

GENERAL

1. Check that the surroundings are safe for both the first aider and the patient (e.g. on-coming traffic, gases, electric wires etc.)
2. Check the patient's responses and vital signs (speech, pain, awareness, breathing and pulse).
3. Do not delay. Call for assistance. Start resuscitation and stop heavy bleeding.



WHEN BREATHING STOPS

When a person stops breathing there is always the possibility that there will be brain damage if their breathing is not started within 4 minutes. Mouth to mouth resuscitation is the method used to put air into their lungs until they can start breathing by themselves.

1. Lie the patient on his back on a flat surface. Place one hand on the forehead and the other under the chin. Tilt the head backwards to open airway.



2. If the patient does not start breathing spontaneously, there may be a blockage. Tilt the head to the one side and quickly clear the mouth with a finger-sweep to remove any foreign material. If you have the time, cover your finger with a finger-cot or clean hankie for the finger sweep.



3. Once the airway is clear, tilt the head backwards to open the airway. Once the patient starts breathing spontaneously, put them in the recovery position.

4. If the patient does not start breathing spontaneously, place one hand under his chin to bring his chin forward, and pinch the nostrils closed with the finger of the other hand.



5. Take a deep breath. Make a tight seal with your mouth over the patient's mouth. Blow into his mouth, watching the chest rise. REPEAT.

Make sure that when you take in air yourself, your mouth is completely clear of the victim's.

For babies and small children cover both the nose and the mouth with your mouth and breathe gently.

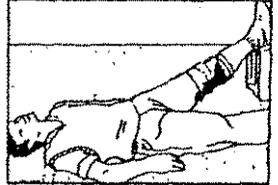
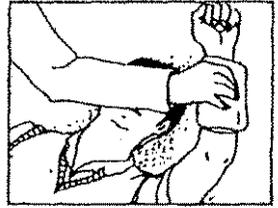
Remember to keep checking that there is chest movement, and that the colour of the skin is returning to normal.

6. When the patient starts breathing normally again, place him in the recover position.



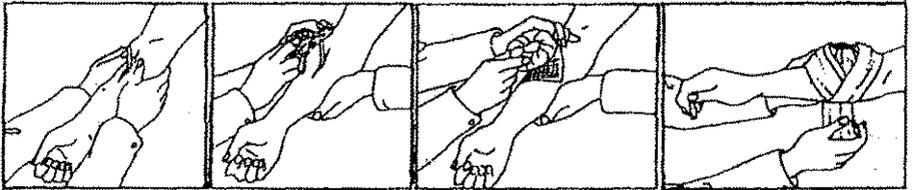
BLEEDING – DEEP CUTS

1. DO NOT WASTE TIME. Lay the casualty down on a flat surface.
2. If possible raise the injured limb above the level of the heart. If it is an emergency, apply direct pressure to the wound with your hand or a clean cloth. Maintain the pressure on the wound.
3. If the wound is large and open, squeeze the sides of the wound together.
4. Firmly tie a thick absorbent pad around the wound. Blood seeping through the pad shows that insufficient pressure has been applied. Tie another pad over the first one, applying more pressure. If necessary keep adding more pads, but do not remove the original one as it may disturb any blood clots that may have formed.
5. If the wound is on the arm and the bleeding persists, apply pressure to the brachial artery on the underside of the upper arm for 10 minutes. DO NOT EXCEED THIS TIME.
6. If the wound is on the leg and the bleeding persists apply pressure to the femoral artery which is in the fold of the groin. The casualty should be lying on a hard flat surface and the pressure maintained for 10 minutes. DO NOT EXCEED THIS TIME.
7. Arrange transport of the casualty to the nearest medical facility.



LARGE FOREIGN BODIES EMBEDDED IN THE SKIN

1. DO NOT TRY TO REMOVE THE OBJECT. Stabilize the object in the position it is found by placing a clean cloth around it and using ring pads around the wound.
2. Secure the ring pad but do not bandage over the foreign object.
3. Arrange transportation of the casualty to the nearest medical facility.

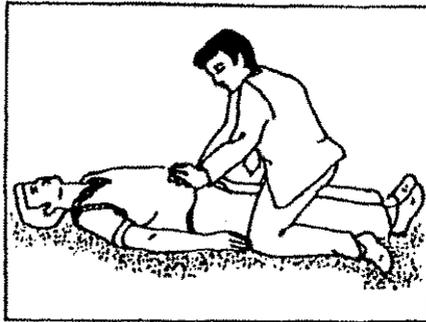
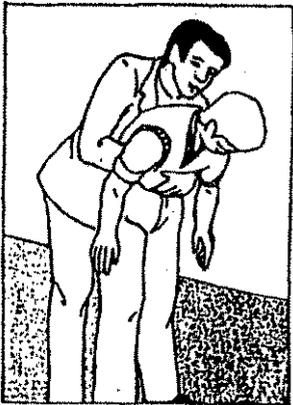


BURNS AND SCALDS

1. SAFETY. Remove the patient from the source of the burn or the source from the patient. (e.g. electric wires, stove fire)
2. If possible remove any watches, rings or restricting clothing.
3. COOL THE BURN. Reduce the pain with ice in a cloth, or running cold water for 10 minutes.
4. COVER with a clean cloth (non-fluffy) and bandage.
5. DO NOT use plasters, apply fat or break the blisters.
6. If the casualty is conscious, allow small sips of water to replace lost liquid.
7. Treat for shock
8. If the casualty becomes unconscious, place him in the recovery position.
9. Arrange for transport of the patient to a medical facility.

CHOKING (THE HEIMLICH MANOEUVRE)

1. Learn to recognise the universal distress signal of a choking person. His hand is at his throat and he will be turning blue in the face.
2. Do not delay. Stand behind him, and clench your fist with your thumb inwards. Place your clenched fist just above the navel underneath the rib cage.
3. Hold your clenched fist with the other hand and pull both hands towards you with a quick inward and upward thrust. Repeat 4 times or until the object in the throat is dislodged.
4. If the person is unconscious or lying on the floor, straddle the person. Place the heel of one hand with the other hand over the first, just above the navel underneath the rib cage.
5. Thrust inwards and upwards with your arm straight. Repeat 4 times.
6. Check the mouth to SEE if the object has been dislodged. If it has, hook it out with your finger. If the object has not been dislodged, repeat the Heimlich Manoeuvre and if necessary give mouth to mouth resuscitation.

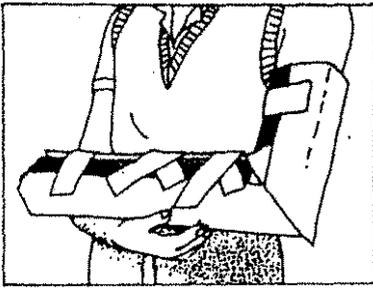


FRACTURES

A fracture or dislocation must be stabilised on either side of the fracture or dislocation.

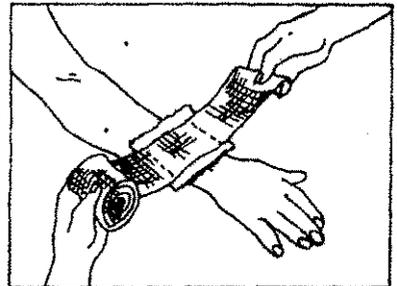
The easiest and safest way to do this is with a splint. If this is not available, a person can improvise with a magazine, umbrella or a piece of wood held in place with scarves or material tied on either side of the break.

Before attending to a fracture, treat any wound first. There is no rush when it comes to splinting. The comfort of the patient is priority.



MINOR CUTS AND WOUNDS

1. Clean the area with a wound cleanser.
2. Apply antiseptic cream.
3. Cover with a plaster or gauze bandage.



THE UNCONSCIOUS PERSON

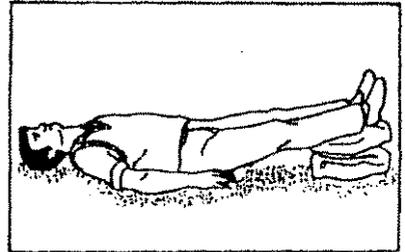
The unconscious recovery position is a priority treatment. Putting a patient in this position prevents the patient's saliva, blood or tongue from blocking the airway.

SHOCK

Shock can kill. It usually follows a traumatic accident like burns, a fracture, heavy bleeding or a severe blow to the body. Always treat for shock after you have started the casualty's breathing or stopped his bleeding.

THE SHOCK POSITION

If the patient is CONSCIOUS place him on his back on a hard surface, raise his feet above the level of his heart, and cover him with a light blanket.



If the patient is UNCONSCIOUS place him in the unconscious recover position and cover him with a light blanket.

