

REPORT

Training on basic First Aid Skills for SDMA & SEOC officials

Trained by

Kerala State Institute of Health & Family Welfare, Thycaud, Govt. of Kerala

Date

25th January 2017

Venue

Conference Hall, Kerala State Institute of Health & Family Welfare, Thycaud

Reference

- (1) Letter No: SEOC/Misc/99/2012; dated: 18th November 2016
- (2) Letter No: B.28/2017/KSIHFW; dated: 19th January 2017
- (3) Email SEOC/Misc/2012; dated 20th January 2017
- (4) Letter No: B.28/2017/KSIHFW; dated: 23rd January 2017
- (5) Proceedings No: SEOC/Misc/99/2012; dated 31st January 2017



Report

One day training on first aid was organized for the staff of State Disaster Management Authority & State Emergency Operations Centre. First Aid skills being the basic skills for survival, this training was very essential for the staff for learning for self and to help others in case of emergencies.

The training was conducted by a team of experts facilitated by Kerala State Institute of Health & Family Welfare, Government of Kerala.

What is FIRST AID?

First Aid is the help given to a sick or injured person until full medical treatment is available.

The following five sessions were taken by experienced doctors

Sl.No:	Session	Resource Person
01	Basic Life Support	Dr Aggy S Valentine, MD Sr Consultant, Kerala State Health Services
02	Drowning	Dr Srikantan S , Additional Professor, Medical College Thiruvananthapuram
03	First Aid (Choking, Shock etc)	Dr Bennet Xylem P , Paediatrician, Women & Child Hospital, Thiruvananthapuram
04	First Aid (Snake Bite, Drowning)	Dr. Sreekumar , Addl. Professor, Dept. of Medicine, Medical College Thiruvananthapuram
05	First Aid in Trauma Care	Dr. Sreekanth , Jr.Consultant, Dept of Surgery General Hospital , Neyyattinkara, Thiruvananthapuram

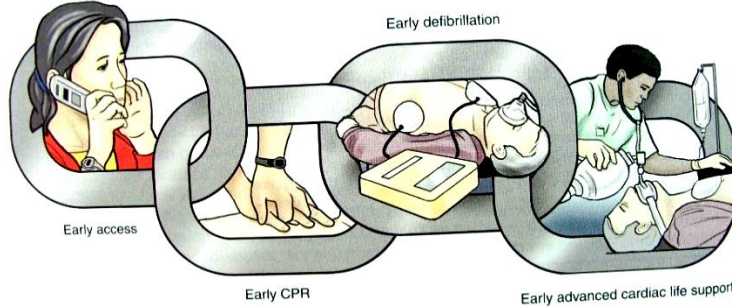
BASIC LIFE SUPPORT (BLS) | Dr Aggy S Valentine, MD - Sr Consultant, Kerala State Health Services

Basic Life Support is the foundation for saving lives following cardiac arrest. BLS is to maintain cardiac output and vital organ perfusion. ACLS is to diagnose cause of arrest and proceed to the cause specific treatment while continuing BLS.

BLS includes

- ▶ Recognition of signs of sudden cardiac arrest.
- ▶ Cardio pulmonary cerebral resuscitation
- ▶ Defibrillation with an AED.

Adult Chain of Survival



- Before approaching the victim, the rescuer must ensure that the scene is safe.
- Immediate recognition and activation of the emergency response system.
- Tap the victim on the shoulder and ask “Are you alright?”
- If victim responds but is injured, phone for help.

Effective Chest Compressions

- Push hard and push fast.
- 100 compressions per minute.
- Compression depth – 5cms.
- Allow complete recoil of chest after each compression to allow heart to fill completely.
- Avoid interruptions in compression.
- Rotate compressor every two minutes.
- Compression/Ventilation ratio – 30:2
- Two breaths should take no less than 10 seconds.
- One breath should take just over 1 second.



Rescue Breaths

- Mouth to mouth or Bag mask.
- Deliver each rescue breath over 1 second.
- Give a sufficient tidal volume to produce visible chest rise.
- Use a compression/ventilation ratio of 30 chest compressions to 2 ventilations

All the participants were asked to practice CPR on the mannequins provided.

Second session was handled by Dr Srikantan on drowning. In Kerala, Accidental Drowning take the lives of many people, especially the young people.

- ⊙ Death due to asphyxiation following immersion in a fluid
- ⊙ Near drowning-survival for longer than 24hrs after suffocation by immersion
- ⊙ Dry drowning- 10% cases ,no water enters lungs-death due to intense laryngospasm

Clinical Features

- ⊙ Rapid onset of ventilation-perfusion imbalance with hypoxia,development of diffuse pulmonary edema
- ⊙ Freshwater drowning – hypotonic,leads to alveolar collapse
- ⊙ Saltwater drowning-hypertonic,leads to alveolar edema

Impact

- ⊙ Loss of consciousness
- ⊙ Hypoxia
- ⊙ Metabolic acidosis
- ⊙ Acute lung injury
- ⊙ Hypotension
- ⊙ Hemoptysis
- ⊙ Rhabdomyolysis,renal failure
- ⊙ Cardiac arrhythmias
- ⊙ ARDS

Management

- ⊙ Cardiopulmonary resuscitation
- ⊙ Administration of oxygen
- ⊙ Maintain circulation
- ⊙ Clear airway of foreign bodies
- ⊙ CPAP
- ⊙ Observation for a minimum of 24hrs
- ⊙ Prophylactic antibiotics only of exposure to contaminated water

He started the session by saying “Anyone with the right knowledge can give first aid.”. First Aid is care given to an injured person to stabilize and keep him safe until he can receive professional medical attention.

Fundamentals of First Aid

First, safety of the rescuer from the site and the safety of the victim. Second, unless the victim is in a life-threatening situation, he should not be moved.

Triage - Definition –

- “To Sort”
- From the French word, “trier”
- Has been defined as “doing the greatest good for the greatest number” **BUT** triage is simply a sorting **PROCESS** that when applied *creates a situation* that allows for “doing the greatest good for the greatest number”

Choking

Step One – If the casualty can speak or if he is choking. Check for the Universal choking sign

Partial Blockage with Good Air Exchange

- Encourage coughing

Partial Blockage with Poor Air Exchange

- Get help, administer Abdominal Thrusts

Complete Blockage

- Get help, administer Abdominal Thrusts



Figure 2-18. Universal sign of choking.

Heimlich Maneuver

- Stand behind victim.
- Wrap arms around victim’s waist and not around the ribs.
- Make a fist and place the thumb side of your fist just slightly above the navel.
- Grab your fist with your other hand.
- Press into the victim’s stomach with five quick upward thrusts. Each thrust should have a pause in between.



Figure 2-19. Anatomical view of abdominal thrust procedure.

- After every five thrusts, recheck the victim. Repeat until the object has been dislodged or until the victim loses consciousness.

Abdominal Thrusts

1. Place victim on his or her back.
2. Straddle the victim by sitting on their thighs.
3. Place the heel of one hand just slightly above their navel. Your fingers should be angled slightly upward, pointed toward the victim's head.
4. Grasp your hand by placing your other hand on top and lacing your fingers into the first hand.
5. Press inward and upward with five quick thrusts. Each thrust should have a pause in between.
6. After every five thrusts, recheck the victim. Repeat until the object has been dislodged or until you are relieved by another person.
7. Perform finger sweep after each set of five thrusts.



Figure 2-20. Profile view of abdominal thrust.

Shock - Treatment

- Place the victim in shock position
- Keep the person warm and comfortable
- Turn the victim's head to one side if neck injury is not suspected



Allergic Reaction

If the shock is the result of an allergic reaction, then follow victim's instructions for treating allergy and monitor the "ABCH's" until medical attention arrives.

Shock Treatment

- Spinal injury – do not move the victim.
- If result of a head injury or if victim has difficulty breathing, elevate head and shoulders by placing a pillow or blanket under head.
- If the victim is unconscious or vomiting, then turn the victim on their left side so the stomach is on the left side of the body.
- If no, elevate legs eight to twelve inches off the ground.
- If less than two hours from medical care, then do not give fluids (except to those who are conscious and are severely burned).
- If no, give small and periodic amounts of water (only if conscious).
- Wait for medical attention to arrive.

SNAKEBITE | Dr S Srikantan, Additional Professor of Medicine, Thiruvananthapuram Medical College

FIELD MANAGEMENT

- Rapid transport of the patient to a medical facility
- Most of the first aid measures recommended in the past are of little benefit
- Splint the bitten extremity
- Identify the bitten snake
- Use of tourniquet-pressure immobilisation in neurotoxic bites

HOSPITAL MANAGEMENT

- Monitor vital signs, cardiac rhythm, O₂ saturation, urine output
- Evaluate limb swelling
- Remove ligatures, bandages applied in the field
- Watch neurotoxic envenomation
- IV fluids-NS 20-40ml/kg if there is hypotension

Care of the wound

- Clean with soap and water
- Splint the limb
- Tetanus immunisation
- Prophylactic antibiotics

- Watch for compartment syndrome
- Surgical consultation for fasciotomy

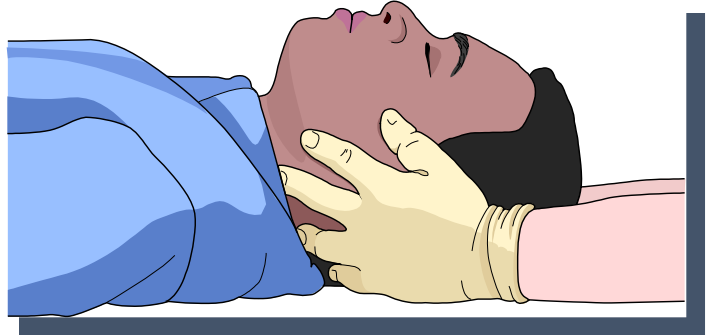
First Aid in TRAUMA | Jr.Consultant, Dept of Surgery, General Hospital, Neyyattinkara, Thiruvananthapuram

One of the most serious types of trauma

- is a break or a fracture to the bone.
- can cause serious bleeding, some from the bone itself.
- can lead to substantial swelling of the injured area.
- can also affect nearby nerves, which can be damaged or compressed due to the trauma

Primary Survey

- A – Airway with C Spine Stabilisation
- B – Breathing
- C – Circulation
- D – Disability
- E – Exposure



Expenditure & Finance

Letter No: B. 28/2017/KSIHFW; dated 19th January 2017 from Principal, Kerala State Institute of Health & Family Welfare expressed their willingness to conduct the training for SDMA/SEOC officials for an amount of Rs 30, 705/- (Thirty Thousand Seven Hundred and Five Rupees Only). This amount was spent from Interest Accrued from the plan fund account vide Proceedings No: SEOC/Misc/99/2012; dated 31st January 2017.

Certificate of participation was awarded to all the participants at the end of the programme along with training materials. Principal & Assistant Director of KSIHFW deserves all appreciation for making this training a memorable one.



**Kerala State Institute of Health and Family Welfare
(KSIHFW) &
Collaborating Training Institute (CTI) of NIHF
Thycaud, Thiruvananthapuram –695014**

**First Aid Training for staff of KSDMA
25/01/2017**

Time	Sessions	Resource Person
9.30 AM to 10.00 AM	<i>Registration</i>	
10.00 AM to 11.00 AM	Basic Life Support	Dr. Aggy.S. Valentine Consultant Anaesthetist GH Palakkad
11.00 AM to 11.15 AM	<i>Tea Break</i>	
11.15 AM to 12.15 PM	Basic Life Support - Hands on Training	Dr. Aggy Valentine Consultant Anaesthetist GH Palakkad
12.15 PM to 1.15 PM	First Aid in Choking, Shock Etc	Dr. Bennet Xylem Consultant paediatrician W & C H, Thycaud
1.15 PM to 2.00 PM	<i>Lunch Break</i>	
2.00 PM to 3.00 PM	First Aid in Snake Bite and Drowning	Dr. Sreekumar Addl. Professor Dept. of Medicine, MCH Trivandrum
3.00 PM to 3.15 PM	<i>Tea Break</i>	
3.15 PM to 5.15 PM	First Aid in Trauma Care	Dr. Sreekanth Jr. Consultant Dept of Surgery GH , Neyyattinkara, Trivandrum

Officials participated for the Training

Sl.No	Staff	Institute
1	Siji M Thanakachan	SDMA
2	Indu	SDMA
3	Unaisa	SDMA
4	Sreenivasan	SDMA
5	Joe John George	SEOC
6	Pradeep G S	SEOC
7	Sunil K Babu	SEOC
8	Rajeev T R	SEOC
9	Andrew Spencer	SEOC
10	Anupama	SEOC
11	Nisha	SEOC
12	Bigi S	SEOC
13	Anjaly Parameshwaran	SEOC
14	Asha Kiran	SEOC
15	Aswathy	SEOC
16	Mary Midhula Maxy	NCRMP
17	Chinthumol	NCRMP
18	Susmy Sunny	NCRMP

Photos



Prepared By:

Sd/-

Joe John George

SPO,GoI-UNDP, SEOC

Approved By:

Sd/-

Dr Sekhar L. Kuriakose

Member Secretary, KSDMA