

# medicare<sup>+</sup>



## FIRST AID GUIDANCE LEAFLET

**F FLEMING**

Everyone should have some basic knowledge about when and how to administer First Aid. Courses are available in First Aid and CPR that go into far more detail and cover many more situations than is possible in this guide, but in an emergency, this guide can help you find many appropriate treatments quickly.

While the material contained here provides guidance on initial care and treatment, it must not be regarded as a substitute for medical advice.

Fleming Medical Ltd does not accept responsibility for any claims arising from the use of this guide when the guidelines have not been followed. First aiders are advised to keep up-to-date with developments, to recognise the limits of their competence and to obtain first aid training from a qualified trainer.

### EMERGENCY NUMBERS

**999** Emergency services in Ireland and UK

**112** Emergency services across all EU countries including Ireland

### ACTIVATION OF EMERGENCY SERVICES

Dial 999 or 112

1. State your name
2. Give your telephone number
3. Give your exact location
4. Describe the type of incident
5. Give the number, gender and age of casualty(s)
6. Never hang up first

### SCENE SAFETY

Standard precautions

1. Wash hands
2. Use gloves
3. Use a barrier device when performing CPR

### ASSESS THE SCENE FOR DANGER

1. Is it a crash scene
2. Is there a risk of chemical exposure
3. Are there fumes
4. Is there a fire

**WHEN THE SCENE IS SAFE, ASSESS THE CASUALTY(S)**

**REMEMBER: IF YOU ARE INJURED YOU CAN NOT HELP ANYONE ELSE**

### 1 ESTABLISHING A, C, B, C.

Observe the casualty as you approach to find out if they are conscious or unconscious. Ask the casualty questions if there is no initial response gently shake the casualty's shoulders, if there is still no response they are unconscious.

**A: Airway:** The first step is to check that a casualty's airway is open and clear. If however a casualty is unconscious, the airway may be obstructed. Tilt the head and lift the chin to open the airway.

**C: C-Spine:** If you suspect a spinal injury. Open the casualty's airway using the jaw-thrust technique. Place your finger tips at the angles of the casualty's jaw. Gently lift the jaw to open the airway. Take care not to tilt the casualty's neck.

**B: Breathing:** Is the casualty breathing normally? Look, listen and feel for breaths. If the casualty is not breathing, begin CPR. If they are alert they will be breathing. However it is important to note the rate, depth and ease with which they are breathing. Treat any difficulty found before going to the next stage.

**C: Circulation:** Are there any signs of severe bleeding? Control any bleeding and treat the casualty to minimize the risk of shock.

**If life-threatening conditions are managed or there are none present begin to check for other injury or illness.**

### 2 CPR FOR AN ADULT

1. Check that the airway is open. Move to the casualty's head. Tilt the head with one hand, using two fingers of your other hand to ensure the airway is open. Begin rescue breaths. Pinch the casualty's nose firmly to close the nostrils, and allow the mouth to fall open. Take a breath and seal your lips over the casualty's mouth. Blow steadily into the mouth until the chest rises - this should take about one second. Give TWO rescue breaths.
2. Position hands on chest. Place one hand on the centre of the casualty's chest. Place the heel of your other hand on top of the first and interlock your fingers, but keep your fingers off the casualty's ribs.



### TREATMENT OF A HEART ATTACK

1. Sit the casualty up in a comfortable position
2. Call 999 or 112 for emergency help
3. Give Aspirin
4. Monitor the casualty until help arrives

### 8 STROKE

#### SIGNS AND SYMPTOMS OF A STROKE

Use the **FAST** guide to assess the casualty

1. **F** - Facial weakness - casualty is unable to smile evenly
2. **A** - Arm weakness - casualty may only be able to move their arm on one side of their body
3. **S** - Speech problems
4. **T** - Time to call 999/112

#### TREATMENT OF STROKE

1. Check the casualty's face. Ask the casualty to smile. If they have had a stroke, they may only be able to smile on one side - the other side of their face may droop.
2. Check the casualty's arms. Ask the casualty to raise their arms. If they have had a stroke, they may not be able to lift one arm.
3. Check casualty's speech. Ask the casualty some questions. Can they speak and/or understand what you are saying.
4. Call 999/112 for emergency help.
5. Keep the casualty comfortable.
6. If unconscious place in the recovery position.
7. Monitor the casualty until help arrives.

**Do not give the casualty anything to eat or drink**

### 9 ASTHMA

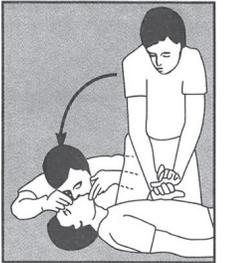
#### SIGNS AND SYMPTOMS OF ASTHMA

1. Wheezing
2. Difficulty speaking
3. Grey-blue colour in skin, lips, earlobes and nailbeds

#### TREATMENT OF ASTHMA

1. Help the casualty use inhaler
2. Encourage slow breaths
3. Seek medical assistance if:
  - a. Attack is severe
  - b. Inhaler has no effect after 5-10 minutes
  - c. Casualty is getting worse
  - d. Casualty is exhausted
  - e. Casualty falls unconscious

4. Give 30 chest compressions. Lean directly over the casualty's chest and press down vertically about 4-5cm. Release the pressure but do not remove your hands. Give 30 compressions at a rate of 100 per minute.
5. Watch chest fall. Maintaining head tilt and chin lift, take your mouth away from the casualty's. Look along the chest and watch it fall. Repeat to give TWO rescue breaths. Repeat 30 chest compressions followed by TWO rescue breaths.
6. Continue CPR until emergency help arrives, the casualty starts to breathe normally or you are too exhausted to continue.



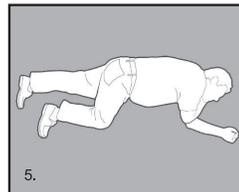
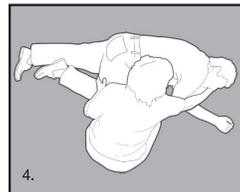
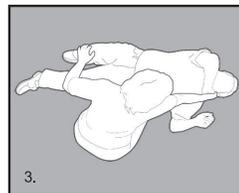
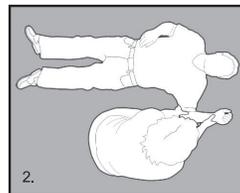
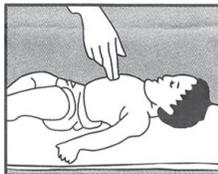
### 3 CPR FOR A CHILD

1. Check that the airway is open. Move to the child's head. Tilt the head with one hand, using two fingers of your other hand to ensure the airway is open.
2. Begin rescue breaths. Pinch the child's nose firmly to close the nostrils, and allow the mouth to fall open. Take a breath and seal your lips over the child's mouth. Blow steadily into the mouth until the chest rises - this should take about one second. Give TWO rescue breaths.
3. Move to the child's chest. Place the heel one hand on the centre of the child's chest but keep your fingers off the ribs.
4. Give 30 chest compressions. Lean directly over the child's chest and press down vertically about one third of its depth. Release the pressure but do not remove your hands. Give 30 compressions at a rate of 100 per minute.
5. Give TWO rescue breaths. Return to the head and give TWO rescue breaths. Repeat 30 chest compressions followed by TWO rescue breaths for two minutes.
6. Continue CPR until emergency help arrives, the casualty starts to breathe normally or you are too exhausted to continue.



### 4 CPR FOR AN INFANT

1. Place the infant on their back on a flat surface, at about waist height in front of you or on the floor. Make sure the airway is open by keeping one hand on the infant's forehead and one fingertip of the other hand under the tip of their chin.
2. Pick out any visible obstructions from the mouth and nose.
3. Take a breath and seal your lips over the infant's nose and mouth. Blow steadily into the mouth until the chest rises - this should take about one second.
4. Maintaining the head tilt and chin lift take your mouth off the infant's mouth and see if their chest falls. If the chest rises visibly as you blow and falls fully when you lift your mouth you have given a breath. Give TWO rescue breaths.
5. Place two fingertips of your lower hand on the centre of the infant's chest. Press down vertically on the chest by one-third of its depth. Release the pressure without losing contact between your fingers and the breastbone. Allow the chest to come back up fully before giving the next compression. Give 30 chest compressions at a rate of 100 times per minute.
6. Return to the infant's head and give TWO further rescue breaths.
7. Continue alternating 30 chest compressions with TWO rescue breaths for two minutes, then stop to call 999/112 for emergency help. Continue CPR until emergency help arrives, the casualty starts to breathe normally or you are too exhausted to continue.



### 6 CARDIAC ARREST

#### SIGNS AND SYMPTOMS OF A CARDIAC ARREST

1. Casualty is unconscious
2. Casualty is not breathing

#### TREATMENT OF A CARDIAC ARREST

1. Call 999 /112 for emergency help
2. Perform CPR until an AED is available and ready to use or emergency medical personnel take over

### 7 HEART ATTACK

#### SIGNS AND SYMPTOMS OF A HEART ATTACK

1. Vice-like chest pain, spreading to one or both arms
2. Breathlessness
3. Ashen skin and blueness of lips
4. Discomfort like indigestion in upper abdomen
5. Sudden dizziness or faintness
6. Sudden collapse with no warning
7. Rapid, weak or irregular pulse
8. Profuse sweating

### 10 CHOKING

#### SIGNS AND SYMPTOMS OF CHOKING

##### Mild Obstruction

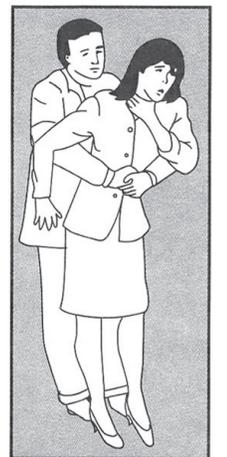
1. Difficulty in speaking, coughing and breathing

##### Severe Obstruction

2. Inability to speak, cough or breathe
3. Eventual unconsciousness

#### TREATMENT FOR CHOKING

1. If the patient can cough - encourage the patient to cough.
2. Give up to 5 sharp blows between the shoulder blades with the heel of your hand, if choking persists, proceed to step 3.
3. Give up to 5 abdominal thrusts. Stand behind the casualty. Put both arms around them and put one fist between their navel and the bottom of their breastbone. Grab your fist with your other hand and pull sharply inwards and upwards up to 5 times.
4. Repeat steps 2 and 3 until the obstruction clears. If after 3 cycles it still has not cleared call 999/112 for emergency help.



### 11 WOUNDS AND BLEEDING

#### HOW TO CONTROL BLEEDING

Use the first aid mnemonic **P.E.E.P.S.** to remember how to deal with severe bleeding.

1. **P** - Posture: Ask the casualty to sit on the floor if possible.
2. **E** - Expose/Examine: Quickly find and examine the wound(s) for any embedded objects.  
**If there is something, such as glass or metal embedded in the wound, do not attempt to remove it as you can end up causing more damage and blood loss.**
3. **E** - Elevate: If the injury is to a limb, elevate above the level of the heart.
4. **P** - Pressure: Ask the casualty to apply firm direct pressure over the wound (if the casualty is unable to do this, you will have to do it for them).
5. **S** - Shock: You should suspect shock in any casualty who has lost a significant amount of blood. See Treatment for Shock.

**Remember always wear protective gloves when dealing with blood and body fluids.**

## 12 NOSE BLEED

### TREATMENT FOR A NOSEBLEED

1. Sit the casualty down and lean them forward
2. Instruct the casualty to breathe through mouth
3. Tell the casualty not to speak
4. Pinch the casualty's nose below the bridge and apply pressure

## 13 INTERNAL BLEEDING

### SIGNS AND SYMPTOMS OF INTERNAL BLEEDING

1. Pale, cold clammy skin
2. Rapid, weak pulse
3. Thirst
4. Rapid, shallow breathing
5. Possible collapse and unconsciousness
6. Bleeding from body orifices
7. Suspect internal bleeding if a casualty develops signs of shock without obvious blood loss

### TREATMENT FOR INTERNAL BLEEDING

1. Carry out the A, c, B, C check
2. Elevate lower limbs if possible
3. Monitor vital signs
4. Treat for shock
5. Place in the recovery position if patient becomes unconscious
6. Urgent removal to hospital

## 14 EYE INJURIES

### TREATMENT FOR AN EYE INJURY

If chemicals are involved, reassurance is essential

1. Try to identify the substance if there is time
2. Dress the injured eye with a sterile eye pad and consider bandaging both eyes
3. Arrange for hospital treatment

## 15 CRUSH INJURIES

### IF THE CASUALTY IS CRUSHED FOR LESS THAN 15 MINUTES

1. Release the patient as soon as possible
2. Arrange urgent removal to hospital

### IF THE CASUALTY IS CRUSHED FOR MORE THAN 15 MINUTES

1. Call 999/112 for emergency help
2. Do not release the patient

2. Support the injured part at the joints above and below the injury.
3. Protect injury with padding around the affected part and support in a comfortable position.
4. Support with slings or bandages, secure the injured part to an uninjured part of the body. For upper body injuries use a sling, for lower limb injuries use broad and narrow fold bandages.
5. Check circulation after application of bandages.
6. Treat casualty for shock.
7. Remove to medical care/hospital as required, a casualty with a leg injury should go by ambulance.

*Difficulty in breathing, severe bleeding or unconsciousness in a patient MUST be dealt with BEFORE the fracture itself*

## 23 DISLOCATIONS

### SIGNS & SYMPTOMS OF DISLOCATION

1. "Sickening" – Severe pain
2. Inability to move the joint
3. Swelling and bruising around the affected joint
4. Shortening, bending or deformity of the area

### TREATMENT OF DISLOCATION

1. Immobilise all suspected dislocations in the position found
2. Do not try to straighten the dislocation
3. Place a cold pack on the dislocation
4. Reassure the casualty
5. Remove to hospital

## 24 SPRAINS AND STRAINS

### SIGNS AND SYMPTOMS OF A SPRAIN OR STRAIN

1. Pain and tenderness
2. Swelling and bruising around the area
3. Difficulty in moving the injured part

### TREATMENT FOR SPRAIN OR STRAIN (R.I.C.E.)

1. Rest the injured limb. Help the casualty to sit or lie down.
2. Apply Ice or cold compress for 10 - 15 minutes.
3. Compress the injury by bandaging from joint to joint.
4. Elevate the injured part. Support the injured part in a comfortable position preferably raised.

**IF IN DOUBT - TREAT AS A FRACTURE**

## 16 FAINTING

### SIGNS AND SYMPTOMS OF FAINTING

1. Brief loss of consciousness
2. A slow pulse
3. Pale, cold clammy skin and sweating

### TREATMENT FOR FAINTING

1. Carry out the A, c, B, C check
2. Advise the casualty to lie down and raise the lower limbs to improve blood flow to the brain
3. Ensure plenty of fresh air
4. Loosen tight clothing
5. Reassure the casualty
6. If unconsciousness persists
  - a. Place casualty in the recovery position
  - b. Call 999/112 for emergency help

## 17 SHOCK

### SIGNS AND SYMPTOMS OF SHOCK

1. Rapid pulse
2. Pale, cold clammy skin
3. Sweating

### TREATMENT FOR SHOCK

1. Treat any possible cause of shock, such as bleeding.
2. Help the casualty lie down - on a blanket if possible (this will protect them from the cold).
3. Raise and support the casualty's legs above the level of their heart to improve blood supply to the vital organs.
4. Keep the casualty's head low.
5. Loosen tight clothing.
6. Keep patient warm by covering their body and legs with coats or blankets.
7. Call 999/112 for emergency help.
8. Monitor and record vital signs.

## 18 CONCUSSION

### SIGNS AND SYMPTOMS OF CONCUSSION

1. Pale face
2. Cold, clammy skin
3. Rapid respirations/Rapid pulse
4. Sudden onset
5. Confusion
6. Pupils equal
7. Nausea - casualty may vomit
8. Memory loss

## 25 SPINAL INJURY

### SIGNS AND SYMPTOMS OF SPINAL INJURY

1. Pain in neck or back
2. Step, irregularity or twist in the normal curve of the spine
3. Tenderness in the skin over the spin
4. Weakness or loss of movement in the limbs
5. Loss of sensation or abnormal sensation
6. Loss of bladder or bowel control
7. Difficulty breathing

### TREATMENT FOR SPINAL INJURY

1. Steady and support the head. Tell the casualty not to move. Sit or kneel behind the casualty and, resting your arms on the ground, grasp either side of the casualty's head and hold it still. Do not cover the casualty's ears.
2. Place extra support around the head. Continue to hold the head and ask a helper to put rolled towels or other padding around the casualty's neck and shoulders for extra support
3. Call 999/112 for emergency help
4. Monitor the casualty until help arrives

## 26 BURNS AND SCALDS

### SIGNS AND SYMPTOMS OF BURNS AND SCALDS

**There may be areas of superficial, partial-thickness and/or full thickness burns:**

1. Superficial - Redness
2. Partial thickness - Redness and blisters
3. Full thickness - Redness, blisters and charring
4. Pain in the area of the burn
5. Breathing difficulties if the airway is affected
6. Signs of shock

### TREATMENT OF BURNS AND SCALDS

1. Start to cool the burn. Flood the injury with cold water; cool for at least ten minutes or until pain is relieved.
2. Call 999/112 for emergency help if necessary. Tell them it is a burn, what caused it, and the estimated size and depth.
3. Remove any constrictions. While you are cooling the burn, carefully remove any clothing or jewellery from the area before it starts to swell. Do not remove anything that is sticking to a burn.
4. Cover the burn with a sterile burn dressing. Alternatively use kitchen film or a plastic bag.
5. Raise limb to reduce swelling.
6. Monitor the casualty until help arrives.

### TREATMENT FOR CONCUSSION

1. Perform a quick check of consciousness by assessing the level of response. If the casualty is "groggy" but responds to sound or pain, support him in a comfortable, resting position and watch for any change in his level of response.
2. Call 999/112 for emergency help.
3. Monitor the casualty until help arrives.
4. If the casualty is unconscious, check A, c, B, C and prepare to resuscitate.

## 19 HEAD INJURY

### SIGNS AND SYMPTOMS OF A HEAD INJURY

1. A scalp wound
2. Clear fluid or watery blood from the nose or an ear (this indicates a serious underlying head injury)
3. Impaired consciousness

### TREATMENT OF A HEAD INJURY

1. Maintain a clear airway.
2. Control any bleeding.
3. Dress any wounds - without obstructing the airway.
4. Help the casualty to lie down. Ensure that his head and shoulders are slightly raised.
5. If the casualty becomes drowsy or confused or complains of worsening headache, double vision or vomiting, call 999/112 for emergency help.
6. Monitor the casualty until help arrives.

## 20 SEIZURE

### SIGNS AND SYMPTOMS OF SEIZURE

1. Sudden loss of consciousness often with a cry
2. Rigidity and arching of the back
3. Breathing may become difficult
4. Possible loss of bladder and bowel control

### TREATMENT FOR SEIZURE

1. Protect casualty - clear away any potentially dangerous objects
2. Protect head and loosen tight clothing
3. Make the casualty comfortable
4. Do not hold the casualty down
5. Do not give the casualty water, pills or food until fully alert
6. Place casualty in recovery position once the seizure has stopped
7. Take note of the length of time of the seizure
8. If seizure continues for longer than five minutes call 999/112

## 27 CHEMICAL BURNS

### SIGNS AND SYMPTOMS OF A CHEMICAL BURN

1. Evidence of chemicals in the vicinity
2. Intense stinging pain
3. Later:
  - a. Discolouration, blistering and peeling
  - b. Swelling of the affected area

### TREATMENT OF A CHEMICAL BURN

1. Make sure the area is safe and inform the relevant authority.
2. Ventilate the area to disperse fumes.
3. Wear protective gloves to prevent you coming into contact with the chemical.
4. Flood the burn with water for at least 20 minutes.
5. Make certain contaminated water drains away safely.
6. Gently remove contaminated clothing while flooding the injury.
7. Arrange removal to hospital.

### TREATMENT OF A CHEMICAL BURN TO THE EYE

1. Check A, c, B, C
2. Put on protective gloves. Hold the casualty's affected eye under gently running cold water for at least 10 minutes. Irrigate the eyelid thoroughly both inside and out; if the casualty's eye is shut in a spasm of pain, gently but firmly, try to open the eyelid
3. Ask the casualty to hold a sterile eye dressing over the injured eye and bandage loosely in position.
4. Arrange removal to hospital

## 28 LOW VOLTAGE ELECTRICAL INJURIES

### TREATMENT OF ELECTRICAL INJURIES

1. Look first, do not touch. Turn off the source of electricity to break the contact between the casualty and the electrical supply. Switch off the current at the mains if possible. Otherwise remove the plug or wrench the cable free.
2. Alternatively move the source away from both of you. Stand on some dry insulating material such as a wooden box, plastic mat or telephone directory. Using a wooden pole or broom push the casualty's limb away from the electrical source or push the source away from the casualty.
3. Once you are sure that the contact has been broken
  - Check A, c, B, C and prepare to resuscitate
  - Water can be used on electrical burns
  - Treat burns (entry and exit)
  - Treat for shock
  - Call 999/112 for emergency help

## 21 DIABETES

**Diabetic are prone to two main problems:**

1. Hypoglycaemia
2. Hyperglycaemia

### SIGNS AND SYMPTOMS OF HYPOGLYCAEMIA

1. Weakness, faintness or hunger
2. Confusion and irrational behaviour
3. Sweating with cold, clammy skin
4. Palpitations and muscle tremors
5. A deteriorating level of response
6. A medical alert tag or bracelet, glucose gel, medication or insulin syringe/pen in the casualty's possession

### TREATMENT FOR A HYPOGLYCAEMIA

1. Help the casualty to sit down and give them a sugary drink.
2. If the casualty responds to the drink, give them more sugar in the form of sugar lumps or sweet food. If they have glucose help them to take it. Help them to find their glucose testing kit so that they can check their levels.
3. Monitor the casualty.
4. If the casualty's condition does not improve look for other causes. Call 999/112 for emergency help.

### SIGNS AND SYMPTOMS OF HYPERGLYCAEMIA

1. Warm dry skin
2. Rapid pulse and breathing
3. Fruity sweet breath and excessive thirst
4. Drowsiness leading to unconsciousness if untreated
5. A medical alert tag or bracelet

### TREATMENT FOR A HYPERGLYCAEMIA

1. Call 999/112 for emergency help
2. Monitor the casualty until help arrives
3. See also the unconscious casualty

## 22 FRACTURE

### SIGNS AND SYMPTOMS OF A FRACTURE

1. Distortion, swelling and bruising at the injury site
2. Pain and difficulty moving the injured part
3. Bending, twisting or shortening of the limb
4. A wound, possibly with bone ends extruding

### TREATMENT FOR A FRACTURE

1. Establish A, c, B, C and treat bleeding and unconsciousness before a fracture.

## 29 SWALLOWED POISONS

### SIGNS AND SYMPTOMS OF POISONING

1. A history of ingestion/exposure to poison, evidence of poison nearby
2. There may be:
  - a. Vomit that may be bloodstained
  - b. Diarrhoea
  - c. Cramping abdominal pain
  - d. Pain or burning sensation
  - e. Impaired consciousness

### TREATMENT FOR POISONING

1. Identify the poison. Reassure the casualty. If the casualty is conscious, ask them what they have swallowed. Look for clues such as poisonous leaves, containers or pill bottles.
2. Call 999/112 for emergency help.
3. Monitor the casualty until emergency help arrives.
4. If casualty's lips are burnt give them frequent sips of cool milk or water.

## 30 HYPOTHERMIA

### SIGNS AND SYMPTOMS OF HYPOTHERMIA

1. Shivering and cold, pale, dry skin
2. Apathy, disorientation or irrational behaviour
3. Lethargy
4. Impaired consciousness
5. Slow and shallow breathing
6. Slow and weakening pulse

### TREATMENT FOR HYPOTHERMIA

1. Re-warm the casualty gradually. Shelter the casualty. Lay on a layer of dry insulating material. Do not heat the casualty too rapidly.
2. Call 999/112 for emergency help.
3. Give the casualty high-energy foods – chocolate and/or a warm drink such as soup to help re-warm them.
4. Monitor the casualty until emergency help arrives.



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