YOUR EMERGENCY FIRST AID PLAN

SkillBase™ First Aid
Confidence, not just competence

A network of workplace and independent first aid instructors across the UK and Europe

Your Emergency Action Plan

DANGER

Check for dangers to you and any casualties. Make sure it's safe for you to give help...

RESPONSE

Talk to the casualty and gently tap their shoulders. If the casualty is not responding...

SHOUT

Shout for helpers if possible. Don't leave the casualty yet, while you...

AIRWAY & BREATHING

Open the airway by tilting the head back, and lifting the chin. Maintain a clear airway, while you...

Check for breathing by looking, listening & feeling for up to 10 seconds. If they are not breathing dial 999 & start Basic Life Support

30
Chest Compressions
2
Rescue Breaths

30
Chest Compressions
2
Rescue Breaths

Basic Life Support

If you have found that your casualty is not breathing, it is important that you start basic life-support as soon as possible. This will keep the casualty's body oxygenated and will significantly increase the chances of survival.

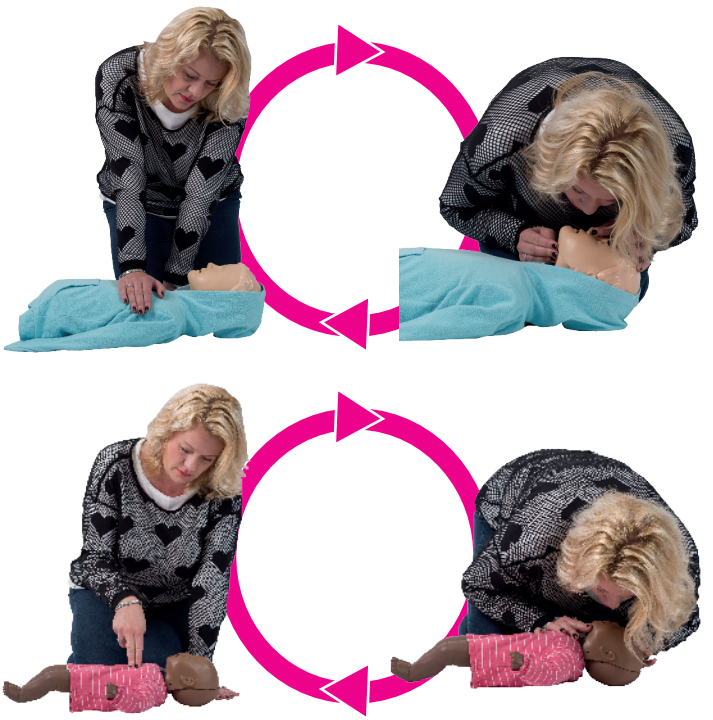
Basic life-support is sometimes called cardio pulmonary resuscitation or CPR.

- ➔ If the casualty is not breathing dial 999.
- ➔ Give 30 chest compressions, followed by 2 rescue breaths.
- ➔ If you are unwilling or unable to give rescue breaths, continue with chest compressions only.
- ➔ Continue with chest compressions and rescue breaths using the ratio of 30 compressions & 2 breaths.
- ➔ Only stop to recheck the casualty if they start to breath normally – otherwise don't unnecessarily interrupt resuscitation.
- ➔ If there is more than one rescuer, change over every 2 minutes to prevent fatigue.

Continue to give cycles of 30 chest compressions followed by 2 rescue breaths.

Compress the chest by at least one third of its depth.

Use two fingers for an infant under one year; use one or two hands for a child over one year as needed to achieve an adequate depth of compression (at least one third). For a baby ensure that the breaths are made through both the mouth and the nose.



Defibs

Defib's are increasingly becoming available in workplaces and the community (public access defibrillation). Common placements include public venues such as swimming pools, train & tube stations, air ports, and shopping centres. In rural communities they are often available in places such as ex-telephone boxes. They may be protected by an access code, which is usually given by ambulance control.

Defib's deliver a shock to the heart of a casualty, and are successful in about one third of cases (to hospital release) this is about 5 times more successful than without a defib.

Although there are different brands of defib's available on the market, they all work in a similar way. Semi automatic defib's require the shock button to be pressed when indicated, whereas fully automated will shock the casualty without the need for a button being pressed.

Using the Defib

- If the first aider is in a place that has a defib, they should send for one at the time of calling an ambulance. If they are alone they should collect it at the same time as calling an ambulance.
- The first aider should instruct the person fetching the defib to power it on, and ideally place the pads while they continue with Basic Life Support.
- Once powered on, the first aider should follow the prompts given by the defib.

Pad Placement

- Clothing will need to be removed and the pads should be placed in the positions as shown on the pictures on the pad packaging.
- The chest of the casualty will need to be dry, for both pad placement and good shock conduction. A likely cause for the chest to be wet if the profuse sweating that a heart attach casualty may have been experiencing.
- Excessive chest hair chair will need to be removed for good pad adhesion.

Choking

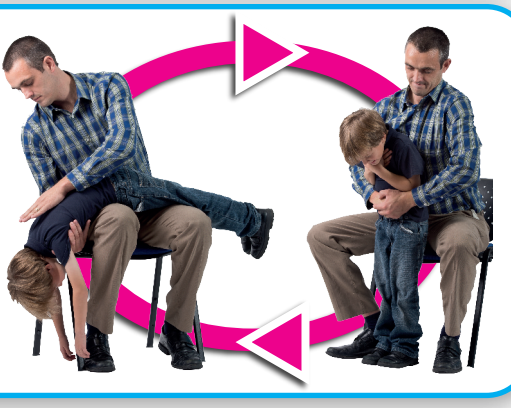
When a casualty is choking, it is important that the first aider takes quick assertive action. When a casualty's airway is completely blocked, it will be distressing. The casualty is likely to panic and may clutch at their neck. Encourage the casualty to cough, if they cannot cough or clear the blockage begin back slaps and abdominal (or chest for baby) thrusts.

Adult

5 Back Slaps followed
by 5 Abdominal Thrusts

Child

5 Back Slaps followed
by 5 Abdominal Thrusts



Baby

5 Back Slaps followed
by 5 Chest Thrusts

Head, Neck & Back Injuries

Head, neck and back injures are a concern for all first aiders. As a first aider, we must try to prevent the injury from becoming worse whenever possible. If a spinal injury has affected the spinal column, this may lead to loss of movement below the injury and as such can be very scary for both the casualty and the first aider.

If the casualty is breathing

- Keep the casualty in the same position, unless they are in danger
- Call an ambulance
- Support their head with your hands
- Leave any helmets on
- Monitor, responsiveness, airway and breathing
- Be prepared to use your emergency plan
- If the casualty's airway becomes compromised, for example through vomiting you roll them onto their side. This could be achieved by using the recovery position or a log roll (see unconsciousness).

If your casualty's airway is blocked or they are not breathing normally:

- Ensure an ambulance has been called
- Use a gentle, but sufficient controlled head tilt chin lift to open the airway and check for breathing.
- If the casualty is now breathing normally maintain the position and await the arrival of the emergency services.
- If the casualty is not breathing normally, start basic life-support.
- If you are unsure or unwilling to open the airway or begin basic life-support, recall ambulance control for advice - but do not just wait until their arrival.

Casualties Wearing Protective Hats and Helmets

If the casualty is wearing a helmet and this is hindering your breathing check, you should consider careful removal. Ensure that any chin straps have been undone and try to use others to keep the head and neck still and supported during gentle removal. If you are unsure or unwilling, call ambulance control for further guidance.

It is important to remember that we can live with injures, but we cannot live without air, It is therefore essential that the first aider recognises that airway and breathing problems, always need to be priorities over injuries.

Bleeding

Often a casualty can manage minor wounds such as cuts and grazes themselves, this may just involve washing the wound under running water, and applying a plaster.

A pressure dressing will need to be quickly and effectively applied to a bleeding wound. The dressing should be applied with enough pressure to start to stop the bleeding, but should not be so tight to cut off the casualty's circulation. If bleeding continues through the first dressing, apply a further dressing. If bleeding continues to bleed heavily through the second dressing, ensure that an ambulance has been called, and apply further pressure with your gloved hands.

BARRIER

Barrier yourself from coming into contact with the casualty's blood. Vinyl or nitrile gloves are the best way to achieve this.

LAY or SIT

Lay or sit the casualty down in a position appropriate to their wound. Laying the casualty down will prevent the situation becoming worse if the casualty faints.

ELEVATE

Unless the bleeding is severe and major, elevate the wound as appropriate. Whenever possible it is ideal to keep the wound above the level of the heart.

EXAMINE

Examine the wound for any embedded objects, such as glass, metal or knives. Do not remove any objects, as this is likely to make bleeding much worse.

DRESSING

Apply an appropriate pressure dressing to the wound. Pressure could also be applied with a clean towel, your casualty's hand, or your gloved hand.

SHOCK

Monitor the casualty for the signs and symptoms of shock.
Be prepared to use your emergency plan if necessary.

Your Emergency Burns Plan

Minor Burns usually cause discomfort and stinging. Common examples include, sun burn, and quick contact burns such as from an iron or hair straightners.

Major burns are very serious, involving all layers of the skin even as far as fat tissue. There may be damage to the muscle, blood vessels and nerves. This type of burn is sometimes less painful due to nerve damage.

Look out for signs of, and treat shock, which might be caused by fluid loss. The larger the burn, the more likely it is that the casualty will suffer shock .

SOURCE

Remove the heat source if possible.

COOL

Cool the burn, ideally under cold or luke warm running water, for at least 20 minutes. Keep the person warm to avoid hypothermia.

AMBULANCE

If the burn is very deep or covers a large area call 999 while the burn is being cooled. Call 111 for advice if you are unsure.

LOOSE

Remove or loosen unstuck objects only. Do not remove anything that is stuck to or touching the burn, as this is likely to cause damage.

DRESSING

Dress the burn using burns dressing, a clean clear plastic bag, or cling film in a single non constrictive layer.

SHOCK

Look out for signs of and treat shock, which might be caused by fluid loss.

Injuries to the Bones, Muscles and Joints

It's difficult for the first aider to recognise the difference between a fracture, dislocation, strain or sprain. You are not expected to make a diagnosis, but to recognise a serious injury to the bone, muscle or joint and arrange appropriate medical treatment.

Possible Signs and Symptoms:

- Pain and tenderness
- Irregularity
- Swelling and bruising
- Loss of power or use of a limb
- A shortening of the limb
- Shock

Treatment:

- Tell the casualty to keep as still as possible
- If possible, elevate and support the injury. Immobilise to avoid further movement. Immobilise only if it will not cause further pain or damage. Immobilisation may just be padding or supporting the injury.
- If appropriate, apply an ice pack or cold compress. This helps control swelling. Wrap the ice pack in a towel or similar to avoid contact with the skin. Keep the ice pack in place for 10 minutes at a time.
- Keep the casualty warm
- Nothing to eat or drink
- Treat for shock if needed
- Call for an ambulance unless minor

Never attempt to reposition or relocate a dislocation - it is likely to cause severe pain and even further injury.

Seizures / Fitting

When someone has a major seizure, they will lose consciousness, their body will stiffen (seize), and they will fall often to the ground. They will then start to make varying degrees of jerky movements. During the fit, it is likely that the casualty will lose control of their bladder and bowel.

Treatment:

- Move objects away from the casualty to prevent injury
- Move any other people away and protect their dignity
- If it is safe, cushion their head from the floor with a blanket, or clothing, but do not try to restrain them
- Once the casualty has finished fitting, use your emergency plan. This would usually take you into the recovery position
- Protect the airway, the casualty may be bleeding from their mouth or may have vomited
- Stay with the casualty, allow them to recover slowly
- Protect the casualty's modesty, by using a blanket or similar
- Call an ambulance if you are unsure

Fainting

Possible Signs and Symptoms:

- Dizziness and passing out
- Feeling sick
- Momentary lack of consciousness, leading to collapse

Treatment:

- Elevate the casualty's legs to restore a good blood supply back to the head
- Keep the casualty warm
- If the casualty remains unconscious for more than a few seconds, treat as unconsciousness by placing the casualty in the recovery position

Recovery Position

1

2

3

4

5