive saliva
- > Burning skin

In this context first aid means:

- > Self-protection
- > Remove the pepper spray (evacuate, remove contaminated clothes, remove pepper spray from skin using paper)
- > Cool and cleanse the affected areas using running water (alleviates pain and removes pepper spray; adjust running water to body temperature)
- > Verbally instruct those affected to breathe properly/prevent them from hyperventilating
- > Protect them from getting too cold/give them their space
- > Prepare for medical condition to deteriorate
- > Be aware of asthma attacks/panic attacks
- > If applicable, consult a medical expert



Please also note:

- > JDMT also recommends the use of Diphotérine® Spray: reduces the intensity of symptoms and how long they last by 50%.

FIRST AID FOR SECURITY SERVICES

STAB WOUNDS/GUNSHOT WOUNDS

Stab wounds are far more common than gunshot wounds in this country. The approach is the same for both types of injury.

The skin's surface may only be mildly injured but the actual damage on the other hand may be massive. Stab wounds/gunshot wounds may be overlooked. They do not bleed outwards very often.

If there is a possibility of a stab wound/gunshot injury the corresponding wound must be «aggressively» looked for. A serious injury must always be assumed with a stab wound/gunshot injury (especially with head, neck, chest, stomach and pelvic injuries).

In this context first aid means keeping the time delay between the incident and hospital treatment to a minimum. Applying pressure to the injury site may reduce bleeding. A tourniquet may also be applied in the event of amputations and/or intensive external bleeding in extremities.



INTOXICATION BY DRUGS

Intoxication with alcohol, THC and hard drugs (cocaine etc.) is common. The most important thing is primarily the state the person is in (conscious, breathing, circulation). Which substance(s) has/have effectively been taken is less important.

Whether the unconscious person can be woken (without any suspicion of brain/spinal injury) can be checked using pain stimulus (rubbing the chest bone). People that cannot be woken must be hospitalised by ambulance.

Drugs may have various side-effects. Psychological disorders are possible, as are convulsions and cardiac arrest. A medical expert must be consulted in the event of serious symptoms. Protect the person concerned from getting too cold.



DOCUMENTING FIRST AID ADMINISTERED

FIRST AID BY JDMT **Operating report**



In need of an ambulance? Call emergency 144 JDMT Service Line +41 44 404 51 51

Date _____ Time _____ Company _____

1 Situation Safety Support

Situation Minor incident Critical incident _____
 Several people involved Considerable action of force _____

Danger for rescuer, patient, bystanders? Yes No **Consequences** _____

Now clear that support is necessary?
 Emergency service 144 Other rescuers AED Fire brigade Police Alarm triggered

2 First impression

Patient Position Standing Seated Lying
 Conscious Yes Disoriented No
 Eyes open Yes No
 Respires Yes With difficulty No
 Suffers pain Yes No

Now contact the emergency number 144? Cardiac arrest? Heart attack? Spinal injury possible?
 Description of the incident _____
 Other details _____

3 Patient assessment

Consciousness + ? - _____
 Conscious Disoriented Unconscious

Respiration + ? - _____
 Normal Too fast No adequate respiration detected
 Shows shortness of breath Whistle while inhaling/exhaling

Circulation + ? - _____
 Good Cold clammy skin Pale Vertigo

Injuries + ? - _____
 skull/brain area Yes No Spine Yes No
 Chest/abdomen/pelvis Yes No Arms/legs Yes No
 Bleedings Yes No

4 Realise Decide Organise

Realise Situation urgent Situation not urgent
 Main problem _____

Malaise > If older than 40 years old, then the consultation of a specialist is required (do not miss silent infarction)

Disoriented after fall > head/brain/spinal injury possible

Decide Consult emergency number 144/ask for an ambulance
 Procedure according to scheme myocardial infarction
 Procedure according to scheme spinal injury

Organise Organise instruction of ambulance vehicle

5 Medical measures

Cardiac arrest > resuscitation with chest compressions/AED

Myocardial infarction, stroke > do not move the patient > reassure > prepare for resuscitation

Spinal injury > neck rail grip > ask patient not to move

Respiratory problems by foreign body > Heimlich manoeuvre > alert 144

Disoriented > hypoglycaemia possible? Administer sugar

Unconsciousness > no trauma > respiration present > lateral safety position

Seizure > support head of patient (protection from collision/protection of the spine)

Bleeding > stem **Injured limb** > rest and splint

Burns > cool with water at body temperature

Other measures _____

Patient monitored lying sitting Duration _____

Patient details
 Name _____
 First name _____
 Date of birth _____
 Address _____
 Telephone _____

Further details
 Discomfort Better Uncha
 Discharged to Workplace Home a
 Hospital with ambul
Paramedic
 Name _____



Any medical first aid administered must always be documented. This is so that what happened when and why can be tracked afterwards.

JDMT provides a first aid report that also serves as a check list. As a result, not only is the first aid documented with little effort but at the same time it also ensures that priorities are placed correctly and nothing important is forgotten.

The completed first aid reports must be evaluated by a medical expert. Feedback to the emergency services helps to improve the quality of call-outs.

The details of the first aid administered must be kept confidential, specifically as far as the treated person's personal details are concerned. The completed first aid documents must be treated with the appropriate care and locked away.

First aid reports can be ordered from office@jdmt.ch.

COURSES ATTENDED

Course

Description:

Duration:

Date:

Signature:

Course

Description:

Duration:

Date:

Signature:

Course

Description:

Duration:

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ADMINISTERING FIRST AID EFFECTIVELY AND SAFELY



First aid is only successful if it is administered using a systematic approach. JDMT is the only system provider for first aid in Switzerland. Five components ensure that the first aid approach is continuously fast, effective and safe:

- > The conceptual framework
- > The responders
- > Tools
- > Professional support
- > Quality management

It must be established in the conceptual framework which objectives the first aid organisation has to achieve (skills, intervention times) and how the organisational tasks are to be divided. Both first aiders and their training are understood by the term responders. JDMT recognises four categories: laymen, qualified first aiders, professionals (e.g. doctors and paramedics) and experts (e.g. emergency doctor).

Tools are procedures, apps/manuals, documentation, protective items (gloves), AED and material to treat wounds.

It is important that every responder can always access professional support. JDMT recommends always consulting the emergency services by dialling 144 if in doubt. JDMT also offers its own professional 24/7 telephone support line. As a result the risk of missing something important is reduced and responders feel more secure because they have been able to consult someone.

All patient contact is followed up by one of the JDMT doctors. These provide direct feedback to first aiders. The achievement of objectives is checked against the conceptual framework by the client (among other things using emergency drills).

10 Recipes for success for effective and safe first aid:

- 1.** Use a systematic approach in all medical emergencies.
- 2.** Identify and avoid risks to yourself, the person affected and third parties.
- 3.** Request support early (first aiders, AED, emergency number 144).
- 4.** Be «suspicious» and primarily assume it is something serious.
- 5.** Deal quickly with any chaos and cope with the situation.
- 6.** Position the patient so that they feel comfortable (except in the event of a suspected spinal injury).
- 7.** Only let one person talk to the patient.
- 8.** Get professional support much quicker in the case of emergencies with children.
- 9.** Ensure there is leadership: one person must always take the lead.
- 10.** Only transport patients by ambulance or taxi.



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