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1. First Aid and Emergency Response
2. Basic Life Support
3. Introduction to Medical Record Keeping
4. Personal Support Worker Level 2

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FOUNDATIONS OF FIRST AID AND SCENE Safety

Introduction: First aid means giving immediate, temporary care to a sick or injured person until professional help arrives. It can range from cleaning a cut to performing CPR, but its core goal is to keep someone safe and alive. By learning first aid, you stay prepared to act in an emergency and help stabilize a person's condition.

The World Health Organization notes that "timely care and rapid transport save lives, reduce disability and improve long-term outcomes". In this module we cover the basics: how to stay safe at the scene, when and how to give help, and key principles like consent and infection control. This knowledge empowers you to respond calmly and effectively in an emergency.

What Is First Aid and Why It's Important

First aid is the immediate care you give someone who is injured or ill, before professional medical help arrives. Its purpose is to recognize emergencies (e.g. heavy bleeding, breathing problems, unconsciousness) and take simple actions to prevent the situation from worsening. For example, applying pressure to stop bleeding or doing chest compressions to keep blood flowing can save a life.

According to the American Red Cross, first aid helps "recognize the signs that someone actually needs help" and "prepare you to respond when minutes matter". Emergencies can happen anywhere – at home, work, or in public – so first aid training gives you confidence and skills to act quickly. Even basic actions like bandaging a wound or calling 911 can improve a person's chance of recovery and help "keep someone alive until help arrives".

Scene Safety and Assessment

The very first step in any emergency is scene safety. Before helping anyone, quickly look around for dangers like fire, traffic, electricity, or unstable objects. For example, if you come upon a car crash, do not rush into the roadway park at a safe distance and wear a high-visibility vest if you have one.

The American Red Cross emphasizes: " CHECK the scene for safety " before giving aid. If you put yourself in danger, you cannot help the other person and may become another victim. Look for less obvious hazards, too – bystanders in distress, aggressive people, or spilled chemicals can all be risky.

One first aid guide warns that it is easy "to be so focused on the person who is hurt or ill that you miss obvious dangers".

Make the area safe if you can (for example, turn off electricity or move a person out of traffic, if it won't hurt them more), and call for additional help if needed. While maintaining safety, also consider what resources are nearby. If there are bystanders, ask someone to call emergency services, fetch a first aid kit or an AED, and report the situation.

Organizing helpers can speed up care. In short, always secure the scene first that protects you, others, and the patient.

☑️ Advantages of a Certificate in First Aid and Emergency Response

1. International Job Opportunities

Many employers abroad—especially in healthcare, caregiving, education, construction, and hospitality—require or highly prefer candidates with first aid training. It boosts your chances of employment in places like Canada, the UK, the US, and Australia.

2. Boosts Visa and Immigration Applications

Having certified emergency response skills can strengthen your resume for work visas, especially for skilled worker categories where health and safety training is valued.

3. Travel Safety

When traveling abroad, you're better prepared to handle medical emergencies involving yourself, family members, or strangers until professional help arrives.

4. Workplace Readiness

Many jobs overseas require employees to know basic life support (BLS), CPR, and emergency procedures. Being certified gives you an advantage during recruitment and orientation.

5. Confidence in Emergencies

You'll know how to respond quickly and correctly in emergencies such as choking, fainting, bleeding, or cardiac arrest, which could save lives in any country.

6. Adds Value to Your CV/Resume

Certification shows employers you are responsible, safety-conscious, and proactive, making you a more attractive candidate for both local and international jobs.

7. Requirement for Certain Professions

If you're going into caregiving, teaching, nursing assistance, or volunteering abroad, first aid certification is often mandatory before you start.

8. Globally Recognized Skills

Certifications from reputable organizations like the Red Cross, American Heart Association, or NHCPS are accepted and recognized worldwide.

9. Improved Community Impact

You can provide help in emergencies not just at work, but also in public places—earning respect and trust in any country you live in.

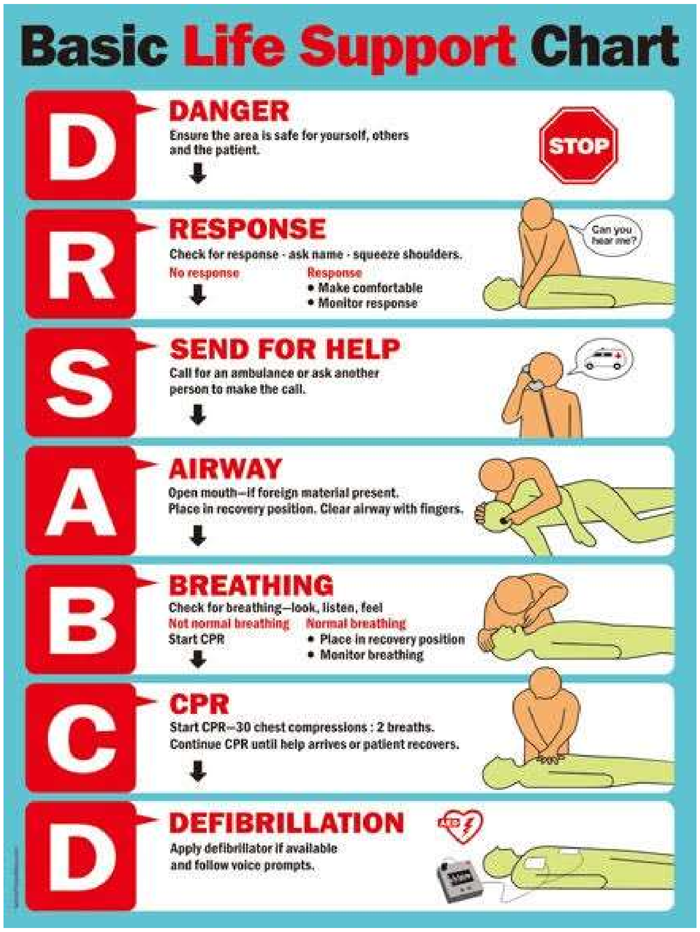
10. Lifelong Skill

First aid knowledge doesn't expire—it's useful at home, at work, while traveling, or during crises—making you a valuable asset anywhere.

Chioma, a Nigerian caregiver working in Manchester, United Kingdom, had acquired her First Aid and Emergency Response certification in Nigeria before traveling abroad. One chilly morning, while preparing breakfast for Mr. Thompson, the elderly man in her care, an emergency occurred. As she served him tea and toast, Mr. Thompson suddenly began to choke on a piece of toast. He clutched his throat and was unable to speak or cough, showing clear signs of a blocked airway.

Chioma immediately recognized that he was choking. Drawing on her training, she remained calm and quickly took action. She performed the Heimlich maneuver—also known as abdominal thrusts—just as she had been taught. Within a few seconds, the piece of toast was dislodged, and Mr. Thompson started breathing again. She stayed with him until he was fully stable and contacted emergency services as a precaution. The emergency team praised her for her quick and professional response.

Following the incident, Chioma's employer reported her heroic act to the care agency. She was recognized as one of their most competent caregivers and was later promoted to team lead in her unit. Her certification, obtained back in Nigeria, not only helped her save a life but also significantly advanced her career abroad.



First Aid Action Plan (DRSABCD)

Emergency responders use a simple checklist to make sure nothing critical is missed. One common version is DRSABCD:

D – Danger: Ensure the area is safe for you, others, and the patient. Stop any immediate threats (e.g. turn off an ignition, extinguish a small fire).

R – Response: Check if the person can respond. Gently tap their shoulders and shout, “Are you okay?”. If they move, speak, or squeeze your hand, they are responsive. If they do not respond, proceed to the next steps.

S – Send for help: Call the emergency number (e.g. 9-1-1 in the US, 000 in Australia) or ask someone nearby to call. Give a clear message: where you are, what happened, and how many are injured. Don’t hang up until you have given essential details

A – Airway: If the person is unconscious, open their airway. Tilt the head back and lift the chin to clear the throat. Look inside the mouth if you see any obvious blockage (food, vomit, etc.), carefully sweep it out with a finger. Only do this if you can clearly see and remove it. (If the person is coughing or awake, leave their airway alone unless obstructed.)

B – Breathing: With the airway open, check if the person is breathing normally. Place your ear near their mouth and nose, and watch for chest rise for up to 10 seconds. Listen for breath sounds, and feel for air on your cheek. If they are breathing well (regular, unlabored breaths), keep them lying on their side (recovery position) and continue to monitor. If they are not breathing or only gasping, start CPR.

C – CPR (Cardiopulmonary Resuscitation): If an adult is unresponsive and not breathing, begin CPR immediately. Place the person flat on their back on a firm surface. Put one hand on the center of the chest (heel of the hand) and your other hand on top. Press down hard and fast about 30 times at a rate of roughly 100–120 compressions per minute (like the beat of the song "Stayin' Alive"). After 30 compressions, give 2 rescue breaths by tilting the head back, pinching the nose, and blowing into the mouth (or using a barrier device). Continue cycles of 30 compressions and 2 breaths until help arrives or the person starts breathing. The Victorian health department emphasizes 30 compressions followed by 2 breaths for each CPR cycle. (Hands-only CPR – chest compressions without breaths – is also effective if you are untrained or unwilling to give mouth-to-mouth.)

D – Defibrillation: Attach an Automated External Defibrillator (AED) if one is available. These devices are often found in airports, malls, and gyms. Turn on the AED and follow its voice prompts. It will analyze the heart rhythm and advise a shock if needed. Early defibrillation, together with CPR, can greatly increase survival from sudden cardiac arrest. If an AED is not available, continue CPR until paramedics arrive.

These steps provide a structured approach. The Victorian first aid guidelines summarize: "Airway – Is the person's airway clear? – Breathing – check for breathing by looking, listening, and feeling – CPR – 30 chest compressions : 2 breaths – Defibrillator – apply AED if available". Remember to continually re-check the person's condition and don't give up CPR once started.

https://youtu.be/lK49UUWinZM

Take a few minutes to watch above

Legal and Safety Considerations

When giving first aid, it’s important to keep legal and ethical principles in mind to protect both you and the patient:

Good Samaritan Laws: In many places, Good Samaritan laws protect bystanders who voluntarily help in emergencies. These laws shield you from liability if you act in good faith and within the scope of your training.

As Wikipedia notes, Good Samaritan laws offer legal protection to those who provide reasonable assistance to injured or ill people. In practice, this means if you try to help someone in good faith and accidentally make a mistake, you are usually not personally responsible, as long as you didn’t willfully harm them.

(Note: These laws vary by jurisdiction, so it’s good to know your local rules.) The key is to help without seeking any reward, and to stay within what you know how to do.

Consent: Always get permission before touching or treating a person, unless they are unconscious or unable to communicate. “Consent” means the person agrees to receive aid.

If the person is an adult and alert, simply ask "Can I help you?" If they nod or say yes, consent is given. If they say no, you cannot force care (but you should still call for professional help). If the person cannot respond (e.g. unconscious, confused, or a child with no parent present), the law usually assumes implied consent: that a reasonable person would want help in a life-threatening situation.

So you should proceed to help, knowing that you're legally covered to treat them as if they had agreed.

Infection Control: First aiders often encounter blood and body fluids. To protect yourself and the patient from infection, use barriers when possible. Wear disposable gloves (nitrile or vinyl, ideally) before touching blood or open wounds.

If doing CPR, use a CPR face shield or mask to avoid direct mouth contact. The Red Cross stresses "standard precautions" treat all body fluids as potentially infectious. Wash your hands thoroughly with soap after giving care, even if you wore gloves.

Health guides recommend cleaning cuts with soap and water, and applying antiseptic, then covering with a sterile dressing. Avoid touching your face, eyes, or mouth while helping, and dispose of used gauze or gloves safely. These steps (hand washing, gloves, masks, etc.) dramatically reduce disease spread and give both you and the patient peace of mind.

Following these principles acting within your ability, respecting the patient's wishes, and staying clean keeps everyone safer.

Assessing Responsiveness and Breathing

Part of first aid is quickly checking if a person is conscious and breathing:

Responsiveness: Gently tap and speak to the person to see if they wake up or respond. For example, say their name or ask, “Can you hear me?” A quick shake of the shoulders (if no suspected neck injury) can also help.

If they move or make a noise, they are responsive. If there is no response, immediately check their airway and breathing. Unresponsiveness is a red flag that something is seriously wrong.

Breathing: As part of DRSABCD, after opening the airway, look for normal breathing. Watch the chest for movement, listen at the mouth for breath sounds, and feel for airflow on your cheek. Normal breathing should be regular and quiet. If the person is breathing slowly or irregularly, or only gasping, treat this as “not breathing normally.”

In that case, start CPR and call for help. If they are breathing normally but still unconscious, put them in the recovery position (on their side) to keep the airway open and prevent choking on vomit, and continue monitoring them until emergency help arrives.

Taking these steps (checking response and breathing) is essential before moving on to CPR or other care. They help you decide what to do next – for example, whether to continue rescue breaths or not.

Chinedu who resides in germany is on his way to an academic conference when he sees a young woman slip on the icy platform. She falls awkwardly and clutches her arm in visible pain.

Instinctively drawing from his first aid training back home in Nigeria, Chinedu hurries to her side. Without saying a word, he kneels beside her and grabs her injured arm to check for a fracture. The woman recoils instantly, screaming "Don't touch me!"—visibly frightened.

Within seconds, a few bystanders rush in, misinterpreting Chinedu's actions as aggressive or inappropriate. One of them calls security, describing it as a potential assault. Although Chinedu tries to explain that he was only trying to help, his strong accent and unfamiliarity with the local language slow down communication.

The woman, still shaken, insists she didn't give permission to be touched. Even though she's later treated by paramedics and confirms that Chinedu did not harm her, he's already being questioned by the police. Fortunately, CCTV footage shows he didn't intend harm—but Chinedu is still given a formal warning for failing to obtain explicit consent before providing first aid. The situation leaves him distressed and humiliated.

⚠️ **Key Lessons:**

1. Consent is a Legal and Cultural Requirement Abroad:

In many Western countries, especially in Europe and North America, touching someone without permission can be seen as assault, even in medical situations. Unless the person is unconscious, always ask before you help.

2. What Chinedu Should Have Done:

He should have said something like, “Hello, I’m trained in first aid. Would you like me to help you?” and waited for a clear “yes” before touching her.

3. Emergency Exceptions:

If the woman had been unconscious or unresponsive, Chinedu would have had implied consent to act. In this case, because she was alert, verbal permission was necessary.

4. Cultural Sensitivity Matters:

In some countries, physical contact—especially between strangers of different genders—can carry social or legal consequences. First aiders abroad must respect local customs and laws.

Recognizing and Responding to Shock

Shock is a life-threatening condition where the body isn't getting enough blood flow, often due to severe bleeding, trauma, or other illness. It requires urgent action. You might recognize shock by the person's appearance and behavior: they may look very pale, feel cold and clammy, and seem anxious or confused.

They may say they feel dizzy or thirsty. Pulse can be weak and rapid, and breathing fast. Late signs of severe shock include bluish lips or fingernails and loss of consciousness. These symptoms mean the brain and organs are not getting enough

oxygen-rich blood.

How to respond: First, treat any obvious cause of shock (for example, control heavy bleeding immediately). Then, follow these steps:

* Keep the person lying down. Do not let them stand or sit up.

* If you suspect a spinal injury, try to keep their body straight. Otherwise, you can safely raise the legs slightly (unless this hurts them) to help blood flow back to the heart – but do not raise their legs if they have head, neck, or leg injuries.

* Loosen tight clothing around the neck, chest, and waist to ease breathing.

* Keep them warm with a blanket or clothing. Shock can drop body temperature, which worsens the condition.

* Talk to them calmly and reassure them to reduce anxiety.

* If they are conscious, give small sips of water if available and if you are sure they're not vomiting and have no head injury.

* Continue to monitor breathing and pulse. Be ready to begin CPR if they stop breathing.

* Call emergency services or get medical aid right away. Even if you've provided first aid, the person may need professional treatment (IV fluids, medications) for shock.

St John Ambulance emphasizes that every case of shock needs urgent medical attention, even after you've done first aid.

In summary, treating shock means lying them down, stopping bleeding, keeping them warm, and getting help while watching their vital signs closely.

BASIC LIFE SUPPORT (CPR & CHOKING)

Introduction

Cardiac arrest and choking are life-threatening emergencies that require immediate action. In cardiac arrest, the heart suddenly stops pumping blood; without blood flow, the brain begins to die within minutes. Prompt CPR (chest compressions and rescue breaths) can double or triple a person's chances of survival.

Using an AED (automated external defibrillator) as soon as possible can restore a normal heart rhythm, vastly improving outcomes. Likewise, a choking person's airway is blocked; if the airway isn't cleared quickly, oxygen cannot reach the lungs or brain. Early intervention in both cases is critical for saving lives.

Recognizing Cardiac Arrest and Breathing Emergencies

A person in cardiac arrest is unresponsive and not breathing normally. Check responsiveness by tapping and shouting; if there's no response and the person is not breathing or only gasping, assume cardiac arrest.

(Normal breathing includes regular breaths and movement – if breathing is slow, irregular "gasping," or absent, treat it as an emergency.) Call emergency services (e.g. 911) immediately and get an AED if one is nearby. Remember: "Unresponsive + not breathing (or only gasping) = treat as cardiac arrest".

Practical example: If you find someone collapsed at home or at work and they won't wake up and aren't breathing normally, immediately call for help. Early recognition and calling for help are the first links in the Chain of Survival.

Understand Basic Life Support, kindly click on the link below to watch this video

https://youtu.be/lZwPv-dNfSE

https://youtu.be/nhzSZulHlNQ?list=PLIUgweVBPUNZ1UM2iIm0r1elra5FLZMQJ

Performing Adult CPR

After calling for help, begin CPR right away. CPR has two parts: chest compressions and rescue breaths. Compressions keep blood flowing; breaths provide oxygen to the lungs.

Place the person on their back on a firm surface. Kneel beside them and place the heel of one hand on the center of the chest (on the lower half of the breastbone), then put your other hand on top, interlocking your fingers. Keep your elbows straight and shoulders over your hands so your body weight helps you push.

Press straight down at least 5 cm (2 inches) per compression, but no more than about 6cm Perform compressions 100–120 times per minute (roughly two per second) and let the chest fully recoil between compressions. Use a steady rhythm (many people use the beat of a song like "Stayin' Alive" as a guide). Minimize interruptions in compressions.

After 30 compressions, give 2 rescue breaths (if you are trained and willing). Open the airway using a head-tilt/chin-lift: place one hand on the forehead and two fingers under the chin, tilt back gently. Pinch the nose shut, take a normal breath, and make a firm seal over the person's mouth. Blow into the mouth for about 1 second, watching for the chest to rise. If the chest does not rise, reposition the head and try again. Give a second breath. Then immediately resume compressions (30 compressions, 2 breaths, repeat).

If you are not comfortable with rescue breaths or are untrained, continue Hands-Only CPR (compressions alone) at the same rate. Hands-Only CPR still greatly improves survival and can be performed by any bystander. Continue CPR until emergency help arrives or the person shows signs of life (starts breathing).

Using an AED

An AED is a portable device that can analyze heart rhythm and deliver a shock if needed. When a bystander turns on an AED, it gives clear voice prompts to guide every step.

1. Turn on the AED as soon as it is available and follow the voice prompts.

2. Expose the chest and attach the pads: place one pad on the upper right side of the chest, and the other pad on the lower left side (below the left armpit). If the pads risk touching each other (on very small chests), place one pad on the middle of the chest and the other on the back between the shoulder blades.

3. Plug in the connector (if required), making sure the cords are not tangled.

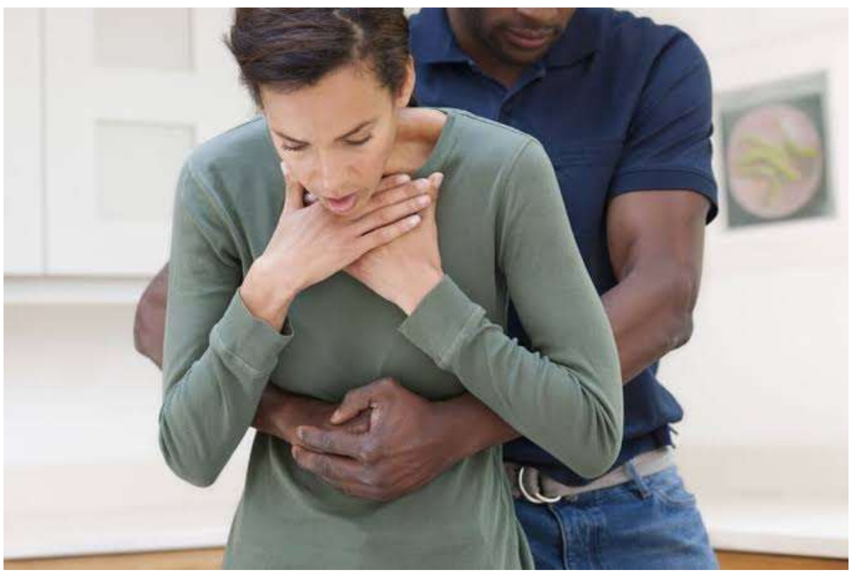
4. Stand clear and prepare for analysis: Stop CPR and make sure no one is touching the person. Say “CLEAR!” loudly as the AED checks the rhythm

5. Deliver a shock if instructed: If the AED advises a shock, ensure everyone stands clear, then press the shock button. The AED will tell you when to press.

6. Resume CPR immediately after the shock or if no shock is advised. Continue CPR (30:2) until paramedics arrive or the person recovers.

Remember, AEDs are designed for layperson use: they will not shock if it’s unsafe, and all steps are guided by voice prompts.

The goal is to deliver a shock within minutes of collapse, since every minute without defibrillation cuts survival chances by 7–10%. Early defibrillation greatly increases survival from cardiac arrest.



Identifying and Responding to Choking (Conscious Adult)

A conscious adult is choking if they cannot breathe, speak, or cough effectively because their airway is blocked. They may grasp their throat with one or both hands and panic. If the person can cough weakly, encourage coughing. But if they cannot speak or cough, follow these steps:

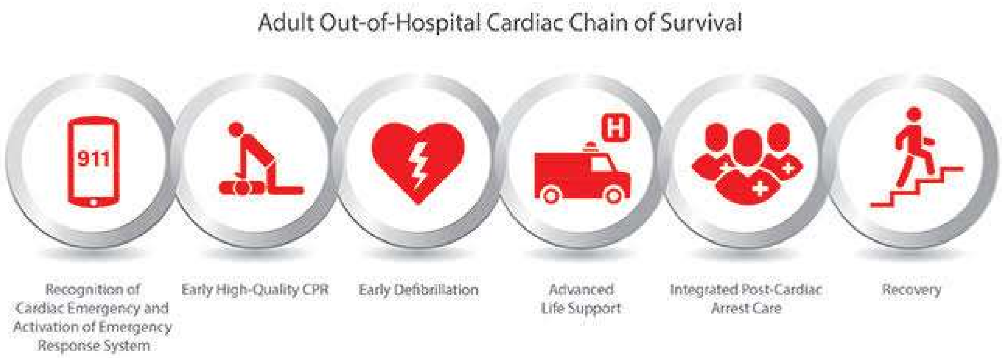
* Back blows: Stand slightly behind the person. Lean them forward and deliver 5 firm back blows between the shoulder blades with the heel of your hand. This may dislodge the object.

* Abdominal thrusts (Heimlich maneuver): If back blows don't work, place your arms around their waist from behind. Make a fist with one hand and place it just above their navel (belly button) and below the ribcage. Grasp this fist with your other hand and pull sharply inward and upward 5 times. This creates pressure to expel the blockage.

* Alternate and repeat: Alternate 5 back blows and 5 abdominal thrusts until the object is forced out or the person can breathe, cough, or speak normally.

If the person becomes unconscious while choking, gently lower them to the ground and begin CPR. Each time you open the airway to give breaths, look in the mouth; if you see the object, remove it with a finger sweep (only if clearly visible) before giving breaths.

Practical scenario: Imagine someone at dinner suddenly grabs their throat and can't speak. You ask "Are you choking?" If they can't answer, you immediately perform 5 firm back blows and 5 abdominal thrusts. If the object doesn't come out and the person goes limp, you start CPR.



Cardiac Chain of Survival and Early Intervention

The Chain of Survival is a series of actions that, when performed quickly and effectively, offer the best chance for recovery from cardiac arrest. The links in the chain are: recognition of cardiac arrest and calling emergency services, early CPR , rapid defibrillation with an AED, advanced life support by medical professionals, and post-resuscitation care.

Strong, early links (calling for help, immediate CPR, and prompt defibrillation) greatly improve survival.

Early intervention is vital: the WHO's Basic Emergency Care training emphasizes that "early intervention saves lives". Each minute without CPR and defibrillation cuts survival odds significantly. For example, a bystander who calls emergency services, starts high-quality CPR immediately, and uses an AED within a few minutes gives the person the best chance to survive.

Practical note: In an emergency, delegate tasks quickly: one person calls for help and brings an AED, while another begins CPR. Work as a team. Once paramedics arrive, they will take over advanced care. The goal is to minimize delay at every link of the chain..

MEDICAL EMERGENCIES

Recognizing and promptly responding to medical emergencies is crucial. Early action can save lives and reduce complications. In any emergency, call emergency services (e.g., 911) immediately. Stay calm and assess the scene for safety before providing help. Basic first aid can stabilize a person until trained responders arrive.

Heart Attacks

Heart attack warning signs include chest discomfort, pressure or fullness; pain radiating to the arm, neck, jaw or back; and shortness of breath. Other signs may include sweating, nausea, lightheadedness or unusual fatigue. Immediate actions:

* Call 911. Treat any chest pain seriously and get professional help right away.

* Have the person sit down and rest. Keep them calm and loosen tight clothing to ease breathing.

* Give aspirin if safe. If the person is conscious, not allergic, and has no bleeding problems, have them chew one standard-dose (325 mg) aspirin. Don’t delay calling EMS to give aspirin; get help first.

* Assist with prescribed medications. If they have a nitroglycerin spray or tablet for angina, help them take it as directed.

* Be ready for CPR. If the person becomes unconscious and stops breathing, begin CPR (chest compressions) immediately after calling EMS.

A heart attack is caused by blocked blood flow to the heart muscle. Fast medical care minimizes heart damage. Remember: call EMS first – professionals can start advanced treatment en route.

Learn medical emergencies, kindly click on the link below to watch this video.

https://youtu.be/T1MPb6ngH1Q

Chioma, a Nigerian caregiver working in Manchester, United Kingdom, had acquired her First Aid and Emergency Response certification in Nigeria before traveling abroad. One chilly morning, while preparing breakfast for Mr. Thompson, the elderly man in her care, an emergency occurred. As she served him tea and toast, Mr. Thompson suddenly began to choke on a piece of toast. He clutched his throat and was unable to speak or cough, showing clear signs of a blocked airway.

Chioma immediately recognized that he was choking. Drawing on her training, she remained calm and quickly took action. She performed the Heimlich maneuver—also known as abdominal thrusts—just as she had been taught. Within a few seconds, the piece of toast was dislodged, and Mr. Thompson started breathing again. She stayed with him until he was fully stable and contacted emergency services as a precaution. The emergency team praised her for her quick and professional response.

Following the incident, Chioma's employer reported her heroic act to the care agency. She was recognized as one of their most competent caregivers and was later promoted to team lead in her unit. Her certification, obtained back in Nigeria, not only helped her save a life but also significantly advanced her career abroad.

Mr. Olamide A., a 45-year-old Nigerian man working as a caregiver is walking through a train station when he sees a middle-aged man sitting on a bench, clutching his chest in pain. The man is sweating, looks pale, and says, "I think I'm having a heart attack."

Remembering basic first aid advice from back home, Olamide quickly gives the man a full-dose aspirin from his bag without asking about allergies or medical history. He tells him to chew it and says, "This should help while we wait."

Moments later, the man begins to cough up blood and shows signs of distress. Paramedics arrive and urgently intervene. After stabilizing the patient, one of them explains that the man had a known bleeding disorder and a history of stomach ulcers, making aspirin extremely dangerous for him. Olamide is visibly shaken, having learned the hard way that even well-meaning first aid can do harm when precautions are ignored.

Key lessons

Always ask before giving aspirin

Before giving aspirin, confirm:

The person is fully conscious and able to chew and swallow

They are not allergic to aspirin or NSAIDs

They have no history of stomach ulcers, internal bleeding, or bleeding disorders

Get emergency help first

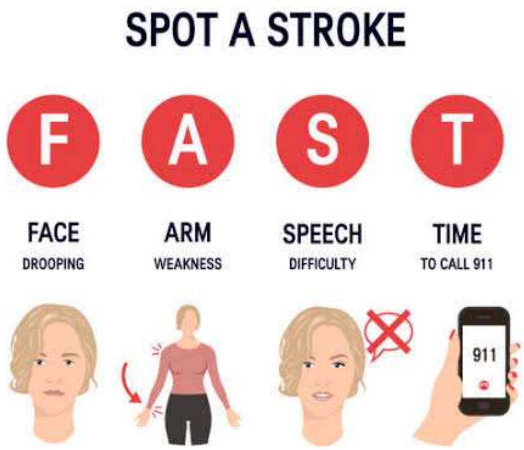
Call emergency services immediately before giving any medication. Delaying medical help can worsen the outcome.

First aid isn't prescribing

Even in an emergency, giving any drug without asking key safety questions can lead to serious legal or health consequences, especially abroad.

In doubt? Wait for professionals

If you're unsure of the person's condition or safety to receive aspirin, it's better to wait for trained paramedics while keeping the person calm and seated.



Strokes (FAST Method)

Strokes occur when blood flow to the brain is blocked or a vessel ruptures. Brain cells begin to die quickly, so time is critical. Use the FAST mnemonic to spot a stroke:

* Face: Ask the person to smile. Does one side of the face droop?

* Arms: Ask them to raise both arms. Does one arm drift downward or appear weak?

* Speech: Ask them to repeat a simple phrase. Is their speech slurred or hard to understand?

* Time: If you see any of these signs, call 911 at once and note the time symptoms began.

FAST signs signify an emergency – get help without delay. While waiting:

* Position safely. If the person is conscious but drowsy, place them in the recovery position on their side with head tilted back to keep the airway open. If they are upright, support them in a sitting position.

* Do not give food or drink. They may have trouble swallowing.

* Monitor them closely. Note any changes in consciousness or breathing.

Early stroke treatment (e.g. clot-busting drugs) is highly effective if given quickly. Always call EMS on any suspicion of stroke; every minute counts.

Diabetic Emergencies (Hypoglycemia vs Hyperglycemia)

People with diabetes can have hypoglycemia (very low blood sugar) or hyperglycemia (very high blood sugar) emergencies. Both require prompt action:

* Hypoglycemia (low blood sugar) often follows missed meals or excess medication. Signs include sweating, shakiness, dizziness or confusion, and in severe cases seizures or unconsciousness.

a. Help: If the person is awake and can swallow, give quick sugar: glucose tablets, juice, regular soda or candy (about 15–20 g of sugar). Examples: 1/2 cup orange juice, 5–6 hard candies or glucose gel.

b. Wait and repeat: If symptoms don’t improve in 10–15 minutes, give more sugar. Many glucose sources (listed by the Red Cross) work

c. If they don’t improve or become unconscious: Call 911 immediately. Do not force food or drink if they can’t swallow. If trained and available, assist with a prescribed glucagon injection (it releases stored glucose).

* Hyperglycemia (high blood sugar) develops from overeating, missed insulin or illness. Signs (over hours to days) include extreme thirst, frequent urination, fatigue, fruity-smelling breath, or confusion. This can lead to diabetic ketoacidosis, a life-threatening state.

a. Help: Encourage the person to follow their diabetes plan (insulin, fluids, etc). If they are very ill, vomiting, or confused, call 911.

b. Sugar advice: If it’s unclear whether the blood sugar is high or low, giving sugar won’t cause major harm it will raise low sugar without significantly worsening high sugar in the short term.

In any diabetic emergency, stay with the person, call EMS if in doubt, and reassure them. Even if sugar seems normal, a confused or unconscious person still needs immediate medical attention.

Seizures (Convulsions)

A seizure is caused by abnormal brain activity (often from epilepsy). The person may fall, stiffen or jerk uncontrollably. Key first-aid steps:

* Protect the person: Stay calm and keep bystanders away. Gently turn them on their side if it is safe (this helps keep the airway clear). Cushion their head with a soft object (pillow or folded clothing). Remove nearby objects (glasses, furniture) to prevent injury. Do not restrain them or put anything in their mouth (they will not swallow their tongue; attempting to put something in their mouth can cause injury).

* Observe: Note the time and let the seizure run its course (most last a minute or two). Seizure movements may include stiffening and jerking of limbs. Keep their airway open by turning the head to the side if possible; if vomiting occurs, this position will prevent choking.

* After the seizure: When movements stop, gently help them rest on their side (recovery position) with head back to ensure breathing. Loosen tight clothing. Check responsiveness and breathing.

* When to call 911: If this is their first seizure, or if the seizure lasts longer than 5 minutes, or if they injure themselves or do not regain consciousness promptly, call EMS immediately. Also call if you are unsure of the cause.

After a seizure, the person may be sleepy or confused. Stay with them, talk calmly and reassure them as they regain awareness. Seizures can be frightening to witness, but most end without lasting harm.

Having rescue medication (like a rectal or nasal benzodiazepine) or training can be useful for known epileptics, but the above basic care applies to any convulsion.

Asthma and Breathing Difficulties (Inhaler Assistance)

During an asthma attack or other respiratory emergency, the person feels tightness in the chest, wheezing, coughing and trouble breathing. Aid them this way:

* Help them sit up. Loosen tight clothing and encourage slow breathing. A sitting or slightly forward-leaning position eases breathing. Do not lie them flat if they struggle for air.

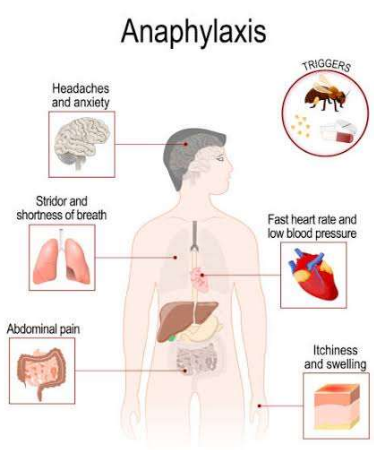
* Assist with their inhaler. Most asthmatics carry a “rescue” inhaler (usually blue). Shake the inhaler, remove the cap, and help them inhale the prescribed dose (often 1–2 puffs). If available, attach a spacer (a plastic holding chamber) for easier inhalation. Have them hold each puff and take slow deep breaths; if they can’t inhale deeply, several normal breaths from the spacer will deliver the medicine.

* Repeat if needed. After giving the first dose, wait about 5–10 minutes. If symptoms (wheezing, shortness of breath) persist, give another 1–2 puffs. Each dose takes a few minutes to work.

* Call EMS: If the person has no inhaler, or if breathing worsens (e.g. speech becomes difficult or lips turn bluish), call 911 immediately. Severe respiratory distress requires emergency care.

For known asthma sufferers, following their personal Asthma Action Plan is ideal. In any case, stay with them, keep them calm and encourage slow breathing.

Reassure them that help is coming. Effective use of an inhaler can restore breathing to normal, but preparedness to seek medical help is essential.



Severe Allergic Reactions (Anaphylaxis)

Anaphylaxis is a life-threatening allergy reaction (e.g. to peanuts, bee stings, latex). It causes rapid swelling of airways and shock. Signs include difficulty breathing, wheezing, hives, swelling of the face or tongue, and feeling very anxious or faint. First aid:

* Call 911 immediately. Time is critical. Tell the dispatcher it is an “anaphylaxis” emergency.

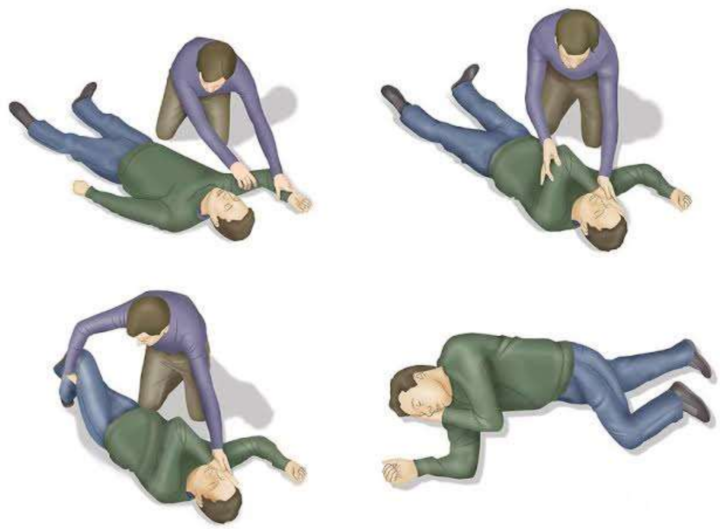
* Administer epinephrine. If the person has an epinephrine auto-injector (EpiPen) and is conscious or you can safely help them, use it at once. Remove the safety cap and press the orange tip firmly against the middle of the outer thigh, at a right angle, for about 3 seconds. It can be injected through clothing if needed. After injecting, massage the site for 10 seconds to help absorption. If two auto-injectors are available and symptoms continue after 5–10 minutes, a second dose may be given following the instructions again.

* Position: After giving epinephrine, help the person lie down flat with legs raised (unless this makes breathing harder). This helps blood flow to vital organs. If they are vomiting or unconscious but breathing, turn them on their side (recovery position) to keep the airway clear.

* Comfort and monitor: Reassure them calmly. Look for any signs of collapse. Be prepared to use CPR if they become unresponsive and stop breathing. When EMS arrives, inform them that epinephrine was given.

Epinephrine is the first-line treatment for anaphylaxis; using it promptly can halt the reaction. Do not wait for multiple symptoms – breathing difficulty or throat swelling alone is enough reason to inject.

Always follow up with professional medical care after a severe allergic reaction.



Good positioning can save lives. Use the recovery position for any unconscious person who is breathing:

* Lay the person on their side. Bend the top leg at the knee to stabilize them. Tilt the head back slightly to keep the airway open.

* This position prevents the tongue or vomit from blocking the airway and allows easy monitoring. Stay by the person's side and keep their body warm.

* For someone in shock (e.g. after blood loss, anaphylaxis without breathing problems), the shock position can help: have them lie flat on their back and elevate their legs about 12 inches unless this causes discomfort or breathing difficulty.

Other general first aid steps:

* Loosen clothing: Restrictive garments around the neck/chest can impede breathing and circulation.

* Avoid giving food/drink: Do not give anything by mouth unless explicitly safe (e.g. small sips of water for someone conscious and not at risk of choking). In emergencies, focus on airway, breathing and calling EMS.

* Don’t leave them alone: Until help arrives, remain with the person, continually reassessing responsiveness and breathing. If they stop breathing, begin CPR.

Training in CPR and use of an AED (automated external defibrillator) is invaluable, but even without formal training, basic positioning and calling EMS are life-savers.

Monitoring and Reassuring

While waiting for EMS, stay with the person. Keep them calm: speak in a gentle, reassuring tone. You might say “Help is on the way. You’re not alone.” Keep checking their breathing and responsiveness. If trained and able, continuously watch their pulse and breathing rate. Encourage slow, deep breaths if they are conscious and anxious.

Use simple comforting phrases and let them know that help is coming. Cover them with a blanket if they feel cold. Don’t offer coffee or any stimulant; instead keep them as still and warm as possible. If they begin to lose consciousness, place them in recovery position as noted above.

Be alert for any change: if they deteriorate (stop breathing or pulse is absent), begin CPR and use an AED if one is available. When EMS arrives, give a concise report of what happened, what you observed, and any care given (for example, “I gave aspirin” or “I used the EpiPen at 3:45 PM”).

Abubakar, a Nigerian student from Kano living in Germany, is working part-time at a local community center. One afternoon, a teenage boy collapses after a soccer match, looking pale and dizzy. He's conscious but confused, sweating, and breathing quickly — classic signs of shock.

Without understanding the proper response, Abubakar quickly lifts the boy into a sitting position and offers him a soft drink, thinking sugar might help. He then walks away briefly to get a wet towel. When he returns, the boy has slumped over and is barely responsive.

A bystander trained in first aid sees what's happening and immediately lays the boy flat, raises his legs slightly, and calls emergency services. Paramedics arrive shortly after and explain that sitting the boy up worsened his condition by reducing blood flow to vital organs, and giving him a drink while he was semi-conscious increased his choking risk.

Abubakar meant well, but not knowing the correct steps delayed proper care and nearly made things fatal.

Key takeaways:

* Never sit up someone showing signs of shock unless breathing becomes difficult.

* Don't give food or drink unless the person is fully conscious, alert, and there's no risk of choking.

* Stay with the person and monitor them. Help might be delayed, and every second matters.

* First aid knowledge can save lives — even simple positioning can make the difference.

INJURY AND TRAUMA CARE

Introduction: Rapid first aid can make the difference between life and death in accidents or trauma. When someone is injured, first ensure the scene is safe and call emergency services (e.g. dial 911/999) before giving aid. Providing prompt care (such as stopping bleeding or immobilizing injuries) helps stabilize the person and prevents complications until professional help arrives.

In this module we cover key first aid skills for injuries: controlling bleeding, cleaning and dressing wounds, treating burns, handling broken bones and sprains, and recognizing and treating shock. These steps are simple but crucial for nonmedical responders.

Controlling Bleeding

Heavy bleeding can rapidly lead to life-threatening shock. The first step is to stop the bleeding. If the wound is deep or spurting blood, call emergency help immediately. Then:

1. Apply firm direct pressure. Use a gloved hand (or a clean cloth/towel) pressed directly on the wound. Push hard and continuously pressure for 20 minutes or more may be needed to slow life-threatening bleeding.

2. Elevate the injured part if possible (raise it above heart level) to reduce blood flow.

3. Add dressings, don’t remove them. Place a clean pad or folded cloth on the wound and continue holding pressure. If blood soaks through, do not remove the pad – instead, add more cloth on top and bandage it in place. Stacking pads is not advised; leave the original in place and just add extra pressure.

4. Tourniquet (for severe limb bleeding). If bleeding is uncontrolled on an arm or leg and a bleeding-control kit is available, apply a tourniquet 2–3 inches above the wound (between the wound and the heart). Tighten it until bleeding stops and secure it. (Only use a tourniquet if trained; if not available or not stopping the bleed, continue direct pressure.) Do not loosen or remove the tourniquet once applied.

5. Pack deep wounds. If the bleeding is from a deep wound (like scalp, neck, or groin) or the tourniquet is not an option, pack the wound tightly with clean cloths or gauze while applying pressure. Fill the wound cavity to block blood flow, then hold pressure.

6. Monitor and reassure. Keep firm pressure until bleeding stops or rescuers arrive. Check circulation past the injury (fingers/toes warm, pink) once bleeding is controlled. If bleeding resumes, reapply pressure or a second tourniquet above the first. Throughout, keep the person calm and lying down if possible, and stay until EMS takes over.

Example: If someone suffers a deep leg cut and blood is gushing, immediately have them lie down, raise the leg, press hard on the wound with your hands or cloth, and call an ambulance.

Continue steady pressure; if blood soaks through, lay more dressings on top rather than removing them. Only use a tourniquet if bleeding remains life-threatening and help is far away.

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Have a better understanding of this topic, kindly click the link below to watch.

https://youtu.be/Mw5N0r-n-vk

Cleaning and Dressing Wounds

After bleeding is controlled, you must clean and protect the wound to prevent infection. Follow these steps for minor to moderate open wounds:

1. Wash your hands first (and wear gloves if available) to avoid introducing bacteria. If the wound is still bleeding slightly, reapply gentle pressure to control it first.

2. Rinse with water. Run clean, lukewarm water over the wound for 5–10 minutes. Flushing under running water helps remove dirt and debris. Gently scrub around the edges with mild soap, but do not get soap in the wound. (Avoid using hydrogen peroxide or iodine, as these can irritate tissue.) If dirt remains, you can carefully lift it out with clean tweezers.

3. Apply an antibiotic or lubricant. Spread a thin layer of antibiotic ointment (or petroleum jelly) on the wound. This keeps the wound moist, which promotes healing and may prevent scabbing. (Skip this step if the person has allergies to such creams.)

4. Cover the wound. Place a sterile gauze pad or bandage over the wound to keep it clean. Secure it with tape or wrap. Covering prevents germs from getting in. For small scrapes, a simple adhesive bandage will do.

5. Change dressings daily. At least once a day (or whenever the bandage gets wet/dirty), gently remove the old dressing, wash your hands, and re-cover the wound with a fresh dressing. Keeping the wound clean and dry as it heals is important.

6. Watch for infection. Signs include increasing pain, redness, warmth, swelling, pus, or fever. If any of these appear or the wound doesn't improve over days, seek medical care. Also update tetanus shots if the wound is deep or dirty (ideally within 48 hours).

Example: For a dirty cut, after stopping the bleeding, flush it under running water to wash out gravel. Then pat dry, apply Neosporin (if available), and cover with a clean bandage. Teach the injured person to keep it clean and change the bandage each day.

Managing Burns

Burns and scalds damage the skin and need quick cooling to limit injury. For all burns (thermal or scald), do the following:

1. Cool immediately with water. Place the burned area under cool (not ice-cold) running water for at least 20 minutes. This stops the burning process, relieves pain, and reduces swelling. If running water isn't available, pour cool water (or even cold milk or soda) over the burn. Do not use ice – it can worsen skin damage.

2. Remove tight items. Gently take off rings, bracelets, or tight clothing from around the burn before the area swells. Do not try to remove clothing that is stuck to the burn.

3. Cover loosely. After cooling, cover the burn with a loose, sterile gauze or cling film (plastic wrap). Cling film will not stick to the burn and helps protect it from air exposure and germs. Covering also helps reduce pain by shielding air. Do not wrap the burn tightly or put fluffy materials on it, as swelling could worsen injury.

4. No creams or home remedies. Never put butter, oil, toothpaste, or greasy lotions on a burn. These trap heat and can cause infection. Also avoid commercial creams until medical advice is given. Pain relievers (like ibuprofen or acetaminophen) can help with discomfort.

5. Seek help for serious burns. Burns that are large (bigger than the person's palm), deep (white or charred), on the face/hands/feet/genitals, or in children should get professional attention. After covering, keep the person warm (cold burns can chill victims) and continue to reassure them.

Example: If someone spills hot water on their forearm, immediately run cool water over the burn for 20 minutes. Remove any rings on that hand quickly.

Then wrap the burn loosely in clean plastic wrap. Do not apply toothpaste or lotions, and monitor for worsening pain or blistering

https://youtu.be/pTJKICDh5XI?list=PLIUgweVBPUNYOnI_eCaB66Fwnpmkl6Ncc

Fractures, Sprains, and Dislocations

These injuries affect bones and joints. They can be very painful and often look similar, so assume any severe limb injury is a fracture unless sure otherwise. Never try to straighten a broken bone or pop a dislocated joint back in place. Instead:

1. Immobilize the injury. Have the person stay still and support the injured part. Use splints or slings to keep it from moving. For example, a folded board or rolled magazine padded with cloth can serve as a splint. Strap it gently to the limb, including a joint above and below the break. If the collarbone is broken, support the arm on that side in a sling against the chest.

2. Apply cold. For fractures or sprains with swelling, apply an ice pack (wrapped in a towel) to the area for 10–20 minutes (do not place ice directly on skin). This reduces pain and swelling. Remove ice if it causes more pain or after 20 minutes; you can reapply after a 20-minute break.

3. Elevate if possible. If it doesn't hurt to move, elevate the injured limb above heart level to limit swelling. For example, lie with an injured leg propped on pillows.

4. Use R.I.C.E. for sprains. Sprains (twisted ankles, wrists) involve stretched ligaments. Treat them with Rest (stop activity), Ice (as above), Compression (wrap the joint snugly with an elastic bandage to reduce swelling), and Elevation. Don't wrap too tightly – just firm enough to feel support, and loosen if toes or fingers get numb or blue.

5. Dislocations. If a joint (like a shoulder or finger) is clearly out of place, do not attempt to pop it back in. Simply immobilize it as is and ice it. Seek emergency help.

6. Call for help if needed. Any time a bone is broken (deformity, bone through skin, severe pain) or a person cannot bear weight/use the limb, get medical attention. Until help arrives, keep them warm, lying down with the injured limb still, and give reassurance.

Example: For a suspected broken arm, tie a folded towel or triangular bandage from the shoulder to the elbow to make a sling. Then apply ice and elevate the arm on a pillow.

Do not let the person eat or drink if surgery might be needed when they reach the hospital. If it's just a sprained ankle, have them rest off it, lie down, prop the foot up, wrap it lightly in an elastic bandage, and apply ice.

Emeka, a young man from Delta State, Nigeria, lives and works in Manchester, UK. One rainy afternoon, while helping a co-worker carry boxes, the co-worker trips and falls awkwardly on his arm. The arm looks swollen and bent, and the man groans in pain.

Thinking quickly but without proper training, Emeka assumes it’s “just dislocated.” He immediately grabs the injured arm and tries to straighten it by force, hoping to fix it. The co-worker cries out in agony. Emeka then ties a tight rope around the arm for support without using any padding or splint, and grabs a pack of frozen meat from the fridge, placing it directly on the bare skin for almost 30 minutes.

When emergency services arrive, they find that the injury is now worse. Emeka’s attempt to straighten the arm caused further tissue and nerve damage. The direct ice caused mild frostbite on the skin, and the tight rope had cut off circulation.

The paramedics inform Emeka that he should have:

* Left the arm in the position it was found
* Immobilized it gently using a padded splint or sling
* Used cold wrapped in cloth, applied for 10–20 minutes only
* Called for help immediately instead of attempting risky treatment

Even with good intentions, taking the wrong first aid steps can worsen an injury. Always immobilize, cool safely, avoid manipulation, and wait for professional help

Recognizing and Treating Shock

Shock is a dangerous state where the body isn't getting enough blood flow (often from severe bleeding or injury).

Without blood to organs, shock can be life threatening. Signs include rapid, weak pulse; rapid breathing; pale, cool, clammy skin; dizziness or confusion; and extreme thirst. If you suspect shock:

1. Lay the person down and elevate legs. Help them lie on their back. If there are no suspected neck/spine injuries, gently raise their feet 6–12 inches. This helps blood flow to vital organs. If raising legs causes pain or there is a head/neck injury, keep them flat.

2. Keep them warm and comfortable. Cover with a blanket or coat to prevent heat loss. Remove outer clothing if they are too hot. The goal is to maintain body temperature and calm agitation.

3. Do not give food or drink. Even if the person is thirsty, don't let them eat or drink anything. Vomiting could occur and block the airway.

4. Control any cause. If shock is from bleeding, continue controlling bleeding (see above). Treat other injuries (like burns or fractures) as described.

5. Reassure and monitor. Keep them calm, check breathing regularly, and maintain pressure on any wounds. Stay with them; reassure that help is coming. Watch for worsening signs (like loss of consciousness) and be ready to do CPR if needed.

Example: If someone with a deep leg laceration shows shock (looking pale, feeling faint), have them lie down on their back, prop their feet on a bag or cushion, cover them with a blanket, and call 911. Do not let them drink – instead, elevate the legs and keep up pressure on the wound.

PREPAREDNESS AND SAFETY PRACTICES

This module emphasizes the importance of readiness before emergencies happen. While previous modules have focused on immediate responses, this section teaches proactive planning assembling a first-aid kit, creating emergency plans, and mentally preparing for high-stress events.

Being prepared helps save time, reduces panic, and increases the chances of survival for both the responder and the victim.

Essential Items for a First-Aid Kit

Having a properly stocked first-aid kit is a critical first step. Whether kept at home, in your car, or at the workplace, a good kit ensures you're never caught unprepared. Some essential items include:

* Bandages and dressings of various sizes to cover small cuts and large wounds.

* Antiseptic wipes or solutions to clean injuries and prevent infection.

* Sterile gloves to protect both the responder and the injured person.

* Adhesive tape and gauze to secure dressings.

* CPR face shield or resuscitation mask to safely give rescue breaths.

* Scissors, tweezers, and safety pins to cut materials and remove debris.

* Burn ointments or cold packs to soothe minor burns and reduce swelling.

* A first-aid manual to guide your actions in an emergency.

Each of these items serves a life-preserving function. Knowing where your kit is and how to use it can make a big difference when seconds count.

CPR FACE SHIELD

Chinedu, a Nigerian from Anambra State, had always been passionate about safety and helping others. Before relocating to Toronto, Canada for a postgraduate program, he completed several health and safety courses, including first aid and emergency preparedness. He also took time to build his own compact first-aid kit, which he kept in his car and backpack, including antiseptic wipes, dressings, gloves, bandages, and a small emergency contact guide.

One winter evening, while walking home from his part-time job, Chinedu witnessed a cyclist collide with a car at an icy intersection. While others stood in shock, Chinedu quickly assessed the situation. He checked for danger, called emergency services, and used his first-aid kit to stop the cyclist's bleeding with a sterile dressing and bandage. He reassured the injured person, helped keep them warm with his jacket, and stayed by their side until paramedics arrived.

The police and EMTs were impressed by his calm response and preparedness. Days later, the cyclist's family contacted Chinedu to thank him—and so did the local community center, offering him a part-time position as a community safety trainer. Later, he was invited to volunteer with the Red Cross and, eventually, secured a paid role in workplace health and safety with a logistics company, which sponsored his Permanent Residency.

Chinedu's story shows how being proactive with safety practices—like assembling a proper first-aid kit, learning procedures in advance, and staying mentally prepared—can not only save lives but also open doors to professional growth abroad.

Kindly click on the link below to watch this video.

https://youtu.be/-DBC7VV4DG4

Maintaining Your First-Aid Kit

Simply having a kit isn’t enough it must be up to date. Over time, items can expire, become damaged, or get used and not replaced. You should inspect your kit every three to six months. Make it a routine, perhaps tied to other household activities like replacing smoke detector batteries.

Check medications for expiration dates, count the number of gloves and bandages, and confirm that all tools like scissors and tweezers are clean and functional. Replace anything missing or outdated. Also, review the manual or quick-reference guide in the kit, especially if it's been a while since your training.

Creating a Basic Emergency Plan

Emergencies can happen at home, in schools, or while traveling. Having a family or household plan makes coordination easier during chaos. A basic plan should include the following:

* Emergency contacts: Store local numbers such as ambulance services, fire department, and poison control. Post them somewhere visible and program them into phones.

* Escape routes: Identify exits from each room in the house and determine meeting points outside.

* Assigned roles: Decide in advance who will call for help, who will retrieve the first-aid kit, and who will assist vulnerable individuals (e.g., children, elderly, or pets).

* Practice drills: Regular rehearsals help build muscle memory. In an emergency, practiced actions feel more natural, reducing confusion.

Your emergency plan should be simple, reviewed regularly, and shared with everyone in the household.

Staying Calm and Communicating Effectively

Panic is contagious but so is calm. In an emergency, staying composed allows you to think clearly, take better actions, and help others do the same. A calm demeanor can reduce anxiety in injured or distressed individuals and increase cooperation from bystanders.

When calling emergency services, speak slowly and clearly. Provide your name, location, the type of emergency, number of people involved, and the care already given. Don’t hang up until the dispatcher tells you to.

Use calm, reassuring phrases like, “Help is on the way,” or “You’re doing great,” to comfort victims or bystanders. Practice this communication style during emergency drills—it makes a big difference in real-life scenarios.

Using Community Resources and Supporting Others

Sometimes, more than first aid is needed. It’s important to know how to access community resources and offer help in broader emergencies.

If someone ingests a harmful substance, calling poison control may save their life faster than waiting for EMS. In major weather events, fire, or mass casualty situations, local government agencies may issue alerts, offer evacuation instructions, or open community shelters. Stay informed using radio, mobile alerts, or neighborhood networks.

You should also be ready to assist others in non-physical ways: guiding people to safety, sharing supplies, or simply offering emotional support.

Even comforting someone until help arrives can stabilize their breathing and heart rate.

Emergencies in a foreign country can feel overwhelming—different systems, unfamiliar numbers, and cultural barriers may cause hesitation. But preparation and calm communication can make all the difference.

As a Nigerian abroad, take time to learn the local emergency numbers (e.g., 112 or 999 in Europe, 911 in the U.S. or Canada) and save them in your phone. Practice how to clearly describe your location and situation, especially if there's a language accent barrier. Consider downloading emergency service apps if available in your host country.

Don't underestimate the power of staying calm—your composure can help not just the victim, but also bridge cultural gaps and earn trust quickly in tense situations. In many places, your confident and respectful communication can help rally strangers, neighbors, or authorities to assist you faster.

And remember: the Nigerian spirit of community support and resilience can shine wherever you are—offer help, share resources, and stay prepared, not just for yourself but for those around you.

THE END

We have come to the end of today's session.

How did you find the lecture?

Please remember to go over the materials and refresh your knowledge on all we have learnt so far. We anticipate your attendance in tomorrow's session.

Thank you.