

# What to do in an emergency

## Priorities

- assess the situation – do not put yourself in danger;
- make the area safe;
- assess all casualties and attend first to any *unconscious* casualties;
- *send for help – do not delay*;
- follow the advice given below.

## Check for consciousness

If there is no response to gentle shaking of the shoulders and shouting, the casualty may be *unconscious*. The priority is then to check the Airway, Breathing and Circulation. This is the ABC of resuscitation.

## A Airway

To open the airway:

- place one hand on the casualty's forehead and gently tilt the head back;
- remove any obvious obstruction from the casualty's mouth;
- lift the chin with two fingertips.



## B Breathing

Look along the chest, listen and feel at the mouth, for signs of normal breathing, for no more than 10 seconds.

If the casualty is breathing:

- place in the recovery position and ensure the airway remains open;
- send for help and monitor the casualty until help arrives.



If the casualty is not breathing:

- send for help;
- keep the airway open by maintaining the head tilt and chin lift;
- pinch the casualty's nose closed and allow the mouth to open;
- take a full breath and place your mouth around the casualty's mouth, making a good seal;
- blow slowly into the mouth until the chest rises;
- remove your mouth from the casualty and let the chest fall fully;
- give a second slow breath, then look for signs of a circulation (see opposite);
- if signs of a circulation are present, continue breathing for the casualty and recheck for signs of a circulation about every 10 breaths;

- if the casualty starts to breathe but remains unconscious, put them in the recovery position, ensure the airway remains open and monitor until help arrives.

## C Circulation

Look, listen and feel for normal breathing, coughing or movement by the casualty, for no more than 10 seconds.

If there are no signs of a circulation, or you are at all unsure, immediately start chest compressions:

- lean over the casualty and with straight arms, press vertically down 4–5 cm on the breastbone, then release the pressure;
- give 15 rapid chest compressions (a rate of about 100 per minute) followed by two breaths;
- continue alternating 15 chest compressions with two breaths until help arrives or the casualty shows signs of recovery.



## 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, *obtain expert help. Do not move casualties* unless they are in immediate danger.

## Burns

Burns can be serious so if in doubt, *seek medical help*. Cool the part of the body affected with cold water until pain is relieved. Thorough cooling may take 10 minutes or more, but this must not delay taking the casualty to hospital.

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 something in the eye, wash out the eye 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.*

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. 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 a book any incidents involving injuries or illness which have been 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 given;
- what happened to the casualty immediately afterwards (for example went back to work, went home, went to hospital);
- name and signature of the 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.

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This leaflet contains basic advice on first aid for use in an emergency. It is not a substitute for effective training.



# Basic advice on first aid at work

