

# ConCura<sup>+</sup>

## Erste Hilfe Ausbildung

Begleitunterlagen für den Kurs:

# Sofortmaßnahmen am Unfallort

Englisch



## Legal basis

### *Rechtliche Grundlagen*

Every person is bound by law to give First Aid. You cannot be prosecuted for giving First Aid, even having made mistakes. But you can be punished for the failure of not giving assistance.

## How to act at the site of accident

### *Verhalten am Unfallort*

- Allow ambulances to pass between the waiting vehicles
- First of all safeguard the site of the accident, put up warning triangle
- Assess the situation and act cautiously and considerately

## Rescuing a person from a vehicle

### *Verletzte Personen bergen*

- Address casualty, open the safety belt and grasping his/her hips. Turn casualty's back towards you.
- Get ahold of casualty's forearm passing your arms under his armpits
- Drag casualty out of the vehicle and put him down in a safe place

## Serious head injuries

### *Kopfverletzungen*

Any head injury is potentially a very serious condition. Injuries to the head often lead to unconsciousness, which in turn puts the airway at risk. Permanent damage to the brain may result from a head injury.

**Keep the head, neck, and body in line**, in case there is a spinal injury.

## Unconsciousness

### *Bewusstlosigkeit*

**D Danger** – make sure it's safe to help

- Check that it is safe for you to help the casualty. Do not put yourself at risk in any way.
- If possible remove any danger from the casualty, or if not, can you safely move the casualty out of the danger?
- Find out what has happened – and make sure you are still safe
- Check how many casualties there are. Can you cope?

**R Response** – are they conscious?

- Gently shake the shoulders and ask loudly: "Are you alright?"
- If there is no response, shout for help immediately, but do not leave the casualty in any case

**A Airway** – open the airway

Carefully open the airway by using "head tilt" and "chin lift"

- Place your hand on the forehead and gently tilt the head back
- With your fingertips under the point of the casualty's chin, lift the chin to open the airway

**B Breathing** – check for normal breathing

Keeping the airway open, check to see if the breathing is normal.

Take no more than 10 seconds to do this:

- **Look** at the chest and abdomen for movement
- **Listen** for the sounds of breathing (more than the occasional gasp)
- **Feel** for breath on your cheek or movement of the chest or abdomen

If the casualty is breathing normally, carry out a secondary survey and place them in the recovery position.

## Unconsciousness, the recovery position

*stabile Seitenlage*

If not responsive, check breathing:

If breathing is ok → **Recovery position**

- Remove the patient's glasses
- Kneel beside the patient and make sure that both legs are straight
- Place the arm nearest you out at right angle to the body, elbow bent with palm uppermost
- Bring the patient's far arm across the chest, and hold the back of that hand against the cheek
- With your other hand, grasp the far leg just above the knee, and pull it up, keeping the foot on the ground
- Keeping the hand pressed against the cheek, pull on the leg to roll them towards you, onto the side
- Adjust the upper leg so that both the hip and the knee are bent at right angles
- Tilt the head back to make sure the airway remains open
- Call for an ambulance if this has not already been done
- Check breathing regularly. If breathing stops, turn the patient onto the back again and perform resuscitation.

## Checking the vital functions

*Kontrolle der Vitalfunktionen*

**Patient does not respond** → Unconscious

**No breath to be heard, no movement of the chest**

→ Respiratory failure

## Cardio-pulmonary resuscitation

*Herzmassage*

### Dial 112 for an ambulance

Start chest compressions as follows:

- Place the heel of one hand in the centre of the casualty's chest, then place the heel of your other hand on top and interlock your fingers
- Position yourself vertically above the casualty's chest with your arms straight
- Press down on the breastbone 4 to 5 cm then release the pressure without losing contact between your hands and the chest. Ensure that pressure is not applied over the casualty's ribs. Don't apply pressure over the upper abdomen or the bottom end of the breastbone.
- Compression and release should take an equal amount of time
- **Do 30 chest compressions** at a rate of 100 per minute
- **Now combine chest compressions with rescue breaths**

## Artificial respiration

*Beatmung*

### Combine chest compressions with rescue breaths:

- Open the airway again, using head tilt and chin lift
- Nip the soft part of the casualty's nose closed. Allow the mouth to open, but maintain chin lifted.
- Take a normal breath and seal your lips around the casualty's mouth
- Blow steadily into the casualty's mouth, whilst watching for the chest to rise. Take about one second to make the chest rise.
- Keeping the airway open, remove your mouth. Take a breath of fresh air and watch for the casualty's chest to fall as air comes out.
- Re-seal your mouth and give another 30 chest compressions
- Continue repeating cycles of 30 chest compressions and 2 rescue breaths
- Only stop to recheck the casualty if they start breathing normally – otherwise don't interrupt resuscitation

## Bleedings

*Blutungen*

The aims of treatment for bleeding are firstly to stop the bleeding, preventing the patient from going into shock, and also to prevent infection.

**S.E.E.P.** will help you to remember the steps of treatment:

**Sit or lay** Sit or lay the patient down. Place him in a position that is appropriate for the location of the wound and the extent of their bleeding.

**Examine** Examine the wound. Look for foreign objects, and note how the wound is bleeding. Remember what it looks like, so you can describe it to medical staff when it's recovered with a bandage.

**Elevate** Elevate the wound. Ensure that the wound is above the level of the heart, using gravity to reduce the blood flow to the injury.

**Pressure** Apply direct pressure over the wound to stem the bleeding. If there is an embedded object in the wound, you may be able to apply pressure at either side of the object.

## Amputation

### Amputatversorgung

- Treat the patient for bleeding
- Dial 112 for an ambulance
- Dress the wound with a “non-adherent”, non-fluffy dressing
- Place the amputated part in a plastic bag, and then put the package in a bag of cold water to preserve it. Do not allow the amputated part to come into direct contact with the ice or to get wet.

## Shock

### Schock

The definition of shock is a lack of oxygen to the tissues of the body, which is caused by a fall in blood volume or blood pressure.

Severe bleeding can result in shock, which can kill. If the patient has lost a large quantity of blood this can cause a reduction in blood supply to the brain.

#### Some signs of shock are:

- Pale, clammy skin
- Dizziness or passing out
- A fast, weak pulse
- Rapid, shallow breathing

If a large amount of blood has been lost, you can help the flow of blood to the brain by laying the patient down and raising his legs in the air. Keep the patient warm, give nothing by mouth and dial **112** for an ambulance.

## Removing a crash helmet

### Helmabnahme

Open the visor and address casualty. If not responsive, remove crash helmet by two first aiders as shown here.

Check breathing. If casualty is breathing → **Recovery position**.

Keep the head, neck, and body in line, in case there is a spinal injury.

## Emergency call

### Notruf

#### 112

**Where did it happen?**

**How many casualties are at the site?**

**Of what kind are the injuries?**

**Wait – for further questions!**

Dial 112 **after** having completed recovery position!

Dial 112 **before** resuscitation!

**It is a moral obligation of every human to give help to the victims of accidents.**

**Give first aid and care as good as possible.**

**Have the rescue services called out as soon as possible.**

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