

**CAPACITY BUILDING ACTIVITY
IN THE FIELD OF YOUTH**
FUNDACJA MŁODZI DLA EUROPY

FIRST AID GO

**PROJECT
"FIRST AID GLOBAL"**



Co-funded by
the European Union



FIRST AID GLOBAL



**Fundacja
Młodzi**
dla Europy

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Description

This long term-project was created by 4 international organisations from Poland, Slovakia, Uruguay and Chile to deal with the complexity of issues related to inclusion of young people from different backgrounds and first premedical aid.

One of the main basis that unites us is that we all work on intercultural learning and use non-formal education as approach towards our work. In nowadays diverse society there are various issues that youth workers are facing in their daily work – high unemployment, refugee and migrant waves, radicalization, social exclusion, intolerance, xenophobia, various conflicts based on stereotypes, prejudice, lack of critical thinking abilities and lack of intercultural competence in general etc

The project allowed participants to reflect and analyse the results of local phase and learn about various innovative methodologies within NFE and first premedical aid and tools which can be used for efficient facilitation nowadays and could foster inclusive learning process as well as preparation of the publication on such approaches and methodologies for facilitators working in intercultural environment.



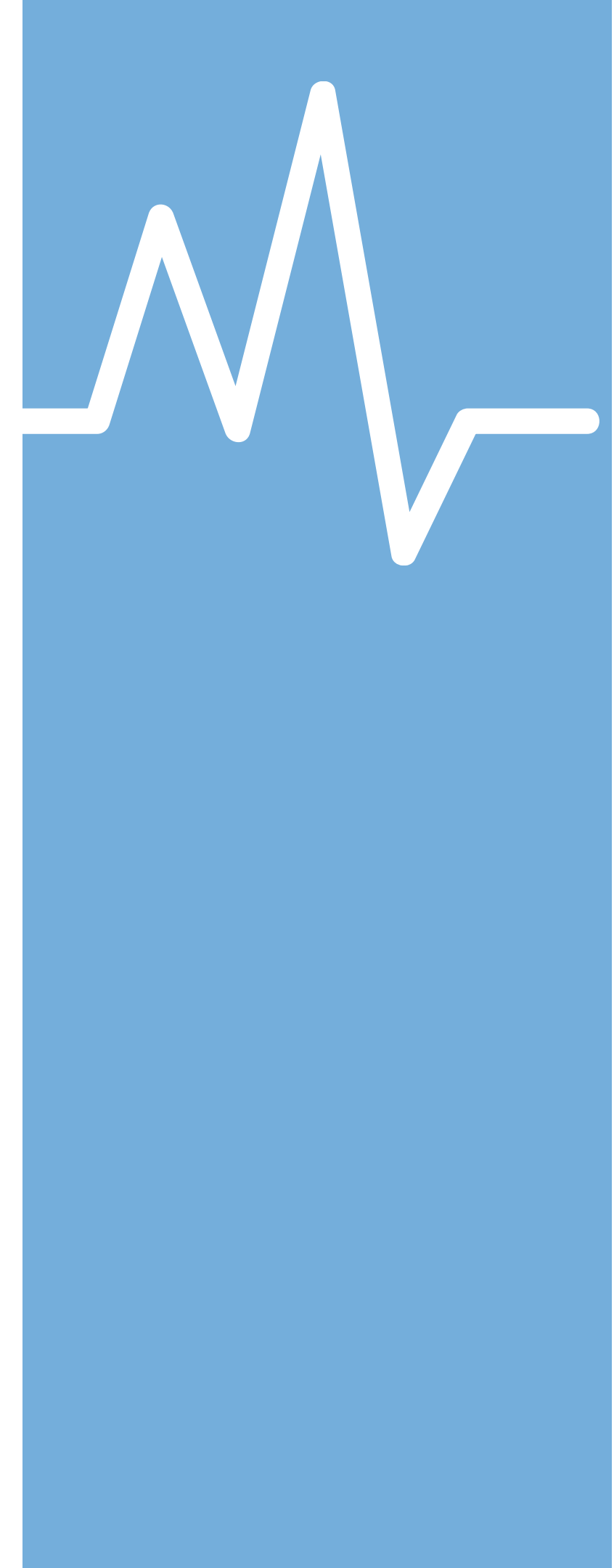
Description

During the project we were using innovative approaches towards facilitation of first aid- non-formal, non-frontal and highly participative fitting different learning styles. All the inputs were presented in the interactive way and were directly connected with practical experience. Participants were developing basic competences in facilitation in non-formal education, learnt various facilitation techniques and methods (active listening, active speaking, mirroring, tracking paraphrasing, feedback etc.) , learnt how to ask powerful questions and how to facilitate the reflection on the experience (debriefing). Besides that, they focused on the peculiarities of intercultural facilitation.



Objectives

- To create a cohesion of different approaches in the field of premedical first aid and facilitation derived from different experiences, knowledge and skills of partners, with additional differentiation in the creation of attitudes based on non-formal education systems and its formal counterpart, in the framework of finding and creating innovative tools to combine them.
- to uncover “facilitation” in diverse youth work realities
- to learn about basics of intercultural facilitation and how it can serve social inclusion of young people from different backgrounds
- to discover diverse facilitation techniques and tools for inclusive youth work
- to get to know and practice some of innovative tools and methodologies in facilitation of first premedical aid



“

**The safety of the
people shall be the
highest law**

Marcus Tullius Cicero, Roman philosopher born in 106 BC

”

First Aid Introduction

First aid is by no means a replacement for emergency services; it is a vital initial step for providing effective and swift action that helps to reduce serious injuries and improve the chances of survival. Taking immediate action and applying the appropriate techniques makes a difference when saving lives. For the Red Cross Red Crescent, first aid is a key pillar for building safer, more resilient communities which in turn are best placed to increase the impact of disaster preparedness and reduce risks to health.*

*First aid for a safer future. International Federation of Red Cross and Red Crescent Societies



“

**Take some time to
learn first aid and CPR.
It saves lives, and it
works.**

Bobby Sherman

”

What is First Aid ?

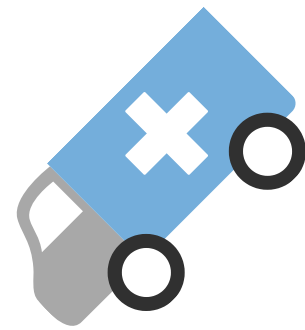
First aid refers to the emergency or immediate care you should provide when a person is injured or ill until full medical treatment is available. For minor conditions, first aid care may be enough. For serious problems, first aid care should be continued until more advanced care becomes available. The decision to act appropriately with first aid can mean the difference between life and death. Begin by introducing yourself to the injured or ill person. Explain that you are a first aid provider and are willing to help. The person must give you permission to help them; do not touch them until they agree to be helped. If you encounter a confused person or someone who is critically injured or ill, you can assume that they would want you to help them. This is known as “implied consent.”

*<https://nhcps.com/lesson/cpr-first-aid-first-aid-basics/>

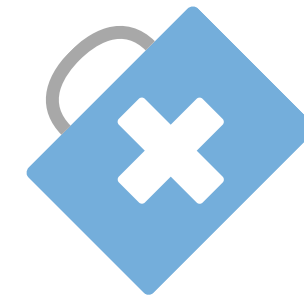


WHAT ARE THE QUALITIES OF A GOOD FIRST AIDER?

In order to deal with situations in the best way possible, a good first aider must have:



Good communication skills to communicate effectively with the injured person, and make him feel comfortable and reassured.



Positivity to reassure the injured person and prevent yourself from getting drained out while on the job.



Initiative and Leadership Qualities to act quickly, take the lead and get the job done with the help of others



The Ability to Work effectively in a team alongside the emergency services for providing quick help to the casualties



The Ability to stay mentally strong and calm to work effectively under pressure

“

FIRST AID SLOGANS AND QUOTES | WORLD FIRST AID DAY

First aid first!

Be ready, be alert

First aid can save a life

Keep calm and perform first aid

Learn first aid, save lives

First aid is for everyone, everywhere

Your quick response can save a life

First aid, best aid

A helping hand becomes a saving hand

Take time to learn first aid and CPR. Save lives

Your timely action can save a life

Someone's life maybe in your hands

Your timely action can save a life

”

WHAT ARE THE ESSENTIALS TO KEEP IN YOUR FIRST AID KIT / BOX?

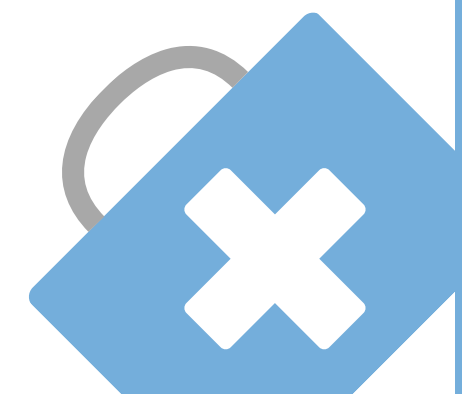
A first aid kit is a box, bag or pack that holds supplies used to treat minor injuries like cuts, scrapes, burns, bruises, and sprains etc. Some of the essentials to be kept in your first aid kit include:

For dressing wounds

- 1.Surgical cotton rolls – for cleaning dirt, grime and debris with water/ antiseptic solution
- 2.Plasters (band aids) in different sizes and shapes, to cover minor abrasions and cuts
- 3.Sterile gauze in different sizes for dressing wounds
- 4.Distilled water for cleaning wounds
- 5.Tourniquet to stop blood loss around arm / leg
- 6.Medical tape to hold bandage in place

For joint fracture / sprain

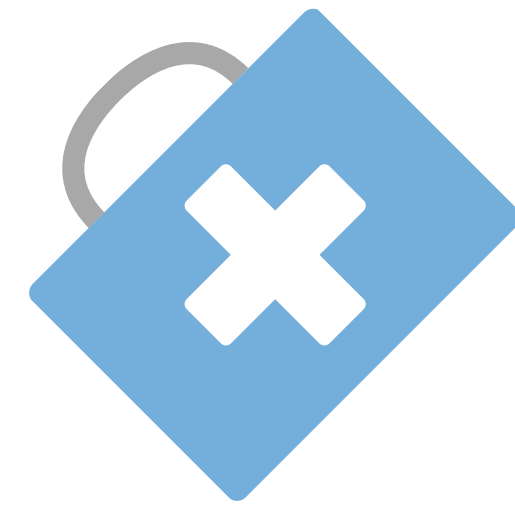
- 1.Compression / Elastic / Tensor Bandage, to wrap around a sprain or strain
- 2.Triangular Bandages to use as an arm sling or as a pad to control bleeding
- 3.Pain-relieving spray
- 4.Sam Splint for supporting and immobilizing a broken bone
- 5.Cold Packs / Instant Cold Compresses for sprains, strains, bumps and bruises



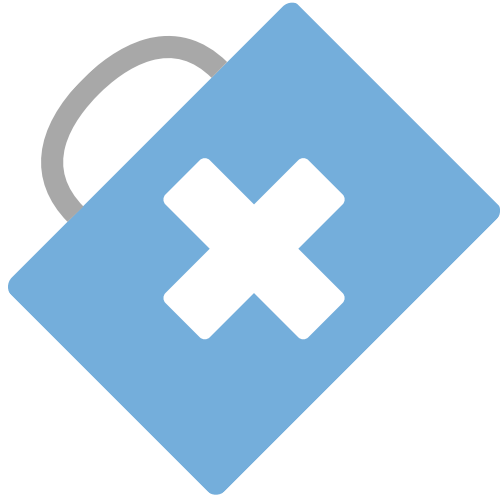
WHAT ARE THE ESSENTIALS TO KEEP IN YOUR FIRST AID KIT / BOX?

For maintaining hygiene and preventing infections

1. Hand Sanitizer
2. Disposable sterile gloves
3. Face shield or Eye Protection
4. Antiseptic cleansing wipes
5. Antiseptic liquid and cream
6. Antibiotic ointment
7. CPR Pocket Mask to avoid direct physical contact with the patient while giving a CPR



OTHER USEFUL MEDICINES AND TOOLS



1. First-aid instruction booklet for a quick reference in treating first aid emergencies
2. Sterile eye pads, Eye wash and eye drops for minor eye first aid emergencies
3. Lotion/ cream for skin rashes and insect bites
4. Cream / gel for mild skin burns
5. Oral Rehydration Solution (ORS) packets to prevent dehydration
6. Glucose powder (to be mixed with water as a drink) for quick energy
7. Basic cold & flu medicines
8. Antacid and Antidiarrheal medicines
9. Insect repellent
10. Safety pins for holding bandages or clothes in place
11. Scissors & Trauma Shears for cutting bandage, cloth, tape etc.
12. Tweezers for removing splinter, stinger and ticks
13. Digital thermometer to check the body temperature
14. Battery powered torch
15. Low-weight, low-bulk foil blanket to keep patients warm



Burns



A burn is tissue damage that results from scalding, overexposure to the sun or other radiation, contact with flames, chemicals or electricity, or smoke inhalation.

Is it a major or minor burn?

Call 112 or seek immediate care for major burns, which:

Are deep

Cause the skin to be dry and leathery

May appear charred or have patches of white, brown or black

Are larger than 3 inches (about 8 centimeters) in diameter or cover the hands, feet, face, groin, buttocks or a major joint

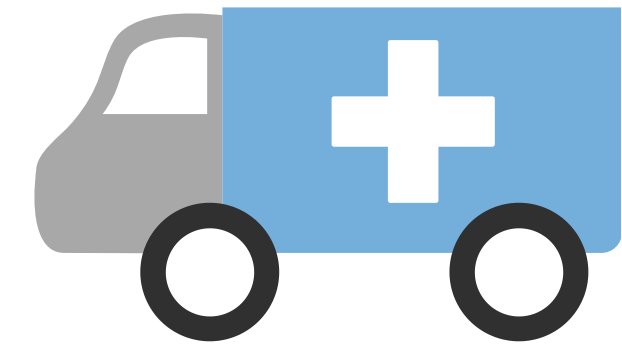
A minor burn that doesn't require emergency care may involve:

Superficial redness similar to a sunburn

Pain

Blisters

An area no larger than 3 inches (about 8 centimeters) in diameter



Treating major burns

Until emergency help arrives:

Protect the burned person from further harm. If you can do so safely, make sure the person you're helping is not in contact with the source of the burn. For electrical burns, make sure the power source is off before you approach the burned person.

Make certain that the person burned is breathing. If needed, begin rescue breathing if you know how.

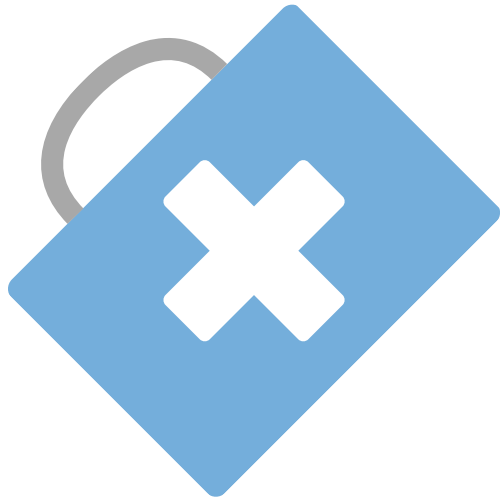
Remove jewelry, belts and other restrictive items, especially from around burned areas and the neck. Burned areas swell rapidly.

Cover the area of the burn. Use a cool, moist bandage or a clean cloth.

Don't immerse large severe burns in water. Doing so could cause a serious loss of body heat (hypothermia).

Elevate the burned area. Raise the wound above heart level, if possible.

Watch for signs of shock. Signs and symptoms include fainting, pale complexion or breathing in a notably shallow fashion.



For minor burns:

Cool the burn. Hold the burned area under cool (not cold) running water or apply a cool, wet compress until the pain eases.

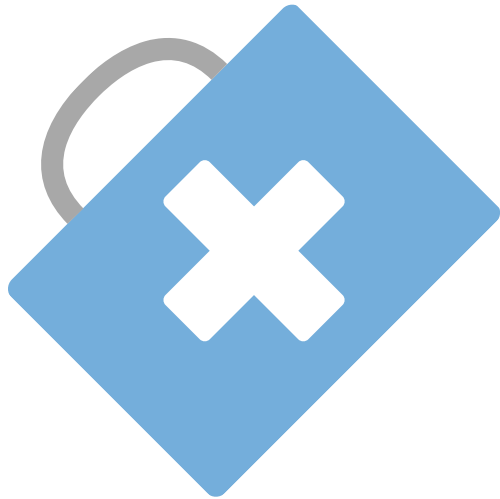
Remove rings or other tight items from the burned area. Try to do this quickly and gently, before the area swells.

Don't break blisters. Fluid-filled blisters protect against infection. If a blister breaks, clean the area with water (mild soap is optional). Apply an antibiotic ointment. But if a rash appears, stop using the ointment.

Apply lotion. Once a burn is completely cooled, apply a lotion, such as one that contains aloe vera or a moisturizer. This helps prevent drying and provides relief.

Bandage the burn. Cover the burn with a sterile gauze bandage (not fluffy cotton). Wrap it loosely to avoid putting pressure on burned skin. Bandaging keeps air off the area, reduces pain and protects blistered skin.

If needed, take an over-the-counter pain reliever, such as ibuprofen (Advil, Motrin IB, others), naproxen sodium (Aleve) or acetaminophen (Tylenol, others).



Dehydration

Overview:

Dehydration occurs when you use or lose more fluid than you take in, and your body doesn't have enough water and other fluids to carry out its normal functions. If you don't replace lost fluids, you will get dehydrated.

Anyone may become dehydrated, but the condition is especially dangerous for young children and older adults.



The most common cause of dehydration in young children is severe diarrhea and vomiting. Older adults naturally have a lower volume of water in their bodies, and may have conditions or take medications that increase the risk of dehydration.

This means that even minor illnesses, such as infections affecting the lungs or bladder, can result in dehydration in older adults.

Dehydration also can occur in any age group if you don't drink enough water during hot weather — especially if you are exercising vigorously.

You can usually reverse mild to moderate dehydration by drinking more fluids, but severe dehydration needs immediate medical treatment.

Symptoms:

Thirst isn't always a reliable early indicator of the body's need for water. Many people, particularly older adults, don't feel thirsty until they're already dehydrated. That's why it's important to increase water intake during hot weather or when you're ill.

The signs and symptoms of dehydration also may differ by age.

Infant or young child

Dry mouth and tongue, No tears when crying, No wet diapers for three hours
Sunken eyes, cheeks, Sunken soft spot on top of skull, Listlessness or irritability

Adult

Extreme thirst, Less frequent urination, Dark-colored urine, Fatigue, Dizziness, Confusion

When to see a doctor

Call your family doctor if you or a loved one:

Has had diarrhea for 24 hours or more

Is irritable or disoriented and much sleepier or less active than usual

Can't keep down fluids

Has bloody or black stool



Causes:

Sometimes dehydration occurs for simple reasons: You don't drink enough because you're sick or busy, or because you lack access to safe drinking water when you're traveling, hiking or camping.

Other dehydration causes include:

Diarrhea, vomiting. Severe, acute diarrhea — that is, diarrhea that comes on suddenly and violently — can cause a tremendous loss of water and electrolytes in a short amount of time. If you have vomiting along with diarrhea, you lose even more fluids and minerals.

Fever. In general, the higher your fever, the more dehydrated you may become. The problem worsens if you have a fever in addition to diarrhea and vomiting. Excessive sweating. You lose water when you sweat. If you do vigorous activity and don't replace fluids as you go along, you can become dehydrated. Hot, humid weather increases the amount you sweat and the amount of fluid you lose.

Increased urination. This may be due to undiagnosed or uncontrolled diabetes. Certain medications, such as diuretics and some blood pressure medications, also can lead to dehydration, generally because they cause you to urinate more



Risk factors:

Anyone can become dehydrated, but certain people are at greater risk: Infants and children. The most likely group to experience severe diarrhea and vomiting, infants and children are especially vulnerable to dehydration. Having a higher surface area to volume area, they also lose a higher proportion of their fluids from a high fever or burns. Young children often can't tell you that they're thirsty, nor can they get a drink for themselves.

Older adults. As you age, your body's fluid reserve becomes smaller, your ability to conserve water is reduced and your thirst sense becomes less acute. These problems are compounded by chronic illnesses such as diabetes and dementia, and by the use of certain medications. Older adults also may have mobility problems that limit their ability to obtain water for themselves.

People with chronic illnesses. Having uncontrolled or untreated diabetes puts you at high risk of dehydration. Kidney disease also increases your risk, as do medications that increase urination. Even having a cold or sore throat makes you more susceptible to dehydration because you're less likely to feel like eating or drinking when you're sick.

People who work or exercise outside. When it's hot and humid, your risk of dehydration and heat illness increases. That's because when the air is humid, sweat can't evaporate and cool you as quickly as it normally does, and this can lead to an increased body temperature and the need for more fluids



Complications:

Dehydration can lead to serious complications, including:

Heat injury. If you don't drink enough fluids when you're exercising vigorously and perspiring heavily, you may end up with a heat injury, ranging in severity from mild heat cramps to heat exhaustion or potentially life-threatening heatstroke.

Urinary and kidney problems. Prolonged or repeated bouts of dehydration can cause urinary tract infections, kidney stones and even kidney failure.

Seizures. Electrolytes — such as potassium and sodium — help carry electrical signals from cell to cell. If your electrolytes are out of balance, the normal electrical messages can become mixed up, which can lead to involuntary muscle contractions and sometimes to a loss of consciousness.

Low blood volume shock (hypovolemic shock). This is one of the most serious, and sometimes life-threatening, complications of dehydration. It occurs when low blood volume causes a drop in blood pressure and a drop in the amount of oxygen in your body



Prevention:

To prevent dehydration, drink plenty of fluids and eat foods high in water such as fruits and vegetables. Letting thirst be your guide is an adequate daily guideline for most healthy people.

People may need to take in more fluids if they are experiencing conditions such as:

Vomiting or diarrhea. If your child is vomiting or has diarrhea, start giving extra water or an oral rehydration solution at the first signs of illness. Don't wait until dehydration occurs.

Strenuous exercise. In general, it's best to start hydrating the day before strenuous exercise. Producing lots of clear, dilute urine is a good indication that you're well-hydrated. During the activity, replenish fluids at regular intervals and continue drinking water or other fluids after you're finished.

Hot or cold weather. You need to drink additional water in hot or humid weather to help lower your body temperature and to replace what you lose through sweating. You may also need extra water in cold weather to combat moisture loss from dry air, particularly at higher altitudes

Illness. Older adults most commonly become dehydrated during minor illnesses — such as influenza, bronchitis or bladder infections. Make sure to drink extra fluids when you're not feeling well.



Heavy Metals



Overview:

Heavy metals, like arsenic, lead, mercury, and others, are all around us.

They're in the ground we walk on, in the water we drink, and in the products we use every day.

But high levels of most heavy metals can make you sick.

True heavy metal poisoning is rare in the UE and South America. And experts say you should be careful about unproven heavy metal tests or “detox” treatments you find online.

They may waste your money, and some could be dangerous.

Diagnosis:

Different tests can check for different types of heavy metals. Some might test your blood or pee. Others might require an X-ray. Your doctor will also ask you about your job, hobbies, diet, and anything else that could have put you in contact with dangerous substances.

Tests for heavy metals aren't routine. Your doctor would test you only if you show symptoms and there is a history of exposure or a good reason to suspect they are related to heavy metals.

Chronic poisoning:

You get this after contact with a low dose over a long time. As the metal builds up in your body, you can get sick. Symptoms come on slowly and can include: Headache, Weakness and tiredness, Achy joints and muscles, Constipation

Symptoms

The signs can vary depending on the metal and the amount.

Acute poisoning. This happens if you get a high dose at one time, like in a chemical accident in a factory or after a child swallows a toy made with lead

Symptoms usually come on quickly and you may:

Feel confused, Go numb, Feel sick and throw up, Pass out



Treatments:

The main step is to stay away from whatever made you sick so you don't make the problem worse. Your doctor can help you figure out how to protect yourself. Sometimes you might need to have your stomach pumped to get the metals out. If your poisoning is serious, one treatment option is chelation. You get drugs, usually through an IV needle, that go into your blood and "stick" to the heavy metals in your body. They then get flushed out with your pee.

Chelation can be an important part of treatment. But the therapy can be dangerous, and it doesn't work with all heavy metals. So doctors only use it only if you have high levels of the metal and clear symptoms of poisoning.

Prevention:

If you're worried about heavy metal poisoning, your doctor can give you personalized advice. General tips include:

If you work with heavy metals, always wear masks or other safety equipment.

Check local fish advisories to make sure the fish you eat is safe.

If you live in a home built before 1978, hire an expert to test it for lead paint.

Check labels on products for heavy metals.*

*WebMD Medical Reference



Unproven Tests and Treatments

Experts say that heavy metal poisoning is rare. But lots of websites claim it's common and blame it, without proof, for all sorts of health problems.

Many businesses sell unreliable tests and expensive or even dangerous treatments. Hair analysis or chelation challenge tests ("provoked urine" tests). They're inaccurate. They can't tell you if you're sick or need treatment.

Over-the-counter chelation treatments. These are not approved by the FDA, may not be safe, and there's no evidence that they work.

If you think you have heavy metal poisoning, don't try to diagnose it or treat it on your own. See your doctor instead.



Opioids

Overview:

The strongest pain relating drugs

The most addictive drugs

How common are they?

*in the EU, there are 1.3 million high risk opioid users

“Of the almost 20 million individuals with a substance use disorder in 2017, more than 2 million qualified as having an opioid addiction,”*

Every day, 140 people across the United States die of a drug overdose, 91 of which are because of opioids. And the death toll keeps rising.

That is why it's

important that we understand what opioids are, the impact of the opioid epidemic across the country and how we can help as certified Mental Health First Aiders.

*Journal of the American Medical Association (JAMA)

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2678579>



**9 things you
need to know
about
the opioid
epidemic**

1. What are opioids?

Opioids are a type of drug used to reduce pain. They work by binding to specific brain receptors to minimize the body's perception of pain.

2. What are the most common types of opioids?

Common types of opioids include oxycodone (OxyContin), hydrocodone (Vicodin), morphine and methadone.

3. Why do people switch from opioid pills to heroin?

Four out of five people who are addicted to heroin say their addiction started with prescription opioids. Heroin is chemically similar to prescription opioids and affects the body and brain the same way. However, it's cheaper and sometimes easier to access through street drug dealers.

4. What are the risks and side-effects of opioid use?

Prescription opioids have several side-effects, even when taken as directed, including increased sensitivity to pain, nausea, vomiting, dizziness and confusion. They can also cause a person to stop breathing or develop a tolerance, making them feel like they need more of it to feel "normal" or to get the same high they did the first time they took the drug.

5. How big a problem is the opioid epidemic?

Opioid painkiller addictions and overdoses are a rapidly growing problem, with no immediate end in sight. Between 2011 and 2015, overdose deaths in the United States from opioids tripled. And by 2014, Americans became more likely to die from an opioid overdose than from a car accident.



6. How does someone overdose from an opioid?

When a person takes too much of an opioid painkiller, they can experience slowed breathing, confusion, lack of oxygen to the brain and even death. Opioid overdoses most commonly occur when alcohol, sedatives or a combination of opioid painkillers is taken, when a person accidentally takes too much of their prescription medicine or when a person mixes certain types of prescribed medicines.

7. What increases the chance of an opioid overdose?

Risk factors that can increase the chance of an opioid overdose include using multiple substances, variation in strength and content of substances used, tolerance level and more.

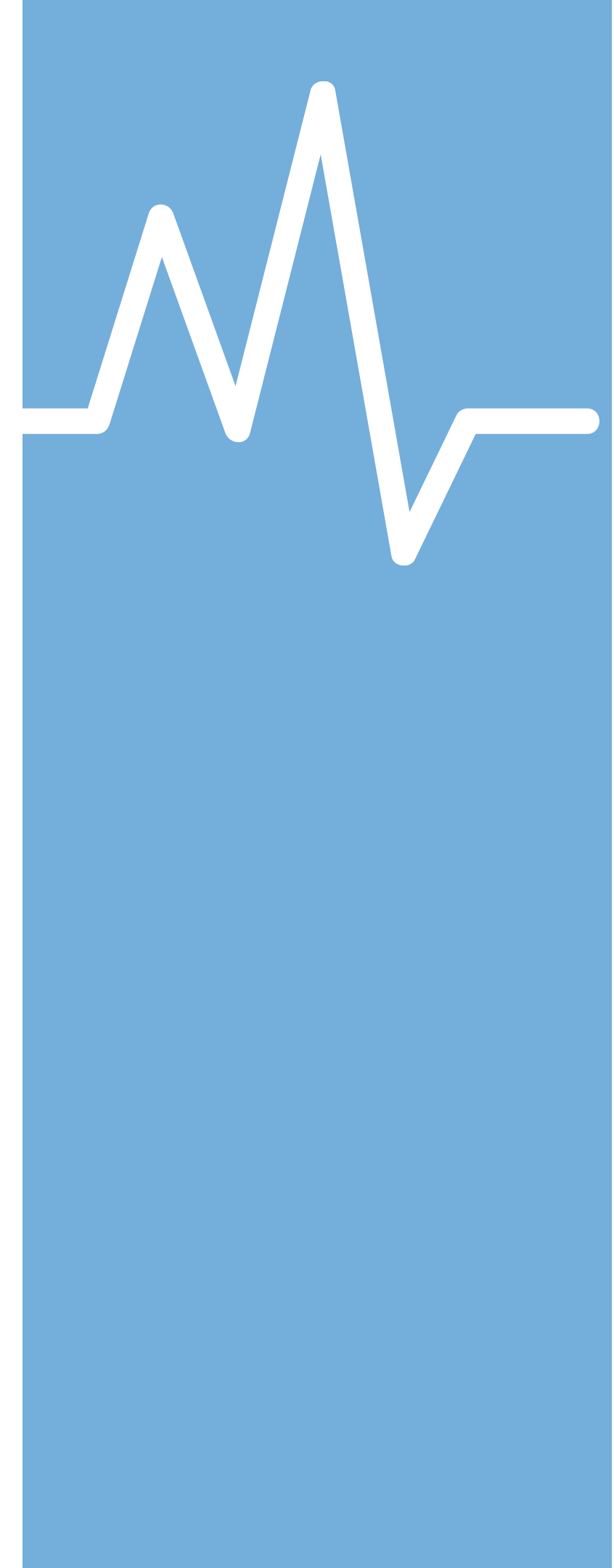
8. What is naloxone?

Naloxone (also known as Narcan and Evzio) is an opioid antagonist, which means it reverses the effects of opioids on the body. It is a temporary solution that can provide time for medical professionals to arrive and give appropriate medical attention.

9. What i can do to help others?

You will learn risk facts and warning signs for addiction concerns, strategies for how to help someone in crisis and non-crisis situations, how to administer naloxone, if necessary, and where to turn for help.*

*<https://www.mentalhealthfirstaid.org/2019/03/10-things-you-need-to-know-about-the-opioid-epidemic/>



Fast Facts about Painkillers

**Why popping pills could be
not the best idea...**

The two most common pain relievers are: Acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs)

Although usually bought over the counter, some countries require prescriptions for common painkillers

Painkillers are effective in combating headaches, tooth aches, sprains, common fevers and burns

Aspirin may be life-saving for an adult with chest pain, and may be administered by first aiders in this regard

Long-term use of NSAIDs are linked to increase heart disease, gastrointestinal issues and liver damage

NSAIDs ease pain, lower fever, and turn down inflammation. Acetaminophen does this, but does not affect inflammation.

Painkiller dependency is a problem regular users face, and is likely to happen with long term users of prescription-based painkillers



Road accidents

Some 1.3 million people are killed in road accidents worldwide each year and as many as 50 million are injured. For every death, 20 to 30 people are disabled, many permanently. Road traffic injuries are the leading cause of death among young people aged 15 to 29, and the second most common cause of death for those aged 5 to 14. Between 20 and 50 million sustain non-fatal injuries.

Road accident injuries impose substantial economic costs on nations, estimated between 1 and 3 per cent of the gross national product, and reaching a total of more than 500 billion US dollars. Road traffic injuries can be prevented and cost effective measures do exist. In Europe, studies show that more than 50 per cent of all road accident fatalities occur within a few minutes of the crash even before the emergency services arrive at the hospital.

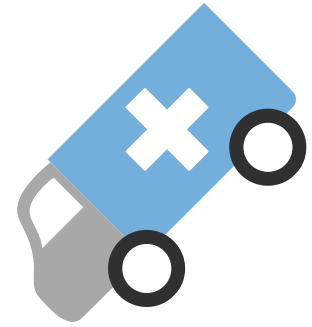
Moreover, 15 per cent of road deaths occur at the hospital within 4 hours while 35 per cent occur 4 hours after the crash.

All injuries must be treated as fast as possible, otherwise the outcome can be fatal.*

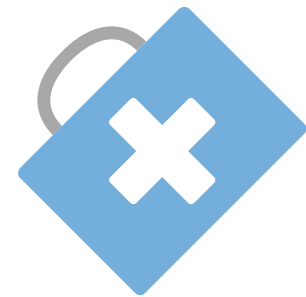
*. <http://www.ifrc.org/what/health/roadsafety/call-for-action.asp>



Recommendations to promote First Aid



1: Compulsory first-aid training should be set up at different stages of people's lives (school, driving licence, etc.). Every driving licence candidate should be trained in first aid.



2: First-aid education should be accessible to all and not just for those who can afford it, whether they live in a rich or poor country.



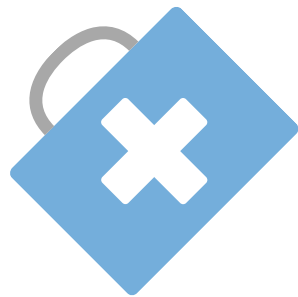
3: Time limits must be set for first aid certificates to establish refresher courses that should be taken at least every five years.



4: All citizens and communities should be given an active role in disaster prevention and preparedness by acquiring skills, including first aid, to respond to all kinds of disasters and accidents.



5: More information campaigns should be funded and developed to encourage first-aid education and training, using all modern communications techniques (including social media).



6: More groups should be targeted for first aid training and education, such as family members of people living with heart disease, elderly persons, people living with disabilities, minority groups often faced with stigma and discrimination.



7: Access to defibrillators should be further increased by making them more widely available in all public places.



8: First-aid education should be accessible to all and not just for those who can afford it, whether they live in a rich or poor country.



9: The harmonization of first-aid education in Europe should also be extended.

Several key areas that should be part of the curriculum worldwide.

- a. take safety measures, including giving an alert
- b. observe vital life signs (from initial assessment to situation monitoring)
- c. manage the unconscious casualty
- d. manage the casualty who has breathing difficulties
- e. manage the casualty who has circulation difficulties
- f. control severe bleeding
- g. manage burns and wounds.



10: There should be some clear regulation and legislation against holding first-aid providers responsible for poor outcomes in the challenging settings of an accident which will deter first-aid providers from attempting to help those in need of care



ERASMUS+

The Erasmus+ programme is the European Union programme for education, training, youth and sport 2014-2020. Find Erasmus+ opportunities! The Erasmus+ programme aims to boost skills and employability, as well as modernising Education, Training, and Youth work.

The seven year programme will have a budget of €14.7 billion; a 40% increase compared to current spending levels, reflecting the EU's commitment to investing in these areas. Erasmus+ will provide opportunities for over 4 million Europeans to study, train, gain work experience and volunteer abroad.

Erasmus+ will support transnational partnerships among Education, Training, and Youth institutions and organisations to foster cooperation and bridge the worlds of Education and work in order to tackle the skills gaps we are facing in Europe.



C O N T A C T

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