THE ESSENTIAL GUIDE TO FIRST AID

WHAT TO DO TO KEEP YOUR FAMILY SAFE
WHETHER it’s knowing what to do if someone is choking or how to help if they’ve suffered a cardiac arrest – first aid saves lives.

The Daily Record has teamed up with St Andrew’s First Aid to produce an essential guide for the home on how to help someone in difficulty.

Jim Dorman, operations and policy director of St Andrew’s First Aid Training & Supplies Ltd, said: “We firmly believe that everybody should know first aid. It’s a life skill that everybody should have. Anybody can injure themselves or become ill and everybody should be able to assist.

“The younger we can teach people, the better, because it is such an important skill to have. We believe that nobody should die because they needed first aid.

“Skills range from providing some TLC and just reassuring someone right through to performing CPR which is a life-saving skill.

“The average response time for an ambulance is eight minutes and it can take up to four minutes for someone to choke to death. Helping someone choking is such a simple procedure and first aid is not a difficult subject to learn. We believe doing something is better than doing nothing.”

St Andrew’s First Aid Training and Supplies Ltd train about 15,000 people a year throughout Scotland in skills to not only save lives but also comfort people in distress.

They’ve teamed up with the Daily Record to produce this guide for the home to help people with some of the basic first aid skills that could help save lives.

Jim explained: “We’ve tried to present this in a simple, logical manner with images to assist people in learning aspects of first aid. Other ways to learn are attending a course or going on to our website as you can learn online as well.

“We would certainly encourage people to keep this supplement handy and refer to it as much as possible. The Daily Record along with St Andrew’s First Aid are saving lives.”
**HOW TO PERFORM CPR**

**Simple technique can save a life**

**FIRST AID STEPS**

Follow step-by-step guide to learn what to do when a casualty is unresponsive

1. **Check the casualty’s response** – gently shake his shoulders and ask him/her if he/she can hear you.

2. **If there is no response from him/her** – open the casualty’s airway and check for breathing – tilt his head back and lift his/her chin to open his airway. Put your face down near the casualty’s face and look, listen and feel for normal breathing.

3. **If the casualty is not breathing normally or not at all** – shout for help, ask someone to call 999/112 for an ambulance and to fetch an AED (Automated External Defibrillator) if possible. If you are on your own, call the ambulance yourself.

4. **Begin CPR by giving 30 chest compressions** by clasping your hands together and placing them in the centre of the casualty’s chest and compressing it between 5-6cm at a rate of 100-120 compressions per minute.

5. **Once you have delivered 30 compressions**, give the casualty two rescue breaths. Open his/her airway by tilting his head back and putting two fingers of one of your hands on the tip of his chin and with two fingers of your other hand pinch his nostrils closed. Take a breath and put your lips over the casualty’s mouth and breathe into it. A rescue breath should last about a second and you should see the casualty’s chest rise if it has been effective. Give a second breath.

6. **Don’t worry if you haven’t had any training in CPR or you are unwilling to give rescue breaths**. Delivering only chest compressions is preferable to doing nothing. Keep alternating between 30 chest compressions and two rescue breaths until the casualty shows signs of becoming responsive or you become too exhausted to continue.

**HOW TO USE AN AUTOMATED EXTERNAL DEFIBRILLATOR**

1. Switch on AED and take pads out of sealed pack. Remove clothing and wipe away sweat if necessary.

2. Remove backing paper and place pad on casualty’s chest in the position indicated.

3. Place the second pad just below their armpit. The AED will start analysing the heart rhythm.

4. Follow the voice and/or visual prompts given by the machine.
Check for facial weakness, arm weakness, speech problems, numbness, sudden loss of vision, confusion, sudden, severe headache and dizziness.

**CAUSES:**
A stroke occurs when the blood supply to the brain is disrupted either by a blood clot or a ruptured blood vessel. Strokes are the third most common cause of death in Scotland.

**PRIORITIES:**
To reassure and comfort the casualty and arrange urgent removal to hospital.

**THINGS TO AVOID:**
Don’t give the casualty anything to drink or eat as it may be difficult for him/her to swallow.

**FIRST AID STEPS**

1. While looking at the casualty’s face, ask him/her to smile. Only one side of his/her mouth may rise and the other side may droop if he/she has had a stroke.

2. Ask the casualty to try to raise both his/her arms at the same time. He/she may only be able to lift one arm if he/she has had a stroke.

3. Check to see if the casualty can speak clearly to you and understand what you are saying to him/her.

4. Call 999/112 immediately and advise the ambulance dispatcher that you have used the FAST test and suspect the casualty has had a stroke.

5. If the casualty is responsive, help him to lie down with his head and shoulders raised and advise him that help is on the way.

6. Keep monitoring the casualty’s breathing, pulse and level of response while waiting for the ambulance.

Make sure the casualty is comfortable before calling for help.

A transient ischaemic attack, or TIA, is sometimes called a mini-stroke. It is similar to a full stroke but the symptoms only last for a few minutes.

**REMEMBER TO ACT FAST**
The FAST test identifies the three most common symptoms of stroke.

- **FACE** look at the casualty’s face and ask him/her to smile. Has his/her face fallen on one side?
- **ARMS** ask him/her to raise both his/her arms and keep them there. Is he/she unable to raise one arm?
- **SPEECH** ask him/her to tell you their name, or say “hello”. Is their speech slurred?
- **TIME** if you spot any of these signs, call 999/112.

**CAUSES:**
Some strokes are the result of a ruptured blood vessel that causes bleeding into the brain. It is sometimes possible to give drugs to limit the extent of damage.

**PRIORITIES:**
If the casualty becomes unresponsive, open the airway and check breathing.

**REMEMBER**
CALL 999/112 FOR EMERGENCY HELP
If the casualty becomes unresponsive, open the airway and check breathing.
One common form of ligament injury is a sprain. This is the tearing of ligament on or near a joint, often due to unexpected wrenching.

**CAUSES:**
A sprain or a strain can occur when the soft tissues that surround bones are overstretched as a result of a sudden movement. These ligaments, muscles and tendons can be injured in a number of ways but most commonly in sports activities.

**PRIORITIES:**
To relieve the casualty’s pain and swelling at the site of the injury and arrange to get him/her to hospital if required.

**FIRST AID STEPS**

1. The first thing to do is to get the casualty to sit or lie down. Raise his/her injured limb and support it in a comfortable position.

2. Apply a cold compress or an ice pack to the injured area to help reduce pain, bruising and swelling.

3. Leaving the cold compress or ice pack at the site of the injury, put some cotton wool or soft padding around the area and keep it in place by applying a conforming bandage, apply the bandage as far as the next joint.

4. If the injury is on one of the casualty’s ankles, apply the conforming bandage from his/her toes to his/her knees. Always make sure the bandage isn’t too tight.

5. Raise the injured part and comfortably support it on some cushions or pillows. Check the casualty’s circulation at the edges every 10 minutes and if the bandage is affecting his/her circulation then take it off and reapply it more loosely.

6. Encourage the casualty to rest his/her injured limb and seek advice from his/her doctor if needed. If the casualty is unable to use the injured limb or if he/she is experiencing severe pain, arrange to take him/her to hospital.

**REMEMBER RICE**
Always use the RICE procedure when treating a strain or sprain:

- **R** Rest the injured part
- **I** Apply Ice pack or cold compress
- **C** Provide Comfortable support
- **E** Elevate the injured part
**CAUSES:**
A heart attack occurs when there is an obstruction of the blood supply to the heart. Symptoms of a heart attack include:
- Chest pain: tightness, heaviness, pain or a burning feeling in your chest
- Pain in arms, neck, jaw, back or stomach - the pain or tightness is severe, some people just feel uncomfortable or have a sense of impending doom
- Sweating, feeling light-headed, shortness of breath, feeling nauseous or vomiting

**PRIORITIES:**
To ease the strain on the casualty’s heart by getting him/her to rest and arrange urgent transport to hospital.

**THINGS TO AVOID:**
Don’t give the casualty aspirin if you know he/she is allergic to it or if he is under the age of 16.

**FIRST AID STEPS**

1. **Call 999/112 for an ambulance.** Inform the ambulance dispatcher that you suspect the casualty is having a heart attack.

2. **Help the casualty into a half-sitting position to help ease the strain on his/her heart.** Place some cushions behind him/her to support his back and shoulders and put some more under his knees to raise them.

3. **Assist the casualty to take one full dose Aspirin tablet (300mg), if available, and tell them to chew it slowly.**

4. **Monitor and record - breathing, pulse and level of response while waiting for help to arrive.** Stay calm to avoid undue stress.

**REMEMBER**

- **CALL 999/112 FOR EMERGENCY HELP** if the casualty becomes unresponsive, open the airway and check breathing. Do not give the casualty Aspirin if you know they are allergic or if they are under 16 years of age.

**The effects of a heart attack depend on how much of the heart muscle is affected and many casualties recover completely.**
How to treat an unresponsive adult who is breathing normally

**FIRST AID STEPS**

1. Kneel beside the casualty and remove any glasses and bulky objects from his/her pockets.
2. Ensure both the casualty’s legs are straight. Put his/her arm closest to you at right angles to his/her body with his/her elbow bent and his/her palm facing upwards.
3. Bring the casualty’s other arm across his/her chest and hold his/her hand against his/her face on the cheek nearest you.
4. Using your other hand, holding just above the casualty’s furthest away knee, pull his/her leg up but keep his foot on the ground.
5. Keep the casualty’s hand pressed on his/her cheek and pull the far leg towards you and roll the casualty on to his/her side.
6. Move the casualty’s upper leg to allow his/her hip and knee to be bent at right angles.
7. Ensure that the casualty’s airway is open by tilting his/her head back and open his/her mouth slightly. Adjust the casualty’s hand on his/her cheek to help keep his/her airway open.
8. Call 999/112 for an ambulance.
9. If the casualty is going to remain in the recovery position for more than 30 minutes, roll him/her on to his/her back and roll him/her on to his/her other side unless he/she has injuries that stop you from moving him/her.

**REMEMBER**

**CALL 999/112 FOR EMERGENCY HELP**
Monitor and record breathing, pulse and level of response while waiting for help to arrive. If necessary, adjust the hand under the cheek to keep the airway open.
If a child is choking, you need to act quickly to try to remove any obstruction before arranging for urgent medical treatment if necessary.

**FIRST AID STEPS**

1. Ask the casualty, “Are you choking?” This will allow you to assess the severity of the obstruction. If the casualty can answer or cough, the obstruction will be mild and the casualty can normally clear the object himself. Encourage the casualty to keep coughing until the object dislodges. Remove any obvious obstruction from the casualty’s mouth.

2. The obstruction will be severe if he/she can’t answer or cough and he/she will require your assistance to dislodge it by delivering up to five back blows. Stand to one side of the casualty and ask him/her to lean forward, support his/her upper body with one hand. With the heel of your other hand, deliver up to five firm blows to his/her back between his/her shoulder blades. Keep checking to see if the obstruction has cleared and stop delivering the back blows if it has.

3. If the back blows haven’t cleared the obstruction, it is time to try abdominal thrusts. Stand behind the casualty and hook your arms around his/her upper abdomen and ask him/her to lean forward. Create a fist with one of your hands and place it between his/her belly button and the bottom of his/her breastbone. Clasp the fist with your other hand and pull sharply inwards and upwards up to five times.

4. Keep checking to see if the obstruction has cleared and stop the abdominal thrusts if it has. If the obstruction hasn’t cleared, dial 999/112 for an ambulance.

5. Keep repeating steps two and three until the ambulance arrives or the casualty becomes unresponsive. If he/she becomes unresponsive, check his/her breathing. Begin CPR to remove the obstruction if he/she isn’t breathing.

**CHILD UNDER ONE**

1. If the infant is unable to cry, cough or breathe, lay him/her face down along your forearm and thigh and support his/her head. Give up to five back blows between the shoulder blades with the heel of your hand. Turn the infant over so that he/she is face up along your leg and check his/her mouth. Remove any obvious obstructions with your fingertips.

2. If back blows fail to clear the obstruction, try chest thrusts. These are similar to chest compressions but sharper and delivered at a slower rate. Lay the infant face up on your leg, place two fingers on the lower part of the breastbone one finger’s breadth below the nipple line and push downwards. Give up to five chest thrusts. Check the mouth. If the obstruction has still not cleared, call for emergency help.
**HOW TO DEAL WITH A NOSEBLEED**

**FIRST AID STEPS**

1. Encourage the casualty to sit down.
   To help the blood drain from his/her nostrils, get him/her to tilt his/her head forwards. Getting the casualty to breathe through his/her mouth will help calm him/her and tell him/her to pinch his/her nostrils together for up to 10 minutes. Keep talking to him/her for reassurance.

2. It’s best that the casualty doesn’t speak or sniff during this time as it might dislodge blood clots that have started forming in his/her nose. Try to get him/her to avoid swallowing, spitting or coughing, too. Clean up any dribbling with a cloth or hankie.

3. Ask the casualty to try releasing the pressure on his/her nostrils after 10 minutes. If his/her nose is still bleeding, ask him/her to apply pressure again by pinching his/her nostrils for another 10 minutes. Repeat again for a third period of 10 minutes if the bleeding continues.

4. Clean around the casualty’s nose once the bleeding has stopped with cool water while keeping him/her leaning forward. Encourage him/her to rest for a few hours and, most importantly, advise that he/she must not attempt to blow his/her nose as that might disturb the clots.

5. If the bleeding does start again then help the casualty to apply pressure to his/her nose again. Arrange to take him/her to hospital if his/her nose is bleeding copiously or if it has been bleeding for longer than 30 minutes.

6. If the casualty is a young child, try to keep him/her calm and get him/her to lean over a bowl to dribble into and pinch his/her nose for him/her.

**CAUSES:**
A nosebleed often happens because the casualty’s nose has been hit, he/she has been picking his/her nose or because of blowing or sneezing causing blood vessels in the nostrils to rupture. It can also happen due to high blood pressure or anti-clotting medication.

**PRIORITIES:**
Make sure you help to keep the casualty’s airway open and control the bleeding.

**THINGS TO AVOID:**
Putting the casualty’s head back will only make the blood run down his/her throat and that might make him/her sick.


**HOW TREAT A BURN**

**FIRST AID STEPS**

1. Pour cold water over the burn area for at least 10 minutes or until the casualty lets you know the pain has subsided. Any cold harmless liquid like such as can also be used if there is no water available.

2. Carefully remove any jewellery or clothing which is constricting the burn area before it begins to swell.

3. Cover the burn with clingfilm or a plastic bag once you have managed to cool the burn. Place the clingfilm along the burn and not around it because the area will swell. Alternatively, put a sterile dressing or non-fluffy pad loosely bandaged in place if there is no clingfilm or bags available.

4. Always seek medical attention if you are worried about the severity of the burn or if the casualty is a child.

5. If the blister on a burn bursts, cover it with a non-fluffy sterile dressing that completely covers the burn area. Keep the blister covered until it goes away.

**CAUSES:**
Burns can occur in the home when someone accidentally touches an iron or removes a hot dish from the oven. Most burns can be treated by running them under cold water. Advise the casualty to seek medical advice if you are concerned about the severity of the burn.

**PRIORITIES:**
To stop the burning and relieve the casualty’s pain and swelling at the site of the burn and minimise infection.

**THINGS TO AVOID:**
Blisters often form after a burn happens. Never burst a blister when it appears as you may cause the wound to become infected.

**REMEMBER**
Do not use adhesive dressings or apply adhesive tape to the skin. A burn may be more extensive than it first appears. If the casualty has a burn on his/her face, do not cover the injury - you could cause the casualty distress and obstruct the airway. Don’t allow the casualty anything to eat or drink because they may require an anaesthetic.

Running cold water over the burned area for 10 minutes will alleviate pain. Use milk if there is no water.
WHAT TO DO IF SOMEONE FAINTS

CAUSES:
A faint is caused by a temporary reduction of blood flow to the casualty’s brain that results in a brief loss of responsiveness. It is normally caused by the person being exhausted, reacting to pain or emotional stress, if they haven’t eaten recently or if they have been standing or sitting still in a warm place for a long time.

PRIORITIES:
To increase the blood flowing to the casualty’s brain and to reassure him/her once he/she becomes responsive.

THINGS TO AVOID:
Don’t advise the casualty to sit down on a chair or to put his/her head between his/her knees as he/she might hurt him/herself if he/she faints again and falls forward.

FIRST AID STEPS
1. A casualty will normally fall suddenly to the ground caused by a very brief period of unresponsiveness if they have fainted. He/she will have a slow pulse and will also appear pale, have cold skin and be sweating.
2. If you are with a person who feels faint, encourage him/her to lie on the floor and kneel down and raise his/her ankles and rest them on one of your knees. This helps to let the casualty’s blood flow back to his/her brain. Keep watching the casualty for signs of recovery.
3. Ensure the casualty has access to fresh air. Get someone to open a window if you are inside a building or vehicle. Request any bystanders to move away.
4. Reassure the casualty as he/she recovers and allow him/her to slowly sit up. If he/she feels faint again, lie him/her down again and raise and support his/her legs until he/she feels better. If the casualty is a woman in the late stage of pregnancy, help her lie down so that she is leaning towards her left side to prevent the pregnant uterus restricting blood flow back to her heart.

REMEMBER
If the casualty does not regain responsiveness quickly, open the airway and check breathing.

HOW TO TREAT AN ASTHMA ATTACK

CAUSES:
When someone suffers an asthma attack, the muscles in their lung’s air passages go into spasm and this then narrows their airways, making it difficult for them to breathe.

PRIORITIES:
To help ease the casualty’s breathing and arrange medical help if required.

THINGS TO AVOID:
Keep the casualty away from a smoky environment.

FIRST AID STEPS
1. Reassure the casualty. Encourage him/her to take his/her usual dosage of his/her reliever inhaler and to breathe deeply and slowly.
2. Ask the casualty to sit down in a position he/she finds comfortable.
3. If the casualty is having a mild asthma attack, it should get better within a few minutes. If it is a more severe attack, allow him/her to take one or two puffs from his/her inhaler every couple of minutes until he/she has had 10 puffs.
4. If the asthma attack is severe and the inhaler is not relieving the attack or if the casualty is becoming exhausted or having difficulty talking, call 999/112.
5. Keep monitoring and recording the casualty’s breathing, pulse and level of response while waiting for the ambulance. Keep helping the casualty to use his/her inhaler as required.

REMEMBER
CALL 999/112 FOR EMERGENCY HELP
If this is a first attack and the casualty has no medication. If the casualty becomes unresponsive, open the airway and check breathing.
Most Reliever inhalers have blue caps. Preventer inhalers have brown or white caps and are used to help prevent attacks. Brown or White inhalers should NOT be used during an asthma attack.
HOW TO TREAT SHOCK

Most common cause of shock is severe blood loss and it can be made worse by fear and pain. You can minimise the risk of shock developing by reassuring the casualty and making sure they are as comfortable as possible.

CAUSES:
Shock is a life-threatening condition which happens if a casualty’s blood supply is interrupted. Causes of circulatory shock include severe fluid or blood loss or severe burns.

PRIORITIES:
To recognise and treat the cause of shock, help improve blood supply to the casualty’s vital organs and arrange for him/her to be taken to hospital.

THINGS TO AVOID:
Don’t let the casualty eat or drink anything as he/she may need surgery later. Don’t leave the casualty unless it is to call for an ambulance. Avoid warming the casualty with any type of direct heat source such as a hot water bottle.

FIRST AID STEPS
1. Treat the cause of shock first, the casualty may be in shock due to blood loss or a serious burn. Keep reassuring the casualty.
2. Assist the casualty to lie down on a blanket to protect him/her from the cold. Lift and support his/her legs above the level of his/her heart to help blood flow to his/her brain, heart and lungs.
3. Dial 999/112 and tell the ambulance dispatcher that you suspect the casualty is in shock.
4. Loosen any clothing at the casualty’s neck, chest and waist.
5. Cover the casualty with a blanket to help keep him/her warm.
6. Keep monitoring and recording the casualty’s breathing, pulse and level of response while waiting for the ambulance.

STAGES OF SHOCK:
A person who is initially in shock will normally be sweaty but have pale, cold, clammy skin and their pulse will be rapid.

As shock develops, the casualty will become weak as will their pulse, they may also feel dizzy and sick. Their breathing will become shallow but more rapid and their skin will turn a grey-blue colour, especially their lips.

As shock develops further and their brain’s oxygen supply deteriorates, they may become angry and restless and keep gasping for air.

REMEMBER
- Do not leave the casualty unattended unless you have to call for emergency help.
- If the casualty is in the later stages of pregnancy, help her to lie down leaning towards her left side to prevent the pregnant uterus restricting blood flow back to the heart.
- If the casualty becomes unresponsive, open the airway and check breathing.
HOW TO TREAT A STING

CAUSES:
A wasp or hornet sting causes a sudden, sharp pain at first. A bee sting feels similar to a wasp sting, but the sting will often be left in the wound. A swollen red mark may then form on the casualty’s skin and may be painful and itchy.

PRIORITIES:
To relieve the casualty’s pain and swelling at the site of the sting and arrange to get him/her to hospital if required.

THINGS TO AVOID:
Don’t pinch the sting with your fingers or tweezers because you may spread the venom.

FIRST AID STEPS

1. The first thing to do is calm the casualty by reassuring him/her. If you can see the sting, scrape it out sideways with something with a hard edge, such as a bank card or a fingernail.

2. To minimise the swelling at the site of the sting, raise the area were the casualty has been stung and apply a cold compress, such as a flannel or cloth cooled with cold water or an ice pack for at least 10 minutes.

3. Keep watching for the casualty having any signs of an allergic reaction such as wheezing or difficulty breathing, a swollen face, mouth or throat, nausea or vomiting, a fast heart rate, dizziness or feeling faint, difficulty swallowing or becoming unresponsive.

4. The tissues in a casualty’s mouth or throat might swell and block his/her airway if he/she has been stung in the mouth. Get the casualty to suck an ice cube or sip a glass of water and call 999/112 for an ambulance if the swelling gets worse.

REMEMBER
CALL 999/112 FOR EMERGENCY HELP
If the casualty shows signs of breathing difficulties and/or swelling of the face and neck. Monitor and record breathing, pulse and level of response while waiting for help.

HOME FIRST AID KIT ESSENTIALS

Every home should have a first aid kit and it’s also a good idea to put one in your car. So buy the items below and keep them in a clean, waterproof container.

- Easily identifiable watertight box
- 20 adhesive plasters in assorted sizes
- Six medium sterile dressings
- Two large sterile dressings
- One sterile eye pad
- Six triangular bandages
- Six safety pins
- Disposable gloves
- Two roller bandages
- Scissors
- Tweezers
- Alcohol-free wound cleansing wipes
- Adhesive tape
- Plastic face shield or pocket mask
- Notepad and pencil

St Andrew’s First Aid recommended first aid kit available at: www.firstaid.org.uk/shop

FURTHER INFORMATION & CONTACTS

St Andrew’s First Aid, National Headquarters, St Andrew’s House, 48 Milton Street, Glasgow, G4 0HR Telephone: 0141 332 4031 Email: info@firstaid.org.uk www.firstaid.org.uk

To purchase an E-learning first aid course: www.firstaid.org.uk/elearning

To book a workplace training course
Telephone: 03004 666 999 Email: sales@firstaid.org.uk www.firstaid.org.uk/training
Training venues in Aberdeen, Dundee, Edinburgh, Fife, Glasgow, Inverness and Stirling

To book first aid event cover
Telephone: 0141 332 4031 Email: events@firstaid.org.uk www.firstaid.org.uk/events

To donate to St Andrew’s First Aid Charity www.firstaid.org.uk/donate Email: fundraising@firstaid.org.uk

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The ESSENTIAL GUIDE TO FIRST AID

22
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