

Workplace First Aid Guide

1. READ ME FIRST

This guide is designed to help you and your colleagues to administer life saving first aid until trained help is at hand. Do not wait until you are faced with an emergency, read the guide now and often.

Find out who is the nominated first aider or appointed person within your workplace. If there is a procedure in force for calling out an ambulance find out what it is now!

Occupational Health: _____ Page: _____
 First Aider / Appointed Person's extension: _____
 The nearest First Aid Box is located at: _____
 The nearest Eyewash Station is located at: _____
 Useful numbers: _____

2. DANGER

- ELECTRICITY
- FUMES/GASES
- TRAFFIC
- MOVING MACHINERY
- FALLING DEBRIS
- FIRE



Whenever you approach an incident always ensure that the environment is safe for you to administer First Aid, and secondly that the casualty is safe.

If the situation is not safe you must neutralise or control any hazards. You must only move your casualty as a last resort.

- EXAMPLE: BUILDING ON FIRE**
- ACTION**
- Ensure that you are aware of the number of casualties involved.
 - Find out if anyone has any FIRST AID knowledge.
 - Urge bystanders to: call THE EMS, comfort the casualty(s).
 - Above all, stay calm.

3. RESPONSE

To give the casualty the optimum chances of survival you must quickly assess the levels of response. A rapid assessment will allow effective treatment to be administered and will also allow for accurate information to be passed on to the ambulance services.

- CHECK WHETHER THE CASUALTY IS CONSCIOUS**
- Ask "Open your eyes if you can hear me" and call their name if known.
 - Ask in both the casualty's ears to open their eyes.
 - Offer a mild stimulus by shaking casualty's shoulders.
 - DO NOT move the casualty unless the environment or situation is dangerous.



4. GETTING HELP

Lift the receiver and wait for a dialling tone. Dial 999 / 112. The Operator will ask you which service you require. Once you have stated 'Ambulance' you will be connected to ambulance control. The operator will ask you a set list of questions.

NEVER if no-one responds. **DO NOT** leave the casualty but go on to assess the airway and breathing.

- BE PREPARED TO:**
- Confirm your telephone number.
 - Give an accurate description of the incident and casualty's condition. Inform them if casualty is breathing or not.
 - Give your exact location and inform of any hazards.
 - Assist the ambulance crew by arranging for a colleague to meet them outside your place of work.

DO NOT hang up at any stage of the conversation. The operator will terminate the call when appropriate.

- CALL FOR HELP**
- If alone, call for help. If someone responds to your call ask them to stay with you whilst you assess the Airway and Breathing. One of you should wait with the casualty whilst the other calls the Emergency Medical Services (EMS).



5. AIRWAY

FOR AN UNRESPONSIVE CASUALTY

OPEN THE AIRWAY

- Lock in the mouth to ensure there are no obvious obstructions.
- Open the airway by tilting the chin and tilting the head back. This will free the tongue from the back of the throat.
- If neck/ spinal injury is suspected, put one hand on the stomach to feel if it rises and falls. This indicates normal breathing.



6. BREATHING

ASSESS FOR BREATHING

- LOOK for the rise and fall of the chest.
- LISTEN for sounds of breathing near to the face.
- FEEL for breath on your cheek.
- Carry this out for up to 10 seconds.

BREATHING NORMALLY

- If breathing is present go straight to the Unconscious section.
- NOT BREATHING**
- If the casualty is not breathing normally, call for the Emergency Medical Services (EMS) or ask people nearby to call. Commence full Cardio Pulmonary Resuscitation (CPR). Plus ask for a DEFIB.



7. CIRCULATION

TO COMMENCE CPR:

FOR AN UNRESPONSIVE CASUALTY

- Ensure the casualty is on a firm, flat surface.
- Give 2 rescue breaths.
- Place the heel of one hand on top of the other in the centre of the casualty's chest. (Fig 1)
- Compress the chest (maximum depth of approximately 5-6cm) 30 times at a rate of 100-120 compressions per minute. The compressions and releases should take an equal amount of time.
- After 30 compressions, open the airway again using head tilt/chin lift.
- Seal the nostrils with your thumb and forefinger. (Fig 2)
- Blow steadily into the mouth until you see the chest rise, 2 rescue breaths. Blow in for 1 second, 2 breaths within 5 seconds. (Fig 3)
- Remove your mouth to the side and let chest fall. Inhale some fresh air, when breathing for the casualty.
- Repeat so you have given 2 effective rescue breaths in total within 5 seconds.
- If chest does not rise after the second breath, go back to 30 compressions then try again with 2 breaths.
- Return your hands to the correct position on the chest and give a further 30 chest compressions.

- CONTINUE WITH CPR UNTIL:**
- The casualty shows signs of recovery.
 - Emergency services arrive.
 - You become exhausted and unable to continue.
 - The situation changes and you are now in immediate danger.
 - An person pronounces life extinct.



8. DEFIBRILLATION

Use an AED (Automated External Defibrillator) if available and follow prompts.



9. UNCONSCIOUS

IF THE CASUALTY IS BREATHING NORMALLY, TURN INTO THE RECOVERY POSITION

- Check for any other obvious injuries.
- Remove sharp objects from pockets.
- Turn the casualty into the recovery position.
- Place the nearest arm at a right angle to the body. (Fig 1)
- Draw the furthest arm across the chest and place the back of the hand across the cheek. (Fig 2)
- Keep this arm whilst you raise the furthest leg by grasping the top of the knee. (Fig 3)
- Gently pull on the knee so that the casualty pivots over onto their side facing you. (Fig 3)
- The casualty should be fully over and stable.
- Re-check the airway, breathing and circulation.
- Draw up the leg at a 90 degree angle. (Fig 4)
- Check for continued breathing.
- Send someone to ring 999 / 112 or if you are alone, leave the casualty and call 999 / 112.



10. BLEEDING

- Put on gloves.
- Stop them down.
- Expose the wound and elevate the area if possible.
- Examine the injury - if any foreign objects are present leave them in place and dress around.
- Apply direct pressure over the wound to stop the bleeding.
- Open a dressing (Fig 1) and place it firmly over the injury.
- Apply firm pressure.
- Secure the dressing.
- Apply 1 dressing at a time up to a maximum of 2. If blood seeps through both dressings, remove them and apply a new dressing.
- If dealing with a limb, keep the affected part elevated. (Fig 2)
- If your casualty has lost a considerable amount of blood they may start to exhibit signs of shock.
- Lay your conscious casualty down, constrict body heat and raise the legs. (Fig 3)
- Reassure.



11. FRACTURES

- Instruct the casualty to remain still, support the area and keep it still.
- Do not attempt to move the affected part.
- Examine the injury for any blood loss - treat this first.
- If any bone protrudes from the injury do not touch it, if blood loss is evident build your dressings up around it rather than over it.
- The casualty will find the most comfortable position and will not be keen to have the injury touched.
- If the casualty cannot maintain a stable condition for themselves you may provide assistance or stabilise the injury with your hands.
- Call the 999 / 112.



12. BURNS

- Ensure the situation presents no hazard, if it does, contain or neutralise the hazard.
 - If dealing with a chemical burn wash the affected area with plenty of water consult COSHH, ensuring you do not wash the chemical onto unaffected parts - seek medical aid.
 - Non-chemical burns should be immersed in cold running water for a minimum of 10 minutes (any constricting items such as watches should be removed).
 - Once cooled the burn should be covered with a sterile dressing (non-fluffy).
 - Refer to medical aid.
- DO NOT:**
- Apply tight 'fluffy' dressings.
 - Apply lotions, ointments or creams.
 - Remove damaged skin or burst blisters.
 - Apply butter, margarine or fats.

