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HELPING HANDS ALWAYS BETTER THAN PRAYING LIPS

Basic First Aid for Medical Emergencies

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Four Basic Rules

1. Call for help immediately

2. Bring help to the victim

3. Check the ABCs

4. Do no further harm

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Assess the Scene

- Evaluate the scene
- Assess safety
- Prioritize care
- Check for medical alert tags
- Do head-to-toe check
- Move only if necessary

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No Breathing

- Administer CPR:
  - Lay the person on his or her back
  - Give chest compressions
  - Tilt head slightly
  - Breathe into the person's mouth
  - Continue until EMS personnel arrive

Bleeding

- Stop the flow of blood
- Wear gloves
- Cover the wound
- Apply pressure
- If a body part has been amputated, put it on ice

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Shock

- Lay the victim down
- Cover
- Raise feet

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Heart Attack

- Make victim comfortable
- Loosen tight clothing
- Check for medication
- Keep victim still
- Don’t give stimulants

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Choking

- Ask a person to speak or cough
- Deliver 5 back blows
- Perform abdominal thrusts
- Repeat sequence of back blows and abdominal thrusts

If Abdominal Thrusts Don't Work

- Finger sweep
- Abdominal thrusts
- Check ABCs
- Perform CPR if not breathing

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Electrical Shock

Don’t touch!

Turn power off

Remove person from live wire

Check for breathing

Eye Injuries

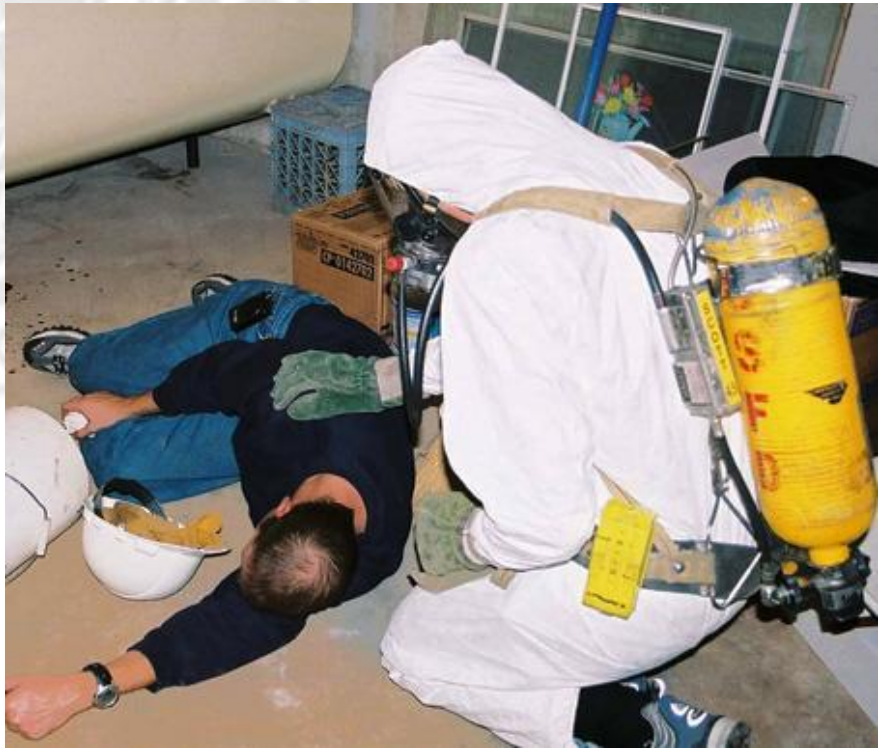
- Splashes
- Particles in eye
- Blow to eye
- Cuts near eye
- Penetrating objects

Burns

- First-degree burns—Reddened, painful skin
- Second-degree burns—Blistering
- Third-degree burns—Charring, deep tissue damage

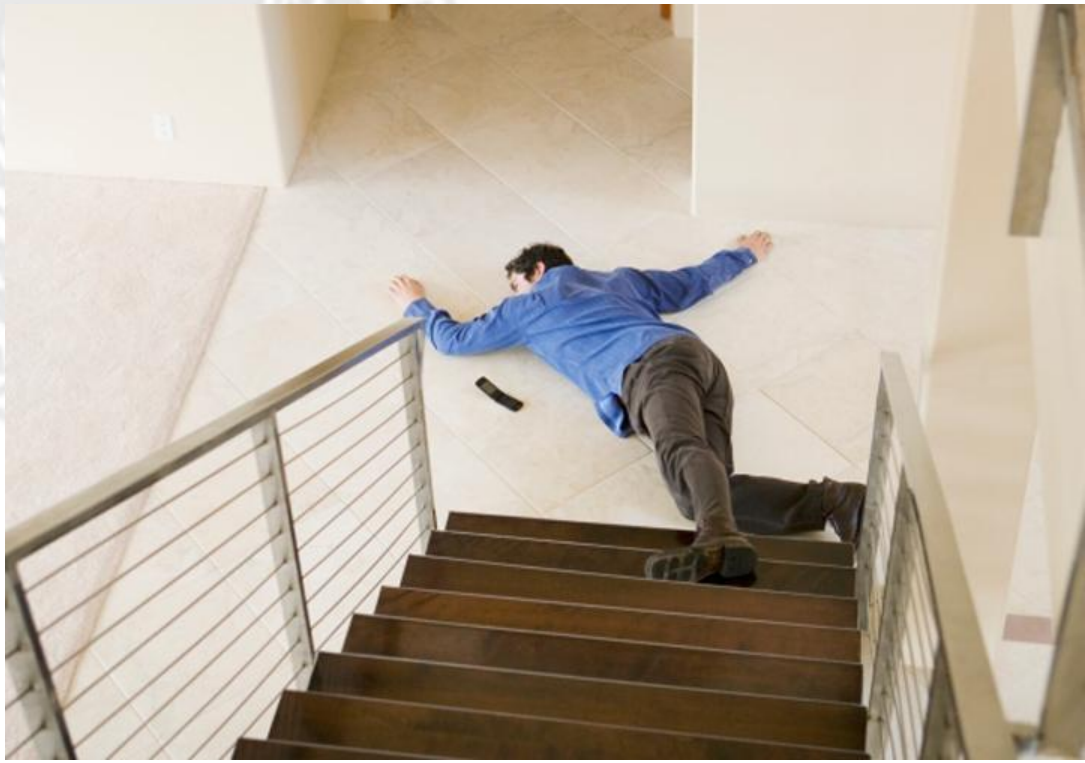
Exposure to Hazardous Materials

a) Eyes
b) Skin
c) Inhalation
d) Ingestion



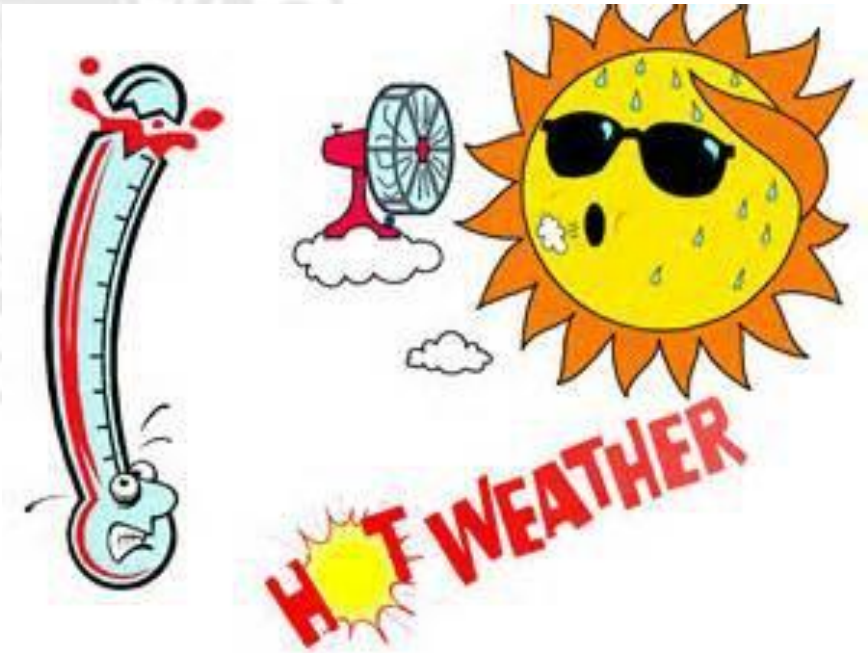
Broken Bones

- Look
- Ask
- Treat for shock



Heat Exhaustion

1. Move to cool place
2. Lay victim down
3. Elevate feet
4. Loosen clothing
5. Give fluids
6. Apply cool compresses



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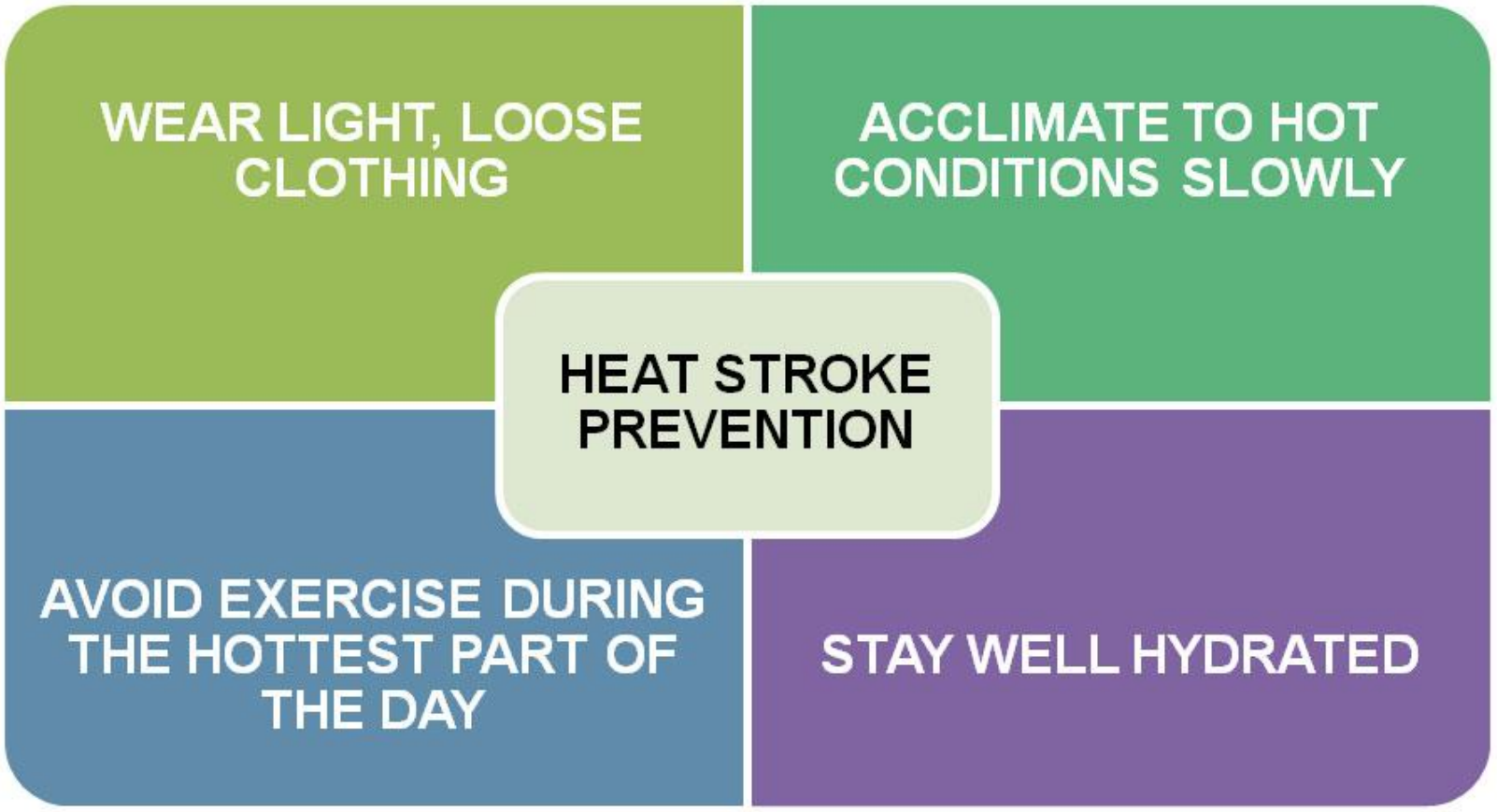
Heat Stroke Prevention



Fainting

I. Check for breathing
II. Administer CPR if necessary
III. Call 911 if more than a few minutes
IV. If conscious, lay the victim down with feet elevated

Epileptic Seizures

- Remove victim from hazards
- Check for breathing
- Nothing in the mouth
- Keep comfortable

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FIRST AID KIT

Standard

Section 1

1/2 or 1 Square Yard Gauze

1 Box
(goldenrod or yellow)

24" x 72" or 1728 Square Inch Gauze Compress

2 Boxes
(goldenrod or yellow)

Triangular Bandage

1 Box or Package

Instant Cold Pack

1 Pack or Box

CPR Mask

2 Masks

Section 2

3" x 3" Gauze Sponge

1 Packet

4" x 4" Gauze Sponge

1 Packet

Eye Dressing

2 Packet

Adhesive Tape (Clear or Paper)

1 Roll

2" or 3" Conforming Stretch Gauze Bandage Roll

1 Roll

Latex-Free or Nitrile Gloves

3 Pairs

Eye Wash Irrigation Solution

1 Bottle
(Note: Expiration Date)

Section 3

1" Sheer Adhesive Strip Bandage

20 Bandages

Red Bio-Hazard Disposal Bag

2 Bags

Eye Cup

1 Cup

Safety Pin

2 Pins

Antiseptic Swab

6 Swabs

Alcohol Swab

6 Swabs

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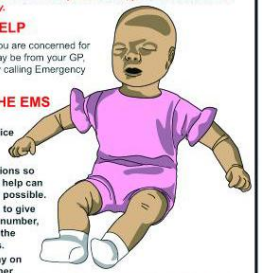
Pre School First Aid

1. INTRODUCTION

An infant is a child under the age of 1 year. A child is aged between 1 year and puberty. The principles of first aid are the same whether it is an infant, child or adult being treated. That is to preserve life, prevent deterioration and to promote recovery.

WHEN TO GET HELP

Always seek help when you are concerned for an infant's health. This may be from your GP, casualty department or by calling Emergency Medical Services (EMS).



HOW TO CALL THE EMS

+ Dial 999 / 112.
+ State clearly the service you require.
+ The operator will ask you a series of questions so the most appropriate help can be sent as quickly as possible.
+ You will usually need to give your name, location, number, age of the infant and the injury or likely illness.
+ The operator may stay on the phone to get further information from you or to give you further first aid instructions do not put down the phone until the operator instructs you to do so.

ESSENTIAL INFORMATION

It is essential that you know the following information for the infant in your care:

+ The parent's or guardian's current contact number.
+ Any illness or diseases the infant has.
+ Any medication the parent has given that day prior to you taking responsibility for the infant.
+ Time of last feed and nappy change.

2. CHOKING

Choking occurs when an object becomes lodged in the windpipe. This could lead to the brain being starved of oxygen.

RECOGNITION

+ Witnessed episode, sudden onset.
+ Unable to breathe / cough.
+ Unusual exaggerated movement of the chest, especially around the collar bone.
+ Decreasing levels of consciousness.

ACTION

01. Support infant on your forearm laying face down, with the head lower than the body, support the head with thumb of one hand and two fingers from the same hand on both sides of lower jaw.
02. DO NOT put pressure on the neck.
03. Give up to five back blows using the heel of your other hand in between the shoulder blades (be careful with the amount of forced you use).
04. Check mouth in between each back blows to see if the object has been removed, if it hasn't worked give up to five chest thrust.
05. To do this turn infant face up, still resting on forearm place 2 fingers on the breast bone avoiding where the breast bone meets and give up to 5 sharp chest thrust.
06. DO NOT use abdominal thrust for infants.
07. If the infant becomes unconscious, look for any obvious objects blocking the mouth, and follow DRAB procedure. *(See box 5. - resuscitation)* DO NOT do any blind finger sweeping.
08. Recheck the mouth before giving more rescue breaths.
09. Keep repeating until obstruction is removed or EMS arrive. If infant becomes unconscious follow DRAB approach (CPR) anyone who receives chest thrust needs urgent medical attention.

3. UNCONSCIOUSNESS

This is where the brain's activity is interrupted. There are several causes of unconsciousness low blood oxygen, seizures and illness may be some.

ACTION

+ Follow the actions from danger to breathing in the resuscitation section. *(See box 5. - resuscitation)*
+ Examine the casualty quickly from head to toe to identify any serious injuries.
+ Place the casualty in the recovery position. *(See box 4. - recovery position)*
+ Seek urgent medical assistance for all infants who have been unconscious.
+ Monitor the level of consciousness by checking the AVPU scale.
+ Monitor the casualty's pulse. Do this using the arm as it can be difficult to do at the wrist on infants. Continue to monitor the casualty, until medical assistance arrives.
+ Be prepared to take further action should the casualty stop breathing.

A Alert	Casualty is conscious and is responding spontaneously	If the casualty's conscious level goes down the scale whilst you are waiting for the EMS to arrive the condition may be getting worse i.e. from A towards U	If the casualty's condition improves then the condition may be getting better i.e. from U towards A
V Verbal	Casualty responds to voice commands		
P Pain	Casualty responds to pain (flicking feet)		
U Unresponsive	Unresponsive no reaction from the casualty		

4. RECOVERY POSITION

The recovery position is used when a casualty is unconscious and breathing. The recovery position stops the tongue from blocking the airway and will allow any vomit and fluid to drain from the mouth.

UNDER 1 YEAR OLD INFANT

Tilt the baby's head downwards whilst cradling him in your arms, ensuring that the airway is open, and that the infant is facing towards you.

5. RESUSCITATION

D – Check for any **DANGER** such as water, fire or fumes.

R – Check for **RESPONSE**

+ (To do this flick bottom of the baby's feet), and call into both ears.
+ Take care not to shake a baby as this could cause serious injury.

A – Open the infants **AIRWAY** to stop the tongue obstructing the throat.

+ Gently lift the chin and tilt so the head is neutral.
+ Be careful not to over extend the neck, this could close the airway. (Face pointing up not tilted back like in adults).

B – Check for **BREATHING**.

+ Place your ear near to their mouth and nose. **LOOK, LISTEN** and **FEEL** for breath for up to 10 seconds.
+ Call 999 / 112.

IF BREATHING IS PRESENT

If breathing is present, place the casualty in the recovery position.

IF BREATHING IS ABSENT

Commence resuscitation CPR.

The following modifications, as recommended by the Resuscitation Council (UK), will make resuscitation more suitable for use in infants.

+ Give 5 initial rescue breaths before starting chest compressions.
+ If you are on your own, perform 1 minute of CPR before going for help.

TO COMMENCE CPR

01. Ensure the infant is on a flat firm surface, tilt airway back so it is neutral, blow gently in to the infant's nose and mouth, ensuring a seal is created. Breathe in for only a second. The chest should rise and fall, repeat so you have given 2 rescue breaths in 5 seconds.
02. Then place 2 fingers in the centre of the chest, avoiding where the breast bone meets, give 30 compressions at a rate of 100-120 compressions a minute.
03. Compress approx to a third of the chest depth. Then 2 rescue breaths in 5 seconds and continue at a rate of 30:2.
04. If you are on your own perform 1 minute of CPR before going for help taking the infant with you.

CONTINUE WITH CPR UNTIL:

+ The casualty shows signs of recovery.
+ Emergency services arrive.
+ You become exhausted and unable to continue.
+ The situation changes and you are now in immediate danger.
+ An autherised person pronounces life extinct.

6. FEVER

Children often have a raised temperature as a reaction to an illness. In small children this can lead to febrile convulsions (seizures).

RECOGNISING A FEVER

+ Hot Flushed skin.
+ Crying / irritable.
+ Feeling hot sometimes alternating with shivering.

COOLING A CHILD

+ Place in cool surroundings, i.e. place a fan next to them.
+ Remove excess clothing.
+ Encourage drinking sips of cool fluids to help prevent dehydration.
+ Sponge the skin with tepid water (only if severe).
+ Give recommended medication to reduce fever (see below).
+ Seek medical help if the temperature does not return to normal, or if you are concerned.
+ DO NOT over cool.

RECOGNISING MENINGITUS (All or some of the symptoms)

+ High pitched scream.
+ Dislike of being handled.
+ Rash that does not go away when it is compressed with a glass if found call 999 / 112 straight away.

ACTION IN A SEIZURE

01. Protect the infant from injury do not restrain, do not place anything in the mouth.
02. Time how long the seizure lasts for.
03. Position pillows or soft padding around them to protect the child.
04. Once the worst of the seizure is over check airway and breathing, if breathing normally and unconscious place in recovery position.
05. Call EMS.

GIVING MEDICATION

+ If you are not the parent of the infant you must have parental permission to give medication.
+ You must be trained and competent.
+ Written orders or procedure should be followed.
+ Only give the stated dose.
+ Check their condition.

7. ASTHMA AND BLEEDING

This is where the muscles of the breathing tract go into spasm and the lining swells. This leads to a narrowing of the passages, making breathing difficult.

ASTHMA ATTACK

RECOGNITION

+ Difficulty in breathing, wheezy breathing.
+ Grey blue tinge to the skin and pale.
+ Crying and frightened.

ACTION

01. Keep calm and move other children away from the infant.
02. Sit them upright in a comfortable position only if able to (this may not be possible with young babies).
03. Find the child's medication and give one dose if you are trained to do so.
04. Call an ambulance if the attack does not ease after 3 minutes, if the casualty becomes exhausted or you are concerned.
05. Monitor their condition.

SEVERE BLEEDING

ACTION

01. Protect yourself from blood by wearing gloves.
02. Apply direct pressure to the wound, do not remove any embedded objects in the wound but apply pressure on either side of the wound.
03. Apply a first aid dressing, if it is a limb wound, elevate the limb, check the circulation beyond the bandage.
04. If further bleeding occurs, apply a second dressing on top of the first. If blood seeps through this dressing, remove both dressings and apply a fresh one, ensuring that pressure is applied accurately to the point of bleeding.
05. Seek medical assistance.

WHERE TO GET ASSISTANCE

Name	Location	Ext
Nearest First Aid box		

Remember to document all incidents and inform the parent or guardian of the child.

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FIRST AID FOR CHILDREN

INTRODUCTION

As a first aider your priorities, whether for a baby, child or adult are to:

- **Prevent the condition getting worse**
- **Promote recovery**
- **Preserve life**

However in the first instance you should ensure your own personal safety – *Stop traffic, turn off electrical supplies, secure other potential falling objects.*

Although this is a relevant guide to First Aid and the treatment of certain injuries, it is not a substitute for hands on practical training.

Numbers to Remember

999 For Emergency Services – Ambulance, Fire and Police

111 The new 'non-emergency' number, where a casualty has been injured, is OK but you want reassurance from a professional.

112 European Emergency Services

First Aid - essentials

Gloves – essential, to protect the casualty (and you)

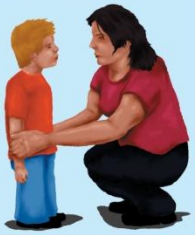
Resuscitation Shield – when giving Mouth-to-Mouth

Wipes – to use if water is not available

Plasters (various sizes) – Yes they can be used, for small cuts

Sterile Dressings (various sizes) – for larger cuts

Other contents such as scissors, tape, gauze, safety pins, triangular bandages are nice but NOT essential.



Manage the Situation

Remember the child is injured, in pain and upset – they will react to your reaction, try to stay calm, don't *'belittle'* the injury and take control of the situation.

RECOVERY POSITION

This position is used to protect the casualty's airway and ensure they are able to breath whilst unconscious. Use the following technique if you have to leave the casualty for any period of time.

Under 1 year old

With baby in arms, tilt the body so their bottom is just higher than the head and their head is facing the floor – if they were to vomit, it would fall from their mouth.

Aged 1 and over

As in the picture the casualty should be in a 'sleeping' position, on their side.

- Move the under arm out, for comfort
- Position the upper arm so the hand is under the casualty's cheek, to protect from the floor
- Tilt the head back to open the airway and down so that the tongue falls forward and vomit can drain away
- Bring the upper leg up, knee bent at right-angles, to help breathing

RESUSCITATION

DRAB

D = Danger
Ensure you are safe, turn off electricity, stop traffic, secure falling items.

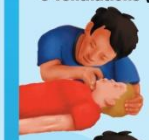
R = Response
Try to wake the casualty, give them a command 'open your eyes', kneel next to them and 'tap' on the shoulders, sufficiently, to wake them.

A = Airway
Open the mouth, look for any obstruction that should not be in there (knocked out teeth, vomit, food, etc). Remove with gloved hands. Tilt head back- this lifts the chin and enables breathing

B = Breathing
Get close, listen, feel for breath on your cheek and look to see the chest/ abdomen move – check for a max 10 seconds

If the casualty is breathing place in the **Recovery Position** – if the breathing is not normal *(quick, shallow, unusually noisy, deep, laboured, irregular)* continue with:

5 ventilations (mouth to mouth)



Use a shield to protect you. Open your mouth wide, and place around the casualties mouth *(nose and mouth for baby)* – give 5 short breaths. You may not see any chest movement; blow as though you are blowing out a large flame, short and sharp, *(lighter for a baby).*

If no visual signs of response start CPR:

30 compressions

Place a hand *(two fingers for a baby)* in the centre of the chest *(in the middle between the nipples)*, press and release rhythmatically just under 2 compressions a second *(to understand – look at a second hand and its just under 2 a second, so approx. 20 compressions in 30 seconds).* Compress approximately 5-6 cm or about the length of your thumb *(slightly less depth for a baby).*

CHOKING

Two types of choking

Minor choking *(something going down the wrong way)* – the casualty will be coughing, red faced and upset

Choking – unable to breath and speak, clutching throat

Minor Choking

Comfort, check breathing and monitor – if breathing is OK there is no need for further emergency help. Sips of water may help to 'sooth' the irritation.

Choking

Act quickly, encourage the casualty to cough - there is no time to dial the emergency services – shout for help, then:

Lean the casualty forward and give 5 back slaps between the shoulder blades *(hard enough to 'jolt' the casualty).*

If the obstruction does not dislodge, follow with

5 Abdominal Thrusts – position yourself behind the casualty (you may have to get on your knees), pull them in close to your chest, place an arm around their waist and place your fist between the navel and the bottom of the breastbone. Sharply pull in and up and release - 5 times, to push air up behind the obstruction. If the obstruction is not removed *(the casualty will be making noises when it is removed)* repeat with alternate **Backslaps** and **Abdominal Thrusts.**

Continue until blockage is removed. If the casualty becomes unconscious you will need to start Resuscitation.

Adaptations for children under 1

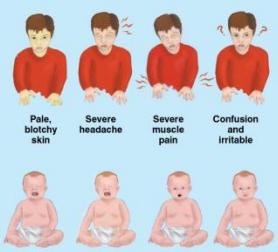
Babies are unlikely to clutch their throat, their face will probably turn bright red and will have a 'strained' appearance.

Place baby in the Recovery Position and use 2 fingers to slap between the shoulder blades. If this does not work, **DO NOT PERFORM ABDOMINAL THRUSTS**, use 2 fingers and give up to 5 chest compressions.

ILLNESSES - MENINGITIS

The key to all illnesses is ***"if someone is ill and getting worse, get medical help immediately".***

Cold hands and feet with possible fever | **Drowsy, unresponsive, floppy** | **Convulsions, seizures** | **Dislike of bright lights and stiff neck** | **Refusing to feed and vomiting**



Pale, blotchy skin | **Severe headache** | **Severe muscle pain** | **Confusion and irritable**

Unusual cry or moaning | **Fretal dislike of being handled** | **Rapid breathing or grunting** | **Tense or bulging fontanelle (soft spot)**

In addition to the signs and symptoms listed here, **The Glass Test** can also be used for guidance. Press a glass on/over the rash - if the rash does not fade get medical help. On dark skin, check on palms of hands/soles of feet, roof of mouth and inside eye-lids.

Do not wait for the rash, use your judgement. For further information please visit the website: **www.meningitisnow.org**

HEAD INJURIES

If a child/baby has become unconscious, use the methods previously described. If a child/baby has a head injury – examine the injured site (don't prod or push on the area). Cool with a clean cool cloth/paper towel.

The casualty may look 'off colour', complain of pain over the site of the injury, feel sick or vomit and want to rest for a peroid of time – the casualty may be allowed to sleep (during a sleep gently tap their shoulders to check if they are sleeping or unconscious).

Depending on the height from which they fell and the severity of injury, a decision to go to Hospital or not, will have to be made – call 111 for further advice. However if the casualty's face becomes flushed, they start to lose balance and co-ordination, continuing to vomit - they need to be taken to hospital.

BREAKS AND BURNS

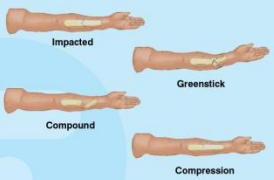
Breaks

A Fracture is the medical term for a Break. Have you ever broken a bone? If so you will know how painful it is!

If a casualty has broken a bone they are probably aready in a position which is 'comfortable' – help them, by adding cushioning and supporting the area, sit/lie them and call for help. Only move them if they are in danger.

Do not straighten, splint or put into a sling.

Protect the fractured bone and comfort the infant. Send the patient to hospital – don't worry about getting it wrong, you haven't got x-ray vision – below are some examples.



Impacted | **Greenstick** | **Compound** | **Compression**

Burns

A childs skin is thinner than an adults, by between 20% - 30%, which means that items do not have to be that 'Hot' to cause a burn. Casualties with burns larger than 1% (the size of an open hand) should be dealt with quickly and sent to hospital. Do not remove clothing.

Cool the burn with cold running water for 10 minutes at a time, up to a max of 30 minutes, allowing colour and 'feeling' to return in between – running a bath will take too long, shower the area! Be quick – time is crucial.

DO NOT pop blisters - those larger than a 10 pence piece should be seen by the hospital.

After treatment, cover the burn with some clingfilm to protect the skin from further damage.

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First Aid For Children

1. INTRODUCTION

The Principles of first aid are the same whether it is a child or an adult being treated. That is to preserve life, prevent deterioration and to promote recovery. A child in first aid terms is aged from 1 to adolescence.

WHEN TO GET HELP

Always seek help when you are concerned for a child's health. This may be from your GP, casualty department or by calling the Emergency Medical Services (EMS).

HOW TO CALL THE EMS

- Dial 999 / 112 in Europe.
- State clearly the service you require.
- The operator will ask you a series of questions so the most appropriate help can be sent as quickly as possible.
- You will usually need to give your name, location, number and age of casualties, the injury or likely illness.
- The operator may stay on the phone to get either further information from you or to give you further first aid instructions do not put down the phone until the operator instructs you to do so.

ESSENTIAL INFORMATION

It is essential that you know the following information for the children in your care, that is:

- The parent's or guardian's current contact number.
- Any illness or diseases the child has such as asthma.
- Any medication the parent has given that day prior to you taking responsibility for the child.

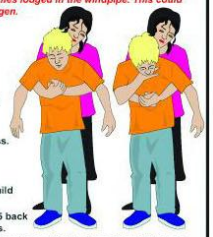
CHILDREN'S REACTION

Children need a calm reassuring person to look after them when they are ill.

Try to get to their eye level and give clear simple instructions and explanations.

2. CHOKING

Choking occurs when an object becomes lodged in the windpipe. This could lead to the brain being starved of oxygen.



RECOGNITION

- Child clutching their throat.
- Unable to breathe/cough.
- Noisy breathing.
- Unusual exaggerated movement of the chest, especially around the collar bone.
- Unable to speak.
- Decreasing levels of consciousness.

ACTION

01. Encourage the child to cough.
02. If this is ineffective reassure the child and lean them forward.
03. Lean child forward and give up to 5 back blows between the shoulder blades.
04. Check mouth between each back blow to see if object has been dislodged.
05. Perform up to 5 abdominal thrusts. Place your fist between the navel and the bottom of the breastbone. Grasp it with your other hand and pull sharply inwards and upwards up to 5 times.
06. Alternate between 5 back slaps and 5 abdominal thrusts until the object is cleared.

ADAPTATIONS FOR A CHILD UNDER 1

01. To perform back slaps, lay the baby down on your forearm.
02. If back slaps do not work use chest thrusts. To do this place 2 fingers on the breastbone and give up to 5 sharp chest thrusts.

Abdominal thrusts must not be used on a child under 1 year.

It is essential that any child who has received chest or abdominal thrusts receive urgent medical attention.

3. UNCONSCIOUSNESS

This is where the brain's activity is interrupted. There are several causes of unconsciousness such as a head injury, low blood oxygen, poisoning, seizures and illness.

ACTION

- Follow the actions from danger to breathing in the resuscitation section. *(See box 5 - resuscitation)*
- Examine the casualty quickly from head to toe to identify any serious injuries.
- Place the casualty in the recovery position. *(See box 4 - recovery position)*
- Seek urgent medical assistance for all children who have been unconscious.
- Monitor the level of consciousness by checking the AVPU scale.
- Monitor the casualty's pulse, respiration rate and conscious level continuously, until medical assistance is available.
- Be prepared to take further action should the casualty stop breathing.

A	Alert	Casualty is conscious and is responding spontaneously	If the casualty's conscious level goes down the scale whilst you are waiting for the EMS to arrive the condition may be getting worse i.e. from A towards U	If the casualty's condition improves then the condition may be getting better i.e. from U towards A. (Don't cancel the ambulance though).
V	Verbal	Casualty responds to voice commands		
P	Pain	Casualty responds to pain (flicking feet)		
U	Unresponsive	Unresponsive no reaction from the casualty		

4. RECOVERY POSITION

The recovery position is used when a casualty is unconscious and breathing. The recovery position allows the head to be placed tilted back and down. This stops the tongue from blocking the airway and will allow any vomit and fluid to drain from the mouth.

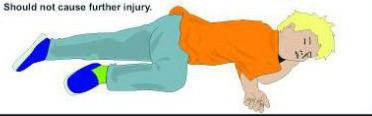
UNDER 1 YEAR OLD (INFANT)

- Tilt the baby's head downwards whilst cradling him in your arms, ensuring that the airway is open.

AGE 1 YEAR TO PUBERTY (CHILD)

Same as an adult. The European Resuscitation Council recommends:

- The casualty is on their side.
- The head tilts downwards to allow fluid and vomit to drain.
- There is no pressure on the chest that restricts breathing.
- The casualty should be able to be turned easily and safely on to their back.
- Good observation and access to the airway.
- Should not cause further injury.



5. RESUSCITATION

D Check for any **DANGER** such as water, fire or fumes.

R Check for **RESPONSE**. To do this, gently shake the casualty's shoulders and shout into both ears. For infants under 1 year old stroke the heel of their foot to check for response. Take care not to shake a baby as this could course serious injury.

A Open the child's **AIRWAY** to stop the tongue obstructing the throat. Lift the chin and tilt the head back. Be careful not to over extend the neck.

B Check for **BREATHING**. Place your ear near to their mouth and nose. Look, listen and feel for breath for up to 10 seconds.

IF BREATHING IS PRESENT

If breathing is present place in the recovery position.

IF BREATHING IS ABSENT

Commence resuscitation CPR.

CPR (CARDIO PULMONARY RESUSCITATION)

If you are on your own, perform 1 minute of CPR, before going for help.

The following modifications as recommended by the resuscitation council (UK) and will make it more suitable for use in children:

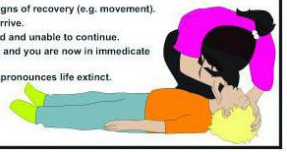
01. Give 5 initial rescue breaths before starting chest compressions.
02. If you are on your own, perform 1 minute of CPR before going for help.

TO COMMENCE CPR

01. Ensure the casualty is on a firm, flat surface.
02. Place the heel of one hand over the lower third of the sternum. Lift fingers to ensure no pressure is applied to ribs.
03. Compress the chest by 4-5cm. Compress 30 times at a rate of 100-120 compressions per minute using 1 or 2 hands to achieve adequate depth of compression. (2 fingers to be used on an infant).
04. The compressions and releases should take an equal amount of time.
05. After 30 compressions, open the airway again using head tilt/chin lift.
06. Seal the nostrils with your thumb and forefinger.
07. Blow steadily into the mouth until you see the chest rise. Give 2 rescue breaths. Blow in for 1 second, 2 breaths within 5 seconds.
08. Remove your mouth to the side and inhale some fresh air. When breathing for the casualty, take about a second to make the chest rise.
09. Repeat so you have given 2 effective rescue breaths in total.
10. Return your hand(s) to the correct position on the chest and give a further 30 chest compressions.

CONTINUE WITH CPR UNTIL:

- The casualty shows signs of recovery (e.g. movement).
- Emergency services arrive.
- You become exhausted and unable to continue.
- The situation changes and you are now in immediate danger.
- An autherised person pronounces life extinct.



8. DEFIBRILLATION

Use an AED (Automated External Defibrillator) if available and follow prompts.

The AED must not be used on a child under 1 year.

6. FEVER

Children often have a raised temperature as a reaction to an illness. In small children this can lead to febrile convulsions (seizures).

RECOGNISING A FEVER

- Hot Flushed skin.
- Crying / irritable.
- Feeling hot sometimes alternating with shivering.

COOLING A CHILD

01. Place in cool surroundings, i.e. place a fan next to them.
02. Remove excess clothing.
03. Encourage drinking sips of cool fluids to help prevent dehydration.
04. Sponge the skin with tepid water (only if severe).
05. Give recommended medication to reduce fever (see below).
06. Seek medical help if the temperature does not return to normal, or if you are concerned.
07. **DO NOT** over cool.

RECOGNISING MENINGITUS (All or some of the symptoms)

- High pitched scream.
- Dislike of being handled.
- Rash that does not go away when it is compressed with a glass if found call 999 / 112 straight away.

ACTION IN A SEIZURE

01. Protect the infant from injury do not restrain, do not place anything in the mouth.
02. Time how long the seizure lasts for.
03. Position pillows or soft padding around them to protect the child.
04. Once the worst of the seizure is over check airway and breathing, if breathing normally and unconscious place in recovery position.
05. Call EMS.

GIVING MEDICATION

- If you are not the parent of the infant you must have parental permission to give medication.
- You must be trained and competent.
- Written orders or procedure should be followed.
- Only give the stated dose.

7. ASTHMA AND BLEEDING

This is where the muscles of the breathing tract go into spasm and the lining swells. This leads to a narrowing of the passages, making breathing difficult.

ASTHMA ATTACK

RECOGNITION

- Difficulty in breathing, wheezy breathing.
- Grey blue tinge to the skin and pale.
- Crying and frightened.

ACTION

01. Keep calm and move other children away from the infant.
02. Sit them upright in a comfortable position only if able to (this may not be possible with young babies).
03. Find the child's medication and give one dose if you are trained to do so.
04. Call an ambulance if the attack does not ease after a few minutes, if the casualty becomes exhausted or you are concerned.
05. Monitor their condition.

SEVERE BLEEDING

ACTION

01. Protect yourself from blood by wearing gloves.
02. Apply direct pressure to the wound, do not remove any embedded objects in the wound but apply pressure on either side of the wound.
03. Apply a first aid dressing, if it is a limb wound, elevate the limb, check the circulation beyond the bandage.
04. If further bleeding occurs, apply a second dressing on top of the first. If blood seeps through this dressing, remove both dressings and apply a fresh one, ensuring that pressure is applied accurately to the point of bleeding.
05. Seek medical assistance.

WHERE TO GET ASSISTANCE

Name	Location	Ext
Nearest First Aid box		

Remember to document all incidents and inform the parent or guardian of the child.

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HELPING HANDS ALWAYS BETTER THAN PRAYING LIPS

Resuscitation Of Children

1. DANGER

ASSESS THE SITUATION

Make sure that you, any bystanders and the child are safe and consider:

+ **Falling debris**
+ **Traffic**
+ **Violence**
+ **Fumes/Gases**
+ **Electricity**
+ **Fire**
+ **Spilt fluids**

NB If fire is present, activate the fire alarm immediately.

If any hazards are present, consider neutralising or containing them.
Only consider removing the casualty if you cannot neutralise any hazard(s).

2. RESPONSE

CHECK WHETHER THE CHILD IS CONSCIOUS

01. **Ask "Open your eyes if you can hear me" and call child's name if you know it.**
02. **Ask in both the child's ears to open their eyes.**
03. **Offer a mild stimulus by shaking child's shoulders.**
04. **DO NOT move the child unless the environment or situation is dangerous.**

"Open your eyes if you hear me?"

GENTLY TAP THE SHOULDERS AT THE SAME TIME.

3. SHOUT

CALL FOR HELP

If alone call for help. If someone responds to your call ask them to stay with you whilst you assess the Airway and Breathing. One of you should wait with the child whilst the other calls the emergency medical services (EMS).

NB If no-one responds, do not leave the child but go on to assess the airway and breathing.

CALLING THE EMERGENCY MEDICAL SERVICES

01. **Lift the receiver and wait for a dialling tone.**
02. **Dial 999 / 112.**
03. **The operator will ask you which service you require. Once you have stated 'Ambulance' you will be connected to ambulance control. The operator will ask you a set of questions.**

DO NOT hang up at any stage of the conversation. The operator will terminate the call when appropriate.

4. AIRWAY

OPEN THE AIRWAY

FOR AN UNRESPONSIVE CHILD

01. **Look into the mouth to see if any obvious foreign objects are present. If there are, gently remove with your finger tips. DO NOT USE A FINGER SWEEP.**
02. **Open the airway by lifting the chin and tilting the head back slightly.**
03. **If neck/spinal injury is suspected, put one hand on the stomach to feel if it rises and falls. This indicates normal breathing is present.**

5. BREATHING

IS THE CHILD BREATHING?

01. **LOOK for the rise and fall of the chest.**
02. **LISTEN for sounds of breathing near to the face.**
03. **FEEL for breath on your cheek.**
04. **Carry this out for up to 10 seconds.**

IF BREATHING IS ABSCENT

+ **Commence resuscitation CPR.** *(See box 7 - circulation)*

IF BREATHING IS PRESENT

01. **Check for any life threatening injuries such as severe bleeding and treat accordingly once in recovery position.**
02. **Place child in the recovery position.** *(See box 6 - recovery position)*
03. **Check for continued breathing.**
04. **Get help: Send someone to call for an ambulance.**
05. **Remain with the child and continue to monitor their breathing.**
06. **If you are on your own, you may have to do this yourself.**

6. RECOVERY POSITION

TURN THE CHILD INTO THE RECOVERY POSITION

The recovery position is used when a casualty is unconscious and breathing. The recovery position allows the head to be placed tilted back and down. This stops the tongue from blocking the airway and will allow any vomit and fluid to drain from the mouth.

UNDER 1 YEAR OLD (INFANT)

+ **Tilt the baby's head downwards whilst cradling him in your arms, ensuring that the airway is open.**

AGE 1 YEAR TO PUBERTY (CHILD)

+ **Same as an adult.**

The European Resuscitation Council recommends:

+ **The child is on their side.**
+ **The head tilts downwards to allow fluid and vomit to drain.**
+ **There is no pressure on the chest that restricts breathing.**
+ **The child should be able to be turned easily and safely on to their back.**
+ **Good observation and access to the airway.**
+ **Should not cause further injury.**

7. CIRCULATION

IF THE CHILD IS NOT BREATHING NORMALLY

The following modifications as recommended by the resuscitation council (UK) will make it more suitable for use on children:

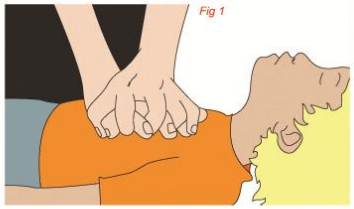
+ **Give 5 initial rescue breaths before starting chest compressions.**
+ **If you are on your own, perform 1 minute of CPR (Cardio Pulmonary Resuscitation) before going for help.**

TO COMMENCE CPR

01. **Ensure the child is on a firm, flat surface.**
02. **Place your hands one on top of the other in the centre of the child's chest.** *(Fig 1)*
03. **Compress the chest 4-5cm in depth. Compress 30 times at a rate of 100-120 compressions per minute using 1 or 2 hands to achieve adequate depth of compression. (2 fingers to be used on an infant).**
    A child is between the ages of 1 year to puberty. An infant is below the age of 1 year.
04. **The compressions and releases should take an equal amount of time.**
05. **After 30 compressions, open the airway again using head tilt/chin lift.** *(Fig 2)*
06. **Seal the nostrils with your thumb and forefinger.** *(Fig 3)*
07. **Blow steadily into the mouth until you see the chest rise, 2 rescue breaths. Blow in for 1 second, 2 breaths within 5 seconds.** *(Fig 3)*
08. **Remove your mouth to the side and inhale some fresh air. When breathing for the child, take about a second to make the chest rise.**
09. **Repeat so you have given 2 effective rescue breaths in total within 5 seconds.**
10. **Return your hand(s) to the correct position on the chest and give a further 30 chest compressions.**

CONTINUE WITH CPR

+ **Until the casualty shows signs of recovery.**
+ **Emergency services arrive.**
+ **You become exhausted and unable to continue.**
+ **The situation changes and you are now in immediate danger.**
+ **An autherised person pronounces life extinct.**



USE A FACESHIELD IF ONE IS AVAILABLE.

8. DEFIBRILLATION

Use an AED (Automated External Defibrillator) if available and follow prompts.

The AED must NOT be used on a child under 1 year.

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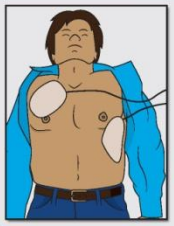
HELPING HANDS ALWAYS BETTER THAN PRAYING LIPS

AED

F.A.S.T. FIRST AID SAFETY TRAINING

AED



-Turn on the AED and follow the voice prompts.

-Remove clothing from the person's chest. The chest must be cleared of excessive hair and moisture.

-Remove the AED pads from the package and apply them to the person's bared chest as indicated on the diagrams.

-Once the pads are in place, the AED will analyze the heart rhythm.

-Make sure no one is touching the person during the analyzing phase.

-If shock is advised, the AED will say "Shock advised. Stand clear." Say out loud, "I'm clear; everyone is clear." Confirm no one is touching the person.

-Push the shock button when told and then resume CPR.

-The AED will prompt you after **2** minutes of CPR to stop so that it can reanalyze the heart.

CHOKING

CONSCIOUS CHOKING FOR ADULTS AND CHILDREN

-Ask the person, "Are you choking?"

-If they are unable to cough, breathe, or speak, this is considered severe choking. Tell them that you can help and ask them to lean forward.

-Deliver 5 deliberate back blows. Using the heel of your hand, hit them firmly between the shoulder blades in the center of their back.

-If that doesn't clear the object, administer 5 abdominal thrusts.

-Wrap your arms around the person's waist. Place the thumb side of your fist just above the person's navel and place your other hand on top. Thrust inward and upward on their abdomen to force the object out.

Continue doing back blows and abdominal thrusts until the object is dislodged or the person becomes unresponsive. Be prepared to have someone call 911 if the object doesn't come out or the person becomes unresponsive.

CONSCIOUS CHOKING FOR INFANTS

-Lean the infant forward head down on a 45 degree angle.

-Use your forearm to support their body and your hand to support their head and neck.

-Deliver 5 back blows using the heel of your hand and hitting them between their shoulder blades.

-Turn the infant face up onto your other forearm keeping them in a 45 degree angle head down.

-Deliver 5 chest thrusts by using 2 fingers placed just below the nipple line on the breastbone.

-Compress straight down 1/3 depth of the chest (about 1 1/2 inches) 5 times.

-Check if the object has dislodged.

-Repeat back blows and chest thrusts until object is dislodged or the infant becomes unresponsive.

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HELPING HANDS ALWAYS BETTER THAN PRAYING LIPS

Electric Shock

1. DANGER

If you suspect someone has received an electric shock you must ensure all power sources are isolated before you can treat the casualty.

HIGH VOLTAGE

Overhead power cables are an example of a power source generating high voltage electricity. High voltage electricity has the ability to 'jump' or 'arc' up to distances of 18 metres or over. If faced with a casualty resulting from high voltage electricity:

Do not approach. Stay at least 25 metres away from the casualty until the power has been switched off by an official agency i.e. Electricity Board.

LOW VOLTAGE

If faced with a casualty who is in the process of receiving an electric shock you should:

- **Attempt to turn the power off at the mains.**
- **Remove any cables/power tools etc., still in contact with the casualty.**

ACTION TO TAKE

- **Insulate yourself from the ground with books / newspapers / rubber matting.**
- **Use an object of low conductivity i.e. a wooden broom or rolled up newspaper, to push away the power source from the casualty.**

2. RESPONSE

To give your casualty the optimum chances of survival you must quickly assess their levels of response. A rapid assessment will allow effective treatment to be administered and will also allow for accurate information to be passed on to the ambulance service.

CHECK WHETHER THE CASUALTY IS CONSCIOUS

1. **Ask "hello, can you hear me" and call their name if you know it.**
2. **Ask in both the casualty's ears to open their eyes.**
3. **Pinch an ear lobe or gently tap the shoulders.**
4. **Shout for HELP!**
5. **DO NOT move the casualty unless the environment or situation is dangerous.**

GENTLY TAP THE SHOULDERS AT THE SAME TIME.

3. SHOUT

CALL FOR HELP

If alone call for help. If someone responds to your call ask them to stay with you whilst you assess the Airway and Breathing. One of you should wait with the casualty whilst the other calls the emergency medical services (EMS).

NB If no-one responds, do not leave the casualty but go on to assess the airway and breathing.

CALLING THE EMERGENCY MEDICAL SERVICES

Lift the receiver and wait for a dialling tone.

DIAL 999 IN UK (112 IN EUROPE)

The operator will ask you which service you require. Once you have stated 'ambulance' you will be connected to ambulance control. The operator will ask you a set of questions. Do not hang up at any stage of the conversation. The operator will terminate the call when appropriate.

ISOLATE OR CORDON OFF THE EXPOSED, DAMAGED OR FAULTY ELECTRICAL SOURCE

As soon as possible after the casualty has been taken to hospital report the incident to the local supervisor. Give all information you can as an IRF needs to be completed for all accidents and incidents. Leave details about yourself so that you can be contacted should the need arise. Report defective equipment that caused the shock (if applicable) so that repairs can be made.

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995).

4. AIRWAY

FOR AN UNRESPONSIVE CASUALTY

OPEN THE AIRWAY

1. **LOOK for the rise and fall of the chest** *(Fig 3)*.
2. **LISTEN for sounds of breathing.**
3. **FEEL for air on your cheek.**
4. **Carry this out for up to 10 seconds.**

BREATHING NORMALLY

- **If breathing is present go straight to the Recovery Position section.**

NOT BREATHING

- **If the casualty is not breathing normally, commence full Cardio-Pulmonary Resuscitation (CPR).**
- **If you are alone, leave the casualty at this stage and call for help. Return to the casualty and commence CPR (Cardio-Pulmonary Resuscitation).**

Fig 1

Fig 2

Fig 3

5. BREATHING & CIRCULATION

TO COMMENCE CPR:

FOR AN UNRESPONSIVE CASUALTY

1. **Ensure the casualty is on a firm, flat surface.**
2. **Place your hands one on top of the other in the centre of the casualty's chest** *(Fig 1)*.
3. **Compress the chest (up to a maximum depth of approximately 4-5cm) 30 times at a rate of 100 compressions per minute. The compressions and releases should take an equal amount of time.**
4. **After 30 compressions, open the airway again using head tilt/chin lift.**
5. **Seal the nostrils with your thumb and forefinger** *(Fig 2)*.
6. **Blow steadily into the mouth until you see the chest rise, take about a second to make the chest rise** *(Fig 2)*.
7. **Remove your mouth to the side and let chest fall. Inhale some fresh air, when breathing for the casualty** *(Fig 3)*.
8. **Repeat so you have given 2 effective rescue breaths in total.**
9. **If chest does not rise after the second breath, go back to 30 compressions then try again with 2 breaths.**
10. **Return your hands to the correct position on the chest and give a further 30 chest compressions.**

Fig 1

Fig 2

Fig 3

CONTINUE WITH CPR UNTIL

- **The casualty shows signs of recovery.**
- **Emergency services arrive.**
- **You become exhausted and unable to continue.**
- **The situation changes and you are now in immediate danger.**

6. RECOVERY POSITION

UNCONSCIOUS AND BREATHING NORMALLY

- **Turn the casualty into the recovery position.**

The recovery position is used when a casualty is unconscious and breathing. The recovery position allows the head to be placed tilted back and down. This stops the tongue from blocking the airway and will allow any vomit and fluid to drain from the mouth.

IF THE CASUALTY IS BREATHING NORMALLY

1. **Check for any other obvious injuries.**
2. **Remove sharp objects from pockets.**
3. **Turn the casualty into the recovery position.**
4. **Place the nearest arm at a right angle to the body** *(Fig 1)*.
5. **Draw the furthest arm across the chest and place the back of the hand across the cheek** *(Fig 2)*.
6. **Keep this here whilst you raise the furthest leg by grasping the top of the knee** *(Fig 3)*.
7. **Gently pull on the knee so that the casualty pivots over onto their side facing you** *(Fig 3)*.
8. **The casualty should be fully over and stable.**
9. **Re-check the airway, breathing and circulation.**
10. **Draw up the leg at a 90 degree angle** *(Fig 4)*.
11. **Check for continued breathing.**
12. **Send someone to ring 999 / EMS or if you are alone, leave the casualty and call 999 / EMS yourself.**

Fig 1

Fig 2

Fig 3

Fig 4

7. BURNS

BURNS

Exposure to electricity can cause burns to the skin and, in severe cases, internal organs. In such cases the electricity may, for example, enter via a hand and leave via the feet causing 'entry' and 'exit' burns.

CONSCIOUS CASUALTIES

Cool burns for a minimum of 10 minutes under cold water.

UNCONSCIOUS CASUALTIES

Cool the burn with wet dressings after placing them in the recovery position.

DO NOT

- **Burst any blisters.**
- **Apply adhesive dressings.**
- **Remove damaged skin.**
- **Apply ointments/creams.**
- **Cover with 'fluffy' dressings.**
- **Affix dressing too tightly.**
- **Apply butter/fats/margarine.**
- **Remove damaged clothing.**
- **Apply ice.**

8. OTHER INJURIES

MUSCLE SPASM/SEIZURES

These may be present for some time after the exposure to electricity and indicate a seriously ill casualty.

ACTION IN THE EVENT OF A MAJOR SEIZURE

1. **The casualty will almost definitely collapse during a major seizure. Try to control the fall.**
2. **Ensure the safety of the casualty by removing any objects that may cause injury if they are struck.**
3. **Place padding under the head of the casualty. Improvise if necessary by using clothing.**
4. **DO NOT place anything in the casualty's mouth.**
5. **Loosen any clothing that may restrict the airway.**
6. **When the seizure has subsided:**
7. **Check the casualty's Airway, Breathing and Circulation (ABC).**
8. **If unconscious and breathing normally or semi-conscious, place the casualty in the recovery position (see opposite). Perform CPR if not breathing.**
9. **Can also put a blanket over casualty to preserve modesty, also time the seizure** *(Fig 1)*.
10. **Reassure the casualty whilst continuing to monitor the ABC and any other injuries.**

Fig 1

CASUALTIES WITH NO APPARENT INJURY

If no injury is present and the casualty appears well, it is still advisable to take the casualty to a hospital or medical facility for a check up, as certain organs/systems within the body may be affected several hours after a shock.

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HELPING HANDS ALWAYS BETTER THAN PRAYING LIPS

Workplace First Aid Guide

1. READ ME FIRST

This guide is designed to help you and your colleagues to administer life saving first aid until trained help is at hand. Do not wait until you are faced with an emergency, read the guide now and often.

Find out who is the nominated first aider or appointed person within your workplace. If there is a procedure in force for calling out an ambulance find out what it is now!

Occupational Health:..... Pager:.....

First Aider / Appointed Person's extension:.....

The nearest First Aid Box is located at:.....

The nearest Eyewash Station is located at:.....

Useful numbers:.....

2. DANGER

- ELECTRICITY
- FUMES/GASES
- TRAFFIC
- MOVING MACHINERY
- FALLING DEBRIS
- FIRE

Whenever you approach an incident always ensure that the environment is safe for you to administer First Aid, and secondly that the casualty is safe.

If the situation is not safe you must neutralise or control any hazards. You must only move your casualty as a last resort.

EXAMPLE: BUILDING ON FIRE

ACTION

01. Ensure that you are aware of the number of casualties involved.
02. Find out if anyone has any FIRST AID knowledge.
03. Utilise bystanders to: call THE EMS, comfort the casualty(s).
04. Above all, stay calm.

3. RESPONSE

To give the casualty the optimum chances of survival you must quickly assess the levels of response. A rapid assessment will allow effective treatment to be administered and will also allow for accurate information to be passed on to the ambulance service.

CHECK WHETHER THE CASUALTY IS CONSCIOUS

01. Ask "Open your eyes if you can hear me" and call their name if known.
02. Ask in both the casualty's ears to open their eyes.
03. Offer a mild stimulus by shaking casualty's shoulders.
04. DO NOT move the casualty unless the environment or situation is dangerous.

4. GETTING HELP

Lift the receiver and wait for a dialling tone. Dial 999 / 112. The Operator will ask you which service you require. Once you have stated "Ambulance" you will be connected to ambulance control. The operator will ask you a set list of questions.

NB If no-one responds, DO NOT leave the casualty but go on to assess the airway and breathing.

BE PREPARED TO:

01. Confirm your telephone number.
02. Give an accurate description of the incident and casualty's condition. Inform them if casualty is breathing or not.
03. Give your exact location and inform of any hazards.
04. Assist the ambulance crew by arranging for a colleague to meet them outside your place of work.

DO NOT Hang up at any stage of the conversation. The operator will terminate the call when appropriate.

CALL FOR HELP

If alone, call for help. If someone responds to your call ask them to stay with you whilst you assess the Airway and Breathing. One of you should wait with the casualty whilst the other calls the Emergency Medical Services (EMS).

5. AIRWAY

FOR AN UNRESPONSIVE CASUALTY

OPEN THE AIRWAY

01. Look in the mouth to ensure there are no obvious obstructions.
02. Open the airway by lifting the chin and tilting the head back. This will free the tongue from the back of the throat.
03. If neck/spinal injury is suspected, put one hand on the stomach to feel if it rises and falls. This indicates normal breathing.

6. BREATHING

ASSESS FOR BREATHING

01. LOOK for the rise and fall of the chest.
02. LISTEN for sounds of breathing near to the face.
03. FEEL for breath on your cheek.
04. Carry this out for up to 10 seconds.

BREATHING NORMALLY

- If breathing is present go straight to the Unconscious section.

NOT BREATHING

- If the casualty is not breathing normally, call for the Emergency Medical Services (EMS) or ask people nearby to call. Commence full Cardio Pulmonary Resuscitation (CPR). Plus ask for a DEFIB.

7. CIRCULATION

TO COMMENCE CPR:

FOR AN UNRESPONSIVE CASUALTY

01. Ensure the casualty is on a firm, flat surface. Give 2 rescue breaths.
02. Place the heel of one hand on top of the other in the centre of the casualty's chest. *(Fig 1)*
03. Compress the chest (maximum depth of approximately 5-6cm) 30 times at a rate of 100-120 compressions per minute. The compressions and releases should take an equal amount of time.
04. After 30 compressions, open the airway again using head tilt/chin lift.
05. Seal the nostrils with your thumb and forefinger. *(Fig 2)*
06. Blow steadily into the mouth until you see the chest rise, 2 rescue breaths, blow in for 1 second, 2 breaths within 5 seconds. *(Fig 2)*
07. Remove your mouth to the side and let chest fall. Inhale some fresh air, when breathing for the casualty.
08. Repeat so you have given 2 effective rescue breaths in total within 5 seconds.
09. If chest does not rise after the second breath, go back to 30 compressions then try again with 2 breaths.
10. Return your hands to the correct position on the chest and give a further 30 chest compressions.

CONTINUE WITH CPR UNTIL

- The casualty shows signs of recovery.
- Emergency services arrive.
- You become exhausted and unable to continue.
- The situation changes and you are now in immediate danger.
- An person pronounces life extinct.

8. DEFIBRILLATION

Use an AED (Automated External Defibrillator) if available and follow prompts.

9. UNCONSCIOUS

IF THE CASUALTY IS BREATHING NORMALLY, TURN INTO THE RECOVERY POSITION

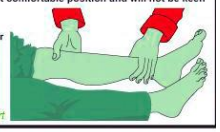
01. Check for any other obvious injuries.
02. Remove sharp objects from pockets.
03. Turn the casualty into the recovery position.
04. Place the nearest arm at a right angle to the body. *(Fig 1)*
05. Draw the furthest arm across the chest and place the back of the hand across the cheek. *(Fig 2)*
06. Keep this here whilst you raise the furthest leg by grasping the top of the knee. *(Fig 3)*
07. Gently pull on the knee so that the casualty pivots over onto their side facing you. *(Fig 3)*
08. The casualty should be fully over and stable.
09. Re-check the airway, breathing and circulation.
10. Draw up the leg at a 90 degree angle. *(Fig 4)*
11. Check for continued breathing.
12. Send someone to ring 999 / 112 or if you are alone, leave the casualty and call 999 / 112.

10. BLEEDING

01. Put on gloves.
02. Sit them down.
03. Expose the wound and elevate the area if possible.
04. Examine the injury - if any foreign objects are present leave them in place and dress around.
05. Apply direct pressure over the wound to stop the bleeding.
06. Open a dressing *(Fig 1)* and place it firmly over the injury.
07. Apply firm pressure.
08. Secure the dressing.
09. Apply 1 dressing at a time up to a maximum of 2. If blood seeps through both dressings, remove them and apply a new dressing.
10. If dealing with a limb, keep the affected part elevated. *(Fig 2)*
11. If your casualty has lost a considerable amount of blood they may start to exhibit signs of shock.
12. Lay your conscious casualty down, conserve body heat and raise the legs. *(Fig 3)*
13. Reassure.

11. FRACTURES

01. Instruct the casualty to remain still, support the area and keep it still.
02. Do not attempt to move the affected part.
03. Examine the injury for any blood loss - treat this first.
04. If any bone protrudes from the injury do not touch it, if blood loss is evident build your dressings up around it rather than over it.
05. The casualty will find the most comfortable position and will not be keen to have the injury touched.
06. If the casualty cannot maintain a stable condition for themselves you may provide assistance or stabilise the injury with your hands.
07. Call the 999 / 112.



Steady the injured part

12. BURNS

01. Ensure the situation presents no hazard, if it does, contain or neutralise the hazard.
02. If dealing with a chemical burn wash the affected area with plenty of water consult COSHH, ensuring you do not wash the chemical onto unaffected parts - seek medical aid.
03. Non-chemical burns should be immersed in cold running water for a minimum of 10 minutes (any constricting items such as watches should be removed).
04. Once cooled the burn should be covered with a sterile dressing (non-fluffy).
05. Refer to medical aid.

DO NOT:

- Apply tight 'fluffy' dressings.
- Apply lotions, ointments or creams.
- Remove damaged skin or burst blisters.
- Apply butter, margarine or fats.

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HELPING HANDS ALWAYS BETTER THAN PRAYING LIPS

Diabetes, Asthma & Seizures

DIABETES

WHAT IS DIABETES?

Diabetes is a medical condition that affects the body's ability to produce insulin. An essential hormone that controls how glucose (blood sugar) is distributed to cells and tissues in the body.

There are two main types of Diabetic emergency that you may come across in the workplace:

Hypoglycaemia: Results from low blood sugar. Onset occurs very rapidly.

Hyperglycaemia: Results from high blood sugar. Onset occurs gradually.

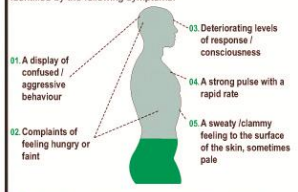
Each type of diabetic emergency requires a different type of treatment. This poster will help first aiders identify the type of diabetic emergency they are faced with and deliver the correct type of treatment accordingly.

Hypoglycaemia	Low Blood Sugar Level	Low blood sugar levels caused by too little sugar and carbohydrate in the diet in relation to the body's requirement, or too much insulin.
Hyperglycaemia	High Blood Sugar Level	Excessive blood sugar levels are due to too much sugar or carbohydrate in the diet, too little insulin, or infections

RECOGNISING A DIABETIC EMERGENCY

HYPOGLYCAEMIA

Low blood sugar is typically caused by over-administration of Insulin medication or missing a meal / other irregular eating patterns. It can also be caused by exercise and stress and is identified by the following symptoms:



+ **The onset of a hypoglycaemic emergency occurs rapidly.**

If urgent action is not taken the casualty will become completely unresponsive and may even suffer from a seizure.

ACTION

+ **The priority is to raise the casualty's blood sugar levels, in the form of a sugary drink or snack.**

IN AN UNRESPONSIVE CASUALTY:

01. **Call an ambulance at the earliest opportunity.**
02. **Check the casualty's Airway, Breathing and Circulation (ABC).**
03. **If necessary, place the casualty in the recovery position or perform CPR.**

Never attempt to raise an unconscious casualty's blood sugar levels by administering food or drink. This may block the airway.

IN A RESPONSIVE CASUALTY:

01. **Ensure the casualty is seated.**
02. **Encourage them to drink a sugary drink or eat sugary foods. This will raise blood sugar levels.**
03. **As the casualty begins to respond to sugar intake and show signs of recovery, continue to encourage them to eat and drink.**
04. **Seek medical advice.**

HYPERGLYCAEMIA

High blood sugar is typically caused by a failure to administer sufficient insulin. Especially common after meals, it can be identified by the following symptoms:

+ **The onset of a hyperglycaemic emergency occurs very gradually.**

It is rare that a casualty will become completely unconscious as such extreme deterioration may take a number of days.

ACTION

IN AN UNRESPONSIVE CASUALTY:

01. **Call an ambulance.**
02. **Check the casualty's Airway, Breathing and Circulation (ABC).**
03. **If necessary, place the casualty in the recovery position or perform CPR.**

IN A RESPONSIVE CASUALTY:

01. **Call an ambulance.**
02. **Reassure the casualty.**
03. **Try and keep the casualty alert.**
04. **If in doubt and conscious, give sugar.**

ASTHMA

WHAT IS ASTHMA?

Asthma is a chronic inflammatory illness that affects the airways within the lungs. The most common type of asthma is allergic asthma. However, an attack can be induced by a variety of other factors including infection, exercise, exertion and stress.

When exposed to 'triggers' such as dust,smoke, physical exercise and cold air, the airways (bronchi) contract, causing breathing difficulties for the casualty.

The constriction of the airways gradually reduces the amount of oxygen running through the body and affects its ability to function properly.

An attack may become life threatening if it is prolonged.

Prompt first aid response can help to stop an asthma attack in its tracks and may even save a casualty's life. This poster will help to ensure that you understand asthma and are aware of what to do in the event of an attack.

RECOGNISING AN ASTHMA ATTACK

As a general rule, an asthma attack can be identified by the following symptoms:

+ **A wheezing sound when breathing out.**
+ **Distress owing to breathing difficulties.**
+ **Difficulty communicating owing to shortness of breath.**
+ **A blue tinge around extremities such as fingertips and lips.**

ACTION

Witnessing an asthma attack can be very distressing. It is important you remain calm in order to keep the casualty calm.

01. **Let the casualty adopt a comfortable position. Ideally sat up and leaning forward.** *(fig 1)*
02. **The casualty should be carrying an inhaler. Encourage them to administer their medication.** *(fig 2)*
03. **Instruct the casualty to breath slowly and steadily.**
04. **Encourage the casualty to administer their medication again if necessary.**
05. **Monitor and reassure the casualty at all times.**

CALL FOR AN AMBULANCE IF:

+ **The casualty's attack is their first.**
+ **The casualty's condition is worsening and they are showing signs of exhaustion.**
+ **You feel you are unable to cope with the situation.**
+ **The casualty is incapable of any kind of speech.**
+ **The inhaler provides no signs of relief after a few mins.**
+ **The casualty does not have his / her medication / inhaler.**

SEIZURES

WHAT IS A SEIZURE?

Seizures occur when the normal electrical activity in the brain is interrupted. This interruption can occur for a variety of reasons. Epilepsy is the most common cause of seizures. Other causes include:

+ **Reduced supply of oxygen to the brain.**
+ **Reduced supply of glucose to the brain (see section on diabetes).**
+ **Drugs and alcohol.**
+ **Diseases that affect the brain.**
+ **Head injuries.**

Seizures do not always result in the casualty dropping to the floor and convulsing. The effects of seizures can, in fact, be quite mild and result in little more than a reduction in the casualty's levels of response and general awareness.

RECOGNISING A SEIZURE

There are two types of seizure with very distinct characteristics.

MINOR SEIZURES

Casualties may display the following symptoms:

+ **Reduced levels of awareness and response.**
+ **Eyes remain open but unable to focus.**
+ **Mild twitching movements in the limbs, head and facial features.**

ACTION

01. **Get the casualty to sit down on the floor. This will help to prevent injury if the seizure should worsen and the casualty collapses.**
02. **Most casualties will show full signs of recovery within a few minutes of the seizure.**
03. **If the casualty does not show any signs of recovery after 10 minutes, call for an ambulance.**
04. **It is rare that a major seizure follows a minor seizure. If this does occur, however, follow the advice outlined below:**

MAJOR SEIZURES

The onset of a major seizure can usually by identified by a tensing of the casualty's body followed by a sharp fall to the floor. Once on the floor the casualty's back may begin to arch and the following symptoms displayed:

+ **Noisy / erratic breathing.**
+ **A blue tinge around extremities such as fingertips and lips.**
+ **Rapid, uncontrolled movements to the limbs.**
+ **Loss of bladder or bowel control.**
+ **A tightening of the jaw. This may result in frothing at the mouth or bleeding due to tongue, lips and gums being bitten.**

As the casualty begins to recover they will feel confused and disoriented while their levels of awareness and response improve. It is also normal for the casualty to feel sleepy and exhausted.

ACTION

01. **The casualty will almost definitely collapse during a major seizure. Try to control the fall.**
02. **Ensure the safety of the casualty by removing any objects that may cause injury if they are struck.**
03. **Place padding under the head of the casualty. Improvise if necessary by using clothing.**
04. **DO NOT place anything in the casualty's mouth.**
05. **Loosen any clothing that may restrict the airway.**

WHEN THE SEIZURE HAS SUBSIDED:

01. **Check the casualty's Airway, Breathing and Circulation (ABC).**
02. **If unconscious and breathing normally or semi-conscious, place the casualty in the recovery position (see opposite). Perform CPR if not breathing.**
03. **Can also put a blanket over casualty to preserve modesty. Also time the seizure.**
04. **Reassure the casualty whilst continuing to monitor the ABC and any other injuries.**

CALL FOR AN AMBULANCE IF:

+ **Any concerns with ABC's**
+ **You feel unable to cope with the situation.**
+ **The casualty is not known as an Epilepsy sufferer and you suspect the seizure may be caused by something else such as a head injury.**
+ **Convulsions last for 5 minutes or more.**
+ **The casualty suffers from a number of smaller seizures.**
+ **The casualty shows no signs of recovery after 10 minutes.**
+ **The casualty injures himself / herself.**

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HELPING HANDS ALWAYS BETTER THAN PRAYING LIPS

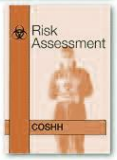
Chemical Spills

CHEMICAL SAFETY

Using chemicals safely can reduce the risk of chemical hazards. You should be familiar with the relevant Health & Safety legislation and receive regular training on the action required during a chemical spill.
COSHH data sheets about the chemicals in your workplace should also be available.

PERSONALPROTECTIVE EQUIPMENT (PPE)

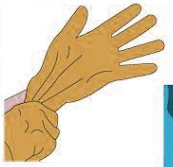
The type of PPE required during a spillage, such as gloves and masks, should be readily available and specific to the chemical hazard. You should also ensure that training is received in the use of PPE specific to your workplace risks.



IMMEDIATE FIRST AID

PERSONAL PROTECTION

Before attending to any casualties the first aider should ensure they are in no danger. This may mean wearing appropriate PPE.
The casualty may need to be removed from the chemical hazard before starting your first aid checks, i.e. if they have fallen into the chemical or there is a chemical gas leak.



CAUTION: If the chemical is on the casualty's face and resuscitation is required a face shield will be needed to protect the first aider from the chemical.

If a respirator is being used as part of PPE the first aider will be unable to administer rescue breathing and a bag and mask with a clean supply of oxygen will be needed (additional training to follow this procedure will be required).

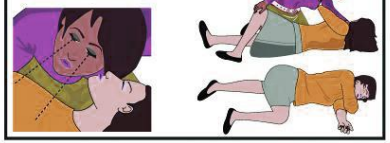
RESPONSE, AIRWAY & BREATHING

CHECK THE AIRWAY, BREATHING & CIRCULATION

Check the casualty's response, airway, breathing and circulation. If the casualty is breathing but unconscious, place in the recovery position and continuously monitor their response, airway, breathing and circulation throughout the decontamination process.

NOT BREATHING

If the casualty is not breathing normally commence full CPR (Cardio Pulmonary Resuscitation) at a rate of 30 compressions to 2 rescue breaths in 5 seconds.



CHEMICAL DECONTAMINATION - EYE

WHEN DEALING WITH CHEMICAL CONTAMINATION IN THE EYES, THE PRIORITY IS TO DILUTE AND DISPERSE THE CHEMICAL AS QUICKLY AS POSSIBLE.

01. **If using sterile eye wash, make sure the bottle is sealed. Ensure the product is within its expiry date and that the contents are clear and not cloudy. If any faults are present discard and do not use.**
02. **If not issued with eyewash, check COSHH to see if water can be used to irrigate. If you find it easier to use a cup or jug rather than the tap itself, ensure that the container is clean to avoid further contamination.**
03. **To irrigate the eye:**
    - **Put on protective gloves where available.**
    - **Working from the inside corner of the eye out, hold the casualty's head so that the affected eye is under gently running cold water for at least 20 minutes.**
04. **If the eye should shut owing to an involuntary spasm, gently pull the eyelids open taking care that contaminated water does not affect the uninjured eye.**
05. **Request that the casualty holds a sterile eye dressing or non-fluffy eye pad over the injured eye. If you feel it may be some time before the casualty can receive medical attention, bandage the dressing loosely in place.**
06. **Identify the chemical if possible. If no COSHH sheet is available then gather as much information as possible (labels, instructions etc).**
07. **Refer the casualty to hospital.**

CHEMICAL DECONTAMINATION - BODY

REMOVE CONTAMINATED CLOTHING

Ensure you do not contaminate further areas of skin. A heavy duty pair of scissors should be available to cut off the casualty's clothing. Any clothing stuck to skin, cool over with water if ok with COSHH.

EMERGENCY SHOWER

Assist a conscious casualty to an emergency shower. If the casualty is unconscious the decontamination will need to take place where they have been placed in the recovery position. Where no shower is available improvise with a hose or a water container.

01. **Ensure that clean uncontaminated water continually flows over the contaminated area of the body.**
02. **Douse the contaminated area with water for 20 minutes ensuring the contaminated water does not spill onto an uncontaminated area.**
03. **At the same time call for assistance so that they can contact the Emergency Medical Services (EMS) by dialling 999 / 112. Inform the EMS of the chemical hazard.**

NB Be careful not to over-cool the casualty.

SPILLAGE PROCEDURE

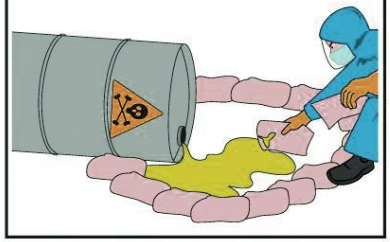
ENSURE ALL EMPLOYEES ARE SAFE

This may mean evacuating the area until appropriate PPE is available.

IDENTIFY THE CHEMICAL SPILT

Continue with the appropriate spillage procedure.

01. **The spill may need containment, for example by using absorbent pads / dams. Particular attention should be given to areas where the spillage may contaminate another chemical, or go into a drainage system.**
02. **If it is a liquid chemical spill, it should be prevented from meeting a source of electricity.**
03. **Ensure that the spill is cleared correctly.**
04. **Decide what action is required to prevent / contain any future chemical spills (i.e carry out a Risk Assessment).**



RISK CONTROL

SAFE SYSTEMS OF WORK

A risk assessment should be made to ensure that all working practices are as safe as is reasonably practicable. You should receive training and detailed emergency plans should be in place.

SAFE PLANT DESIGN

Risk can be reduced or contained by a designed working environment.

SAFE STORAGE

Storage containers should be suitable for the chemical and stored safely. Regular safety checks of the storage area should be made.

SAFE WASTE DISPOSAL

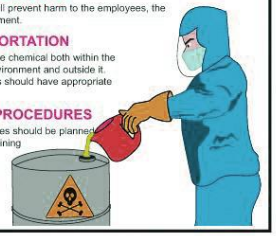
Safe waste disposal will prevent harm to the employees, the public and the environment.

SAFE TRANSPORTATION

Suitable transport of the chemical both within the immediate working environment and outside it. All chemical containers should have appropriate labelling.

EMERGENCY PROCEDURES

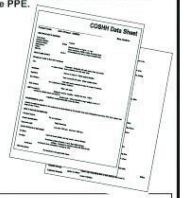
All possible emergencies should be planned for. Information and training in these procedures is required for all employees.



ACCIDENT FOLLOW UP

ACCIDENT FOLLOW UP

01. **Be prepared to treat the casualty for other symptoms which the chemical may induce such as breathing difficulties.**
02. **Only use specific chemical antidote if you are trained in its use.**
03. **Where practical send a copy of the COSHH data sheet of the chemical with the casualty to the hospital.**
04. **Report the incident to the site safety officer and Occupational Health Staff as soon as possible.**
05. **Dependent upon the nature of the spillage, inform the Emergency Medical Services (EMS) and tell them the nature of the incident so that they are prepared with the appropriate PPE.**



FIRST AID INFORMATION

Nearest box is situated at	
Person in charge	
Telephone / Extension	

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HELPING HANDS ALWAYS BETTER THAN PRAYING LIPS

Work at Height

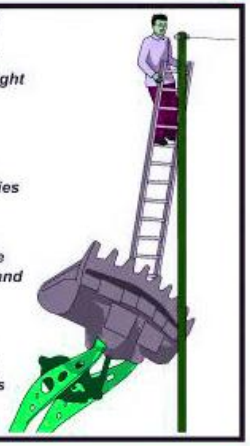
1. The Regulation

The Work at Height Regulations 2005 and the Work at Height (Amendment) Regulations 2007 apply to all those working at height where there is a risk of a fall.

Each year in the UK there are approximately 50 fatalities and over three thousand major injuries caused by falls.

The regulations have been made in order to try to prevent death and injury from falls at work.

The regulations cover working "at height" meaning the person could be at risk of falling, so this may be below ground level.



2. Duty of Care

The regulations place a duty of care on all employers, the self employed and those in control of others work to the extent that they control the work.

There are three main principles

- Avoid work at height whenever possible.
- If work at height cannot be avoided then use equipment to prevent falls.
- Where the risk of a fall cannot be completely eliminated then use other measures to minimize the risk, such as fall arrest equipment.

Those in control of work must ensure that:

- Work at height is properly planned and organised.
- Where applicable weather conditions are considered.
- Those involved in work at height are fully trained and competent.
- The work area and equipment have been inspected and are safe.
- The work has been risk assessed.
- An emergency plan is in place in case of an accident.

THINK: Access, Equipment, Weather, Emergency Procedures.

3. Ladders

Ladders and stepladders are the most commonly used pieces of access equipment. Before using a ladder an assessment should be made as to the suitability of a ladder for the task involved or whether an alternative piece of equipment may be used which is safer.

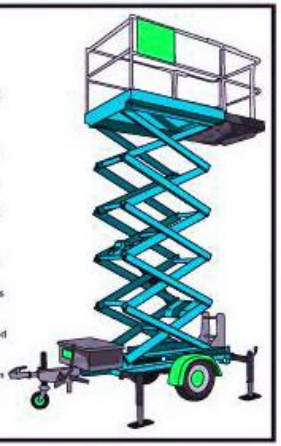
Where the use of a ladder can be justified, then the following criteria should be followed:

- Short duration work
- Light work not involving heavy lifting
- A secure hand hold is available
- Ladder is secure and stiles are tied
- Do not overreach
- Ensure a 1 in 4 angle is maintained and the ladder is long enough for the job without overreaching.

4. Mobile Elevating Work Platforms (MEWPS)

Where it is not possible to carry out work at height from an existing structure then mobile access equipment can be used.

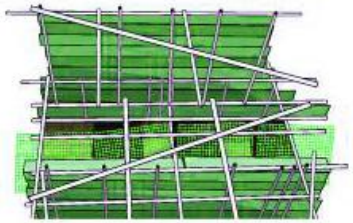
- Before a mobile platform is used the risk of an accident must be assessed, the work must be planned, and the operator fully trained in its operation.
- The equipment should have a current inspection report and the area around the platform be clear of obstruction, if outside then the weather conditions should be considered as high winds can make them unstable.
- When using the platform, it should be kept clear of overhead cables and the ground should generally be level.
- Ensure that workers do not climb out of the carrier and that limbs are kept clear of passing traffic or other obstacles.
- For additional safety where a risk of a fall is still a possibility ensure that the worker is secured to the carrier with a harness.
- After use, ensure that the power is switched off and the keys removed.
- Tools and other equipment should be cleared out of the carrier and if the platform is being left unattended it should be made as inaccessible to vandals as possible.



5. Scaffolding

Scaffolding should be one of the safest forms of access to working at height. This will only be the case however if suitable precautions are considered.

- Scaffolding should be planned, designed and erected by competent people.
- Scaffolders should adopt safe working methods and wear harnesses during the erection phase.
- The ground should be level and firm enough to support the scaffolding and the area should be clear of passers by and obstacles whilst being constructed.
- The scaffold structure should be braced and tied into a permanent structure.
- The scaffold must be able to support the load and be appropriate for the work involved.
- Work areas should be fully boarded, a minimum of 600mm wide, loading areas should have fall protection gates and guard rails and toe boards should be installed to prevent falls.
- Scaffolding should always be checked if conditions change e.g. in high winds



THINK: Access, Equipment, Weather, Emergency Procedures.

6. Fall Arrest

Measures should be in place to prevent falls if work at height cannot be avoided. If using work equipment such as MEWPS is not possible then the use of a safety harness is required to prevent injury should a worker fall.

- The use of a safety harness is only acceptable for short duration work, and the lanyard must be kept as short as possible preventing the worker from getting close to the danger area.
- Where it is necessary to work near to an open edge and there is no alternative option then a harness can be used to arrest a fall as a last resort.
- This should only be done where a secure anchor point can be found and that all operatives are fully trained and are wearing the harnesses correctly.
- Before using a safety harness ensure it has been thoroughly inspected as many man-made fibres perish over time especially if not stored properly in a clean dry area.
- An emergency plan should be in place, with a method to recover anyone who does fall.