

# Severe bleeding

## PRESS IT



- Apply direct pressure over the wound with your hand using a clean dressing. If you don't have a dressing, ask them to apply pressure themselves



- Maintain direct pressure on the wound to control bleeding

## RAISE IT



- Help them lie down



- Raise and support the injured limb above the level of their heart to reduce blood loss



- Raise legs to ease shock

**999**



- Call 999/112 and monitor them while waiting for help to arrive

# choking

## COUGH IT OUT



- Encourage them to cough. If this doesn't clear the obstruction, support their upper body with one hand and help them lean forward

## SLAP IT OUT



- Give up to five sharp back blows between their shoulder blades with the heel of your hand

## SQUEEZE IT OUT



- If the obstruction has not cleared, stand behind them and put both arms around the upper part of the abdomen
- Clench your fist and place it between the navel and the bottom of their breastbone

- Grasp your fist firmly with your other hand
- Pull sharply inwards and upwards up to five times
- If this doesn't clear the obstruction repeat backslaps and abdominal thrusts up to three times



- If it still hasn't cleared, call 999/112 for emergency help. Continue until help arrives.

# Heart attack

## SIT THEM DOWN



- Make them as comfortable as possible – a half sitting position with their knees bent and head and shoulders supported is best

## 999



- Call 999/112 for emergency help and tell ambulance control you suspect a heart attack

## ASPIRIN

- If available and not allergic, give them one dose of an aspirin tablet and tell them to chew it slowly
- Monitor and reassure them while help arrives

# Unconscious breathing Casualty

## OPEN AIRWAY



- If they are unconscious, check their airway is open and clear

## TILT HEAD



- Tilt the head and lift the chin to open the airway

## CHECK FOR BREATHING



- Look along the chest, and listen and feel for breaths



- If they are not breathing, their heart will stop. CPR must be started immediately.

## RECOVERY POSITION IF BREATHING



- If spinal injury is not suspected, put them in the recovery position

# Unconscious not breathing Casualty

## OPEN AIRWAY



- If they are unconscious, check their airway is open and clear

## TILT HEAD



- Tilt the head and lift the chin to open the airway

## CHECK FOR BREATHING



- Look along the chest, and listen and feel for breaths
- If they are not breathing, their heart will stop. CPR must be started immediately.



999



- Call for help

## PUMP



- Place one hand on the centre of their chest. Place the heel of your other hand on top of the first and interlock your fingers, but keep your fingers off the ribs



- Lean directly over their chest and press down vertically about 4-5 cm (1 ½ -2 inches). Release the pressure, but don't remove your hands
- Give 30 compressions at a rate of 100 per minute

# BREATHE



- Tilt their head back with one hand and lift the chin with two fingers of your other hand to ensure the airway is open



- Pinch their nose to close the nostrils. Take a breath and seal your lips over their mouth until the chest rises



- Maintaining the head tilt and chin lift, take your mouth away from theirs. Look along the chest and watch it fall
- Repeat to give two rescue breaths. Repeat 30 chest compressions followed by two rescue breaths

CONTINUE



- Continue CPR until emergency help arrives, they start to breathe normally or you're too exhausted to continue.

CPR – Cardio Pulmonary Resuscitation

# Minor cuts, scratches and grazes

## Treatment

- Wash and dry your own hands.
- Cover any cuts on your own hands and put on disposable gloves.
- Clean the cut, if dirty, under running water. Pat dry with a sterile dressing or clean lint-free material. If possible, raise affected area above the heart.
- Cover the cut temporarily while you clean the surrounding skin with soap and water and pat the surrounding skin dry. Cover the cut completely with a sterile dressing or plaster.

# Severe bleeding

## Treatment

- Put on disposable gloves.



- Apply direct pressure to the wound with a pad (e.g. a clean cloth) or fingers until a sterile dressing is available.



- Raise and support the injured limb. Take particular care if you suspect a bone has been broken.



- Lay the casualty down to treat for shock.



- Bandage the pad or dressing firmly to control bleeding, but not so tightly that it stops the circulation to fingers or toes. If bleeding seeps through first bandage, cover with a second bandage. If bleeding continues to seep through bandage, remove it and reapply.



- Treat for shock.



- Dial 999 for an ambulance.

**Remember:** protect yourself from infection by wearing disposable gloves and covering any wounds on your hands.

If blood comes through the dressing **do not** remove it – bandage another over the original.

If blood seeps through **both** dressings, remove them both and replace with a fresh dressing, applying pressure over the site of bleeding.

## Objects in wounds

Where possible, swab or wash small objects out of the wound with clean water. If there is a large object embedded:

### Treatment

- Leave it in place.
- Apply firm pressure on either side of the object.
- Raise and support the wounded limb or part.
- Lay the casualty down to treat for [shock](#).
- Gently cover the wound and object with a sterile dressing.
- Build up padding around the object until the padding is higher than the object, then bandage over the object without pressing on it.
- Depending on the severity of the bleeding, dial 999 for an ambulance or take the casualty to hospital.

# Nosebleeds

## Introduction

Bleeding from the nose most commonly occurs when tiny blood vessels inside the nostrils are ruptured, either by a blow to the nose, or as a result of sneezing, picking or blowing the nose. Nosebleeds may also occur as a result of high blood pressure.

A nosebleed can be dangerous if the casualty loses a lot of blood. In addition, if bleeding follows a head injury, the blood may appear thin and watery. The latter is a very serious sign because it indicates that the skull is fractured and fluid is leaking from around the brain.

## Your aims

- To control blood loss.
- To maintain an open airway.

## Treatment

- Ask the casualty to sit down.
- Advise them to tilt their head forwards to allow the blood to drain from the nostrils.
- Ask the casualty to breath through their mouth (this will also have a calming effect) and to pinch the soft part of the nose.
- Reassure and help if necessary.
- Tell the casualty to keep pinching their nose.
- Advise them not to speak, swallow, cough, spit or sniff because this may disturb blood clots that may have formed in the nose.
- After 10 minutes, tell the casualty to release the pressure. If the bleeding has not stopped, tell them to reapply the pressure for two further periods of 10 minutes.
- Once the bleeding has stopped and with the casualty still leaning forwards, clean around their nose with lukewarm water.
- Advise the casualty to rest quietly for a few hours. Tell them to avoid exertion and in particular, not to blow their nose, because these actions will disturb any clots.

## Caution

- Do not let the head tip back; blood may run down the throat inducing vomiting.
- If bleeding stops and then restarts, tell the casualty to reapply pressure.
- If the nosebleed is severe, or if it lasts longer than 30 minutes in total, take or send the casualty to hospital in the treatment position.

# Asthma

In an asthma attack the muscles of the **air passages** in the lungs go into **spasm** and the **linings** of the airways **swell**. As a result, the airways become **narrowed** and **breathing becomes difficult**.

Sometimes there is a specific trigger for an asthma attack such as:

- An allergy.
- A cold.
- Cigarette smoke.
- Extremes of temperature.
- Exercise.

People with asthma usually deal well with their own attacks by using a blue **reliever inhaler**, however you may be required to assist someone having an asthma attack or having an attack for the first time.

## Recognition features

- Difficulty in breathing, with a very prolonged breathing-out phase.

There may also be:

- Wheezing as the casualty breathes out.
- Difficulty speaking and whispering.
- Distress and anxiety.
- Coughing.
- Features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds (cyanosis).

## Treatment

Your aims during an asthma attack are to ease the breathing and if necessary get medical help.



- You need to keep the casualty calm and reassure them.





- If they have a blue reliever inhaler then encourage them to use it. Children may have a spacer device and you should encourage them to use that with their inhaler also. It should relieve the attack within a few minutes.
- Encourage the casualty to breathe slowly and deeply.



- Encourage the casualty to sit in a position that they find most comfortable, often leaning forward with arms resting on a table or the back of a chair. Do not lie the casualty down.
- A mild asthma attack should ease within three minutes but if it doesn't encourage the casualty to use their inhaler again.

**Caution:**

If this is the first attack, or if the attack is severe and any one of the following occurs:

- The inhaler has no effect after five minutes.
- The casualty is becoming worse.
- Breathlessness makes talking difficult.
- The casualty becomes exhausted.

**Dial 999 (or 112) for an ambulance.**

- Encourage the casualty to use their inhaler every five to 10 minutes.
- Monitor and record the breathing and pulse rate every 10 minutes.

If the patient becomes unconscious [open the airway](#) and check their breathing and be prepared to give emergency aid. Please listen to the tips on [recovery position](#) and [CPR](#).

# Cardio-Pulmonary Resuscitation (CPR)

## Adult



- If you have someone with you, send them to **dial 999** (or 112) for an ambulance **immediately**
- If you are **alone dial 999** (or 112) for an ambulance immediately and then return to help the casualty.

### Give **30 chest compressions**

- Place heel of your hand in the centre of the chest
- Place other hand on top and interlock fingers
- Keeping your arms straight and your fingers off the chest, press down by four to five centimetres. then release the pressure, keeping your hands in place
- Repeat the compressions 30 times, at a rate of 100 per minute.

### Give **2 rescue breaths.**

- Ensure the airway is open
- Pinch nose firmly closed
- Take a deep breath and seal your lips around the casualty's mouth
- Blow into the mouth until the chest rises
- Remove your mouth and allow the chest to fall
- Repeat once more.

**Continue resuscitation**, 30 compressions to two Rescue Breaths.

### **Do not stop unless:**

- Emergency help arrives and takes over
- The casualty breathes normally or
- You become so exhausted that you cannot carry on.

### **Notes:**

- If you are alone, call an ambulance as soon as you know the casualty is not breathing - unless unconsciousness is due to drowning, whereby you should give FIVE initial rescue breaths and perform CPR for one minute before making the call
- If two rescuers *with the knowledge of CPR*, are available, change every two minutes with minimal disruption
- If you are unable or unwilling to give rescue breaths, give chest compressions only. Continue at a rate of 100 per minute
- It is possible to identify the correct hand position without removing the child's clothes.

## **Children**

A child is considered to be between one year to puberty for the purposes of these instructions. **It is neither necessary nor appropriate to check if a child has reached puberty.**

- If you have someone with you, send them to **dial 999** (or 112) for an ambulance **immediately**.
- If you are on your own carry out **CPR for one minute** before dialling **999** (or 112) for an ambulance.

### **Give five rescue breaths**

- Ensure the airway is open.
- Seal your lips around the child's mouth while pinching the nose.
- Blow gently into the lungs, looking along the chest as you breathe. Take shallow breaths and do not empty your lungs completely.
- As the chest rises, stop blowing and allow it to fall.
- Repeat four more times then check for circulation.

### **Give 30 chest compressions**

- Place one or two hands in the centre of the chest (depending on the size of the child).
- Use the heel of that hand with arms straight and press down to a third of the depth of the chest.
- Press 30 times, at a rate of 100 compressions per minute.
- After 30 compressions, give two rescue breaths.

**Continue resuscitation** (30 compressions to two rescue breaths) without stopping until help arrives.

### **Notes:**

- If you are alone, carry out rescue breaths and chest compressions for one minute before leaving the child to call an ambulance.
- If you are familiar with adult CPR and have no knowledge of child CPR, use the adult sequence.
- It is possible to identify the correct hand position without removing the child's clothes.

## **Infants**

*A baby is considered to be less than one year old for the purposes of these instructions.*

- If you have someone with you, send them to **dial 999** (or 112) for an ambulance **immediately**.
- If you are on your own carry out **CPR for one minute** before dialling **999** (or 112) for an ambulance.

**Give five rescue breaths:**

- Ensure the airway is open.
- Seal your lips around the baby's mouth and nose.
- Blow gently into the lungs, looking along the chest as you breathe. Fill your cheeks with air and use this amount each time.
- As the chest rises, stop blowing and allow it to fall.
- Repeat this five times.

**Give 30 chest compressions:**

- Place the baby on a firm surface.
- Locate a position in centre of the chest.
- Using two fingers, press down sharply to a third of the depth of the chest.
- Press 30 times, at a rate of 100 compressions per minute.
- After 30 compressions, give two Rescue Breath.
- Continue resuscitation (30 compressions to two rescue breaths) without stopping until help arrives.

**Notes:**

- If you are alone, carry out rescue breaths and chest compressions for one minute before taking the infant with you to call an ambulance.
- If you are familiar with adult CPR and have no knowledge of infant CPR, use the adult sequence using two fingers for compression.
- It is possible to identify the correct hand position without removing the infant's clothes.

# The recovery position

## Baby

A baby is considered to be less than one year old for the purposes of these instructions.

For a baby less than a year old, a modified recovery position must be adopted.

Cradle the infant in your arms, with his head tilted downwards to prevent him from choking on his tongue or inhaling vomit.

Monitor and record vital signs - level of response, pulse and breathing until medical help arrives.

## Child/adult

Anyone over the age of one year old for the purpose of these instructions.

An unconscious casualty who is breathing but has no other life- threatening conditions should be placed in the recovery position.

- Turn casualty onto their side.
- Lift chin forward in open airway position and adjust hand under the cheek as necessary.
- Check casualty cannot roll forwards or backwards.
- Monitor breathing and pulse continuously.
- If injuries allow, turn the casualty to the other side after 30 minutes.

### **Note:**

If you suspect spinal injury, use the jaw thrust technique. Place your hands on either side of their face. With your fingertips gently lift the jaw to open the airway. Take care not to tilt the casualty's neck.

# The primary survey

## *Danger*

Are you or the casualty in any danger? If you have not already done so, make the situation safe and then assess the casualty.

## *Response*

If the casualty appears unconscious check this by shouting

*'Can you hear me?'*

*'Open your eyes'*

And gently shaking their shoulders.

If there is a **response**:

- If there is no further danger, leave the casualty in the position found and summon help if needed.
- Treat any condition found and monitor vital signs - level of response, pulse and breathing.
- Continue monitoring the casualty either until help arrives or he recovers.

If there is **no response**:

- Shout for **help**.
- If possible, leave the casualty in the position found and open the airway.
- If this is not possible, turn the casualty onto their back and open the airway.

## *Airway*

Open the airway by placing one hand on the casualty's forehead and gently tilting the head back, then lift the chin using 2 fingers only.

This will move the casualty's tongue away from the back of the mouth.

## *Breathing*

- Look, listen and feel for **no more** than 10 seconds to see if the casualty is breathing normally.
- Look to see if the chest is rising and falling. Listen for breathing.
- Feel for breath against your cheek.

If the casualty is **breathing normally**, place them in the [recovery position](#).

- Check for other life-threatening conditions such as severe bleeding and treat as necessary.

If the casualty is **not breathing normally** or if you have any doubt whether breathing is normal begin CPR:

### ***Agonal breathing***

This is common in the first few minutes after a sudden cardiac arrest. It usually takes the form of sudden irregular gasps for breath. It should not be mistaken for normal breathing and if it is present chest compressions and rescue breaths (together called cardio-pulmonary resuscitation or CPR) should be started without hesitation.



# Fractures

## Treatment

Give lots of comfort and reassurance and persuade them to stay still.

Do not move the casualty unless you have to.



Steady and support the injured limb with your hands to stop any movement.

If there is bleeding, press a clean pad over the wound to control the flow of blood. Then bandage on and around the wound.

If you suspect a broken leg, put padding between the knees and ankles. Form a splint (to immobilise the leg further) by gently, but firmly, bandaging the good leg to the bad one at the knees and ankles, then above and below the injury. If it is an arm that is broken, improvise a sling to support the arm close to the body.



Dial 999 for an ambulance.

If it does not distress the casualty too much, raise and support the injured limb.

Do not give the casualty anything to eat or drink in case an operation is necessary.

Watch out for signs of shock.

If the casualty becomes unconscious, follow the Resuscitation Sequence – DRABC.

# Sunburn

## Introduction

Sunburn can be caused by **overexposure** to the **sun** or even a **sun lamp**. At high altitudes sunburn can occur even on an **overcast summer day**. Some medicines can trigger severe sensitivity to sunlight and rarely it can be caused by exposure to **radioactivity**.

Most sunburn is **superficial**. In severe cases, the skin is a **lobster red** in colour and **blistered** - the casualty may also be suffering from heatstroke.

## Recognition

Sunburn is often recognised by:

- Reddened skin.
- Pain in the area of the burn.
- Later there may be blistering to the affected skin.

## Treatment

Your aims when dealing with somebody with sunburn is to move the casualty out of the sun or away from the source of the sunburn and to relieve any discomfort and pain.

Caution though, if there is extensive blistering or any other skin damage you need to seek medical advice.

- With minor sunburn cover the casualty's skin with light clothing or a towel.
- Move them into the shade or preferably indoors.
- Cool the skin by sponging it with cool water or by soaking the affected area in a cold bath or a cool shower for ten minutes.
- Encourage the casualty to have frequent sips of cold water.
- If the burns are mild calomine lotion or an aftersun preparation may soothe them.
- For severe sunburn obtain medical aid.

# Shock

## ***Recognition***

In the case of a serious accident (and once you have treated any obvious injuries and called an ambulance), watch for signs of shock;

- Pale face.
- Cold, clammy skin.
- Fast, shallow breathing.
- Rapid, weak pulse.
- Yawning.
- Sighing.
- In extreme cases, unconsciousness.

## ***Treatment***

- Lay the casualty down, raise and support their legs.
- Use a coat or blanket to keep them warm – but not smothered.
- Do not give them anything to eat or drink.
- Check breathing and pulse frequently. If breathing stops, follow the [resuscitation sequence – DRABC](#) .
- Give lots of comfort and reassurance.

# **Hypoglycaemia (low blood sugar)**

## **Introduction**

When the blood-sugar level falls below normal (hypoglycaemia) brain function is affected. This problem is sometimes recognised by a rapidly deteriorating level of response.

Hypoglycaemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure or after an episode of binge drinking. It can also complicate [heat exhaustion](#) or hypothermia.

## **Recognition features**

There may be:

- A history of diabetes; the casualty may recognise the onset of a "hypo" attack.
- Weakness, faintness, or hunger.
- Palpitations and muscle tremors.
- Strange actions or behaviour; the casualty may seem confused or belligerent.
- Sweating and cold, clammy skin.
- Pulse may be rapid and strong.
- Deteriorating level of response.
- Diabetic's warning card, glucose gel, tablets, or an insulin syringe in casualty's possessions.

## **Treatment**

Your aim is to raise the sugar content of the blood as quickly as possible and to obtain medical help if necessary.

- Help the casualty to sit or lie down.
- Give them a sugary drink, sugar lumps, chocolate or any other sweet food. Don't give them diet drinks, they don't have the sugar in them that they need.
- Alternatively if the patient has their own glucose gel help them to take it.

If the casualty responds quickly:

- Give them more food and drink and let them rest until they feel better.
- Advise them to see their doctor even if they feel fully recovered.

**Warning!** If their consciousness is impaired don't give them anything to eat or drink as they may not be able to swallow or drink it properly.

If the condition does not improve:

- Monitor the level of response and look for any other possible causes.

If the casualty is unconscious:

- Open the airway and check breathing. ([primary survey](#))
- Give [chest compressions](#) and rescue breaths if necessary.
- If the patient loses consciousness but is still breathing normally place them in the [recovery position](#).
- Dial 999 or 112 for an ambulance.
- Always monitor and record the vital signs, levels of response, pulse and breathing for instance and give this information to the emergency services when they arrive.

## **Hyperglycaemia (high blood sugar)**

### **Introduction**

High blood sugar levels (hyperglycaemia) over a long period can result in unconsciousness. Usually the casualty will drift into this state over a few days. Hyperglycaemia requires urgent treatment in hospital.

### ***Recognition features***

- Warm, dry skin.
- Rapid pulse and breathing.
- Fruity/sweet breath.
- Excessive thirst.
- If untreated, drowsiness, then unconsciousness.

### ***Treatment***

Your aim is to arrange urgent removal of the casualty to hospital.

- Dial 999 (or 112) for an ambulance.
- Monitor the level of response and look for any other possible causes.

If the casualty is unconscious:

- Open the airway and check breathing. ([primary survey](#))
- Give [chest compressions](#) and rescue breaths if necessary.
- If the patient loses consciousness but is still breathing normally place them in the [recovery position](#).
- Dial 999 or 112 for an ambulance.
- Monitor and record the levels of response, pulse and breathing.