Health Education e-learning & explainer scripts

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Understanding Your Blood Pressure Numbers

Patient education · Adult (35-55) · Neutral American · 90 seconds

[On screen: a blood pressure reading, 128 over 82]

When you have your blood pressure taken, you get two numbers, like one twenty-eight over eighty-two. Let's look at what they mean.

The top number is called systolic pressure. It measures how hard your blood pushes against the walls of your arteries when your heart beats.

The bottom number is called diastolic pressure. It measures that pressure between beats, when your heart is resting.

Both numbers matter. When either one stays high over time, your heart has to work harder, and your risk of heart disease and stroke goes up.

Here's the important part. One high reading doesn't mean you have high blood pressure. Your numbers change through the day. They can rise if you're nervous, if you've just walked up the stairs, or if you've had coffee. That's why your care team will usually check it more than once, sometimes over several visits.

If your blood pressure is high, that's good news in one way. You now know, and there's a lot you can do. Moving more, eating less salt, limiting alcohol, not smoking, and taking any medicine your provider prescribes can all help bring it down.

Ask your care team what your target numbers are, and how often you should check. Many people find it helpful to write their readings down and bring them to their next appointment.

Handwashing: The Twenty-Second Habit

Infection prevention · Any · Neutral American · 30 seconds

[On screen: hands under a running tap]

Washing your hands is one of the simplest ways to stop germs from spreading.

Wet your hands with clean water and add soap. Rub them together for at least twenty seconds. Don't forget the backs of your hands, between your fingers, and under your nails.

Rinse well, then dry with a clean towel or air dryer.

Twenty seconds. That's about as long as humming a short song twice.

Recognizing the Signs of a Stroke

First aid · Adult (35-55) · Neutral American · 60 seconds

[On screen: Module 3, Stroke]

A stroke happens when blood flow to part of the brain is blocked or a blood vessel bursts. Getting help fast can make a real difference to how well someone recovers. So it's worth knowing the signs.

Look at the face. Ask the person to smile. Does one side of their face droop?

Check the arms. Ask them to raise both arms. Does one arm drift downward, or can they not lift it at all?

Listen to their speech. Is it slurred or strange? Can they repeat a simple sentence?

If you see any one of these signs, even if it seems to pass, call your local emergency number right away. Note the time the symptoms started, because the medical team will ask.

Don't drive the person to the hospital yourself, and don't wait to see if things get better. Call for help, stay with them, and keep them comfortable until help arrives.

What Is Mental Health Literacy?

Mental health literacy · Adult (30-45) · Neutral American · 2 minutes

[On screen: Module 1 title card]

Welcome to the first module of Mental Health at Work. Before we begin, let's talk about what this course is, and what it isn't.

This course is about mental health literacy. That's a phrase you may not have heard

before. It simply means knowing enough about mental health to look after your own, to notice when someone else might be struggling, and to know where help can be found.

We all have mental health, in the same way that we all have physical health. It changes over time. Some weeks we feel steady and capable. Other weeks, stress, grief, money worries or poor sleep can wear us down.

Sometimes those difficult feelings pass on their own. Sometimes they last longer, or start to affect how we work, sleep, eat or get along with others. That's when support can really help.

Here's what this course isn't. It isn't training to become a counselor, and it won't teach you to diagnose anyone. You don't need to be an expert to make a difference. Often the most useful thing a coworker can do is notice, ask, and listen.

By the end of this course, you'll be able to describe common signs that someone may be struggling, start a supportive conversation, and point someone toward the help available, including the resources your organization provides.

Some of the topics we'll cover may bring up feelings for you. That's normal. You're welcome to take a break at any point. And if you need to talk to someone, the support contacts for your area are listed on the Resources page.

Let's begin.

Hands-Only CPR for Adults

First aid · Adult (30-45) · Neutral American · 90 seconds

[On screen: an adult collapsed on the floor, a bystander approaching]

If an adult suddenly collapses and isn't breathing normally, hands-only CPR can help keep blood flowing to their brain and heart until help arrives. Here's how to do it.

First, make sure the area is safe. Tap the person firmly and shout, Are you okay? If they don't respond and aren't breathing normally, call your local emergency number, or ask someone nearby to call while you start.

If there's an AED, a defibrillator, nearby, send someone to get it.

Now kneel beside the person. Place the heel of one hand in the center of their chest. Put your other hand on top and lock your fingers together.

Keep your arms straight and your shoulders directly above your hands.

Push hard and fast. Press down about two inches, then let the chest rise all the way back up. Aim for one hundred to one hundred twenty compressions a minute. That's about two every second.

Keep going. Don't stop until emergency help takes over, an AED is ready to use, or the person starts to breathe normally.

CPR is tiring. If someone else knows how, swap every two minutes or so, with as little pause as possible.

You don't have to be perfect. Pushing hard and fast in the center of the chest gives that person a much better chance than doing nothing.

Getting Ready for Your Procedure

Patient education · Adult (35-55) · Neutral American · 60 seconds

[On screen: Fairholm Health, Preparing for Your Visit]

Your procedure is coming up soon. This short video will help you get ready, so the day goes as smoothly as possible.

First, you'll receive written instructions about eating and drinking beforehand. Please follow the instructions from your care team exactly. If you eat or drink when you've been asked not to, your procedure may need to be rescheduled for your safety.

Next, ask your care team which of your usual medicines to take that day. Don't stop any medicine unless you've been told to.

Plan for someone to drive you home. If you're given medicine to help you relax, you won't be able to drive for the rest of the day.

On the day, wear comfortable clothes, leave jewelry at home, and bring a list of your medicines.

Have a question? Call the number on your appointment letter. We're happy to help.

Safe Transfers from Bed to Chair

Caregiver training · Adult (35-55) · Neutral American · 2 minutes

[On screen: a caregiver beside a bed, a chair placed alongside]

Helping someone move from a bed to a chair is one of the most common tasks in caregiving. Done well, it keeps both of you safe. In this lesson, you'll learn a simple, supported transfer for a person who can bear some of their own weight.

Before you begin, check the care plan. It will tell you how much help the person needs, and whether any equipment should be used. If the plan says two carers or a lift, never try to do it alone.

Now set up the space. Place the chair close to the bed, at a slight angle, on the person's stronger side. If it's a wheelchair, lock the brakes and move the footrests out of the way.

Talk to the person. Tell them what you're going to do, and ask them to help as much as they can. People move more safely, and feel more in control, when they know what's coming.

Help them sit on the edge of the bed with their feet flat on the floor. Give them a moment. Some people feel dizzy when they first sit up.

Stand in front of them, with your feet apart and your knees slightly bent. Keep your back straight. Your legs should do the work, not your back.

Ask them to place their hands on the bed and push up as you count to three. Support them at the hips, or with a transfer belt if the care plan includes one. Don't pull on their arms or under their armpits. That can cause injury.

Once they're standing, let them find their balance. Then pivot together, taking small steps, until the backs of their legs touch the chair.

Ask them to reach back for the armrests and lower themselves slowly as you support them.

Finally, check they're comfortable and well positioned, and ask how that felt. Their answer will help you both next time.

How to Read a Nutrition Label

Nutrition · Adult (25-40) · Neutral American · 90 seconds

[On screen: a nutrition label on a box of crackers]

Nutrition labels can look like a wall of numbers. But once you know where to look, they can tell you a lot in a few seconds.

Start at the top, with the serving size. Every other number on the label is for one serving. If the box says a serving is ten crackers, and you usually eat twenty, you'll need to double everything below.

Next, look at calories. This tells you how much energy you get from one serving.

Now look down the list of nutrients. On many labels, there's a column called Percent Daily Value. This tells you how much of a day's worth of that nutrient one serving gives you. A handy rule of thumb is that five percent or less is low, and twenty percent or more is high.

For things most of us should limit, like saturated fat, sodium, and added sugars, look for lower numbers.

For things most of us could use more of, like fiber, look for higher numbers.

Finally, glance at the ingredients list. Ingredients are listed from most to least, by weight. If sugar is near the start of the list, there's a fair amount of it.

You don't have to check every label every time. But comparing two similar products side by side can help you choose the one that fits your goals.

Nurse Call: Going Home After Surgery

Patient education, scenario · Mature (55+) · Neutral American · 2 minutes

Cast: NURSE PATIENT

Scenario: a hospital room on discharge day

NURSE Good morning, Mr. Delgado. The doctor says you're ready to go home today. How are you feeling about that?

PATIENT Honestly? Happy to get back to my own bed. A bit nervous about looking after this on my own.

NURSE That's completely normal. Let's go through it together, and you can stop me any time. We'll start with your wound. Keep the dressing clean and dry for the first two days. After that, you can shower, but pat the area dry gently. No baths or swimming until your follow-up.

PATIENT Okay. No baths. What should I be looking out for?

NURSE Good question. Check the wound once a day. Call us if it gets redder, more swollen, or more painful, or if there's any fluid or a bad smell. Also call if you have a fever or chills.

PATIENT Redder, swollen, painful, fluid, fever. Got it.

NURSE Now, your pain medicine. Take it exactly as it says on the label. It's easier to keep pain under control than to catch up once it's bad. And it may make you drowsy, so no driving while you're taking it.

PATIENT My daughter's driving me home, and she's staying for a few days.

NURSE Perfect. Short walks around the house are good for you. Just no lifting anything heavier than a gallon of milk for two weeks.

PATIENT Two weeks. That's the grandkids off the list, then.

NURSE For now. Okay, I'm going to ask you to tell me back the main points, just to make sure I explained them well.

PATIENT Keep it dry for two days. Check it every day. Call if it's red or swollen or I get a fever. Take the pain medicine as the label says, no driving. Nothing heavy for two weeks.

NURSE That's all of it. Your follow-up appointment is in ten days, and the number to call is on the front of this sheet, day or night.

PATIENT Thank you. I feel a lot better about it now.

Taking Your Medicines Safely

Medication safety · Adult (40-55) · Neutral American · 60 seconds

[On screen: a weekly pill organizer on a kitchen counter]

Medicines work best when they're taken the right way. Here are a few habits that can help.

Take each medicine exactly as your prescriber or pharmacist told you. That means the right dose, at the right time, for as long as you've been told. Don't stop early just because you feel better, unless your care team says it's okay.

Keep an up-to-date list of everything you take, including vitamins, supplements, and anything you buy without a prescription. Bring it to every appointment.

If you miss a dose, check the leaflet that came with your medicine or ask your pharmacist what to do. Don't take two doses at once to catch up unless you've been told to.

Store medicines as the label says, and out of reach of children.

And if something feels wrong after starting a new medicine, don't wait. Call your pharmacist or care team.

Sleep Basics for Shift Workers

Wellness · Adult (30-45) · Neutral American · 90 seconds

[On screen: a hospital corridor at 3 a.m.]

If you work nights or rotating shifts, you already know sleep can be hard to come by. Your body clock expects you to be awake during the day and asleep at night. Shift work asks it to do the opposite.

You can't change your job, but a few habits can help you get better rest.

Make your bedroom as dark as you can. Blackout curtains or an eye mask help your brain understand that it's time to sleep, even at noon.

Keep it quiet. Earplugs or a fan can block out daytime noise. Let the people you live with know your sleep hours, and put a note on the door if you need to.

Watch your caffeine. A coffee at the start of your shift can help you stay alert. But try to avoid it in the last few hours before you plan to sleep.

On the drive home, morning light can wake you right up. Some people find sunglasses help them stay sleepy until they get into bed.

Try to keep a regular sleep schedule, even on your days off, as much as your life allows.

And if you're struggling to stay awake at work or on the road, take it seriously. Talk to your manager or your doctor. Being very tired can be as risky as being impaired.

Treating a Minor Burn

First aid · Adult (30-45) · Neutral British · 60 seconds

[On screen: a hand under a running cold tap]

Burns from a hot pan or a kettle are common at home. Here's what to do for a small, minor burn.

First, move away from the heat. Then cool the burn under cool or lukewarm running water for twenty minutes. That may feel like a long time, but it really does help.

Don't use ice, butter or creams. They can make the damage worse.

While it's cooling, remove any rings, watches or clothing near the burn, unless they're stuck to the skin.

Once it's cooled, cover it loosely with cling film or a clean, non-fluffy dressing. This keeps it clean while it heals.

Get medical help if the burn is larger than the person's hand, if it's on the face, hands, feet or genitals, if the skin looks white or charred, or if the person is a young child or an older adult.

If in doubt, get it checked.

Staying Hydrated as You Age

Wellness · Mature (55+) · Neutral American · 60 seconds

[On screen: a glass of water beside a morning newspaper]

As we get older, our sense of thirst doesn't always work as well as it used to. That means we can become low on fluids before we even feel thirsty.

Not drinking enough can leave you feeling tired, dizzy, or muddled, and it can make falls more likely.

The good news is that small habits help. Keep a glass of water where you can see it, and take a few sips every time you pass by. Have a drink with every meal. Soups, fruit, and milk count toward your fluids too.

A simple check is the color of your urine. Pale yellow is a good sign. Dark yellow usually means you need to drink more.

Some health conditions and medicines affect how much fluid you should have. If you've been told to limit fluids, follow that advice, and ask your care team if you're not sure.

Talking to Someone Who Is Struggling

Mental health literacy · Adult (30-45) · Neutral American · 2 minutes

[On screen: two coworkers sitting on a bench outside]

Maybe you've noticed a friend or coworker seems different lately. Quieter. More tired. Short-tempered, or not themselves. You want to say something, but you're worried about getting it wrong.

Here's some reassurance. You don't need the perfect words. Showing that you've noticed, and that you care, is often what matters most.

Pick a private moment, when neither of you is rushed. A walk or a coffee can feel easier than a formal chat.

Start gently, and be specific. You might say, I've noticed you've seemed a bit down the last couple of weeks. How are you doing, really?

Then listen. Let them talk, and don't rush to fill silences. You don't have to fix it. Try not to jump in with advice or compare it to your own experience. Simple responses like, That sounds really hard, can mean a lot.

If they don't want to talk, that's okay. Let them know you're there if they change their mind, and check in again another day.

If they're finding things hard, you can gently encourage them to reach out for support. That might be their doctor, a counselor, or a support program through work.

And if you're ever worried that someone might harm themselves, or is in immediate danger, don't keep it to yourself. Contact your local emergency number or a crisis line straight away. It is always okay to ask directly whether they are thinking about suicide. Asking does not put the idea in their head, and it can open the door to help.

Finally, look after yourself too. Supporting someone else can be tiring. It's okay to talk to someone about how you're feeling.

Knowledge Check: Responding to Choking

Knowledge check · Adult (25-40) · Neutral American · 90 seconds

[On screen: Knowledge Check, Choking]

Let's put what you've learned into practice.

You're having lunch with a coworker. Suddenly, she stops talking and puts her hands to her throat. She can't speak, and she isn't coughing. Her face is starting to change color.

What should you do first?

A. Give her a glass of water.

B. Ask her, Are you choking? and if she nods, tell her you're going to help, and begin back blows or abdominal thrusts, as you were trained.

C. Wait a minute to see if she can clear it herself.

[Pause for learner response]

The answer is B.

If someone can't speak, cough, or breathe, their airway is badly blocked, and they need help right away. Asking Are you choking? confirms what's happening and lets them know you're about to act.

Water is a mistake. It won't clear the blockage, and she may not be able to swallow it.

Waiting is also a mistake. When someone can cough strongly, you should encourage them to keep coughing. But when they can't cough or speak, every second counts.

And remember, if the blockage doesn't clear, or if she becomes unresponsive, call your local emergency number right away. If she stops responding, begin CPR.

Nicely done. Let's move on to the next scenario.

Understanding Sundowning

Caregiver training · Adult (40-55) · Neutral American · 2 minutes

[On screen: a living room at dusk, lamps being switched on]

Many people living with dementia become more confused, restless, or upset in the late afternoon and evening. This is often called sundowning. If you're caring for someone at home, you may have noticed it yourself.

Nobody knows exactly why it happens. Tiredness, hunger, changing light, and a busy, noisy day can all play a part. The good news is that small changes can often make evenings calmer for both of you.

Start with light. As the afternoon fades, turn on lamps before it gets dark, and close the curtains. Shadows and dim rooms can be confusing or even frightening.

Keep the day as predictable as you can. Regular times for waking, meals, and bed help the body keep its rhythm. Try to plan appointments, visitors, and baths for the morning, when the person is often at their best.

Watch for the basics. Hunger, thirst, pain, a full bladder, or being too hot or too cold can all make agitation worse, and the person may not be able to tell you.

When they do become upset, stay calm and keep your voice low. Try not to argue or correct them. If they're asking to go home, even though they are home, respond to the feeling behind it. You might say, It sounds like you're missing home. Tell me about it.

Gentle distraction often helps. A favorite song, a snack, folding towels, or a short walk

can shift the mood.

Keep a simple diary for a week or two. Note when the difficult times happen and what came before. Patterns often appear.

And talk to the person's doctor, especially if sundowning is new or getting worse. A change in behavior can sometimes point to an infection or another health problem that can be treated.

Finally, remember that evenings can be hard on you too. Ask for help, and take breaks when you can.

Your Asthma Action Plan

Patient education · Adult (25-40) · Neutral American · 90 seconds

[On screen: a printed asthma action plan with green, yellow and red sections]

If you or your child has asthma, your care team may give you an asthma action plan. It's a written guide that tells you what to do each day, and what to do when symptoms get worse. Let's walk through how it works.

Most plans are divided into three zones, like a traffic light.

The green zone means you're doing well. You're breathing easily, you can do your usual activities, and you're sleeping through the night. Your plan lists the medicines to take every day in this zone, even when you feel fine.

The yellow zone means caution. You might be coughing, wheezing, or feeling tight in the chest, or waking up at night with symptoms. Your plan tells you which medicine to add, and when to call your care team if things don't improve.

The red zone means get help now. If you're very short of breath, your quick-relief medicine isn't helping, or it's hard to walk or talk, follow the red zone steps and call your local emergency number.

Keep copies of your plan where you'll need them. On the fridge, in your bag, and with anyone who looks after your child, like a school or a sitter.

Review your plan with your care team at least once a year, or any time your medicines change.

Preventing Falls at Home

Caregiver training · Adult (35-55) · Australian · 60 seconds

[On screen: a walk through a family home]

Falls are one of the most common reasons older people end up in hospital. The good news is that a few simple changes around the house can lower the risk.

Start with the floors. Clear away clutter, loose cords and anything left on the stairs. Rugs that slide or curl at the edges are a common trip hazard, so either secure them or remove them.

Next, light. Make sure hallways, stairs and the path to the toilet are well lit, especially at night. Night lights are cheap and very effective.

In the bathroom, non-slip mats and grab rails near the shower and toilet make a real difference.

Encourage sturdy, well-fitting shoes, rather than loose slippers.

And if the person you care for has had a fall, or feels unsteady, talk to their doctor. Some causes, like certain medicines or eyesight changes, can be looked at.

Pharmacist Chat: Can I Take These Together?

Medication safety, scenario · Adult (40-55) · Neutral American · 90 seconds

Cast: CUSTOMER PHARMACIST

Scenario: the counter at a community pharmacy

CUSTOMER Hi. Quick question. My doctor just started me on a new prescription. I've also been taking a cold remedy I bought here last week. Is it okay to take them together?

PHARMACIST I'm really glad you asked. That's exactly the kind of thing we like to check. Do you have the cold remedy with you?

CUSTOMER It's in my bag. Here.

PHARMACIST Thanks. And let me pull up your new prescription. Okay. So this cold remedy has a few different ingredients in it, including a pain reliever. Is anything else you're taking also a pain reliever?

CUSTOMER I sometimes take something for headaches.

PHARMACIST That's worth knowing. Some headache tablets have the same ingredient as this cold remedy. If you take both, you could end up having more than the safe amount without realizing it.

CUSTOMER I had no idea.

PHARMACIST It's very common. The simplest thing is to always check the active ingredients on the label. As for your new prescription, it's fine to take alongside this. But I'd skip the extra headache tablets while you're using the cold remedy.

CUSTOMER Okay. That makes sense.

PHARMACIST And going forward, whenever you buy something without a prescription, even vitamins or herbal products, just ask one of us. It only takes a minute.

CUSTOMER I will. Thank you.

Stress and the Body's Alarm System

Mental health literacy · Adult (30-45) · Neutral American · 90 seconds

[On screen: an animated figure with a racing heart]

Think about the last time you felt really stressed. Maybe your heart was pounding, your breathing was quick, and your shoulders were up near your ears. That's your body's alarm system at work.

When your brain senses a threat, it releases stress hormones. They speed up your heart, send more blood to your muscles, and make you sharper and more alert. For our ancestors, facing a predator, that was very useful.

The trouble is, your body reacts in a similar way to an overflowing inbox, a difficult conversation, or money worries. And those problems don't go away after a few minutes.

A little stress can help you focus and rise to a challenge. But when the alarm stays switched on for weeks or months, it can start to affect your sleep, your mood, your digestion, and your ability to concentrate.

You can't avoid stress completely. But you can help your body switch off the alarm. Slow breathing, where you breathe out for longer than you breathe in, sends a signal that you're safe. So can physical activity, time outdoors, and talking things through with someone you trust.

In the next lesson, we'll practice a simple breathing technique you can use anywhere, even at your desk.

And if stress is affecting your daily life and isn't easing, talk to a health professional. Support is available.

Welcome to Diabetes Self-Management Education

Patient education · Adult (40–55) · Neutral American · 3 minutes

[On screen: Brackenfold Community Health, Living Well with Diabetes]

Welcome to Living Well with Diabetes. Whether you were diagnosed last week or years ago, we're glad you're here.

A diabetes diagnosis can bring up a lot of feelings. Worry, frustration, even relief at finally having an answer. All of those are normal. And here's something we want you to hear at the start. Diabetes is a condition that many people manage well, and live full, active lives with. This program is here to help you do that.

Let's talk about what diabetes is. When you eat, your body breaks much of your food down into glucose, a type of sugar that your cells use for energy. A hormone called insulin acts like a key, letting that glucose move from your blood into your cells.

In diabetes, that system doesn't work as it should. Either the body doesn't make enough insulin, or it can't use insulin properly, or both. As a result, glucose builds up in the blood. Over time, high blood glucose can affect the heart, kidneys, eyes, nerves, and feet. That's why managing it matters.

This program is made up of six sessions.

In session one, you'll learn about the different types of diabetes, and what your own numbers mean.

In session two, we'll look at food. Not a strict diet, but practical ways to build meals that help keep your blood glucose steady.

Session three is about being active, and how movement helps your body use insulin.

Session four covers checking your blood glucose and taking any medicines you've been prescribed.

Session five is about staying well long-term, including foot care, eye checks, and what to do on sick days.

And session six is about the emotional side of living with a long-term condition, and where to find support.

Throughout the program, you'll set small, realistic goals. Things like adding a walk after dinner, or swapping one sugary drink a day for water. Small steps add up.

One more thing. You are the most important member of your care team. Your doctor, nurse, dietitian, and pharmacist are here to guide you. But you're the one making choices every day. This program is about giving you the knowledge and confidence to make those choices.

If you have questions as you go, write them down and bring them to your next appointment. There are no silly questions.

When you're ready, let's begin with session one.

Portion Sizes Without a Scale

Nutrition · Adult (25-40) · Australian · 60 seconds

[On screen: a hand held over a dinner plate]

You don't need a kitchen scale to get a sense of portion sizes. You've got a handy guide at the end of your arm.

For meat, fish or other protein, a portion is about the size and thickness of your palm.

For carbohydrates like rice, pasta or potatoes, aim for about the size of your closed fist.

For fats, like butter or peanut butter, think about the size of your thumb.

And for vegetables? Two open handfuls is a good start, and more is usually fine.

Another simple approach is to look at your plate. Try filling half with vegetables or salad, a quarter with protein, and a quarter with carbohydrates.

Everyone's needs are different, depending on your size, age and how active you are. But these guides are a good starting point, and your hands go everywhere with you.

Recognizing Heat Exhaustion

First aid · Adult (25-40) · Neutral American · 60 seconds

[On screen: a crew working outdoors on a hot day]

Working in the heat puts a real strain on your body. Heat exhaustion can come on quickly, so it's important to recognize the signs in yourself and your coworkers.

Watch for heavy sweating, cool and clammy skin, headache, dizziness, nausea, muscle cramps, and feeling weak or very tired.

If you see these signs, move the person somewhere cool or shaded. Loosen tight clothing, have them sip cool water if they can, and cool their skin with wet cloths or a fan.

Now, heatstroke is an emergency. If the person is confused, slurring their words, very hot to the touch, has a seizure, or passes out, call your local emergency number right away. Keep cooling them while you wait for help.

The best treatment is prevention. Drink water regularly, take breaks in the shade, and look out for each other.

Preventing Pressure Injuries

Caregiver training · Adult (35-55) · Neutral American · 2 minutes

[On screen: Module 4, Skin Care and Pressure Injuries]

In this module, you'll learn what pressure injuries are, who's most at risk, and what you can do every day to help prevent them.

A pressure injury, sometimes called a bedsore or pressure ulcer, is damage to the skin and the tissue underneath. It happens when there's pressure on one area of the body for

a long time, which reduces the blood flow to that area.

They usually form over bony parts of the body. Heels, hips, the base of the spine, elbows, shoulder blades, and the back of the head.

People at highest risk are those who spend most of their time in a bed or chair, who can't easily change position on their own, or who have poor nutrition, incontinence, or reduced feeling in parts of their body.

Here's the good news. Many pressure injuries can be prevented.

First, help the person change position regularly. Follow the schedule in their care plan. Even small shifts in weight can make a difference.

Second, check their skin every day, especially over bony areas. Look for redness that doesn't fade after a short time, skin that feels warmer or cooler than the area around it, or any blistering or broken skin. On darker skin, redness may be harder to see, so look for changes in color and feel for changes in temperature or firmness.

Third, keep skin clean and dry. Change wet or soiled clothing and bedding promptly, and use gentle products.

Fourth, support good nutrition and fluids. Skin needs protein and water to stay healthy and heal.

And don't forget to ask the person. Are you comfortable? Does anything feel sore? They'll often notice a problem before you can see it.

If you notice any changes in someone's skin, report them to the nurse or your supervisor the same day. Catching a pressure injury early makes it much easier to treat.

Making the Most of Your Appointment

Patient education, scenario · Adult (30-45) · Neutral American · 2 minutes

Cast: DOCTOR PATIENT

Scenario: a primary care exam room

DOCTOR Hi, Ms. Okafor. Good to see you. What brings you in today?

PATIENT Thanks for seeing me. I've actually written a few things down, if that's okay. I always forget half of it once I'm in here.

DOCTOR That's more than okay. That helps me. Go ahead.

PATIENT So, the main thing is I've been getting headaches. Maybe three or four a week, for about a month.

DOCTOR Okay. When do they tend to come on?

PATIENT Mostly afternoons. I've started keeping notes on my phone. Here. It shows the days, the times, and what I'd been doing.

DOCTOR This is really useful. And are you taking anything for them?

PATIENT Just something I buy at the pharmacy. The box is in my bag. And I brought a list of everything else I take, including a vitamin.

DOCTOR Perfect. Let me have a look. Okay. Based on what you're describing, and your notes, I'd like to check a couple of things today and start with some changes around screen breaks and hydration. We'll see how you are in a few weeks.

PATIENT Can I ask what you think is causing them?

DOCTOR Of course. From what you're telling me, it sounds like a common type of headache that can be linked to tension, long periods at a screen, and not drinking enough during the day. But I want to rule out a few other things, which is why I'd like to check your blood pressure and your eyes.

PATIENT Okay. And what should make me come back sooner?

DOCTOR Great question. If a headache is sudden and severe, or comes with weakness, confusion, trouble speaking, or changes in your vision, get emergency help right away. If they're just getting more frequent, call the office.

PATIENT Sudden and severe, or changes like that, emergency. More frequent, call you. Got it.

DOCTOR Exactly. You've made this easy today. Keep those notes going.

Desk Stretch Break

Wellness · Young adult (18-25) · Neutral American · 30 seconds

[On screen: an office worker at a desk]

Time for a quick movement break. You can do this right where you are.

Stand up and roll your shoulders back five times. Now gently tip your head toward one shoulder, hold for a breath, and switch sides.

Reach both arms up toward the ceiling and take a long, slow breath out.

Finish by looking at something far away for a few seconds to rest your eyes. Nice work.

Caregivers Count Too

Caregiver wellbeing · Mature (55+) · Neutral American · 90 seconds

[On screen: a woman sitting alone with a cup of tea, early morning]

If you're caring for someone you love, your days are probably full of other people's needs. Appointments, medicines, meals, worries in the middle of the night. It's easy to put yourself at the bottom of the list.

But caregiving is a long road, and you can't keep going on empty. Looking after yourself isn't something extra you'll get to someday. It's part of looking after them.

That isn't selfish. It's practical.

Start small. Can you find ten minutes a day that are just yours? A walk, a phone call with a friend, a cup of tea while it's still hot.

Keep up with your own health. Go to your own checkups. Notice if you're sleeping badly or feeling low for weeks at a time, and tell your doctor.

Accept help when it's offered, and ask for it when it isn't. People often want to help but don't know how. Be specific. Could you sit with Mom on Thursday afternoon? Could you pick up the prescription?

Look into respite care and local caregiver support groups. Talking to people who understand can be a huge relief.

And be kind to yourself on the hard days. You're doing something difficult, and you're doing it out of love.

Coaching Call: Starting to Move More

Wellness, scenario · Adult (40-55) · Neutral American · 2 minutes

Cast: COACH CLIENT

Scenario: a phone call with a workplace wellness coach

COACH Hi, Linda, it's Tom from the wellness program. Is now still a good time?

CLIENT Yes, perfect. Though I'll warn you now, I'm not really an exercise person.

COACH That's okay. Plenty of people I talk to say that. Can I ask what made you sign up?

CLIENT My doctor said I should move more. And honestly, I get out of breath on the stairs at work, and I don't love that.

COACH That's a good reason. What does a normal day look like for you right now?

CLIENT I drive to work, sit at a desk all day, drive home, make dinner, and I'm done.

COACH That's a full day. So let's not pretend you're going to find an extra two hours. Is there any part of your day where a bit of movement could fit?

CLIENT I don't know. Lunch, maybe? I usually eat at my desk.

COACH What if you took ten minutes of your lunch break to walk? Around the building, or the parking lot. Nothing fancy.

CLIENT Ten minutes. Actually, I could do that. There's a path behind the office I've never used.

COACH Great. How many days this week feels realistic? Be honest.

CLIENT Three. Monday, Wednesday, Friday.

COACH Three is a great start. The general guidance for adults is to build up to around one hundred fifty minutes of moderate activity a week, but you don't have to get there in one go. Every bit counts.

CLIENT That sounds like a lot.

COACH It does, until you break it down. Ten minutes at lunch, a walk after dinner on the weekend. It adds up. For now, just the three walks. How will you remember?

CLIENT I'll put it in my work calendar. And leave my sneakers under my desk.

COACH Love that. I'll call you next week and you can tell me how it went. And if you miss one, that's fine. We'll just figure out what got in the way.

CLIENT Okay. Thanks, Tom. That feels doable.

Course Summary: First Aid Essentials

Course summary · Adult (35-55) · Neutral American · 3 minutes

[On screen: Course Summary, First Aid Essentials]

You've reached the end of First Aid Essentials. Well done. Before you take the final assessment, let's pull together the most important points from each module.

Module one was about staying safe and calling for help. Before you help anyone, check that the area is safe for you. Then, if someone is seriously hurt or ill, call your local emergency number early. Tell the dispatcher where you are, what's happened, and follow their instructions.

In module two, you learned to check someone who has collapsed. Tap them and shout. If they don't respond, check whether they're breathing normally. If they are breathing, and you don't suspect a spinal injury, place them on their side in the recovery position to help keep their airway clear.

Module three covered hands-only CPR. If an adult is unresponsive and not breathing normally, call for help and start chest compressions in the center of the chest. Push hard and fast, about two inches deep, at one hundred to one hundred twenty compressions a minute. Use an AED as soon as one arrives, and follow its spoken instructions.

In module four, you learned to respond to choking. If someone can cough, encourage

them to keep coughing. If they can't cough, speak, or breathe, act quickly with back blows and abdominal thrusts, and call for help.

Module five was about bleeding. Apply firm, direct pressure to the wound with a clean cloth or dressing, and keep pressing. If blood soaks through, add more on top rather than removing the first layer. If the bleeding is heavy or won't stop, call for emergency help, and if you can, wear gloves or use a barrier between your hands and the wound.

Module six covered burns. Cool the burn under cool running water for around twenty minutes. No ice, no butter. Then cover it loosely with a clean, non-fluffy dressing or plastic wrap.

And in module seven, you learned to recognize a stroke and heat-related illness, and why getting help fast matters so much. For stroke, look at the face, the arms, and the speech, and call straight away if you notice any change.

That's a lot of knowledge, and you should feel proud of it. Most emergencies happen at home, at work, or on the street, in front of ordinary people. Now you're one of the people who knows what to do.

Remember, skills fade without practice. We recommend a refresher every couple of years, and hands-on practice whenever you can get it.

When you're ready, click Start Assessment. Good luck.

Sun Safety Basics

Wellness · Adult (25-40) · Australian · 30 seconds

[On screen: a beach on a bright summer day]

Heading outside? Look after your skin.

Put on a broad-spectrum sunscreen, SPF thirty or higher, about twenty minutes before you go out, and reapply every two hours. Add a hat, sunnies and a shirt with sleeves.

Find shade in the middle of the day, when the sun is strongest.

And remember, you can still get burnt on cloudy days. Check the UV index before you head out.

Practice with these, record them, post them as demos or reels, use them in auditions. Please do not resell them as scripts. © VO Journey Academy · avosjourney.com