

## Annex A – Guidance on First Aid

The following guidance is for reference for trained and qualified first aiders only.

When administering first aid, take care not to become a casualty yourself, remember **Danger, Response, Airway, Breathing, Circulation (DRABC)**. Use protective equipment and clothing where necessary. If the situation requires, phone for an ambulance, give clear instructions and make arrangements for the ambulance to be directed to the scene without delay. Ensure you get an estimated time of arrival or time until arrival.

### Airway

If the casualty is unconscious, tilt the head back to open the airway. If possible, place them in the recovery position until medical attention arrives. Only do this if you are sure they have not sustained a head or spinal injury, only move the injured person as a last resort.

When the airway is clear/opened, move onto **Breathing**

### Breathing

Check that the casualty is conscious by firmly asking their name and if they can hear you, shout into their ear '**OPEN YOUR EYES**', if no response, try for a pain response. Open air way (head tilt) if there is no response, check for signs of a normal breathing rhythm using 'Look, Listen and Feel' for 10 seconds. You should observe 2 to 3 breaths. If breathing is ineffective, you should prepare for Cardio Pulmonary Resuscitation (CPR).

### Circulation

Identify and treat any life-threatening circulation problems for example Heart Attack, Heart Failure, Poisoning, Anaphylaxis, Cardiac Arrest and Severe bleeding.

If breathing is ineffective, too fast or too slow (i.e. 1 breath in 10s or 8 breaths in 10s), CPR should be started at once and continued until ambulance personnel take over, until you're too exhausted to carry on or if they gain or show signs of consciousness and normal breathing rhythm.

**REMEMBER** the sequence 30 chest compressions followed by 2 breaths at a rate of 120 compressions per minute or 2 per second and continue until help arrives, they begin to breathe on their own, or you are too exhausted to continue.

## Bleeding

If the casualty is bleeding, the bleeding can be controlled by applying direct pressure to the wound (use a pad of sterile dressing or, if necessary, direct pressure with fingers or thumb on the exact point of the bleed). **Catastrophic** bleeding that cannot be controlled by direct pressure, the use of Haemostatic dressings or a tourniquet can be considered but **training is essential to make sure application is safe and effective.**

***A tourniquet should be reserved for life-threatening bleeding from an arm or a leg that cannot be controlled by direct pressure.***

## Broken Bones

Unless the casualty is in a position that exposes him to further danger, do not attempt to move them if it is suspected that they have broken bones or injured joints.

## Burns and Scalds

Small burns and scalds can be treated by flushing the affected area with plenty of clean, cool water for at least 10 minutes. If possible cover the burn and surrounding area with non-adhesive dressings such as cling film. Do not apply cloth dressings.

**N.B. DO NOT burst blisters or attempt to remove clothing that is sticking to the affected area.**

## Chemical Burns

### REMEMBER DRABC

Ensure that you are not in danger. Take note of the Chemical and First Aid Advice on COSHH sheet.

Remove contaminated clothing where it is not sticking to the skin and if safe to do so, flush the affected area of the skin with plentiful amounts of clean, cool water to dilute the chemical for at least 20 minutes. Apply a non-adhesive dressing such as cling film. Take care when treating the casualty so as not to become contaminated yourself and ensure that medical attention is obtained. Take care when treating the casualty to avoid further contamination. Remember to have the chemical information ready for the emergency services.

### **Foreign Bodies in the eye**

If the object can be readily removed with eye wash, water or a clean piece of moist lint free material then do so. Only attempt to remove objects in the white of the eye. At no point should you attempt to remove objects stuck to the iris or pupil (the coloured part of the eye) or penetrating the eye. Otherwise, flush the eye with plenty of clean, cool water.

Cover both eyes with a sterile eye pad and arrange for the casualty to go to hospital to have the eye checked for further foreign objects and damage. As both eyes, will be covered they will need strong supervision and guidance to help reassure them.

### **Chemicals in the eye**

Flush the open eye at once with plenty of clean, cool water continuing for at least 20 minutes. If the contamination is more than minimal, send the casualty to hospital to have their eyes checked for damage. If the situation looks more serious, call an ambulance.

### **Electric Shock**

#### **REMEMBER DRABC**

Ensure that the current is switched off before attempting to touch the casualty. If it is impossible to turn off the power and the casualty is still in contact, you can free them by either using a piece of dry wood or rubber. Under no circumstance should you touch the casualty with any part of your body or clothing until the power is isolated. Check for breathing, send for an ambulance, and start CPR as required, remember DRABC or treat for burns at the entry, exit and shortest distance between the two.

### **Overcome by the effects of Gas**

Move the casualty to fresh air. If the casualty is in a gas filled room, breathing apparatus will be necessary for the first aider. Check for signs of breathing, send for an ambulance and start CPR as required. If the casualty needs to go to hospital, ensure the COSHH information for the gas involved is sent with them.