First Aid Course at the Workplace Module

Lecturer: Mr.Gesmond Micallef

Date: 21st April 2025

Undergraduate Diploma in
Occupational Health and Safety

Emergency Nurse Instructor
Gesmond Micallef

Gesmond has over 37 years of experience, working in the Accident & Emergency Department of a major hospital and in pre hospital care. His background to date has been centered around delivering advanced emergency care. He was trained to work in such situations through real world experiences, involving travelling abroad for training, namely Australia, France, England and Scotland.
He was also a volunteer emergency nurse in major incidents namely in Libya, Mozambique, Tanzania, Egypt, Albania, Kosovo and Tunisia among other countries. Besides having gained experience by delivering hands on emergency care in various countries, he also has teaching experience on the related subject in Malta and around the globe. Through these hands-on experiences, he further gained many strengths that helped him pass on the knowledge, skills and attitudes, to provide safe and effective care in an emergency situation.
Gesmond is a qualified Charge Nurse and Emergency Nurse Instructor. He is licensed with EFR UK, European Resuscitation Council and the University of Malta and acts as an instructor and mentor for the Primary Health Care. He is also a member in the Resuscitation Committee of the Primary Health Care.

Gesmond Micallef

Qualified Emergency Nurse Instructor

jesmondmicallef@hotmail.com

Contact number 99800702


PLEASE
SILENCE
YOUR PHONE

Secondary Care (First Aid)

Undergraduate Diploma in Occupational Health & Safety

Emergency First Response Secondary Care (First Aid) teaches you what to do when Emergency Medical Services are either delayed or unavailable. This course also teaches you how to provide first aid for patients with conditions that aren't life-threatening. You will learn to apply the Cycle of Care in such a way as to reduce imminent threats to a patient's life while providing care that reassures, eases pain and reduces the risk of further harm.

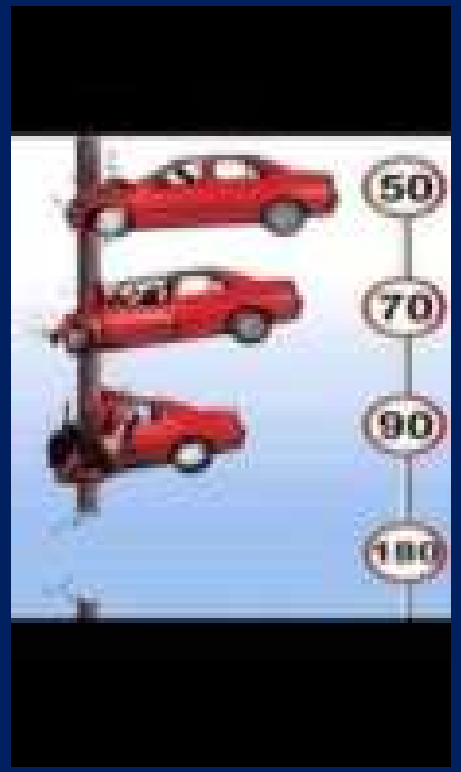
Injury Assessment

Splinting for Dislocations and Fractures

Bandaging

Illness Assessment

And more

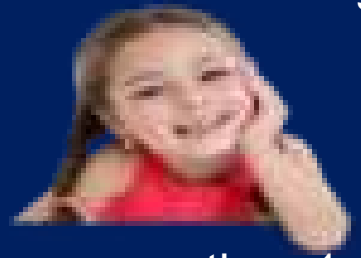


Emergency Care Age Definitions

Providing specific emergency care for a patient is in part guided by the age of the individual. For this reason, the emergency care outlined in this course is divided into adult, child and infant.

Adults are defined as individuals typically older than 12 years (past puberty)

Children are defined as individuals between the ages of 1 and 12 years old, but who not yet reached puberty.

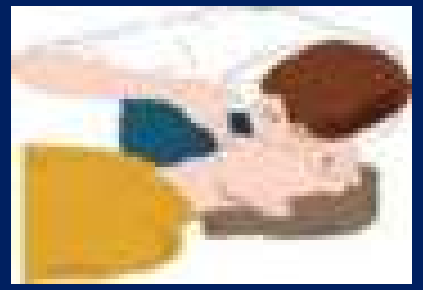


Infants are defined as individuals younger than 1 year

Primary Assessment

Primary means first in a series or sequence. It means most important. An assessment is an evaluation or an appraisal. Therefore, in terms of emergency care, a primary assessment is an Emergency Responder's first evaluation of an injured or ill person. Primary assessment is always the first step of any emergency care. Primary assessment also refers to the evaluation of a patient for any life-threatening conditions needing immediate attention. Injuries and illnesses that are life-threatening needed to be treated first.

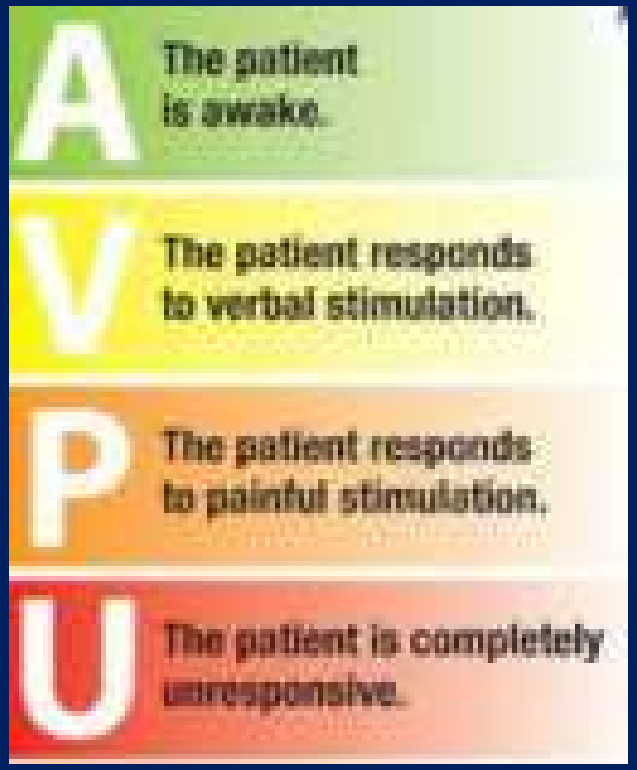
CPR



CPR stands for Cardiopulmonary Resuscitation. Cardio means “heart” and Pulmonary means “ concerning the lungs and breathing”. Resuscitation means “to revive from unconsciousness”. If a patient is unresponsive and not breathing normally, you begin CPR immediately. CPR is a two-step process. First, and most important, you press on a patient's chest. These are called chest compressions. Second, you blow in the patient's mouth providing him oxygen. These are called rescue breaths. Complete CPR combines manual chest compressions with rescue breaths.

Response

If patient unresponsive shout for help immediately



Open Airway

- Use head tilt chin lift to open airway of an unresponsive patient

Check Breathing

- Look
- Listen
- Feel

Start Chest Compressions

- Chest compressions are performed with the victim lying flat on his back on a firm surface.
- The breastbone is then rhythmically depressed towards the backbone.
- This make the blood flow out of the heart and around the body.

CPR:30 Chest Compressions

- Place the heel of your hand in the centre of the chest.
- Place the heel of your other hand on top of the first and interlock your fingers
- With your elbows straight, bring your shoulders up until they are directly over the victim's chest
- Depress the breastbone 5-6 centimetres. Then release the pressure completely, but without loosing contact with the victim's chest.
- The recommended rate of chest compressions is approximately 100 per minute (a little less than 2 compressions per second).
- Give 30 chest compressions

CPR: 2 Artificial Ventilations

- Pinch the nose
- Take a normal breath
- Place lips over mouth
- Blow until the chest rises
- Take about 1 second
- Allow chest to fall
- Repeat

Good quality CPR affects survival

- It is a known fact the quality of CPR affects survival, so…
- Start CPR without delay
- Deliver good-quality chest compressions
- Do not interrupt chest compressions (unless to deliver breaths or attach the AED)

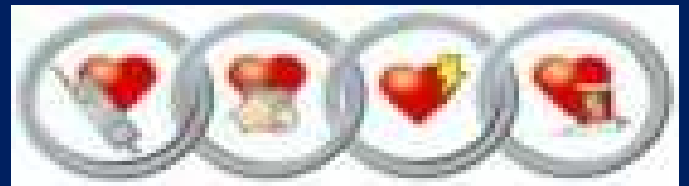
- Early recognition and call for help
- Early CPR
- Early De fibrillation
- Early Professional Care and Follow Up

Early recognition and call for help

As an Emergency Responder, you must first recognize that an emergency exists. Once you've determined that an emergency exists, evaluate the scene to determine if it is safe for you to assist the patient. If safe to approach patient, you next determine if the patient is responsive and breathing normally. If patient is unresponsive and not breathing normally, you must rapidly activate the EMS.

Early CPR

A person who is unresponsive and not breathing normally needs CPR immediately. Early CPR is the best treatment for cardiac arrests until a defibrillator and more advanced trained professionals arrive. Effective and immediate chest compressions prolong the window of time during which de fibrillation can effectively occur and provide a small amount of blood flow to the heart, brain and other vital organs. Immediate CPR can double or triple a patient's chance of survival when experiencing a sudden cardiac arrest.

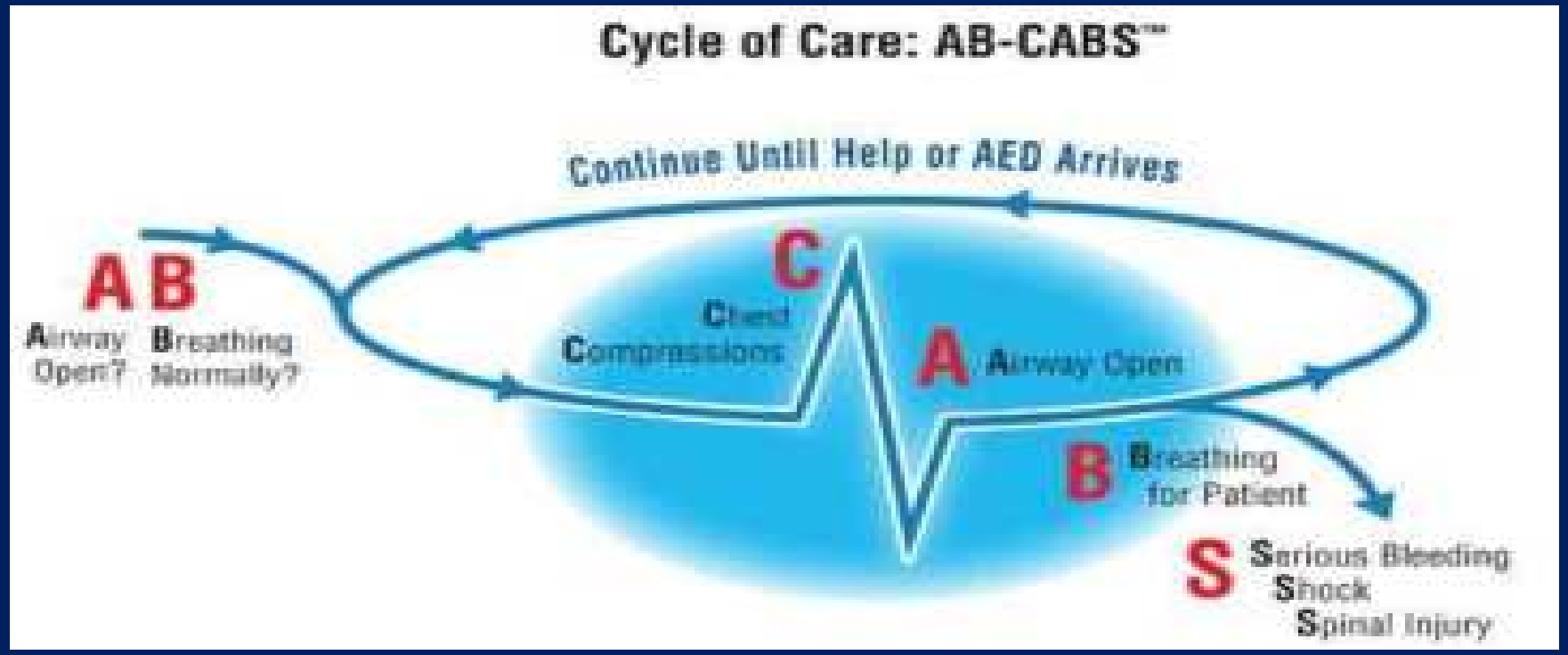


Early Defibrillation

Combined with CPR, early defibrillation by you, the Emergency Responder, or EMS personnel, significantly increases the probability of survival of a patient who suffers a sudden cardiac arrest. During this course you may learn how to use an Automated External Defibrillator (AED). If you witness a cardiac arrest and an AED is available, you should begin chest compressions and use the AED as soon as possible. When applied to a person in cardiac arrest, an AED automatically analyses the patient's heart rhythm and indicates if an electric shock is needed to help restore a normal heartbeat.

Early Professional Care and Follow Up

EMS personnel and hospital staff can provide advanced patient care that you cannot. Advanced care includes, artificial airways, oxygen, cardiac drugs and surgical interventions.



A = Assess the scene for danger - Open Airway

B = Is the patient breathing normally (Unresponsive)

C = Chest Compressions

A = Airway open

B = Breathing for patient

S = Serious Bleeding / Shock / Spinal Injury

Psychological and Emotional Aspects

Helping Others In Need

When a person has no heartbeat and is not breathing normally, irreversible brain damage can occur within minutes. It is typically best to alert the EMS first, before rendering emergency care. Beside providing an act of kindness toward a fellow human being in need, there are three basic reasons for assisting someone who needs emergency care.

.You can save or restore a patient's life.

.You can help reduce a patient, s recovery time; either in the hospital or at home.

. You can make the difference between a patient having a temporary or a lifelong disability.

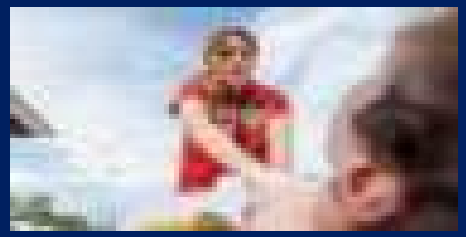
Emotional Aspect of Emergency Responder

Anxiety: People may hesitate due to general nervousness or anxiousness. When you follow the priorities of care as outlined in this course, you are giving your patient the best chance for survival or revival.

2. Guilt: People may hesitate when thinking about how they might feel if the patient doesn't recover after delivering first aid. You can't guarantee that a patient will live or fully recover-there's too much beyond anyone s control.

3. Fear of imperfect performance: People may hesitate because they feel that they cannot properly help an injured or ill person. It s not hard to provide adequate care, and adequate care provided is always better than perfect care withheld.

Emotional Aspect of Emergency Responder



4. Fear of making a person worse: The most serious medical emergency is when a patient isn't breathing normally and has no heartbeat. A person with no breathing and no heartbeat is already in the worst state of health. You can trust your training

.

5. Fear of infection: People may hesitate because they are afraid of being infected by the person they are assisting. By using barriers, you're highly unlikely to get any disease or infection from someone you help. Further, research has shown that the chance of disease transmission is very rare when providing CPR.

6. Responsibility Concerns: People are afraid because they are afraid of being sued. In general, the fear of being sued should not stop Emergency Responder from providing emergency care. In many regions of the world, Good Samaritan laws have been put in place to encourage people to come to aid of others.

Emotional Aspect of Emergency Responder

You may have elevated physical and emotional stress after providing emergency care. If you do , try the following:

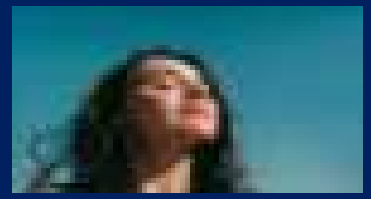
Try to relax after the incident. Lower your heartbeat and blood pressure by resting or walking slowly. Relaxing will reduce elevated adrenaline produced by your body to help you through the stress of providing emergency care.

Avoid stimuli such as caffeine, nicotine or alcohol.

Talk about the incident with others. Talk can be healing medicine.

If you experience physical or emotional problems such as prolonged depression, sleeping disorders, persistent anxiety or eating disorders, seek professional help.

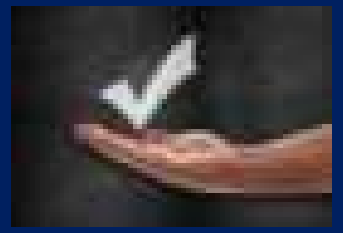
Spend time with others. Reach out – people care.



Good Samaritan Laws

- Only provide care that is within the scope of your training as an Emergency Responder.
- Ask for permission to help
- Act in good faith
- Do not be reckless or negligent
- Act as a prudent person would
- Do not abandon the patient once you begin care. The exception to this is if you must do so to protect yourself from imminent danger.

Asking a Patient for Permission to Help

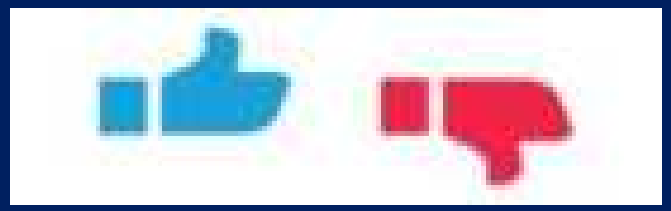


When an injured or ill responsive adult or child needs emergency care, ask permission before you assist them. Asking for permission to help reassures the patient, by indicating that you are trained appropriately. You ask for permission to help with the Responder Statement. You simply say,

Hello? My name is _____ I'm an Emergency Responder. May I help you?

Asking a Patient for Permission to Help

It is important to get the patient's agreement if he is alert and responsive. There is implied permission-meaning you can proceed with emergency care – if the patient is unresponsive. If an injured or ill responsive adult, refuses emergency care, do not force it on the person. If possible, talk with the individual and monitor the patient's condition by observation without providing actual care. You could, however, activate EMS at this time.



Psychological and Emotional Aspects.

ABUSE

Four major types of abuse are:

Physical Abuse: burns, bite marks, cuts, bruises, or welts in the shape of an object. Resistance to go home, Fear, Difficulty in concentrating

Sexual Abuse: inappropriate interest in or knowledge of sexual acts, seductiveness. Avoidance of things related to sexuality or rejection of own genitals or body. Fear of a particular person or family member, Aggression.

Neglect : Clothing unsuited to the weather, being dirty or unbathed, extreme hunger, lack of supervision.

Call First and Care First

In the Chain of Survival your role as Emergency Responder is to summon emergency medical aid and to assist the patient until it arrives. Activating EMS is so important that in most circumstances, if you're alone and there is no one else to activate the EMS for you, you Call First, then assist the patient.

After establishing patient unresponsiveness, and identifying that he is not breathing normally, ask a bystander to call EMS and secure and AED if possible. If you are alone, use your mobile phone to call EMS. This is the Call First approach to emergency care. You Call First to activate EMS, then you provide assistance.

Call First and Care First

There are two primary exceptions to the Call First approach to emergency care. In the following instances, you provide Care First, then call EMS.

1) If the patient is a child or an adult who has experienced submersion in water. In these cases, you provide CPR for a short time, particularly rescue breaths to the patient, and then call EMS. This is called Care First.

2) With children and infants, if you are alone, you should provide CPR-Care First- then call EMS and retrieve an AED if close by.

European Resuscitation Council (ERC) Guidelines: Provide five initial rescue breaths followed by approximately one minute of CPR, then call EMS.

Questions?










First Aid Course at the Workplace Module

Gesmond Micallef

Qualified Emergency Nurse Instructor

jesmondmicallef@hotmail.com

Contact number 99800702