



Co-funded by
the European Union

First Aid and
Secondary Care
Guide for People
with Disabilities



**DO
CARE**

DO CARE

First Aid and Secondary Care Guide for People with Disabilities

2023 May



Co-funded by
the European Union



In a collaborative effort with the consortium, the Zentrum für Innovative Bildung has crafted and spearheaded the development of this handbook.

Leading partner of the project

AETOI Thessalonikis, Greece

Contributing partners

Associazione Sportiva Bresso 4, Italy

Development Center Association of Individuals with Disability and Their Families (EBAGEM),
Türkiye

Rescue Training International CY LTD, Cyprus

Trend-Prima, Zavod Za Raziskave Inrazvoj Znanja, Maribor, Slovenia

Zentrum für Innovative Bildung, Austria

Design: Fethiye Aytac

This publication "First Aid and Secondary Care Guide for People with Disabilities" is developed within the framework of the project "Do Care (Disability Oriented first aid and secondary CARE)" (101049882 – Do Care – ERASMUS-SPORT-2021-SSCP)

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.



EBAGEM
Engeli Olan Bireyler
ve Aileleri Gelişim
Merkezi Derneği



INNOVATIVE EDUCATION CENTER

Contents

6 Introduction

7 About Do Care project

8 Training

Introduction to First Aid and Secondary Care 8

Basics of Anatomy for First Aid Providers 26

Adult Basic Life Saving 30

Inclusive First Aid 69

78 Good Practices

Report on Good Practices 78

*Survey Results: A Look at Each Partner
Organization's Responses* 92

113 References

116 Appendix

Introduction

When an emergency occurs, providing first aid to someone with a disability requires additional considerations beyond the usual first aid procedures. Disabilities can range from physical limitations, such as mobility or hearing impairments, to cognitive or developmental disabilities. In these situations, it is crucial to have a basic understanding of how to provide effective first aid while taking into account the unique needs of the individual.

This guidebook aims to provide guidance on best practices for providing first aid to individuals with disabilities. It is designed to help individuals, caregivers, and healthcare professionals to provide appropriate first aid in a safe and effective manner. The guidebook includes information on how to assess and respond to an emergency situation involving someone with a disability, as well as specific steps to take for various types of disabilities.

It is important to note that each individual with a disability is unique and may require different forms of first aid. Therefore, this guidebook should be used as a general reference and should be adapted to the specific needs of the individual. The goal of this guidebook is to provide a foundation of knowledge and best practices to help ensure the safety and well-being of individuals with disabilities in emergency situations.

By following the guidelines presented in this guidebook, individuals can feel more confident and prepared to provide appropriate first aid in a safe and effective manner.



About Do Care Project

The significance of this project cannot be overstated, as it addresses a critical issue that has long been overlooked. People with disabilities often face unique challenges when participating in sports activities, and their safety and well-being must be prioritized. Unfortunately, the lack of specific protocol and training for first aid and secondary care for people with disabilities has left many feeling excluded from sports activities, or worse, at risk of injury.

By creating a comprehensive guide for training staff and coaches, this project aims to bridge this gap and provide a concrete solution. Not only will this guide provide practical guidance for handling emergencies, but it will also ensure that coaches and training staff are equipped with the necessary competences and knowledge to handle a range of disabilities and conditions.

In addition, Do Care Project aims to help to foster a sense of trust and security for people with disabilities, as they can be assured that they are in good hands when participating in sports activities. By increasing the feelings of trust towards the coaching personnel, the project will encourage more people with disabilities to participate in sports activities and events, ultimately leading to a more inclusive and accessible sports environment.

It is worth noting that the project partners involved in this project are all dedicated to the needs of people with disabilities, with the majority highly active in the field of sports. This collaborative effort will ensure that the guide is comprehensive, practical, and tailored to the unique needs of people with disabilities.

Overall, Do Care is a crucial step towards promoting inclusivity and accessibility in sports for people with disabilities. It represents a significant contribution to the field of first aid and secondary care for people with disabilities, and has the potential to make a meaningful difference in the lives of countless individuals.

Training

Basic Life Support & A.E.D.

Introduction to First Aid and Secondary Care

First aid is the initial and immediate care provided to an injured or ill person until professional medical help becomes available. It involves a set of simple techniques and procedures designed to preserve life, prevent further harm, and promote recovery.

Providing first aid is crucial for several reasons:

- **Saving Lives** Prompt and appropriate first aid interventions can make a significant difference in critical situations, such as cardiac arrest, severe bleeding, or choking, where immediate action is vital for the survival of the individual.
- **Preventing Further Injury** By administering basic techniques, such as stabilizing fractures, immobilizing injured limbs, or controlling bleeding, first aid helps minimize the risk of exacerbating injuries and prevents potential complications.
- **Promoting Recovery** Proper first aid can aid in the early stages of recovery by ensuring optimal conditions for healing, reducing pain, and mitigating the impact of injuries or illnesses.
- **Empowering Lifesavers:** Learning first aid equips individuals with the skills and confidence to take decisive action during emergencies. It empowers people to become effective first responders and contribute to the safety and well-being of their communities.



Principles of Providing First Aid

1

Prioritizing Personal Safety

Before providing first aid, ensuring personal safety is paramount. Assess the scene for any potential hazards or dangers, and only approach the injured or ill person when it is safe to do so. Remember, you cannot help others if you put yourself at risk.



2

Assessing the Situation

Quickly assess the situation and the condition of the injured or ill person. Determine the severity of the situation and identify any life-threatening conditions that require immediate attention. Stay calm and act accordingly.



3

Contacting Emergency Services

In serious situations, promptly call for professional medical help or ask someone nearby to do so. Clearly communicate the details of the situation, your location, and any specific information that can aid the emergency responders.



4

Providing Appropriate Care

Follow the principles of first aid, such as the "ABCs" (Airway, Breathing, Circulation) approach, which emphasizes ensuring a clear airway, assessing breathing, and checking for a pulse. Provide care according to the individual's condition, applying techniques like CPR, wound management, or splinting as required.

Airway
Breathing
Circulation

5

Offering Reassurance and Support

In addition to physical care, emotional support is crucial during emergencies. Reassure the injured or ill person, offering comfort and maintaining their dignity. Be a source of calm and reassurance amidst the chaos.



6

Continual Learning and Practice

First aid skills require regular practice and updates. Stay informed about the latest techniques, guidelines, and protocols. Participate in first aid training courses, refresh your knowledge, and enhance your skills to ensure you are prepared to respond effectively in any situation.



The provision of first aid is a powerful act of compassion, preparedness, and responsibility. By understanding its meaning and principles, you become an invaluable asset in emergency situations, capable of making a significant impact on the lives of those in need. Embrace the importance of first aid provision, commit to continual learning, and inspire others to join the ranks of capable lifesavers. Together, we can create safer and more resilient communities.



The Importance of Learning to Provide First Aid to Athletes with Disabilities

In the world of sports and athletics, the importance of first aid cannot be overstated. When it comes to athletes with disabilities, the need for individuals trained in providing first aid becomes even more significant. This guide aims to highlight the importance of learning first aid specifically for athletes with disabilities and emphasizes the positive impact it can have on their safety, well-being, and overall participation in sports.

1. Understanding the Unique Needs of Athletes with Disabilities

Athletes with disabilities face distinct challenges and risks compared to their able-bodied counterparts. Their disabilities may range from physical impairments, sensory limitations, to cognitive differences, each requiring a tailored approach in providing first aid. By learning how to address their specific needs, we can create a safe and inclusive environment that enables athletes with disabilities to participate fully in sports.



2. Prompt and Appropriate Care

In the event of an injury or medical emergency, timely and appropriate care is crucial. By learning first aid techniques specifically designed for athletes with disabilities, you can provide immediate assistance, stabilize injuries, and potentially prevent further harm. Understanding how to address unique conditions such as seizures, dislocations, fractures, or respiratory difficulties enables you to respond effectively, minimizing the impact of the injury or medical incident.

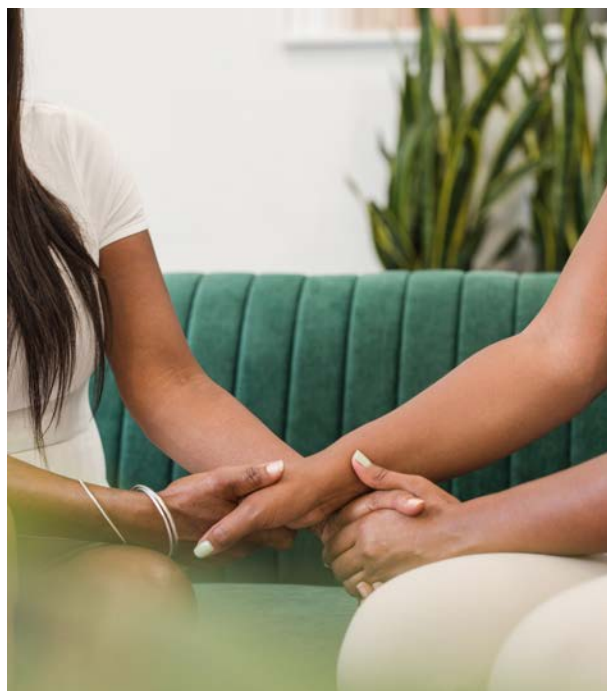
3.Ensuring Safety and Confidence

Athletes with disabilities often face increased vulnerability due to their impairments. By having individuals trained in first aid on the sidelines or within their support network, their safety is significantly enhanced. Athletes can compete with greater confidence, knowing that if an emergency arises, there are individuals present who can provide immediate assistance. This assurance fosters a sense of security and enables athletes to focus on their performance, pushing their boundaries, and achieving their goals.



4.Promoting Inclusion and Empathy

Learning to provide first aid to athletes with disabilities fosters a culture of inclusivity and empathy within the sporting community. By acquiring the knowledge and skills necessary to address their specific needs, you become an advocate for their well-being and an integral part of their support network. This promotes understanding, breaks down barriers, and encourages others to follow suit, creating a more inclusive and supportive environment for athletes with disabilities.



5. Collaboration with Healthcare Professionals

While providing first aid is essential, it is important to recognize the importance of collaboration with healthcare professionals. Knowing when to seek further medical attention and effectively communicating the nature of the injury or medical incident to medical personnel is crucial in ensuring the best possible care for athletes with disabilities. By being trained in first aid, you can act as a bridge between the initial response and professional medical assistance, facilitating a seamless and coordinated approach to care.



Restrictive Reasons for Inaction in Emergency Situations and Overcoming Barriers to Provide First Aid

In emergency situations, the immediate provision of first aid can often make a critical difference between life and death. However, various factors can restrict people from taking action, leading to inaction or hesitation. This guide aims to explore some common restrictive reasons and provide strategies to overcome these barriers, empowering individuals to confidently provide first aid when needed.



Fear and Anxiety

Fear and anxiety are natural responses in emergency situations, especially when someone's life is at stake. Fear of making mistakes, fear of causing further harm, or fear of legal repercussions can hinder individuals from taking action.

Overcoming these barriers involves:

Education and Training

By acquiring proper knowledge and skills through first aid training, individuals can gain confidence in their abilities to respond effectively during emergencies. Training helps dispel fears and provides a solid foundation for taking appropriate action.

Mental Preparation

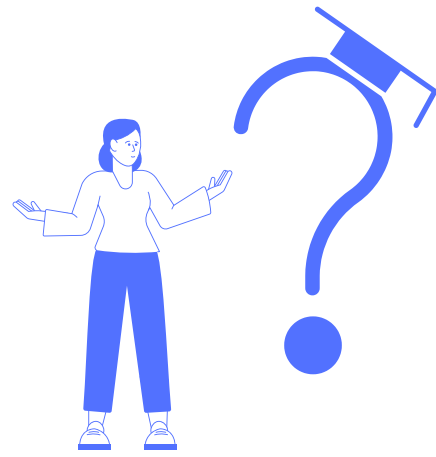
Mentally preparing oneself for potential emergency scenarios can help mitigate fear and anxiety. Visualizing the steps to be taken, practicing response strategies, and maintaining a calm mindset can improve readiness and confidence when faced with an actual emergency.

Good Samaritan Laws

Familiarize yourself with the Good Samaritan laws in your jurisdiction, which protect individuals who provide first aid in good faith from legal liability. Understanding these laws can alleviate concerns about legal repercussions.

Lack of Knowledge or Training

A lack of knowledge or training in first aid techniques is a common barrier to taking action in emergency situations.



Overcoming these barriers involves:

Seeking Education

Enroll in first aid courses offered by reputable organizations or institutions. These courses provide comprehensive training in basic life support, CPR, wound management, and other essential skills needed to respond effectively in emergencies

Online Resources

Access credible online resources, such as websites, videos, or mobile applications, that provide step-by-step guidance on various first aid procedures. While online resources are not a substitute for hands-on training, they can help increase knowledge and serve as a reference in emergency situations.



Perceived Lack of Competence

Individuals may feel that they lack the necessary competence or skills to provide effective first aid.

Overcoming these barriers involves:



Refresher Courses

Engage in regular refresher courses to maintain and update your first aid skills. By staying up-to-date with current practices, you can enhance your confidence and competence in providing first aid.

Teamwork and Collaboration

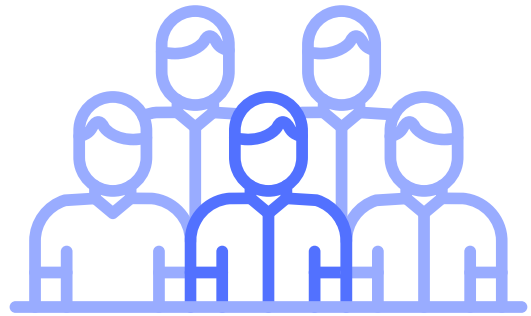
In emergency situations, working together with others who possess first aid knowledge and skills can overcome perceived competence gaps. Collaborate with trained individuals and share responsibilities to ensure effective care is provided.



Bystander Effect and Diffusion of Responsibility

The presence of multiple bystanders in an emergency can lead to a diffusion of responsibility, where individuals assume someone else will take action.

Overcoming these barriers involves:



Taking Initiative

Be the one to step forward and take charge in an emergency situation. Direct specific individuals to call emergency services, assign tasks to bystanders, and clearly communicate the need for immediate action.

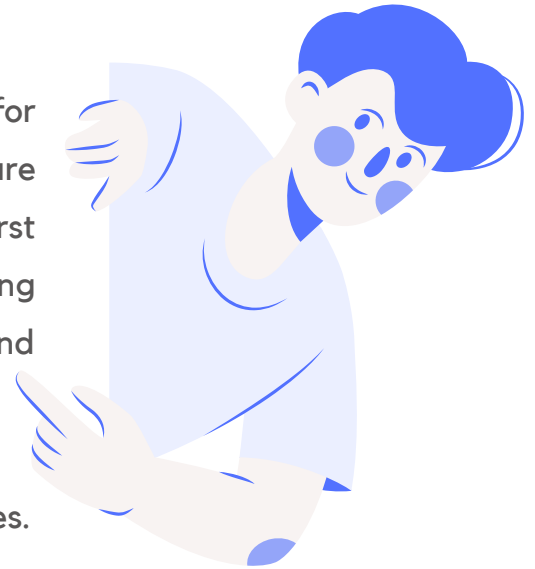
Educating the Public

Raise awareness about the importance of individual responsibility and the impact that prompt first aid can have in saving lives. Encourage others to learn first aid and foster a culture of active involvement and community support.



Conclusion

Recognizing and addressing the restrictive reasons for inaction in emergency situations is crucial to ensure that individuals are empowered to provide timely first aid. By overcoming fear and anxiety, seeking knowledge and training, developing competence, and actively combating the bystander effect, we can create a society where people are confident and capable of responding effectively to emergencies.



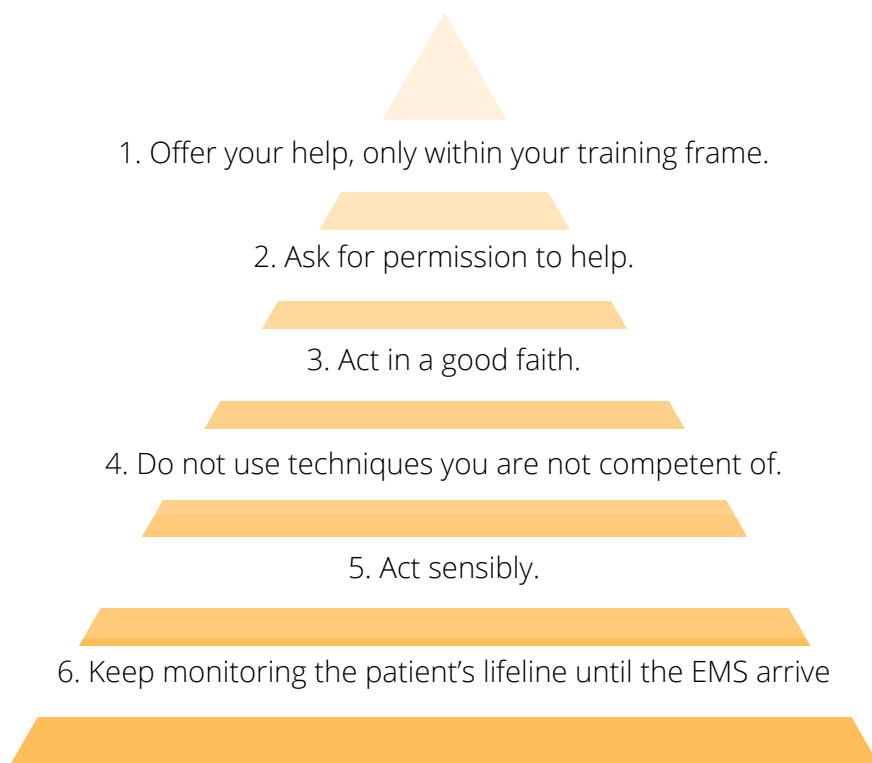
Together, let us break down these barriers and promote a culture of proactive action and compassion in saving lives through first aid provision.



Good Samaritan Laws: Encouraging Assistance and Protecting First Aid Providers

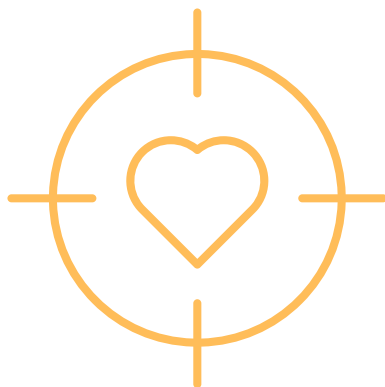
In emergency situations, when immediate assistance is crucial, Good Samaritan laws play a vital role in encouraging individuals to provide first aid without fear of legal repercussions. These laws exist to protect those who voluntarily come to the aid of others in emergency situations, promoting a sense of responsibility and ensuring that people receive the necessary care when they need it most.

This guide aims to shed light on Good Samaritan laws, their purpose, and their impact on fostering a culture of assistance and support.



Understanding the Purpose

Good Samaritan laws are designed to encourage individuals to assist others in emergency situations without hesitation, even if they are not medical professionals. These laws aim to remove the fear of legal liability that may otherwise prevent people from taking prompt action. By providing legal protection, Good Samaritan laws recognize the importance of immediate assistance in saving lives and minimizing harm during critical moments.



Scope of Protection

The exact provisions of Good Samaritan laws may vary across jurisdictions, but they typically provide protection for individuals who act in good faith and with reasonable care when providing emergency assistance.



While these laws vary, common aspects include:

Protection from Civil Liability

Good Samaritan laws generally protect individuals from being held liable for damages that may result from their reasonable actions or omissions during emergency situations. This protection applies as long as the individual acts in good faith and without willful misconduct or gross negligence.

Limited Scope of Protection

It is important to note that Good Samaritan laws do not offer blanket immunity from all legal consequences. They typically focus on protecting individuals from civil liability and may not shield against criminal charges or instances of gross negligence.



Encouraging Assistance

Good Samaritan laws serve as a powerful incentive for individuals to step forward and provide aid when someone is in distress. By alleviating concerns about potential legal repercussions, these laws create an environment that encourages bystanders to take immediate action, promoting a sense of civic duty and compassion within communities.

Promoting Public Health and Safety

The existence of Good Samaritan laws has a significant impact on public health and safety. By empowering individuals to intervene during emergencies, these laws increase the likelihood of prompt first aid and improve the chances of positive outcomes. Quick and effective assistance can minimize the severity of injuries, prevent further harm, and potentially save lives.



Limitations and Considerations

While Good Samaritan laws are crucial in fostering a culture of assistance, it is important to be aware of their limitations and specific requirements within each jurisdiction.

Some key considerations include:



Professional Duty

Good Samaritan laws may not apply if the person providing aid has a pre-existing professional duty to act, such as healthcare providers in their official capacity.

Negligence

If a person providing assistance acts with gross negligence or willful misconduct, they may not be protected under Good Samaritan laws. It is important to act within the bounds of reasonable care and according to the training and knowledge possessed.

State Variations

Good Samaritan laws can vary between states or countries, so it is crucial to familiarize oneself with the specific laws in the relevant jurisdiction.

Conclusion



Good Samaritan laws serve as a crucial pillar of support in emergency situations, ensuring that individuals feel protected and empowered to provide immediate assistance. By recognizing the importance of prompt first aid and removing legal barriers, these laws promote a culture of responsibility, compassion, and active involvement in saving lives. It is essential for individuals to understand the scope and limitations of Good Samaritan laws in their jurisdiction, empowering them to step forward and make a difference in times of crisis.

Together, let us embrace the spirit of these laws and foster a society where no one hesitates to lend a helping hand when it is needed most



The Chain of Survival for First Aid Providers: Early Recognition & Call for Help, Early Cardiopulmonary Resuscitation (CPR), Early Defibrillation (AED), Medical Treatment

As a first aid provider, you play a crucial role in the Chain of Survival, a series of vital steps that can greatly increase the chances of survival and positive outcomes in medical emergencies. By understanding and implementing the components of the Chain of Survival, you can make a significant impact on the lives of individuals in need. This guide focuses on the Chain of Survival for first aid providers, emphasizing the importance of early recognition, CPR, defibrillation, and facilitating medical treatment.

1. Early Recognition and Call for Help

Early recognition of a medical emergency is the first link in the Chain of Survival. As a first aid provider, it is essential to be vigilant and identify signs and symptoms of distress or injury. Act quickly to assess the situation and determine the need for immediate medical assistance. Once you recognize the severity of the situation, call for professional help, whether it be contacting emergency medical services (EMS) or alerting designated personnel. Prompt activation of the emergency response system is crucial for timely intervention.





2. Early Cardiopulmonary Resuscitation (CPR)

Early initiation of cardiopulmonary resuscitation (CPR) is a vital link in the Chain of Survival. If someone is unresponsive, not breathing normally, or without a pulse, perform CPR immediately. Start with chest compressions to maintain blood flow and deliver oxygen to vital organs. Follow the recommended guidelines for compression depth, rate, and allowing for full chest recoil. If possible, combine CPR with rescue breaths to provide oxygen to the person's lungs. Continue CPR until professional help arrives.



3. Early Defibrillation (AED)

Early defibrillation is another critical step in the Chain of Survival. If an automated external defibrillator (AED) is available, utilize it promptly. AEDs are user-friendly devices that deliver an electric shock to the heart to restore a normal rhythm in cases of sudden cardiac arrest. Follow the AED's instructions carefully, attach the pads to the person's chest, and analyze the heart rhythm. If advised by the AED, deliver a shock and immediately resume CPR. Early defibrillation significantly increases the chances of restoring a normal heart rhythm.





4. Facilitate Medical Treatment

As a first aid provider, your role extends beyond the initial response to facilitating medical treatment. Once professional medical personnel arrive, provide them with accurate and concise information about the incident, including details of your actions, the person's condition, and any changes observed. Collaborate with medical professionals, assisting them in their assessment and treatment efforts. Your knowledge and observations can assist in providing the most appropriate medical care.

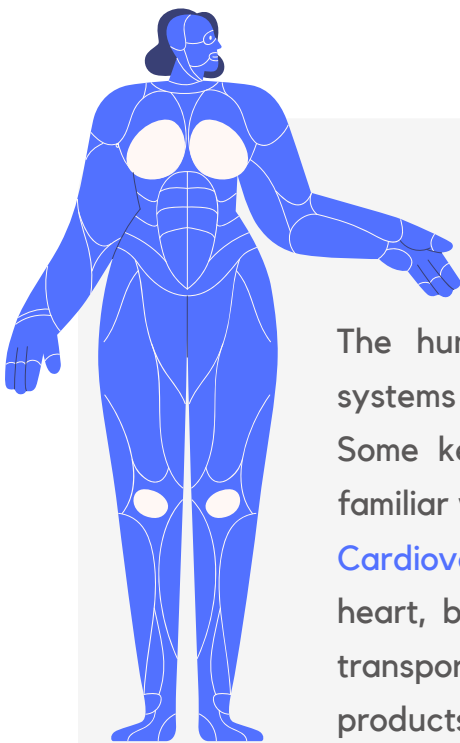


The Chain of Survival for first aid providers encompasses early recognition, calling for help, performing CPR, early defibrillation, and facilitating medical treatment. By understanding and implementing these crucial steps, you become a key link in the chain, significantly impacting the outcome of a medical emergency. Early recognition and prompt activation of the emergency response system, along with immediate CPR and early defibrillation can buy

critical time and improve the chances of survival. Your efforts to assist medical professionals and provide accurate information about the situation help ensure the most appropriate medical treatment is administered. Remember, your quick response and actions can make a profound difference in saving lives and positively impacting the well-being of those in need.

Basics of Anatomy for First Aid Providers

Having a basic understanding of anatomy is crucial for first aid providers as it allows for a better comprehension of injuries, effective communication with medical professionals, and the ability to provide appropriate care. While a comprehensive understanding of anatomy requires extensive study, here are some essential anatomical concepts and structures that are relevant to first aid providers:



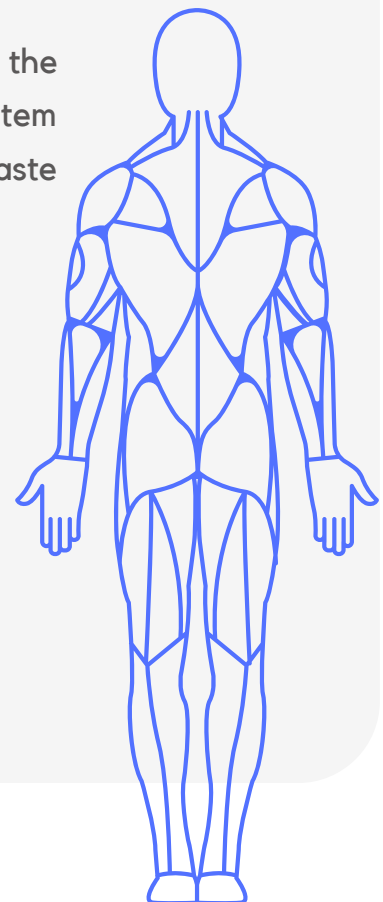
Body Systems

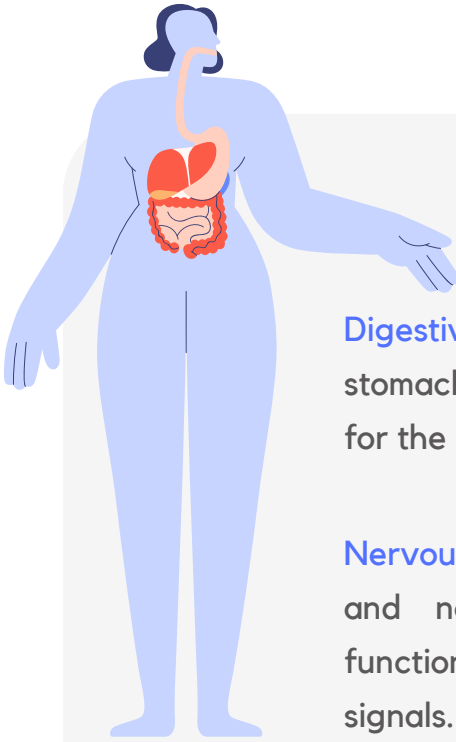
The human body is composed of several interconnected systems that work together to maintain health and function. Some key body systems that first aid providers should be familiar with include:

Cardiovascular System: Comprised of the heart, blood vessels, and blood, this system transports oxygen, nutrients, and waste products throughout the body.

Respiratory System: Includes the lungs, airways, and respiratory muscles, facilitating the exchange of oxygen and carbon dioxide to support breathing.

Musculoskeletal System: Consists of bones, muscles, tendons, and ligaments, providing support, movement, and protection to the body.

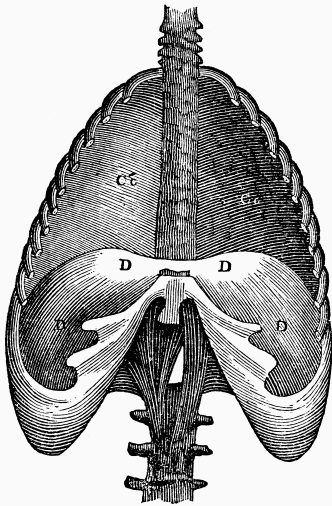




Digestive System: Involves organs such as the stomach, intestines, liver, and pancreas, responsible for the digestion and absorption of nutrients.

Nervous System: Comprises the brain, spinal cord, and nerves, responsible for controlling bodily functions, coordinating movement, and transmitting signals.

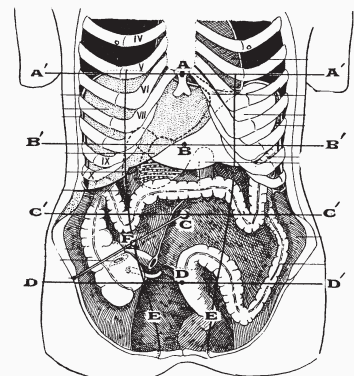
Major Body Cavities



Understanding the major body cavities helps first aid providers assess injuries and identify potential internal damage. The two primary cavities are:

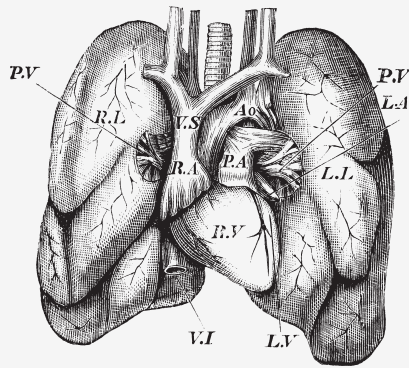
Thoracic Cavity: Houses the heart, lungs, and major blood vessels. Injuries to this cavity can affect breathing and circulation.

Abdominal Cavity: Contains the stomach, liver, intestines, and other digestive organs. Injuries to this cavity can lead to internal bleeding and damage to vital organs.



Key Anatomical Structures

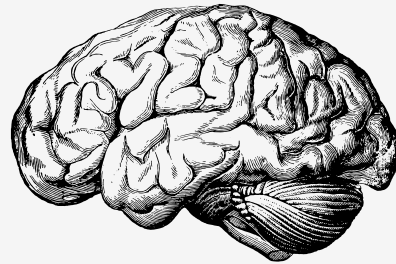
While it is impossible to cover all anatomical structures, knowing the following key structures can assist first aid providers in their assessment and care:



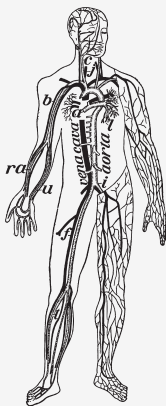
Heart: Located in the chest, the heart is responsible for pumping blood throughout the body.

Lungs: Found in the thoracic cavity, the lungs facilitate oxygen exchange and removal of carbon dioxide during respiration.

Brain: Housed within the skull, the brain is the command center for the nervous system, controlling bodily functions and processes.

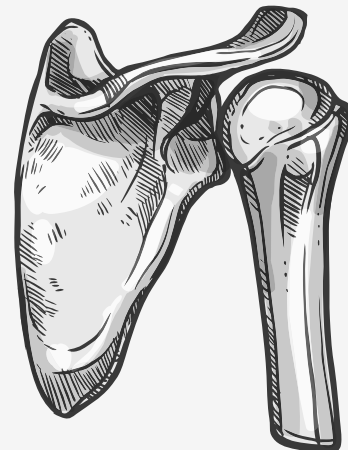


Spinal Cord: Encased within the vertebral column, the spinal cord transmits signals between the brain and the rest of the body.



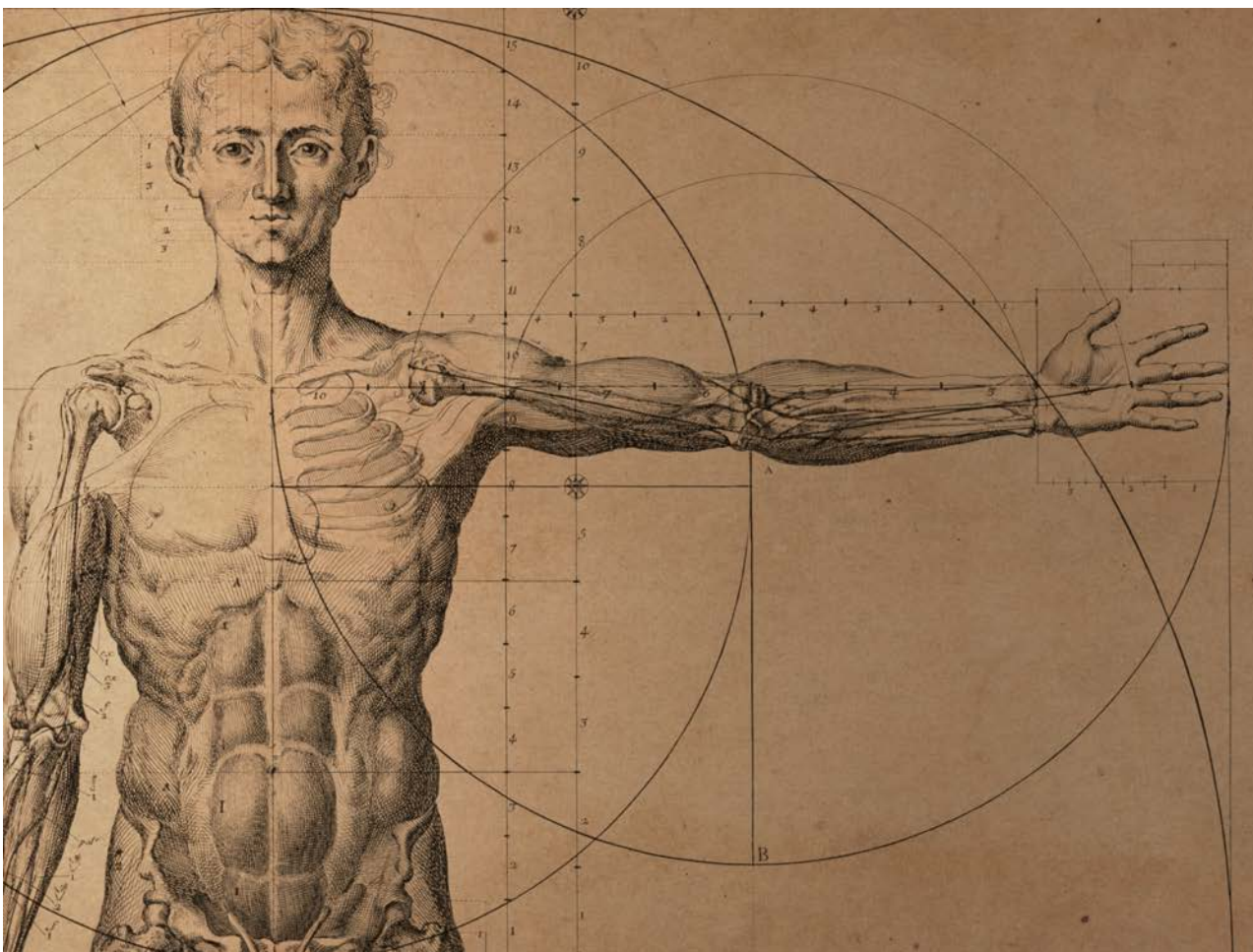
Major Arteries and Veins: Familiarity with the location of major blood vessels, such as the carotid artery and jugular vein in the neck, is crucial for assessing circulation and controlling bleeding.

Bones and Joints: Understanding the structure and function of bones and joints, such as the major long bones and joint articulations, assists in assessing fractures, dislocations, and immobilization.



Conclusion

While this overview provides a basic understanding of anatomy for first aid providers, it is essential to remember that first aid should never involve invasive procedures or interventions beyond the scope of training. Accurate assessment, effective communication, and timely activation of professional medical assistance are critical in providing appropriate care. Continued education and training in first aid can further enhance your understanding of anatomy and its application in emergency situations, allowing you to better assist those in need.



Adult Basic Life Saving

Main Reasons for a Cardio-Respiratory Pause

A cardio-respiratory pause refers to the sudden cessation or significant decrease in both cardiac and respiratory activities. It is a critical medical emergency that requires immediate attention and intervention. Several factors can lead to a cardio-respiratory pause, each with its own potential consequences. Understanding the main reasons for a cardio-respiratory pause can help first aid providers respond effectively in such situations.

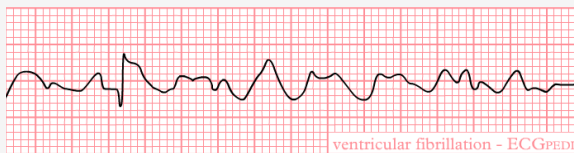
Here are some common causes:

1. Cardiac Arrest

Cardiac arrest is a leading cause of a cardio-respiratory pause. It occurs when the heart's electrical system malfunctions, leading to the cessation of effective pumping action.

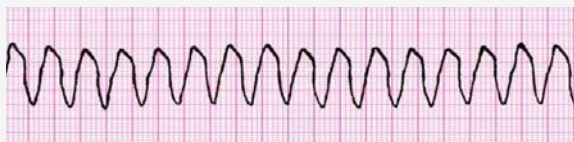
Causes of cardiac arrest may include:

Ventricular Fibrillation



A chaotic rhythm of the heart's lower chambers (ventricles), preventing effective blood circulation.

Ventricular Tachycardia



A rapid and abnormal heart rhythm that interferes with the heart's ability to pump blood effectively.

Myocardial Infarction (Heart Attack)

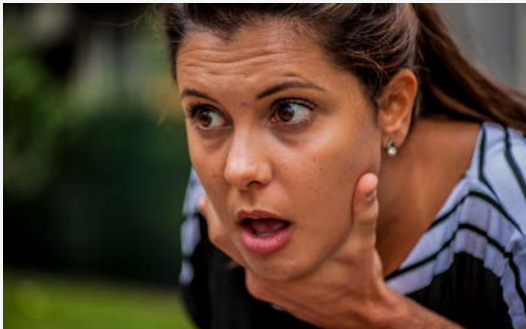


A blockage in the coronary arteries, leading to a lack of blood supply and oxygen to the heart muscle.

2. Respiratory Failure

Respiratory failure, either partial or complete, can also result in a cardio-respiratory pause. The inability to breathe adequately leads to insufficient oxygenation and the removal of carbon dioxide from the body. Causes of respiratory failure may include:

Airway Obstruction



Complete or partial blockage of the airway, such as due to choking, anaphylaxis, or severe respiratory infections.

Respiratory Muscle Paralysis



Conditions like spinal cord injuries, neuromuscular disorders (e.g., Guillain-Barré syndrome), or drug overdose can lead to paralysis of the respiratory muscles, impairing breathing.

Respiratory Distress



Pneumonia

Severe lung diseases, such as pneumonia, chronic obstructive pulmonary disease (COPD), or acute respiratory distress syndrome (ARDS), can compromise breathing and oxygenation.

3. Trauma and Severe Bleeding

Severe trauma and uncontrolled bleeding can lead to significant physiological disruptions, including a cardio-respiratory pause. Causes of trauma-induced pauses may include:

Severe Head Injury



Trauma to the head can disrupt brain function, leading to loss of consciousness and respiratory or cardiac arrest.

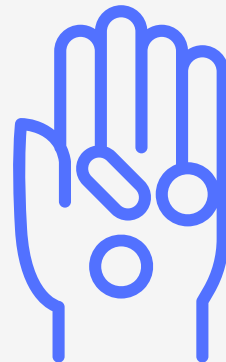
Massive Hemorrhage



Uncontrolled bleeding, such as from arterial injuries or internal organ damage, can result in shock and subsequent cardio-respiratory failure.

4. Drug Overdose

Ingestion or exposure to certain substances can cause respiratory depression or cardiac arrhythmias, leading to a cardio-respiratory pause. Drug overdose, particularly involving opioids, sedatives, or certain cardiac medications, can have these effects.





Recognizing the signs of a cardio-respiratory pause



Initiating immediate CPR

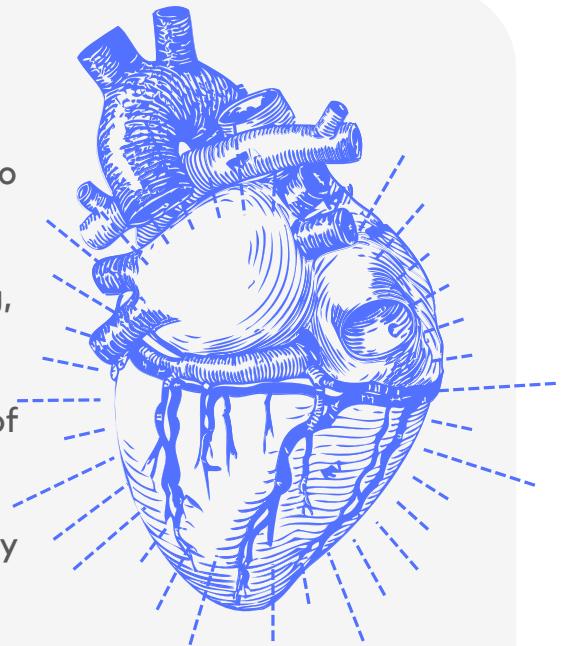


Activating the Emergency Response System

Conclusion

A cardio-respiratory pause can occur due to various reasons, including cardiac arrest, respiratory failure, trauma, severe bleeding, and drug overdose. First aid providers should be prepared to recognize the signs of a cardio-respiratory pause, initiate immediate CPR, and activate the emergency response system.

Early recognition, prompt intervention, and access to advanced medical care are critical in improving outcomes and increasing the chances of survival. Remember, professional medical assistance should be sought as soon as possible to address the underlying cause and provide appropriate treatment.



Heart Attack

A heart attack, also known as a myocardial infarction, is a life-threatening medical emergency that requires immediate attention. As a first aid provider, understanding the signs, symptoms, and appropriate actions for a heart attack is crucial. Your knowledge and quick response can significantly improve outcomes and potentially save lives. Here is a guide to first aid for heart attacks:

Recognizing the Signs and Symptoms

Cardiac arrest is a leading cause of a cardio-respiratory pause. It occurs when the heart's electrical system malfunctions, leading to the cessation of effective pumping action.

Causes of cardiac arrest may include:



Chest Discomfort

The most common symptom is a persistent or intense discomfort in the center or left side of the chest. It may feel like pressure, squeezing, fullness, or pain.

Radiating Pain

Pain or discomfort may extend to the arms (typically the left arm but can affect both), jaw, neck, back, or stomach.



Shortness of Breath

Difficulty breathing or feeling breathless, often accompanied by chest discomfort.



Profuse Sweating

Cold sweats, clammy skin, or a sudden onset of unexplained sweating.

Nausea and Dizziness

Feeling lightheaded, dizzy, nauseous, or experiencing vomiting.



Taking Action

1

Call for Emergency Assistance

If you suspect someone is having a heart attack, call the emergency services immediately or ask someone nearby to do so. Time is of the essence in receiving appropriate medical care.

2

Assist with Medication

If the person has been prescribed medication for a heart condition, such as nitroglycerin, help them take it as instructed.

3

Help the Person Rest

Encourage the individual to sit down and rest in a comfortable position, such as with their back supported.

4

Loosen Restrictive Clothing

If the person is wearing tight or restrictive clothing, help them loosen it to facilitate breathing and reduce discomfort.

5

Monitor Vital Signs

Observe the person's breathing, pulse, and level of consciousness. Be prepared to perform CPR if necessary.

6

Be Reassuring and Calm

Offer reassurance and keep the person as calm as possible. Anxiety and stress can worsen the symptoms.

7

Do Not Delay

While first aid can alleviate some symptoms, remember that professional medical care is essential. Encourage the person to seek medical attention and wait with them until help arrives.

Additional Considerations



- Do not allow the person to drive themselves to the hospital. Call for an ambulance instead, as they may deteriorate during transport.
- Do not administer aspirin or any other medication unless specifically instructed to do so by emergency medical services.
- If the person becomes unresponsive and stops breathing, begin CPR immediately and continue until professional help arrives.

Conclusion

As a first aid provider, recognizing the signs and symptoms of a heart attack and taking immediate action can make a significant difference in the outcome. Remember to call emergency services promptly, assist with prescribed medication, help the person rest, and provide reassurance. Your role is crucial in initiating the chain of survival and facilitating timely medical care. Stay calm, stay with the person, and continue to offer support until professional help arrives.

Keep Calm



Summary: Heart Attack

Signs and Symptoms

- > Chest pain & heart burn
- > Pain in the shoulders
- > Pain in the neck
- > Pain/burning along arms
- > Breathing problems
- > The urge to vomit
- > Strong smelling sweat

First Aid

Place the Victim in 'W' Position



Loosen Clothes



Call Emergency Medical Services



Offer Medical Oxygen (if available)



Start CPR if not Breathing

Basics of Ventricular Fibrillation for First Aid Providers

Ventricular fibrillation (VF) is a life-threatening cardiac rhythm disturbance characterized by rapid, chaotic electrical activity in the heart's lower chambers (ventricles). It causes the heart to quiver instead of pumping blood effectively. As a first aid provider, understanding the basics of ventricular fibrillation is vital for recognizing the condition and taking appropriate action.

Here are some key points to know:

Recognizing Ventricular Fibrillation

1. Absence of a Pulse

Ventricular fibrillation typically presents as a sudden loss of consciousness and absence of a palpable pulse. Check for signs of circulation, such as no breathing or no response, and perform a pulse check if trained to do so.



2. Agonal Gasps

In some cases, people experiencing ventricular fibrillation may exhibit gasping or irregular, ineffective breaths. These are known as agonal gasps and are not sufficient for maintaining adequate oxygenation.



Taking Action

Call for Emergency Assistance

1

If you suspect ventricular fibrillation, call the emergency services immediately or ask someone nearby to do so. Time is critical in treating this life-threatening condition.

2

Start Cardiopulmonary Resuscitation (CPR)

Begin CPR promptly by performing chest compressions. Push hard and fast in the center of the chest at a rate of about 100-120 compressions per minute. Allow for full chest recoil after each compression.

3

Use an Automated External Defibrillator (AED)

If an AED is available, apply it as soon as possible. AEDs are user-friendly devices that can analyze the heart rhythm and deliver a shock if necessary. Follow the AED's voice prompts and apply the electrode pads to the person's bare chest.

4

Continue CPR and Follow AED Prompts

After the shock, immediately resume CPR starting with chest compressions. Follow the AED prompts for subsequent analysis and shocks, if needed. Maintain high-quality CPR until professional medical help arrives.



Additional Considerations

- Multiple shocks may be required to convert ventricular fibrillation to a normal heart rhythm. Follow the AED's instructions and continue CPR between shocks.
- If a manual defibrillator is available and someone trained to use it is present, they may attempt to deliver manual defibrillation using appropriate medical protocols.

Conclusion

Ventricular fibrillation is a serious cardiac emergency requiring immediate action.

As a first aid provider, recognizing the absence of a pulse and initiating CPR

without delay are essential. Applying an AED, if available, can help deliver shocks to restore a normal heart rhythm. Remember to continue high-quality CPR between shocks and cooperate with medical professionals upon their arrival. **Your prompt response and ability to perform CPR and use an AED can significantly increase the chances of survival for someone experiencing ventricular fibrillation.**



Summary: Ventricular Fibrillation

Signs and Symptoms

- > Chest pain on the left side
- > Breathing difficulties
- > Dizziness
- > Pain in the neck and arms, mainly on the left side
- > Racing heart beat

First Aid

Place the Victim in 'W' Position



Loosen Clothes



Call Emergency Medical Services



Administer Medical Oxygen



Start CPR if not Breathing

Airway Obstruction (Choking)

Airway obstruction, commonly known as choking, occurs when an object or piece of food becomes lodged in the throat, blocking the flow of air. Choking is a potentially life-threatening emergency that requires immediate intervention. As a first aid provider, it is crucial to recognize the signs of airway obstruction and take prompt action to clear the airway.

Here are some essential steps to follow when assisting someone who is choking:

Recognizing Airway Obstruction

Universal Choking Sign

The universal choking sign is a widely recognized gesture that indicates a person is unable to breathe and needs assistance. The person may clutch their throat with their hands or show signs of distress.



Difficulty Breathing and Coughing

The person may exhibit signs of gasping, wheezing, or choking sounds while attempting to breathe. Initially, they may try to cough forcefully to clear the obstruction.

Taking Action

1

Assess the Severity of Obstruction

Determine the severity of the airway obstruction. If the person is coughing forcefully and able to speak or breathe, encourage them to continue coughing to try and dislodge the object. Stay with them and monitor their condition.

2

Perform Abdominal Thrusts (Heimlich Maneuver)

If the person is unable to speak, breathe, or their coughing is ineffective, it indicates a severe obstruction.

Follow these steps:

- Stand behind the person and place your arms around their waist.
- Make a fist with one hand and position it slightly above the person's navel.
- Grasp your fist with your other hand and give quick inward and upward thrusts into the abdomen. Use firm pressure, but be cautious not to apply excessive force.
- Repeat abdominal thrusts until the object is dislodged or the person becomes unresponsive.



If the Person Becomes Unresponsive

3

- Lower the person gently to the ground.
- Call emergency services or instruct someone nearby to do so.
- Begin CPR, starting with chest compressions. Open the person's mouth and check for any visible obstructions. If seen, attempt to remove it with a finger sweep only if it is easily accessible.

If the Object is Dislodged

4

- If the person coughs forcefully and the object is expelled, encourage them to keep coughing to clear any remaining debris.
- Stay with the person and monitor their breathing and overall condition until professional help arrives.

Additional Considerations

- If the person is pregnant or obese, perform chest thrusts (instead of abdominal thrusts) by placing your hands on the center of the chest, between the nipples, and pressing inward.
- If the person loses consciousness, lower them to the ground gently and begin CPR, starting with chest compressions.
- Encourage individuals at risk of choking (e.g., young children, elderly, or individuals with swallowing difficulties) to chew their food thoroughly and avoid talking or laughing while eating.



Conclusion

Airway obstruction can rapidly escalate into a life-threatening situation. As a first aid provider, being able to recognize the signs of choking and performing the Heimlich maneuver promptly can save lives.

If the obstruction cannot be cleared or the person becomes unresponsive, initiating CPR and contacting emergency services are crucial steps. Stay calm, provide reassurance, and continue to assist the person until professional medical help arrives. Your quick and decisive actions can make a significant difference in preserving life during an airway obstruction emergency.



Summary: Airway Obstruction (Choking)

Signs and Symptoms

- > Grabbing neck
- > Breathing difficulties
- > Unable to cough

First Aid

- Encourage the patient to cough
- ▼
- Perform back blows
- ▼
- Perform abdominal thrusts

Serious Bleeding Management

Serious bleeding can occur as a result of injuries or accidents and requires immediate attention to control and manage the bleeding. As a first aid provider, understanding the principles and techniques of managing serious bleeding is crucial for preserving life and preventing further harm.

Here are essential steps to follow when faced with a situation involving serious bleeding:



1.Ensure Personal Safety

Before providing first aid for serious bleeding, ensure your own safety. Assess the scene for any ongoing dangers, such as traffic, fire, or hazardous substances. Put on appropriate personal protective equipment (e.g., gloves) to minimize the risk of bloodborne infections.



2.Call for Emergency Medical Assistance

If the bleeding is severe or uncontrolled, call for emergency medical assistance immediately. It is essential to activate the emergency medical system and inform them about the situation and location.



3.Direct Pressure

Apply direct pressure to the wound using a clean cloth, sterile dressing, or your gloved hand. Maintain firm pressure on the bleeding site to help control the bleeding. If the cloth or dressing becomes soaked with blood, apply an additional layer without removing the soaked one.



4.Elevation

If possible, elevate the injured area above the level of the heart. This can help reduce blood flow to the area and aid in slowing down the bleeding.



5. Tourniquet (As a Last Resort)

A tourniquet should only be used as a last resort when direct pressure and elevation have failed to control severe bleeding, or when the situation poses an immediate threat to life. A tourniquet is a device or improvised material used to constrict blood flow to the injured limb.

Follow these guidelines when applying a tourniquet:

- Place the tourniquet proximal (closer to the body) to the bleeding site, between the wound and the heart.
- Ensure the tourniquet is tight enough to stop the bleeding. It should be placed 2-3 inches above the wound and tightened until the bleeding stops.
- Secure the tourniquet in place and note the time of application.
- Only trained professionals should release a tourniquet once applied.

6. Monitor the Person's Condition



Continuously assess the person's condition while managing serious bleeding. Look for signs of shock, such as pale skin, rapid breathing, weak pulse, or altered mental state. If shock is present, help the person lie down, maintain their body temperature, and elevate their legs if no spinal injury is suspected.



7. Comfort and Reassurance

Offer comfort and reassurance to the injured person. Remain calm, speak in a soothing manner, and provide them with emotional support during the first aid process.



8. Maintain First Aid Measures

Continue to apply direct pressure, maintain elevation if possible, and monitor the bleeding until professional medical help arrives. If bleeding seeps through the dressing, apply additional dressings without removing the existing ones.



9. Handover Information to Medical Personnel

When medical professionals arrive, provide them with a clear and concise report of the situation, including details about the nature of the injury, the measures taken to control bleeding, and any changes in the person's condition.

Conclusion

Effective management of serious bleeding is vital in preventing life-threatening situations. As a first aid provider, remember to prioritize your safety, apply direct pressure, elevate the injured area, and, if necessary, use a tourniquet as a last resort. Promptly call for emergency medical assistance and continuously monitor the person's condition. Your quick and appropriate actions can significantly impact the outcome and help save lives in cases of serious bleeding emergencies.



Summary: Serious Bleeding



Arterial Bleeding

Bright red blood, spurts out with the rhythm of the heartbeat.



Venous Bleeding

Dark red blood gushes out.



Capillary Bleeding

Blood trickles from a wound.

First Aid

Direct
pressure



Elevation



Gently Press on
central arteries

Shock Management

Shock is a life-threatening condition that can occur after serious bleeding. It happens when the body does not receive enough oxygenated blood to sustain vital organs. As a first aid provider, understanding how to recognize and manage shock is crucial for improving the chances of survival.

Here are some important steps to follow when managing shock after serious bleeding:



1. Assess the Person's Condition:

After controlling the bleeding, assess the person's overall condition. Look for signs and symptoms of shock, including pale or cool skin, rapid and shallow breathing, weak or rapid pulse, confusion or dizziness, and decreased urine output. Recognizing these signs is critical for initiating appropriate treatment



2. Ensure Open Airway and Breathing

Check the person's airway to ensure it is clear and open. If necessary, use the head-tilt, chin-lift maneuver to help maintain a patent airway. Monitor their breathing, and if they are not breathing or their breathing is inadequate, initiate rescue breaths or CPR as needed.



3. Position the Person Properly

Lay the person down on their back, with their legs slightly elevated, if no suspected spinal injury is present. Elevating the legs helps to improve blood flow to vital organs. However, if a spinal injury is suspected, do not move the person unless necessary for their safety.



4. Maintain Body Temperature

Cover the person with a blanket or any available insulation to help maintain their body temperature. Shock can cause a drop in body temperature, so keeping the person warm can help minimize further complications.



5. Call for Emergency Medical Assistance

If the person shows signs of shock, call for emergency medical assistance immediately. Inform the dispatcher about the situation, including the serious bleeding that occurred and the current signs of shock. Timely professional medical care is essential for the person's well-being.



6. Control External Bleeding

If any external bleeding is still present, continue to apply direct pressure using a clean cloth or sterile dressing. Add additional dressings if the current ones become soaked with blood. This helps prevent further blood loss and aids in managing shock.



7. Reassure and Comfort the Person

Provide reassurance and comfort to the person while waiting for medical help to arrive. Be calm and supportive, as emotional distress can exacerbate shock symptoms. Encourage them to remain still and avoid unnecessary movements.



8. Monitor Vital Signs

Continuously monitor the person's vital signs, including their breathing, pulse, and level of consciousness. Be prepared to perform CPR or rescue breaths if their condition deteriorates and they become unresponsive.



9. Do Not Give Anything to Eat or Drink

Do not offer the person anything to eat or drink, as they may require surgical intervention or further medical evaluation. NPO (nothing by mouth) is a general rule to avoid potential complications during the treatment of shock.



10. Be Prepared for Potential Cardiac Arrest

In severe cases of shock, the person's heart may stop beating. Be prepared to initiate CPR and use an automated external defibrillator (AED) if available. Follow the instructions provided by the AED and perform CPR until professional help arrives.

Conclusion

Managing shock after serious bleeding requires prompt recognition and appropriate action. Assess the person's condition, control bleeding, call for emergency medical assistance, and provide comfort and reassurance. Remember to maintain open airways, monitor vital signs, and be prepared for potential cardiac arrest. Your timely and effective response as a first aid provider can significantly improve the person's chances of survival and aid in their overall recovery.



Summary: Physical Shock (Cataplexy)

Cataplexy is a condition in which the blood supply and irrigation from peripheral tissues is inadequate for the functions of the human body, and is usually accompanied by impaired peripheral circulation and a drop in blood pressure.

Signs and Symptoms	
Weak and rapid pulse	Nausea & Vomiting
Eyes glaze over bewildered look	Thirst
Shallow & rapid breathing	Pale, bluish skin
Mental confusion, aggression	Feeling cold

Stroke Management

A stroke is a medical emergency that occurs when blood flow to the brain is interrupted, leading to damage to brain cells. As a first aid provider, understanding the signs and symptoms of stroke and knowing how to respond promptly is crucial for improving outcomes and minimizing potential complications.

Here are important steps to follow when managing a suspected stroke:

1. Recognize the Signs of Stroke

Be familiar with the common signs and symptoms of stroke, often summarized by the acronym FAST:

Face: Ask the person to smile. Look for any drooping or asymmetry of the face.

Arms: Ask the person to raise both arms. Observe for weakness or inability to raise one arm.

Speech: Ask the person to repeat a simple phrase. Listen for slurred or garbled speech.

Time: If you observe any of these signs, it's time to call for emergency medical assistance immediately.



2. Call for Emergency Medical Assistance

If you suspect a stroke, call for emergency medical assistance right away. Inform the dispatcher about the person's symptoms and any relevant medical history. Time is critical in stroke management, and rapid medical intervention can significantly improve the person's chances of recovery.



3. Provide Comfort and Reassurance

While waiting for medical help to arrive, provide comfort and reassurance to the person experiencing a stroke. Stay with them and offer support, as they may feel frightened or confused. Encourage them to remain calm and still, as excessive movement could worsen their condition.





4. Maintain an Open Airway

Ensure the person's airway remains open and clear. If they are conscious and able to swallow, encourage them to sit upright or in a comfortable position. If they become unresponsive or have difficulty maintaining their airway, be prepared to perform CPR and follow the appropriate protocols.



5. Do Not Offer Food or Drink

Do not give the person anything to eat or drink, as they may have difficulty swallowing or could aspirate. NPO (nothing by mouth) is a general rule to prevent complications during the evaluation and treatment of a stroke.



6. Note the Time

If possible, note the time when the symptoms started or were first noticed. This information is valuable for medical professionals as it helps determine appropriate treatment options.



7. Monitor Vital Signs

Continuously monitor the person's vital signs, including their breathing, pulse, and level of consciousness. Be prepared to perform CPR or provide rescue breaths if necessary.



8. Do Not Delay or Drive to the Hospital

It is essential not to delay medical intervention by attempting to transport the person to the hospital yourself. Emergency medical services have the necessary equipment and expertise to provide the appropriate care during transportation.



9. Assist with Comfort Measures

If the person is able to swallow and you have received guidance from medical professionals, you may assist them in taking prescribed medications, if available, that are intended to manage stroke symptoms or prevent further complications. Follow the specific instructions given to you by medical personnel.



10. Provide Handover Information

When medical professionals arrive, provide them with a clear and concise report of the person's symptoms, the time of symptom onset, and any relevant medical history. This information will help guide their assessment and subsequent treatment.

Conclusion

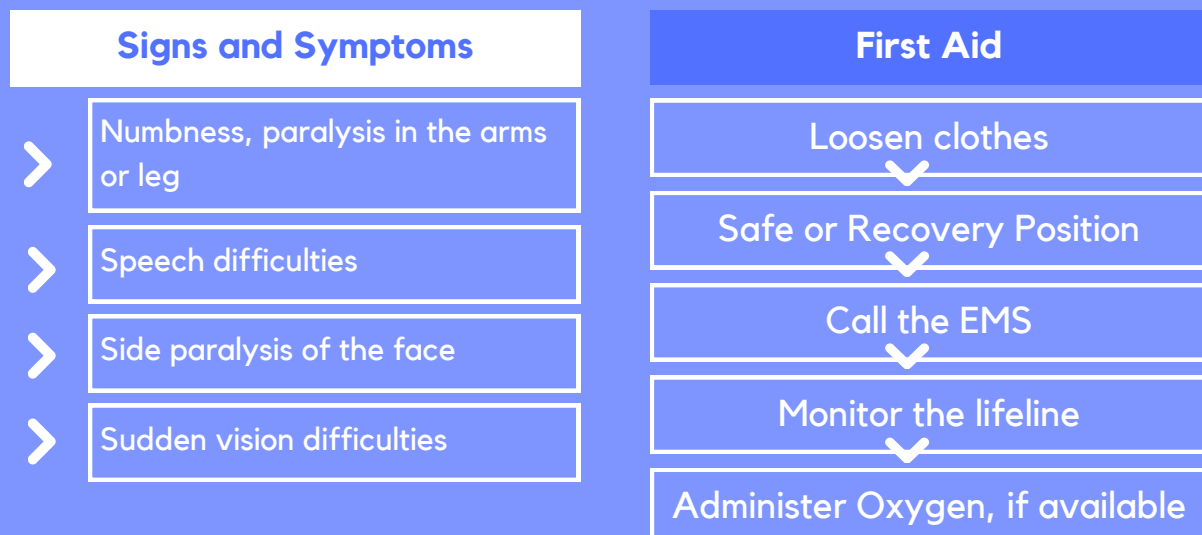
Recognizing the signs of a stroke and responding quickly is crucial for the well-being of the affected individual. Call for emergency medical assistance, provide comfort and reassurance, and maintain an open airway. Do not offer food or drink and note the time of symptom onset.

Remember to monitor vital signs and hand over all relevant information to medical professionals upon their arrival. Your prompt and appropriate actions as a first aid provider can make a significant difference in the outcome for someone experiencing a stroke.



Summary: Stroke

A stroke occurs when a blood vessel suffers a blockage or rupture in the brain of the patient.



Immersion Management

Immersion incidents, such as near-drownings or submersion in water, can be life-threatening emergencies requiring immediate attention. As a first aid provider, understanding the management of immersion incidents is crucial for providing timely and effective care. Here are important steps to follow when responding to immersion incidents:



1.Ensure Personal Safety

Before attempting to assist a person involved in an immersion incident, prioritize your own safety. Assess the situation and surroundings to determine if there are any immediate risks, such as unstable ice or hazardous water conditions. Ensure you have appropriate safety equipment, such as life jackets or flotation devices, if available.



2.Call for Emergency Assistance

If someone is involved in an immersion incident, call for emergency assistance immediately. Provide accurate information to the dispatcher, including the location, the number of individuals involved, and the nature of the incident. Timely professional help is crucial for a positive outcome.



3.Reach or Throw, Don't Go

Avoid entering the water unless you are trained and equipped to do so. Instead, reach out to the person using a long object, such as a pole or branch, or throw them a buoyant object, such as a life ring or flotation device. This prevents the risk of becoming another victim.



4. Perform Rescue Breathing or CPR

If the person is unresponsive and not breathing or only gasping, begin rescue breathing or cardiopulmonary resuscitation (CPR) immediately. If you are trained in CPR, provide chest compressions and rescue breaths following the appropriate guidelines. Continue until professional help arrives or the person shows signs of recovery.



5. Remove the Person from Water

If the person is conscious and able to assist, instruct them to grab onto a floating object or reach out to you. Maintain a secure grip and carefully pull them out of the water. Be mindful of any possible spinal injuries and support their head and neck while removing them from the water.



6. Assess and Stabilize

Once the person is out of the water, assess their condition. Check for responsiveness, breathing, and signs of circulation. Control any life-threatening bleeding if present. If the person is conscious and breathing, place them in a position of comfort, such as the recovery position, to help maintain an open airway.



7. Prevent Hypothermia

Immersion incidents can lead to hypothermia, especially in cold water. Remove any wet clothing and cover the person with dry blankets or clothing to help prevent heat loss. Provide additional insulation, such as a thermal blanket or foil wrap, if available. Monitor their body temperature and provide warmth until professional help arrives.



8. Monitor Vital Signs

Continuously monitor the person's vital signs, including their breathing, pulse, and level of consciousness. Be prepared to provide additional first aid interventions, such as controlling bleeding or managing fractures, if necessary.



9. Provide Reassurance and Support

Stay with the person, offer reassurance, and provide emotional support during this challenging time. Reassure them that help is on the way and that you are there to assist until professional responders arrive.



10. Handover to Medical Professionals

When emergency medical services arrive, provide them with a clear and concise report of the incident, the person's condition, and the interventions you have performed. This information will guide their subsequent care and treatment.

Conclusion

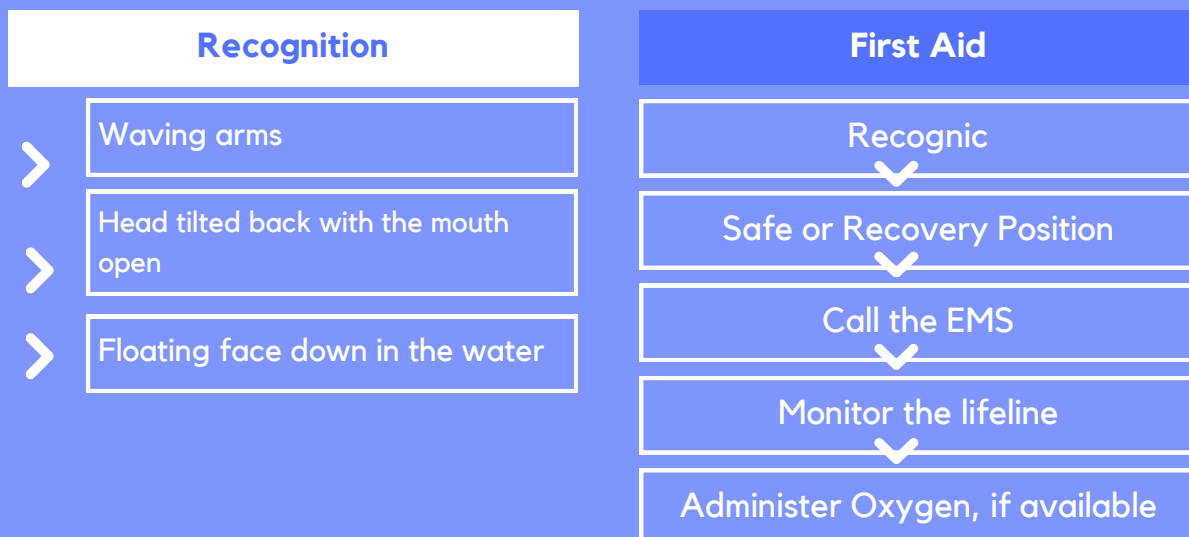
Responding to immersion incidents requires prompt action, prioritizing personal safety, and calling for professional help. Reach or throw objects to assist the person, perform rescue breathing or CPR as needed, and carefully remove them from the water.



Assess their condition, prevent hypothermia, and provide ongoing support until medical professionals take over. Your quick and effective response as a first aid provider can make a significant difference in the outcome of an immersion

Summary: Immersion Management

Drowning is death from asphyxia within 24 hours of submersion in water. Near drowning is the survival (even temporarily) beyond 24 hours after a submersion episode. Children always love to play in and around the water. They are often unable to shout for help in case of emergency.



Blood Borne Pathogens and Protective Materials for First Aid Providers

As a first aid provider, you may encounter situations where you are exposed to blood or other potentially infectious materials. It is essential to understand the risks associated with blood-borne pathogens and the necessary precautions to protect yourself and others. This includes using appropriate protective materials.

Here are important considerations for managing blood-borne pathogens and utilizing protective equipment:



1. Understanding Bloodborne Pathogens:

Blood-borne pathogens are microorganisms, such as viruses or bacteria, that can be present in blood and body fluids and are capable of causing infections.

Examples include HIV, hepatitis B, and hepatitis C. These pathogens can be transmitted through direct contact with infected blood or body fluids, contaminated objects, or through sharps injuries.



2. Universal Precautions:

Adhere to universal precautions, which are standard infection control practices designed to minimize the risk of transmission of blood-borne pathogens. Treat all blood and body fluids as potentially infectious. Follow proper hand hygiene, use personal protective equipment (PPE), and safely dispose of contaminated materials.



3. Personal Protective Equipment (PPE):

PPE plays a vital role in preventing exposure to blood-borne pathogens. The appropriate PPE may include:

Gloves: Wear disposable gloves when there is a potential for contact with blood or body fluids. Gloves should be made of latex, nitrile, or other appropriate materials.

Face Masks and Eye Protection: Use a face mask and eye protection, such as goggles or a face shield, to protect mucous membranes from splashes or sprays of blood or other fluids.

Protective Clothing: Wear protective clothing, such as gowns or aprons, to prevent contamination of personal clothing during procedures with a risk of exposure to blood or body fluids.

Sharps Protection: Use puncture-resistant gloves and handle sharps (needles, lancets, etc.) with extreme caution. Dispose of sharps in puncture-resistant containers.

4. Proper Glove Use



- Put on gloves before providing care and ensure they fit snugly.
 - Avoid touching your face, mouth, or eyes while wearing gloves.
 - Change gloves if they become torn, punctured, or contaminated.
 - Remove gloves properly by peeling them off from the wrist without touching the outer surface.
 - Wash hands thoroughly after removing gloves.
-

5. Spill Cleanup



If you encounter a blood or body fluid spill, take appropriate measures to clean it up safely. Put on gloves and use absorbent materials, such as paper towels or disposable pads, to contain and remove the spill. Disinfect the area with an appropriate disinfectant following the manufacturer's instructions.

6. Hepatitis B Vaccination



Ensure you are up-to-date on your hepatitis B vaccination. Hepatitis B is preventable through vaccination, and healthcare providers are at higher risk of exposure. Consult with your healthcare provider regarding the vaccination and any necessary booster shots.

7. Post-Exposure Protocol



In the event of a potential exposure to blood-borne pathogens, follow the post-exposure protocol established by your organization or healthcare facility. This may involve immediate reporting, evaluation, and initiation of prophylactic treatments, if necessary.



8. Education and Training

Stay informed about blood-borne pathogens, infection control practices, and proper use of PPE. Attend regular training sessions and stay up-to-date with current guidelines and recommendations.

Conclusion

Managing the risks associated with blood-borne pathogens is essential for first aid providers. Adhere to universal precautions, use appropriate personal protective equipment (PPE), and practice proper infection control measures. Stay educated on blood-borne pathogens, receive necessary vaccinations, and follow post-exposure protocols if an exposure occurs.

By implementing these measures, you can protect yourself and others while providing effective first aid care.



Summary: Blood Borne Pathogens and Protective Materials

Protective Materials

Always use examination gloves

Use of oronasal resuscitation masks or face shields.

Use of protective goggles.

Use antibacterial products to clean your equipment.

Asking for Permission Before Helping Someone

As a first aid provider, your primary goal is to assist and provide aid to individuals in need. However, it is important to respect the autonomy and dignity of the person you are helping. One crucial aspect of ethical and respectful care is seeking permission before offering assistance.

Here are some reasons why asking for permission is important and how to approach it:



1. Respecting Autonomy

Respecting a person's autonomy means recognizing their right to make decisions about their own body and healthcare. By asking for permission, you acknowledge their autonomy and provide them with the opportunity to consent to or decline the help you are offering. This promotes a sense of empowerment and preserves their dignity.



2. Establishing Trust and Rapport

Seeking permission before providing aid helps build trust and rapport between you and the person in need. It shows that you value their input and are committed to working together in their best interest. By involving them in the decision-making process, you foster a collaborative and respectful relationship.



3. Promoting Informed Consent

Asking for permission allows the person to make an informed decision about the assistance they will receive. It gives them the opportunity to ask questions, express concerns, or share any relevant information that may impact the care you provide. Informed consent ensures that the person understands the potential benefits, risks, and alternatives of the assistance being offered.



4. Cultural and Personal Considerations

Different cultures, beliefs, and personal preferences may influence how individuals perceive and receive assistance. By asking for permission, you demonstrate cultural sensitivity and recognize the importance of individual preferences. This approach allows you to tailor your assistance to align with the person's specific needs and cultural background.



5. How to Ask for Permission

- Introduce yourself and explain your role as a first aid provider.
- Use clear and simple language to explain the assistance you can offer.
- Ask open-ended questions, such as "May I help you?" or "Would you like me to provide first aid assistance?"
- Give the person time to consider your offer and respond. Be patient and attentive to their verbal and non-verbal cues.
- Respect their decision if they decline your assistance or ask for a different form of help.

If they give permission, proceed with providing aid while maintaining ongoing communication and ensuring their comfort and consent throughout the process.

Conclusion

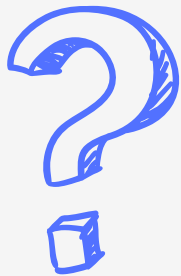
Asking for permission before helping someone is an essential aspect of ethical and respectful care. It respects the autonomy and dignity of the person in need, promotes trust and rapport, and allows for informed consent. By approaching individuals with empathy and respect, and involving them in the decision-making process, you can provide effective and compassionate assistance as a first aid provider.



Adult CPR (Cardiopulmonary Resuscitation)

Cardiopulmonary resuscitation (CPR) is a life-saving technique used in emergency situations when an adult is unresponsive, not breathing, or their heart has stopped. CPR involves a combination of chest compressions and rescue breaths to maintain blood flow and oxygenation until professional medical help arrives. As a first aid provider, knowing how to perform CPR on adults is crucial.

Here are the basic steps to follow:



1. Assess the Scene and the Person

Before starting CPR, ensure the scene is safe for both you and the person in need. Check for any hazards or potential risks. Then, approach the person and assess their responsiveness. Gently tap their shoulder and ask, "Are you okay?" If there is no response, proceed to the next steps.



2. Call for Help

If you are the sole rescuer, call emergency medical services immediately or instruct someone nearby to do so. Clearly communicate the situation, location, and request an ambulance. Time is critical in cardiac emergencies, and professional help is needed as soon as possible.



3. Open the Airway

Position the person on their back on a firm surface. Tilt their head back gently to open the airway. Place one hand on their forehead and two fingers of the other hand under the chin, then lift the chin forward to lift the tongue away from the back of the throat. This helps clear any obstructions that may be blocking the airway.



4. Check for Breathing

Look, listen, and feel for any signs of normal breathing. Watch for chest movement, listen for sounds of breath, and feel for air against your cheek. Do this for no more than 10 seconds. If the person is not breathing or only gasping, consider it a cardiac arrest situation and proceed with CPR.

5. Perform Chest Compressions



Position yourself next to the person's chest. Place the heel of one hand in the center of the person's chest, between the nipples. Place your other hand on top, interlocking your fingers. Keep your elbows straight and shoulders directly above your hands. Press down firmly and quickly, aiming for a depth of at least 2 inches (5 centimeters). Allow the chest to fully recoil between compressions. Perform compressions at a rate of 100-120 compressions per minute.

6. Provide Rescue Breaths



After every 30 chest compressions, provide two rescue breaths. Maintain the head-tilt chin-lift position and pinch the person's nose shut. Take a normal breath and cover the person's mouth with yours, creating an airtight seal. Give two slow breaths, each lasting about 1 second, watching for visible chest rises.

7. Continue CPR Cycles



Continue the cycles of 30 compressions followed by two rescue breaths until professional help arrives, an AED (Automated External Defibrillator) is available, the person starts breathing on their own, or you are too exhausted to continue. If another trained individual is available, you can switch roles every 2 minutes to maintain the quality of compressions.

8. Use an AED if Available



If an AED is accessible, follow the device's instructions and apply it as soon as possible. Attach the AED pads to the person's bare chest, following the visual or auditory prompts. Resume CPR immediately after the AED delivers a shock or if no shock is advised.

9. Handover to Professional Help



When medical professionals arrive, provide them with clear and concise information about what has transpired, the actions taken, and the response of the person. This helps guide their subsequent care and treatment.

The Recovery Position

The recovery position is a crucial technique used in first aid to help an unconscious person breathe easily and maintain an open airway. It is especially important when the person is unconscious but breathing and there is no immediate need for CPR. By placing the person in the recovery position, you can prevent airway obstruction and reduce the risk of aspiration.

Here's how to properly position someone in the recovery position:



1. Assess the Situation:

Before attempting to move the person into the recovery position, ensure the area is safe and there are no immediate hazards. Assess the person's level of responsiveness and breathing. If they are unresponsive but still breathing, proceed to the next steps.



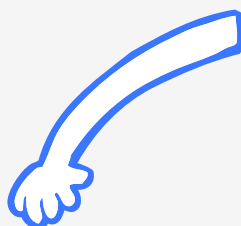
2. Straighten the Legs

Start by positioning the person on their back. Carefully straighten their legs, making sure they are not crossed or bent at the knees. This helps stabilize the body and provides a solid base for the next steps.



3. Open the Airway

Gently tilt the person's head back using one hand on the forehead and the other hand on the chin. This helps to open the airway and prevent any obstruction. Ensure the head and neck are in a neutral position, avoiding any excessive movement.



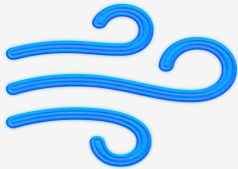
4. Adjust the Arm

On the side of the person closest to you, bend the arm at the elbow with the palm facing upward. Extend the arm outward from the body, placing the back of the hand against the person's cheek on the same side. This position helps to maintain the airway and supports the head.



5. Position the Leg

On the side opposite to you, bend the person's leg at the knee while keeping the foot flat on the ground. Carefully roll the person onto their side, supporting their head and guiding the movement to prevent any unnecessary strain or discomfort. The bent leg should be resting on the ground for stability.



6. Maintain the Position

Once in the recovery position, ensure the person's airway remains open and unobstructed. Adjust their head and neck if necessary to keep the airway clear. Check for adequate breathing by observing the rise and fall of their chest. If necessary, administer CPR if the person's breathing becomes absent or irregular.



7. Monitor the Person

Stay with the person in the recovery position and continuously monitor their condition until medical professionals arrive. Be prepared to provide additional first aid care as needed.



8. Transfer to Medical

If the person's condition worsens, they stop breathing, or you are unsure about their well-being, carefully roll them onto their back and initiate CPR if necessary. Communicate the situation to emergency medical services or other healthcare professionals, providing them with accurate and relevant information.

Conclusion

The recovery position is a critical technique used to maintain an open airway and ensure the safety of an unconscious person who is breathing. By following these steps, you can help prevent airway obstruction and reduce the risk of aspiration.

Remember to continuously monitor the person's condition and be prepared to provide additional first aid care as needed.



The Use of an Automated External Defibrillator (AED)

An Automated External Defibrillator (AED) is a portable device that can be used to assist in the treatment of sudden cardiac arrest (SCA). It is a crucial tool that can significantly increase the chances of survival for someone experiencing a life-threatening cardiac event. Understanding the proper use of an AED is essential for first aid providers to effectively respond to emergencies.

Here are the key steps involved in using an AED:



1. Assess the Situation

Before using an AED, assess the situation to ensure the safety of yourself and others. Make sure the area is clear and free of any hazards or potential dangers. If necessary, request assistance from bystanders or emergency services..



2. Confirm Cardiac Arrest

Verify that the person is experiencing a cardiac arrest. Look for signs such as unconsciousness, unresponsiveness, absence of breathing, and lack of pulse. It is important to remember that an AED should only be used when a person is in cardiac arrest and not in cases of other medical emergencies.



3. Call for Help

Activate the emergency medical services or ask someone nearby to call for professional medical assistance immediately. Time is critical in treating cardiac arrest, so it is important to get professional help on the way as soon as possible..



4. Retrieve and Prepare the AED

Locate the nearest AED and bring it to the person in need. AEDs are commonly found in public places, workplaces, and community centers. Once you have the AED, turn it on and follow the voice or visual prompts, as different AED models may have slight variations in operation.



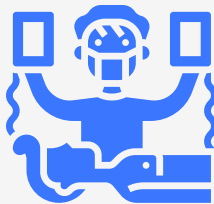
5.Expose the Chest and Attach Electrode Pads

Remove or cut away any clothing covering the person's chest to expose their bare skin. Open the AED's electrode pad packaging and apply the pads to the person's chest as indicated by the visual or voice prompts on the AED. Place one pad on the upper right side of the chest and the other on the lower left side, following the diagrams provided.



6. Analyze the Heart Rhythm

Once the electrode pads are securely attached, the AED will analyze the person's heart rhythm. Ensure that nobody is in contact with the person during this analysis. The AED will determine if a shock is required or if CPR (Cardiopulmonary Resuscitation) should be continued.



7.Delivering a Shock (If Necessary)

If the AED determines that a shock is necessary, it will prompt you to press the shock button. Ensure that no one is in contact with the person or any wet surfaces, and follow the AED's instructions precisely. Stand clear while the shock is being delivered.



8.Perform CPR

After delivering a shock (if required) or if the AED advises against a shock, immediately resume CPR by following the recommended compression and breathing ratios. Continue performing CPR until the person shows signs of movement, professional medical help arrives, or the AED prompts you to stop.



8.Follow Additional AED Prompts

Throughout the process, continue to follow the AED's prompts and instructions. The AED will provide guidance on when to resume CPR, when to reanalyze the heart rhythm, or if any additional shocks are required.

Conclusion

The use of an AED is a critical step in the chain of survival for someone experiencing sudden cardiac arrest. Familiarizing yourself with the steps involved in using an AED can make a significant difference in saving lives. Remember, always assess the situation, call for professional help, retrieve and prepare the AED, attach the electrode pads correctly, follow the AED's prompts, and continue performing CPR as needed. By acting quickly and confidently, first aid providers can increase the chances of a successful outcome.



AED Safety

AED is like any other electrical appliance in that certain safety precautions should be observed to minimize the risk of injury to the operator, assistants or even the casualty.

- Keep the electrodes (pads) separate.
- Never connect the pads to anyone except a casualty in suspected cardiac arrest.
- Be aware of patches on skin.
- Be aware of implants.
- Be aware of inflammable environments.

No shock indicated

- > If the voice prompts direct you to start CPR, start chest compressions and rescue breathing immediately.
- > Maintain CPR for two minutes or until prompted to stop.
- > Continue to follow voice prompts.

Shock indicated

- > Ensure that everybody is clear of the casualty.
- > Press the shock button as directed
- > After the shock is delivered continue CPR for two minutes or until directed to stop.
- > Allow the AED to analyze.
- > Continue to follow the voice prompts

Understanding Disability in First Aid Provision

When providing first aid, it is essential to be inclusive and consider the unique needs of individuals with disabilities. Disability is a broad term encompassing a range of physical, sensory, cognitive, and intellectual impairments that may affect a person's mobility, communication, or understanding. As a first aid provider, having knowledge and sensitivity toward disabilities can ensure that you offer appropriate and effective care. Here are some important considerations when providing first aid to individuals with disabilities:

1. Communication



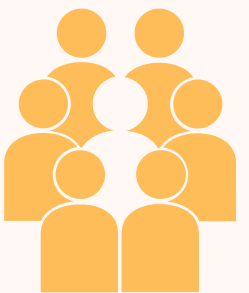
Effective communication is vital in providing care to individuals with disabilities. Take the time to understand the person's preferred method of communication, which may involve verbal, non-verbal, or alternative communication methods such as sign language or visual aids. Listen attentively, be patient, and ask clarifying questions to ensure clear understanding and facilitate effective communication.

2. Accessibility

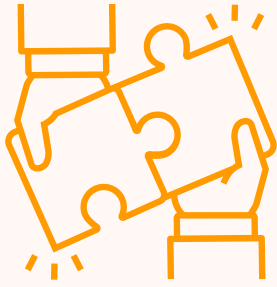


Consider the accessibility needs of individuals with disabilities during first aid provision. This may involve providing physical accommodations, such as ramps or accessible spaces, for individuals with mobility impairments. Ensure that emergency equipment and supplies are easily accessible for all, including those with visual or hearing impairments.

3. Individualized Approach



Recognize that each person's disability and needs are unique. Treat individuals with disabilities as individuals first, focusing on their specific symptoms or medical conditions rather than solely their disability. Be attentive to any additional medical devices or equipment that the person may be using, and incorporate them into your assessment and treatment plan.



4. Collaborative Approach

In some cases, individuals with disabilities may have personal caregivers or support networks who are familiar with their specific needs and preferences. When appropriate, engage in a collaborative approach by communicating and working together with these individuals or caregivers to ensure the best possible care for the person with a disability.



5. Adaptations and Modifications

Be prepared to adapt your techniques and approaches to accommodate individuals with disabilities. For example, you may need to modify the positioning or techniques used during CPR for someone with limited mobility. Additionally, consider using visual cues or simplified instructions for individuals with cognitive or intellectual disabilities.



6. Emotional Support

Recognize the potential emotional impact that a medical emergency may have on individuals with disabilities. Offer reassurance, empathy, and emotional support throughout the first aid process. Be mindful of any specific emotional or psychological considerations related to their disability.



7. Confidentiality and Dignity

Respect the privacy, confidentiality, and dignity of individuals with disabilities. Maintain appropriate boundaries and ensure that personal information is shared only with those directly involved in the person's care. Be aware of any cultural or personal considerations related to privacy and modesty.



8. Ongoing Learning

Continuously educate yourself about different types of disabilities, their associated needs, and appropriate first aid practices. Attend training sessions, seek guidance from disability organizations, and stay up-to-date with current guidelines and recommendations.

Conclusion

Inclusive first aid provision involves understanding and accommodating the needs of individuals with disabilities. By fostering effective communication, considering accessibility, adopting an individualized and collaborative approach, making necessary adaptations, providing emotional support, and respecting privacy and dignity, you can ensure that individuals with disabilities receive appropriate and sensitive care during medical emergencies. Embrace the principles of inclusivity, empathy, and ongoing learning to enhance your ability to provide effective first aid to all individuals, regardless of their disabilities.

Communication

Vision	We inform the person where he/she is in the area
	We explain the trauma
Hearing	We speak slowly and steadily to facilitate lip reading
	Use sign language if possible
Intellectual	We give simple instructions explaining the situation and we always wait for understanding
Motor	We explain the situation as it is and promote active cooperation
Mental	Be supportive and explain what and how will we provide first aid as many times is needed.
	In some cases distraction may help

Interaction with People with Disabilities: Basics for First Aid Providers

As a first aid provider, it is important to foster positive and respectful interactions with people with disabilities. Interacting with individuals who have disabilities requires understanding, empathy, and an inclusive mindset. Here are some basic guidelines to promote effective communication and interaction:



1. Use Person-First Language

When referring to individuals with disabilities, it is respectful to use person-first language. This means emphasizing the person first, rather than their disability. For example, say "a person with a visual impairment" rather than "a visually impaired person." This approach helps promote the individual's identity beyond their disability.



2. Treat Individuals with Respect

Treat all individuals with disabilities with the same respect and dignity as you would anyone else. Focus on their abilities rather than their limitations. Avoid making assumptions or underestimating their capabilities. Listen actively, be patient, and demonstrate empathy.



3. Communication

When communicating with individuals with disabilities, be mindful of their specific needs. Adapt your communication style as necessary. Maintain eye contact and speak clearly and directly. If the person has a hearing impairment, face them directly and consider using visual aids or written communication if needed. For individuals with speech impairments, be patient and allow them time to express themselves. If you are unsure about their communication preferences, ask them directly.



4. Ask for Guidance

If you are unsure about how to best assist an individual with a disability, do not hesitate to ask for guidance or clarification. Respectfully ask the person how you can best support them or if there are any specific considerations you should be aware of. Every individual's needs and preferences may vary, so it is important to seek their input.



5. Offer Assistance, But Respect Autonomy

If you believe someone with a disability requires assistance, respectfully offer your help. However, always remember to respect their autonomy and independence. Wait for their consent before providing assistance, and be open to their preferences or instructions. Recognize that individuals with disabilities have the right to make decisions about their own care.



6. Be Mindful of Physical Space and Accessibility

Consider the physical space and accessibility needs of individuals with disabilities. Ensure that the environment is accessible, with clear pathways and accommodations such as ramps, elevators, or accessible seating. Be aware of any potential obstacles or hazards that may impede the mobility of individuals with disabilities and take steps to address them.



7. Avoid Making Assumptions

Do not make assumptions about the capabilities or limitations of individuals with disabilities based on stereotypes or preconceived notions. Each person is unique, and disabilities can vary greatly. Treat each individual as an individual, with their own abilities, strengths, and preferences.



8. Respect Privacy and Confidentiality

Respect the privacy and confidentiality of individuals with disabilities. Keep personal information confidential and only share relevant details with those directly involved in their care. Be mindful of any cultural or personal considerations related to privacy and modesty.

Conclusion

Interacting with people with disabilities requires an inclusive and respectful approach. By using person-first language, treating individuals with respect, adapting communication styles, seeking guidance

when needed, offering assistance with consent, considering physical accessibility, avoiding assumptions, and respecting privacy, you can foster positive and effective interactions as a first aid provider. Embrace empathy, openness, and a willingness to learn to ensure that individuals with disabilities receive the care and support they deserve.



Assisting Individuals with disabilities in First Aid Situations

When providing first aid, it is essential to consider the specific needs of individuals with different impairments to ensure effective communication and support. Here are some guidelines for assisting individuals with specific impairments:

1. Vision Impairment:

1. Informing the person of their location: When attending to someone with a vision impairment, provide clear and concise verbal information about their surroundings, such as the location of exits, obstacles, or nearby objects. This helps orient them to the environment and ensures their safety.
2. Explaining the trauma: Use verbal descriptions to explain the nature of the trauma, injuries, or procedures being performed. Be descriptive and concise, focusing on providing information that is relevant and necessary for their understanding.



2. Hearing Impairment

1. Speaking slowly and steadily: Speak clearly and at a moderate pace to facilitate lip reading for individuals with hearing impairments. Use facial expressions, gestures, and body language to enhance communication.
2. Utilizing sign language: If you are proficient in sign language or the person uses a specific sign language, such as American Sign Language (ASL), use it to communicate effectively. If you do not know sign language, consider having pen and paper handy for written communication.

3. Intellectual Impairment:

1. Providing simple instructions: Offer clear and straightforward instructions using plain language. Break down complex information into smaller steps and ensure that the person understands each step before proceeding.
2. Promoting understanding: Allow ample time for the individual to process and comprehend the information. Use visual aids or demonstrations if possible to aid their understanding. Be patient and ready to repeat or rephrase instructions as needed.



4. Motor Impairment

Explaining the situation: Provide a clear explanation of the situation, injuries, or procedures being carried out. Describe the assistance you are providing and involve the individual in decision-making when appropriate, promoting their active cooperation.

5. Mental Impairment

1. Being supportive: Offer reassurance, patience, and empathy when assisting someone with a mental impairment. Explain the actions you will be taking and provide clear, concise explanations to help alleviate anxiety or confusion.
2. Repetition and clarification: Understand that individuals with mental impairments may require repetitive explanations or reassurances. Be prepared to provide information multiple times in a calm and supportive manner.
3. Using distraction techniques: In some cases, distraction techniques, such as engaging the person in conversation or redirecting their attention to something positive or comforting, may be helpful to alleviate distress or anxiety during the first aid process.



Conclusion

Interacting with people with disabilities requires an inclusive and respectful approach. By using person-first language, treating individuals with respect, adapting communication styles, seeking guidance when needed, offering assistance with consent, considering physical accessibility, avoiding assumptions, and respecting privacy, you can foster positive and effective interactions as a first aid provider. Embrace empathy, openness, and a willingness to learn to ensure that individuals with disabilities receive the care and support they deserve.

Good Practices

Report on Good Practices

About the correspondent organizations

Based on the information provided, it appears that the organizations AETOI, BRESSO4, EBAGEM, and TREND-PRIMA responded to a questionnaire related to providing first aid to disabled people. Each organization response is represented as a percentage of the total responses received.

AETOI, BRESSO4, and TREND-PRIMA all had the same response rate of 28.6%, while EBAGEM had a response rate of 14.3%. Unfortunately, without further information on the questionnaire or the organizations themselves, it is not possible to provide any additional insights or analysis of the responses.

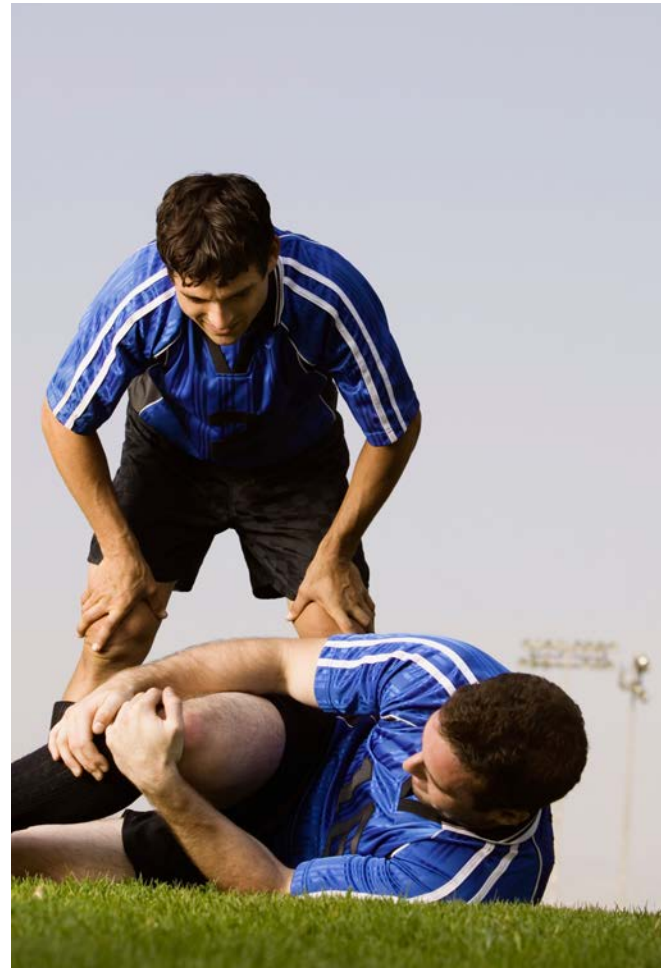
It is important to note that when creating a guidebook for providing first aid to disabled individuals, it is essential to consider a wide range of sources and perspectives. Collaboration with disability advocacy organizations, medical professionals, and individuals with disabilities themselves can provide valuable insights and guidance.



About the reported injuries and illness

It appears that a majority of respondents (64.3%) reported injuries when asked about what they are reporting in terms of first aid provided to athletes with disabilities, while 35.7% reported sudden illnesses. This suggests that injuries are more commonly reported than sudden illnesses among athletes with disabilities.

Providing first aid to athletes with disabilities can be challenging due to the various types of disabilities and health issues they may experience. The high percentage of respondents reporting injuries may indicate that athletes with disabilities are at a higher risk of physical injuries while participating in sports or physical activities.



The definition of an injury provided in the survey refers to physical trauma resulting in observable damage to body tissues. When dealing with athletes with disabilities, it is important to note that some disabilities may increase the risk of certain types of injuries. For example, athletes with mobility impairments may be at higher risk of developing pressure sores or other injuries related to skin breakdown.





The lower percentage of respondents reporting sudden illness may indicate that sudden illnesses are less common among athletes with disabilities. However, it is important to note that sudden illnesses can still occur, and that some disabilities may increase the risk of certain types of illnesses or medical emergencies.



Overall, the survey results suggest that injuries are more commonly reported than sudden illnesses among athletes with disabilities. This highlights the importance of providing appropriate first aid and medical care to athletes with disabilities, taking into account their specific disabilities and health needs.





About the place where the accident happened

Based on the responses to the question "Where the accident happened (describe the place in details)?" provided by athletes with disabilities, we can see that the accidents occurred in a variety of settings. The most common location reported was the school environment, including the school gymnasium, canteen, playground, and classroom. Outdoor sports fields were also reported, with football fields being the most commonly mentioned. Other outdoor locations such as basketball fields and lakes were also mentioned.





In addition to school and outdoor locations, a few incidents occurred in specific facilities such as a sport hall, swimming pool, and a hotel room. One incident occurred inside the KDAP center, while another occurred in the unit's dining room where trainees eat. The description of the dining room as a safe and spacious area that can accommodate up to 50 people is helpful information for first aid providers who may need to respond to incidents in similar settings.



Overall, the diversity of locations reported highlights the importance of first aid providers being prepared to respond to incidents in a range of environments. It is crucial for them to have the necessary equipment and training to provide effective first aid in a variety of settings, including school environments, outdoor sports fields, and specific facilities such as sport halls and swimming pools.



Were the first aid providers qualified?

The majority of the first aid providers were qualified 71,4%. Nine respondents answered "Yes," while only three answered "No." 28,6% However, it's important to note that this survey is limited to the responses of a small group and may not be representative of the larger population of first aid providers for athletes with disabilities. Additionally, without further information about the qualifications of the providers or the specific circumstances in which they provided first aid, it's difficult to draw meaningful conclusions from this data alone.



The age of first aid providers

From the responses, it can be seen that the age of the first aid providers ranged from 18 years old or younger to 31-59 years old. The majority of the providers fell in the 31-59 years old age group, with 8 out of 14 respondents falling within that range. The remaining 6 respondents were aged 19-30 years old or 18 years old or younger.

In terms of gender, there were 9 male and 5 female first aid providers among the respondents. This indicates a slight majority of male providers, but the difference is not significant given the small sample size.



What was the first aid provider role?

The answers to the question "How was the first aid provider at the scene?" revealed that most of the first aid providers were teachers or sport coaches, followed by an employee in the KDC and an educator for people with autism. One response indicated that the first aid provider was a lifeguard, who was also showing swimming styles to those in the water.

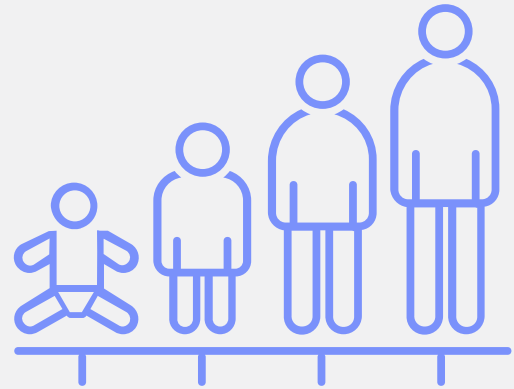
The majority of the providers assessed the athlete's condition by observing them and asking questions to determine the location and severity of the problem. They also took appropriate action by stopping the athlete's sports activity, calling the athlete's parents, and inviting them to join the athlete in the emergency room at the hospital. These actions were necessary to ensure that the athlete received the appropriate care and treatment for their injuries.



Overall, it appears that the first aid providers were knowledgeable and capable of providing the necessary first aid to the athletes with disabilities.

Age range of the casualties

The age range of the casualties varied from 18 years old or younger to 31-59 years old, with a majority falling in the 18 years old or younger category. The gender of the casualties was relatively evenly split between male and female, with slightly more male casualties reported. It is important to note that the sample size is small and may not be representative of the overall population of athletes with disabilities



About the people with Disabilities

The majority of athletes with disabilities who received first aid had an intellectual disability. This was indicated by 11 out of 13 responses. The remaining responses were split between motor disabilities (2 responses) and a combination of sensory, motor, intellectual, and mental disabilities (1 response) as well as intellectual and mental disabilities (1 response).

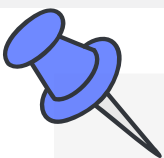


It's important to note that some respondents were able to select more than one category, so the total number of responses exceeds the total number of participants in the survey.

More specific the majority of the athletes with disabilities who received first aid had an intellectual disability. Motor disabilities were also reported, along with sensory and mental disabilities. It is important for first aid providers to have a basic understanding of the different types of disabilities and their specific needs in order to provide appropriate care.



Trying to describe better the profile the majority of athletes with disabilities who received first aid in the survey had an intellectual disability, with 92.9% of respondents indicating this category. Motor disabilities were the second most common, with 21.4% of respondents indicating this category, followed by mental disabilities at 14.3%. Sensory disabilities were the least common category, with only 7.1% of respondents indicating this category.



It's important to note that respondents could select more than one category, so some athletes may have multiple disabilities.



Overall, this information can help inform training and preparation for first aid providers who work with athletes with disabilities, to ensure they are equipped to handle a range of disabilities and provide effective care.



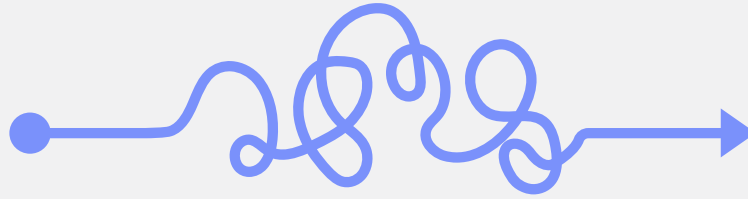
The survey question aimed to gather more specific information about the disability of the person in need of first aid. The answers provided a range of disabilities including intellectual disabilities, autism, Down syndrome, and physical disabilities such as amputee and mobility impairments.

Two responses referred to physical disabilities, with one person being an amputee and the other having a mobility disability resulting in slow walking and little arm strength.

One response mentioned a high rate of myopia, while another person had attention deficit disorder and a phobia. One response included the phrase "necessary deprivation" which is not clear what it means in the context of the survey.



Overall, the responses indicate a wide range of disabilities that athletes with disabilities may have, which highlights the importance of providing first aid that is tailored to their specific needs.



Difficulties the first aid providers faced

It is clear that first aid providers faced various difficulties when providing aid to athletes with disabilities. Some of the challenges highlighted include communication difficulties due to the athlete's disability, such as the inability to speak or express pain and discomfort accurately. This lack of communication makes it challenging to understand the severity of the situation and determine the appropriate course of action.

Additionally, some athletes with disabilities may have difficulty moving or may require specialized assistance, which can create logistical challenges for first aid providers. For example, carrying an amputee athlete may pose difficulties, as may helping an athlete who is choking and requires the **Heimlich maneuver**, but who has an aversion to being touched.



Overall, it is clear that providing first aid to athletes with disabilities requires special considerations and training to overcome these difficulties. Providers need to be patient, understanding, and equipped with the skills and tools necessary to adapt to the unique needs of each athlete.

Recommendations

Providing first aid to people with disabilities may require some additional considerations and adaptations. Here are some tips to keep in mind:



1

Communicate clearly: It's important to communicate with the person and ask them how you can best support them. For example, if they are deaf or hard of hearing, use written notes or gestures to communicate. If they have a speech impairment, be patient and take the time to understand what they are trying to say.

2

Be aware of their physical needs: People with physical disabilities may require additional assistance with moving or positioning. Be prepared to assist them in a way that is comfortable for them. For example, if they are in a wheelchair, ask them how they prefer to be transferred in the event of an emergency.



3

Consider sensory needs: Some people may be sensitive to bright lights or loud noises. Be aware of these sensitivities and try to create a calm environment for them. If they have a service animal, make sure to include the animal in your first aid considerations.

4

Tailor first aid to their specific needs: Some disabilities may require unique first aid techniques. For example, if someone is having a seizure, make sure to clear the area around them and support their head to prevent injury. If they have a breathing condition, ask them if they have any special equipment or medications that can help.

5

Be respectful and patient: People with disabilities may need more time or assistance than others. Be patient, respectful, and ask them how you can best support them.



Remember!

The most important thing when providing first aid to someone with a disability is to communicate with them and tailor your actions to their specific needs.





Conclusions

Based on the survey responses provided, it is clear that there is a wide range of disabilities that may need to be considered when providing first aid to athletes. These include sensory disabilities such as deafness or blindness, motor disabilities such as paraplegia or cerebral palsy, intellectual disabilities such as autism or Down Syndrome, and mental health conditions such as schizophrenia.



In order to ensure that first aid providers are equipped to support athletes with disabilities, training and education on disability awareness and inclusion should be provided. This can help to reduce barriers and increase accessibility for individuals with disabilities in sports and other settings.

Overall, providing first aid to individuals with disabilities requires an understanding of their unique needs and a commitment to inclusive practices. By incorporating these considerations into first aid training and practice, we can create a safer and more inclusive environment for all athletes.

Good Practices

Survey Results: A Look at Each Partner Organization's Responses

In this section, we will provide an overview of the survey responses received from each partner organization in regards to providing first aid to disabled individuals. The survey aimed to gather information on injury or illness incidents involving disabled individuals, the type of disability, the first aid provided, the difficulties faced by the first aid provider, and any additional comments.

The survey asked respondents to provide details such as the organization name, type of incident (injury or sudden illness), date and time of occurrence, location of incident, treatment provided, outcome of the casualty, and any difficulties faced by the first aid provider due to the disability of the casualty.

The results of the survey show that injuries were the most common type of incident reported among the partner organizations, followed by sudden illnesses.

Additionally, the survey collected demographic information about the casualty, such as age, gender, and disability category. Respondents were able to select from various disability categories, including sensory, motor, intellectual, and mental.



BRESSO4

1. Good Practice. Noted by AETOI, Greece	
Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date and time of incident (Day/Month/Year)	07.10.2010, 10:00 AM
Location and organization profile	<p>The organization that the incident happened is an Autistic Person Care Unit. It is a private law entity, a daycare center with the aim of educating and caring for people with autism and intellectual disabilities. It is open daily from early in the morning until late at night.</p> <p>The incident took place in the unit's dining room where the trainees in the unit usually eat. Those who have the ability to eat alone eat without an assistant, and those who need help are organized into groups and eat all together with the help of an assistant. The dining room is a spacious absolutely safe space that fits about 50 people.</p>
Description of incident, treatment provided, casualty outcome, and location of casualty	<p>The dining room had a few people eating together with their assistants. Suddenly a trainee stood up and seemed unable to swallow. His appearance and color began to change and he grasped his neck which indicated choking. Then a unit worker caught him from behind and gave him the Heimlich maneuver. The food came out and the victim started talking and saying he was fine.</p>
Difficulties faced due to disability and how they were overcome	<p>This particular trainee with autism generally ate greedily and during the first aid he did not cooperate, perhaps thinking that he did not want to lose his food. He also showed an aversion being touched, which made it difficult for the first aid worker to do the Heimlich maneuver.</p>
Was the first aid provider qualified ?	No

Age	31-59 years old
Gender	Male
How was the first aid provider at the scene?	The first aid provider was an employee in the unit. More precisely, he was an educator for people with autism. The first aid provider was not certified but had knowledge gained by reading some manuals regarding first aid.
Age	19-30 years old
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	The casualty was on the autism spectrum, with several social limitations, with limited self-care and with moderate to severe intellectual disability.
Rescue Training Interational review	A trainee choked on food in the dining room, and a unit worker gave him the Heimlich maneuver, dislodging the food and allowing the victim to breathe. The first aid provided was appropriate and effective in preventing a potentially life-threatening situation.



2. Good Practice. Noted by AETOI, Greece

Reporting injury or illness	Sudden illness (a feeling, an experience of unhealth which is entirely personal, interior to the person of the patient)
Date and time of incident (Day/Month/Year)	12.02.2022, 5:30 PM
Location and organization profile	Drasi gia to Kati Allo is a global education centre for children and adults with disabilities. It happened in the activities center of the organisation
Description of incident, treatment provided, casualty outcome, and location of casualty	Panic attack during exercise, the victim has autism. To help him, we transferred him to a room with few people so that he could calm down.
Difficulties faced due to disability and how they were overcome	Difficulty in communication and until his/her medication takes effect.
Was the first aid provider qualified ?	No
Age	19-30 years old
Gender	Female
How was the first aid provider at the scene?	She was a member of the staff
Age	18 years old or younger
Gender	Male
Disability category	Intellectual, Mental
Specific detail about the disability that person had?	Autism and psychotic behaviors
Rescue Training Interational review	A child with autism had a panic attack during exercise, and the teacher moved him to a room with a few people to calm him down. The teacher's action was appropriate in providing a safe and calm environment for the student.

3. Good Practice. Noted by AETOI, Greece

Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	11.04.2022
Time of incident	10:00 PM
Location and organization profile	Municipal kindergarten. Injury happened in a hotel room
Description of incident, treatment provided, casualty outcome, and location of casualty	Injury to the knee and a fall, assistance provided with a wet cold towel, the child got very scared, no further assistance was needed.
Difficulties faced due to disability and how they were overcome	Difficulty in communication, motor disability, rigidity, mild intellectual disability, difficulty in referring to the center of the injury. The problem was addressed through specific targeted simple questions, indicating parts of the body.
Was the first aid provider qualified ?	No
Age	19-30 years old
Gender	Female



How was the first aid provider at the scene?	She was escorting the students with disability
Age	31-59 years old
Gender	Female
Disability category	Motor, Intellectual
Specific detail about the disability that person had?	The person has a physical disability which results in slow walking and limited strength in their arms, as well as mild intellectual disability.
Additional information	Although they have high autonomy, they needed help and support.
Rescue Training Interational review	A person who suffered a traumatic knee injury and fell, leading to the need for assistance. The individual was very scared, but fortunately did not require any further assistance. The person had a disability that made it difficult for them to communicate and move, as they had spasticity, low sensitivity, and difficulty reporting the center of the trauma. The problem was resolved through the use of specific targeted questions that were aimed at identifying the location of the injury. The use of a wet cool towel was a good first aid measure to help reduce swelling and ease pain for the individual with a knee injury. The fact that the person did not require any further assistance suggests that the initial first aid provided was effective.



4. Good Practice. Noted by AETOI, Greece

Reporting injury or illness	Sudden illness (a feeling, an experience of unhealth which is entirely personal, interior to the person of the patient)
Date of incident (Day/Month/Year) and time	04.11.2022, 07:00 PM
Location and organization profile	The organization that the incident happened is an Autistic Person Care Unit. It is a private law entity, a daycare center with the aim of educating and caring for people with autism and intellectual disabilities. It is open daily from early in the morning until late at night. Illness happened on the street, next to lake of Ioannina
Description of incident, treatment provided, casualty outcome, and location of casualty	It was night, the child had vision problems due to a high degree of myopia. The child was afraid and had a panic attack.
Difficulties faced due to disability and how they were overcome	Victim's hyperactivity, communication difficulties, calming was achieved through conventional methods.
Was the first aid provider qualified ?	No
Age	19-30 years old
Gender	Female
How was the first aid provider at the scene?	She was the escord of the person with disability
Age	18 years old or younger
Gender	Male
Disability category	Sensory, Motor, Intellectual, Mental
Specific detail about the disability that person had?	high percentage of myopia, doesn't walk properly and has ADHD
Rescue Training Interational review	A child with high base myopia had vision problems at night. The incident could have been prevented if the child had been provided with proper vision aids. However, no first aid was necessary.

BRESSO4

1. Good Practice. Noted by BRESSO4, Italy	
Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	10.05.2014
Time of incident	11:30 AM
Location and organization profile	Anffas Nord Milano, is an association of families of people with intellectual disabilities and relationships. It deals with many support services and protection of the rights of people with disabilities, including the sports sector. Outdoor football field
Description of incident, treatment provided, casualty outcome, and location of casualty	(a) immediate interruption of sports activity, absolute rest, application of ice and immediate X-ray exam in the emergency room (b) during the game he made a save that resulted in the retroversion of the fingers of his right hand, which prevented him from continuing sports activity (c) emergency room at the hospital
Difficulties faced due to disability and how they were overcome	No particular difficulty. The sprain injury was apparent, and the acute pain manifested by the athlete with obvious deformity of the fingers of the hand allowed appropriate first aid to be activated immediately. Attention to be paid: the athlete, in case of severe shock and pain, does not scream and remains speechless and only expresses facial expressions.



Was the first aid provider qualified ?	Yes
Age	31-59 years old
Gender	Male
How was the first aid provider at the scene?	He observed the athlete, he asked a few simple questions to understand where the problem was, he sat the athlete down and asked him to indicate the point of pain. He slipped off the goalkeeper's gloves in both hands. He stopped the athlete's sports activity, called the boy's parents, and invited them to join the boy in the emergency room at the hospital.
Age	31-59 years old
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	intellectual-relational
Additional information	the athlete, unfortunately, has no family to care for him and, in fact, the first-aid worker decided to take him immediately to the first-aid which made it possible to quickly identify the problem and resolve it. The athlete continues to play football, and the club has purchased goalkeeper's gloves with protective bars inside for the fingers of the hand in order to prevent retroversion of the fingers and reoccurrence of the injury.
Rescue Training Interational review	A sports activity was immediately interrupted, and the student was given absolute rest, ice treatment, and an immediate X-ray exam in the emergency room due to a traumatic injury. The first aid provided was appropriate and effective in treating the injury and getting the student the medical attention he needed.

2. Good Practice. Noted by BRESSO4, Italy

Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	06.04.2018
Time of incident	10:00 AM
Location and organization profile	ASD Ticino Cuggiono, is a sports association for athletes with disabilities. Outdoor football field.
Description of incident, treatment provided, casualty outcome, and location of casualty	(a) pharmacological anti-inflammatory treatment, application of ice, absolute rest, radiological examination, surgery and following rehabilitation therapy (b) high inflammatory status, unable sports activities (c) surgery in hospital and after rehabilitation he returned to full sports activity. Problem due to a congenital malformation, short ankle tendon
Difficulties faced due to disability and how they were overcome	The athlete claimed to have pain but he could not express where was located, it was difficult to understand whether he was telling the truth because he often tells lies when he doesn't want to do something. After a couple of weeks, we suggested to the family that they go for specialist visits to the hospital; the following exams revealed the problem that forced the boy to have surgery
Was the first aid provider qualified?	Yes
Age	31-59 years old
Gender	Male

How was the first aid provider at the scene?	He observed the athlete, he asked a few simple questions to understand where the problem was, he sat the athlete down and asked him to indicate the point of pain, how long and since when he felt the pain. He applied synthetic ice and stopped the athlete's sports activity at that time.
Age	19-30 years old
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	intellectual-relational
Additional comments	The biggest difficulty was figuring out whether there really was a problem because the boy usually tells lies; fortunately he has a supportive family and they followed our instructions to do a specialist medical examination, which made it possible to quickly identify the problem and its resolution, which then allowed the athlete to resume sports activity
Rescue Training Interational review	During the game, a student's fingers were retroverted after making a save, preventing him from continuing sports activity. He was unable to participate in sports activities due to high inflammatory status. Surgery was necessary to correct the issue, and after rehabilitation therapy, he returned to full sports activity.



3. Good Practice. Noted by BRESSO4, Italy

Reporting injury or illness	Sudden illness (a feeling, an experience of unhealth which is entirely personal, interior to the person of the patient)
Date of incident (Day/Month/Year)	27.05.2017
Time of incident	5:30 PM
Location and organization profile	Vividown Onlus, is an association of parents of people with Down syndrome that deals with support, activities and services for people with disabilities and their families. Outdoor basketball field.
Description of incident, treatment provided, casualty outcome, and location of casualty	(a) immediate interruption of sports activity, absolute rest, X-ray examination and surgery and following rehabilitation therapy (b) he brought his hands to his heart and slowed down sports activity, and he sat on the field due to inability to continue sports activity (c) surgery in the hospital and after rehabilitation therapy he returned to sports activity
Difficulties faced due to disability and how they were overcome	The boy claimed to have chest pain and difficulty breathing but could not express precisely the type of sensation and the intensity of the pain, and it was difficult to tell whether he was telling the truth as many times he tells lies in order not to do something or to attract attention. We invited the family to make immediate specialist visits to the hospital, and subsequent medical/radiological examinations revealed the problem that led the boy to surgery



Was the first aid provider qualified ?	Yes
Age	31-59 years old
Gender	Male
How was the first aid provider at the scene?	He observed the athlete, he asked a few simple questions to understand where the problem was, he sat the athlete down and asked him to indicate the point of pain, how long and since when he felt the pain. He called the boy's parents and invited them to take the athlete to the hospital emergency room.
Age	19-30 years old
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	C21 - Down
Additional comments	The biggest difficulty was figuring out whether there really was a problem because the boy usually tells lies; fortunately he has a supportive family and they followed our instructions to do a specialist medical examination, which made it possible to quickly identify the problem and its resolution, which then allowed the athlete to resume sports activity
Rescue Training Interational review	A student injured his knee during sports activity, and the teacher immediately discontinued the activity and gave him absolute rest. An X-ray examination and surgery were necessary, followed by rehabilitation therapy before the student returned to sports activity.



4. Good Practice. Noted by BRESSO4, Italy

Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	12.05.2022
Time of incident	10:30 AM
Location and organization profile	Associazione Sorriso Odv, is an association created by families of people with disabilities that provides support and services, including sports, for its members. Outdoor football field
Description of incident, treatment provided, casualty outcome, and location of casualty	(a) immediate discontinuation of sports activity, absolute rest, immediate ambulance assistance (b) during the game suffered a very strong shot in his private parts that caused him severe pain and prevented him from continuing sports activity (c) first aid ambulance
Difficulties faced due to disability and how they were overcome	No particular difficulty. Trauma was apparent, acute pain with inability to continue activity allowed focused attention to the state of shock. Within minutes the boy manifested a seizure that was immediately treated, calling the ambulance for appropriate first aid. Attention to be paid: the athlete, in case of severe shock and pain, does not scream and remains speechless and only expresses facial expressions.
Was the first aid provider qualified ?	Yes
Age	31-59 years old
Gender	Male

How was the first aid provider at the scene?	He observed the athlete, he asked a few simple questions to understand where the problem was, he sat the athlete down and asked him to indicate the point of pain. He stopped the athlete's sports activity, called the boy's parents, and invited them to join the boy in the emergency room at the hospital.
Age	31-59 years old
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	Autism
Additional comments	The athlete, as a result of the trauma suffered and the severe emotional shock, stopped playing sports
Rescue Training Interational review	A student suffered a severe shot in his private parts during a game and experienced severe pain, which prevented him from continuing sports activity. The first aid ambulance was necessary to provide immediate assistance.



EBAGEM

1. Good Practice. Noted by EBAGEM, Türkiye	
Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	04.06.2022
Time of incident	3:00 PM
Location and organization profile	In sitting volleyball practice. In Tunceli Sport Hall
Description of incident, treatment provided, casualty outcome, and location of casualty	One of the athlete's ankles is twisted. I made the ice treatment and the patient is transferred to the hospital.
Difficulties faced due to disability and how they were overcome	As he was an amputee athlete, we face difficulty in carrying him.
Was the first aid provider qualified ?	Yes
Age	31-59 years old
Gender	Female
How was the first aid provider at the scene?	The sport coach provided the first aid for this athlete.
Age	31-59 years old
Gender	Male
Disability category	Motor
Specific detail about the disability that person had?	The person was amputee (didn't have one leg).
Rescue Training Interational review	An athlete twisted his ankle, and ice treatment was provided before transferring him to the hospital. The first aid provided was appropriate in treating the injury and getting the patient the necessary medical attention.

2. Good Practice. Noted by EBAGEM, Türkiye

Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	01.10.2022
Time of incident	4:00 PM
Location and organization profile	Gaziantep University Sporium, Sporium Swimming Pool
Description of incident, treatment provided, casualty outcome, and location of casualty	I jumped into the water to take a person who was struggling in the last lane and was at risk of being drowned. I turned him sideways. After relaxing a bit, he gathered himself.
Difficulties faced due to disability and how they were overcome	He constantly tried to turn his face, not realizing he had to lie on his side to get the water out. I had to hold him from behind until he could get the water out of his throat.
Was the first aid provider qualified ?	Yes
Age	19-30 years old
Gender	Male
How was the first aid provider at the scene?	I was the lifeguard at the pool. At the same time, I was voluntarily showing swimming styles to those in the water.
Age	18 years old or younger
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	He had an intellectual disability.
Rescue Training Interational review	A person struggling in the water was at risk of drowning, and the assistant intervened by turning him sideways to help him relax. The intervention was effective in helping the person out of the water and ensuring his safety.

Trend Prima

1. Good Practice. Noted by Trend Prima, Slovenia	
Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	09.02.2022
Time of incident	09:00 AM
Location and organization profile	Primary school Gustava Šiliha Maribor, School Gymnasium
Description of incident, treatment provided, casualty outcome, and location of casualty	Student was walking on the gymnastic beam. She slipped and fall. She injured her ankle and crotch area. Teacher lay her down, told her not to move and meanwhile other student ran to teacher in the next classroom who called ambulance.
Difficulties faced due to disability and how they were overcome	Nothing
Was the first aid provider qualified ?	Yes
Age	31-59 years old
Gender	Female



How was the first aid provider at the scene?	Sport teacher
Age	18 years old or younger
Gender	Female
Disability category	Intellectual
Specific detail about the disability that person had?	Mild intellectual
Rescue Training Interational review	A student slipped and fell while walking on the gymnastic beam, injuring her ankle and crotch area. The teacher immediately lay her down and told her not to move while other students ran to the next classroom to call an ambulance. The first aid provided was appropriate and effective as the student was immobilized and medical help was called.



2. Good Practice. Noted by Trend Prima, Slovenia

Reporting injury or illness	Sudden illness (a feeling, an experience of unhealth which is entirely personal, interior to the person of the patient)
Date of incident (Day/Month/Year)	12.05.2021
Time of incident	12:00 PM
Location and organization profile	Primary school Gustava Šiliha Maribor In school canteen
Description of incident, treatment provided, casualty outcome, and location of casualty	Student ate something that she is allergic to. She had allergic reaction. Her face and throat start to swell. Teacher ran in classroom for her adrenaline shot. After symptoms of allergic reaction stopped progressing, we notify her parents and they came to take her home.
Difficulties faced due to disability and how they were overcome	Student did not understand situation because of her moderate mental disability
Was the first aid provider qualified?	Yes
Age	19-30 years old
Gender	Female
How was the first aid provider at the scene?	Teacher
Age	18 years old or younger
Gender	Female
Disability category	Intellectual
Specific detail about the disability that person had?	Moderate intellectual disability
Rescue Training Interational review	A student had an allergic reaction after eating something she was allergic to, and her face and throat started to swell. The teacher ran to the classroom to get her adrenaline shot. After the symptoms stopped progressing, the student's parents were notified and they came to take her home. The teacher's quick action in getting the adrenaline shot and notifying the parents was crucial in providing effective first aid.

3. Good Practice. Noted by Trend Prima, Slovenia

Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	14.10.2021
Time of incident	08:00 AM
Location and organization profile	Primary school Gustava Šiliha Maribor, School playground
Description of incident, treatment provided, casualty outcome, and location of casualty	Students played football at school yard. One of the students fell and injured his knee. Teacher helped him immobilize his knee. Because he couldn't walk, we called ambulance.
Difficulties faced due to disability and how they were overcome	This student was autistic and he was really upset because he didn't understand the situation and the pain he felt.
Was the first aid provider qualified?	Yes
Age	31-59 years old
Gender	Male
How was the first aid provider at the scene?	Teacher
Age	18 years old or younger
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	Autism and mild intellectual disability
Rescue Training International review	A student fell while playing football and injured his knee. The teacher helped him immobilize his knee and an ambulance was called because he couldn't walk. The first aid provided was appropriate and effective in helping the student and getting him the medical attention he needed.

4. Good Practice. Noted by Trend Prima, Slovenia

Reporting injury or illness	Sudden illness (a feeling, an experience of unhealth which is entirely personal, interior to the person of the patient)
Date of incident (Day/Month/Year)	14.09.2022
Time of incident	13:00 AM
Location and organization profile	Primary school Gustava Šiliha Maribor In classroom
Description of incident, treatment provided, casualty outcome, and location of casualty	In classrome one of the student suddenly fainted. Teacher put him in the position for unconscious. 20 seconds later student became conscious. He felt little bit sick. Teacher called his parents. They pick him up 20 minutes after the call.
Difficulties faced due to disability and how they were overcome	The students couldn't explain how he felt, because he does not speak.
Was the first aid provider qualified ?	Yes
Age	18 years old or younger
Gender	Male
How was the first aid provider at the scene?	Teacher
Age	19-30 years old
Gender	Female
Disability category	Intellectual
Specific detail about the disability that person had?	Autism and severe intellectual disabilities
Rescue Training Interational review	A student suddenly fainted in the classroom, and the teacher put him in the position for unconsciousness. The student regained consciousness after 20 seconds but felt a little sick. The teacher called the student's parents, who picked him up 20 minutes later. The first aid provided was appropriate, and the teacher's prompt action in contacting the student's parents was helpful in ensuring his safety.

References

Bossaert L, Chamberlain D. The European Resuscitation Council: its history and development. *Resuscitation* 2013;84:12914, doi:<http://dx.doi.org/10.1016/j.resuscitation.2013.07.025>.

Guidelines for advanced life support. A statement by the Advanced Life Support Working Party of the European Resuscitation Council, 1992. *Resuscitation* 1992;24:11121. <https://www.ncbi.nlm.nih.gov/pubmed/1335602>.

Guidelines for basic life support. A statement by the Basic Life Support Working Party of the European Resuscitation Council, 1992. *Resuscitation* 1992;24:10310. <https://www.ncbi.nlm.nih.gov/pubmed/1335601>.

Lott C, Truhlář A, Alfonzo A, Barelli A, González-Salvado V, Hinkelbein J, Nolan JP, Paal P, Perkins GD, Thies KC, Yeung J, Zideman DA, Soar J; ERC Special Circumstances Writing Group Collaborators. European Resuscitation Council Guidelines 2021: Cardiac arrest in special circumstances. *Resuscitation*. 2021 Apr;161:152-219. doi: 10.1016/j.resuscitation.2021.02.011. Epub 2021 Mar 24. Erratum in: *Resuscitation*. 2021 Oct;167:91-92. PMID: 33773826.

Part 3: adult basic life support. European Resuscitation Council. *Resuscitation*. 2000 Aug 23;46(1-3):29-71. doi: 10.1016/s0300-9572(00)00271-9. PMID: 10978788.

Perkins GD, Graesner JT, Semeraro F, Olasveengen T, Soar J, Lott C, Van de Voorde P, Madar J, Zideman D, Mentzelopoulos S, Bossaert L, Greif R, Monsieurs K, Svavarsdóttir H, Nolan JP; European Resuscitation Council Guideline Collaborators. European Resuscitation Council Guidelines 2021: Executive summary. *Resuscitation*. 2021 Apr;161:1-60. doi: 10.1016/j.resuscitation.2021.02.003. Epub 2021 Mar 24. Erratum in: *Resuscitation*. 2021 May 4;163:97-98. PMID: 33773824.

Semeraro F, Greif R, Böttiger BW, Burkart R, Cimpoesu D, Georgiou M, Yeung J, Lippert F, S Lockey A, Olasveengen TM, Ristagno G, Schlieber J, Schnaubelt S, Scapigliati A, G Monsieurs K. European Resuscitation Council Guidelines 2021: Systems saving lives. *Resuscitation*. 2021 Apr;161:80-97. doi: 10.1016/j.resuscitation.2021.02.008. Epub 2021 Mar 24. PMID: 33773834.

Soar J, Böttiger BW, Carli P, Couper K, Deakin CD, Djärv T, Lott C, Olasveengen T, Paal P, Pellis T, Perkins GD, Sandroni C, Nolan JP. European Resuscitation Council Guidelines 2021: Adult advanced life support. *Resuscitation*. 2021 Apr;161:115-151. doi: 10.1016/j.resuscitation.2021.02.010. Epub 2021 Mar 24. Erratum in: *Resuscitation*. 2021 Oct;167:105-106. PMID: 33773825.

Zideman DA, Singletary EM, Borra V, Cassan P, Cimpoesu CD, De Buck E, Djärv T, Handley AJ, Klaassen B, Meyran D, Oliver E, Poole K. European Resuscitation Council Guidelines 2021: First aid. *Resuscitation*. 2021 Apr;161:270-290. doi: 10.1016/j.resuscitation.2021.02.013. Epub 2021 Mar 24. PMID: 33773828.

Appendix

In this appendix, we showcase exemplary practices that, although not included in the local activities implemented by all partners, bring additional value to the project and the field of First Aid and Secondary Care for athletes with disabilities.

1. Internal Practice. Noted by Bresso 4, Italy	
Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	14.05.2018
Time of incident	6:30 PM
Location and organization profile	Outdoor football field, A.S.D. G.S. BRESSO 4
Description of incident, treatment provided, casualty outcome, and location of casualty	a. immediate discontinuation of sports activity, absolute rest, radiological examinations and rehabilitation therapy b. during the game he clashed with an opponent and suffered an ankle injury that precluded him from continuing sports activity c. first aid
Difficulties faced due to disability and how they were overcome	None. The sprain injury was apparent, and the pain manifested and the inability to walk allowed immediate activation of first aid.
Was the first aid provider qualified ?	Yes
Age	31-59years old
Gender	Male

How was the first aid provider at the scene?	He observed the athlete, he asked a few simple questions to understand where the problem was, he sat the athlete down and asked him to indicate the point of pain, he asked the athlete if he could walk. immediately stopped the athlete's sporting activity and he supported the athlete to walk with a colleague to prevent him from putting weight on the injured limb. he called the boy's parents and invited them to take the athlete to the hospital emergency room. Ice was immediately applied to the knee. He accompanied the athlete to the emergency room together with the parent.
Age	19-30years old
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	Intellectual-relational
Additional Comments	Fortunately, the athlete is cared for by his family, who followed our instructions and subjected their son to the first aid , which made it possible to arrive quickly at the identification of the problem and rehabilitation therapy. The doctor, seeing the sprained injury, recommended a different sport activity than soccer to practice to prevent him from putting weight on the joints. He is now involved in the sport of swimming but is always present with the team group as an accompanying leader.

2. Internal Practice. Noted by Bresso 4, Italy

Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date and time of incident (Day/Month/Year)	21.11.2021, 11:00 AM
Location	Outdoor football field
Description of incident, treatment provided, casualty outcome, and location of casualty	a) immediate interruption of sports activity, immediate intervention by ambulance with hospital workers b) he suffered an elbow injury following a collision with an opponent during a football match that caused him severe pain and prevented him from continuing his sporting activity c) first aid ambulance
Difficulties faced due to disability and how they were overcome	No particular difficulty. The injury was evident and the acute pain manifested by the athlete with obvious inability to continue sporting activity allowed for targeted attention and in fact the athlete was taken to the emergency room by ambulance. Attention to be paid: the athlete, in case of severe shock and pain, does not scream and remains speechless and only expresses facial expressions.
Was the first aid provider qualified ?	Yes
Age	31-59
Gender	Male
How was the first aid provider at the scene?	He observed the athlete, asked simple questions to find out where the problem was, sat the athlete down and asked the athlete to point with the fingers of his hand to the site of the pain, made a bandage so that the weight of the arm was contained to avoid movement of the elbow joint and subsequent pain; he made the athlete stop sporting activity at that time and called the ambulance to take the athlete to the hospital emergency room.
Age	19-30years old
Gender	Male
Disability category	Intellectual
Additional Comments	The athlete, as a result of the trauma suffered and the severe emotional shock, stopped playing sports.

3. Internal Practice. Noted by Bresso 4, Italy

Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date of incident (Day/Month/Year)	11.2022
Time of incident	9:30 PM
Location and organization profile	Outdoor football field, A.S.D. G.S. BRESSO 4
Description of incident, treatment provided, casualty outcome, and location of casualty	<p>a) immediate cessation of sporting activity, absolute rest, radiological examinations, surgery and following rehabilitation therapy</p> <p>b) during the match he collided accidentally with an opponent and suffered a knee injury that prevented him from continuing sporting activity</p> <p>c) the athlete suffered surgery and is currently undergoing rehabilitation therapy in order to be able to be autonomous in his daily life and in his movements and also to be able to return to play</p>
Difficulties faced due to disability and how they were overcome	None. The sprain was evident and the pain manifested by the athlete with inability to walk allowed us to immediately activate the appropriate first aid.
Was the first aid provider qualified ?	Yes
Age	31-59years old
Gender	Male
How was the first aid provider at the scene?	<p>He observed the athlete, he asked a few simple questions to understand where the problem was, he sat the athlete down and asked him to indicate the point of pain, he asked the athlete if he could walk. immediately stopped the athlete's sporting activity and applied a bandage around the knee to support the joint.</p> <p>He supported the athlete to walk with a colleague to prevent him from putting weight on the injured limb. he called the boy's parents and invited them to take the athlete to the hospital emergency room. Ice was immediately applied to the knee.</p>

Age	19-30years old
Gender	Male
Disability category	Intellectual
Specific detail about the disability that person had?	Intellectual-relational
Additional Comments	<p>Fortunately, the athlete is cared for by his family, who followed our instructions and subjected their son to a specialist medical check-up.</p> <p>The consultation helped to quickly reach a diagnosis, surgery and finally rehabilitation therapy to enable him to continue playing.</p>

1. Internal Practice. Noted by EBAGEM, Türkiye	
Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date and time of incident (Day/Month/Year)	15.09.2016, 05:00 PM
Location and organization profile	It happened at the 2016 Rio Paralympics.
Description of incident, treatment provided, casualty outcome, and location of casualty	<p>a. The athlete's dislocated finger was replaced by the team physiotherapist within 1 minute of the incident. The finger was then immobilized with a bandage and cold application was done.</p> <p>b. The player dislocated his finger during a tackle with his opponent during the match.</p> <p>c. Treatment started in the basketball hall. Then it continued in our health center and in his room at the Olympic Village. Intensive cold application and edema bandage were applied to the athlete. Medically, painkillers were given twice a day and neural therapy was applied.</p>
Difficulties faced due to disability and how they were overcome	The injury was a dislocated finger, which caused intense pain. However, the dislocation had to be replaced. The athlete was anxious and in pain. The athlete was an important player for the team and there was psychological exhaustion from thinking that he would not be able to play because there was a semi-final match 2 days later. Convincing the athlete in a short time and convincing him to replace the finger was the difficult part of the process. However, the athlete was convinced and the dislocated finger was replaced.
Was the first aid provider qualified ?	Yes
Age	19-30 Years old
Gender	Male
How was the first aid provider at the scene?	The person who applied first aid at the scene was the physiotherapist of the Turkish Wheelchair Basketball Men's Senior National Team. He was qualified and certified to apply first aid.

Age	31-59 years old
Gender	Male
Disability category	Motor
Additional Comments	The athlete had an amputation on one leg, shortness and deformity in the other leg due to congenital developmental delay, a missing finger on one hand due to congenital developmental delay and deformity in the fingers, and use a wheelchair in his daily life.

2. Internal Practice. Noted by EBAGEM, Türkiye

Reporting injury or illness	Injury (a physical complaint or observable damage of the body tissue produced by the transfer of energy experienced or sustained)
Date and time of incident (Day/Month/Year)	03.09.2021, 11:30 PM
Location	It happened at the 2020 Tokyo Paralympic Games (the Paralympics were held in 2021, not 2020 due to the pandemic). It happened during the 5-6th game of the Tokyo Paralympics (basketball match in an indoor gym).
Description of incident, treatment provided, casualty outcome, and location of casualty	<p>a. Cold compression was applied to the athlete's head and neck. The athlete had no neurological symptoms and continued the match voluntarily. At the end of the match he was taken to the hospital in the Olympic Village. The athlete underwent a CT (Computerized Tomography) scan. He was given painkillers for headache. Therapeutic massage was given for muscle spasm in the neck.</p> <p>b. The athlete fell backwards from his wheelchair during the match and hit his head on the parquet and suffered a head injury.</p> <p>c. Treatment started in the Olympic Village. On his return to Turkey, the athlete's headache remained so he went to the hospital and underwent CT (Computerized Tomography) again. As a result of the CT scan, it was determined that there was a previous bleeding in one of the vessels leading to the brain and that the bleeding had stopped. Afterwards, the athlete underwent angioplasty and the blocked vessel was opened. The athlete started training again after 6 weeks.</p>
Difficulties faced due to disability and how they were overcome	Since the injury was a head injury, the first step in first aid was to check for any neurological symptoms. Since there were no symptoms such as dizziness, nausea or visual impairment, there were no major difficulties in first aid. However, the athlete was kept under constant observation for 72 hours.
Was the first aid provider qualified ?	Yes
Age	31-59 years old
Gender	Male
How was the first aid provider at the scene?	The person who applied first aid at the scene was the physiotherapist of the Turkish Wheelchair Basketball Men's Senior National Team. He was qualified and certified to apply first aid.

Age	31-59 years old
Gender	Male
Disability category	Motor
Additional Comments	The athlete was a person with a disability with sequelae of polio and use a wheelchair in his daily life.



This publication "First Aid and Secondary Care Guide for People with Disabilities" is developed within the framework of the project "Do Care (Disability Oriented first aid and secondary CARE)" (101049882 – Do Care – ERASMUS-SPORT-2021-SSCP)

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

