Enter tutor name here

Ed. 9 March 2026

First Aid
AT WORK

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CPD Highfield CERTIFIED

Ground rules

- Fire escapes
- Toilets
- Smoking
- Drinks
- Breaks
- Lunch
- Questions
- Talking over others
- Respect others' points of view
- Timekeeping

As a courtesy to others, please set your mobile phone to SILENT MODE

Mobile phones must be SWITCHED OFF and removed from the desk during the examination.

Key

Class Question 	Individual Exercise 	Key Point KEY POINT
Law 	Group Exercise 	Class Exercise 
Definition 	Handouts HO #	Navigation

Unit 1:

Emergency first aid in the workplace

Module guide
Unit 1

1. The role and responsibilities of the first-aider
2. Assessing an emergency situation
3. Managing an unresponsive casualty
4. Managing a choking casualty
5. Wounds and bleeding
6. Shock
7. Seizures
8. Dealing with minor injuries.

Introduction

What is first aid?

First aid is described as a helping behaviour by anyone, for any emergency condition, in any situation, including self-care

'Source Resuscitation Council UK www.resus.org.uk

For all first-aid treatment you should wear disposable gloves.

Module 1

The role and responsibilities of the first-aider

What is the role of the first-aider?

To minimise further injury, improve health and prevent death by following these 3 key principles:

1. **Check for scene safety**
2. **Call 999**
3. **Only use available equipment or medications you have been trained to use**

KEY POINT

You may be directed to use equipment by the emergency services that they may not have previously had in-depth training on.

The responsibilities of the first-aider

- preventing cross-infection
- recording incidents and actions
- the safe use of available equipment
- assessing an incident - ensuring the scene is safe
- summoning appropriate assistance/calling the emergency services (999)
- prioritising the treatment of casualties
- clearing up after an incident
- dealing with post-incident stress.

Minimising infection

To reduce the risk of infection and cross-contamination:

- **maintain good personal hygiene**
- **use appropriate barrier devices**
- **cover any open cuts or sores**
- **avoid contact with blood or bodily fluids where possible**
- **change gloves between casualties**
- **wash hands thoroughly after removing gloves**

! Remember

Protect the casualty, colleagues and others in the workplace.

Minimising infection - barrier devices

Barrier devices reduce the spread of infection. They create a barrier between first-aider and casualty

Common barrier devices:

- **nitrile powder-free gloves**
- **face shields**
- **pocket masks**
- **non-surgical face masks or clean fabric material.**

Minimising infection – disposal and cleaning

Dispose of safely:

- used dressings
- gloves
- contaminated items

Clean and disinfect:

- blood spills
- bodily fluid spills
- use appropriate cleaning materials

Reusable equipment:

- clean or dispose of following manufacturer's instructions
- follow workplace policy.

Consent (implied consent)

Ask for consent before giving first aid. The casualty must agree before treatment begins

Consent can be:

- **verbal**
- **shown by actions such as holding out an injured arm**

Consent is implied if a casualty is:

- **unconscious**
- **too injured to communicate.**

Legislative requirements

First aid within the workplace is controlled by law

The Health and Safety at Work etc. Act 1974 (HASAWA)

Employers have a responsibility for the health and safety of their employees

They are also responsible for any visitors to the premises such as:

- **customers**
- **suppliers**
- **the public.**

Legislative requirements

The Health and Safety (First-Aid) Regulations 1981
The Health and Safety (First-Aid) Regulations (Northern Ireland) 1982

Employers must provide:

- **adequate first-aid equipment**
- **appropriate facilities**
- **trained personnel**

To ensure employees receive immediate attention if injured or taken ill at work

Applies to:

- **all workplaces**
- **workplaces with fewer than 5 employees**
- **the self-employed.**

Legislative requirements (cont..)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Under RIDDOR, the responsible person must report:

- **serious workplace accidents**
- **occupational diseases**
- **specified dangerous occurrences**
- **near misses**

Applies to:

- **employers**
- **the self-employed**
- **people in control of work premises.**

Legislative requirements (cont..)

The Management of Health and Safety at Work Regulations 1999 (MHSWR)

Employers must carry out a workplace risk assessment

If there are 5 or more employees record the significant findings

A risk assessment helps determine:

- **first aid provision**
- **equipment and personnel required.**

First-aid equipment

This table shows examples of first-aid equipment. The contents may vary depending on the workplace and the first aid needs assessment

Contents of first-aid kit(s)			
SIZE OF FIRST-AID KIT	Sml	Med	Lge
Conforming bandage	1	2	2
Shears	1	1	1
Burn dressing	1	2	2
Foil blanket	1	2	3
Resuscitation face shield	1	1	2
Finger sterile dressing	2	3	4
Nitrile gloves (pairs)	6	9	12
Adhesive tape roll	1	2	3

Contents of first-aid kit(s)			
SIZE OF FIRST-AID KIT	Sml	Med	Lge
Alcohol-free moist wipes	20	30	40
Sterile adhesive dressing	40	60	100
Eye pad sterile dressing	2	3	4
Triangular bandage	2	3	4
Large sterile dressing	2	3	4
Medium sterile dressing	2	4	6
Contents list	1	1	1
Leaflet	1	1	1

First aid at work provision

From your risk assessment, what degree of hazard is associated with your work activities?	How many employees do you have?	What first-aid equipment and personnel do you need?
Low hazard - for example, offices, shops, libraries	Fewer than 25	1 small workplace compliant first-aid kit At least 1 appointed person
	25–50	1 medium workplace compliant first-aid kit At least 1 EFAW trained first-aider
	More than 50	1 large workplace compliant first-aid kit (per 100 people) At least 1 FAW trained first-aider for every 100 employees
Higher hazard - light engineering and assembly work, processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction and chemical manufacture	Fewer than 5	1 small workplace compliant first-aid kit. At least 1 appointed person
	5–50	1 medium workplace compliant first-aid kit. At least 1 EFAW trained first-aider
	More than 50	1 large workplace compliant first-aid kit (per 50 people) At least 1 FAW trained first-aider for every 50 employees.

Eye irrigation

If mains tap water is not available:

- **provide at least 1 litre of sterile water or sterile normal saline**
- **store in a sealed, disposable container**

The container should be:

- **safely secured**
- **wall-mounted if possible**
- **located close to the first-aid kit.**

Arriving at the scene

When you arrive at the incident:

- try to remain calm
- take charge of the situation
- conduct a scene survey
- make sure you, the casualty and bystanders are safe
- get information from bystanders and the casualty
- give a full handover to the emergency services.

Contacting the emergency services

You or a bystander should contact the emergency services (999):

- **as soon as possible**
- **or if the casualty is unresponsive**

When contacting the emergency services, the information given is:

- **clear**
- **concise**
- **sufficient.**

Contacting the emergency services (cont..)

The acronym LINE can help you to remember what information to give

L Location - where you are. Give the full address if possible

I Incident - what has happened

N Number of casualties - how many people are injured or unwell

E Extent of injuries - how serious the injuries are

Early contact with the emergency services is very important and may save lives.

Prioritising the treatment of casualties

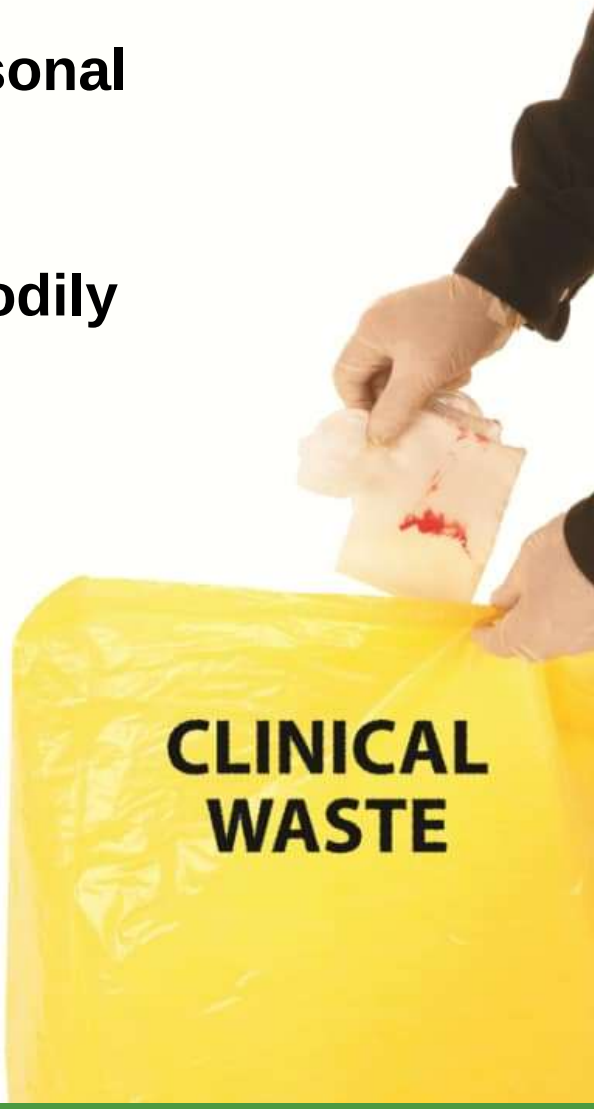
After the primary survey and calling emergency services, treat casualties in order of priority:

Priorities may change depending on the situation. For example, a broken leg before a small cut on a finger

If dealing with multiple casualties, the quietest person may need treatment first.

Clearing up after an incident

- **Place all used bandages, items and personal protective equipment (PPE), in a yellow clinical waste bag**
- **Clean any areas where blood or other bodily fluids have been spilled**
- **Restock the first-aid kit and replace equipment used**
- **Record and report the incident.**



Incident recording and reporting

- After any first aid incident, record and report it in full
- Complete the accident record with clear and concise information
- Consider whether the incident is reportable under RIDDOR
- Use an online system or paper-based accident book.

HO 1

Accident recording (practical)

For this exercise you will require Handout 1 from your delegate pack.

Module 2

Assessing an emergency situation safely

Assessing an emergency situation safely

When you arrive at an incident, carry out a scene survey. This helps keep you, the casualty and bystanders safe

Remember the acronym CLAP when carrying out a scene survey

- **C**ontrol the situation
- **L**ook for potential hazards
- **A**ssess the situation
- **P**rotect and prioritise.

Scene survey – remember CLAP

C ontrol the situation

Stop. Take a breath. Take charge. Control people and traffic if needed

L ook for hazards

Anything that could harm you, the casualty or bystanders

A ssess the situation

What has happened? Gather information. Look for signs and symptoms

P rotect and prioritise

Use protection such as gloves. Treat in order of priority. Ask for help. Contact the emergency services.

Primary survey

The primary survey is a systematic approach to:

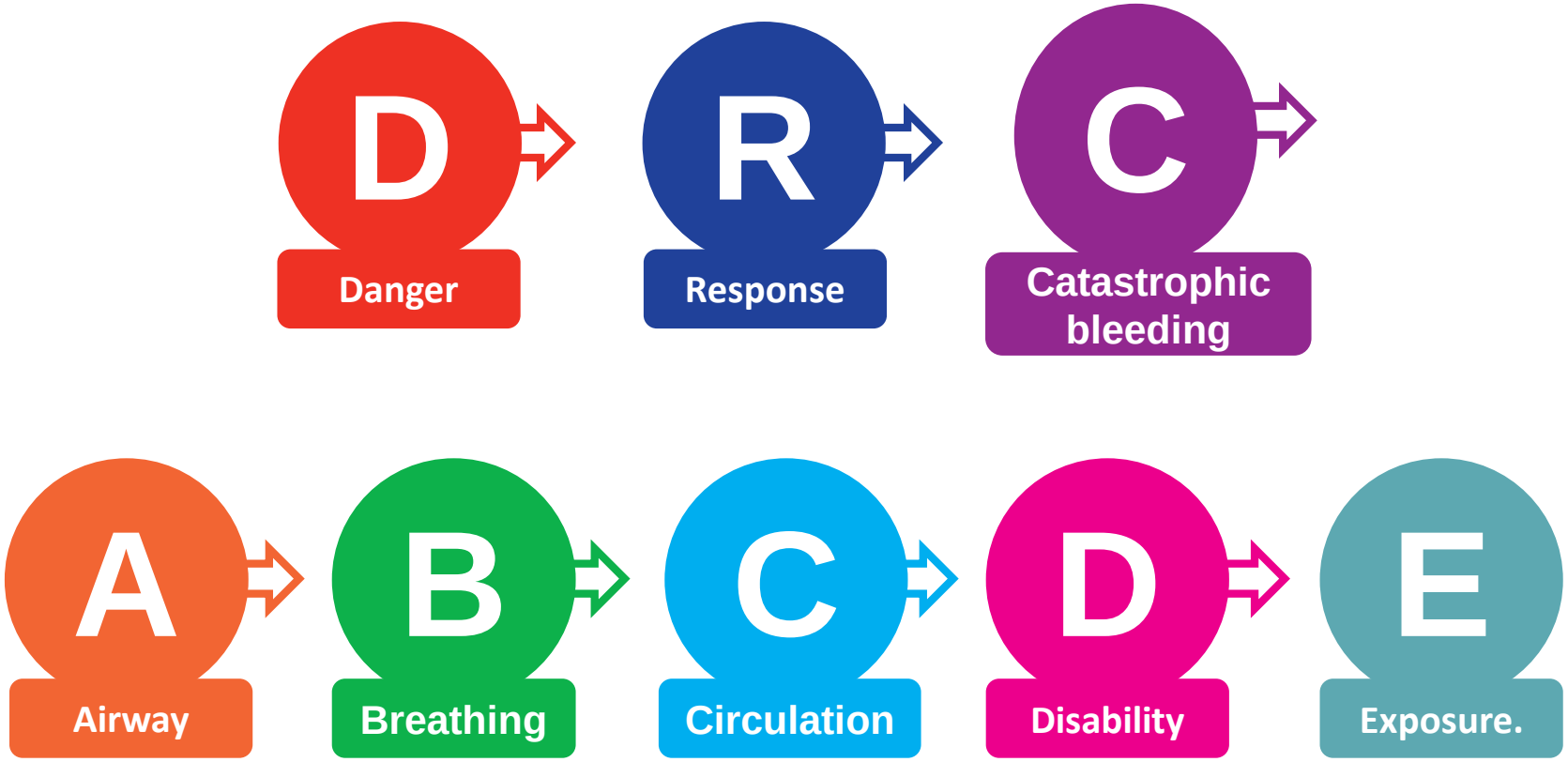
- **approach the casualty**
- **identify life-threatening conditions**
- **manage immediate danger**

Remember:

- **DR C ABCDE**
- **Doctor C ABCDE.**

HO 2

Doctor C ABCDE - Adults



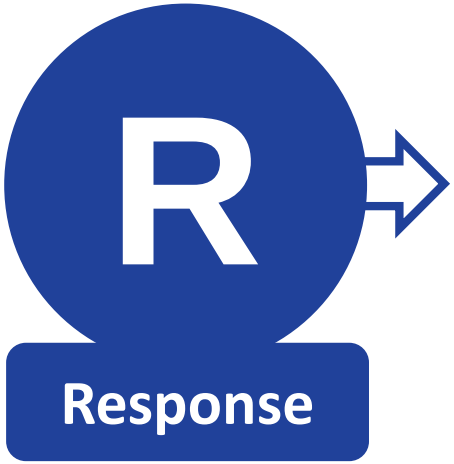
Primary survey - D

D

Danger

Check that the area is safe for you, the casualty and others.

Primary survey - R



Approach from the feet if possible

Check for a response using AVPU

If the casualty is unresponsive, shout for help and call 999

If the casualty responds and there is no further danger:

- **leave in the position found**
- **find out what is wrong**
- **get help if needed.**

Primary survey - AVPU scale

A – Alert
Awake? Moving? Talking? If alert and safe, leave in position found. If no move to V

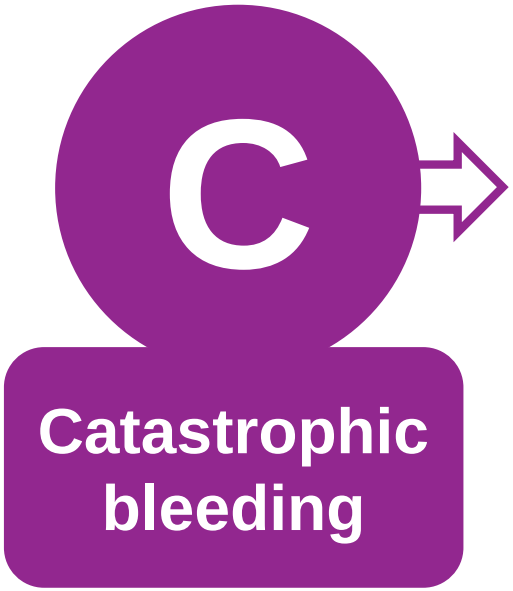
V – Voice
Do they respond to speech? If no, move to P

P – Place
Place your hands on the casualty's shoulders. Gently squeeze and ask, 'Are you alright?' If no response, move to U

U – Unresponsive
No response to voice or place. Begin the primary survey

The 'P' in AVPU is sometimes referred to as pain
In this course we use place, meaning gentle physical stimulus only.

Primary survey - C



Look for severe bleeding

If there is life-threatening bleeding:

- **call 999 immediately**
- **control the bleeding before moving to airway and breathing**

Use the speaker function on your phone if possible.

Primary survey - A

A

Airway

Place the casualty on their back

Open the airway using the head-tilt/ chin-lift method

- **Place 1 hand on the forehead and gently tilt the head back**
- **Place your fingertips under the chin and lift the chin to open the airway.**

Primary survey - B

B

Breathing

Look, listen and feel for normal breathing. No more than 10 seconds

Not breathing normally?

- **Call 999**
- **Start CPR**

Agonal gasps
In the first few minutes after a cardiac arrest, a casualty may appear to be barely breathing. This may include slow laboured, gasping, panting, irregular or noisy breaths, known as agonal breathing. These are not normal breaths. Start CPR.

Primary survey – B (cont..)

B

Breathing

Send someone to get an AED if available

Alone? Do not leave the casualty

Start CPR:
- **30 chest compressions**
- **2 rescue breaths**

Compression depth: 5 to 6cm
Compression rate: 100 to 120 per minute

Compression-only CPR
If unable to give rescue breaths, provide continuous chest compressions. Rate 100 to 120 per minute. Depth 5 to 6cm.

Primary survey - C

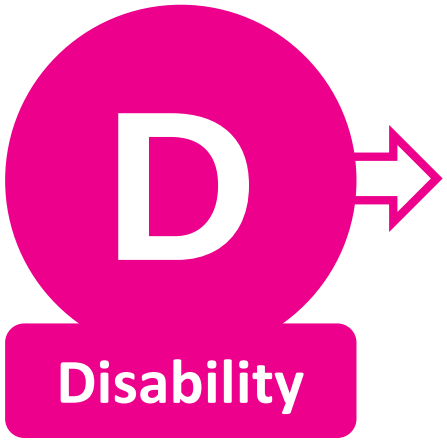
C

Circulation

Check the casualty for:

- **bleeding**
- **signs of shock**
- **skin colour**
- **Temperature.**

Primary survey - D



Check the level of consciousness using ACVPU

- **Alert**
- **Confused**
- **Vocal**
- **Painful**
- **Unresponsive**

Look for other life-threatening conditions:

- **stroke**
- **seizure**
- **diabetes**
- **exposure to heat or the cold**
- **poison.**

Primary survey - E

Check the body, front and back, for:

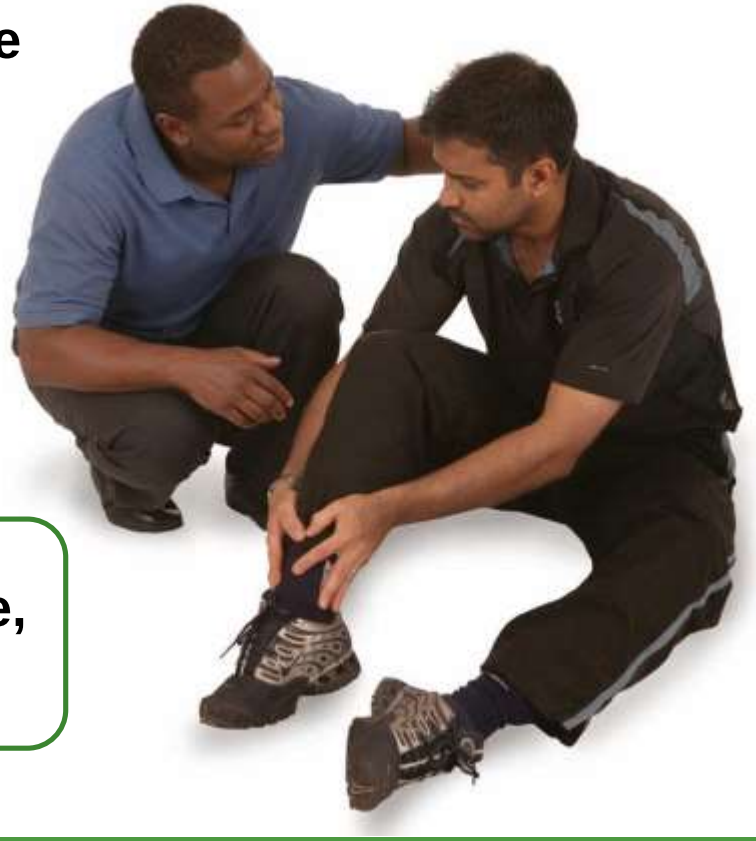
- **injuries**
- **bleeding**
- **rashes**
- **burns**
- **medical alert jewellery**

Maintain the casualty's dignity and prevent heat loss.

Casualty communication

Good casualty communication

- use the casualty's preferred name if known
- find out what has happened
- ask where they are injured if possible
- speak clearly and slowly
- do not shout - face the casualty and maintain eye contact
- give time to think and respond
- give factual information only



KEY POINT

Ask the casualty to help where possible, for example, holding a dressing.

Gathering patient information

Information comes from:

- **history**
- **signs**
- **symptoms**

History

Information about the casualty and the incident

- **What happened**
- **When it happened**
- **Witnesses**
- **Medication**
- **Previous medical conditions or injuries.**

Gathering casualty information (cont..)

Signs

What you can see, hear or smell

For example:

- **bleeding**
- **swelling**
- **difficulty breathing**

Symptoms

What the casualty feels

Ask about:

- **pain**
- **sickness**
- **dizziness**
- **weakness.**

Gathering casualty information - SAMPLE

Remember acronym SAMPLE to help gather information

- **S** Signs and symptoms
- **A** Allergies
- **M** Medication
- **P** Past medical history
- **L** Last meal
- **E** Events leading up to the incident.

HO 3

Secondary survey
Head-to-toe survey

If the casualty is breathing normally, carry out a secondary survey. Explain what you are doing at each stage

If the casualty is responsive, ask them to tell you if they feel any pain during the check

- **Head and face**
- **Neck**
- **Chest and shoulders**
- **Arms and hands**
- **Spine**
- **Pelvis**
- **Abdomen**
- **Legs and feet.**

Secondary survey
Head-to-toe survey (cont..)

Head and face

- Look for signs of injury
- Remove glasses if worn
- Gently feel the head and scalp for bleeding, swelling or dents
- Check the ears for blood or fluid (cerebrospinal fluid (CSF)).

Secondary survey
Head-to-toe survey (cont..)

Neck

- Loosen tight clothing such as collars, ties or scarves
- Gently feel for pain, swelling or deformity
- Look for a medical alert necklace

Chest and shoulders

- Check for bleeding or deformity
- Ensure the chest is rising and falling normally.

Secondary survey
Head-to-toe survey (cont..)

Arms and hands

- Check along the arms for deformity, swelling or bleeding
- Look for a medical alert bracelet

Spine

- Check as much of the spine as possible without moving the casualty
- Gently feel for tenderness, deformity or bleeding.

Secondary survey
Head-to-toe survey (cont..)

Pelvis

- Check the hips and pelvis for pain, bleeding, deformity or unusual positioning

Abdomen

- Gently check the abdomen for signs of bleeding, swelling or unnatural softness.

Secondary survey
Head-to-toe survey (cont..)

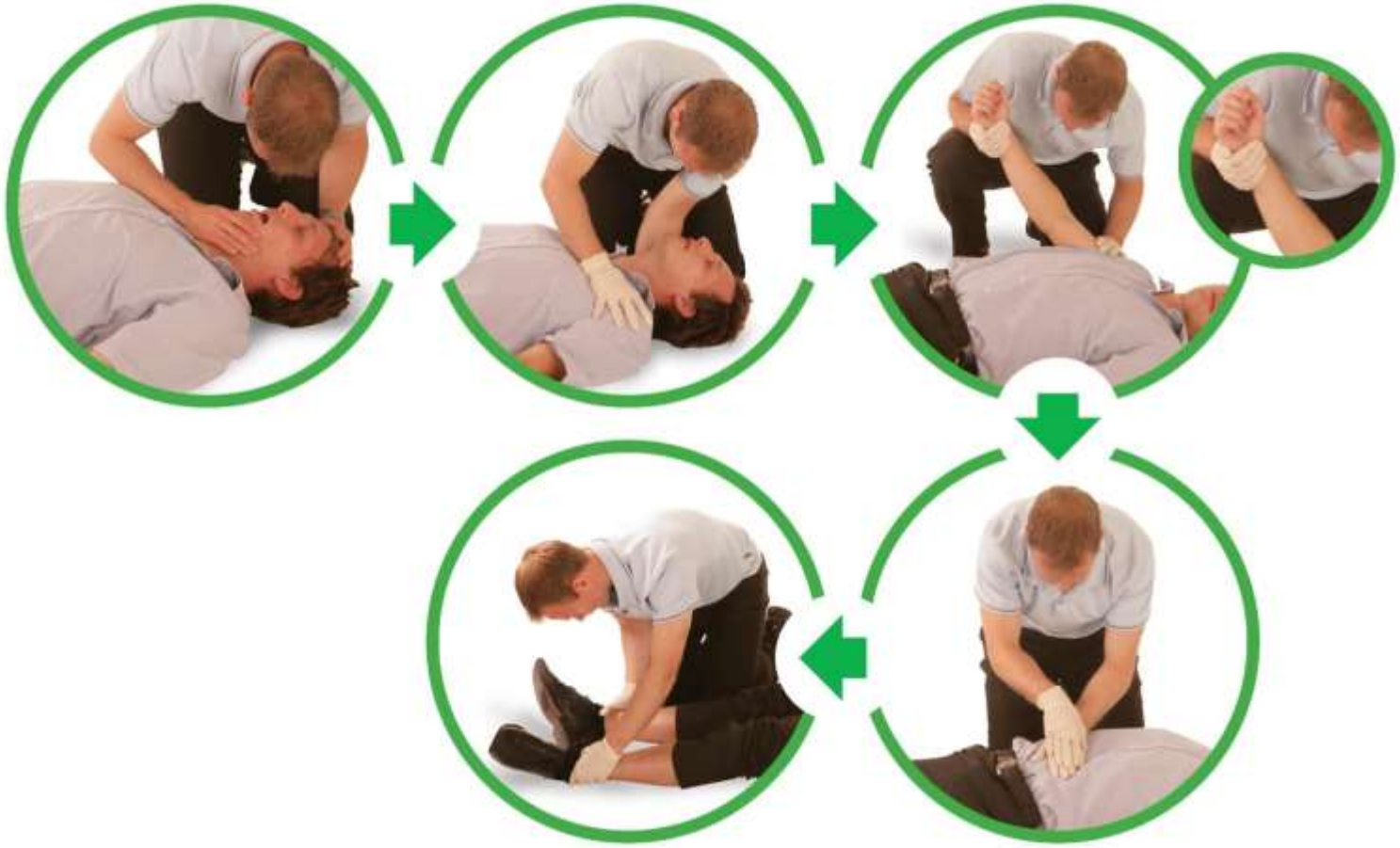
Legs and feet

- Check for bleeding, swelling, deformity or unusual positioning
- Gently feel for tenderness
- Check pockets for objects that could cause pain if the casualty is moved.

Secondary survey
Head-to-toe survey (cont..)

- If a casualty is found after an unknown incident, they may have more than one injury
- First ensure there is no immediate danger, such as breathing problems or severe bleeding
- Then carry out the examination in the position the casualty is found.

Secondary survey
Head-to-toe survey - practical



HO 4

Complete the following acronym

Key task 4

Complete the following acronym.

C

L

A

P

HO 4

Complete the following acronym (answers)

Key task 4

Complete the following acronym.

C	Control the situation
L	Look for potential hazards
A	Assess the situation
P	Protect and Prioritise

Module 3

Managing an unresponsive casualty

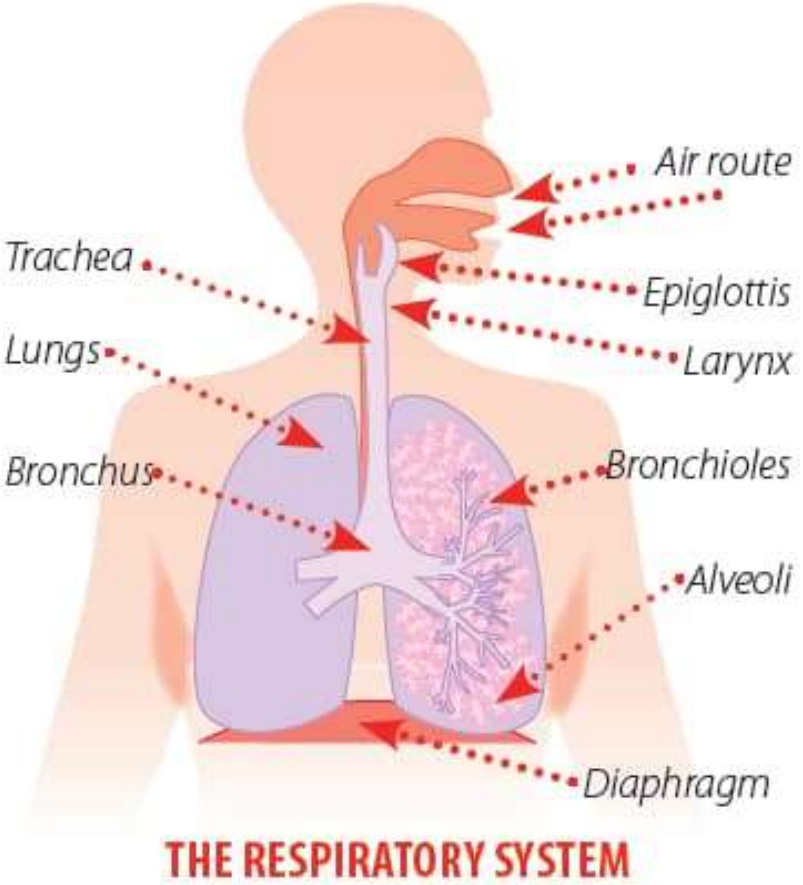
The principles of resuscitation

Basic life support (BLS) and the use of an automated external defibrillator (AED) follow clear principles.

These include:

- **initial assessment**
- **airway maintenance and breathing**
- **cardiopulmonary resuscitation (CPR) and use of an automated external defibrillation (AED).**

The principles of resuscitation (cont..)



Airway maintenance

It is important to open the casualty's airway and keep it open.

Chest compressions

Give chest compressions if the casualty is not breathing normally

- **Compress the chest to a depth of 5 to 6cm (about the height of a credit card)**

- **Give compressions at a rate of 100 to 120 per minute**
- **Give 30 chest compressions before giving rescue breaths.**

Rescue breathing (expired air ventilation)

After 30 chest compressions, give 2 effective rescue breaths

- **Each breath should take about 1 second**
- **Watch for the chest to rise**
- **Give 2 breaths in no more than 10 seconds**

After the first breath:

- **remove your mouth**
- **turn your head and watch the chest fall**
- **give the second breath.**

Cardiopulmonary resuscitation (CPR) definition

CPR is a combination of chest compressions and effective rescue breaths. It is used to circulate blood and move air into the lungs

Cardio = heart

Pulmonary = lungs

Resuscitation = revive.

CPR (cont..)

How to give CPR

1. Kneel beside the casualty. Place the heel of 1 hand in the centre of the casualty's chest
2. Place the heel of your other hand on top. Interlock your fingers
3. Position yourself directly above the chest with your arms straight. Press down on the sternum to a depth of 5 to 6cm
4. After each compression, release the pressure without removing your hands from the chest. Give compressions at a rate of 100 to 120 per minute. Complete 30 compressions
5. Give 2 effective rescue breaths.

CPR (cont..)

Continue with cycles of 30 chest compressions and 2 rescue breaths until:

1. A health professional tells you to stop
2. You become too exhausted
3. The casualty shows clear signs of recovery, such as moving, opening their eyes or breathing normally

If help is available, change the person giving chest compressions every 1 to 2 minutes to reduce fatigue.

Adult basic life support and automated external defibrillation

Check for DANGER

Check for a RESPONSE (AVPU)

Yes → If responsive, leave in the position found if safe. Find out what is wrong. Get help if needed and reassess regularly

No

Call 999 or ask a helper to call. Use the speaker function. Send someone to get an AED

Open the AIRWAY

Yes → Use the head-tilt/chin-lift method

Look, listen and feel for normal breathing for no more than 10 seconds

Yes → If breathing normally, check for injuries. Place into the recovery position and monitor

Administer CPR – start with 30 chest compressions

Give 2 effective rescue breaths

Continue CPR until a healthcare professional tells you to stop, you become too exhausted to continue or the casualty shows clear signs of recovery, such as moving, opening their eyes or breathing normally.

Adult basic life support and automated external defibrillation (cont..)

For lifeguards only - drowning casualties

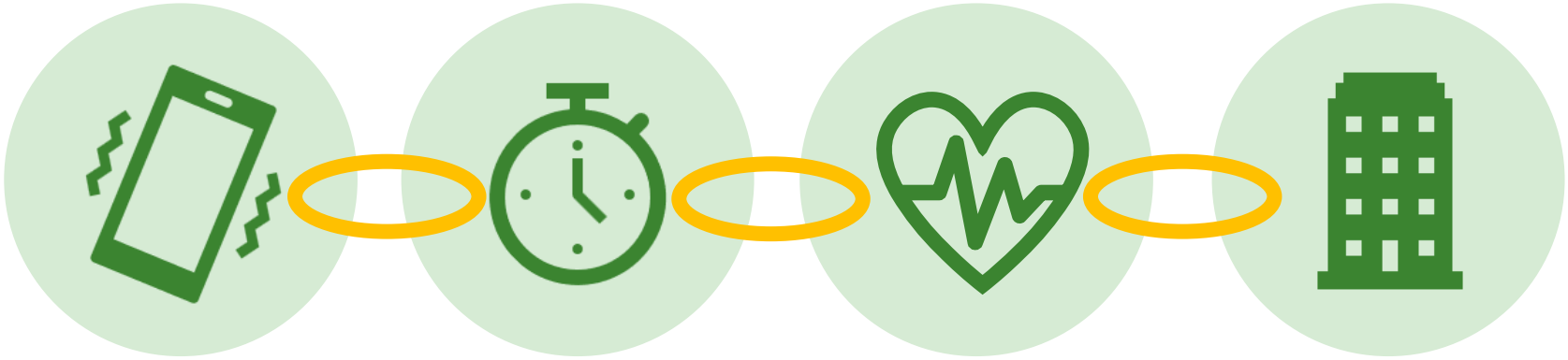
- **Give 5 initial rescue breaths**
- **Provide CPR for 1 minute before calling 999**
- **After calling 999, continue CPR at a ratio of 30 chest compressions to 2 rescue breaths (30:2)**

If AED pads are attached, follow the AED voice and visual prompts.

Chain of survival

After a cardiac arrest, a casualty's chance of survival decreases by about 6 to 10% with each passing minute

The chain of survival is a series of actions



If 1 link in the chain is missing or delayed, survival is less likely.

The chain of survival

To prevent cardiac arrest

- Early recognition and call for help
- Identify people at risk and act early

To buy time

- Early CPR
- Start CPR immediately until medical help arrives

To restart the heart

- Early defibrillation
- Delivery a shock to restore a normal heart rhythm

To restore quality of life

- Post-resuscitation care
- On-going care provided by paramedics and hospital staff.

Automated external defibrillator (AED)

An automated external defibrillator (AED) is used together with CPR

1. **Follow the adult basic life support sequence**

   If the AED is not immediately available, start CPR until it arrives

2. **When the AED arrives:**
   - **if more than 1 rescuer is present, continue CPR while the AED is switched on**
   - **if you are alone, stop CPR briefly to switch on the AED.**

Automated external defibrillator (AED) (cont..)

- follow the voice and or visual prompts
- attach the electrode pads to the casualty's bare chest, following the pad placement instructions
- make sure nobody is touching the casualty while the AED analyses the heart rhythm

Check for a pacemaker or chest piercings. If present, place pads at least 2.5cm away

Remove medication patches and wipe the skin dry before applying pads.

Automated external defibrillator (AED) (cont..)

If a shock is advised

- Make sure nobody is touching the casualty
- Clearly tell everyone to ‘stand clear’
- Press the shock button when instructed (fully automatic AEDs will deliver the shock automatically)
- Follow the AED voice and visual prompts
- Continue CPR when instructed by the AED.

Automated external defibrillator (AED) (cont..)

If no shock is advised

- **Restart CPR immediately**
- **Use a ratio of 30 chest compressions to 2 rescue breaths**
- **Continue to follow the AED prompts**

If AED pads have been attached to the casualty continue as directed by the AED's voice and visual prompts.

Automated external defibrillator (AED) (cont..)

3. Continue using the AED until:

- qualified help arrives and takes over
- the casualty shows signs of recovery, such as:
  - coughing
  - opening their eyes
  - speaking, moving
  - breathe normally
- you become too exhausted

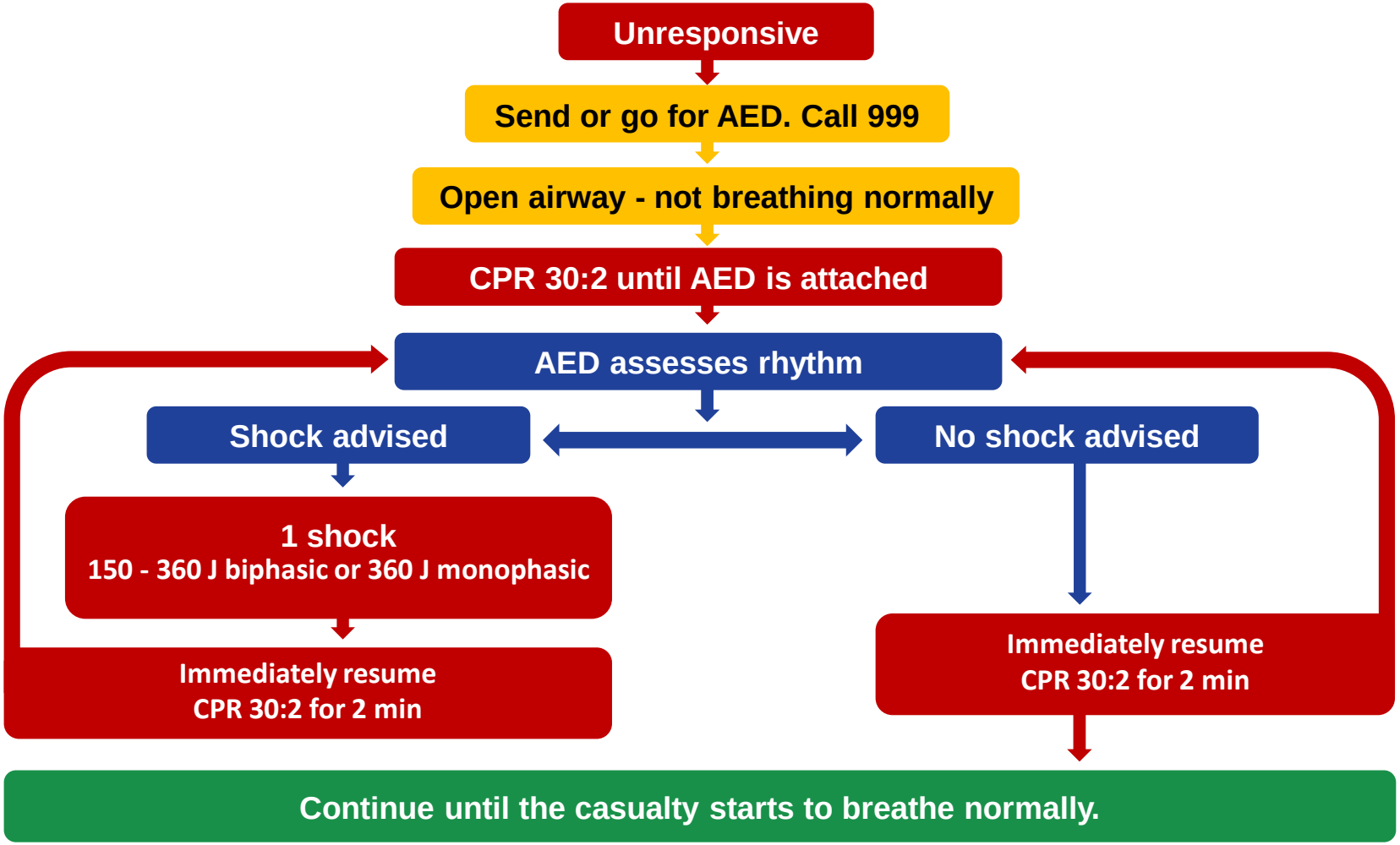
Leave the pads attached when placing the casualty into the recovery position.

Automated external defibrillator (AED) (cont..)

AED pad placement

Automated external defibrillator (AED) (cont..)

Defibrillation algorithm



HO 5

Answer the question by filling in the blanks using the numbers provided

Key task 1

Answer the questions by filling in the blanks using the numbers provided.

Seconds to take to check normal breathing.

__ __

Rate of compressions given per minute during CPR.

__ __ __ - __ __ __

Number of breaths given during CPR.

__

Number dialled for ambulance services.

__ __ __

Number choices:

100 - 120 30

999 10 2

Number of compressions during CPR.

__ __

HO 5

Answer the question by filling in the blanks using the numbers provided (answers)

Key task 1

Answer the questions by filling in the blanks using the numbers provided.

Seconds to take to check normal breathing.

1 0

Rate of compressions given per minute during CPR.

1 0 0 - 1 2 0

Number of breaths given during CPR.

2

Number dialled for ambulance services.

9 9 9

Number choices:

100 - 120 30

999 10 2

Number of compressions during CPR.

3 0

The recovery position

Placing the casualty in the recovery position helps to:

1. **Keep the airway open**
2. **Support normal breathing**
3. **Allow fluids such as vomit to drain if the casualty is breathing but unresponsive**

Only use the recovery position if the casualty is breathing normally.

The recovery position – step 1

Kneel to the side of the casualty. Remove glasses, watches and any large objects from side pockets.

The recovery position – step 2

Place the arm nearest to you at a right angle to the body. Leave it in a natural position.

The recovery position – step 3

Bring the other arm across the chest. Place the back of the hand against the nearest cheek and hold it in place.

The recovery position – step 4

With your free hand, bend the far knee so the foot stays flat on the ground.

The recovery position – step 5

Keep the hand pressed to the cheek and pull the bent leg towards you. Roll the casualty onto their side.

The recovery position – step 6

Adjust the top leg so the hip and knee are at right angles. This helps keep the casualty stable.

The recovery position – step 7

Check the airway is open. Adjust the hand under the cheek if needed.

The recovery position – step 8

The casualty is now in the recovery position

Continue to check normal breathing. Be ready to start CPR if needed.

The recovery position (cont..)

If a casualty is in the recovery position, turn them onto the opposite side every 30 minutes if possible

If the casualty is pregnant, place her into the recovery position on her left side. This prevents compression of the inferior vena cava.

The recovery position - practical

Managing a choking casualty

Obstructed airway

An obstructed airway is the partial or complete blockage of the upper airway (larynx and trachea) that leads to the lungs

Causes may include:

- **foreign bodies such as food**
- **allergic reactions**
- **asthma**
- **blood**
- **vomit**
- **infection**

A blocked airway can cause breathing difficulties.
In severe cases, the casualty may become unconscious and unresponsive.

Identifying a choking casualty - mild

A blockage may be mild or severe. The severity affects how well the casualty can breathe

Recognising mild choking

- **Coughing**
- **Difficulty breathing or speaking**
- **Red face**
- **Watery eyes**
- **Signs of distress.**

Identifying a choking casualty - severe

Recognising severe choking

- Grasping the throat
- Unable to breathe or speak
- In visible distress
- Blue or grey skin colour
- Becoming weaker
- May become unconscious.

Treatment - back blows

Treatment

1. Stand to the side and slightly behind the casualty
2. Support the chest with 1 hand and lean the casualty forward
3. Give up to 5 sharp blows between the shoulder blades using the heel of your hand

If back blows do not clear the obstruction give 5 abdominal thrusts.

Treatment - abdominal thrusts

Treatment

1. Stand behind the casualty and place both arms around the upper abdomen. Lean the casualty forward
2. Make a fist and place it between the navel and the ribcage
3. Grasp your fist with your other hand and pull sharply inwards and upwards
4. Repeat up to 5 times

Check the casualty after each thrust.

Treatment (cont..)

If the blockage is not relieved:

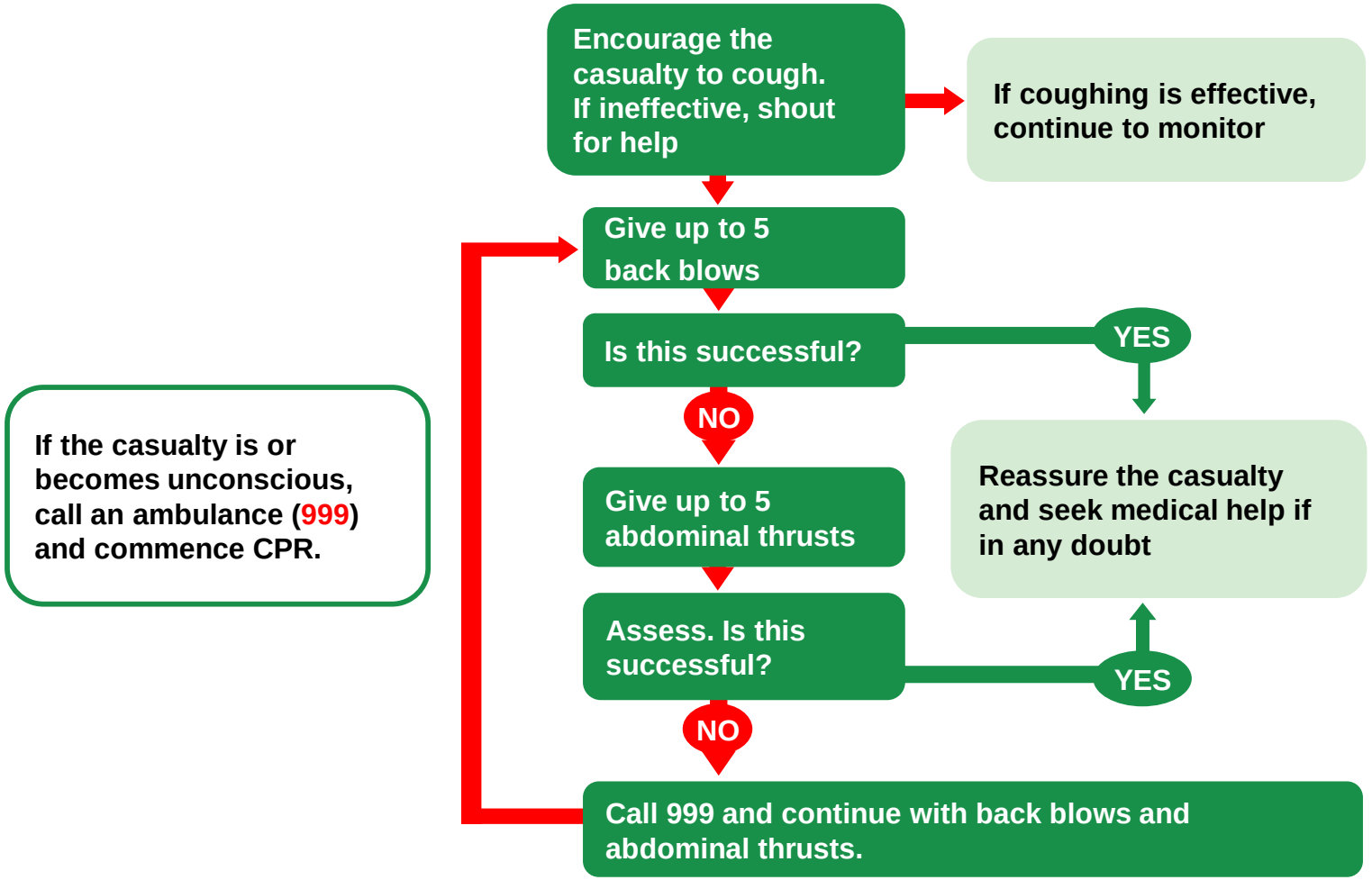
- **shout for help**
- **ask someone to call 999 or call on speakerphone if possible**
- **continue cycles of up to 5 back blows and 5 abdominal thrusts**

If the casualty becomes unconscious, start CPR

Casualties should seek medical attention if they:

- **have received abdominal thrusts**
- **have difficulty swallowing**
- **still feel that something is stuck in their throat.**

Dealing with a conscious choking adult



Dealing with an unconscious choking adult

Support the casualty to the ground

Call 999. Send for an AED

Start CPR immediately with 30 chest compressions

Give 2 effective breaths.
If they are not effective, check the airway and remove any obstruction before the next attempt.
Do NOT interrupt CPR unnecessarily

Continue CPR:
30 compressions to 2 breaths.

Continue until qualified help arrives, the casualty shows signs of recovery or you become too exhausted.

Hypoxia

Hypoxia is a condition where the body's tissues do not receive enough oxygen. This is sometimes called oxygen starvation

Recognition

Signs of hypoxia may include:

- **confusion and distress**
- **cyanosis (blue or purple colouring of the skin)**
- **rapid breathing (hyperventilation)**
- **sweating**
- **nausea**
- **general weakness.**

Hypoxia (cont..)

Treatment

- Maintain an open airway
- Call 999 immediately
- Calm and reassure the casualty
- Monitor the casualty closely
- Be prepared to carry out basic life support.

HO 6

Place in order of action for a choking casualty. Label 1-4.

Key task 2

Please place in order of action. Label 1 - 4 for a choking casualty.

Give up to **5** back blows.

Encourage the casualty to cough.

Give up to **5** abdominal thrusts.

Assess the casualty's condition.

HO 6

Place in order of action for a choking casualty. Label 1-4 (answers).

Key task 2

Please place in order of action. Label 1 - 4 for a choking casualty.

Give up to **5** back blows.

2

Encourage the casualty to cough.

1

Give up to **5** abdominal thrusts.

3

Assess the casualty's condition.

4

Module 5

Wounds and bleeding

The circulatory system

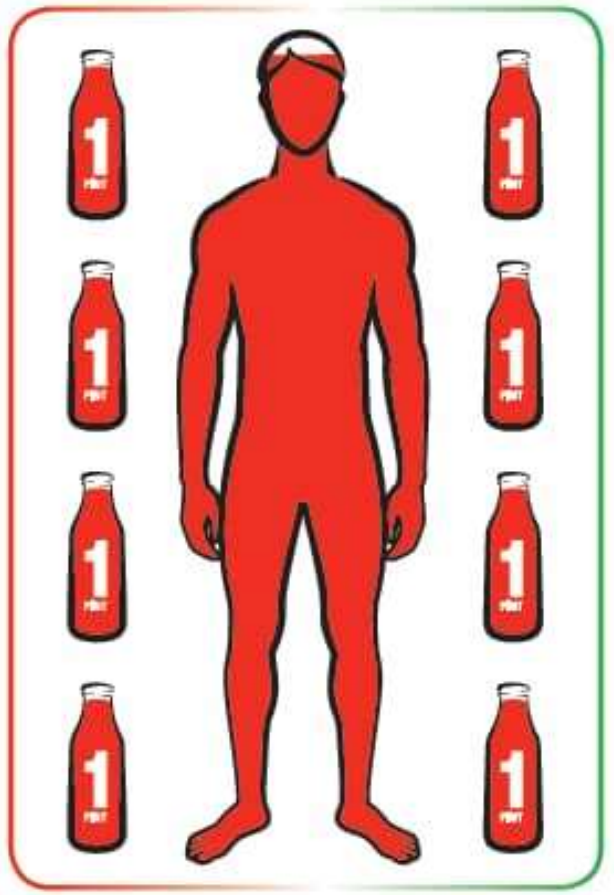
The circulatory system consists of the heart, blood vessels and blood. It carries oxygen and nutrients around the body

Problems with the circulatory system can lead to life threatening conditions such as:

- **heart attacks**
- **strokes**
- **angina**
- **blood clots.**

The circulatory system (cont..)

- A normal adult heart rate is between 60 and 100 beats per minute
- The average adult body contains 8 to 10 pints of blood
- Losing around one third of the body's blood can be life threatening.



Types of wounds

A wound is an injury to the skin or underlying tissue. It may be caused by a cut, blow or impact. There are 6 main types of wounds

Cut (incision)

- Caused by a sharp object such as a knife, scissors or glass
- Edges are usually neat
- Severe cuts can cause heavy bleeding

Laceration (tear)

- Has jagged edges
- Often caused by broken glass or metal
- Blood loss depends on the size and depth of the wound.

Types of wounds (cont..)

Puncture (piercing)

- Caused by objects such as a nail, needle or splinter
- May not bleed heavily as the skin can close over the wound
- High risk of infection
- Possible internal damage

Abrasion (graze)

- A surface wound where the top layer of skin is scraped away
- Often caused by a fall or sliding on a rough surface
- Bleeding is usually minor and oozes rather than flows.

Types of wounds (cont..)

Penetrating wound (embedded object)

- Caused when an object such as a knife or bullet enters the body
- May cause serious internal and external bleeding
- High risk of infection

Contusion (bruise)

- Caused by damage to blood vessels under the skin
- Often caused by a blow or fall
- Most bruises are minor and heal without treatment
- Severe injuries may cause internal bleeding.

Types of bleeding

Internal bleeding

- Blood escapes from blood vessels but stays inside the body
- Can occur in tissues, organs or body cavities such as the chest, head or abdomen
- Often not visible
- Sometimes seen if the casualty coughs up or vomits blood

External bleeding

- Blood escapes from the body through a wound
- Usually visible.

Types of bleeding (cont..)

Arterial bleeding

- Comes from the artery
- Blood is bright red
- May spurt or pulse in time with the heartbeat
- Life-threatening

Venous bleeding

- Comes from the vein
- Blood is dark red
- Flows or gushes steadily
- Can be life-threatening.

Types of bleeding (cont..)

Capillary bleeding

- Slow and oozes from the wound
- Blood is red
- Often seen with small cuts or grazes
- Bruising is caused by capillary bleeding under the skin

Types of bleeding (cont..)

The table shows common signs and symptoms linked to blood loss

Signs and Symptoms	10% Blood Loss	20% Blood Loss	30% Blood Loss	40% Blood Loss
Response level	Normal	Nausea	Lowered levels of response, signs of shock	Possibly unresponsive
Skin colour/texture	Normal	Pale/cool to the touch	Cyanosis (blue/grey tinges to the lips and extremities), cold and clammy	Extremely pale, cold and clammy
Breathing	Normal	Slightly raised	Rapid	Gasping for breath
Pulse rate	Normal	Slightly raised	Rapid weak pulse (hard to detect)	Undetectable.

Treatment of bleeding

Treatment (general)

- Put on disposable gloves
- Sit or lay the casualty on a firm stable surface
- Expose and examine the wound
- Do not remove any embedded objects
- Apply firm direct pressure to control bleeding
- Apply a sterile dressing and maintain pressure
- If blood soaks through, apply a second dressing on top.

Treatment of bleeding (cont..)

Treatment (general)

- If bleeding continues, remove dressings and reapply firm direct pressure with a new sterile dressing
- Support the injured area
- Be prepared to treat for shock
- Use a triangular bandage to support a limb or maintain pressure if needed
- Do not allow the casualty to eat, drink or smoke
- Call 999 and monitor the casualty.

Catastrophic (life-threatening) bleeding

Catastrophic (life-threatening) bleeding

- **Severe and uncontrolled bleeding**
- **Blood loss is rapid**
- **Requires immediate action**
- **Life-threatening.**

Catastrophic (life-threatening) bleeding (cont..)

Treatment (life-threatening bleeding)

- Call 999 as soon as possible
- Put on disposable gloves
- Apply firm, direct pressure to the bleeding wound
- Apply a sterile dressing or, if available, a haemostatic dressing. Maintain firm pressure
- Some wounds may need the dressing to be packed firmly into the wound
- If dressings are not available, use any clean material. The priority is to stop the bleeding
- Once bleeding is controlled, apply a pressure dressing to maintain haemostasis.

Catastrophic (life-threatening) bleeding (cont..)

If severe bleeding from an arm or leg is not controlled by direct pressure apply a tourniquet (manufactured or improvised) as soon as possible

Treatment (tourniquet)

- **Place the tourniquet 5 to 7cm above the wound. Do not place it over a joint**
- **Tighten the tourniquet until the bleeding slows or stops. This may be painful**
- **Record the time the tourniquet was applied**
- **Do not loosen or remove the tourniquet. It must only be removed by a healthcare professional.**

Wound packing

For deep wounds with heavy bleeding

Treatment

- Put on disposable gloves
- Pack the wound firmly with a dressing or clean material to help control bleeding
- Maintain constant pressure on the wound. Keep the casualty calm and still
- Call 999 as soon as possible and explain what treatment you have given.

Wounds with embedded foreign objects

Treatment

- Put on disposable gloves
- Do not remove the embedded object
- Help the casualty to sit or lie on a firm surface
- Place dressings on either side of the object to control bleeding
- If possible, place a larger dressing over the top to support and stabilise the object
- Ask the casualty to assist if they are able
- Secure the dressing in place without pressing on the object
- Call 999
- Monitor the casualty and treat for shock if required.

Warning

The next 2 slides contain graphic images of wounds and blood

Some learners may find these images distressing

You may choose to look away.

Wounds with embedded foreign objects

Module 6

Shock

Hypovolaemic shock (caused by loss of blood or fluids)

Hypovolaemic shock is a life-threatening condition. It occurs when the body loses around 20 percent (one fifth) or more of its blood or fluid

Hypovolaemic shock can be caused by:

- **severe bleeding, internal or external**
- **severe diarrhoea and vomiting (D and V)**
- **severe cuts or wounds**
- **severe burns**
- **excessive sweating.**

Hypovolaemic shock (caused by loss of blood or fluids) (cont..)

Recognition

Signs of hypovolaemic shock may include:

- **a visible injury or source of blood loss**
- **pale skin, including inside the lips or mouth (for dark skin tones)**
- **cold, clammy skin**
- **a weak, rapid pulse**
- **nausea or vomiting.**

Hypovolaemic shock (caused by loss of blood or fluids) (cont..)

Treatment

- Treat the cause if it is safe and possible to do so
- Lay the casualty flat on a firm surface
- Raise the legs above the level of the heart, if no injury prevents this
- Loosen tight clothing
- Keep the casualty warm using a blanket or coat
- Monitor the airway and breathing
- Do not give them food or drink
- Call 999 immediately.

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction. It causes rapid changes in the body

Anaphylaxis can be triggered by:

- **insect stings**
- **foods such as nuts or shellfish**
- **medicines such as penicillin.**

Anaphylaxis (cont..)

Recognition

Signs of anaphylaxis may include:

- **swelling of the mouth, tongue, face or neck**
- **difficulty breathing**
- **red, blotchy or itchy skin**
- **nausea**
- **anxiety.**

Anaphylaxis (cont..)

Treatment

- Help the casualty use their own adrenaline auto-injector, nasal spray or antihistamine without delay
- Call 999 immediately
- Help the casualty to sit or lie down if they are responsive
- Remove the trigger if possible and safe to do so
- Monitor airway and breathing closely
- Be prepared to carry out basic life support

If a second dose of adrenaline is needed, use the opposite thigh. The casualty must be seen by a qualified medical practitioner.

HO 7

Draw arrows to match the condition to the recognition

Key task 3

Draw arrows to match the condition to the recognition.

FAINTING	Pale, blue/grey, cold and clammy skin. Weak pulse.
HYPOVOLAEMIC SHOCK	Pale, cold, clammy skin. Slow pulse. Sudden, but normally brief unconsciousness.
ABDOMINAL WOUND	Swelling of the face and neck. Red blotchy skin.
ANAPHYLAXIS	Bleeding and visible intestines.




HO 7

Draw arrows to match the condition to the recognition (answers)

Key task 3

Draw arrows to match the condition to the recognition.

FAINTING	Pale, blue/grey, cold and clammy skin. Weak pulse.
HYPOVOLAEMIC SHOCK	Pale, cold, clammy skin. Slow pulse. Sudden, but normally brief unconsciousness.
ABDOMINAL WOUND	Swelling of the face and neck. Red blotchy skin.
ANAPHYLAXIS	Bleeding and visible intestines.




Module 7

Seizures

Epileptic seizure

An epileptic seizure is caused by sudden, abnormal electrical activity in the brain. This disrupts normal brain signals for a short time.

There are many types of epilepsy

For first aid purposes, seizures are grouped into 2 main types:

- **partial seizures**
- **generalised seizures.**

Partial seizures

A partial seizure may cause brief changes in awareness or behaviour. The casualty may be responsive or appear confused for a short time

Recognition

Signs of a partial seizure may include:

- **staring blankly**
- **sudden mood changes**
- **feelings of déjà vu**
- **tingling sensations, such as pins and needles**
- **twitching of the face or body.**

Partial seizures (cont..)

Treatment

- **Ensure the casualty's safety. Move objects and people away if needed**
- **Encourage the casualty to sit down if possible**
- **Stay with the casualty and time the seizure**
- **If this is the first seizure, advise the casualty to seek medical attention.**

Generalised seizures

Tonic–clonic seizure

- **The most common type of generalised seizure**
- **Affects the whole body**
- **Happens in stages**
- **Sometimes called a grand mal seizure**

Before a tonic–clonic seizure, some people may experience:

- **confusion**
- **headache**
- **unusual tastes or smells**
- **a feeling that something is not right**

This early warning stage is called an aura.

Generalised seizures (cont..)

Recognition – tonic phase (after ‘aura’ phase)

- The body becomes stiff
- Muscles become rigid
- The back may arch
- Skin may appear blue or purple (cyanosis)

Recognition – Clonic Phase

- Violent jerking movements of the limbs
- Rolling eyes or crying out
- Clenched teeth
- Loss of bladder or bowel control
- Loss of consciousness.

Generalised seizures (cont..)

Treatment

- Make the area safe – move dangerous objects away
- Remove glasses and loosen tight clothing around the neck
- Do not restrain the casualty
- Stay with the casualty and record the time and length of the seizure
- If the seizure lasts longer than expected, or if there are repeated seizures, call 999 in line with local policy.

Generalised seizures (cont..)

Treatment

- When the seizure stops, check the airway and breathing. Clear excess saliva if needed
- Place the casualty into the recovery position once breathing is normal
- Reassure the casualty and protect their dignity
- If this is the casualty's first seizure, call 999

Do not put anything in the casualty's mouth.

Module 8

Dealing with minor Injuries

Minor injuries

Minor injuries are not life-threatening. However, if they are not treated, they may lead to infection or other problems

Minor injuries may include:

- **contusions (bruises)**
- **minor cuts and grazes**
- **small splinters**
- **nosebleeds.**




Contusions (bruises)

A bruise is caused by damaged capillaries bleeding under the skin. It is usually caused by a blow or fall. A bruise often appears as a blue or purple colour, or sometimes purple and black

Treatment

- **R** REST the area where the bruise occurs
- **I** Apply ICE (over a covering)
- **C** COMPRESS the area
- **E** ELEVATE if possible

Apply a cold compress for up to 20 minutes

This treatment is used for sprains and strains.

Minor cuts and grazes

Minor cuts

- May bleed only slightly
- Can still be painful
- Usually caused by sharp objects
- Risk of infection if not cleaned properly

Grazes

- Top layer of skin (epidermis) is rubbed away
- Nerve endings are exposed – often painful
- Capillary bleeding may occur
- Blood usually oozes rather than flows.

Minor cuts and grazes (cont..)

Treatment

- Put on disposable gloves
- Check the wound for any embedded foreign objects
- Clean the area using a sterile cleansing wipe
- Apply direct pressure if needed to control bleeding
- Cover the wound with a dry, sterile dressing.

Small splinters

A splinter is a small foreign object that becomes embedded in the skin. This may be partial or full

Splinters may be caused by:

- **wood**
- **glass**
- **plastic**
- **metal**

Splinters can be painful and are common injuries.

Small splinters

Recognition

Signs of a splinter may include:

- **pain at the site of the injury**
- **a visible splinter**
- **swelling**
- **minor bleeding.**

Small splinters (cont..)

Treatment (partially embedded)

- Put on disposable gloves
- Clean the area around the splinter
- Use a simple drawing technique:
  - place a plaster over the splinter
  - leave it in place overnight
  - remove the plaster and check if the splinter has moved closer to the surface or come out
- Do not dig into the skin

When using the drawing technique, place the sticky part of the plaster directly over the splinter.

Small splinters (cont..)

Treatment (fully embedded)

- Put on disposable gloves
- Clean the area around the splinter
- Make sure tweezers are clean and sterile
- Remove the splinter gently, pulling it out in the same direction it entered
- Clean the area again
- Cover if needed and monitor for signs of infection

Seek medical attention:

- for large splinters or if a fully embedded splinter cannot be removed
- if the splinter is under a fingernail or toenail, as removal can be difficult.

Foreign objects

Foreign objects can enter the body through wounds or openings such as the:

- **ear**
- **nose**
- **eye**

Treatment (fully embedded)

- **Always wear disposable gloves when treating a casualty**
- **Calm and reassure the casualty**
- **Seek medical attention unless the incident is very minor.**

Foreign objects - ear

Ear

A foreign object in the ear may cause infection or damage to the eardrum

Treatment

- **Do not attempt to remove the object**
- **Cover the ear with a dry sterile dressing**
- **Advise the casualty to seek medical attention**

If an insect enters the ear, gently flood the ear with clean water to flush the insect out.

Foreign objects - nose

Nose

A foreign object in the nose may cause infection, breathing difficulty or nosebleeds

Treatment

- **Encourage the casualty to breathe through their mouth**
- **Do not attempt to remove the object**
- **Seek medical attention.**

Nosebleeds

Nose bleeds are common and can be caused by:

- **a direct blow**
- **veins or vessels in the nose bursting because of blowing or picking**
- **high blood pressure caused by colds and congestion.**

Foreign objects – nosebleed (cont..)

Treatment (if a nosebleed is present)

- Sit the casualty down and lean them forward
- Ask them to pinch the soft part of the nose (if no object is embedded)
- Maintain pressure for 10 minutes
- If bleeding continues, repeat once more for 10 minutes
- If bleeding lasts longer than 30 minutes, seek medical help
- Once bleeding has stopped:
  - advise rest
  - avoid blowing or picking the nose for several hours.

Foreign objects - eye

Eye

A foreign object in the eye, such as dust, grit or an insect, may cause irritation, scratching or a puncture injury

Treatment

- **Advise the casualty not to rub the eye**
- **Ask them to open the eye wide**
- **Look carefully to see if the object is visible**
- **Ask the casualty to look up, down, left and right - this may help natural tears to flush out loose particles**
- **If available, gently rinse with clean water or sterile saline.**

Foreign objects - eye

If the object is embedded, cover the eye lightly and seek urgent medical help

Treatment (embedded objects)

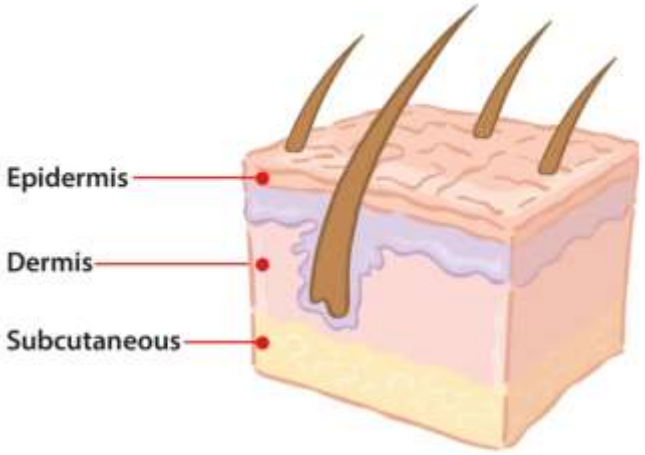
- do not remove the object
- place the casualty on the floor if possible, with the head supported and slightly raised
- call for medical assistance immediately.

Minor burns and scalds

Burns are grouped by how deep they go into the skin

The skin has 3 layers, the:

- **outer layer (epidermis)**
- **middle layer (dermis)**
- **inner layer (subcutaneous)**



There are 3 main types of burns.

Minor burns and scalds (cont..)

Burns and scalds can be caused by:

- **wet heat – hot water, steam, hot oil**
- **dry heat – fire, hot surfaces, friction**
- **radiation – sun, ultraviolet lamps, X-rays**
- **electricity – household appliances, high voltage sources, lightning**
- **chemicals – acids, alkalis, cleaning products, industrial chemicals**
- **extreme cold – freezing temperatures, frozen objects, refrigerants**

All chemical burn casualties should be sent to hospital as soon as possible.

Burn management – superficial burn (1st degree burn)

A superficial burn affects the top layer of skin (epidermis). These burns are often very painful because the nerve endings are sensitive

Recognition

Signs of a superficial burn may include:

- **pain at the site of the injury**
- **redness, tenderness and swelling**
- **possible blistering.**

Burn management – superficial burn (1st degree burn) (cont..)

Treatment

- Remove the casualty from the source of the burn if necessary
- Put on disposable gloves
- Cool the burn with cool running water for 20 minutes
- Remove tight clothing or jewellery near the burn in case of swelling
- Do not remove anything that is stuck to the burnt skin
- Cover the burn with a loose sterile dressing or, if unavailable, loosely cover with clingfilm after cooling.
- Seek medical attention immediately if the burn covers more than 5% of the body or affects the airway or breathing

Clingfilm is sterile if the first few inches are discarded. It does not stick to the skin and allows the burn to be clearly seen.

Burn management – partial-thickness burn (2nd degree burn)

A partial-thickness burn affects the outer layer of skin (epidermis) and the layer beneath (dermis). These burns vary in severity

Recognition

Signs of a partial-thickness burn may include:

- **raw, red and swollen skin**
- **pain at the site of the burn**
- **blisters containing clear fluid**

There is a high risk of infection and, if the burn is severe, the casualty may develop shock.

Burn management – partial-thickness burn (2nd degree burn) (cont..)

Treatment

- For electrical burns, make sure the power source is switched off and there is no further danger
- Remove the casualty from the source of the burn if possible
- Put on disposable gloves
- Remove clothing if it is not stuck to the skin
- Cool the burn with cool running water for 20 minutes
- Remove tight clothing or jewellery near the burn to allow for swelling
- Do not remove anything stuck to the burnt skin
- Do not burst any blisters.

Burn management – partial-thickness burn (2nd degree burn) (cont..)

Treatment

- Cover the burn with a loose sterile dressing or, if unavailable, loosely cover with clingfilm after cooling

Seek medical attention immediately if the burn:

- covers more than 1% of the body
- affects the airway or breathing

- If the burn covers more than 9% of the body, be prepared to treat for shock

The area of the casualty's open hand, including the fingers, is equal to 1% of their body surface area.

Burn management – Full-thickness burn (3rd degree burn)

A full-thickness burn damages all layers of the skin and may also affect the underlying subcutaneous tissue. These burns are often less painful because the nerve endings are destroyed

Recognition

Signs of a full-thickness burn may include:

- **skin that appears brown or black and may look charred**
- **dry, leathery skin texture**
- **stiffness or limited movement around the injured area**
- **little or no pain, or pain at the edges of the burn.**

Burn management – full-thickness burn (3rd degree burn) (cont..)

Full-thickness burns are extremely dangerous due to the high risk of infection and shock

Treatment

- For electrical burns, make sure the power source is disconnected and there is no further danger
- Remove the casualty from the source of the burn if possible
- Put on disposable gloves
- Remove clothing if it is not stuck to the burnt skin
- Cool the burn with cool running water for 20 minutes.

Burn management – full-thickness burn (3rd degree burn) (cont..)

Treatment

- Remove tight clothing or jewellery near the burn to allow for swelling
- Do not remove anything that is stuck to the burnt skin
- Cover the burn with a loose sterile dressing or, if unavailable, loosely cover with clingfilm after cooling
- Seek medical attention immediately

Continue cooling the burn even after clingfilm has been applied.

Chemical burns to the eye

A chemical burn to the eye is a medical emergency. It can cause permanent damage if not treated immediately

Treatment

- **Irrigate the eye immediately with large amounts of clean water**
- **Continue flushing the eye for at least 20 minutes**
- **Encourage the casualty to keep the eye open during irrigation if possible**
- **Remove contact lenses if present and easy to do so**
- **Seek medical attention immediately.**

Thank you for listening