



PG 006 **Basic First Aid Guidance**
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SECTION 1 VERSION CONTROL

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SECTION 2 BACKGROUND

This document has been produced to comply with Centrex Police First Aid Training Modules and the 2005 Resuscitation Council guidelines. It reflects the working practices within Nottinghamshire Police.

SECTION 3 AIMS/OBJECTIVES OF THIS DOCUMENT

The aim of this document is to provide an aide memoire for the administration of First Aid to all staff who attend a Module 2 First Aid Course.

SECTION 4 FIRST AID GUIDANCE**SCENE AND CASUALTY MANAGEMENT**

Any First Aid incident has the potential to be a crime scene and this needs to be taken into account when managing the incident. Use the mnemonic SAD CHALETS to make the initial assessment and communicate the information to Control. Ensure that Control has understood the information and that help is on its way.

SAD CHALETS**S- SURVEY****A- ASSESS****D- DISEMMINATE**

| | |
|-------------------|---|
| CASUALTIES | Approximate number of casualties - dead, injured and not injured |
| HAZARDS | Present and potential fuel spillages, debris, weather conditions, terrain, gas, chemicals, fire or danger of explosion. |
| ACCESS | Best routes for emergency vehicles and suitable provisional rendezvous points. |
| LOCATION | Exact location, road junctions or map references to pinpoint the scene. |
| EMERGENCY | Emergency services present and required. |
| TYPE | Type of incident with brief details of types and numbers of vehicles, buildings and so on. |
| S | Start a LOG, Scene of Crime, Safety |

Take action to minimise or eliminate any danger to both yourself and the casualty. Where possible remove the danger from the casualty rather than the casualty from the danger. As a last resort move the casualty.

TREAT CASUALTIES

Where there is more than one casualty assess them all before treating any. Use the mnemonic DRsABC

Danger

Response

shout

Airway

Breathing

CPR

Following the initial assessment, prioritise your casualties and then treat them in that order. Attend to any unconscious casualties first and ensure that emergency first aid is given without delay. Those casualties who are shouting and able to move are sometimes in a far better medical state than those who are quiet and still.

TREAT PRIORITIES

Casualty's injuries should be prioritised for treatment in accordance with the list below:

- Airway
- Breathing
- CPR
- Bleeding
- Breaks [fractures and dislocations]
- Burns heat and cold injuries

MAJOR INCIDENTS

At a major incident you must take control of the situation until a more senior officer takes over. A calm and methodical approach is essential. The mnemonic **SCENE** may help you to structure your response.

SEAL AREA. SEAL off and SAVE evidence. Sort out informants/ witnesses/ suspects. Allow only essential people in to rescue. Give directions for other Police responding to avoid the scene and take up cordon positions, or on access routes for emergency services etc. Keep all press outside the outer cordon.

CONTROL. CLEARLY IDENTIFY YOURSELF IF YOU ARE IN COMMAND. Others will be coming to you and need to identify the Officer in Charge. Set up a Control Point clearly marked. Check this is in a safe area. KEEP AN INCIDENT LOG.

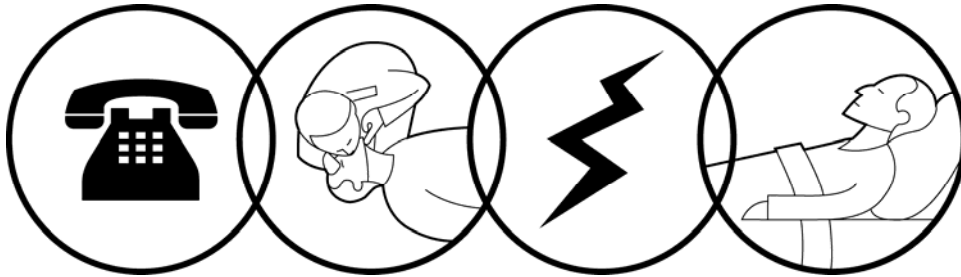
EMERGENCY SERVICES. Liaise with the Ambulance and Fire Brigade Liaison Officers at the scene. Provide escorts as necessary and clear access routes. Inform the control room of the best direction to the location.

NOTIFY. Notify Control Room of what is happening. Be as accurate as possible. Be clear and concise.

EVACUATE. Evacuate the injured as a priority. LEAVE THOSE OBVIOUSLY DEAD WHERE THEY ARE. Evacuate the area if necessary.

THE CHAIN OF SURVIVAL

The chain of survival consists of four critical links



- Early Access
- Early Cardio Pulmonary Resuscitation [CPR]
- Early Defibrillation
- Early Advanced Care

Early Access – Means early access to emergency services either by informing control room or by dialing 999/112. The call for help initiates the chain of survival beginning the procedure that could save a life.

Early CPR – facilitates the delivery of oxygen to the brain and other vital organs. In doing so it “buys time” for the casualty until the emergency services arrive.

Early Defibrillation – this is considered to be the most important single factor in determining survival. The majority of all cardiac arrests result in a condition known as ventricular Fibrillation [VF].

Early Advanced Care – with the heart rhythm restored the casualty is then transported to hospital for additional care and treatment.

ADULT BASIC LIFE SUPPORT GUIDELINES [2005]

Check for Danger - Make sure the casualty, any bystanders, and you, are safe.

Check for a Level of Response

Is the casualty **Alert** do they respond to **Voice**? If not, do they respond to **Pain** or are they **Unresponsive**

- **A**lert
- **V**oice
- **P**ain
- **U**nresponsive

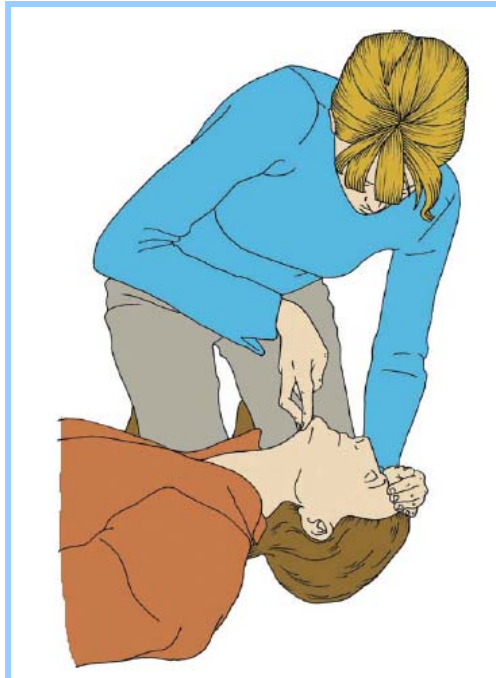
If the Casualty is Unresponsive

Inform Control Room or Shout for help.

Checking an Airway

Turn the casualty onto their back, open mouth and look inside for any obvious obstruction. Then open the airway using head tilt and chin lift:

- Place your hand on their forehead and gently tilt their head back.
- With your fingertips under the point of the casualty's chin, lift the chin to open the airway.



Keeping the airway open, look, listen, and feel for normal breathing.

- Look for chest movement.
- Listen at the casualty's mouth for breath sounds.
- Feel for air on your cheek.

In the first few minutes after cardiac arrest, a casualty may be barely breathing, or taking infrequent, noisy gasps. Do not confuse this with normal breathing.

Look, listen, and feel for **no more than 10 seconds** to determine if the casualty is breathing normally. If you have any doubt whether breathing is normal, act as if it is **not**.



If casualty is breathing normally:

- Perform a head to toe survey
- Place the casualty in the recovery position
- Send or go for help, or call for an ambulance.
- Check for continued breathing.

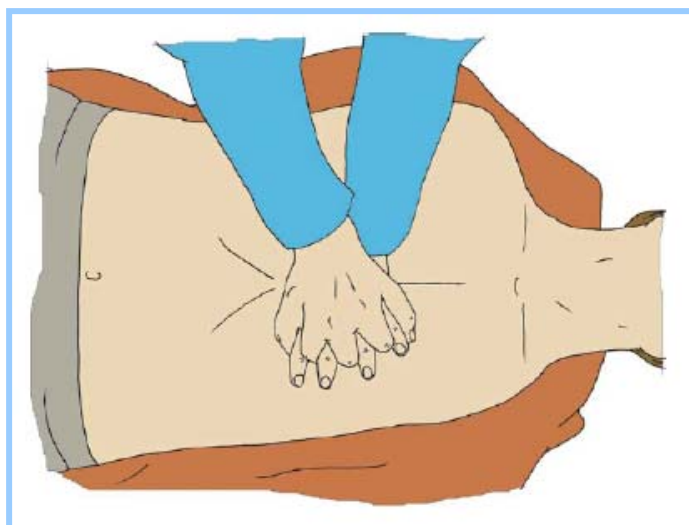
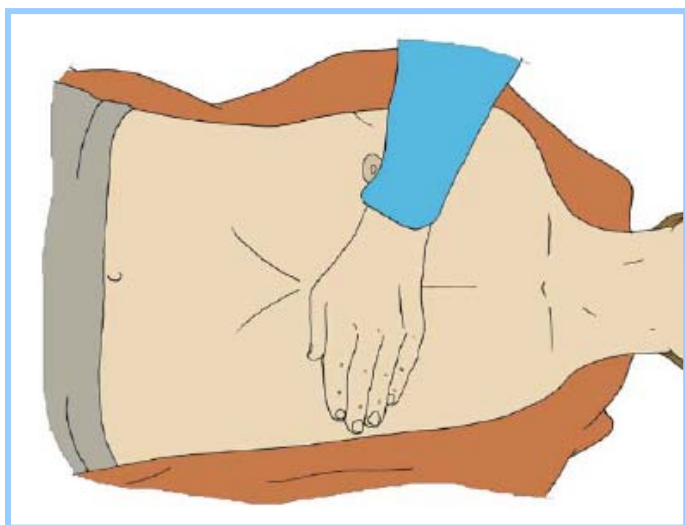
If the casualty is not breathing normally:

- Update control, send someone to dial 999 or leave the casualty to get help

Start chest compression as follows:

- Kneel by the side of the casualty.
- Place the heel of one hand in the centre of the casualty's chest.
- Place the heel of your other hand on top of the first hand.
- Interlock the fingers of your hands and ensure that pressure is not applied over the casualty's ribs.
- Position yourself vertically above the casualty's chest and, with your arms straight, press down on the sternum 4 - 5 cm.
- Repeat at a rate of about 100 times a minute (a little less than 2 compressions a second).
- Compression and release should take an equal amount of time.

Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone).

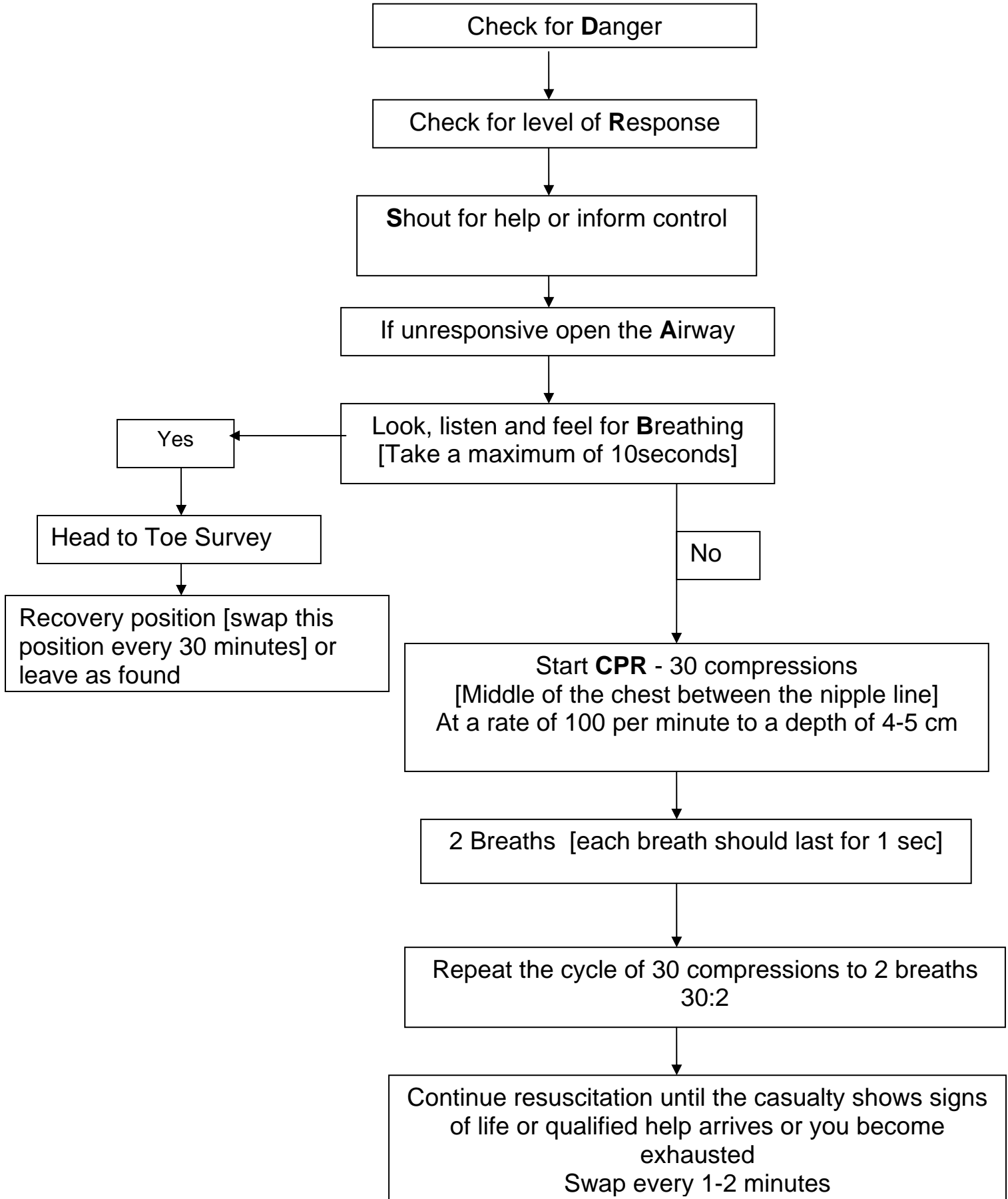


Combine chest compression with rescue breaths.

- After 30 compressions open the airway again using head tilt and chin lift.
- Lay your face shield over the casualty's mouth and nose, to reduce the risk of infection. Pinch the soft part of the casualty's nose to close, using the index finger and thumb of your hand on their forehead.
- Allow their mouth to open, but maintain chin lift.
- Take a normal breath and place your lips around the face shield aperture, making sure that you have a good seal.
- Blow steadily into their mouth whilst watching for the chest to rise; take about one second to make the chest rise as in normal breathing; this is an effective rescue breath.
- Maintaining head tilt and chin lift, take your mouth away from the casualty and watch for their chest to fall as air comes out.
- Take another normal breath and blow into the casualty's mouth once more to give a total of two effective rescue breaths. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions.
- Continue with chest compressions and rescue breaths in a ratio of 30:2.
- Stop to recheck the casualty only if they start breathing **normally**, otherwise **do not interrupt resuscitation**.
- If your rescue breaths do not make the chest rise as in normal breathing, then before your next attempt:
 - Check the casualty's mouth and remove any visible obstruction.
 - Recheck that there is adequate head tilt and chin lift.
 - Do not attempt more than two breaths each time before returning to chest compressions.

If there is more than one rescuer present, another should take over CPR about every 2 minutes to prevent fatigue. Ensure the minimum of delay during the changeover of rescuers.

Adult Basic Life Support Summary



PROCEDURES FOR BLS ON PREGNANT WOMEN

Cardiac arrest in pregnancy is very rare, however it can be brought on by:

- Traumatic accident
- Complications of pregnancy
- Congenital or acquired heart disease
- Hypovolemic (low blood volume),
- Hypotensive (Low blood pressure) shock.

After 20 weeks gestation, in the third trimester of pregnancy the large uterus exerts pressure on the main blood vessels in the abdominal cavity. When a woman is lying on her back the foetus lies on the inferior Vena Cava (the main blood vessel returning blood to the heart from the lower body) and also on the Aorta (the main blood vessel supplying blood to the lower body). This may cause the cardiac output to decrease by as much as 25% and decrease blood return to the heart, which will have serious consequences.

Tilting the casualty to the **left** easily rectifies this situation by lifting the uterus off these vessels. As little as a 15-degree tilt is sufficient.

Therefore if the rescuer finds a woman who is collapsed and they suspect that the casualty is over 5 months pregnant, the following steps should be taken.

Follow guidelines for BLS

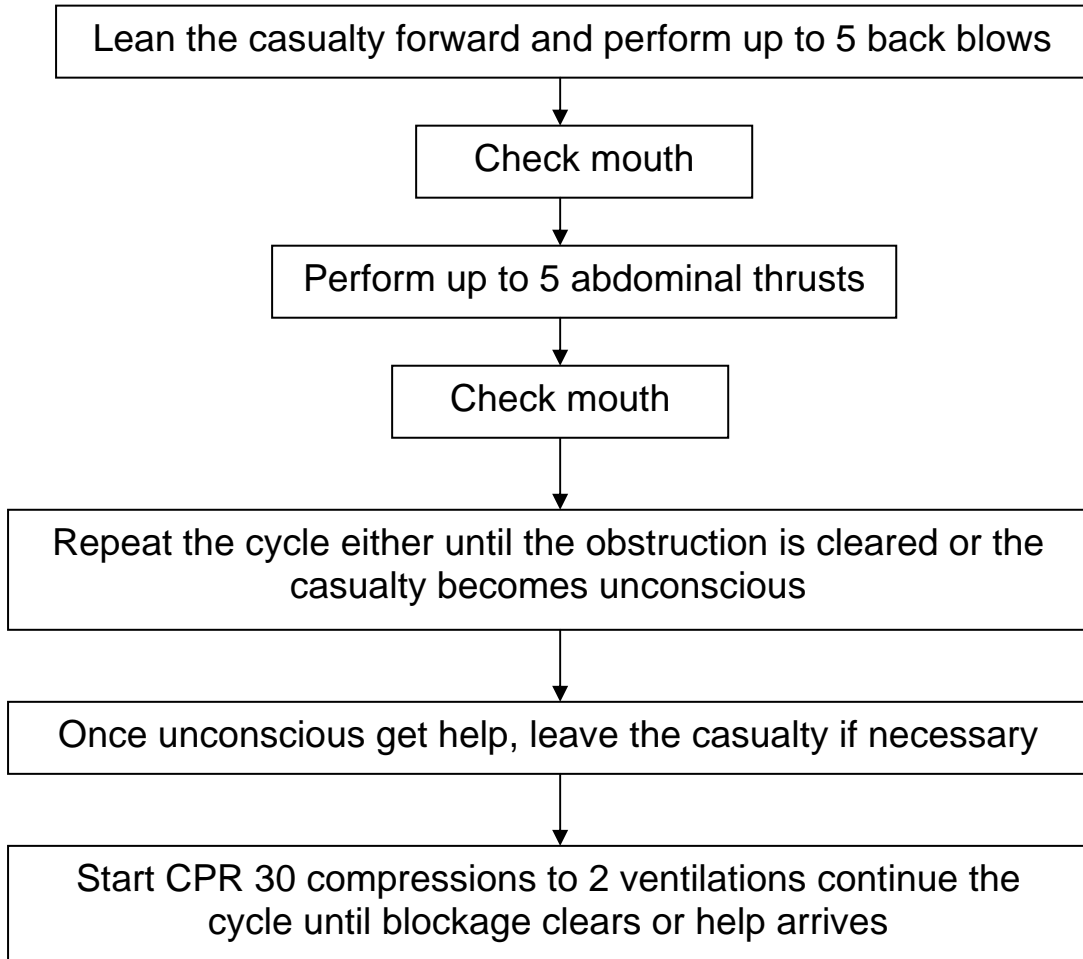
Once established that the casualty is not breathing normally:

- Without delay place pillows, clothing or padding under the right side of the abdomen or buttocks.
- If no padding is available then the rescuer can tilt the casualty over about 15 degrees by placing the knees under the **right** side of the casualty whilst in a kneeling position beside the body.

Continue to follow standard Adult BLS

ADULT CHOKING

If the casualty is exhibiting symptoms of mild choking encourage the casualty to cough but do nothing else. If the casualty shows signs of severe choking i.e. they have no cough reflex or struggling to breath use the following protocol



Paediatric Basic Life Support Guidelines [2005]

An infant is classified as 1 year or under a child is defined as being between the ages of 1 and the onset of puberty.

Check for Danger - Make sure the casualty, any bystanders, and you are safe.

Check for a level of Response.

Is the casualty **Alert** do they respond to **Voice**? If not do they respond to **Pain** or are they **Unresponsive**

- **A**lert
- **V**oice
- **P**ain
- **U**nresponsive

If the Casualty is Unresponsive

Inform Control Room or Shout for help.

Checking an Airway

Open the child's airway by tilting the head and lifting the chin, as follows:

- Initially, with the child in the position in which you find them, place your hand on their forehead and gently tilt their head back;
- At the same time, with your fingertip(s) under the point of the child's chin, lift the chin. Do not push on the soft tissues under the chin as this may block the airway

Keeping the airway open, look, listen, and feel for normal breathing.

- Look for chest movement.
- Listen at the infants/child's mouth for breath sounds.
- Feel for air on your cheek.

In the first few minutes after cardiac arrest, a casualty may be barely breathing, or taking infrequent, noisy, gasps. Do not confuse this with normal breathing.

Look, listen, and feel for **no more** than **10 sec** to determine if the casualty is breathing normally. If you have any doubt whether breathing is normal, act as if it is **not**.

If casualty is breathing normally:

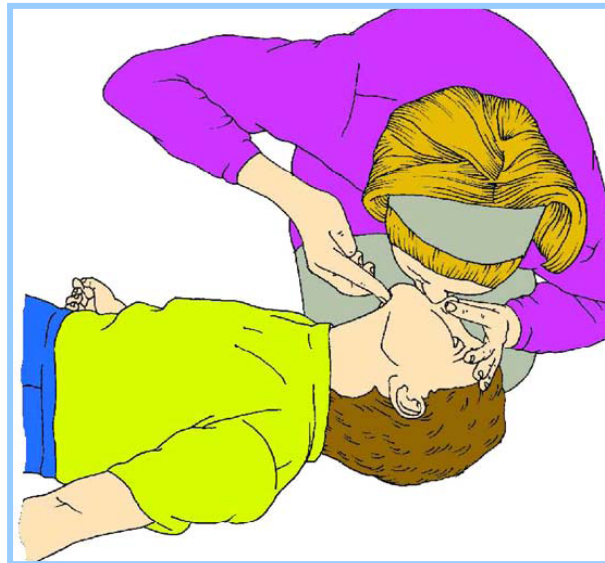
- Perform a head to toe survey
- Place the casualty in the recovery position
- Send or go for help, or call for an ambulance.
- Check for continued breathing.

If the casualty is not breathing normally:

- Update control, send someone to dial 999 **but** if alone with no means of communication provide resuscitation for a minute before going for help
- Carefully remove any obvious airway obstruction

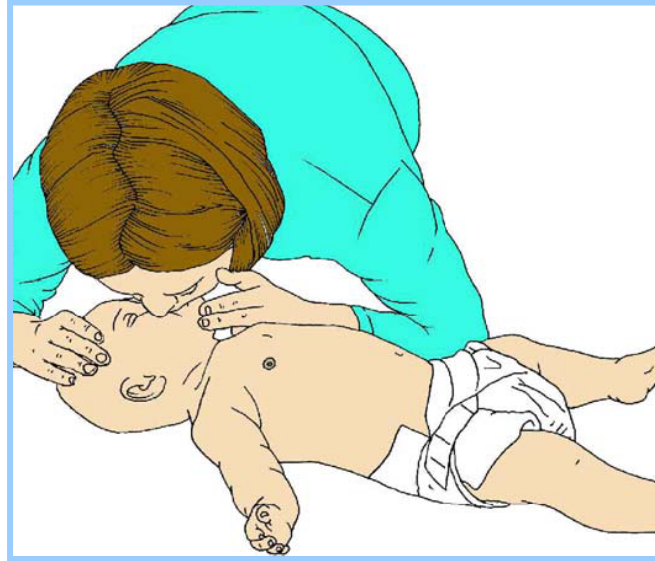
Rescue breaths for a child over 1 year are performed as follows:

- Ensure head tilt and chin lift.
- Place the face shield over their face. Pinch the soft part of the nose closed with your index finger and thumb.
- Open their mouth a little, but maintain the chin upwards.
- Take a breath and place your lips around the face shield aperture, making sure that you have a good seal.
- Blow steadily into the mouth over about 1—1.5 seconds, watching for chest rise.
- Maintain head tilt and chin lift, take your mouth away from the casualty and watch for their chest to fall as air is expelled.
- Take another breath and repeat this sequence five times. Identify effectiveness by seeing that the child's chest has risen and fallen in a similar fashion to the movement produced by a normal breath.



Rescue breaths for an infant are performed as follows:

- Ensure a neutral position of the head and a chin lift.
- Where possible use a face shield, take a breath and cover the mouth and nasal apertures of the infant with your mouth, making sure you have a good seal. If the nose and mouth cannot be covered in the older infant, the rescuer may attempt to seal only the infant's nose or mouth with his mouth (if the nose is used, close the lips to prevent air escape).
- Blow steadily into the infant's mouth and nose over 1—1.5 seconds or sufficient to make the chest visibly rise.
- Maintain head tilt and chin lift, take your mouth away from the casualty and watch for the chest to fall as air is expelled.
- Take another breath and repeat this sequence five times.

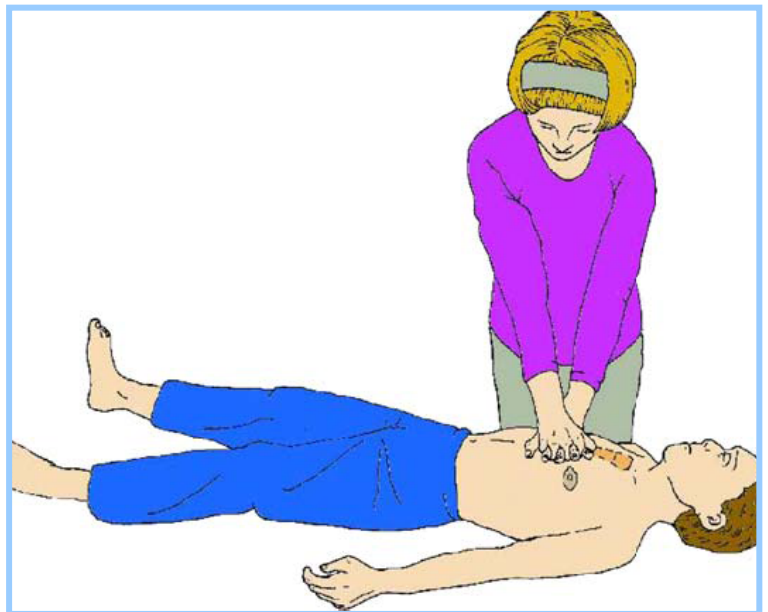


Then administer chest compressions

For all children:

Compress the lower third of the sternum. Place the heel of one hand over the lower third of the sternum. Lift the fingers to ensure that pressure is not applied over the child's ribs. Position yourself vertically above the casualty's chest and, with your arm straight, compress the sternum to depress it by approximately one third of the depth of the chest. In larger children or for small rescuers, this is achieved most easily by using both hands with the fingers interlocked.

The compression should be sufficient to depress the sternum by approximately one third of the depth of the chest. Release the pressure and repeat at a rate of about 100 per minute. After 30 compressions, tilt the head, lift the chin, and give two effective breaths. Continue compressions and breaths in a ratio of 30:2.



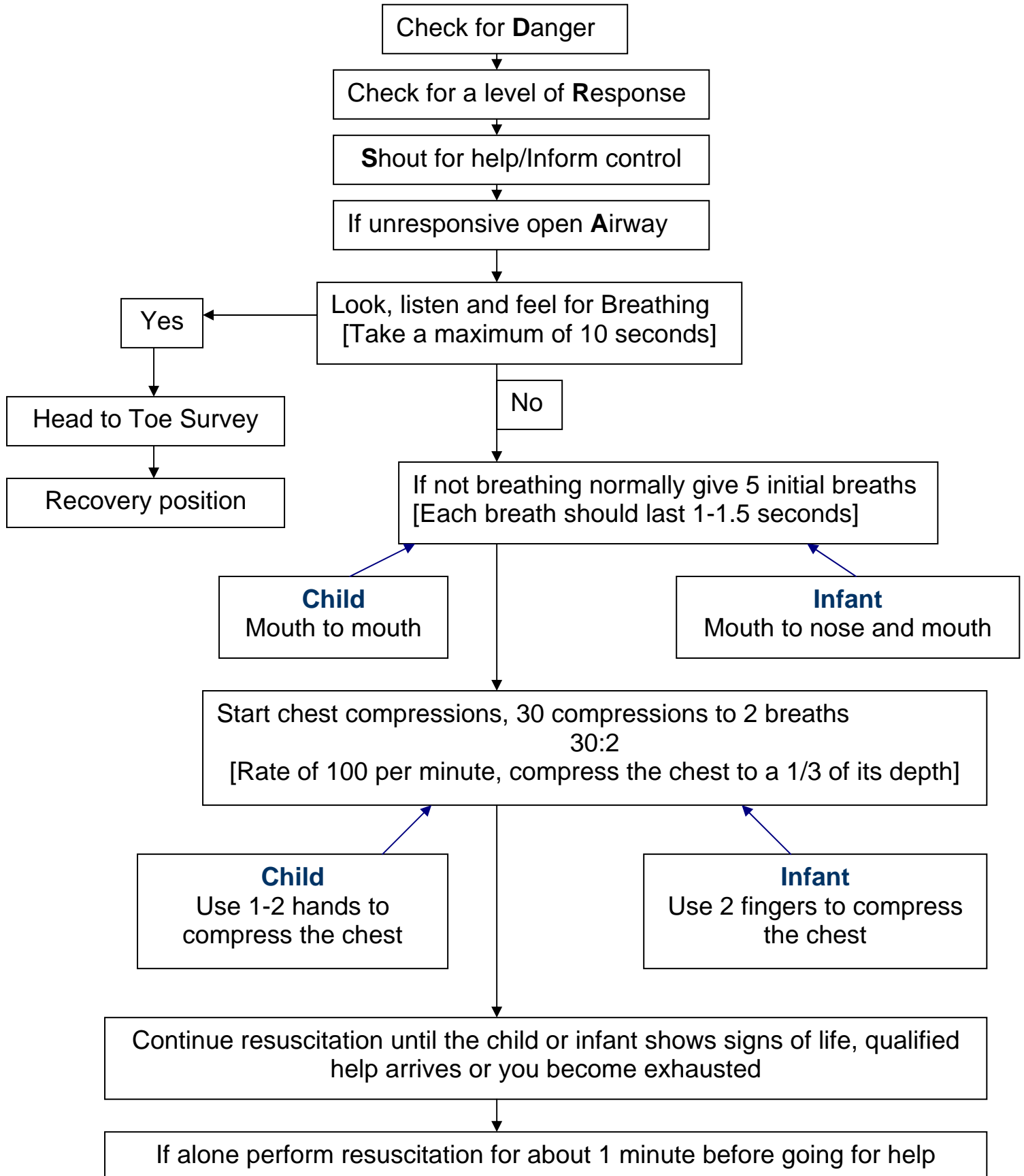
To perform chest compression in infants:

Compress the sternum with the tips of two fingers and depress it approximately one third of the depth of the infant's chest. Release the pressure and repeat at a rate of about 100 per minute. After 30 compressions, tilt the head, lift the chin, and give two effective breaths. Continue compressions and breaths in a ratio of 30:2.

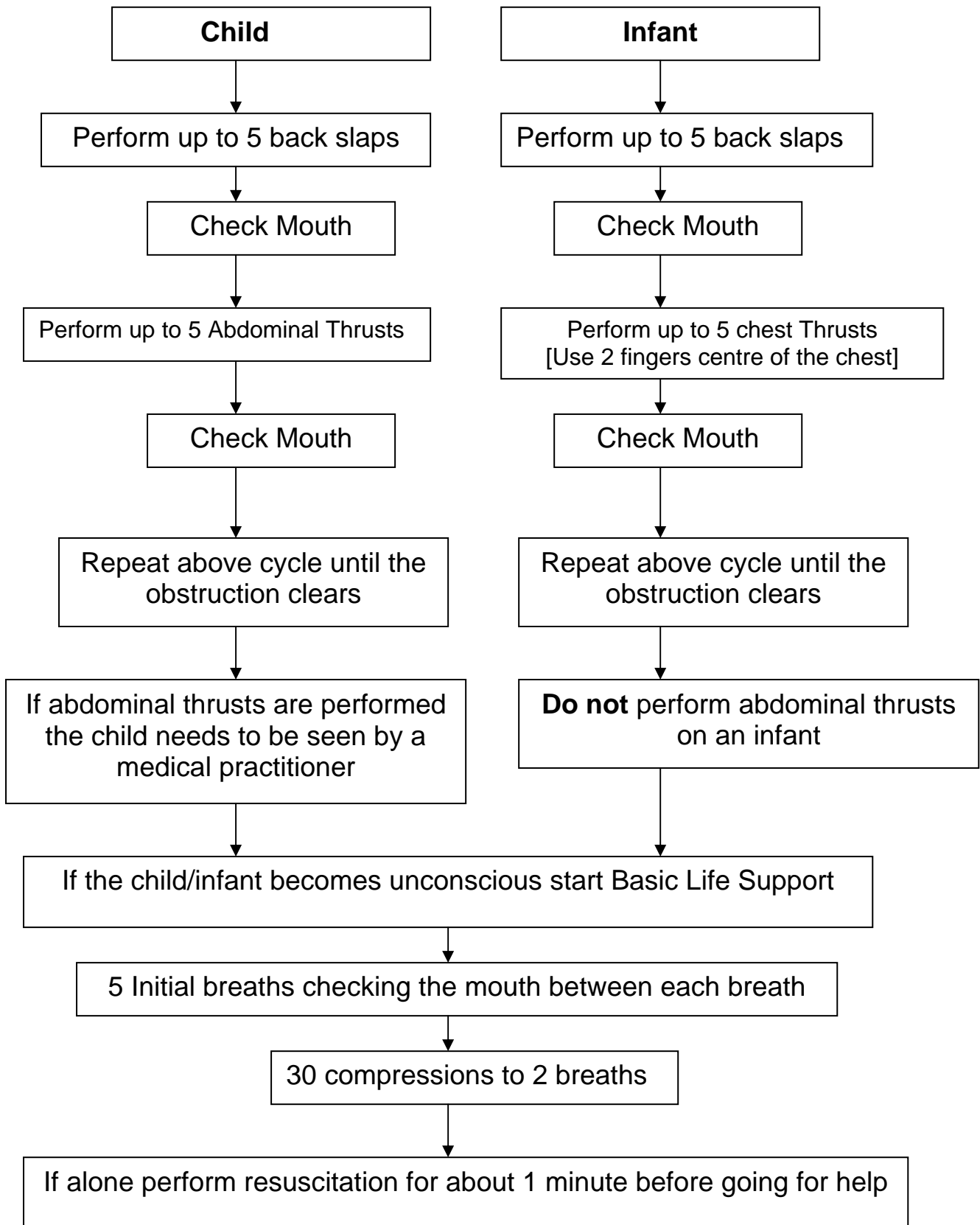
Continue resuscitation until:

- The infant/ child shows signs of life
- Qualified help arrives
- You become exhausted

PAEDIATRIC BASIC LIFE SUPPORT SUMMARY



CHILD AND INFANT CHOKING



BLEEDING

Protection

Protect yourself by using disposable gloves; cover any open wounds with a waterproof dressing and by washing your hands.

Act quickly – immediately

Position – lie the casualty down, providing that their condition will allow

Examine – check the wound is free from embedded objects

Elevate – if the bleed is from an arm or leg elevate the limb to reduce the flow of blood

Pressure – apply direct pressure to the wound with a sterile dressing or clean absorbent pad. In the absence of such material direct pressure with the palm of the hand can be applied to the wound.

Use indirect pressure if bleeding is not controlled by direct pressure.

Embedded object in a wound

- Apply firm pressure on either side of the object
- Do not try to remove any embedded object in the wound
- Use dressings to pad around the embedded object until you can bandage over it without pressing it further into the wound.
- If you cannot pad high enough bandage around the object.

**Be ready to resuscitate if condition deteriorates
Remember DRsABC**

FRACTURES [BREAKS]

Signs and symptoms

Compare the injured side of the body with the uninjured side where possible.

Look for **DOTS**

Deformity

Open injury

Tenderness

Swelling

There may also be:

- Crepitus [sound made by bones grating together] may also be present – injured parts should not be deliberately moved to determine whether crepitus is present
- Shock

Treatment

- Immobilise the limb [use slings, bandages, other uninjured parts of the body, or a combination of all three]
- Do not move the casualty unless absolutely necessary
- Reassure the casualty
- Have the casualty conveyed to hospital

**Be ready to resuscitate if condition deteriorates
Remember DRsABC**

BURNS

Be mindful of the dangers associated with the rescue of a casualty with burns: fire, smoke, fumes, hot liquid or vapour, electricity and chemicals

Signs and symptoms of burns and scalds

- Destruction of skin tissue
- Blister formation
- Reddening of the skin
- Pain [none if severe]
- Shock

Treatment

- Check airway is patent?
- Reassure the casualty
- Lay the casualty down if more than a minor burn
- Immediately cool the area [immerse in cold water if possible] for a minimum of 10 minutes or use a burn dressing
- Remove any constrictive jewellery or burnt clothing that is not adhering to the skin
- Treat for shock
- Maintain airway and monitor breathing
- Assess the burnt area if necessary arrange transfer to hospital
- Protect the burnt area with cling film, burn dressing or a sterile dressing
- Do not pierce blisters
- Do not apply any creams or ointments to a burn
- Make a record of the casualties condition and any substances involved

**Be ready to resuscitate if condition deteriorates
Remember DRsABC**

SECTION 5 LEGISLATIVE COMPLIANCE

Permission has been sought from the European resuscitation Council to utilize the pictures seen within this document. To meet their copyright requirements these pictures cannot be produced in any other articles without first consulting with the European Resuscitation Council

This document has been drafted to comply with the general and specific duties in the Race Relations (Amendment) Act 2000,
Data Protection,
Freedom of Information Act,
European Convention of Human Rights

Other legislation relevant to the area of policing such as,
Employment Act 2002,
Disability Discrimination Act 1995,
Sex Discrimination Act 1975
Employment Relations Act 1999
European and UK Resuscitation Guidelines 2005.