

# First Aid

This advice sheet aims to summarise basic information on providing first aid to members and on the symptoms of some common medical problems, as well as covering legal issues and where to obtain portable first aid guides for members.

## WHAT TO DO<sup>1</sup>

### When someone is choking

1. COUGH IT OUT – Encourage them to cough.
2. SLAP IT OUT – Give them five sharp back blows between their shoulder blades with the heel of your hand.
3. SQUEEZE IT OUT – Stand behind them, put your arms around the upper part of the abdomen, clench your fist and put it between the navel and the bottom of their breastbone, grasp your fist firmly with the other hand, pull upwards up to five times.

If the person is still choking, repeat the backslaps and abdominal thrusts up to three times, then call 999 or 112 and continue the sequence until help arrives.

### When someone is bleeding severely

1. PRESS IT – Apply direct pressure over the wound using a dressing. Use gloves where possible and if no dressing is available, ask the person to apply pressure themselves.
2. RAISE IT – Help them to lie down and where possible raise the injured limb to reduce blood loss.
3. CALL 999 OR 112.

### When someone is unconscious

1. OPEN AIRWAY – Check the airway is open and clear.
2. TILT HEAD – Lift their chin to ensure the airway stays open.
3. CHECK BREATHING – Look, listen and feel for signs that they are still breathing.

Only if spinal injury is **not** suspected, put them into the recovery position (see image to the right). **If there is any doubt, do not move the casualty: await professional help.**



### When someone has stopped breathing

If they are unconscious, follow steps 1-3 above, then:

1. CALL 999 OR 112 – Ask for an ambulance.
2. DEFIBRILLATOR – Ask for an Automated External Defibrillator if one is available\*.
3. 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, keeping your fingers off their ribs. Lean directly over their chest and press down vertically about 5-6cm (2-2 ½ inches). Give 30 compressions at a rate of 100-120 per minute.
4. BREATHE – If you are able to, tilt their head, pinch their nose, take a breath, seal your lips over their mouth and breathe out for approximately 1 second, until their chest rises. When it has fallen, repeat to give a second rescue breath then repeat 30 compressions in a continuous cycle, until the person shows signs of regaining consciousness such as coughing, opening his eyes, speaking or moving purposefully.

\*USING A DEFIBRILLATOR: Defibrillators are easy to use as you just have to follow the spoken instructions. Although they look different they all work in the same way and you do not need training to use them. Your first priority should be to call an ambulance and perform CPR – do not interrupt this to go and find one but do send someone to get one when you are able.

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<sup>1</sup> The information in this section is taken from the St John's Ambulance essential first aid guide (details below)

**OTHER SITUATIONS<sup>2</sup>****Burns**

COOL THE AFFECTED AREA – cool the burn under running water for at least 10 minutes, then loosely cover it with clingfilm or a clean plastic bag and call 999 or 112.

**Head injury**

APPLY SOMETHING COLD – apply a cold compress to the injury (e.g. frozen vegetables wrapped in a tea towel). If they become drowsy or vomit, call 999 or 112.

**Nosebleed**

PINCH THE NOSE – Ask them to pinch the soft part of their nose and to lean forward. Continue for 10 minutes. Seek medical advice if the bleeding continues for more than half an hour.

**Wounds**

CLEAN AND COVER – Wash your own hands, clean the cut if dirty, pat dry, cover with a sterile dressing and raise above the heart if possible.

If there is a small object embedded, try to clean it out. If the object is larger, leave it in place, apply pressure on either side of the object, build up padding around the object until the padding is higher than the object, then bandage over the object without pressing on it, arrange for the casualty to go to hospital.

**Sprain**

R.I.C.E. Rest, Ice, Compress, Elevate.

If there is no improvement, seek medical advice.

**Broken bone**

IMMOBILISE THE AFFECTED PART – ask them to support the injury with their hand or use a cushion or items of clothing to prevent unnecessary movement and call 999 or 112.

**RECOGNISING SIGNS**

This section aims to provide information on how to recognise the signs that different types of incidents are happening and what action to take in each case.

**Asthma attack<sup>3</sup>**

SIGNS: symptoms (such as cough, breathlessness, wheeze or tight chest) are getting worse; the inhaler isn't helping; the person is breathless or finding it difficult to speak, eat or sleep.

ACTION: help the person to sit in a comfortable position and to take their medication. If the attack becomes severe, call 999 or 112.

**Mild allergic reaction<sup>4</sup>**

SIGNS: tingling; itching or burning sensations; nasty taste in the mouth; rash; swelling; feeling hot or having chills; feeling anxious; being flushed; abdominal pain; nausea; mild wheeziness.

ACTION: help them to take their medication (such as antihistamine or a reliever inhaler) if they have some and monitor the situation.

**Severe allergic reaction<sup>5</sup> (known as anaphylaxis)**

SIGNS: severe swelling of the tongue or throat associated with difficulty breathing; difficulty talking or a hoarse voice; severe wheeze; fainting and dizziness; looking pale, blue or clammy; being disorientated or unresponsive; collapse.

ACTION: phone 999 and state that someone is having a severe allergic reaction. Help them to find a comfortable position (lying down may help dizziness and sitting up may help with breathlessness). The treatment is an

<sup>2</sup> The information in this section is taken from the Red Cross [www.redcross.org.uk/everydayfirstaid](http://www.redcross.org.uk/everydayfirstaid)

<sup>3</sup> <http://www.asthma.org.uk/advice-asthma-attacks>

<sup>4</sup> <http://www.ouh.nhs.uk/patient-guide/leaflets/files%5C121210reactions.pdf>

<sup>5</sup> <http://www.ouh.nhs.uk/patient-guide/leaflets/files%5C121210reactions.pdf>

injection of adrenaline. If someone has an EpiPen (a pre-filled syringe with a concealed, spring-activated needle) help them to inject themselves then ask them to lie down and monitor the situation. If there is no improvement after 10 minutes, another dose of EpiPen can be given. Note the times of both doses.

### **Fainting<sup>6</sup>**

**SIGNS:** Fainting is a sudden, temporary loss of consciousness that usually results in a fall. In most cases, when a person faints, they'll regain consciousness within a minute or two. However, less common types of fainting can be medical emergencies.

**ACTION:** If someone feels faint, encourage them to lie down, with their legs higher than their head if possible or sit with their head between their knees. If they faint and do not regain consciousness within one or two minutes, put them in the recovery position (see above) and call 999 or 112.

### **Seizure<sup>7</sup>**

**SIGNS:** Seizures can take on many different forms and symptoms may include difficulty talking; drooling; repeated eye movements; lack of movement or muscle tone; tremors, twitching or jerking movements; repeated non-purposeful movements (called automatisms) such as, lipsmacking or chewing movements, repeated movements of hands, dressing or undressing, walking or running; convulsion; losing control of urine or stool unexpectedly; sweating; difficulty breathing; heart racing.

**ACTION:** Try to prevent injury. Do not restrain them but try to cushion their head. After the seizure, help them to rest on their side with their head tilted back.

### **Shock**

**SIGNS:** Shock is a life threatening condition that occurs when the vital organs, such as the brain and heart, are deprived of oxygen due to a problem affecting the circulatory system. Symptoms include paleness; cold, clammy skin; fast, shallow breathing; rapid, weak pulse; yawning; sighing; in extreme cases, unconsciousness.

**ACTION:** Treat the cause of shock; lay the casualty down with their head low and their legs raised and supported. Dial 999 or 112, if you have not already done so. Then make the person comfortable by loosening any tight clothing; covering them with a coat or blanket; comforting and reassuring them. Also, check breathing and pulse frequently.

### **Stroke**

**SIGNS:** The face may have dropped on one side and the person may not be able to move their facial muscles; they may not be able to lift their arms because of weakness or numbness; their speech may be slurred or garbled.

**ACTION:** Carry out the F.A.S.T. test to determine whether the person is displaying the symptoms above:

**Face:** is there weakness on one side?

**Arms:** can they raise both?

**Speech:** is it easily understood?

**Time:** to call the emergency services.

### **Diabetes<sup>8</sup>**

**SIGNS:** Diabetes is managed by balancing medication, food and activity. When these fall out of balance hypoglycaemia (often referred to as a hypo) can occur. Common symptoms of a hypo are: feeling shaky, sweating, hunger, tiredness, blurred vision, lack of concentration, headaches, feeling tearful or moody, going pale.

**ACTION:** For a hypo, help the person to access fast acting carbohydrates (sugary drinks, sweets, fruit juices or glucose gels).

### **Heart attack**

**SIGNS:** Symptoms can include: chest pain, which can travel to the arms (usually the left) and also the jaw, neck, back and abdomen; feeling lightheaded or dizzy; sweating; shortness of breath; nausea or vomiting; an overwhelming sense of anxiety (similar to having a panic attack); coughing or wheezing.

<sup>6</sup> <http://www.nhs.uk/conditions/Fainting/Pages/Introduction.aspx>

<sup>7</sup> <http://www.epilepsy.com/learn/epilepsy-101/what-happens-during-seizure>

<sup>8</sup> <http://www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos-Hypers/>

**ACTION:** Call an ambulance, make sure they are in a comfortable position and give them constant reassurance while waiting for the emergency services to arrive.

#### **LEGAL ISSUES**

Members are sometimes concerned about the legal implications of getting involved with performing first aid. The British Red Cross advises that 'where someone is acting in good faith to help save someone's life there is very little risk of them being sued for doing that'. In addition, the Social Action, Responsibility and Heroism Bill has been designed to address those concerns. It ensures that if something goes wrong when people are acting for the benefit of society or intervening to help someone in an emergency, the courts will take into account the context of their actions in the event they are sued.<sup>9</sup>

#### **PORTABLE GUIDES**

St John's Ambulance produces a pocket paper guide to essential first aid. You can order your free copy on their website:

<https://www.sja.org.uk/sja/support-us/the-difference/get-a-free-first-aid-guide.aspx>

The Red Cross and St John's Ambulance provide apps for mobile phones with first aid tips:

<http://www.redcross.org.uk/en/What-we-do/First-aid/Mobile-app>

<http://www.sja.org.uk/sja/support-us/the-difference/helpless/mobile-phone-app.aspx>

The British Heart Foundation offers an app to guide you through performing CPR:

<https://www.bhf.org.uk/heart-health/nation-of-lifesavers/hands-only-cpr/cpr-app>

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<sup>9</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/318839/sarah-bill-fact-sheet.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/318839/sarah-bill-fact-sheet.pdf)