



Manual for Basic First Aid

During this module, you will be asked some questions to simply provoke thought and test your current knowledge please have a notepad or supervision workbook to hand to make notes. Your performance will only be measured by the answers you select when completing the knowledge test at the end of the module.



Contents

Learning Outcomes	5
Complementary Manuals.....	5
Chapter One	6
First Aid in the Workplace.....	6
Health and Safety (First Aid) Regulations 1981	6
First Aid Kits	6
First Aid Training	7
Reporting and Recording	7
Control of Substances Hazardous to Health (COSHH) 2002	8
A Note on Gloves	8
Chapter Two.....	9
Incident Management.....	9
Prevent Harm	9
Initial Assessment	9
Conscious Casualty.....	10
Unconscious Casualty	10
A Note on Agonal Breathing	11
Putting Someone in the Recovery Position.....	11
Chapter Three	13
Casualties Who are Not Breathing.....	13
CPR (Cardio Pulmonary Resuscitation)	13
The Golden Hour	15
Calling the Emergency Services.....	15
Chapter Four	16
Choking	16
Plan of Action for Mild Obstruction	16
Plan of Action for Severe Obstruction	16
Chapter Five	18
Bleeding and Burns	18
Minor Wounds	18
Heavy Bleeding.....	18
Nose Bleeds.....	18
Penetrating Chest Wounds	19
Embedded Objects.....	19
Scalp Wounds.....	19
Bleeding Varicose Veins	19

Burns and Scalds	20
Action Plan for Treating Burns and Scalds	20
Sunburn	20
Action Plan for Electrical Burns	20
Chapter Six	21
Recognizing and Treating Shock	21
Common Signs of Shock:	21
Symptoms of Shock:	21
If Untreated Severe Shock will Cause:	21
Action Plan for Treating Shock	21
Fainting	21
The Cause of the Fainting Can Vary and Can Include:	21
Symptoms Can Include:	22
Chapter Seven	23
Common Medical Emergencies	23
Guidelines for Managing Seizures	23
Call an Ambulance:	23
Hypoglycemia (Low Blood Glucose)	23
If Not Treated Quickly Hypoglycemia May Lead To:	23
Emergency Asthma Care	24
Signs and Symptoms:	24
Treatment:	24
Heart Attack	24
Signs and Symptoms:	24
Treatment:	24
Stroke	25
If The Casualty is Conscious:	25
If The Casualty is Unconscious:	25
References	26

Learning Outcomes

- Grasp the significance of providing first aid at the workplace.
- Comprehend the when and how of summoning emergency services.
- Comprehend the primary concerns in first aid.
- Understand the methods for averting infection during casualty treatment.
- Identify the indicators and manifestations of certain common medical emergencies.
- Acknowledge the straightforward techniques accessible to first aid responders.

Complementary Manuals

- Raising awareness about epilepsy
- Promoting diabetes awareness
- Encouraging health and safety
- Conducting risk assessments

Information:

The techniques covered in this manual are intended exclusively for use on adults, defined in first aid terms as individuals aged 8 and above. This course's objective is to provide you with a fundamental grasp of first aid methods and incident management. To become a proficient first aider, additional training is necessary, including acquiring skills such as placing a casualty in the recovery position and administering CPR.

Learner's Note:

While every effort has been made to meticulously research and craft this training manual, Ecort Training Limited cannot be held accountable for the actions and oversights of students who have completed this course.

We are confident that this manual reflects current laws and best practices, but knowledge and procedures are continually advancing. It is strongly recommended that you stay current by keeping your knowledge and skills up-to-date.

If you encounter any uncertainties, please reach out to the Care Quality Commission (CQC) to confirm your compliance with current standards and requirements.

Chapter One

First Aid in the Workplace

In order to adhere to health and safety regulations, both employers and employees must undertake actions aimed at recognizing and mitigating risks. It is essential to establish effective control measures to decrease the likelihood of accidents and the onset of health issues among workers, clients, or visitors. Nonetheless, even in optimal work settings, accidents may still occur, and medical emergencies might be inevitable. Consequently, to minimize harm, it is imperative that sufficient first aid provisions be integrated into employers' health and safety protocols.

Health and Safety (First Aid) Regulations 1981

Your employer's responsibility entails conducting risk assessments and utilizing them to establish suitable and adequate first aid preparations. To aid in fulfilling their legal obligations, they have the option to access the "Guidance on Regulations" for Health & Safety (First Aid) Regulations on the Health & Safety Executive website (www.hse.gov.uk).

These regulations mandate the availability of adequate first aid resources, trained first aid personnel, and facilities to ensure immediate assistance for common injuries or medical emergencies, with the goal of minimizing harm caused by specific workplace hazards such as chemicals, as well as ensuring the prompt and appropriate notification of emergency services.

Your employer must also establish documented policies and procedures that address first aid kits, first aid training, and the reporting and documentation of incidents.

First Aid Kits

There's no compulsory mandate stipulating specific items for your initial aid kit; the actual composition of your kit hinges on the type and frequency of incidents you might anticipate in your workplace.

As a reference, the applicable British standards, BS 8599-1:2019 Workplace First Aid Kits - Specifications for the contents of workplace First Aid kits, prescribes the following for a medium-sized kit:

- A guidance card or first aid pamphlet
- 60 assorted waterproof plasters
- 3 sterile eye pads
- 3 triangular bandages
- 12 safety pins
- 6 medium sterile wound dressings
- 2 large sterile wound dressings
- 9 pairs of disposable gloves
- 30 alcohol-free cleaning wipes
- Adhesive tape
- 3 finger sterile dressings
- 2 resuscitation face shields
- 2 foil blankets
- 2 burns dressings
- A pair of scissors
- 2 conforming bandages

Your employer should have designated a suitable individual responsible for maintaining stocked first aid kits and ensuring their contents remain within their expiry date and free from damage. To replenish the kits, you should keep a sufficient stock on the premises. In cases where your workplace is extensive or spread out, you may require multiple first aid kits strategically positioned for easy access during emergencies.

The kits should be stored in dustproof containers with appropriate labeling, and everyone should be aware of their location. If they aren't stored visibly, their whereabouts should be clearly marked, perhaps with a sign on the cupboard door.

If additional supplies like blankets or aprons are necessary, they can be stored alongside the first aid kits if there isn't sufficient space within the main container.

First Aid Training

The determination of the necessary level of first aid training for employees and the assurance of its availability across all shifts and during holidays fall within the purview of your employer. All care staff are anticipated to undergo basic first aid training to ensure their awareness of responsibilities, comprehension of employer policies, and ability to contact emergency services when required. Some employees may opt for more comprehensive courses lasting one to three days.

Fully trained first aiders, on the other hand, participate in a 3-day course and undergo independent assessments upon completion.

Now, take a moment to consider the following questions and evaluate your current knowledge and comprehension:

1. Who is the designated individual responsible for first aid provisions in your workplace? If you're uncertain, it's imperative to discover this information right after completing this course.
2. Have you previously undergone any first aid training? If so, where and when did this training occur, and what aspects do you believe you may still need to improve? Prepare to discuss these matters with your supervisor during your next supervision session.

Reporting and Recording

Should you administer initial aid, you assume the duty of ensuring that the incident is properly documented and reported as necessary. Unless specified otherwise in your employer's policies, anyone can make entries in an accident log, but typically, the best-suited person is the one who suffered the injury. If the injured individual is unable, unwilling, or unwilling to complete the report, a witness or the initial aider should undertake this task.

The subsequent details should be included:

- Particulars about the incident.
- Personal information of the injured party, including their full name and address.
- Location of the accident.
- The circumstances leading to the accident.
- Date and time of the occurrence.
- Signature of the report author.

To comply with GDPR regulations, accident reports must be appropriately filed and made accessible solely to individuals with the right to access them. These reports may be requested by the injured person, used by managers for risk assessment purposes, or required by official investigators when probing the incident.

Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) 2013

Certain incidents must be reported to the relevant authorities, such as the Health and Safety Executive or local authority, through the RIDDOR website, telephone line, or the appropriate form. These primarily encompass incidents occurring in the workplace or as a consequence of being in the workplace, such as contracting a disease. It is the responsibility of managers to report:

- Injuries resulting in employees being unable to work for more than 7 days.
- Accidental fatalities.

- Injuries to clients necessitating immediate medical attention.
- Specific infectious or occupational diseases.
- 'Near misses,' which are incidents that could have caused harm but did not, such as hoist slings tearing while in use.

(For a more comprehensive list of what to report and how, please visit www.riddor.co.uk)

Control of Substances Hazardous to Health (COSHH) 2002

In fulfilling their responsibility to safeguard you from the perils linked to hazardous substances, your employer is obliged to furnish you with ample information and the necessary gear to manage potential emergencies or health issues that may arise.

It is imperative to establish documented protocols for the secure handling of chemicals and to guarantee that work procedures minimize the risks tied to medications, bodily fluids, spills, and hot liquids like cooking oil. The measures to exert control should encompass:

- The provision of personal protective equipment such as gloves.
- The establishment of secure storage facilities for chemicals, clinical waste, and the like.
- The dissemination of information, delivery of instruction, provision of training, and oversight.
- The formulation of written guidelines for waste disposal.
- The maintenance of a high standard of cleanliness and orderliness.

Visit www.riddor.co.uk for additional guidance.

A Note on Gloves

Wearing disposable gloves is imperative during first aid administration to mitigate the risk of cross infection, making their availability crucial. Once the situation has been addressed, it is essential to dispose of gloves and other contaminated materials as clinical waste. Additionally, any spilled bodily fluids should be cleaned up by an individual who comprehends the associated risks and takes suitable precautions.

Chapter Two

Incident Management

Upon arriving at the scene of an accident or encountering a medical emergency, your ability to assume command and prioritize actions to minimize harm is crucial.

Regardless of the circumstances, you must adhere to these three fundamental objectives:

1. Avert harm – to yourself, the affected individual, and any onlookers.
2. Mitigate the impact of the victim's condition – prevent it from deteriorating prior to professional assistance.
3. Foster recuperation – by thwarting additional harm, mitigating the decline in the victim's condition, and swiftly seeking assistance, you enhance the prospects of a favorable recovery for the casualty.

Prevent Harm

Always prioritize your own well-being as your foremost responsibility in any situation. Remember that if you are injured, your ability to assist others diminishes, and neglecting your own safety will exacerbate the situation. Take a composed assessment of your surroundings to spot potential risks or clues regarding the incident.

The following list comprises common hazards that may be present:

- Sharp objects.
- Spills.
- Electricity.
- Obstructions.
- Shattered glass.
- Unpredictable individuals.
- Weapons.
- Gas.
- Vehicles.
- Animals.
- Deep or swiftly moving water.

If you can ensure the scene's safety before tending to the injured party, please do so. However, if this isn't possible, immediately call 999 for assistance. Never jeopardize your own safety.

In the event of a serious incident involving multiple casualties or hazardous conditions beyond your control, such as a motorway accident or high-voltage electricity, dial 999 without delay. Provide a concise overview of the situation, including the number and types of injuries.

Initial Assessment

Once you've established safety, the next step is to evaluate the casualty for any potential issues, giving priority to anything that could impact their oxygen supply. Immediate life-threatening conditions such as the absence of breath, heart complications, drowning, and choking hinder the intake of oxygen into the body. Similarly, heavy bleeding, shock, and severe burns can diminish the available oxygen.

There are specific signs and symptoms that may suggest your casualty is experiencing insufficient oxygen supply for proper brain and body function. These indicators encompass:

- Absence of breathing.
- Bluish skin, especially around the lips.
- Skin that feels cold and clammy.
- Loss of consciousness.
- Confusion.

- Diminished responsiveness.
- Profuse bleeding.

Conscious Casualty

If the casualty remains conscious, you can utilize the SAMPLE assessment format to strategize your course of action:

Observation of Signs and Symptoms: Begin by observing for any peculiar or out-of-the-ordinary indications or behaviors in the casualty. Take note of changes in skin color or any unusual behavior. Also, pay attention to what the casualty is conveying about their physical condition, such as feeling hot or cold, or experiencing dizziness.

- **Assessment of Allergies:** Ascertain whether the casualty has any known allergies. Check for any potential allergens that might have triggered a reaction, and consider whether it's necessary to refrain from using certain items, like adhesive plasters, due to the risk of an allergic response.
- **Evaluation of Medication:** Inquire about the casualty's current medication regimen, if any. Assess whether their medication could be contributing to the issue, affecting their blood clotting, or causing confusion. Determine whether they possess emergency medications, such as an inhaler or angina tablet.
- **Exploration of Past Medical History:** Probe into the casualty's medical history to ascertain if they have a track record of similar incidents or if they suffer from any preexisting medical conditions that could account for their current signs and symptoms.
- **Consideration of Their Last Meal:** Investigate whether the casualty has consumed any food recently, as this detail could impact the appropriateness of certain treatments or interventions.
- **Examination of Event History:** Delve into the circumstances leading up to the casualty's injury or illness. Assess whether they may have sustained head, neck, or back trauma during the incident. Determine if any witnesses can provide insights into what occurred and for how long the casualty has been in their current state.

Unconscious Casualty

If you encounter an unconscious individual, follow the DRAB model to guide your actions:

- **Danger Assessment:** First, assess the scene for safety. Determine if there are any potential dangers that could put you at risk if you approach the casualty. If you identify hazards, take steps to remove them. If you can't eliminate the dangers or if you feel unsafe approaching the casualty, immediately call 999 for assistance.
- **Response Check:** Check for a response from the unconscious casualty. Use a loud and clear voice to ask a question and issue a command to elicit a response. For example, say, "Hello (use their name), please open your eyes." If there's no response, kneel beside their head and repeat the question in both of their ears. If you still receive no response, gently tap their shoulders while reiterating the command. If the casualty responds positively, proceed with the SAMPLE assessment as outlined earlier. If they remain unresponsive, call for help or ask a bystander to call for assistance and await further instructions.
- **Airway Assessment:** The most common cause of airway obstruction is the tongue. To ensure that the airway remains unblocked, open the casualty's airway using the technique demonstrated below.
- **Breathing Check:** While maintaining the casualty's airway open by placing two fingers on the bony part of their chin, perform a thorough check for breathing. Observe, listen, and feel for any signs of breathing for up to 10 seconds. Position your ear and cheek near their mouth while monitoring their chest and stomach.

(Refer to unit 3 for actions to take if they are not breathing.)

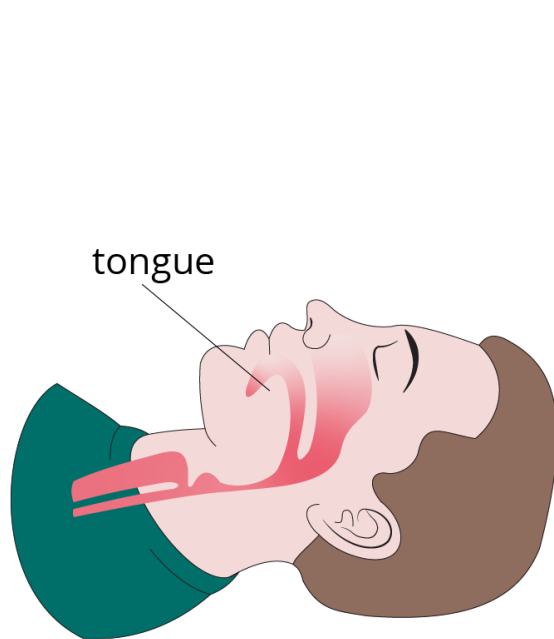
If the casualty is breathing, place them in the recovery position (as described below), dial 999 for emergency assistance, and continue to monitor them until help arrives. Follow the SAMPLE model for further assessment. Prioritize addressing conditions that could jeopardize oxygen supply, such as bleeding, burns, and shock. Keep an eye out for any signs of improvement or deterioration, and regularly check their breathing while documenting any observations related to skin color or changes in responsiveness.

A Note on Agonal Breathing

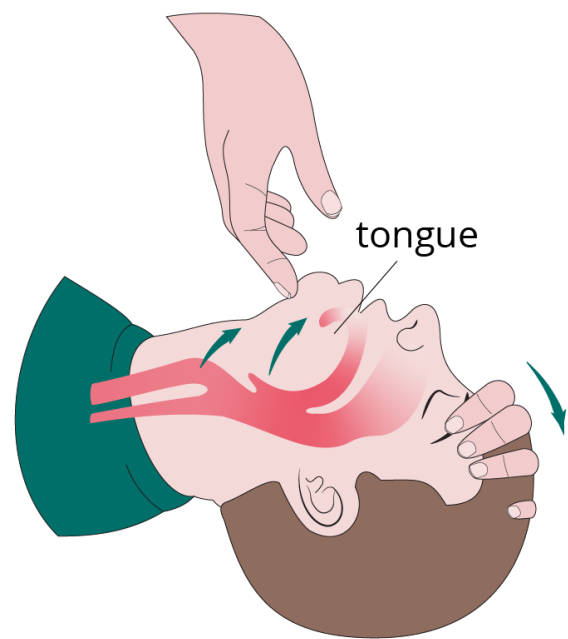
After a cardiac arrest, it is a common occurrence for individuals to exhibit brief, irregular gasps for air, which do not constitute proper breathing. In such cases, they should be treated as non-breathing casualties.

To establish an airway, follow these steps:

1. For situations where there is no suspicion of neck, head, or back injuries, begin by positioning two fingers on the bony area of the casualty's chin and placing one hand on their forehead. Proceed to gently tilt their head backward while simultaneously lifting their chin.
2. In cases where head, neck, or back injuries are suspected, kneel above the individual's head and position your fingers at the back of their jawbone on both sides. Proceed to thrust the jaw forward without moving their head or neck.



airway obstruction



open airway

Individuals who are unconscious and breathing should be positioned in the recovery stance, as this action ensures their airway remains unobstructed and minimizes the risk of them choking on vomit or any other bodily fluids.

While maintaining the openness of the victim's airway by placing your fingers beneath their chin, conduct a thorough examination for any signs of injury, bleeding, or sharp objects by gently patting the casualty's body using the back of your hand (make sure to wear gloves). Safely store any eyeglasses found during this process.

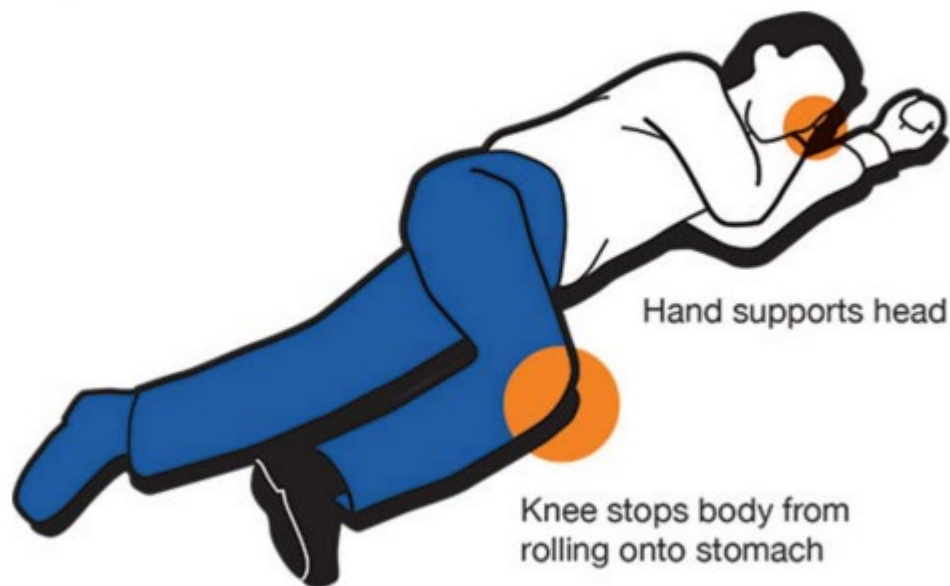
Putting Someone in the Recovery Position

- Position your nearest hand in the stop position without applying force; instead, allow it to naturally settle into a comfortable position.
- Cross the other arm of the casualty over their chest and position their hand against their cheek. Maintain a firm grasp on this hand to stabilize their head.
- Bend the leg of the casualty that is farthest from you, ensuring the foot remains flat. Gently rotate the casualty toward your direction.

- Once the casualty is settled in the recovery position, confirm that their airway is unobstructed and that they are breathing. Continue to observe and monitor their condition. If they remain in the recovery position for more than 30 minutes, consider repositioning them onto the opposite side (unless doing so would exacerbate injuries).

The Recovery Position

Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

Chapter Three

Casualties Who are Not Breathing

Immediate action and the prompt presence of emergency services are crucial for casualties who are not breathing. If you discover that a casualty is not breathing, your first step should be to call 999 to alert the emergency services, or enlist the help of a bystander to do so. Simultaneously, administer oxygen to the casualty until the emergency services arrive.

In the event of an apparently unconscious casualty, follow the DRAB protocol:

1. Danger - Ensure the scene is safe.
2. Response - Check for a response from the casualty.
3. Airway - Open the casualty's airway.
4. Breathing - If the casualty is not breathing, immediately call 999 and begin CPR.

It's important to note that CPR should only be attempted if you have received proper practical training. These instructions serve as guidance and explanations for reference purposes only, and these techniques should never be practiced on individuals who are breathing.

CPR (Cardio Pulmonary Resuscitation)

CPR serves to circulate oxygen throughout the casualty's body. By performing CPR, you are effectively sustaining the casualty's oxygenation until medical professionals arrive to take charge, rather than attempting to restore their breathing, which typically requires specialized drugs and equipment.

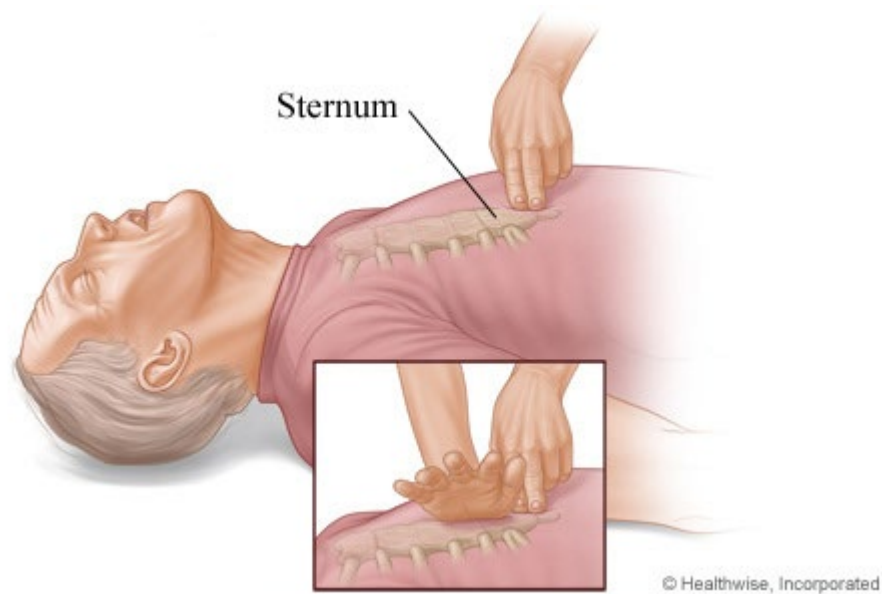
To execute chest compressions, position the heel of one hand at the center of the casualty's chest. Place your other hand atop the first, interlocking your fingers and elevating them off the casualty's body.

You should now be situated on the breastbone, with only the heel of your lower hand making contact with it. For compressions, apply downward pressure of approximately 4 - 5 centimeters and then release the pressure. Ensure that your hand maintains constant contact with the casualty's chest.

Maintain a steady rhythm of 100 – 120 compressions per minute. If you are also providing rescue breaths, administer 30 compressions followed by 2 breaths, and continue in this pattern (30 – 2). Continue with compressions, compressions, and breaths until the casualty displays signs of improvement, medical assistance arrives, or you become fatigued. If you suspect that the casualty may have started breathing on their own, check for breathing signs for 10 seconds. If they are now breathing independently, place them in the recovery position and monitor them until help arrives. If not, continue with CPR.

Remember that only 2 out of 100 individuals will resume breathing solely through CPR; your primary objective is to sustain an oxygen supply until professional help arrives. When performing CPR, ensure precise hand placement, as this enhances the effectiveness of compressions and reduces the risk of injury. If you plan to provide rescue breaths, use a face shield to prevent cross-contamination.

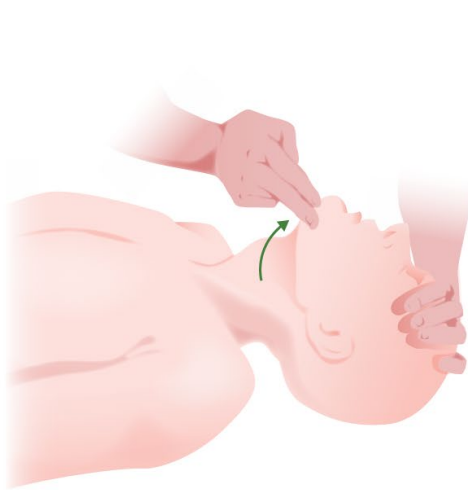
In the case of a casualty who has drowned, initiate 5 initial rescue breaths, then proceed with the usual cycle of 30 compressions and 2 breaths.



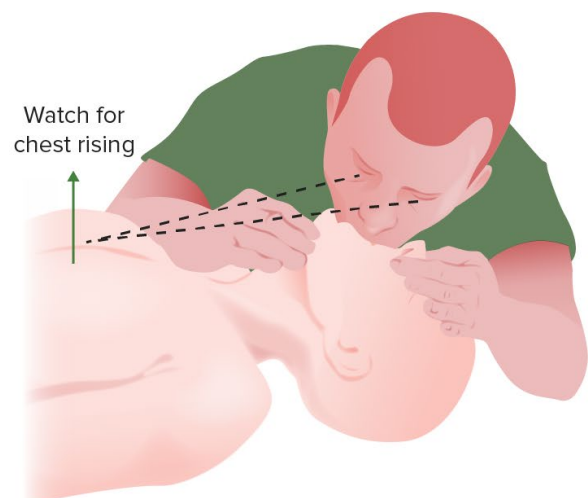
To administer rescue breaths:

1. Begin by opening the airway and employing your thumb and index finger to close off the nose.
2. Exhale consistently into the person's mouth for a maximum of 1 second, discontinuing when their chest elevates.
3. Pause, allowing the casualty's chest to descend, and then sit up to take your own breath.
4. Recycle steps 1 through 3 as necessary.

Rescue breaths



Open airways by lifting the chin slightly.



Pinch nose and give 2 rescue breaths.

If breaths don't seem effective, proceed with chest compressions; don't waste time.

The Golden Hour

There exists a critical time window referred to as the 'golden hour' during which four essential steps must occur to increase the chances of recovery for someone who has ceased breathing.

1. Prompt access – dial 999 or 112 (as described below).
2. Swift CPR – prevents cell damage during the waiting period for assistance, essentially buying time.
3. Early defibrillation – employing paramedic equipment capable of restoring the heart's normal rhythm.
4. Timely advanced cardiac life support – involving medications, medical equipment, and healthcare professionals.

First aid providers play a crucial role in the initial two stages. Failure to promptly activate emergency services and administer CPR significantly diminishes the casualty's survival prospects.

The initial three stages should be completed within 10 minutes for the best chance of survival, allowing the remainder of the hour to transport the casualty to the hospital for stage 4.

Calling the Emergency Services

If there's a bystander present, instruct them to call for help as soon as you determine that the casualty is not breathing.

If you are by yourself:

- If the casualty is a child or an adult showing signs of force or trauma, choking, or drowning, phone for assistance after performing 1 minute of CPR.
- If the casualty is an adult without any signs of force or trauma, choking, or drowning, assume it's a heart-related issue and call for help immediately upon confirming their lack of breath.

Chapter Four

Choking

Choking presents an immediate and life-threatening emergency that demands swift and assured action. When an individual's airway becomes obstructed by a piece of food or a small object, it hampers their ability to breathe and necessitates immediate removal.

In the case where the casualty can still breathe, indicating a mild obstruction, there is no need for physical intervention, but it may warrant medical attention.

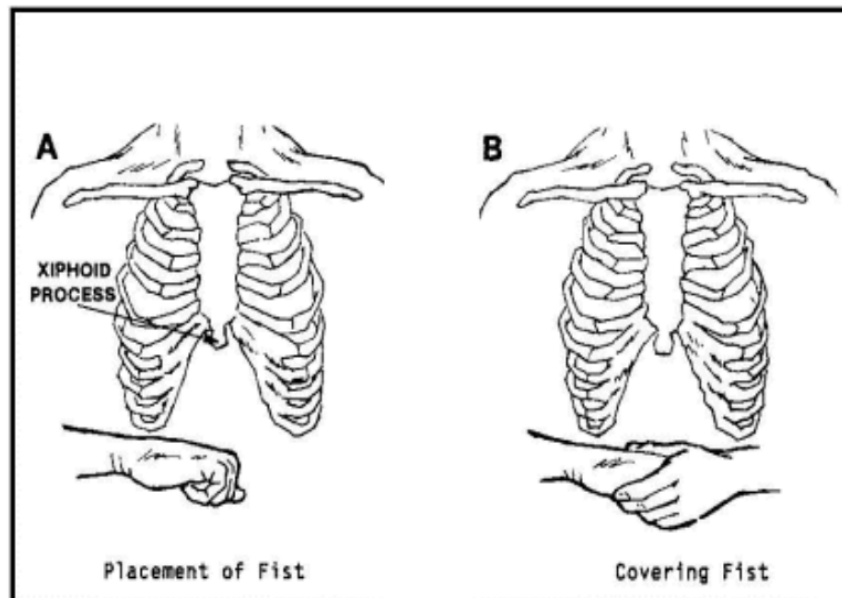
Plan of Action for Mild Obstruction

- Assess the situation for any potential dangers.
- Recognize the presence of a mild obstruction through observable and audible indicators, such as:
 1. Coughing.
 2. Wheezing.
 3. Signs of panic.
 4. Breathing difficulties.
 5. Facial reddening.
 6. Gestures or hand signals pointing to the throat.
- Ask the casualty if they are experiencing choking.
- If they confirm choking, reassure them to remain calm and attempt to encourage coughing. Avoid taking any physical action that might exacerbate the situation.
- If the obstruction persists, seek medical assistance, as there is a possibility that professional intervention may be necessary to dislodge the obstructing object, like a fishbone.

In the event that the casualty cannot breathe, indicating a severe obstruction fully blocking their airway...

Plan of Action for Severe Obstruction

- First, assess the situation for any potential hazards.
- Next, recognize the presence of a severe obstruction in an individual through observable and audible indicators, including:
 1. Difficulty in breathing.
 2. Signs of panic.
 3. The person grasping at or pointing to their throat.
 4. Bluish discoloration of the skin, particularly around the mouth.
- Examine the person's mouth for any apparent blockage, and if feasible, remove it. Avoid inserting your fingers into their mouth if the obstruction is not visible.
- Position yourself with your feet apart at the side of the affected person to maintain balance. Gently lean them forward while providing support with your arm. Employ your free hand to deliver up to five forceful blows using the heel of your hand between their shoulder blades. Cease this action if the obstruction becomes dislodged. Following the fifth attempt, inspect the person's mouth to check for the presence of the object, and remove it if feasible.
- In the event that back blows prove ineffective, stand behind the individual. Form a fist with one hand, placing your thumb on the outside, and position your thumb against their abdomen, halfway between the bottom of their breastbone and their navel. Cover the top of your fist with your other hand, then pull inwards and upwards. This maneuver is referred to as an abdominal thrust and should be repeated up to five times unless the obstruction is successfully cleared. After the fifth attempt, assess their mouth for the visibility of the obstruction and remove it if possible.



- Continue performing sets of 5 back blows and 5 abdominal thrusts until either the blockage is cleared, or the person loses consciousness (remember to inspect their mouth after each set of 5). If the airway remains blocked after three rounds of back blows and abdominal thrusts, get in touch with emergency services (or do so immediately if they become unconscious).

In the event that the casualty loses consciousness during your treatment:

- Assess the danger.
- Verify their response - inspect the mouth for obstructions and remove if feasible.
- Ensure their airway is clear.
- Attend to their breathing - administer CPR if required.

After performing abdominal thrusts, the injured party should seek medical assistance, as this technique may result in internal injuries.

Chapter Five

Bleeding and Burns

Always use disposable gloves as a preventive measure against cross infection when tending to bleeding and burns.

Minor Wounds

Individuals with minor injuries face a potential infection risk that can lead to complications and lasting harm. To fulfill your responsibility of averting further harm and facilitating recovery, you must gently cleanse the wound with water and then apply an appropriate sterile dressing, such as a plaster. In cases of persistent bleeding, instruct the casualty to apply pressure to the wound and assist them in elevating the affected area above the level of their heart.

If any concerns arise, such as a heightened infection or scarring risk, the casualty should seek professional medical guidance.

Heavy Bleeding

Heavy bleeding has the potential to become life-threatening, as blood carries oxygen throughout the body. Swift action is imperative to halt the bleeding, and it may be necessary to dial 999 or aid the individual in obtaining medical assistance.

The treatment of bleeding comprises four elements, which can be performed in any sequence:

- Pressure.
- Exposure.
- Elevation.
- Position.

Here's the action plan for addressing bleeding:

- Assess the danger - determine the cause of harm and check if it's still present.
- Check for a response - if the casualty is speaking or making noise, it indicates they are breathing (if they are motionless and quiet, follow the instructions for an unconscious patient on page 10).
- Utilize the SAMPLE model to gather information (refer to unit two).
- Apply pressure - instruct the casualty to press down on the wound using a dressing or a clean absorbent pad.
- Expose the wound - remove any clothing and clean around the wound.
- Elevate the wound - if possible, raise it above the casualty's heart and provide support if needed, such as holding up an arm.
- Position the casualty - address potential shock by having them lie down and raising their legs (see page 28).
- Dress the wound to exert pressure without disrupting circulation. If blood continues to seep through, apply another dressing (it may take 6-10 minutes for the blood to clot). If the bleeding persists, remove the bandages and start over to ensure proper pressure application.

Note: If the casualty is experiencing severe bleeding, send a bystander to call 999 as soon as possible. If you are alone, make the call after applying the initial bandage. If the situation is not life-threatening, control the bleeding and then assist the casualty in seeking professional medical advice and treatment.

Nose Bleeds

Instruct the injured person to bend forward and grasp their nostrils just beneath the bony section of the nose; if they cannot do this themselves, assist them. Release the pressure after 10 minutes, and if bleeding persists, reapply the pressure. Monitor the situation at 10-minute intervals, and if bleeding remains uncontrolled after 30 minutes, seek medical assistance.

Once the bleeding ceases, ensure the injured individual refrains from blowing their nose, picking at it, or engaging in any activity that might trigger further bleeding.

Penetrating Chest Wounds

Penetrating wounds to the upper torso, whether on the front or back, have the potential to puncture the lungs, possibly leading to their collapse or blood accumulation. In such cases, the injured person may experience breathing difficulties, putting their life in jeopardy.

Possible signs and symptoms to watch for include:

- Labored or painful breathing.
- Cold, clammy, pallid skin.
- Air bubbles emerging from the wound with blood.
- Coughing up bright red, frothy blood.
- Audible "whistling" sounds as air gets drawn through the wound.

To assist a conscious injured person, have them sit on the ground, with their back supported against a wall or another surface, and gently lean them toward the side of the injury. Keep the wound exposed without applying a dressing. If bleeding is evident, apply direct pressure and, if necessary, dress the wound, then call 999.

For an unconscious injured person, position them in the recovery posture on the side of the injury, and immediately call 999.

Embedded Objects

Important: Embedded objects should not be removed.

Removing an embedded object can potentially lead to infection, exacerbate injuries, and elevate blood loss. It is imperative that a healthcare expert removes the object.

To manage bleeding, apply pressure on both sides of the object; employ bandages to secure absorbent pads in position if this can be done without exerting pressure on the object.

Scalp Wounds

Because scalp injuries can result in significant bleeding, they can pose challenges when it comes to applying dressings. If you find it difficult to secure a bandage in place, consider holding a pad in position instead.

Ensure the casualty's head and shoulders are elevated, and adhere to the protocol for managing heavy bleeding. However, refrain from elevating their legs. Minimize movement as much as possible when there is a suspicion of head, neck, or spinal injury.

If you have any concerns, promptly contact emergency services. For less severe cases, offer assistance in obtaining medical care. Keep a vigilant eye on the casualty for signs of more severe injuries, such as the presence of any fluids from the ears or nose, confusion, unexpected drowsiness, and unresponsive or uncoordinated eye movements in response to light.

Bleeding Varicose Veins

While rare, burst varicose veins can result in substantial blood loss. Occasionally, individuals affected by this may not readily sense the situation due to its relatively painless nature. However, the primary objective remains to swiftly halt the bleeding through the subsequent steps:

- Apply firm pressure utilizing a sterile, non-fuzzy dressing (or clean pad) until bleeding is effectively managed.
- Securely bandage over the dressing.
- Facilitate the casualty in assuming a supine position and elevating the affected leg as high as feasible, resting it on a support such as a chair.

Burns and Scalds

Treatment is essential for burns and scalds to mitigate infection risk, minimize fluid loss, and reduce scarring. While burns result from exposure to dry heat and scalds stem from wet sources like hot water or steam, the treatment approach remains consistent.

Serious burns, which can be life-threatening and potentially induce shock (as discussed in unit six), require immediate medical attention. This includes:

- Any full-thickness burn.
- Burns affecting the hands, feet, face, or genital area.
- Burns encircling a limb entirely.
- Partial-thickness burns exceeding the size of the casualty's hand.

Action Plan for Treating Burns and Scalds

- Caution.
- Reaction – If the casualty exhibits signs of communication or distress (such as talking or screaming), it indicates they are breathing (if they remain still and quiet, follow instructions for an unconscious patient).
- Employ the SAMPLE model to collect information (refer to unit two for details).
- Apply cool running water to the affected region for 10 to 15 minutes to dissipate heat and prevent further injury. Avoid submerging extensive areas in stagnant water to prevent hypothermia.
- Eliminate any garments covering the affected area, unless they are adhered to the burn.
- Shield the area to prevent infection. If possible, utilize a transparent plastic bag or kitchen wrap, which will minimize fluid loss while enabling cooling over the bag or wrap.
- In the absence of a plastic bag or kitchen wrap, or if they are unsuitable for the affected area, loosely cover with a sterile, non-fuzzy dressing.
- Maintain separation between affected areas of skin, remove watches and rings, and loosen any tight clothing.

Sunburn

- Provide shelter in a cool and shaded area for the injured person.
- Ensure their comfort.
- Offer small sips of water.
- Apply damp cloths to help lower their body temperature.
- If you have any worries about their condition, seek medical assistance.

Action Plan for Electrical Burns

- In the event of high voltage electricity involvement, prioritize safety by maintaining a safe distance and immediately dialing 999. In cases of lower voltage incidents, either shut off the electricity at the mains or isolate the injured party from the power source with a nonconductive object, such as a wooden pole, while standing on a nonconductive surface like newspaper.
- When assessing the casualty's condition, if they are communicating verbally or making noise, it indicates they are breathing (for situations where they remain still and quiet, follow the guidance for an unconscious patient, as detailed on page 10).
- Dial 999, provide first aid for injuries, and closely observe the injured individual for any signs of internal harm.

Chapter Six

Recognizing and Treating Shock

The term "shock" encompasses a wide range of meanings, all of which can lead to both mental and physical discomfort. In its most severe form, shock becomes a life-threatening condition, stemming from one of two primary causes:

1. Impairment of the heart's capacity to circulate blood throughout the body.
2. Substantial depletion of bodily fluids due to factors such as bleeding, burns, severe diarrhea, and similar conditions.

Common Signs of Shock:

- Swift, feeble heartbeat.
- Skin that is pale, chilly, and damp.
- Perspiration.
- Breathing that is swift and superficial.

Symptoms of Shock:

- Weakness or lightheadedness.
- Queasiness.
- A sensation of thirst.

If Untreated Severe Shock will Cause:

- Skin appearing blue, especially around the mouth area.
- Agitation and disorientation.
- Unconsciousness ensues.

Action Plan for Treating Shock

- Caution.
- In case of unresponsiveness, assess airway and breathing, and administer necessary treatment; for responsiveness, utilize the SAMPLE model to gather information.
- Offer comfort and support.
- Position the injured individual horizontally with elevated legs to enhance blood circulation to the brain. Refrain from doing so if there's a head, neck, or spinal injury, or if breathing difficulties are present (avoid leaving the person alone in this position; if you must leave, place them in the recovery position first).
- Maintain warmth by covering them with a blanket or coat, refraining from using external heat sources.
- Observe for any alterations.

Fainting

If someone suddenly loses consciousness, it's possible they've experienced a fainting episode. In such a situation, it's advisable to gently lay them down and elevate their legs to promote better oxygen flow to the brain. If they don't regain consciousness promptly, you should refer to the guidance provided on page 10 for handling an unconscious individual.

It's essential to encourage the person to remain on the floor until they fully recover. When they start feeling better, they should gradually and cautiously rise to their feet. Rushing this process may lead to another fainting episode.

The Cause of the Fainting Can Vary and Can Include:

- Rapidly standing up, which may suggest low blood pressure.
- Inadequate food or fluid intake.
- Overheating.
- Cardiac issues.

- Emotional distress, anger, or severe pain.
- Substance abuse or excessive alcohol consumption.

Symptoms Can Include:

- Dizziness.
- Cold, clammy skin with sweating.
- Alterations in vision.
- Nausea.



Chapter Seven

Common Medical Emergencies

This section outlines various common medical emergencies you might come across. It provides guidance on recognizing and addressing these emergencies, along with information regarding contacting emergency services.

Guidelines for Managing Seizures

- Assess the situation for potential hazards and ensure the person's safety by removing any objects that could cause harm. If the ground is firm, try to place something soft like a jumper under their head. Only physically intervene or relocate the person if they are in immediate danger, such as lying in the middle of a road with uncontrollable traffic. Maintain the individual's dignity by requesting bystanders to leave the area and covering the person's legs to conceal any signs of incontinence.
- Record the duration of the seizure and closely observe the individual for indications of breathing difficulties.
- After the seizure subsides, place the person in the recovery position and stay with them as they regain their normal state.
- Continuously monitor their breathing, skin color, and responsiveness, and be ready to take action if they lose consciousness or stop breathing.

Call an Ambulance:

- if you believe this to be an inaugural seizure.
- if there is any injury to the person.
- if subsequent seizures occur without a return to consciousness.
- if the seizure endures for more than 5 minutes or displays atypical characteristics for this individual.
- if the person gives their consent.

Hypoglycemia (Low Blood Glucose)

Hypoglycemia has the potential to become life-threatening since the brain relies on glucose for its proper functioning. Initial indicators of this condition might encompass:

- Experiencing hunger.
- Perspiring.
- Suffering from dizziness.
- Experiencing fatigue.
- Experiencing trembling or shakiness.
- Feeling anxious or irritable.
- Developing a pallor.
- Having a rapid pulse or palpitations.
- Experiencing a tingling sensation in the lips.

If Not Treated Quickly Hypoglycemia May Lead To:

- Experiencing difficulty concentrating.
- Exhibiting weakness.
- Suffering from blurred vision.
- Dealing with drowsiness.
- Struggling with confusion.
- Demonstrating disorderly or irrational behavior, possibly resembling intoxication (e.g., slurred speech and clumsiness).
- Facing seizures or fits.
- Succumbing to a loss of consciousness.

(NHS 2021)

If the individual possesses a blood glucose testing kit, they should perform a blood sugar test; if this is not feasible, administer treatment for hypoglycemia, as it will not exacerbate the situation and may save a life.

Should the casualty remain conscious, provide them with sugar sources such as chocolate, fruit juice, or cola. Engage in conversation with them while monitoring their condition. In the absence of improvement, promptly call 999.

In case the casualty does recover, encourage them to consume a starchy carbohydrate snack to stabilize their blood glucose levels. They are likely to experience a headache and may find relief with pain relievers and rest.

If the casualty's consciousness is significantly reduced or they are unconscious, it is not safe to offer them food or beverages. Ensure their airway is clear, place them in the recovery position if necessary, and dial 999. If they cease breathing at any point, commence CPR.

Emergency Asthma Care

Asthma, a condition with the potential to be life-threatening, affects individuals in the UK every 10 seconds, underscoring the urgency of appropriate and swift emergency intervention.

Signs and Symptoms:

- Breathing difficulties and a constricting chest.
- Audible wheezing.
- Impaired speech due to breathlessness.
- Discoloration of the skin around the mouth, turning grey-blue.

Treatment:

- Maintain a calm and reassuring presence.
- Assist the affected person in locating and using their reliever inhaler (typically blue). If they do not have medication, promptly contact emergency services.
- Seat the individual in a slightly forward-leaning position and encourage slow, deep breathing.
- If relief is not achieved within a few minutes, recommend the use of the inhaler once more.
- If the person fails to recover or displays signs of exhaustion, contact emergency services.
- Continuously monitor the individual until they regain stability or professional medical assistance arrives.

Heart Attack

Heart attacks result from a sudden blockage in the heart's blood supply. It is imperative to seek help expeditiously, as approximately eighty percent of heart attack damage occurs within the initial two hours.

Signs and Symptoms:

- Intense chest pain that radiates to one or both arms.
- Breathlessness.
- Abrupt onset of dizziness or fainting.
- Unforeseen loss of consciousness.
- Bluish lips.
- Profuse sweating.
- Severe gasping for breath.

Treatment:

- Position the affected person comfortably in a half-sitting posture at ground level, with legs bent and supported, while providing support for the head and shoulders (they may lean against you or a wall with a cushion beneath their knees).
- Promptly summon emergency medical assistance.

- Encourage the individual to chew an aspirin tablet (the sole medication typically found in a first aid kit, intended for this specific purpose).
- If the person has angina medication, assist them in locating and taking it.
- Continuously monitor their response, airway, and breathing until professional help arrives, prepared to take action if the situation evolves.

Stroke

A stroke is the result of a disruption in the brain's blood supply. There exist two distinct types of strokes:

1. Ischemic stroke, characterized by a blood clot obstructing a blood vessel, impeding blood flow.
2. Hemorrhagic stroke, where a blood vessel ruptures, causing blood to leak into the brain.

In the event of a stroke, it is imperative to take immediate action to minimize the duration of oxygen deprivation to the brain. Specific signs and symptoms may indicate that someone is experiencing a stroke, which include:

- Facial numbness or weakness, potentially causing drooping of the mouth and inability to raise both arms evenly.
- Difficulty speaking or comprehending language, resulting in an inability to repeat simple sentences, find appropriate words, or follow basic instructions.
- Unexplained dizziness.
- Blurred or diminished vision in one or both eyes.
- Loss of balance or a sudden fall.
- Swallowing difficulties.
- Intense and persistent headaches.
- Confusion.
- Reduced consciousness or loss of consciousness.

A straightforward method for identifying potential stroke symptoms is by performing the FAST test:

Face: Can the person smile? Is one side of their mouth drooping?

Arms: Can they raise both arms?

Speech: Can they articulate clearly?

Time: If any of these symptoms are present, it's time to call 999.

If The Casualty is Conscious:

- Assist in getting them to recline, and position an appropriate item beneath their head to maintain elevation for both their head and shoulders.
- In case of drooling, gently turn their head to one side.
- Dial 999 to request an ambulance.
- Maintain a composed demeanor with the injured person and closely observe their status. Be ready to respond to any alterations.

If The Casualty is Unconscious:

- Clear their airway and assess their breathing.
- If they are breathing, place them in the recovery position and keep a watchful eye.
- If they are not breathing, initiate CPR.
- Contact 999 to request an ambulance.



References

First Aid Manual 10th edition

St John Ambulance, St Andrew's Ambulance Association and British Red Cross 2016

The Health and Safety (First Aid) Regulations www.hse.gov.uk

downloaded 2012

Approved Code of Practice and guidance 2009

www.nhs.uk/conditions/fainting

www.healthline.com/health/heart-disease/heart-attack-symptoms#early-symptoms

www.headway.org.uk/about-brain-injury/individuals/types-of-brain-injury/strok