



FIRST AID LEVEL 2

SECTION 1: FIRST AID AND THE LAW

Exit Outcome

At the end of this section you will be able to:

- *Describe the medico-legal implications of Primary emergency care.*
- *Name the principles of emergency care and describe their importance.*

1.1 RESPONSIBILITY

While you are shopping you notice a person who appears ill. You can decide if you will help. While driving you witness an accident, you can decide to stop and help. The choice is yours.

However,

If applying First Aid is part of your job description, then you must help during working hours as you are governed by the Occupational Health and Safety Act 85 of 1993 (OHSA) and Common law principles. You have a legal responsibility to

act the way a reasonable person with your level of training would act. You should not exceed your level of training or attempt to provide care beyond your ability unless specifically directed and guided by professional emergency personnel; e.g. an Emergency Call Centre dispatcher may guide a caller to perform CPR.



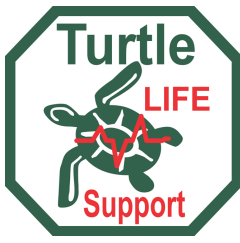
The Occupational Health and Safety Act states that all businesses that employ 10 people or more should have at least one first aider trained and on duty. If it is a high-risk employment, i.e. construction and mining then one per 50 employees need to be trained. In office environments then one in 100 people should be trained. Your responsibilities also include writing a report of the incident and treatment given to the casualty.

Example: Incident Report

On Tuesday, 12 November 2009, at 12h30pm, Mr Charles Davies was observed falling down the stairs at level 1A in the Eastgate Shopping Centre. Mr Davies was found at the bottom of the stairs, sitting up. He was alert and stated that he had felt dizzy and then fell down the stairs. Mr Davies says he still feels dizzy and his left ankle hurts. A cold pack was applied to his ankle and the emergency services were contacted. Emergency services arrived 10 minutes later and took Mr Davies to the hospital.

1.2 CONFIDENTIALITY

As a First Aider you may come across information that is sensitive (or even embarrassing) for the casualty. Everyone has the right to privacy; any discussion of your casualty's condition should remain private when communicating to the parent/guardian, professional emergency personnel or the officials investigating the incident.



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1.3 CONSENT

When approaching a casualty always introduce yourself as a First Aider and ask if you may help. If the casualty is **twelve years or younger you need to obtain consent** from a parent/guardian before applying First Aid. Anyone over the age of twelve is regarded as a “first aid adult casualty” and can decide whether they want to be treated. If the casualty is unconscious or **under the age of twelve**, and alone, you may apply First Aid as consent is **implied**.

1.4 NEGLIGENCE

If a casualty is harmed due to poor or no treatment, it is seen as medical negligence. For Example, applying butter to a full thickness burn or moving a casualty out of a car after an accident.

1.5 ABANDONMENT

Is a situation when a casualty is left unattended by a first aider (who already started treatment) without handing the casualty over to the same or higher qualified medical person, unless he/she becomes so exhausted that they cannot continue CPR. For example, if the first aider leaves the casualty who fell off the jungle gym to get water to drink because they were thirsty.

1.6 PRINCIPLES OF EMERGENCY CARE

- **Preserve Life:** Quick assessment of the casualty, accessing medical help, starting CPR and correct positioning of the casualty.
- **Prevent further injury:** by not moving a casualty with a suspected spinal injury and maintaining manual inline immobilization of a casualty’s head until the paramedics totally immobilize the neck, splinting fractures so that broken bone ends do not tear blood vessels and nerves.
- **Promote recovery:** by calming and reassuring the casualty, maintaining their body temperature and arranging proper transportation for the casualty to an appropriate medical facility for advanced treatment.

End of Section 1.