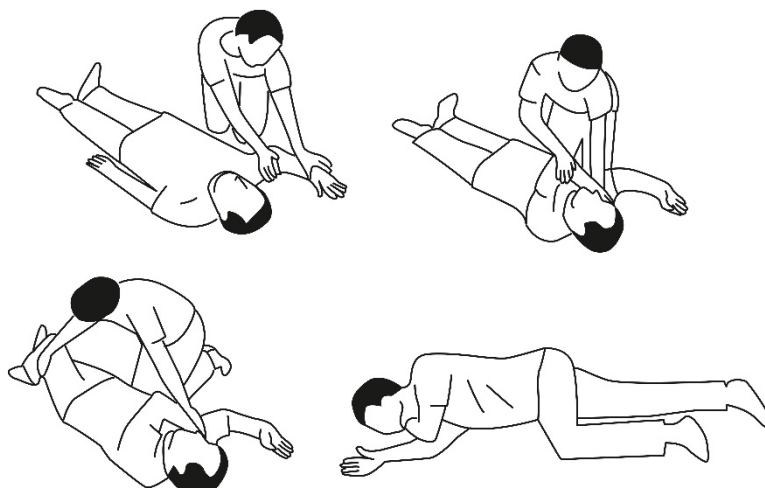


First Aid Directions

Directions for Recovery Position

The recovery position is necessary if the casualty is unconscious but breathing normally, with no other life-threatening conditions.

- Kneel beside the casualty and make sure their legs are straight, checking pockets for any items that could cause pressure
- Place the arm nearest to you at a right angle to their body with their palm facing up
- Take their other arm and fold it so that the back of their hand rests on the cheek closest to you, and hold it in place



- Use your free hand to bend the casualty's knee farthest from you to a right angle, then carefully roll the casualty onto their side by pulling on the bent leg slightly above the knee. Adjust the leg, making sure that the upper knee and hip are at right angles
- Their bent arm should be supporting the head, and their extended arm will stop you rolling them too far
- Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway
- Stay with the casualty and monitor their condition until help arrives

Directions for CPR

If the casualty is unresponsive and not breathing, contact emergency services and begin CPR.

In a training environment, you will need to use a resuscitation manikin to practice CPR and demonstrate the skills you have learnt at assessment.

The resuscitation manikin should be cleaned, and lung bags changed before and after use.

- Chest compressions are the most important part of CPR. First you need to locate the correct position for your hands. This is at the base of the breastbone, in the centre of the chest
- Place the heel of the hand on the breastbone at the centre of the chest, then place your other hand on the top of the first hand, interlocking fingers. Using your body weight, not just your arms, press straight down by 5-6cms on the chest
- You should try to do approximately 100-120 compressions per minute, which is just under 2 compressions per second



- If you are performing full CPR then you will also be giving rescue breaths (in training, there will be lung bags inserted into the resuscitation manikin for infection control purposes)
- Give 2 rescue breaths after every 30 chest compressions
- Tilt the casualty's head gently and carefully lift the chin up with 2 fingers, then pinch the casualty's nose
- Seal your mouth over their mouth and blow steadily and firmly into the mouth checking that the chest rises
- Give 2 rescue breaths, each being at least 1 second long
- Continue with cycles of 30 compressions and 2 rescue breaths until the casualty begins to recover or emergency help arrives
- If you do not feel confident in doing rescue breaths or there is a high risk of infection, then you can just continue with chest compressions until the ambulance arrives

AED Directions

The following directions are an example of AED guidance you can expect; not all AED's are the same, but their instructions are similar:

Your casualty is unresponsive and not breathing:

1. Ask someone to call emergency services, find the nearest AED and bring it to you. Begin CPR.
2. If you are alone call emergency services yourself, then begin CPR.
3. Do not leave the casualty to look for an AED, keep doing CPR until someone brings an AED
4. When the AED arrives ask for it to be switched on whilst you continue with CPR
5. Upon opening the AED, it will start to give you visual and verbal prompts

Example of AED directions

- *AED: call for help now,*
- *Remove clothing from patient's chest*
- *Pull handle to open bag*
- *Look at pictures on pads*
- *Peel one pad off the plastic*
- *Apply pad to bare skin exactly as shown in the picture*
- *Press pad firmly*
- *Peel other pad off the plastic*
- *Apply pad to bare skin exactly as shown in the picture*
- *Evaluating heart rhythm*



6. Stop compressions and stand back

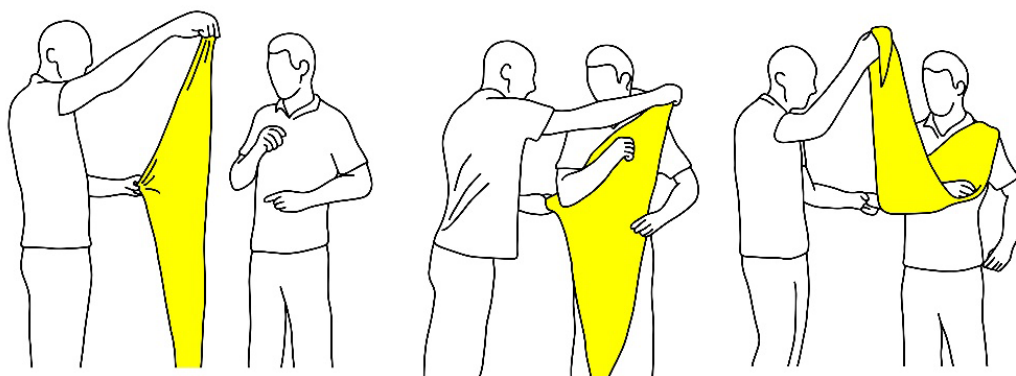
- *AED: Stand by. Preparing to shock*
- *Everyone clear. Do not touch patient*
- *Delivering shock. Beeps*
- *Shock delivered*
- *Provide chest compressions and rescue breaths*

7. Continue CPR while AED re-analyses

- *AED: No shock advised continue CPR*

8. If the casualty becomes responsive place them in the recovery position, leaving AED attached. Continue to follow the AED's prompts until help arrives

Arm Sling Directions



First aid : How to sling an injured arm



1. Ask the casualty to support their injured arm
2. Place the triangular bandage under the arm
3. Ensure the point of the bandage extends beyond the elbow
4. Gently bring the upper end of the bandage under the injured arm and around the neck to the opposite shoulder
5. Bring the lower end that's hanging down over the forearm to meet the other end
6. Tie the ends together above the collar bone and tuck in
7. Adjust the sling so that it fully supports the arm and hand
8. Twist the point by the elbow and tuck it in
9. Secure with a safety pin if needed
10. Check circulation in the fingers regularly and loosen if the sling is too tight

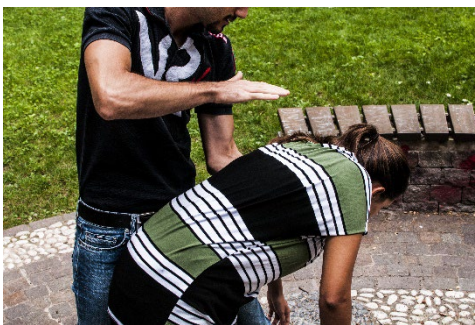
Directions for Choking

Choking occurs when the airway is blocked, and it is difficult to breathe.

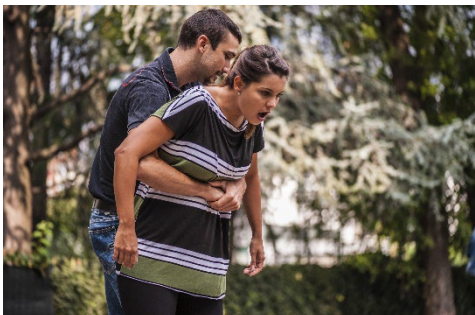


Step 1 - Ask 'are you choking?' to confirm the casualty cannot speak or cough effectively.

Step 2 - Encourage the casualty to cough.



Step 3 - If coughing does not work, support the casualty and help them lean forward. Give up to 5 back blows with the heel of your hand between the shoulder blades



Step 4 - If back blows do not work, stand behind the casualty and give up to 5 abdominal thrusts. Place one fist between the belly button and the bottom of the breastbone, grasp it with the other hand and pull sharply inwards and upwards.

As soon as severe choking is identified, call 999/112. Continue steps 3 and 4 until the obstruction clears or the casualty becomes unresponsive.

If the casualty becomes unconscious, carefully lower them to the floor, call 999/112, and begin CPR. Chest compressions may help dislodge the obstruction.

De-Choking devices are available to remove obstructions; however, this equipment must only be used following specific training.

Directions for Asthma Attacks

Asthma is a common lung condition, where breathing difficulties occur causing muscles in the airway and lungs to spasm, narrowing the airway.

It is usually self-managed with the regular use of an inhaler which can also be used during an asthma attack. More help may be need if the attack is severe.

- Step 1 - Reassure the casualty, and encourage them to take slow, steady breaths.
- Step 2 - Help them use their inhaler if available and encourage them to sit upright.



- Step 3 - If there is no improvement help them take 1–2 puffs of their inhaler every 30–60 seconds, up to 10 puffs.
- Step 4 - If the attack worsens, the casualty becomes exhausted or no inhaler is available call 999 for an ambulance. Continue helping them use the inhaler if possible.

Directions for Allergic Reactions

Allergies are triggered by allergens. The body's immune system thinks that allergens are a threat and tries to fight it. Anaphylaxis is a severe, life-threatening allergic reaction that requires immediate action.



Step 1 – Recognise symptoms of anaphylaxis – difficulty breathing; swelling of face, lips, tongue, throat; rash, itching, redness; feeling faint or light-headed; rapid, weak pulse. Remove or move away from the allergen if possible

Step 2 - Help the casualty to use their adrenaline auto-injector (AAI) if available. If there is no improvement after 5 minutes, a second auto-injector may be given (if available).

Step 3 - Call 999/112 for emergency help (or ask someone else to call). Tell them it is a suspected anaphylactic reaction.

Step 4 - Position the casualty appropriately: Sit upright if breathing is difficult; Lay flat with legs raised if feeling faint; Do NOT allow them to stand or walk

Step 5 - Monitor airway and breathing continuously. If unresponsive but breathing normally, place the casualty in the recovery position. If the casualty is not breathing normally, begin CPR.



How to use an Auto-Injector

These steps are a general guide to using an auto injector and may vary. Follow the instructions for use provided by the manufacturer.

1. Remove the safety cap
2. Place the tip of the adrenaline auto-injector AAI (the pointy bit) against the outer thigh (upper leg muscle), holding the auto-injector at right angles to the leg. AAI's can be used through clothes.
3. Press firmly until you hear or feel a click. Keep in place for 10 seconds.
4. Remove the auto-injector from the thigh, massage the injection site for several seconds and note the time. The auto-injector should then be discarded safely in a sharps box or given to paramedics.
5. The casualty should remain in position until emergency services arrive.
6. If symptoms do not improve after the first injection, give a second dose after 5 minutes.

Directions for Seizures

Seizures occur when there is an interruption of electrical activity in the brain.



Step 1 - Don't restrain the casualty, or try to stop their movements, and do not put anything in their mouth. Protect them by removing nearby hazards. Support their head (e.g. with something soft). Loosen tight clothing around the neck. Time how long the seizure lasts.

Step 2 - Call 999 or 112 for medical assistance if

- It's the casualty's first seizure or cause is unknown
- The casualty is having repeated seizures without regaining consciousness
- The seizure lasts longer than 5 minutes
- The casualty remains unresponsive for more than 10 minutes after the seizure has stopped
- Breathing is abnormal after the seizure, or there are serious injuries caused by the seizure



Step 3 - After the seizure stops, check airway and breathing. If breathing is normal, place the casualty in the recovery position and continue to monitor them. Be aware that the casualty may be confused or fall asleep afterwards. Continue to monitor. If the casualty is not breathing normally, begin CPR and call 999/112.

! You may be required to administer medication during a seizure e.g. Buccal Midazolam. Administration must only be undertaken following additional and specific training.