

OHS GUIDELINES

FIRST AID MEASURES IN LIFE-THREATENING EMERGENCIES

GENERAL INFORMATION

The chance of survival of victims of an accident or a sudden illness depends primarily not on professional emergency response teams, but on the immediate aid given to them on the scene of the incident. Even a seriously injured person suffering respiratory distress, cardiac arrest, haemorrhaging or traumatic shock has a chance of surviving, provided that basic life-saving activities are immediately performed. They are not very complicated and, as a rule, do not require any medication or equipment. All that is needed is some rudimentary knowledge and good will on the part of the accidental rescuer.

WHAT TO DO ON THE ACCIDENT SCENE

- Remain calm.
- Protect the scene from additional hazards: disconnect the machines, equipment and power supply.
- Assess the accident: number of injured people, their condition, etc.

Evaluate the victim's condition:

- Assess the consciousness level by asking a question.
- Assess vital signs – check the airways for any obstructions (with the victim's head tilted back).
- Assess breathing and signs of circulation by placing your ear near the victim's mouth and nose, and observing movements of the chest and abdomen.
- Check the victim for other injuries.

Call for help:

- Call for help – if possible, without leaving the scene of the accident; emergency telephone numbers: **999 and 112** (for mobile phones). In cases requiring technical and chemical rescue services (e.g. jamming in a vehicle or a machine, contamination with a poisonous substance) also call the fire service (**998**).
- When calling an ambulance, specify the **accident site, number of injured people and types of injury**.
- Never disconnect your call without an explicit instruction from the Ambulance Service dispatcher.
- Never leave injured people unattended.
- Continue providing emergency assistance until the arrival of professional medical personnel who will take over.
- Do not move the victims from the accident scene; undertake provisional transport only if there is a justified need to evacuate the area.

HOW TO HELP THE VICTIM

If the victim is not breathing:

- Clear the airways of obstructions – tilt the victim's head backwards, lift the lower jaw ("head tilt – chin lift" manoeuvre) and remove foreign bodies from the oral cavity (loose dentures, dirt, chewing gum, etc.).
- If the airways are unobstructed, check for signs of breathing. If the victim is not breathing, start external cardiac massage and artificial respiration:
 - lay the person flat on a hard even surface,
 - place the heel of one hand at the centre of the victim's chest, place your other hand directly on top of the first hand; the fingers are held upward and do not compress the chest. Press the sternum down to 4-5 cm, at a rate of 100 times per minute.
 - after 30 compressions blow twice into the person's mouth or nose so that the chest rises,
 - continue cardiac massage until the ambulance arrives or the person's normal heart beat is restored.

If the victim has normal vital functions but is unconscious:

- Place the victim in the safe position – lying on the side in the recovery position:
 - remove the victim's glasses,
 - kneel down on one side of the person,
 - place the person's arm nearest you at a right angle to their body,
 - take the person's other arm and place it across the chest so the back of the hand is against the person's cheek nearest you, and hold it there,
 - with your other arm, grip under the victim's bent knee and pull, so that the person rolls onto the side in your direction,
 - place the person's upper leg at a right angle,
 - tilt the victim's head backwards to make sure that the airways are open,

- if necessary, place the person's hand under the cheek to keep the head in a tilted position,
- keep checking that the person is breathing.

Injuries:

- Elevate the injured limb above the body level.
- Expose the wound and apply to it a thick layer of a clean fabric, preferably a sterile compress; **with the exception of traumatic amputations do not apply tourniquets (belts, ropes) above the wound.**
- Place a pad such as an unpacked bandage on the wound to compress the bleeding area.
- Apply a bandage (preferably the elastic type) over the dressing thus made.
- If blood leaks through, do not take the dressing off, but apply another layer on top and bandage it over.
- Place a person with a head injury in a half-sitting position, without compression; shield the wound site delicately.
- Chest wounds, in addition to normal dressing, should be sealed with a plastic film and sticking plaster from three sides (to prevent pneumothorax).

Burns:

- Apply copious amounts of cold water to the burn area and then cover it with a hydrogel dressing.
- Do not apply any ointments, creams or disinfectants (especially avoid alcohol) to the burn area. Do not peel off burnt pieces of clothing or pierce blisters. Do not apply plant- or animal-based "burn preparations". In the case of chemical burns, before applying water consider whether the substance reacts with water. If so, first mechanically remove excess of the substance and then cool the burn down with water.

Head and spine injuries:

- A head and spine injury can be suspected, if the victim suffers from disorders of consciousness, or has head and neck injuries, convulsions, motor paralysis, sensory disorders. If the circumstances require such victims to be moved, make sure to limit as far as possible head and neck movements. The head can be stabilized e.g. with rolled up clothes.
- The victim should be transferred to the stretcher by four people; the body should be lifted without flexing and rotation.

TRAUMATIC SHOCK

Traumatic shock often develops some time after the accident. Symptoms include:

- weakened peripheral pulse,
- shallow and rapid breathing,
- pale and cool skin,
- cold sweat,
- anxiety or drowsiness.

Procedure:

- keep the victim calm,
- protect the victim from heat loss (use a thermal blanket),
- relieve pain (wound dressing, immobilization of fractures),
- manage bleeding,
- elevate the legs to an angle of 30 degrees.

AFTER STABILIZING THE SITUATION

After achieving a state of relative stability:

- make the victim comfortable while waiting for medical assistance,
- prevent heat loss, continue monitoring vital functions (ABC),
- check wound dressings,
- maintain verbal contact with conscious victims.