



Basic First Aid Manual

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Learning Outcomes

- Understand the importance of first aid provision in the workplace
- Know when and how to call the emergency services
- Know the priorities of first aid
- Know how to prevent infection when treating a casualty
- Recognise the signs and symptoms of some common medical emergencies
- Be aware of simple techniques that first aiders can use

Complementary Manuals

- Epilepsy Awareness
- Diabetes Awareness
- Health & Safety
- Risk Assessment

Information

The techniques discussed in this manual are for use on adults only; in first aid terms an adult is anyone over the age of 8. This course aims to give you a basic understanding of first aid techniques and incident management. In order to be an effective first aider you should have further training and practice techniques such as putting a casualty into the recovery position and providing CPR.

Although every care has been taken in the research and creation of this training manual E-cert Healthcare Training Limited cannot be held responsible for the actions and omissions of students who have completed this course.

We believe that this manual reflects current law and good practice but knowledge and procedures continue to progress and you are advised to keep your knowledge and skills up to date.

In the event of any uncertainty contact the Care Quality Commission (CQC) to ensure that you are complying with current standards and requirements.

Unit One

First Aid in the Workplace

To comply with health and safety legislation employers and employees are required to take steps to identify and reduce risks. Adequate control measures have to be in place to minimise the chances of accidents and ill health affecting workers, clients or visitors. However, even in the best working environments accidents still happen and medical emergencies may be unavoidable. Therefore, to limit harm adequate first aid provision must form part of employers' health and safety arrangements.

Health and Safety (First Aid) Regulations 1981

Your employer has a duty to carry out risk assessments and use these to make adequate and appropriate first aid arrangements. For help with complying with their legal duties they can download the Health & Safety (First Aid) Regulations 'Guidance on Regulations' from the Health & Safety Executive website (www.hse.gov.uk)

The Regulations require that enough first aid equipment, trained first aiders and facilities are available to ensure immediate assistance for common injuries or medical emergencies; to reduce harm from specific workplace hazards e.g. chemicals; and to alert emergency services promptly and appropriately.

Your employer should have in place written policies and procedures covering first aid kits, first aid training and reporting and recording.

First aid kits

There is no mandatory requirement for your first aid kit to contain specific items, the actual content of your kit will depend on the type and frequency of events you may expect in your workplace.

As a guide the relevant British standards BS 8599-1:2011 Workplace First Aid Kits. Specifications for the contents of workplace First Aid kits gives the following for a medium size kit:

- A guidance card or first aid leaflet
- 60 assorted waterproof plasters
- 3 sterile eye pads
- 3 triangular bandages
- 12 safety pins
- 6 medium sterile wound dressings
- 2 large sterile wound dressings

- A pair of disposable gloves
- 30 alcohol free cleaning wipes
- Adhesive tape
- 3 finger sterile dressings
- A resuscitation face shield
- 2 foil blankets
- 2 burns dressings
- A pair of scissors
- 2 conforming bandages

Your employer should have appointed a suitable person to keep first aid kits stocked and ensure that contents are in date and undamaged. To refill kits you should hold adequate stock on site. You may require more than one first aid kit if you are in a large or spread out building, these should be positioned so that they are easy to get hold of in an emergency.

Kits should be kept in dust proof containers which are suitably marked and everyone should know where they are. If they are not kept in a visible place their whereabouts should be marked e.g. by a sign on the cupboard door.

If extra supplies are required such as blankets or aprons these may be stored with first aid kits if there is not room to fit them in the actual container.

First Aid Training

It is up to your employer to decide what level of first aid training employees require and they must ensure that cover is available on all shifts and for holidays. **All** care staff are expected to have basic first aid training to ensure that they are aware of their responsibilities, understand their employer's policies and can contact the emergency services when necessary. Some staff may do more in depth courses lasting between one and three days.

Fully trained first aiders attend a 3 day course and are independently assessed at the end of it.

Who is the 'appointed person' with responsibility for first aid provisions in your workplace?

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Have you received any first aid training previously? If so where and when?

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Reporting and Recording

If you provide first aid you become responsible for ensuring that the incident is appropriately recorded and reported when necessary. Unless your employer's policies say otherwise anyone can write in an accident book but the best person is usually the person who was hurt. If the injured person cannot, does not or will not complete the report it should be done by a witness or the first aider.

The following information should be included:

- Details of the event
- Personal details of the casualty including full name and address
- Where the accident occurred
- How the accident came about
- Date and time of occurrence
- Signature of person writing report

To be compliant with the General Data Protection Regulation (GDPR) accident reports must be filed appropriately and accessible only to people who have a right to see them; they may be required by the person who was injured, managers may use them for risk assessment purposes and official inspectors may need to see them if they are investigating the incident.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

(R.I.D.D.O.R) 1995

Certain incidents must be reported to appropriate authorities (Health and Safety Executive, local authority) via the RIDDOR website; telephone line or appropriate form. It is the responsibility of managers to report:

- Injuries resulting in employees being unable to work for more than 7 days
 - Accidental deaths
 - Injuries to clients requiring immediate medical attention
 - Certain infectious or occupational diseases
 - 'Near misses'; occurrences which could have caused harm but didn't e.g. hoist slings tearing while in use
- (for a more comprehensive list of what to report and how go to www.riddor.co.uk)

Control of Substances Hazardous to Health (COSHH) 2002

As part of your employer's duty to protect you from the dangers associated with hazardous substances, they must provide adequate information and equipment to deal with any emergencies or health problems they may cause.

You should have in place written policies for the safe handling of chemicals and to ensure that working practices reduce risks associated with medicines, bodily fluids, spillages and hot liquids e.g. cooking oil. Control measures should include:

- Personal protective equipment e.g. gloves
- Safe storage areas for chemicals, clinical waste etc.
- Information, instruction, training and supervision
- Written waste disposal policies
- Good housekeeping

A note on gloves

Disposable gloves are essential to the provision of first aid; if they are available **you must** wear them when dealing with incidents to control the risk of cross infection. After the situation has been dealt with gloves and other soiled items should be disposed of as clinical waste and any spilt bodily fluids should be cleaned up by someone who understands the risks involved and takes appropriate precautions.

Unit One Question

1. How does your workplace first aid kit differ from the one on page 4?

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2. How do employers plan their first aid provisions?

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3. What information should be included in an accident report?

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4. What sort of injuries to staff members should be reported to RIDDOR?

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5. Give examples of hazardous substances you may encounter when providing first aid in your workplace.

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Unit Two

Incident Management

When you are first on the scene of an accident or you witness a medical emergency you need to be able to take control and to prioritise actions to keep harm done to a minimum. Whatever the situation you have the same 3 aims:

1. Prevent further harm – to you, the casualty and any bystanders
2. Limit the effects of the casualty's condition – prevent them getting any worse before help arrives
3. Promote recovery – by preventing further harm, limiting deterioration of the casualty's condition and accessing help promptly you will improve the casualty's chances of a good recovery

Prevent Further Harm

Your first responsibility in any situation must always be yourself, if you are hurt you are no use to anyone and if you don't ensure your own safety you will make the situation worse. Take a calm look around you and identify any hazards or clues to what may have happened.

The following are common hazards which you may encounter:

- Sharp objects
- Spillages
- Electricity
- Obstructions
- Broken glass
- Unpredictable people
- Weapons
- Gas
- Vehicles
- Animals
- Deep or fast flowing water

If you can make the scene safe do so before you approach your casualty; if you can't call 999 for assistance. Do not put yourself in danger.

If you encounter a serious incident involving multiple casualties or conditions you cannot make safe e.g. a motorway accident or high voltage electricity; phone 999 immediately giving a brief summary of the situation and the number and type of injuries involved.

Initial Assessment

Once you have ensured safety you need to assess your casualty to identify anything that may be wrong with them; you will prioritise anything which may affect the person's oxygen supply. Lack of breathing, heart problems, drowning and choking are immediately life threatening conditions which prevent oxygen entering the body; heavy bleeding, shock, and serious burns can reduce the amount of oxygen available.

There are certain signs and symptoms which may indicate that your casualty may not have a sufficient supply of oxygen for their brain and body to function; they include:

- Lack of breathing
- Blue skin particularly around the lips
- Cold, clammy skin
- Loss of consciousness
- Confusion
- Reduced responsiveness
- Heavy bleeding

Conscious Casualty

If your casualty is conscious you can use the SAMPLE assessment format to plan your actions:

Signs and symptoms -	Can you see, hear or smell anything that is unusual or abnormal for this person? E.g. change in skin colour, 'odd' behaviour. What is the casualty telling us about how they feel? E.g. hot/ cold, dizzy
Allergies -	Does the casualty have any allergies? Can we see anything which may have caused a reaction, do we need to avoid using anything e.g. a plaster, because of the likelihood of a reaction?
Medication -	What, if any, medication is the casualty currently taking? Could their medication be causing the problem? Might their medication affect their blood clotting or cause confusion? Do they have emergency medication e.g. a 'puffer' or angina tablet
Past medical history –	Do they have a history of events like this? Do they have an existing medical condition that might explain their signs and symptoms?

- Last meal -** Have they eaten anything recently? This might affect their reaction to treatment
- Event history -** What happened to the casualty before they were injured or fell ill? Could they have suffered head, neck and back trauma? Did anyone witness the event? How long have they been in this situation?

Unconscious Casualty

If you come across someone who appears to be unconscious use the DRAB model to guide your actions:

Danger – is the scene safe? Am I at risk of harm if I approach the casualty?

If there are dangers remove them, if you can't or if you don't feel safe approaching the casualty call 999 now

Response – ask a question in a loud clear voice and give a command to respond e.g. Hello (x) please open your eyes; if no response kneel by their head and ask the same question in both their ears. If there is no response firmly tap their shoulders while giving the same instruction.

If the casualty responds go through SAMPLE as above, if they don't call for help or ask a bystander to wait for further instructions.

Airway - the tongue is the most common cause of airway obstructions, to ensure that it doesn't block the airway you should open the casualty's airway as shown below.

Breathing – while keeping the casualty's airway open with two fingers on the bony part of their chin you should look, listen and feel for breathing for up to 10 seconds. Put your ear and cheek by their mouth and watch their chest and stomach.

See unit 3 for action to take if they are not breathing

If the casualty is breathing place them in the recovery position (see below) dial 999 and monitor until help arrives. (Follow SAMPLE model). Prioritise conditions which may threaten oxygen supply such as bleeding, burns and shock. Look for signs of improvement or deterioration. Check breathing regularly and record observations of skin colour, changes in responsiveness etc.

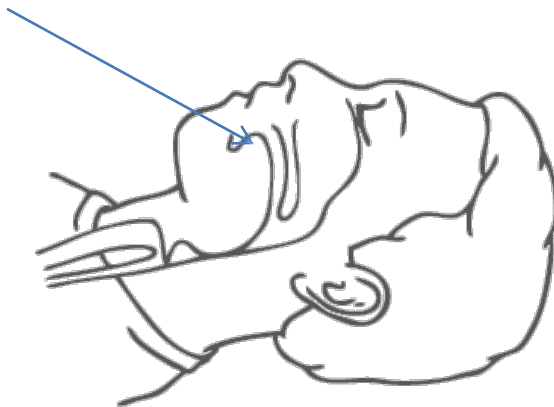
A Note on Agonal Breathing

It is common for people to make short irregular gasps for breath after cardiac arrest; this is not proper breathing and they should be treated as a non-breathing casualty.

To open an airway

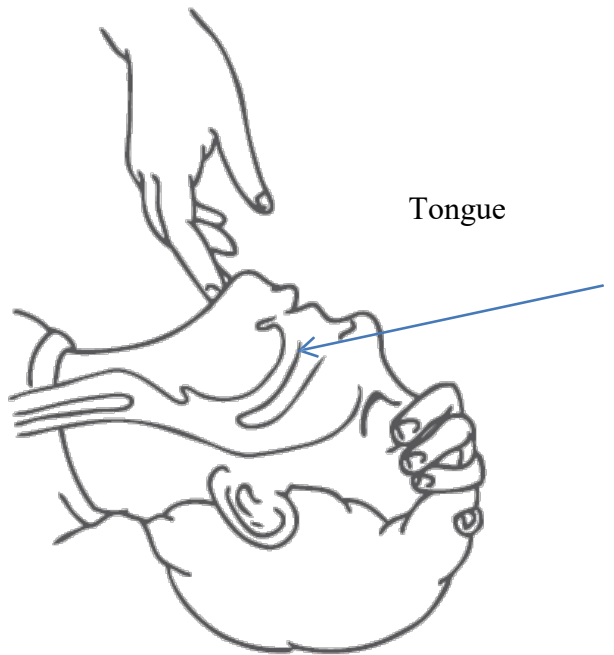
1. Head tilt / chin lift – if there is no likelihood of neck, head or back injury place two fingers on the bony part of the casualty's chin, and one hand on their forehead. Gently tilt their head back while lifting their chin.
2. Jaw thrust – if you suspect head, neck or back injury kneel above the person's head, place your fingers at the back of their jawbone on each side and thrust the jaw forward, without moving their head or neck.

Tongue



Blocked airway

Tongue



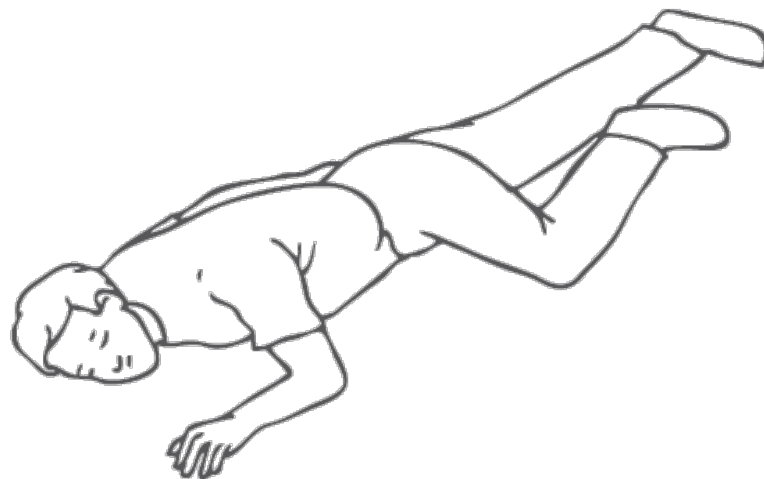
Open airway

Unconscious people who are breathing should be placed in the recovery position as this keeps their airway open and reduces their chances of choking on vomit or other bodily fluids.

While keeping the casualty's airway open with your fingers on their chin, look for signs of injury, bleeding or sharp objects by patting around the casualty's body with the back of your hand (wear gloves). Remove any glasses and put somewhere safe.

Putting Someone in the Recovery Position

- Place the nearest hand to you in the stop position (do not force the arm; allow it to fall into a comfortable position).
- Bring the casualty's other arm across their chest and place their hand on their cheek. Keep hold of that hand to steady their head.
- Bring casualty's leg furthest away from you into a bent position. Make sure the foot is flat. Turn the casualty towards you.
- Once the casualty is in the recovery position make sure the airway is open and casualty is breathing. Continue to observe and monitor. If they are in the recovery position for more than 30 minutes turn them on to the opposite side. (Unless this will make injuries worse)



Unit Two Questions

1. How would you ensure the safety of yourself and others at the scene of an incident?
2. What threats to safety might there be within your workplace?
3. What do the letters SAMPLE stand for?
4. What do the letters DRAB stand for?
5. How do you contact emergency services?

Unit Three

Casualties who are not Breathing

Casualties who are not breathing need immediate action and the prompt attendance of emergency services. On discovering that your casualty is not breathing you must call 999 to alert the emergency services (or get a bystander to do so) and provide the casualty with oxygen until they arrive.

First of all, on finding an apparently unconscious casualty follow DRAB:

Danger – make
safe **R**esponse –
check for **A**irway -
open

Breathing - If the casualty is not breathing 999 and commence CPR

You should not attempt CPR until you have received the correct practical training and these are guidance notes and explanations for your reference – these techniques must not be practised on people who are breathing.

CPR (Cardio Pulmonary Resuscitation)

CPR circulates oxygen around the casualty's body; it will be most effective if combined with rescue breaths. By doing CPR you are keeping the casualty's body oxygenated until medical professionals arrive and take over; you are not attempting to get the person breathing again, that is likely to require drugs and specialist equipment.

To perform chest compressions place the heel of one hand in the centre of the casualty's chest. Place your other hand on top of the first one, interlock your fingers and raise them off the casualty's body.

You should now be positioned on the breastbone with just the heel of your lower hand resting on it. To do compressions press down about 4 - 5 centimetres and then release pressure. Your hand should never leave contact with the casualty's chest.

Continue at a steady rhythm of 100 – 120 compressions per minute if you are doing rescue breaths as well do 30 compressions then 2 breaths and continue in this way (30 – 2).

Continue with compressions / compressions and breaths until casualty shows signs of recovery / medical help arrives or you become exhausted.

If you think that the casualty may have started breathing on their own check for signs of breathing for 10 seconds. If they are now breathing put them into the recovery position and monitor until help arrives. If they are not continue with CPR.

Only 2 out of 100 people will start breathing from CPR alone; you are just maintaining an oxygen supply until medical help arrives.

When carrying out CPR ensure correct hand positioning – this makes compressions effective and reduces the possibility of damage. If you are going to do rescue breaths use a face shield to prevent cross infection.

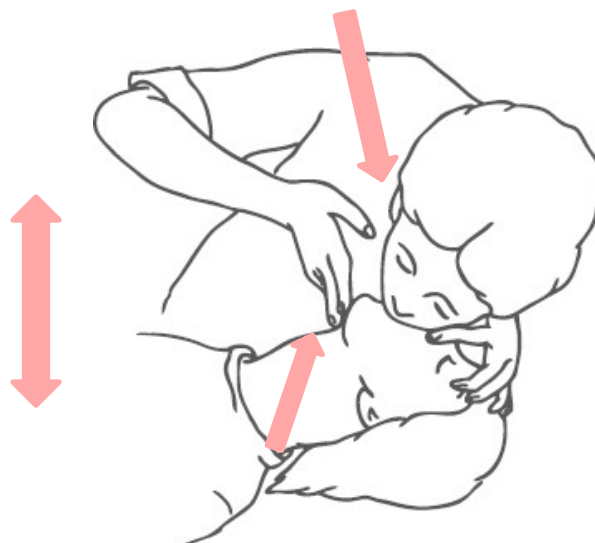
If you are carrying out CPR on a casualty who has drowned give 5 initial rescue breaths then continue with the usual 30 compressions, 2 breaths cycle.



To provide rescue breaths

1. Open airway and use thumb and index finger to pinch nose shut
2. Blow steadily into casualty's mouth for up to 1 second - stop when chest rises
3. Sit up to breathe until casualty's chest falls
4. Repeat 1-3

Don't waste time, if breaths don't appear to be working carry on with chest compressions



The Golden Hour

There is a critical time period known as the 'golden hour' during which four things must happen to give someone who has stopped breathing a significant chance of recovery.

1. Early access – call 999 or 112 (see below)
2. Early CPR – prevents cells dying while waiting for help; this buys time.
3. Early defibrillation – Paramedics' equipment that can shock the heart back into its normal rhythm
4. Early advanced cardiac life support – drugs, equipment and medical professionals

First aid providers are vital as they are responsible for the first two stages, without early activation of the emergency services and prompt provision of CPR the casualty's chances of survival will be significantly reduced.

The first 3 stages need to be achieved within 10 minutes for the best chance of survival leaving the rest of the hour to get the casualty to hospital for stage 4.

Calling the Emergency Services

If a bystander is available send them to phone as soon as you know the casualty isn't breathing.

If you are alone:

If your casualty is a child, or adult with signs of force / trauma, choking, or drowning, phone after providing 1 minute of CPR

If your casualty is an adult with no signs of force/trauma, choking or drowning assume heart problem and phone as soon as you find they are not breathing.

Unit Three Questions

1. When and why would you do CPR?
2. When and why should you send a bystander to call 999?
3. What is the correct position of your hands to perform effective chest compressions?
4. What is the ratio for compressions – rescue breaths?

Unit Four

Choking

Choking can be an immediately life threatening emergency requiring prompt and confident action. If a piece of food or a small object gets lodged in someone's airway it will affect their ability to breathe and must be removed as soon as possible.

If the casualty can still breathe they have a mild obstruction, the object is not fully blocking their airway. A mild obstruction needs no physical intervention from you but may need medical attention.

Plan of action for mild obstruction

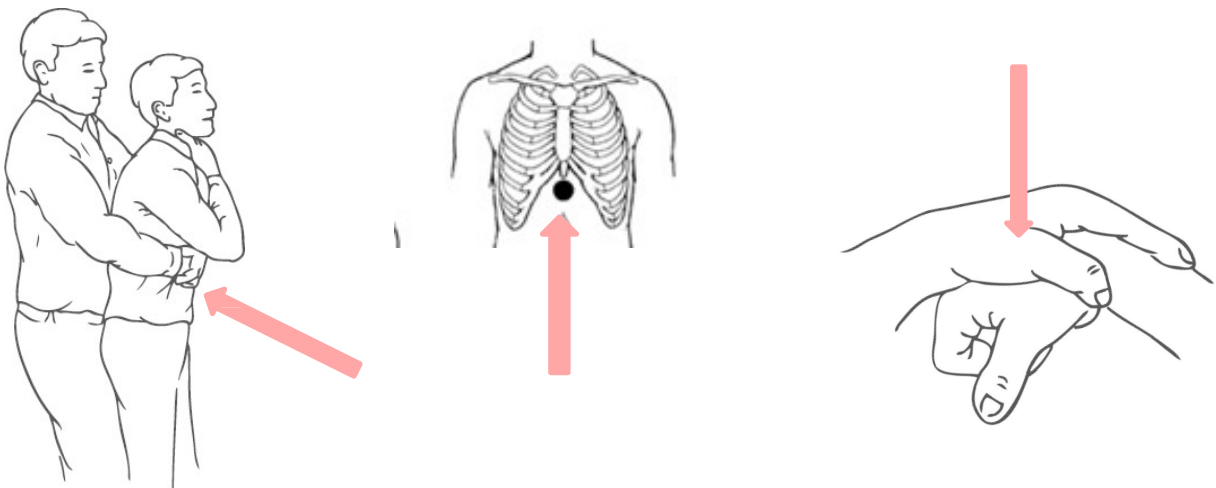
1. Check for danger
2. Identify that the person has a mild obstruction from visible and audible signs and symptoms:
 - Coughing
 - Wheezing
 - Panic
 - Difficulty breathing
 - Reddening of face
 - Hands clutching / pointing to throat
3. Ask the casualty 'are you choking'?
4. If they respond that they are encourage them to stay calm and to cough. **Do not take any physical action you could make things worse.**
5. If the obstruction persists get medical help as it's possible that professional intervention may be required to remove an object lodged in their windpipe e.g. a fishbone.

If the casualty is unable to breathe they have a severe obstruction that is fully blocking their airway.

Plan of action for severe obstruction

1. Check for danger
2. Identify that the person has a severe obstruction from visible and audible signs and symptoms:
 - Inability to breathe
 - Panic
 - Hands clutching / pointing to throat

- Skin turning blue – particularly around mouth
3. Check mouth for obvious obstruction, remove if possible. Do not put your fingers in their mouth if you cannot see the obstruction.
 4. Stand with feet apart at the casualty's side so you are balanced. Lean them forwards and support them with your arm. Using your free hand give up to 5 firm and powerful blows with the heel of your hand between their shoulder blades (stop if the obstruction clears). After the fifth check the casualty's mouth to see if the object is visible and remove if possible.
 5. If back blows do not work stand behind the casualty; make a fist with one hand with your thumb on the outside, position your thumb against their abdomen halfway between the bottom of their breastbone and their navel. Place your other hand over the top then pull inwards and upwards. This is an abdominal thrust, repeat 5 times unless the obstruction clears. After the fifth check their mouth to see if obstruction is visible and remove if possible.



6. Carry out sequences of 5 back blows and 5 abdominal thrusts until either the obstruction is removed or the casualty becomes unconscious (check their mouth after each set of 5). If after 3 cycles of back blows and abdominal thrusts airway is still obstructed contact emergency services (or do so as soon as they become unconscious).

If the casualty becomes unconscious while you are treating them:

- Danger
- Response – check mouth for obstruction, remove if possible
- Airway
- Breathing - act appropriately giving CPR if necessary (See page 14)

If you have carried out abdominal thrusts the casualty should seek medical attention as you may have caused internal injury.

**Unit
Four
Questions**

1. What is the difference between a mild obstruction and a severe obstruction?
2. Give 4 examples of signs or symptoms which would indicate that someone was choking
 - 1.....
 - 2.....
 - 3.....
 - 4.....
3. How would you care for someone with a mild obstruction?
4. How do you perform back blows?
5. How would you do an abdominal thrust?

Unit Five

Bleeding and Burns

Always wear disposable gloves to prevent cross infection when dealing with bleeding and burns.

Minor Wounds

Casualties with minor injuries are at risk from infection which may cause complications and longer lasting damage. To meet your duties to prevent further harm and to promote recovery you will need to clean the wound gently with water and then cover it with an appropriate sterile dressing such as a plaster. If the wound continues to bleed you should get the casualty to apply pressure to it and help them raise the affected part above the level of their heart.

If there is any cause for concern, for example if there is a high risk of infection or scarring, the casualty should seek professional medical advice.

Heavy Bleeding

Heavy bleeding can be life threatening as it is blood that carries oxygen around the body; action should be taken promptly to stop the bleeding and it may be necessary to call 999 or to assist the person to get medical help.

There are 4 elements to the treatment of bleeding, these do not need to be carried out in any particular order.

- **P**ressure
- **E**xposure
- **E**levation
- **P**osition

Action plan for treatment of bleeding

- **D**anger – what caused harm, is it still present?
- **R**esponse – if the casualty is talking, screaming etc. we know they are breathing (if they are still and quiet follow advice for unconscious patient (page 10))
- **U**se SAMPLE model to gather information (see unit two)
- **P**ressure – ask the casualty to press down on the wound with a dressing or clean absorbent pad
- **E**xposure – remove clothing etc and clean around the wound
- **E**levation – raise the wound above the casualty's heart if possible, provide support if necessary e.g. hold arm up

- Position – treat for shock, lie down and raise legs (see page 28)
- Dress the wound to apply pressure without affecting circulation, if blood comes through apply another dressing (it may take 6-10 minutes for blood to clot). If the wound keeps bleeding remove bandages and start again to ensure pressure is being applied in the right place

If your casualty is bleeding heavily send a bystander to call 999 as soon as possible, if you are alone call after applying a first bandage. If the situation is not life-threatening control bleeding then support the casualty to get professional medical advice and treatment.

Nose Bleeds

Ask the casualty to lean forward and pinch their nostrils together just below the bony part of their nose (if they can't manage this do it for them). After 10 minutes let go, if bleeding continues pinch again. Check every 10 minutes, if bleeding is not controlled after half an hour get medical attention.

Once bleeding stops make sure the casualty doesn't blow their nose, pick it or do anything else which may start it bleeding again.

Penetrating Chest Wounds

Penetrating wounds to the front or back of the upper torso may puncture lungs potentially causing them to collapse or fill with blood. If this happens the casualty will have difficulty breathing and their life may be at risk.

Possible signs and symptoms:

- Difficult or painful breathing
- Cold, clammy, pale skin
- Bubbles in blood coming out of the wound
- Bright red frothy blood being coughed up
- 'Whistling' sound as air is sucked through the wound

To treat a conscious casualty sit them on the floor with their back against a wall or other support, bend their knees and lean them towards their injured side. Leave the wound exposed without a dressing. If it is obviously bleeding apply direct pressure and a dressing if necessary Call 999

To treat an unconscious casualty, place them in the recovery position on their injured side. Dial 999

Embedded objects

Do not remove embedded objects

If you remove an embedded object you are likely to introduce infection, cause more harm and increase blood loss. The object must be removed by a medical professional.

To control bleeding apply pressure either side of the object; use bandages to keep absorbent pads in place if you can do so without pressing on the object.

Scalp Wounds

Because scalp wounds can bleed a lot they may be difficult to dress, if you can't get a bandage to stay put hold a pad in place.

Support the casualty's head and shoulders in a raised position and follow the action plan for heavy bleeding but do not raise their legs. Move them as little as possible if you suspect a head, neck or spine injury.

Call the emergency services if you have any concerns, less serious cases may be assisted to access medical help. Watch your casualty for signs of more serious injury such as fluid of any type coming out of ears or nose; confusion; unexpected drowsiness and eyes which do not react to light or move together.

Bleeding Varicose Veins

Burst varicose veins can cause significant blood loss and the casualty may not be aware of this as it can be relatively painless. Take action as follows:

- Danger – ensure safety
- Response
- Pressure - apply firm pressure with a sterile, non-fluffy dressing (or clean pad) until bleeding is under control
- Expose the wound, remove elastic topped stockings or any other items which might affect the circulation in the leg
- Elevate - help your casualty to lie down on their back, raise their injured leg as high as possible and support it with your shoulder or a chair
- Bandage over the dressing and keep the leg raised
- Get emergency medical help

Notes

- Do not allow your casualty to eat, drink or smoke
- Never use a tourniquet to control bleeding
- Be aware of the likelihood of shock and treat accordingly
- Severe bleeding needs immediate treatment – apply pressure with hands, clothing or other available items rather than leaving the casualty to find a first aid kit. Call emergency services immediately

Burns and Scalds

Burns and scalds need treatment to prevent infection, limit fluid loss and keep scarring to a minimum. Burns are caused by dry heat and scalds by wet (hot water, steam) but the treatment is the same for both.

Burns can be life threatening and may cause shock (see unit six) get medical attention for any serious burn such as:

- All full thickness burns
- All burns on hands, feet, face or genitals
- Any burns that goes all the way around a limb
- Any partial thickness burn larger than the casualties hand

Action Plan for Treating Burns and Scalds

- Danger
- Response – if the casualty is talking, screaming etc. we know they are breathing (if they are still and quiet follow advice for unconscious patient)
- Use SAMPLE model to gather information (see unit two)
- Cool the affected area with running water for 10 – 15 minutes to take away heat and prevent further harm. Do not immerse large areas in standing water as this may result in hypothermia.
- Remove any clothing covering the affected area unless it is sticking to the burn.
- Cover the area to prevent infection. If you can use a clear plastic bag or kitchen film, this will reduce fluid loss and the area can still be cooled over the bag or film.
- If a plastic bag or kitchen film is unavailable or not suitable for the affected area, cover loosely with sterile non-fluffy dressing.
- Keep affected areas of skin apart, remove watches, rings and loosen tight clothing.

Sunburn

- Take casualty somewhere cool and shaded
- Make them comfortable

- Give sips of water
- Cool with damp cloths
- Seek medical attention if concerned

Action Plan for Electrical Burns

- Danger - If the incident involves high voltage electricity keep at a safe distance and call 999. Otherwise, disconnect electricity at mains or separate the casualty from the power source using a nonconductive item (eg wooden pole) while standing on newspaper or other nonconductive material.
- Response - if the casualty is talking, screaming etc. we know they are breathing (if they are still and quiet follow advice for unconscious patient (page 10))
- Call 999, treat injuries and monitor casualty, look for signs of internal injuries.

Unit Five Questions

1. Why is it important to cover small wounds with appropriate dressings?

2. Why should wounds be elevated if possible?

3. If a casualty has an embedded object, should you? (Tick correct answer)

- a) Pull it out ☐

- b) Cover it and bandage tightly ☐

- c) Pad around it and loosely cover ☐

4. Which part of a casualty with a head wound would you raise?

5. How long should you cool a burn for?

Unit Six

Recognising and Treating Shock

The word shock is used to mean many different things which cause both mental and physical distress. At its most serious shock is a life threatening condition resulting from either of two main causes:

1. Heart trouble affecting its ability to pump blood around the body
2. Significant loss of bodily fluids because of bleeding, a burn, severe diarrhoea etc.

Common signs of shock:

- Rapid, weak pulse
- Pale, cold and clammy skin
- Sweating
- Rapid and shallow

breathing Symptoms of

shock:

- Weakness or dizziness
- Nausea
- Thirst

If untreated severe shock will cause:

- Blueness of skin, particularly around mouth
- Restlessness and confusion
- Loss of consciousness.

Action Plan for Treating Shock

- Danger
- Response - if unresponsive check airway, breathing and treat as necessary; if responsive use SAMPLE model to get information
- Calm and reassure
- Lie the casualty down and raise their legs – this promotes the flow of blood to the brain. Do not do this if there is a head, neck or spinal injury; or if the person is experiencing breathing difficulties (do not leave the person alone in this position. If you have to leave them put them in the recovery position first)
- Keep warm – by placing a blanket or coat over them, don't use any external heat source.
- Monitor for changes

Fainting

Someone who suddenly loses consciousness may have fainted, lie them down and raise their legs to encourage oxygen to their brain. If they do not regain consciousness rapidly, follow the advice on page 10 for dealing with an unconscious casualty.

Encourage the person to stay on the floor until they are fully recovered and then allow them to get up slowly and in stages. If they don't take their time they may faint again.

Unit Six Questions

1. With a casualty who was bleeding and in shock, which of these would you not do?

a) Raise their legs ☐

b) Lay the casualty down ☐

c) Give them a drink of water ☐

d) Loosen their clothing ☐

2. What might happen if shock is left untreated?

3. Give 3 examples of signs and symptoms of shock

- 1.....
- 2.....
- 3.....

4. What would you do if you were treating a casualty for shock and they became unconscious?

5. How do you care for a casualty who has fainted?

Unit Seven

Common Medical Emergencies

This unit looks at some of the most common medical emergencies which you may encounter. There is advice on how to recognise and treat them and information about calling the emergency services.

Action Plan for Seizures

- Danger – protect the casualty by moving objects that may injure them; if the ground is hard try to get something soft, like a jumper, under their head. Only physically restrain or move the person if they are at immediate risk of harm e.g. because they are lying in the road and traffic cannot be controlled. Protect the person's dignity by asking bystanders to leave the area and by covering the person's legs to hide evidence of any incontinence.
- Time the seizure and monitor the individual for signs of breathing difficulties.
- When the seizure ends place the person in the recovery position and remain with them while they return to normal.
- Monitor breathing, colour and responsiveness and be prepared to act if casualty becomes unconscious or stop breathing.

Call an ambulance:

- if you think this is a first seizure
- if the person is injured in any way
- if they have further seizures without regaining consciousness
- if the seizure lasts longer than 5 minutes or is unusual for this person
- if the person wants you to

Hypoglycaemia (Low blood glucose)

Hypoglycaemia can be life threatening as the brain requires glucose to function. Early warning signs may include:

- feeling hungry
- sweating
- dizziness
- tiredness (fatigue)
- blurred vision

- trembling or shakiness
- anxiety or irritability
- going pale
- fast pulse or palpitations
- tingling of the lips

If not treated quickly hypoglycaemia may lead to:

- difficulty concentrating
- confusion
- disorderly or irrational behaviour, which may be mistaken for drunkenness
- loss of consciousness
(NHS 2016)

If the individual has a blood glucose testing kit, they should test their blood sugar; if it is not possible to do this treat them for hypoglycaemia as you will not cause any further harm and it could be lifesaving.

If the casualty remains conscious give them sugar e.g. chocolate, fruit juice, cola. Talk to them and monitor their condition. If you don't see signs of recovery call 999.

If the casualty does recover they should be encouraged to eat a starchy carbohydrate snack to maintain their blood glucose levels; they are likely to have a headache and may benefit from painkillers and a rest.

If the casualty has reduced consciousness, or is unconscious, it will not be safe to give them anything to eat or drink. Maintain their airway, put them in the recovery position if necessary and call 999. If they stop breathing at any time commence CPR.

Emergency Asthma Care

Signs and symptoms:

- Difficulty breathing
- Wheezing
- Difficulty speaking
- Skin around mouth turning grey-blue

Treatment:

- Calm and reassure
- Help casualty find and use their reliever inhaler (usually blue). If they have no medication call the emergency services.
- Get the casualty to sit leaning slightly forwards and breathe slowly and deeply

- If the attack doesn't ease within a few minutes suggest the casualty uses their inhaler again
- If the casualty is not recovering or is becoming exhausted call the emergency services
- Monitor the casualty until they recover or medical help arrives

Heart Attack

Signs and symptoms:

- 'Gripping' chest pain spreading to one or both arms
- Breathlessness
- Sudden dizziness / faintness
- Collapse without warning
- Lips turning blue
- Profuse sweating
- Extreme gasping for air

Treatment:

- Make casualty comfortable in a half sitting position at floor level with legs bent and supported and head and shoulders propped up (they could lean against you or a wall with a cushion under their knees)
- Call for emergency medical help
- Encourage the casualty to chew an aspirin tablet (the only medication that may be kept in a first aid kit, for this purpose only)
- If the casualty has angina medication help them find and take it
- Monitor response, airway and breathing until help arrives – be prepared to act if the situation changes

Stroke

When a stroke happens you must act immediately to keep the length of time that the brain is being deprived of oxygen to a minimum. There are certain signs and symptoms that may indicate to you that a person is having a stroke and they are:

- Numbness or weakness in the face, arm or leg – this can cause the mouth to droop and prevent them from raising their arms to the same level
- Trouble speaking or understanding – they may not be able to repeat a simple sentence, think of correct words or follow basic instructions
- Unexplained dizziness
- Blurred or poor vision in one or both eyes
- Loss of balance or a sudden fall
- Difficulty swallowing

- Severe, persistent headache
- Confusion
- Reduced consciousness / loss of consciousness

A simple way of identifying that someone may be having a stroke is to carry out the FAST test

Face – can the person smile? Has one side of their mouth drooped?

Arms – can they lift both arms?

Speech – can they speak clearly?

Time – to call 999 if the person has any of these symptoms

If the casualty is conscious:

- Help them to lie down and place something suitable under their head to keep it and their shoulders raised
- If they are dribbling turn their head to one side
- Call 999 for an ambulance
- Keep the casualty calm and monitor their condition. Be prepared to act on any changes

If the casualty is unconscious:

- Open their airway and check for breathing
- If they are breathing place in the recovery position and monitor
- If they are not breathing commence CPR
- Call 999 for an ambulance

Unit Seven Questions

1. When would you call 999 for someone who was having or had a seizure?
2. If you knew that your colleague had diabetes and they were acting oddly and looked pale what might you suggest they do and why?
3. What medication might you offer to someone who was conscious but you suspected was having a heart attack?
4. How would you support someone with asthma who was having difficulty breathing?
5. What do the letters FAST refer to in relation to stroke?

F.....

A.....

S.....

T.....