First-aid is the immediate care given to the victim of an accident or sudden illness before the arrival of a qualified expert. The purpose of First-aid is to preserve life, assist recovery, prevent aggravation and minimize complications at a later date with the help of such material as may be available.
ARTIFICIAL RESPIRATION

- Mouth to Mouth: This is appropriate and effective technique for emergency artificial respiration.
- Keep the head slightly backward and open the jaw.
- Seal the casualty’s nose to prevent escape of air by pinching with thumb and index finger.
- Take a deep breath, open your mouth widely, place it over the victim’s mouth and make a tight seal.
- Quickly blow the full breath into the mouth of victim.
- Remove your mouth from the victim and allow him to exhale passively.
- Repeat the procedure 12 to 15 times per minute, till medical aid is arranged.
- Arrange immediate medical aid.

CAUTIONARY NOTE

- Do not give mouth to mouth resuscitation during CPR in the presence of toxins such as cyanide, hydrogen sulphide, corrosives and organo-phosphates. Ventilate the casualty by using a face mask or bag/valve/mask assembly.
- Avoid mouth to mouth resuscitation if there is possibility of transmission of infection between the victim and the rescuer, such as HIV, Hepatitis-B, Tuberculosis, Shigellosis, Meningococcal meningitis, Herpes simplex virus and Salmonella. Use an interpositional airway device which must function effectively in both its resuscitation and protective roles, and be immediately available at all times.

CONTROL OF BLEEDING
<table>
<thead>
<tr>
<th>Fractures</th>
<th>Burns</th>
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<tr>
<td>- Apply direct pressure by thumb or finger.</td>
<td>- Signs of Fracture: Pain, Tenderness, Swelling, Loss of Power, Deformity</td>
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<td>- Apply dressing – gauze pad and bandage.</td>
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<tr>
<td>- Apply indirect pressure on pressure points.</td>
<td>- Do not move the injured unless the life is endangered from other causes.</td>
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<tr>
<td>- Apply tourniquet.</td>
<td>- Deal with the haemorrhage and breathing difficulties. Immobilise the fracture by using suitable splints.</td>
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<tr>
<td>- Remove the injured to the hospital.</td>
<td>- Immobilisation should include one joint above and one joint below the fracture.</td>
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<td></td>
<td>- Remove the injured to the hospital.</td>
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</table>
• Pour running cold water on the affected part.
• Do not apply ointments or oils or any other substance.
• Cover the wound with sterilized cloth.
• Give artificial respiration, if needed.
• Prevent shock.
• Arrange immediate medical aid.

• Lay the patient on his back.
• Stop bleeding, if any.
• Relieve pain by supporting the injured part.
• Keep the patient comfortable.
• Do not cause sweating.
• Fluids may be given by mouth in small amounts, if the patient is conscious.
• Reassure the patient.
• Arrange immediate medical aid.
- Stop the bleeding, if any.
- Avoid touching the wounds.
- Cover the wound with sterilized cloth.
- Arrange immediate medical aid.

**EYE INJURIES**

- Removal of foreign body should not be attempted.
- Do not apply oil or ointment.
- Apply sterile pad and loose bandage.
- Send the patient to the hospital.

**ABDOMINAL WOUNDS**

- No time should be lost in sending the patient to the hospital.
- Keep the patient flat on his back.
- Give nothing by mouth.
- Maintain warmth.
- If intestines protrude from the wound, do not attempt to touch or replace them.
- Apply sterile dressing and binder on the wound.
- Provide immediate transportation to the hospital.

**BACKBONE FRACTURE**
• Fracture of backbone may lead to paralysis of limbs. Hence, victim should be handled with great care.

• Transport on a rigid frame, which may be improvised by using available board.

• The rigid frame is to be placed on a stretcher for transportation.

• Immediate hospitalization is needed.

• Make the patient lie down.

• Remove all clothings except the underwear.

• Keep the patient under the fan.

• Pour cold water on the body repeatedly.

• Wash the head thoroughly with cold water and dry it with towel.

• Record body temperature falls up to 38°C stop pouring water.

• Give plenty of cold water with a pinch of common salt in each glass of water to drink.

• Send the patient to the hospital.

HEAT STROKE

BLEEDING NOSE
• Make the patient sit on a Chair with head downward.
• Pinch the nose with fingers and thumb.
• Apply ice or cold compression.
• Do not plug the nostrils.
• Do not put water or any medicine through the nostrils.
• Send for medical aid immediately.

FOREIGN BODY IN THE NOSE

• Do not try to remove the solid object.
• Ask the patient to breathe through mouth.
• Send the patient to the hospital.

BLEEDING EAR

• Lay the patient with the head slightly raised.
• Incline the head to the affected side and apply a dry dressing over the ear with loose bandage.
• Do not plug the ear.
• Apply pressure in front of the ear.
• Send for medical aid immediately.

FOREIGN BODY IN THE EAR

• Solid – Do not try to remove, scratch or probe it.
• Insects – Put a few drops of water in the ear and turn the head so that affected ear points upwards.
• Keep the head in that position for 5 minutes, then turn the head downwards so that the water flows out.
• Arrange immediate medical aid.

SNAKE BITE

• Reassure the patient
• Do not allow the person to run or walk
Apply a ligature above the wound (in between the heart and the wound) if the bite is in the leg or hand.

- Wash the wound with potassium permanganate solution or with soap and water.
- Allow free bleeding.
- Never suck the blood from the wound.
- Treat for shock.
- Arrange immediate hospitalization, by transporting the patient in a lying down position.

**DOG BITE**

- Clean the wound immediately with water.
- Then wash with antiseptic soap and water.
- Do not try to stop bleeding.

**INSECT BITE**

- The sting bite should be pulled out.
- Apply cold compression.
- Apply vinegar diluted with water.
- Soda-bicarbonate paste should be applied at the site.
- Prevent shock.
- Send for medial aid immediately.

**CHEMICAL BURNS OF THE EYES**

- Immediate washing of the eye with clean water at least for fifteen minute or longer.
- Apply sterile dressing over the eye.
- Neutralising agents or ointments should not be used.
- Send the patient to the hospital.

**SUFFOCATION**

- Remove the patient from the source
- Clean the airways.
- Restore breathing by artificial respiration.
- Send the patient to the hospital.

**ELECTRIC SHOCK / INJURIES**

- Do not touch the casualty while he is still in contact with electricity.

**UNCONSCIOUSNESS**

- Switch off the current at once.
- Do not attempt first aid until the contact has been broken.
- Make the air passage clear and clean.
- Restore breathing Artificial respiration and external cardiac massage, if needed.
- Call for immediate medical aid.
- Send the patient to the hospital.

- Make the patient lie down on his belly with head turned to one side.
- Check breathing and pulse.
- Loosen tight clothings.
- Clean the air-way.
- Give artificial respiration and external Cardiac Massage, if needed.
- Transport the patient to the hospital.

- Give universal antidote mixture as given below to drink:
  - Charcoal powder - 2 table spoons
  - Coffee powder - 2 table spoons
  - Chalk powder - 1 table spoon

Add it to a glass of warm water and mix well.

- Send the patient immediately to the hospital.

**POISONING**

- Find the nature of the poison