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-Basic First Aid-

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Aims of this course:

- Understand the fundamentals of first aid.
- Have the skills to deal with first aid situations correctly while on the site of an incident.
- Know where to find your organisation's infection prevention and control policies and procedures.
- Know the fundamental steps to treat injuries and prevent infection.
- Possess the knowledge necessary to perform CPR on an adult, child, or newborn when necessary.
- Be well-versed on some of the essential first aid supplies.

Course Description

What first aid is and what to do when you first arrive to an incident are both covered in this subject. We'll also talk about your obligations at work, like doing risk analyses and choosing a designated first responder.

Please note: You should call the emergency services immediately at (999) or (112) if you have any concerns regarding the health of a kid or adult.

What does First Aid refer to?

First aid's objectives are to:

- Prevent further injuries.
- Protect life, encourage healing.
- Up until the arrival of expert medical assistance, provide an injured or ill individual emergency and untrained aid.

At some time, we've all had to attend to minor injuries, but administering first aid at work is much different. There are numerous potential risks at work, some more severe than others. Basic first aid is something that everyone can learn, but it does need some training and expertise.

Although an employee may not always have explicit responsibilities for first aid at work, it will be beneficial to inform your employer of any first aid-related problems you may come across. An employer cannot make arrangements for matters about which they are unaware.

For instance, you should inform the relevant and qualified person, such as your designated first aider or the department manager, if a first aid kit requires replenishing outside of its routine checkups.

Your Responsibilities

Think about if your workplace is low or high-risk. Consider hazardous equipment and significant potential dangers.

The employer should:

- Possess a finished first aid needs analysis
- Make sure there is either a designated and qualified person in charge of first aid, or that there are a enough number of first responders who have received the necessary training.
- Make sure there are enough facilities and a first aid kit that is well supplied.
- Have given you information on the first aid arrangements.

Hazard Evaluation

Employers will need to do a first aid needs assessment/hazard evaluation, which will look at a variety of criteria, in order to determine what first aid provisions are necessary.

Employers must also take into account unique working dangers, such as those posed by toxic materials, dangerous tools, machinery, and heavy loads. It is their duty to take into account first aid provisions for each level and each building on premises with several floors or structures.

Depending on how many employees your organisation has, different rules apply.

Small High-Risk Environments:

Small, high-risk areas like kitchens and bars frequently have significant chances of falls and cuts, thus first aid supplies should be available. A designated individual who checks first aid kits more frequently would be a standard precaution. There should also be more frequent risk evaluations by the nominated person or the company.

Medium High-Risk Environments:

There will almost probably need to be a trained first aider available at all times in high-risk situations with more personnel. Regular first aid box refills are necessary, and precautions should also be taken to detect and, if feasible, limit dangers.

In order to prevent errors, it is best to nominate more than one person to the position. If required, a special space can be allocated for administering first aid.

Large High-Risk Environments:

A lot of first aid supplies must be available in bigger high risk areas including factories, mines, and sizable catering kitchens. Similar to smaller settings, there should always be at least one first aider on duty.

First aid supplies should be dispersed around the structure and replenished in accordance with accident reports. There should also be a designated first aid room.

Small Low-Risk Work Environments:

Some of the smaller, lower-risk organisations merely require a first aid kit and a designated manager to oversee first aid procedures. As an illustration, dialling 999 and packing the first aid kit.

Given the low risk setting and lack of specific dangers, the designated person does not require special first aid training.

Medium Low-Risk Environments:

It is standard procedure in a low-risk setting to ensure that all personnel are completely aware of all first aid kits and their basic functions. These ought to be reachable from every floor of the structure. A first aider can also be allocated based on the employer's evaluation of its requirements.

Large Low-Risk Environments:

As with any larger firm, injuries grow more common as the number of employees increases, making a first aider necessary. First aid supplies must be accessible, just like in smaller enterprises. Additionally, a certified first responder has to be on call during the working day.

Having particular supplies on hand in your first aid kits can be important, depending on the risk assessment for your site. For instance, appropriate eye wipes should be accessible if you deal with a specific chemical that poses a risk if it gets in touch with your eyes. Another illustration is that first aid boxes should be checked more frequently and well stocked with plasters and other necessary supplies in kitchens and other areas where cuts are likely to occur.

Factors to Take into Account

Think about how you'll handle staff members who have diabetes, asthma, or other health issues. Will your first responder need further training?

Watch for accident hotspots. Investigate the situation and take action to improve it if a similar scenario keeps happening.

Consequences

Health and Safety (First Aid) Regulations, 1981 violations are handled equitably. A penalty notice or even legal action may be taken as part of enforcement action, depending on the situation.

Designated First Aider

A designated first responder for your business should have completed a national training program. However, having a designated somebody with some fundamental first aid expertise is the minimal required, as determined by the risk assessment.

The designated individual's duties include maintaining the first aid supplies and facilities and contacting the emergency services as needed. When a first aider is absent due to unforeseeable reasons (annual leave does not count), they can also offer emergency coverage.

An authorised person does not require first-aid training to carry out their duties. But emergency first-aid training programs are advised. Additionally, businesses are advised to assist in ensuring that their first responders are educated and informed of any modifications to first aid protocols.

First Aid Equipment

Small workplace first aid kits must have the following items:

- 2 x 20 Sterile (Waterproof) Assorted Plasters
- One Conforming Bandage (7.5 cm by 4.5 m).
- 1 x Heat-Retaining Foil Emergency Blanket (Adult), disposable
- 1 piece of HSE Basic First Aid at Work Advice (FREE)
- One (10cm by 10cm) Hydrogel Burn Dressing
- Two (18 cm x 18 cm) large sterile dressings
- 2 sterile medium dressings (12 cm x 12)
- Six pairs of Exam gloves made of nitrile that are disposable and powder-free
- 2 x Non-Sterile Triangular Bandage (90cm x 90cm x 130cm)
- 1 x Resuscitation Face Shield
- 20 x Sterile Cleansing Wipes
- 2 x Sterile Eye Pad Dressing
- 2 x Sterile Finger Dressing (3.5cm x3.5cm)
- 1 x Tough Cut Scissors

Replacing contents:

Although there is no set schedule for examination, many objects, especially sterile ones, are labelled with expiration dates. Be aware that your employer can have a set schedule for checking and replacing things.

Prior to the stated expiration dates, they should be replaced, and they should be disposed of properly and safely.

If sterile products don't have dates on them, it's a good idea to ask the producers how long they may be stored for.

First Aid Accident Report Book:

A first aid accident record book must be kept at every workplace.

A first Aid Accident Report Book records:

- The name of the individual concerned.
- Address
- City/Town
- Postcode
- Telephone number
- Occupation
- Date/Time
- The location where the injury occurred.
- The cause of the accident
- Details of the accident
- Whether it should be reported under the Reporting of Injuries Diseases and Dangerous Occurrences

RIDDOR

Workplaces are obligated under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations of 1995 (often referred to as RIDDOR) to notify the Health and Safety Executive (HSE) of major accidents. The employer is responsible for completing RIDDOR reports, which is often the duty of a health and safety officer.

You must only report incidents to RIDDOR if they take place during or as a result of your employment.

- The HSE must be notified of a death at work.
- Serious injuries must be reported to the HSE, including fractures, hospitalisation, ocular penetrating injuries, etc.
- Within 15 days of the accident, the HSE must be notified of any injuries that keep a person from working or prevent them from performing all of their tasks for longer than 7 days.
- The HSE must be notified of any dangerous events or accidents that don't cause significant injuries but plainly could have. This might be something as basic as persistent trip hazards or collapsing shelves.

Logging Incidents

Employers are required to give first responders and other designated individuals a book in which to record situations that they attended. You can find accident patterns and potential areas for improvement in the management of health and safety hazards by using the information that was recorded. The first-aider or other designated individual often takes care of the book. Employers, though, are ultimately responsible.

The following details should be recorded for each occurrence in the first aid book, which is typically maintained apart from the accident book but can occasionally be found preserved together.

- Information about what occurred to the person soon after the incident.
- The first responder's name and signature, or that of the person handling the occurrence.
- You need to note: The incident's date, time, and location.
- The wounded or unwell person's name and occupation
- Details of the illness or injury, together with the first assistance administered.

Occasionally, especially for more serious situations, it is important to obtain extra information.

Images taken at the incident's scene, for instance. The precise timings of the occurrence and, if possible, a copy of any CCTV that was used. Details like if the wounded individual was drunk or wearing heels, etc. All of this information may be required to safeguard the injured party and the employer.

AVOID Giving Medication

Giving pills or medications to treat diseases or injuries is not permitted when doing first aid at work. The sole exception to this rule is when aspirin is administered as part of emergency care to a victim who may be having a heart attack. This is in line with the way that first aid is now practiced and with how tools like the auto-injector are used. Despite the fact that they are not often included in the first aid kit.

- Tablets and medications are advised never to be put in the first aid kit.

Defibrillator

When someone has cardiac arrest, an AED (automated external defibrillator) shocks the heart with electricity. Adults and children over the age of one can both use an AED. Anyone who has had even basic training in CPR and AED use may use an AED to save a life.

It is crucial that you dial 999 and begin CPR if you believe someone has experienced a cardiac arrest. It is important to remember that in times of an emergency, ask someone else to go obtain a defibrillator if you need to continue performing CPR – never leave the individual concerned unattended.

A Public Access Defibrillator (PAD) is a common piece of first aid gear kept in public spaces. These include spoken instructions and are simple to use. There is no need for training. AEDs also have the initials AED printed on them and are packaged in a tiny, windowed casing that is conspicuously green. AED usage requires in-person training.

Note to be made: defibrillators should only be used when absolutely essential and only after the patient's heart has stopped.

Upon Discovering the Incident

It might be unsettling to arrive at the site of an accident. But what inquiries ought we to make of those present?

Seeking assistance is the golden rule! Even if it's from onlookers in the area to call 999, get first aid supplies, or do whatever else that could be required.

Is the area secure?

Make sure the place is secure and keep an eye out for anything that might endanger you or others. A fire could break out, and there's a chance that something might fall. When dealing with machinery, make sure it is turned off, especially if it is close to the victim.

How many people are injured?

To enable the emergency services to send the necessary help, it's critical to determine the number of victims.

It's crucial to describe the setting since many services can be needed.

- In what state is the casualty?
- Are they conscious of their wounds?
- Is anybody in cardiac arrest?
- What kind of help is available?
- Can someone provide assistance by dialling for help, providing first aid supplies, or by keeping others away to protect the wounded' privacy and prevent future injuries?

Call the emergency services and provide them all the pertinent information as you evaluate these situations.

ABC's

The ABC mnemonic can help you identify any casualties; if any of these are compromised, the damage may be fatal.

- Airway
- Breathing
- Circulation

Airway:

Ask a victim who doesn't seem to be responding aloud whether they're okay and if they can open their eyes. You can keep the victim where they are until aid arrives if they respond. Continue monitoring their respiration and amount of responsiveness while you wait.

Leave the victim where they are and open their airway if there is no reaction, though. If it is not possible in their current position, have them lie back down before opening their airway.

Breathing:

You should:

1. Check to see whether the chest is rising and falling to see if the individual is still breathing.
2. Check breathing by listening over the lips and nose.
3. For 10 seconds, feel your cheek for breath.

Put them in the recovery position if they are breathing so the airway stays open and clean. Make the 999 call and start CPR if the victim is not breathing.

Circulation:

You can keep someone's circulation going if the heart stops by using chest compressions. This involves performing CPR while also giving rescue breaths. You can only do chest compressions if you lack the necessary training or feel unable to administer rescue breaths.

In the initial minutes following abrupt cardiac arrest (when the heart has stopped beating), agonal breathing is typical. Agonal breathing is characterised by abrupt, erratic breaths. CPR should be administered, and this should not be confused with regular breathing.

Alerting the Emergency Services

For the emergency services to send the proper assistance, thorough information is required.

Let them know which service(s) you need. You will be questioned about what transpired when you are connected to the ambulance control centre.

- You must specify your precise location.
- The number of the casualties, injuries

It is essential to be able to offer accurate information about your position because the control centre is remote. Be precise when describing the severity of the situation, the number of casualties, and the number of wounded. Also take into account whether any casualties appear to have severe injuries.

Triage

In the triage procedure, the casualty who need the most support is identified and treated first. If there are several victims, give priority to those who are hurt the most severely, such as those who are choking, unconscious, having a heart attack, a stroke, or a seizure.

The ABC is a method of triage, as noted.

But keep in mind that triage is a dynamic procedure since the casualty's condition might change quickly.

Spread of Infections

In first aid, it's critical to reduce your own and other people's risk of infection.

There are several ways that an infection might spread.

- From droplets in a cough or sneeze that travel through the air. Avoid sneezing or coughing near an open wound. Use a tissue to cover your mouth, throw the tissue away, and wash your hands.
- By the interaction of bodily fluids, such as blood with blood. Watch out for the risks posed by sharp items and shattered glass that might spread illness.
- Additionally, contact with faces, contaminated items, and direct physical touch can all spread an infection.

Averting Infections

Spreading diseases may be stopped rather easily. You should refrain from coughing or sneezing near wounds, and if you do, cleanse the area as soon as possible.

- Avoid touching a victim's blood if you yourself have a cut or an open wound.
- Use a resuscitation shield if they have injuries on their face or mouth to prevent direct contact.
- Try your best to keep dirt out of wounds if you're in an especially filthy location, and then clean them as quickly as you can for both the casualty and yourself.

Hazardous Infections

In the UK, the majority of individuals receive a vaccination against the **tetanus** bacteria. If there is ever any concern regarding immunisation, medical assistance should be sought out right away. It can be acquired from soil and other accidents involving dirt and any cuts that are filthy. This virus has a chance to spread through surfaces.

Another viral illness of the liver, **hepatitis B** is spread by contact with body fluids, including blood. Designated first aiders can receive the Hepatitis B vaccine to protect them against the disease. Your doctor of medicine can set up a vaccination schedule for you.

Similarly, a viral illness **called HIV/Aids** can spread from person to person through bodily fluids like blood. It is essential to put on gloves and stay away from any unprotected contact with blood. The virus has never been seen to spread from person to person orally. However, as a safety measure, a mouth guard should be included in your first aid kit.

Roles of a First Aider

As a designated first aider, you are required to stay with the casualty until trained medical personnel arrive if assistance is required. The victim should then be turned over with as much details as you can.

The designated first aider must also:

Ensure first aid supplies are accessible; know where the first aid boxes are; ensure first aid boxes are kept supplied. All while verifying that the first aid kit's supplies are still within their use-by dates. Finally, the first responder must correctly fill an event report and record it in the accident book.

Post-Incident

As was already said, in order to lessen the likelihood that the same accident will occur again, it is crucial to complete an accident report in its entirety and to conduct a risk assessment.

The accident book must be completed by the first responder, but the employer is ultimately accountable. Recall that if the occurrence is significant, it must be reported in accordance with RIDDOR requirements.

Discomfort in the Chest

Chest discomfort can be caused by:

- Heartburn or indigestion
- Chest injury, strain panic or anxiety attack
- Pneumonia, a chest infection, or shingles

Chest discomfort is most frequently caused by the following cardiac conditions:

- Pericarditis, which results in a severe, abrupt pain
- A heart attack or angina

It's possible that a chest ache is nothing significant. However, you should get medical counsel. Call 999 if:

- The chest discomfort strikes suddenly and extends to the arm, back, neck, or jaw, feels heavy or tight.

- Lasts more than 15 minutes.
- Causes perspiration or queasy feelings and progresses down one or both arms.
- Sweating, feeling ill, displaying worry, and feeling lightheaded are all signs in a person.

How can you assist?

- The person needs to relax.
- Assess the individual.
- Start CPR
- Help maintain the person's composure.
- To improve breathing, loosen any restrictive garments around the neck or waist.

DO NOT PUT THE PERSON IN A VEHICLE OF ANY KIND!

Loss of Consciousness

Syncope, or fainting, is a momentary loss of consciousness that frequently leads to a fall. The person will feel dizzy and weak just before collapsing.

Although there might not be any indicators of trouble, some persons might:

- Yawn
- Sweat
- Breathe quickly
- Experience mild drowsiness
- Confused
- Feeling ill

How can you assist?

- To promote blood flow to the brain, suggest the person to either sit with their head between their knees or lie down with their feet elevated.
- Put someone in the recovery position if they pass out and don't come to within one or two minutes.
- Immediately after this, dial 999 and remain with the patient until an ambulance comes.

Emergencies involving Diabetics

To determine whether someone's blood sugar is too high or too low, look at their symptoms.

Hyperglycaemia, or high blood sugar

- Fast breathing and heartbeat
- Sweet-smelling breath
- Extreme thirst
- Exhaustion
- Dry, heated skin

Hypoglycaemia, or low blood sugar

- Dizziness
- Weariness
- Perspiration
- Hunger
- Tingling lips
- An increase in irritability or moodiness

Seizures Episodes in Adults

Seizures are a result of the brain disorder epilepsy. However, not everyone who experiences seizures has epilepsy.

What happens during a Seizure?

The individual may:

- Have a "fit"—uncontrollable jerking and trembling.
- Look blankly into space while becoming unconscious of their surroundings.
- Become stiff.
- Experience weird tastes or smells.
- Have a rising sensation in the stomach.
- Tingling in the arms
- Collapse.

How can you assist?

Dial 999:

- If the seizure lasts more than five minutes or if it is the person's first seizure
- The individual does not become conscious again during the seizure.
- The individual sustains catastrophic injuries.

If you are around someone experiencing a seizure, follow these instructions:

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- They should not be moved unless they are in danger.
- When the convulsions stop, place them in the recovery position and cushion their head if they are lying on the ground.
- Loosen any clothing that is about their neck.
- Jot down the times the seizure began and ended.

Injuries to the Spine

If it is thought a person has a spinal injury, DO NOT MOVE THEM. Lie behind the person and reassure them. Then do the following:

- Rest your elbows on the floor. Place your hands on either side of their head. (Be careful not to cover their ears)
- Keep the head, neck and spine in a straight line.
- Call 999 or 112.

If their airway needs to be opened, then:

- Lie behind the person and reassure them.
- Rest your elbows on the floor.
- Place your hands, either side of their head. (Be careful not to cover their ears)
- Lift their jaw with your fingertips to open the airway.
- Keep supporting their head until medical help arrives.
- Do not move their neck.

Tending to Injuries

Every conceivable mishap or injury you can have is hard to explain. However, even if you are not a certified first aider, you may occasionally need to treat a wound on your own.

You may find instructions on what to do for a variety of minor injuries as well as some more significant instances in the sections that follow.

Categories of Bleeding

Arterial bleeding –

One type of blood vessel called an artery is used to transport oxygenated blood from the heart to the rest of the body. In contrast to veins, which transport blood from the heart, arteries do the reverse.

The heart produces a lot of pressure, which is put on the blood in the arteries. Hence, the walls of the arteries are thick layers of densely packed muscle and elastic fibres.

When one of them is cut or severed, there is arterial bleeding. Because the blood pressure in arteries is higher, this form of bleeding is the most hazardous because it can result in significant bleeding in a short period of time when it is cut.

It is simple to spot since the blood will burst with each heartbeat and be a bright red colour.

The best technique to try to halt arterial bleeding in the majority of situations is to apply direct, intense pressure to the wound.

Reminder: Maintain pressure on the wound until help arrives.

Venous bleeding –

The blood channels that transport deoxygenated blood back to the heart are called veins. Veins, as opposed to arteries, have one-way valves to keep the blood flowing in the right direction. Veins perform the reverse of what arteries do, which is to return blood to the heart.

Compared to the blood in arteries, the pressure of the blood in veins is lower. The veins contain:

- Thin walls.
- Elastic fibres and muscles in very thin layers.

The blood is now under less pressure than it was when it was coming directly from the heart since they are further along in the cycle. Blood from a victim with venous bleeding will be darker in colour because it has lost oxygen.

Use a bandage fastened with gauze to halt the bleeding and apply extremely strong pressure. Additionally, it is strongly advised to visit A&E following a venous bleed for your own safety.

Capillary bleeding –

The tiniest blood vessels in the body are capillaries. Their primary job is to let waste to pass out of cells while allowing food and oxygen to permeate into cells. The walls of the capillaries are thin.

The least harmful bleeding occurs at capillaries because so little blood passes through them. Capillary bleeds are typically brought on by small scrapes or wounds; they typically flow extremely slowly and are quickly stopped by the body's natural clotting system.

After applying pressure to the wound, run warm water over it for five minutes to clean it.

Next, carefully cleanse the skin all the way around the cut or graze with soap. Before you cleanse the wound, be sure the bleeding has totally stopped. Otherwise, it can reopen.

Use a clean, dry towel to gently dab the area to dry. Cover it with gauze, another kind of bandage, or plaster once it has dried.

Cuts and Grazes

In most cases, a little cut or graze will heal successfully without any medical attention. If the damage is not significant, follow these instructions:

First, halt the bleeding by pressing firmly (for a few minutes) on the cut with a clean, soft towel.

Resist the impulse to peek as you continue to apply pressure to the incision. Prematurely removing the cloth might result in the cut reopening and bleeding. Once it appears that the bleeding has stopped, carefully remove the cloth. When the bleeding stops, you should throw away the cloth.

After that, cleanse the wound by rinsing it with warm water for five minutes. Carefully cleansing the skin all the way around the cut or graze with soap. Before you clean the cut, make sure that the bleeding has stopped entirely; otherwise, when you wash it, the wound may reopen.

By softly rubbing it with a clean, dry towel, you may dry the area. Once it has dried, cover it with gauze, a different kind of bandage, or plaster.

A bandage helps stop infections from developing by preventing germs from entering the wound. Replace the bandage as soon if it becomes soiled or damp.

Major Bleeding

In cases of major bleeding, If at all possible, get the bleeding individual to lie down.

Then elevate the bleeding bodily part as high above the heart as you can. The heart will have to struggle against gravity to pump blood to the wounded location, which will lessen blood loss.

You may take out big pieces of dirt and other debris from the wound, but avoid touching any impaled objects.

Press firmly and directly on the wound. Apply pressure with your palm, a clean cloth, a sterile bandage, or some clothes. When direct pressure is ineffective at reducing bleeding, hemostatic dressings and tourniquets should be used. When the health and safety evaluation indicates a danger of catastrophic bleeding, specialist First Aid courses should include instruction on how to utilise them. (ERC 2015)

Use clothes or adhesive tape to hold the dressing to the wound once the bleeding has stopped.

If possible, remove any dirt or debris from the wound with a soft, wet cloth (for example, pebbles from a graze). Cleaning the wound aids in getting rid of any germs that can cause an infection. In general terms it is recommended to visit a doctor so they can properly clean the wound if you are unable to remove anything yourself.

Notes to be made:

- It is important to maintain a clean wound and secure bandage, especially for bigger cuts. You can use an antimicrobial ointment around the wound on a doctor's advice.
- When handling wounds containing blood, it's imperative to protect yourself by wearing protective gloves.

Burn Injuries and Scalding

Steps for handling burns:

1. To prevent additional burning, remove the individual from the heat source as soon as possible
2. For 20 minutes, apply cold or lukewarm running water to the burn. Never use ice, iced water, creams, or oily materials (like butter).
3. Baby diapers and any other items of clothing or jewellery that are close to the burned skin should be taken off. However, if anything is adhered to the burned skin, don't move it.
4. Ensure that the individual remains typically warm. For example, a blanket can be used to accomplish this, but be careful not to rub it against the burned area.
5. If you don't have any cling film, use a clean plastic bag instead but cover the burn by draping it over the wound.
6. Painkillers can be used to relieve any discomfort from mild burns. This is at the wounded person's or a doctor's decision. Keep in mind that first responders cannot physically administer or give out over-the-counter drugs.
7. If the victim's face or eyes have been burned, sit them up as much as you can instead of having them lie down. Swelling will be lessened as a result.

Injuries Caused by Chemicals

Regular burns and chemical burns require slightly different care. Washing the burn for at least 20 minutes under water should be done initially, ensuring that the skin is free of all chemical residue. If you are the one doing first aid, remove any contaminated clothing and take all necessary steps to prevent exposure to the toxin.

If the chemical exposure is serious, dial 999 right once. If you're not sure whether the burn requires more care, go to A&E.

Supplementary Therapies

Treatment for asthma: First responders should all receive training in the many ways to use spacer devices and other asthma inhaler administration techniques. First responders should also administer 15-20 g of glucose or tablets to adults who have hypoglycemia (low blood sugar).

Oral carbohydrate-electrolyte beverages (sports energy-rehydration drinks) are currently advised for exertion-related dehydration in the treatment of heat exhaustion. Since they also replenish lost body salts, several sports energy-rehydration beverages have been shown to be more effective than water. There is evidence that semi-skimmed milk, tea, and coffee can all be just as beneficial as water.

Burns should be treated by cooling them with water as soon as possible for at least 10 minutes. Although First Aid for Life's advice has never changed, it is still a good idea to have this explained and documented.

(Council for European Resuscitation)

Skeletal Injuries

Ankle, leg, wrist, or arm fracture symptoms include:

- Severe discomfort swelling tenderness.
- Movement challenges
- The wounded site having an unusual shape, making noises, and feeling numb or tingly.
- The shock may make the victim feel nauseated, lightheaded, or faint.

What is the Appropriate Approach to Dealing with a Fractured Bone?

Broken bones require immediate medical attention.

- Stop any bleeding by pressing on the wound with sterile or clean gauze, and then immobilise the damaged region.
- Use cold packs to reduce swelling and ease discomfort.
- Do not move the injured area.

If you require surgery, refrain from eating or drinking. It is advisable to treat an injury as a fracture because it is not always clear whether it is a break or a sprain.

Either call 999 or take the victim to A&E.

Sprains and Strains

These injuries, which involve ligaments and muscles, are frequent.

- If the victim sustained a sprain or strain (to the foot, wrist, ankle, thumb, knee, or back), they could have:
 - Pain
 - Tenderness
 - Weakness
 - Bruising and swelling
 - Difficulty cramping when carrying weight.

How can you assist?

RICE Therapy supports the damage and reduces swelling.

RICE denotes:

1. REST with no physical activity
2. ICE: Place an ice pack on the affected area (or use a bag of frozen veggies covered in a tea towel).
3. COMPRESSION - secure the injury with a bandage to provide support.

4. ELEVATE - maintain it elevated on a cushion.

Avoid alcohol and heat.

Joint Injuries

Joint injuries can be uncomfortable and it is typical to sustain an injury to the knee.

In cases of a joint injury putting as little weight as possible on it, using an ice pack, or placing a bag of frozen vegetables wrapped in a tea towel on the knee for up to 20 minutes every two or three hours might help reduce discomfort. You can also ask the client if they can take paracetamol.

Injuries Involving The Eye

Abrasions and scrapes caused by fist, elbow, or ball contact are among the most frequent eye injuries. Caused by fingers, branches, or eyelashes

Others include:

- External entities - glass or items from tools being penetrated or sliced by grit, wood, or metal
- Toxic burns- Cleaning supplies
- Exposure to radiation from sunlamps or sunshine while using improper contact lenses

How can you assist?

Any slight eye discomfort often goes away within 24 hours. However, it may be beneficial to flush the eye for 10 to 15 minutes with clean water.

If both eyes are damaged, tilt the head back and frequently pour water over them while the individual is sitting down to flush their eyes. Avoid attempting to dislodge things from the eye.

Injuries Involving The Head

Every head injury needs to be considered potentially severe.

The majority of head injuries are minor.

The following are signs of a brain injury:

- A wound
- Unsteadiness
- Headache and nausea
- Confusion
- Memory loss unresponsiveness

How should you assist?

Dial 999 If someone has:

- Been knocked unconscious and hasn't awakened
- Vision issues
- Inability to stay awake issues with numbness or weakness bleeding from the ears and nose when walking, balance, comprehending, and speaking

Treat a minor head injury by providing pressure, holding an ice pack (or a bag of frozen peas wrapped in a tea towel) to the injury to minimise swelling, and urging the victim to rest if there is a bleed.

Stages of Responsiveness

A scale called the AVPU is used to measure responsiveness.

A for ALERT - Do they have eyes open?

V for VOICE - Can they respond? Do they react when you speak to them?

P for PAIN - Do they react to pain if they don't react to voice?

U for UNRESPONSIVE - Do they answer when asked a question or when they are gently shaken?

Call 999 or 112 and let them know about the test you just performed if they are not awake or responding.

Applying CPR on Infants and Children

When performing CPR on a kid or newborn, there are a few changes.

If CPR is necessary, it should be started right away for both children and newborns. After performing five compression and breath cycles, which should take around two minutes if you're alone, you should dial 999.

A baby/infant should not be shaken to determine whether or not it is aware; instead, softly massage the baby or tap the bottoms of the baby's feet while keeping an eye out for any movement or reaction. Alternatively, the brachial artery is located on the inside of the upper arm, which is where you should check for a pulse in a baby.

When applying CPR to infants, use simply two fingers to pressure the infant's chest in the middle; the compressions should only go an inch or inch and a half deep. 30 compressions are performed for every two rescue breaths (30:2) after the first five rescue breaths. Use your cheeks to empty air into the baby's mouth during rescue breaths rather than your whole lung capacity. Additionally, put your lips in the baby's mouth and nose to form an airtight seal, rather than just their mouth.

Children should only get compressions that are 1.5 inches deep. Give five initial rescue breaths, then 30 compressions followed by every two subsequent rescue breaths (30:2). A child's airways are not

as developed as those of an adult, therefore do not tilt their heads back as far. Compared to an adult, you should also be gentler while administering rescue breaths.

After five compression cycles, or around two minutes, you should use an AED if you have one available if the heart is still not beating. If you or a bystander haven't already called the emergency services, you should do so at this time.

Sharing the Process of giving CPR

Giving CPR is a demanding task. Your CPR attempts will lose effectiveness as you get exhausted. It is best to try to split the task with another rescuer wherever feasible. It doesn't matter if the other person has received CPR training since you may instruct them on what to do.

The first rescuer can instruct and demonstrate the second rescuer's actions. For instance, a decent strategy would be to divide the rescue breathing between the two people while letting one person perform chest compressions.

Compression-only CPR is an option if you cannot or do not choose to perform mouth-to-mouth rescue breaths. Simply put, they are continuous chest compressions.

Don't forget to dial 999!

Adrenaline Auto-Injectors

People with allergies who run the risk of experiencing a severe allergic response, commonly known as "anaphylaxis," are given prescriptions for adrenaline auto-injector devices, often known as "adrenaline pens."

A medication law limitation is not applicable while using an auto-injector to treat anaphylactic shock. If there is a life-threatening situation involving a victim who has been prescribed and has an auto-injector, anybody may administer one.

If there are any additional instances where someone has to take a prescription medication but is unable to do so themselves, provide it for them in accordance with the directions on the medicine container.

Choking in a Conscious Individual

To assist a person choking, give five open palm back strikes to try to remove the item if someone is choking and unable to speak, cough, or breathe. The next step is to perform five abdominal thrusts if that doesn't work. These are performed by making a fist with the thumb on the person's midsection (just above the navel), covering the fist with the other hand, and applying pressure inward and upward. Continue alternating between the two until either the item or the subject loses consciousness.

Call 999 if the victim falls unconscious.

Choking in a Unconscious Individual

In such cases try a finger sweep if you can see the item if the person is unconscious and choking, ideally while wearing gloves. Avoid forcing the item farther into the airway.

When moving onto CPR, give a rescue breath first, then watch to see if the chest lifts. Give two additional rescue breaths, and if the chest does not rise after the breaths, repeat the previous procedures. If not, then conduct 30 chest compressions, just like in CPR.

If the chest does raise, check the victim's respiration and administer care in accordance with their condition.

Poisoning

Poisoning can result from various factors:

- Medications
- Alcohol
- Carbon monoxide
- Food
- Ingested toxins
- Key indicators to be attentive to encompass:
 - Abdominal discomfort
 - Nausea
 - Bewilderment
 - Lethargy

how can you assist?

Get medical assistance right away!

If someone does not seem to be very unwell, contact 111 for guidance.

Call 999 if they exhibit more severe symptoms.

Shock

After an accident, it's crucial to watch out for shock symptoms.

Shock is a potentially fatal disorder. It occurs when the circulatory system is unable to supply the body with enough oxygenated blood, depriving the essential organs of oxygen.

Shock can be brought on by:

- Violent vomiting
- Bloody burns
- A bacterial infection after a heart attack

- Anaphylaxis, a severe allergic reaction

The shock that was just mentioned is not the same as emotional shock, which describes the emotions that might follow an accident.

Symptoms of shock

The symptoms include fast breathing, shallow breathing, pale complexion, clammy hands, thirst, yawning, weakness, feeling lightheaded and vomiting.

How can you assist?

- As soon as you can, dial 999.
- Take care of any wounds you spot.
- If the victim can be laid down due to their injuries, try to lift their legs.
- In order to keep the person warm, use a blanket or coat.
- Boost the person's confidence.
- Initial Care
- Keep an eye on the patient; if they stop breathing, begin CPR and notify the emergency services again.

Strokes

The earlier someone receives care for a stroke, the better.

Dial 999 right away.

Apply the FAST method:

- Facial ailment: Is the person's grin unbalanced, or are their eyes or lips drooping?
- Arm weakness: Is the individual only capable of raising one arm?
- Speech Problems: Is the person having trouble understanding or speaking effectively to you?
- Time to dial 999 or 112 for immediate assistance if the individual consist of any of the above symptoms.