



Cascade

CPR & First Aid

Manual

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Introduction to First Aid

When most people think about giving Fist Aid to someone, one of the first thing that comes to mind is wounds. While control of bleeding is one of the top priorities when confronted with an emergency it is even more important to protect yourself. With this in mind always to remember to check the scene before getting involved. Always make sure to lessen the risk of diseases that the victim may be a carrier of.

Along with protecting yourself there are a few other important things to remember.

- Never do anything that you are unsure of or uncomfortable with.
- First Aid is to prevent further injuries of the victim and others.
- First Aid is to help alleviate as much pain as possible until medical help can be with the victim.

This First Aid Manual is just that, a manual. It is in no way to be used as a substitute for professional medical services like the local EMT's or your own doctor. This manual will help you help the victims until the professionals can be involved.

The Final item that needs to be addressed before going over this manual is that preventing injuries is the surest way of not having to use the information in this manual and what you learn in class.

Bloodborne and Airborne Pathogens

Whenever you are providing First Aid or CPR you need to protect yourself from diseases include HIV, hepatitis, tuberculosis, meningitis as well as other new diseases that are finding their way into our daily lives.

The best way to protect yourself is to always wear Personal Protective Equipment (PPE) when dealing with victims. PPE includes wearing non-latex gloves, face shield and eye guards/glasses. These items may not always be available to you so you may have to make some judgment decisions on how involved you want to get with the victim, especially if they are bleeding.

There are several types of CPR masks available at a reasonable cost, \$6.00-\$15.00. The main part of the mask is the one-way valve that insures the victim's breath does not come back onto your face during ventilations. Along with masks are the use of non-latex gloves. Many masks available today come with gloves in a kit. If you choose a mask that does not include gloves it is advisable to put gloves in a zip lock baggie and keep them with the mask.

When dealing with possible body fluids splashing or spraying, it is always a good idea to have eye protection as well as a face shield of some sort. Many First Aid Kits have these items in them. If the kit that you choose does not have these items it is wise to put them in. This can be very advantageous during vehicle accidents.

To decontaminate an area that has had body fluid exposure use a bleach/water solution of 1:10. Leave the solution on the exposed area for 10 minutes before wiping clean. Dispose of cleaning rags and gloves in a bio-hazardous bag.

Injury Assessment

The first step to injury assessment is to make sure that it is safe for you to get involved. Always check the scene first!

Primary Assessment includes three questions that will help ascertain the victim's danger level.

- Is the victim dead? Check this by using the ABC's of CPR
- Is the victim going to die? Check for profuse bleeding and shock
- Will you hurt the victim if you move them? Always keep the victim from moving. You will move them only if they are in danger by staying where they are.

Secondary Assessment includes a complete head to toe check of the victim for injuries and wounds.

- Identify yourself as a first aid responder and ask the victim if you can help. If the victim says yes or if they do not respond, you can begin your assessment. If the victims say no, you cannot touch them, but you can stay with them and reassure them that help is on the way. Continue to monitor their responsiveness.
- IF they respond yes, begin your assessment by checking for head injuries. This includes any visible wounds, swelling or bumps on the head. Also check for bleeding or fluid from the ears, nose and mouth. Check the pupils for dilation or fixation.
- Ask the victim about the accident and any injuries they are aware of. Where do they hurt? Anything that can help determine their responsiveness level will help you help them.
- Continue the assessment down to the shoulders, chest, abdomen, pelvis, legs, feet, arms, fingers, neck and back. Ask the victim to move their feet and fingers. If they don't move their feet or fingers do not move them!
- If the victim is able to move their feet and they do not complain of any neck or back pain, treat for shock and monitor their status until help arrives.

Shock Management

Shock is when the body begins to shut down. It is usually caused from a lack of oxygenated blood to the brain. The lack of blood is usually associated with either internal or external bleeding but can be caused from illness or visual stimulus.

Signs and Symptoms:

Pale

Rapid breathing

Rapid pulse

Skin is cool and clammy

First Aid

- Lay victim on their backs and elevate feet/legs about 12-14"
- Cover victim with blanket/towel, or jacket to keep them warm
- If head injury is suspected DO NOT raise the feet/legs, but rather raise the head and shoulders
- Call 9-1-1 or other medical assistance
- Do not give fluids or food if an internal injury is suspected
- Continue to monitor the victim for responsiveness

Seizures

Epileptic, Head Injuries and Febrile are all types of seizures that can be life threatening and need to be addressed such.

Epileptic Seizures are caused from a brain abnormality that causes the body to convulse or have the victim go into a blank stare. Protect the victim from hitting their body against objects. Do not attempt to move the victim or restrain them from seizing. Once the victim is done with the seizure ask them, “Are you okay?” and “Have you ever had a seizure before?”

Call 9-1-1 if...

- The victim stops breathing or becomes injured
- This is the first seizure the victim has experienced
- The seizure last more than five minutes
- The seizure goes from one right into another

Head Injury Seizures can be very dangerous. Anytime someone hits their head hard enough for the body to go into a seizure 9-1-1 needs to be called immediately. Treat the victim for shock and try to have them stay still until the EMT's can evaluate them.

Febrile Seizures are caused from extended high fevers. Usually only the young or elderly are affected. If a fever causes the victim to go into a convulsive seizures, cool them down with cool tap water and call 9-1-1. The convulsions usually cease soon after applying the cool water to their skin.

Allergic Reactions

Many people have severe allergic reactions that if left unchecked can lead to death. With the proper response from bystanders the victim can survive these reactions. Following is a quick list of symptoms and responses for allergic reactions.

Symptoms

- Swelling beyond effected area
(i.e. bee sting swelling above next major joint)
- Hives and rashes
- Chills and itching
- Difficulty breathing
- Low blood pressure
- Vomit or diarrhea
- Hoarseness

First Aid

Areas that only show a local reaction can be cooled with an ice pack, this will help with local swelling. Bee stings can also be covered with a baking soda/water paste or meat tenderizer/water paste. This will help eliminate the pain from the sting. Severe reactions need medical attention. The victim may have a prescribed Epi-Pen. If the victim cannot deliver the injection alone, you will need to grasp the pen in one hand, remove the cap, swing and jab firmly into victim's thigh, hold in thigh for several seconds. In severe reactions the victim may have difficulty breathing due to swelling the airways. Keep the victim as calm as possible, seek medical help as soon as possible, if you have Benadryl give the victim a tablet to help buy time until medical help arrives.

Hyperventilation

This is caused when a person exhales too much carbon dioxide and inhales too much oxygen thus causing an imbalance in their blood gases. It can occur from excitement, fear or exertion. While hyperventilation can lead to fainting it is usually not a dangerous situation.

To help someone who is hyperventilating simply have them breathe into a small paper bag while encouraging them to slow their breathing down. A good way to get them to slow their breathing is a technique called Elevator Breathing. Have the victim “Breath through their nose to their toes and from their toes through their nose.” This will help them focus on something other than what got them into the hyperventilation breathing pattern to start with.

This condition will usually cease rather quickly and usually does not need any other medical attention.

Diabetic Conditions

High and low blood sugar levels (hyper and Hypoglycemia) can cause severe complications if the victim is not cared for immediately. Both conditions have similar symptoms and knowing a little about what the body will do helps us care for someone that has these symptoms.

A person suffering from low blood sugar will eventually die while a person with high blood sugar will not do real well, but rarely will they die. Knowing this we will always give sugar to a victim who is experiencing some form of a diabetic attack

Symptoms will include dizziness, lightheadedness, possible fainting, nausea, extreme thirst, will act “drunk” or be in a stupor.

If the victim is conscious have them eat some sugar, honey, lifesavers or drink some orange juice or regular soda pop.

If the victim is unconscious place some granulated sugar or squeeze some cake gel between their lip and gum. This will get into their bloodstream very quickly and they should begin to respond within two to three minutes. Seek medical attention as soon as possible.

Poisoning

There are four ways for poison to occur; ingestion, injection, inhalation, and absorption. Each way poison can cause severe complications to the victims.

The most common symptoms of poisoning include headaches, abdominal pain and cramping, dizziness and loss of consciousness. The most common victim is a child, but others can be effected as well (i.e. alcohol poisoning).

Ingested poison can react very fast and medical attention needs to happen rapidly. The number one thing to do is contact The Poison Control Center or 9-1-1. The Poison Control Center number is **1-800-222-1222**. Do not use Syrup of Ipecac. This is no longer advised. Poison control may ask if you have activated charcoal to help bind the poison. **DO NOT GIVE THE VICTIM ANYTHING UNLESS ADVISED TO DO SO BY POISON CONTROL!**

Injected poisons are usually caused from snake or spider bites. The best thing to do in this case is keep the bite low and the heart slow. You can use cold compresses (not ice packs) to slow the blood circulation and seek medical attention immediately. Wash wound area thoroughly with soap and water or antiseptic wipe. Do not “cut and suck” or use extraction devices. Remove all constrictive items from the effected area.

Inhaled poison victims need fresh air immediately. Assist the victim to a well ventilated area or outside. Treat for shock and seek medical attention.

Absorption is when poison chemicals come in contact with the skin. Flush with cold water for 15-20 minutes. If it is a dry chemical be sure to brush as much off as possible prior to flushing with water.

Control of Bleeding

There are three steps to control bleeding wounds.

- Use direct pressure with a clean dressing at the sight of the wound
- Use elevation of the body part if the wound is not controlled with direct pressure only.
- Apply pressure to the appropriate pressure point, along with elevation and direct pressure.

Once the bleeding has been stopped apply a pressure bandage to the wound. This needs to be put on snuggly, not tight but snug.

Do not remove saturated dressing from the wound. If the dressing becomes saturated apply more dressing on top of the dressing already on the wound. If the wound is severe enough and won't stop bleeding the victim needs medical attention and possibly stitches.

Wounds include abrasions, lacerations, incisions, avulsions, amputations and impalements. **Abrasions** need to be rinsed with clean water and dressed and bandaged. **Lacerations and Incisions** need to be held together with direct pressure and the other steps to control bleeding. **Avulsions and Amputations** are when skin and body parts are detached from the victim. Control the bleeding, wrap the parts in clean dressing, put the wrapped parts in a plastic bag, place bag in cold water or on ice. Remember to take body parts to hospital with the victim. Treat for shock. **Impalements**, do not remove impaled objects.

Fractures And Splints

There are basically two types of fractures, open and closed. The open fracture means that control of bleeding must be dealt with prior to any splinting that may need to occur. Closed fractures are when the bone is broken but the skin is not.

The principles of splinting include:

- Splint them where they lie.
- Immobilize the joints above and below the fracture.
- Have the victim assist if possible.
- Pad well. Padding needs to;
 - Cover the splint
 - Not allow pressure over the fracture
 - Give equal pressure throughout the splint
- Determine splint size and practice on the opposite limb (unbroken limb)
- When wrapping the bandage around the splint be sure to “Lock the splint” on both ends to prevent the splint from slipping
- Tie knots on the outside for easy adjustments, use square knots
- Make first tie above the break on sound tissue
- Tie splints securely but don’t cut off circulation. A loose splint is often worse than no splint!

An ice pack on fractures will help reduce swelling until the victim can get medical attention.

Dislocations, Sprains And Strains

While dislocations, sprains and strains are not life threatening, they can be very painful. The biggest concern with these injuries is to alleviate as much pain as possible to help prevent possible shock

Dislocations are when a joint comes out of its socket. The most common dislocation includes the shoulder, knee, elbow and ankle, but all joints can become dislocated. Dislocations are extremely painful and can easily cause shock due to the pain involved.

- Support the joint by placing padding under the area. The padding should help take the pressure off of the joint so it can begin to relax.
- A sling can be used for shoulder dislocations with a padding under the armpit.
- Seek medical attention, do not try to put the dislocated joint back into place.

Sprains and Strains are similar. Sprains deal with ligaments while strains deal with muscles and tendons. The sooner these injuries can be dealt with the quicker the recovery will be. Use the RICE Principle when dealing with these injuries.

R= rest. If necessary, use a sling for an arm injury or crutches for a leg or foot Injury. Splint an injured finger or toe by taping it to an adjacent finger or toe.

I= ice. Ice for 20 minutes every hour. Never put ice directly against the skin, use a thin cloth for protection. (Repeat as often as possible for 48hrs)

C= compression. Wrap an elastic (Ace) bandage or sleeve lightly around the joint or limb. Specialized braces, such as for the ankle, can work better for swelling.

E= elevation. Elevate the area above heart level.

*Heat should only be used once there is no warmth radiating from the injured area, this is usually after the first 48 hours of injury.

Head Injuries

Since head injuries can mean a brain injury may have occurred as well, it is important to check that the victim is still breathing. If the victim is not breathing, use the jaw thrust technique to open the airway. If they still are not breathing, begin CPR.

Next check for any bleeding that needs to be controlled. Cover the wound with sterile dressing. If fluid is coming from the ears, Do Not stop it! Try to place the victim in the shock position, elevating head and shoulders, not legs. Do Not remove any objects embedded in the skull. Any head injury that causes the victim to have a seizure needs medical attention immediately. Call 9-1-1

Eye Injuries can be caused from impalements or the eye coming out of the socket. Do Not remove impalements and Do Not attempt to put the eye back into the socket! In both cases cover the eye with an “eye cup” or other small paper cup. Cover the eye with a dressing and bandage both eyes so that the victim does not attempt to look around. Get medical attention immediately.

Nose Bleeds are treated like any other bleeding. Direct pressure, elevation and pressure point. Direct pressure can be applied by pinching the bridge of the nose, elevation is already happening since the head is above the heart. There is also a pressure point located in the center of the upper lip.

Dental Injuries can be very bloody but the victim does not need to lose their tooth. If the tooth comes out, rinse it with clean water and put it back in the socket if you feel the victim is capable of keeping it there. Place the tooth in milk if the victim is unable to keep the tooth in the socket. If milk is not available, place the tooth in a plastic bag and seek professional dental care immediately.

Neck And Back Injuries

This is a pretty clear cut topic. **DO NOT MOVE THE VICTIM UNLESS ABSOLUTELY NECESSARY FOR THEIR OWN SAFETY SUCH AS FIRE, FLOOD OR DIFFICULTY BREATHING!**

Anytime the victim complains of neck or back pain following an accident you should immediately assume that there is a serious injury in that area. Get medical help immediately. Have the victim stay as still as possible.

If the victim is not breathing and you suspect a neck injury you should open their airways by using the Jaw Thrust with the Cervical Immobilization Technique. This technique is done by;

- Kneel at the top of the victim's head.
- Place hands on either side of the head keeping it as still as possible. Do not tilt the head back.
- Grasp the lower jaw with both sets of fingers and lift the jaw up. This will help pull the tongue out of the airway so the victim can breathe easier.
- If the victim still is not breathing after the jaw thrust, begin CPR.

If the victim is still unable to breathe and you cannot get a breath in when using the jaw thrust technique you will need to gently do a slight head tilt while keeping the jaw thrust technique in place. Do this until you are able to position the victim so that the airway becomes open enough for you to give ventilations.

Do Not place a neck/back injury victim into the recovery position! Maintain the airway with the Jaw Thrust Cervical Immobilization Technique.

Chest Wounds

The major concern with a chest wound is the possibility of a collapsed lung. When the chest cavity is exposed to outside air, the movement of the lungs during normal respirations causes air to enter the chest cavity. As this air continues to enter the cavity it builds up pressure around the lungs with the lungs eventually collapsing. Should a lung collapse the possibility of the victim dying becomes quite high.

A puncture wound to the chest is commonly referred to as a “sucking chest wound”. It gets its name due to the sound of sucking air entering the chest cavity when the victim breaths. This wound needs to have an air-tight seal put on it to prevent air entering the wound.

Cover the wound with a sterile dressing, use an air-tight material (plastic from a bag, driver's license, aluminum foil, etc). Place the material over the dress wound, tape the air-tight material down, bandage the chest by wrapping around the victim. Seek medical help immediately. Treat for shock and have the victim sit or lay down, whichever will help them breath easiest.

Abdominal Injuries

When dealing with victims that have an apparent abdominal injury it is extremely important to get medical assistance as soon as possible. Many times the victim have a closed wound and you will not be able to see what is happening inside of them. Internal injuries like this can quickly lead to shock and death.

Closed abdominal injuries will be accompanied with pain, nausea, swelling and discoloration at the sight, accompanied with the symptoms of shock.

Treat the victim for shock by having them lie down with their feet/legs slightly elevated. Keep them warm and monitor their responsiveness until help arrives. Do not give them food or water due to putting pressure on the injury.

External wounds need to be treated as soon as possible due to blood loss and exposure of the internal organs to air. Cover the wound with a clean cloth to help stop the bleeding. If the intestines or other organs are exposed they need to be covered with a damp cloth or dressing to prevent drying out. Do not attempt to put the exposed parts back into the victim. If it's out leave it out! If entrails become dried out they are at risk of having portions be surgically removed. Covering the wound will also help keep the wound out of sight for the victim and bystanders. This wound can be rather difficult for a responder to deal with so the sooner it gets covered the better off everyone is. Treat the victim for shock.

If the victim has been impaled by an object, do not remove the object! Get medical assistance immediately. Place clean dressing around the object and wrap a bandage around the victim to secure the object from moving. Treat for shock.

Lifting and Moving Victims

The most important thing to remember when considering moving a patient is **DON'T MOVE THEM** unless they are in danger. If, after evaluating the scene, you feel the victim must be moved for their own safety use proper lifting techniques so that you do not become injured as well. Try to get the help of others to prevent this. Try to get the help of others so that you can move the victim as a unit. Move the victim only as far as absolutely necessary for their own safety. A good technique when others are available is to put the victim on a sheet or blanket and have the others grab the sides of the blanket to perform the lift and move.

If you are by yourself and need to move the victim you can have them sit in a chair while you drag the chair backwards to safety. Another type of move is to grab the victim under the armpits and walk backwards to a safe place.

Exposure To Heat

Anytime the climate reaches 80 degrees or more there is a concern of heat related conditions. There are three stages to heat exposures; Heat Cramps, Heat Exhaustion and Heat Stroke. Each condition can lead to the next stage with the final leading to death. The human body does not handle heat well and thus can have a very negative effect when exposed to high temperatures over a period of time.

Heat Cramps; caused from loss of salt and water, there will be muscle cramping, cool moist skin, pulse will be rapid. Give the victim water or a sports drink. Get them out of the heat.

Heat Exhaustion; cramping may occur, skin is cool, pale and moist, body temp will remain normal or slightly lower than normal, pulse is rapid and weak. Cool the victim immediately. Have the victim lie down with legs elevated (shock position). If the victim is fully conscious, give cool liquids. This condition can rapidly lead to stage three, heat stroke.

Heat Stroke; this is caused when the body's heat regulating system shuts down. The body has no way of releasing the heat and thus will cook from the inside. The victim will be hot to the touch with dry red skin. The pulse will be rapid and bounding. Cool the victim immediately in cool water. Seek medical attention immediately. Heat stroke can lead to death if not responded to in a timely manner.

Exposure to Cold

There are two major problems that can happen when someone is exposed to cold temperatures over a given period of time, **Frost Bite** and **Hypothermia**. Both are very dangerous conditions that can lead to permanent disabilities or even death.

Frost Bite has three degrees with each one becoming more dangerous for the victim.

- *Frost Nip* (1st degree); Affects tips of ears, nose, cheeks, fingers, toes and chin. Skin is flushed, red and painful.
- *Superficial* (2nd degree); Affects tissue just beneath the skin. Skin is firm, waxy and white. Tissue beneath is soft, numb and then turns purple while thawing. Blisters occur minutes to hours after cold injury
- *Deep* (3rd degree); Affects entire tissue depth. Tissue is solid, waxy and white with purplish tinge. It can become deep purple.

The two major things to do for frostbite are placing the victim in permanent treatment as soon as possible and re-warming as soon as possible. Do no start thawing the Frost Bite if you feel there is a chance that the victim is going to refreeze.

Hypothermia is when the body's temperatures drops below 95 degrees. The symptoms include shivering, slurred speech, apathy, poor judgment. Gone unchecked hypothermia can lead to death.

Get the victim out of the environment and get them into dry warm clothing. Warm the victim slowly from the outside and give warm fluids if they are fully conscious. Do not give alcohol or caffeine. Seek medical attention as soon as possible.

Burns

Burns vary in degree and seriousness. All burns have two components that must be eliminated before they can stop burning the victim, heat and source. The source is usually removed right away by taking the object off of the victim or by taking the victim off of the object. Heat is usually removed by running cold water on the burn for at least five minutes. This does not apply when dealing with Third Degree Burns.

1st Degree; reddening of the skin, slight swelling, pain, warm to the touch. Remove the person from the source. This is usually a sun burn so get the victim out of the sun. Cool the skin with cold water for at least five minutes. Do not use home remedies or ointments until the burn is cool to the touch.

2nd Degree; reddening of the skin, blisters, slight swelling, pain, warm to the touch. The major difference between 1st and 2nd degree is the blisters at the burn sight. Treat same as a 1st degree burn. Do not puncture the blisters. Treat for shock and obtain medical attention if burn is severe.

3rd Degree; the burn site is charred, no pain at burn site but pain radiates around burn from 2nd and 3rd dgree burns. Do not run water on the burn but apply cold wet dressing to cool the burn. Remove and constrictive clothing and jewelry from the victim to allow the burn to cool. Treat for shock, watch for breathing problems and obtain medical attention immediately. Do not remove any clothing that sticks to the burned area, but cut around the clothing to remove as much as possible.

Burn Free is a product that can be used in place of cold water to cool 1st and 2nd degree burns.

Electrical Injuries

The most important issue when dealing with electric injuries is to protect yourself and other bystanders. Do not attempt to deal with the victim until the power has been shut off.

When the power has been turned off you can begin to assess the victim's needs. The victim may not be breathing or have a pulse. If this is the case the CPR will need to be performed.

The victim may have burns or wounds where they were touching the wire that shocked them. These are usually not bleeding due to the heat generated from the electricity. If they are bleeding you will need to control the bleeding as discussed in the wounds section of this guide.

Treat the victim for shock and seek medical assistance as soon as possible.

Remember do not attempt to deal with an electrocution victim until the power is off!

Animal, Snake, Spider, Tick Bites

Animal Bites; treat them as a puncture wound. Wash the bite with soap and water, dress and bandage the wound and seek medical treatment as soon as possible. Do not attempt to capture the animal due to it possibly biting more people.

Snake Bites are usually on the wrists or ankles. This makes it easy to keep the bite below the heart. Keep the victim's pulse as slow as possible.

Seek medical help immediately, but remember to keep the victim's pulse slow and the bite low.

Spider Bites can lead to very serious complications. The two most common spiders in Oregon are the Black Widow and the Hobo. There are also some Brown Recluse spiders, but they usually are transported in furniture from the Southeast part of the United States. The Hobo and the Brown Recluse have very similar symptoms. The bite will usually go undetected for the first 24 hours. At that point a blister with a pus like liquid in it will appear. Keep an eye on this blister, if it begins to ooze or if red line should start appearing seek medical attention immediately. The blister will usually become brown and hard after a few days and then fall off without any other problem.

Ticks need to be removed immediately. Grasp the tick with tweezers and using a steady gentle pull it straight out from the skin. After removing the tick clean the area with soap and water. The victim should seek medical attention if they begin to have flu-like symptoms within days of the bite.

CPR

Protect yourself from the scene and the victim.

- IS the scene safe for you to get involved? What happened to cause the patient to collapse?
- Always treat the patient as though they are a carrier of a disease. Wear protective gloves and use CPR mask whenever possible.

Assess the victim's responsiveness by tapping on their shoulder. Look at their chest for normal breathing. Infrequent snoring type gasping in NOT normal.

- If they are unresponsive, yell for help and activate the EMS (Emergency Medical System) by calling 911. When directing someone to call 911, look and point at one person so they know who you are directing. Tell them to come back to the scene after making the call.
- If you are by yourself, make the 911 call immediately after determining unresponsiveness and return to the patient.

Circulation-Airway-Breathing

Circulation, immediately begin chest compressions. Push hard and push fast! Compression depth needs to be at least 2" on adults and 1/3 to ½ way into the chest for child/infant at a rate of at least 100bpm. After 30 compressions open their airway and begin breaths.

Airway, head-tilt-chin-lift

Breathing, give two ventilations enough to see their chest rise. Each breath should take about 1 second to deliver. Continue compressions and breathing at a ratio of 30:2

Obstructed Airways

Children and adults are treated the same if they are chocking. If the victim can speak, cough or breathe, don't interfere but encourage them to cough.

- Ask, "Are you chocking?" If they cannot cough speak or breathe. Identify yourself as someone who can help and ask them for permission.
- Get behind the victim with your leg in between theirs so you can have a good stance.
- Grasp the victim by the hips with your thumbs on the top of their hips. Bring your hands around to the front of the victims so that your thumbs overlap. Your thumbs should now be on top of their belly button.
- Make a fist with one hand with the thumb side of the fist making contact with the victim just slightly above their belly button. Grasp your fist with your other hand.

Thrust forcefully in and up so that you drive your fist into their diaphragm. The thrust is intended to expel the object.

Continue thrust until the object is expelled or the victim becomes unconscious.

Infants should be held upside down on one of your arms. Deliver 5 back blows and turn the infant over to deliver 5 chest thrusts. Continue until object is cleared or the infant becomes unconscious.

If the victim becomes unconscious:

- Sweep the mouth if you see the object
- Begin CPR. Give 30 compressions.
- Look in mouth for an object before trying ventilations each time. Attempt a rescue breath, if unsuccessful readjust their head and try another rescue breath. Continue CPR if needed.

This course has exposed you to several topics that can lead to major problems for the victims. Please remember that you should contact the Emergency Medical System in your area whenever you suspect that a victim needs medical assistance.

Never do anything that you have not been trained to do, you are not confident doing or that you are not comfortable doing. In these cases one of the most important things you can do for the victims is reassure them that help is on the way.

The easiest way to do CPR and First Aid is to help prevent accidents from happening. With this in mind Cascade First Aid & CPR hopes that you stay safe and reminds you that you should keep your certifications current to improve your confidence should the need arise for you to help someone in need.

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