

SEVERE BLEEDING

IF THERE IS SEVERE BLEEDING

- Apply direct pressure to the wound.
- Raise and support the injured part – unless broken.
- Apply a dressing and bandage firmly in place.

BROKEN BONES AND SPINAL INJURIES

- If a broken bone or spinal injury is suspected, call for expert help.
- Do not move the casualty unless they are in immediate danger.

BURNS

- Burns can be serious, if you are in any doubt – call for medical attention.
- Cool the affected part of the body with cold water until pain is relieved.
- Thorough cooling can take 10 minutes or more, this must not delay taking the casualty to hospital.

CHEMICAL BURNS

- Certain chemicals may seriously irritate or damage the skin, avoid contaminating yourself with the chemical, treat in the same way as for other burns but flood the affected area with water for 20 minutes.
- Continue treatment even on the way to hospital if necessary.
- Remove any contaminated clothing which is not stuck to the skin.

EYE INJURIES

- All eye injuries are potentially serious – if there is an item in the eye, wash out with clean water or sterile fluid from a sealed container to remove loose material.
- DO NOT ATTEMPT TO REMOVE ANYTHING THAT IS EMBEDDED IN THE EYE.

CHEMICAL

- Flush the eye with water or sterile fluid for at least 10 minutes, whilst gently holding open the eyelid.
- Ask the casualty to hold a pad over the injured eye and send them to hospital.

RECORD KEEPING

It is good practice to record in an accident book any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- Date, time and place of incident.
- Name and job of injured or ill person.
- Details of injury/illness and any first aid administered.
- What happened to the casualty afterwards i.e. went back to work, went home, went to hospital.
- Name and signature of person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.



FIRST AID GUIDE



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CPR – WHAT TO DO IN AN EMERGENCY

PRIORITIES

- Make the area safe, ensuring you and the casualty are out of danger.
- Assess all casualties, attending first to any **unconscious** casualties
- Send for help – do not delay

CHECK FOR A RESPONSE

- If the casualty appears unconscious gently shake their shoulders and ask loudly "Are you alright?"

IF THERE IS A RESPONSE:

- If there is no further danger, leave the casualty in the position found and summon help if needed, monitor vital signs – level of response, pulse and breathing until help arrives or he recovers.

IF THERE IS NO RESPONSE:

- Shout for help
- Open the airway (see below)
- Check for normal breathing
- Take appropriate action

A AIRWAY ... TO OPEN THE AIRWAY:

- Place one hand onto the casualty's forehead and gently tilt the head back
- With two fingers under the casualty's chin, lift the chin to open the airway



B BREATHING ...

Look, Listen and **Feel** for no more than 10 seconds to see if the casualty is breathing.

- **Look** to see if the chest is rising and falling
- **Listen** at the casualty's mouth for breath sound.
- **Feel** for breath against your cheek

IF THE CASUALTY IS BREATHING NORMALLY

- Place them in the recovery position, ensuring the airway remains open
- Send for help
- Check for continued breathing



IF THE CASUALTY IS NOT BREATHING NORMALLY

- SEND FOR HELP
- Start chest compressions (see below)

C CPR ... TO START CHEST COMPRESSIONS:

CHEST COMPRESSIONS

- Place the heel of your hand in the centre of the chest, place the other hand on top and interlock fingers.
- Lean over the casualty, keeping your arms straight press vertically down 4-5cm on the breastbone, then release the pressure
- Repeat the compressions 30 times at a rate of 100 per minute

RESCUE BREATHS

- Ensure airway is open using the head and chin lift
- Pinch the nose closed and allow the mouth to open
- Take a normal breath and seal your lips around the casualty's mouth
- Blow slowly into the mouth while watching for the chest rising
- Remove your mouth from the casualty and watch for the chest falling
- Repeat for a second time

CONTINUE RESUSCITATION – 30 compressions to 2 rescue breaths until help arrives or the casualty shows signs of recovery




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