

Emergency First Aid



Care Training and Consultancy (CTC)



What is First Aid?

Immediate aid
given to someone who is injured or ill
before the arrival of ambulance doctor
or other medical personnel

First Aid can save lives -
every second counts

Emergency Action

Assess the situation

- Is there any ongoing danger?
- Is anyone's life in immediate danger?
- Can bystanders help?
- Do you need an ambulance?

Make the area safe

- Put your own safety first
- Protect the casualty from danger
- Do not move the casualty unless it is absolutely necessary

Give emergency aid

- When the area has been made safe, carry out an assessment, or primary survey, on each casualty
- Treat the most serious injuries first
- Where there is more than one injured person, go to the quiet one first - they may be unconscious

Get help

- If possible, ask a helper to dial 999 for an ambulance

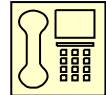


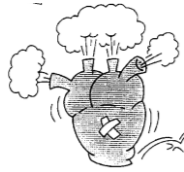
Unconscious Casualty

If an unconscious casualty is breathing, place them on their side, in the recovery position

Recovery position

- Place the nearest arm at right angles, palm up
- Bring the back of the other hand to the near cheek, and hold palm to palm
- Pull up the far knee until the foot is flat on the floor
- Pull the knee towards you, and position the leg at right angles on the floor
- To ensure an open airway, tilt the head back and lift the chin
- Check breathing
- Call 999
- Monitor the casualty's condition until the ambulance arrives





Heart Attack

A heart attack is most commonly caused by a sudden obstruction of the blood supply to part of the heart muscle

Recognition of a heart attack

- Persistent chest pain
- Difficulty in breathing
- Profuse sweating
- Irregular or unusually fast or slow pulse
- Profuse sweating
- Moist pale skin

Treatment of a heart attack

- Place the casualty in a comfortable position (not lying down)
- Dial 999
- Be prepared to resuscitate if necessary
- Get AED if available
- Monitor

DO NOT administer medication if in the workplace

- Give up to 5 back slaps with heel of hand (**check the child's mouth between each one**)
- Then up to 5 chest thrusts using the 2 finger technique (**check child's mouth between each one**)
- Repeat cycle up to a maximum of 3 then call 999
- **CHILD (1 YEAR TO PUBERTY)**
- Encourage child to cough bent forward
- Give up to 5 back slaps with heel of hand (**check child's mouth between each one**)
- Give up to 5 abdominal thrusts if the obstruction is still present (**check child's mouth between each one**)
- Repeat cycle up to a maximum of 3 then call 999
- **IF A CHILD HAS BEEN GIVEN ABDOMINAL THRUSTS - SEEK MEDICAL ADVICE**



Choking – adult and child

ADULT

- Give up to 5 back blows between the shoulder blades, with the heel of your hand casualty bent forward.
- If the obstruction is still present, give up to 5 abdominal thrusts: **Place a clenched fist above the navel and pull inwards and upwards with both hands**
- Check the mouth as above (**DO NOT FINGER SWEEP**)
- If the obstruction is not cleared after the first cycle of back blows and abdominal thrusts, dial 999
- Continue until help arrives and be prepared to resuscitate if necessary
- **CHILD (UP TO 1 YEAR OLD)**
- Over arm on leg sitting down



Resuscitation – Adult

If a casualty is not breathing, or not breathing normally, call an ambulance and start CPR

- Place your hands on the centre of their chest in the nipple line
- Interlock fingers and press down with the heel of your hand (about 4-5cm)
- Give 30 compressions then 2 breaths:
Pinch the casualty's nose and chin tilt
Place your mouth over their mouth and blowing steadily, attempt 2 rescue breaths
- Continue with cycles of 30 compressions and 2 rescue breaths until the ambulance arrives you are physically exhausted or until the casualty begins to breathe normally
If casualty begins to breathe normally put into recovery position and monitor until help arrives



Severe Bleeding

Bleeding from most wounds can be controlled by direct pressure

Treatment of severe bleeding

- Sit or lie the casualty down
 - Put on disposable gloves, if available, to protect against cross infection
 - *Examine the wound for an embedded object
 - If there is no embedded object, apply pressure to the wound over a clean pad and secure with a bandage with the knot over the wound.
- * If there is an object embedded in the wound, press on either side of the object, build up padding around it and secure with a bandage. Do not put pressure on the object.



Shock

Shock is a life-threatening condition which occurs when the circulatory system fails and vital organs - such as the heart and brain - are deprived of oxygen

The most common cause is blood loss

Recognition of shock

- Pale, cool and moist skin
- Fast and weak pulse
- Fast and shallow breathing
- Weakness, dizziness
- Nausea and vomiting
- Thirsty
- Anxious
- Level of response drops

Treatment of shock

- Treat the cause
- Assist the casualty to lie down
- Raise and support the legs
- Loosen any tight clothing
- Keep the casualty warm
- Reassure the casualty
- Dial 999 for an ambulance

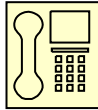


Severe Allergic Reaction

Anaphylactic shock can develop in seconds or minutes of contact with a “trigger” such as an insect sting, injection of a certain drug, ingestion of food such as shellfish, peanuts, eggs etc.

Recognition of severe allergic reaction

- Anxiety
- Red blotchy skin
- Swelling of lips tongue and throat
- Puffiness round the eyes
- Difficulty breathing, wheezing, gasping for air
- Signs of shock



Treatment of severe allergic reaction

- Dial 999 for an ambulance
- If the casualty is conscious assist them to use their medication (Epipen) if available
- Help them to sit comfortably
- Treat for shock if necessary
- Be prepared to resuscitate



Broken Bones

If you suspect a broken bone

- Provide support to the injured area (**from joint above to the joint below**)
- Cover any wounds with a sterile dressing
- Arrange for the casualty to be taken to hospital
- Reassure and monitor
- Do not allow the casualty to eat, drink or smoke



Sprains and Strains

Treat sprains and strains with the “RICE”

- **R**est the injured part
- **I**ce - apply an ice pack or a cold compress
- **C**omfortable compression - apply padding and a bandage (**joint below to joint above using loads of padding**)
- **E**levate and support the injured part



Burns and Scalds

There are three categories:- Superficial, Partial and Full Thickness

Treatment of a burn

- Cool the burn as quickly as possible under running cool water for at least 15 minutes
- Remove jewellery or watches
- Remove any clothing not sticking to the burn
- Once cooled cover the injury with a sterile dressing or suitable clean material eg cling film
- If unsure of the severity of a burn seek medical aid

Do not apply lotions or ointment to a burn
Do not remove anything sticking to a burn
Do not burst blisters

