FIRST AID

Initial assistance given to a casualty for any injury or sudden illness before having a proper approach is called a First aid

The basic idea of first aid is:

- To sustain somebody's life
- Prevent any causalities conditions from becoming worse
- To help casualty in recovering process

PRINCIPLES OF FIRST AID

Certain important principles involved in the first aid are:

- Act calmly and logically.
- Be in control both of himself and problem.
- Be gentle and firm and speak to the casualty kindly but purposely.
- Build up trust by talking to casualty throughout the examination and treatment.
- Explain to casualty what you are going to do.
- Answer honestly and avoid giving misleading information.
- Never leave the casualty alone.
- Continuously reassure the casualty.
- Never separate a child from its parent or guardian.
- Use quickest means of transport.
- inform the police about serious accidents.
- Inform the relatives of casualty.

Things to avoid in Fist aid

DO NOT

- Touch a wound with your fingers
- Put a unclean dressing or cloth over wound.
- Allow bleeding to go unchecked.
- Allow a crowd to gather around the casualty.
- Move a patient without unnecessarily.

- Move fracture patient without splints.
- Neglect shock.
- Use of too hat or heated objects.
- fail to give artificial respiration.
- permit air to reach a burned skin surface.
- Wash wounds
- leave a tourniquet on for over 20 minutes without loosening it.
- A tourniquet is a strip of cloth that is tied tightly rounded an injured arm or leg in order to stop its bleeding

FIRST AID BOX

A box containing medical supplies for emergency use is kept In housekeeping department. Ideally it should be of 17 ½"" x 10"x6 ½" and dirt proof.

A first aid box must at least contain' the following item

A first aid book.

- Antiseptic cream
- Savlon or any other antiseptic solution
- Paracetamol
- Aspirin
- Soframycin and skin ointment
- Clinical thermometer
- Sterilized white absorbent gauze
- Sterilized dressing no. 18 & 24
- Sterilized cotton wool
- Crepe bandage
- Adhesive plaster
- Roller bandage of various sizes
- Unbleached triangular bandages
- Eye pad
- Tweezers
- Dressing scissors
- Safety pins

- Splint etc

FIRST AID PROCEDURE Cardiopulmonary Resuscitation [CPR]:-

This procedure is carried out on a person whose respiration has ceased. A constant supply of oxygen Is vital for the brain and if breathing stops, blood oxygen level will be affected as all tissues get oxygen through blood circulation.

The heart maintains this circulation ,acting as a pump. If the heart too stops functioning death will result unless urgent actions are taken. The flow of oxygenated blood to the brain is in such case rapidly restored by means 'of artificial ventilation and chest compression. This dual technique is called CPR.

In case only breathing has stopped, technique for chest compression to stimulate cardiac function can be left out and only artificial respiration Is to be concentrated on.

First-aid Procedures

The most important techniques to know for first aid include administering cardio pulmonary resuscitation (CPR) and the Holger Neilsen method of artificial respiration

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ABC of Artificial respiration

The ABCs of artificial respiration are as follows:

- A for Airway: Clear airway.
- B for Breathing: Restore breathing.
- C for Circulation: Restore circulation.

Clearing the airway An unconscious casualty's airway may be blocked, making breathing difficult and noisy. The main reason for this is that muscular control in the throat is lost, which allows the tongue to sag back and block the throat. Follow the steps given below to clear the airway:

- Remove the obstructing object or substance from the mouth with your fingers,
- using your first finger as a hook to dislodge it.
- Extend the neck to open the airway. Place one hand under the name of the neck, and the other hand on the forehead, and tilt the head back. Lift the chin up gently without closing the mouth.
- Check if breathing has been restored. If not, start mouth-to-mouth resuscitation.

Restoring breathing This is done by administering mouth-to-mouth respiration. Put your face close to the casualty's mouth and look, listen, and feel for breathing for five seconds, before taking any further action. If the heart is beating, it will generate a pulse in the neck (the carotid pulse) where the main arteries pass up to the head. With the head tilted back, feel the Adam's apple with two fingers. Slide your fingers back along the victim's throat till they sit in the gap between the Adam's apple and the strap muscle; feel for the carotid pulse.

Restore breathing by giving mouth-to-mouth resuscitation. To start mouth-to-mouth artificial respiration:

- Pinch and compress the nose to close the nostrils.
- Take a deep breath.
- Place your mouth around the victim's mouth, making an airtight seal and quickly breathe into the victim's mouth four times.
- Re-fill your lungs by inhaling deeply after this step. Fill the victim's chest with air once every 5 seconds.
- Watch the victim's chest movement for rise and fall of chest.
- Allow the patient to exhale

f the chest does not rise, check that:

- The head is tilted sufficiently far back.
- You have a firm seal around the casualty's mouth.
- You have closed the nostrils completely.
- The airway is not obstructed by vomit, blood, or a foreign body.

In case of mouth-to-nose ventilation, where mouth injuries make a good seal impossible or a harmful substance has been ingested through the mouth, the following method is followed:

- With the casualty's mouth closed, form a tight seal with your lips around the casualty's nose and blow in.
- Open the mouth to let the breath out.
- Continue to repeat the procedure mentioned in the first point.

Restoring circulation This is achieved by external cardiac compression. The procedure, also known as external cardiac massage, can be carried out by one individual or two.

1. Place the victim on a hard surface.
2. Kneel at the victim's side.
3. Locate the xiphoid process (see 'Key Terms').
4. Measure I--'2 inches above the xiphoid process. Place the heel of one hand at this point on the sternum. Place the other hand on top of it. Interlock fingers to keep them off the victim's ribs.
5. Keep elbows straight and lean forward, making full use of your body weight to deliver a downward compression upon the breastbone. Apply steady, smooth pressure to depress the victim's sternum by I/--'2 inches.
6. Relax pressure completely, but do not let your hands leave the victim's 'chest or you may lose the correct hand position.
7. Repeat.

If there are two individuals to perform firstaid, the other person should continue with artificial respiration in the meantime. If there is only one person, perform cardio• pulmonary resuscitation (CPR)} for 1 minute as follows:

1. After 15 chest compressions, give 2 quick lung inflations by mouth-to-mouth breathing. and then 2 more inflations if the carotid pulse is still absent.
2. Continue CPR by alternating lung inflations with chest depressions for a minute or until the victim is breathing on his/her own and a puse is found.

A minute of CPR delivers 60 chest compressions (l5 at a time multiplied by 4 times and 8 lung inflations (2 at a time multiplied by 4 times). To sum up, the main steps of cardio-pulmonary resuscitation are as follows:

1. Clear airway.
2. Breathe into victim's mouth four times quickly.

3. Compress chest 15 times.
4. Give,2 quick lung inflations.
5. Alternate 15 chest compressions with 2 quick lung inflations.
6. In a minute, the victim should revive.

Holger Nielsen method of artificial respiration

In this method of 'administering artificial respiration, the patient is tuned face downwards with the head turned to one side, kneeling at the patient's head and placing both your hands over the shoulder blades. Pressure should be exerted here by slowly rocking forward. For an adult, the pressure weight may be about 13.6 I:g. As the pressure i released by rocking backwards, the patient's arms are raised by the elbows to expand; the chest. The process is repeated until the doctor or an ambulance arrives. Each phase & of expansion and compression should last about 'W seconds, the complete cycle Bain&} repeated 12 times per minute.

The recovery position

Any unconscious casualty should be placed in the recovery position. This positions prevents the tongue from blocking the throat and, because the head is slightly lot than the rest of the body, allows fluids to drain from the mouth, thus reducing the of the casualty inhaling stomach acid~ or saliva. The head, neck, and back are kept in
straight line, while 'the bent limbs keep the body propped in a secure and comfortable position. If you must leave unconscious casualty unattended, he or she can safely be left in the recovery position while you get help. Before turning a casualty on the side remove his. or her spectacles (f· worn)) and remove any bulky objects from the pockets."
A person is placed in the recovery position by the following procedure:

1. Kneeling beside the casualty, open the airway by tilting the head back and lifting the chin. Straighten the legs. Draw the arm nearest to you out so that it is at right angles to the body, with the elbow bent and the palm facing up.

2. Bring the arm furthest from you across the chest and hold the hand, palm outwards against the casualty's nearer cheek.
3. With your other hand, grasp the thigh furthest from you across the chest and pull the knee up, keeping the foot flat on the ground.
4. Tilt the head backward to make sure the airway remains open. Adjust the hand under the cheek, if necessary, so that the head stays in the tilted position.
5. Adjust the upper leg, if necessary, so that both the hip and the knee are bent at night angles.
6. Call for an ambulance. Check breathing and pulse frequently while waiting for the doctor.

First-aid for Common Situations

The procedures for some common accidents and illnesses are discussed here.

Asphyxia/suffocation

This may be due to exposure to a poisonous gas or due to something smothering or choking the victim. Try to find the cause of suffocation and remove it. Turn off any leaking gas. Open the windows or take the victim out into the open. In the case of choking, remove the obstruction from the victim's nose or mouth. In all cases, give artificial respiration if breathing has stopped, using the mouth-to mouth or 'kiss of life method (see 'artificial respiration').

Asthma

During an attack of asthma, the person has difficulty in breathing and there is a feeling of suffocation. A person who has chronic asthma would have been prescribed the use of an inhaler and other medication during an attack. These medications should be administered to the patient and he/she should be reassured until better.

Brns and scalds

Burns may be caused by dry heat or by hot fat or oil. For minor "urns on the limbs, immediately hold the injury under cold running water for five minutes. A small burn needs no further treatment. It should simply be left exposed to air. Do not apply any oil or ointment to the burn and do not prick or remove blisters.

Large and deep burns (covering more than 3 sq inches) need medical attention. If possible, relieve pain by immersing the part in cold water or applying cold, wet cloths. Wrap or cover the injury with a clean cloth and a light bandage. Treat the victim for shock while waiting for medical help. If the victim can be moved, it is best to take him/
her to the hospital.

In case of chemical burns on a large part of the body, especially that caused by a strong acid or alkali, put the victim under cold running water, a shower if possible.

In case of fire burns, if the victim's clothing is on fire, smother the flames in a rug or blanket. Then, lay the person flat. Remove any smoldering clothing if it is not adhering Sue ski. Otherwise, dampen the smoldering garments with cold water but do not press the wet clothes against the patient's skin. If possible. remove any jeweler, watch, socks or shoes near the burned area before the tissues have time to swell. Cover the burns with a clean cloth, which can be held in position with a light bandage While waiting for medical help, treat for shock by keeping the patient quiet and covering him her lightly with a blanket.

Scalds are caused bv moist heat, from hot liquids or steam. In case of scalds, remove any hot clothing from the skin immediately and pour plenty of cold w:tev over the horned area.

Choking

the usual response of the victim while choking is violent coughing because food or some foreign body is caught in the windpipe. If the coughing does not clear the blockage, get the victim to bend over and give him/her a hard slap between the shoulder blades. If this does not dislodge the object, put the victim face down on a table or chair, with the head and chest hanging downwards, and administer another hard slap in the same place. Another method is to make the victim stand facing the b.ck of a chair and push the backrest against the casualty's stomach with force. Repeat a few times. In the case of a small child, hold him/her upside down and slap on the back. If this is not successful, get medical aid immediately.

Concussion Caused by a blow on the head, concussion may render the casualty unconscious. If on discussing the incident later, loss of memory of the accident is evident then concussion should be suspected. The person should be treated for shock and taken to the hospital

Convulsions or fits

Convulsions may occur in babies and children during teething or high fever The child typically holds his/her breath, becomes rigid. and often goes purple in the face. He/she should be kept warm by covering with a blanket or being placed into a warm bath with someone in attendance. Meanwhile, a doctor should be called. person, child or adult, who falls to the ground with the arms and legs shaking violently may be having an epileptic fit, an epileptic fit can also take the shape of a person suddenly becoming spaced out Move furniture and other cabernets out of the way to reduce the risk of injury if the convulsion is a violent one. Try to slip a knotted handkerchief between the teeth to prevent his/her from biting his ‘her tongue. Do not ; force any other object between the person's teeth, never a hard spoon or similar object In the case of an absence of seizure becoming 'spaced out' simply sit with the person until he ‘she returns to normalcy; do not attempt to shake them awake or

similar. On regaining consciousness, the epileptic may be dazed and should be prevented from wandering off in this state.

Cuts and abrasions

These may be caused in many ways and may some time get infected if not treated properly. The wound should be cleaned with warm water and antiseptic solution and then covered with a clean dressing. In case of bleeding. pressure should be applied the wound # it is free of foreign particles such as glass or metal. For deep cuts and excessive bleeding, the person should be treated for should and, if necessary taken to a hospital.

dislocation when a joint is dislocated, the casualty is unable to move it in the usual. There may be a swelling and Numbness beyond the point where the dislocating has occurred. Do not attempt to replace the bone in its proper place. Keep the parts as still as possible till medical aid arrives.

Downing

Make sure the casualty's airway is clear by removing any obstructions. Give mouth-to-mouth artificial respiration immediately upon rescue and continue until breathing is restored or medical aid arrives.

Diabetes

This is a disorder in which a person's body is not ~ble to regulate the uptake of available sugar, as a result of which excess sugar may appear in the blood and urine. Many diabetics whose sugar levels are difficult to control depend on insulin and a controlled diet. When such a person eats insufficient food, there is an imbalance due to the insulin administered, and the person may become hypoglycemic. In hypoglycemia, the patient starts to perspire and becomes nervous or irritable. If hypoglycemia is not controlled, the person may go into a diabetic shock, resulting in a coma. At the first sign of hypoglycemia, the diabetic should be given two lumps of sugar, a piece of chocolate, or a glucose drink. If the patient does not respond, he/she should be taken to the hospital immediately.

Electric shock If the victim is still in contact with the electrical equipment, he/she should not be touched until the electric current has been switched off. It may be necessary to try to drag the appliances away from the victim by pulling the insulating wire leading to it. If this is not possible, separate the victim from the electrical source using a non• conducting object, such as a dry wooden stick. If the casualty's heart does not seem to be beating, give the breastbone in the center of the chest a sharp thump. If the victim is not breathing, start mouth-to-mouth artificial respiration at once and continue until medical aid arrives. If the victim is breathing but unconscious, place him/her in the recovery position. Treat for burns and shock.

Eye injuries

If rapid blinking fails to dislodge a speck of dust fallen into the eye, lift the of the affected eye by the lashes and try to remove the object with the corner of a clean handkerchief. However, do not attempt to remove anything from the cornea, which is the transparent, domed front of the eyeball. If the object is embedded in the eyeball or cannot be seen, cover the eye with a gauze pad held lightly in place with a plaster and arrange immediate transport to the hospital. If any acid or other corrosive agents have come into contact with the eye, they should be washed out immediately. Bathe the eye with cold water if possible, keeping it under running water for 10-15 minutes to ensure that all the acid is washed out. Take the casualty to the hospital immediately.

Fainting

Fainting may be caused by a sudden reduction in blood flow' or oxygen to the head. It may be the result of a slowing down of the heartbeat from shock, anxiety, or even hormonal changes in early pregnancy. If someone feels faint, get the person to. lie down with the feet raised above the level of the head. Alternatively, sit the person in a chair, with the head between the knees. If someone has already fainted, loosen any tight clothing around the neck, chest, and waist. If indoors, open the windows.

Fractures

The signs of a bone fracture are pain and tenderness even at a gentle touch, swelling and· bruising, or loss of control or deformity of the affected limb. A broken bone needs treatment by a doctor. While waiting for medical help, keep the victim still, try to stop any bleeding, and treat for shock. Do not attempt to move the victim unless absolutely necessary and do not try to straighten the bone. Do not loosen any of the victim's clothing, except around the neck.

Heart attack/stroke

A stroke may he caused due to insufficient blood supply to the heart or a colorblind in the heart or a major blood vessel or in the brain. The symptoms may include chest pain (angina), breathlessness, and feeling faint. The patient should be propped up or allowed to sit forward on a chair and on no account moved until the
doctor or ambulance arrives.

Indigestion Stomach discomfort or pain, heartburn, and acidity are often signs of indigestion in the absence of other symptoms. An antacid preparation such as milk of magnesia or Gelusil may provide relief. Object in the nose
Any object stuck in the nose cannot be easily removed. Any attempt remove it may push it backwards and get stuck deeper, or make it travel down the windpipe, causing more trouble. Ask the victim to breathe through the mouth and take. him/her to the doctor at once.

Nose bleed

Make the victim sit down with his/her head over a sink or bowl. Pinch the sides the nose together, apply a cold pad to the bridge of the nose, and wait. Instruct the casualty to breathe through the mouth and not to sniff. If the bleeding has not stopped within 20 minutes, take the person to the hospital immediately

Poisoning

If someone has had a drug overdose or swallowed some harmful substance (such as a toxic substance), a doctor should be called even if there are no ill effects are evident. If the victim is not breathing, give mouth-to-mouth artificial respiration. If the poison is still in the mouth, use the mouth-to-nose method of giving artificial respiration. If the victim is unconscious but breathing, ·place him/her on his/her side with the uppermost arm and leg drawn up and the head tilted back to keep the airway open. Look around for any bottles, tablet casings, berries, and smells of substances such as paraffin, or cleaning fluid for clues as to what may have been ingested.

'shock

After even a minor accident, a victim may experience shock, a condition in I which the blood pressure is low and the heartbeat weak. The effect of shock can be lessened by stopping any bleeding, trying to ease any discomfort, and talking reassuringly to the victim. Keep the victim quiet and warm by covering him/her lightly with a $l blanket. Where possible, have the victim lying down with the head low and the legs raised a little In the case of a chest or abdominal injury, the victim's shoulder should be "raised slightly and supported. Turn the victim's head to one side.

Snake bite

Confirmation of a snake bite can be obtained if there are teeth marks & he affected area. Make the person lie down comfortably and allow him/her physical and mental rest try to reassure them. If the snake is not poisonous, the person should? Be made to understand that he/she will soon be all right. If the snake is indeed poisonous; and has bitten the victim on the hands or legs, tie a rope, handkerchief, or tourniquet near the bitten area so as to avoid the venous blood flow carrying the venom toward', the heart. A tourniquet should not be tied so tight that blood flow into that organ (betadine make an inch-long cut over the bitten area and start sucking and spit out the venom an d blood from the make sure you your self have no wound ds or lesions in the

mouth when doing this. In case medical aid is not avail ab le immediately. Continue the suction for half an hour. Do not give the victim an thin g to eat or drink.

Sprain

he sprained area needs to be bandaged with a crepe bandage immersed in cold water and the casualty should be treated for shock. In case pain and swelling is excessive, the person should be taken to the hospital.

Stock

A stroke is the result of restricted blood supply lo some parts of the brain and is also associated with high blood pressure. There may or may not be loss of consciousness, but some degree of paralysis may result. The patient should be treated

for shock and taken to a hospital as soon as possible.

swallowed objects

Children may sometimes swallow small objects such as buttons, I 0ins, and so on, which pass out of the body easily. In case a sharp object has been swallowed, however, take the child to a hospital immediately.

Abbreviations: -

ADR-- Average Daily Rate
CMMS - Computerized Maintenance Management Systems
FFE - Furniture Fixture Equipment
GRN - Goods Received Note
SWB - Salary Wages and Benefits
CFC- Chlorofluorocarbons_
HVAC-Heating air condition aad ventilation ad.
TFA- Treated fresh air
AAC blocks- Autoclaved aerated concrete blocks
CFL-Compact Fluorescent lamps

HPMV-High Pressure Mercury Vapour lamps
HPSV-High Pressure Sodium Vapour Lamps voe-Volatile Organic Compound

Important terms:
High Albedo paints: it refers to a paint having high reflectivity.

Ecotels: Also known as Green hotels which feature innovative and imaginative programs for conserving natural resources reducing waste minimizing waste and maximizing sustainability.

Fly Ash: a waste product of thermal power industry, it is used to make cement and AAC blocks which are ideal materials for a green building.

Grey wall: waste water from baths, washing machine and so on that is treated and recycled especially for use in gardening and for flushing toilets.

Mulches: protective brown covering of rotting vegetables matter spread upon garden and planter soil to reduce evaporation and soil erosion. Decomposing mulches acts as manure.:

Heat island effect: this occurs when developed urban areas have significantly higher average temperatures than the rural areas surrounding them. Lead time: the period between the indent originating from the department in which it will be used and the goods intended becoming ready for use. Operating supplies: the items essential to day to day HK operations, including guest supplies and cleaning supplies.

Zero base scheduling: the hiring of employees for a specific period of time by taking into account the occupancy expected during that time. Par level: the standard no of each inventoried item that must be in hand to support daily, routine HK operations.

Staffing guide: A scheduling and control tool that enables the executive HK to determine the total labour hours and =the number of employees required to operate the HK department at specific occupancy level of the hotel.

Janitorial services - this refers to the cleaning of bathrooms and toilets Contract Specification -- this is a document giving clear and precise instructions about the task-frequency, expected performance and other relevant details of the services required from the service providers.

Anthropometry - the study of human body measurement.

Power zone: it is a lifting region in the human. body i.e considered optimum by ergonomists. This area extends from approximately standing elbow height to standing knuckle height and as closed to body as possible .

Work simplification: this is defined as use of equipment, ergonomics, functional planning and behavior modification to reduce the physical and psychological stresses on the body of activities at home or work.

- **ERGONOMICS :** It is derived from 2 words

Ergon-work

Nomoi- Natural laws

It is the study of how working conditions equipment, and information can be arranged in an order that the people can work with them safely and more efficiently

- **BUDDY:** In the buddy system of scheduling , a new GRA is paired with another experienced GRA for learning the work. The experienced GRA is called Buddy
- **GRAVEYARD SHIFT :** Night shift
- **FRINGE BENEFITS:** Benefits given to staff supplementing their salaries. They are referred to as perks also in medical allowances, LTC
- **PTE:** Part time employee
- **JOB ANALYSIS:** Process of determining what knowledge each employee needs, what tasks each position needs to perform
- **CONTINGENCY PLAN :**Planning done for uncertain events
- **SPLIT SHIFT :**Break shift
- **JOB BREAKDOWN:** A form that details how technical duties of a job are to be performed
- **JOB ASSIGNMENT:** List of tasks to be performed by an individual
- **JOB LIST/TASK LIST:** A list identifying all the key duties of a job in order of its importance
- **STAFFING GUIDE :** It is a scheduling and control tool that enables the E.H.K. to determine the total labour hours and the number of employees required to operate the housekeeping department
- **PTE:** Part time employees
- **JOB PROCEDURE :** Referred to as a standard operating procedure (SOP) or work card, these specify the way in which task is done

- **PAISSEZ FAIRE :** A style of leadership where a leader believes in dele gating assignments and important tasks to the team
- **JANTORIAL SERVICES :** Refers to cleaning of bathrooms and toilets
- **LEAD TIME:** the period between indent from the department till the material is received
- **SAFETY STOCK LEVEL :** The number of purchase units that must always be on hand in case of emergencies, damages, delays in delivery and so on
- **DIVISION OF WORK DOCUMENT :**A document that lists all the guest and employee areas of the hotel property and delegates responsibility for the cleaning and maintaining of each area
- **PAR NUMBER :** A multiple of the standard quantity of a particular inventory item that must be on hand to support day –day housekeeping functions
- **ZERO BASED BUDGETING :** It refers to hiring employees while taking into account the actual occupancy for a specified period of time spcified period of time