

First Aid – Handout

What is First Aid?

First aid is the initial treatment or assistance given to someone who has been injured or taken ill before the arrival of qualified medical assistance.

Aims of First Aid

Remember the three P's

Promote recovery

Preserve life

Prevent the condition from worsening

Legislation

- **Health and Safety at Work Act 1974**

Requires employers to ensure, so far as reasonably practicable, the health, safety and welfare of their employees. This also extends to non-employees such as outside contractors and members of the public.

- **Health and Safety (First Aid) Regulations 1981**

Employers are required to provide adequate personnel, training, equipment and facilities to render FIRST AID to their employees should they become injured or taken ill at work.

- **Management of the Health & Safety at Work Regulations 1999**

Require employers to make a suitable and sufficient assessment of the risks to health & safety of all their employees.

- **Reporting Injuries, Diseases and Dangerous Occurrences Regulations 1995**

RIDDOR is legislation that requires employers and other people in control of work premises, to report and keep records of:

- Work-related accidents that cause death.
- Work-related accidents that cause certain serious injuries

- Diagnosed cases of certain diseases.
- Certain 'dangerous occurrences' (incidents with the potential to cause harm).

From 1st October 2013, RIDDOR 2013 comes into force, introducing significant changes to current reporting requirements. The main changes are to simplify the reporting requirements in the following areas:

- The classification of 'major injuries' to workers is being replaced with a shorter list of 'specified injuries'.
- The previous list of 47 types of industrial disease is being replaced with 8 categories of reportable work-related illness.
- Fewer types of dangerous occurrences require reporting.

First Aid Kits

- Guidance leaflet
- 20 adhesive dressings
- 2 sterile eye pads
- 2 triangular bandages
- 6 Safety pins
- 2 Large sterile wound dressings
- 6 Medium wound dressings
- At least 3 pairs of latex free gloves



This is only a minimum suggested contents list. Employers may wish to refer to British Standard 8599 which provides further information on the contents of workplace first aid kits. Whether using a first aid kit compliant with BS 8599 or not the contents should reflect the outcome of the first aid needs assessment. All bandages and dressings should be sterile and individually wrapped and contents quickly replenished if they are used. Medications and ointments should not be in first aid kits. Scissors should be blunt ended.

Responsibilities of the first aider

- Arrival at the scene
- Dealing with casualties
- Contacting the emergency services
- Prioritise the First Aid treatment
- Clearing up process

Remember that clinical waste (anything with bodily fluids on or sharps) should be disposed of in yellow clinical waste bags.

Remember the three B's for prioritising first aid treatment:

Breathing over

Bleeding over

Bones/burns

Casualties who have or potentially could have breathing difficulties should be prioritised over any other type of injury or illness. After that comes bleeding and after that bones and burns.

Casualty Communication

It is important that you communicate effectively with your casualty. The following tips can prompt you of ways this can be achieved:

- Make and keep eye contact
- Tell the truth
- Use understandable language
- Be careful of what you say
- Be aware of body language
- Speak slowly, clearly and distinctly
- Allow time for the casualty to answer

Contacting the emergency services

In the UK you can use either 999 or 112 to contact EMS. When you call 112 you access EMS in the same way as you would if you call 999. When dialling 112 from a mobile phone it will override the need to enter a pin code making it possible to use anyone's phone. It will search other networks for a signal and prioritise the call if the network is busy. It is possible to register for an EMS text service so that if needed you can text the EMS.

Remember LIONEL

- L** **Location**
- I** **Incident**
- O** **Other services**
- N** **Number of casualties**
- E** **Extent of injuries**
- L** **Location – repeat**

Primary Survey

When approaching any first aid incident remember the following:

DANGER – Look for dangers, remove them and don't put yourself at risk

RESPONSE- Try and get a response from your casualty, use their name if you know it. Use the AVPU scale (Alert, Voice, Place your hands on their shoulders and Unresponsive)

AIRWAY – Check and open airway using head tilt chin lift technique

BREATHING – Listen, Look and feel for **normal** breathing for up to 10 seconds

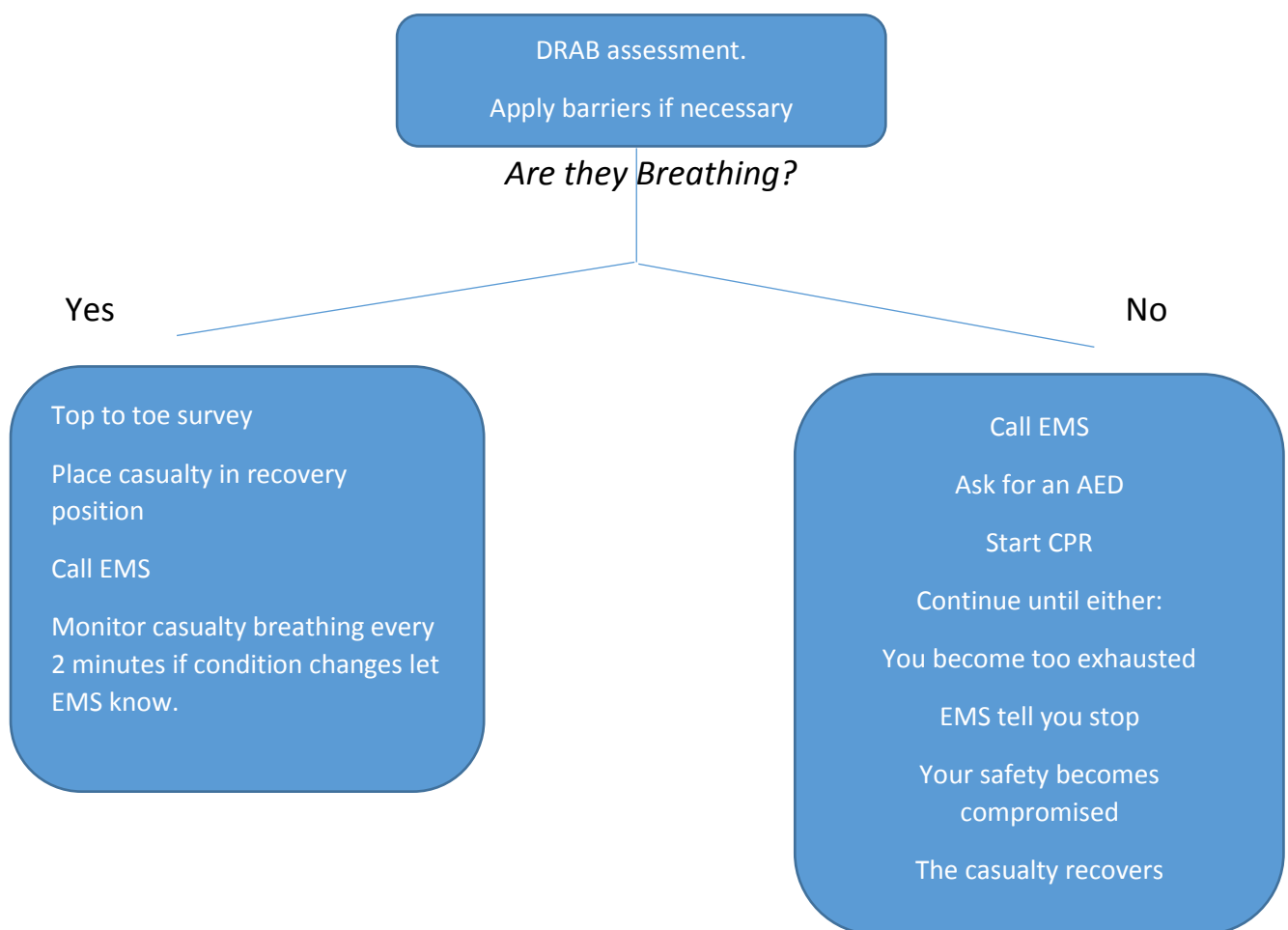


This picture should help remind you of the importance of opening and maintaining your casualty's airway.

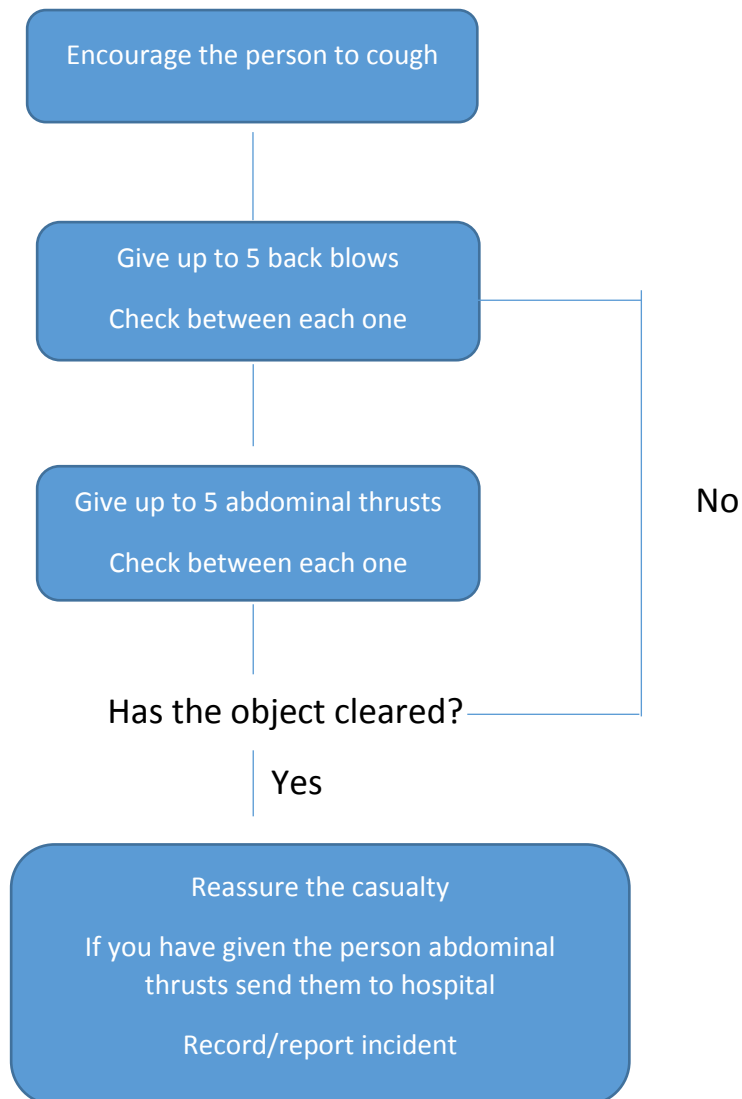
If you are on your own you must shout for help. A bystander can be of great help by.....

- Calling for an ambulance
- Managing crowds and hazards
- Fetching the First Aid kit and defibrillator if you have one
- Consoling relatives and friends
- Helping you if they are trained to do so
- Cleaning up
- A support for you

Once you have assessed whether or not casualty is breathing depends on what action you take next



Choking

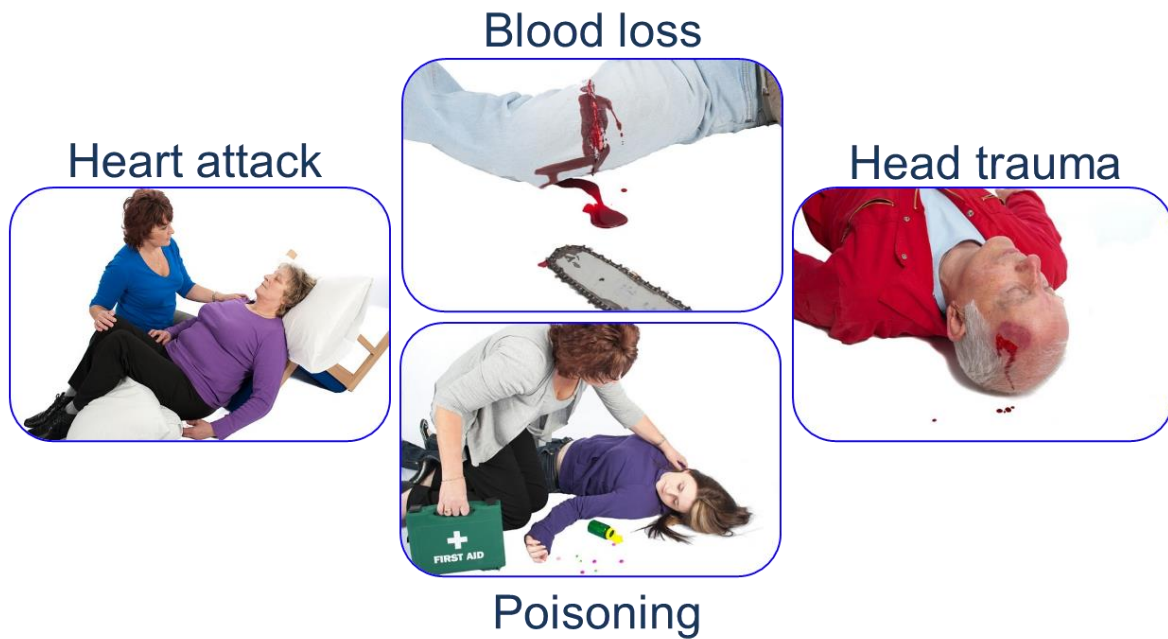


If after 3 cycles of back blows and abdominal thrusts you still haven't cleared the object you need to call EMS. If the casualty becomes unconscious call EMS straight away and begin CPR.

- For pregnant women don't use abdominal thrusts, use chest thrusts
- For infants (under the age of 1) use chest thrusts.
- If you have used chest thrusts your casualty should be sent to hospital

Shock

Shock is lack of circulating oxygen/fluids around the body. It is caused by



Symptoms of shock include:

Pale cold clammy skin, rapid weak pulse, rapid shallow breathing

Nausea

Confusion

Anxiety

Cyanosis

Casualty can become unconscious.

Treatment for shock:

- Treat the cause
- Maintain body temperature
- Lay casualty down and raise the legs (approximately 20-30cm)
- For chest injuries place them in the W position
- For head injuries raise the head and shoulders and support under the knees
- Loosen tight clothing
- No food or drink to be given to the casualty
- Be prepared to give CPR

Treatment of burns

Superficial burn

- Only the outermost layer of skin is affected
- Redness, swelling and tenderness
- 5% or more must be sent to hospital

Partial thickness burn

- Rawness and blisters
- 1% or more must be sent to hospital
- 9% will cause shock

Full thickness burn

- The two layers of the skin, the epidermis and dermis, are burnt
- Requires hospital treatment



Treatment

- Place the affected area under cool running water for 10 minutes (20 minutes for a chemical burn)
- Gently remove jewellery and watches
- If partial or full thickness burn apply sterile burns dressing

DO NOT: Break blisters, remove anything sticking to the burn, apply lotions ointments and fats, apply adhesive dressings.