

Poisoning

RECOGNISE

- Signs of poisonous substances in the surrounding area

MEASURES

- Take the poisoned person out of the danger area
- Determination of the poison (concentration, quantity, effect duration)
- If possible, secure residual poison
- Do not induce vomiting
- Maintain body temperature (for example, using a rescue blanket)

Respiratory organs

- On suspicion of chemical injury through irritant gases (e.g. nitrous gases, chlorine), special first-aid measures have to be initiated (company doctor/person trained in first-aid)

STANDARD PROCEDURE

- The rule is always: pay a great deal of attention to self-protection (gloves, respiratory protection).

Skin

- Take off soiled clothing, underwear, shoes
- Wash the affected skin with plenty of water
- Treat noticeable wounds with sterile dressings

Ingestion

- Wash out mouth thoroughly as soon as possible

EMERGENCY CALL



Consciousness and respiration have to be constantly monitored.

Accidents Due to Electric Current

Persons involved in accidents with electric current may suffer circulatory arrest!

Low voltage

Max. 1,000 V, common voltage in household and factories

- Turn off the power
- Pull out the plug/fuse/operate safety cut-out

Unknown voltage

- See High Voltage for measures and precautionary regulations

MEASURES

- Always pay a great deal of attention to self-protection
- First of all, make sure that the circuit is broken

High voltage over 1,000 V (identify by warning sign)

- Maintain a distance of 5 metres
- Call 999
- Call for trained personnel to turn off the power
- Rescue from high-voltage installations only by trained personnel
- Do not render assistance until trained staff have intervened

MEASURES FOR TREATING INJURED PERSONS

- Constant monitoring of consciousness and respiration
- Ask injured parties how they are feeling

Recording of First-Aid Incidents

Documents must be kept for 5 years from date of the last entry. At least the following information must be contained in these documents:

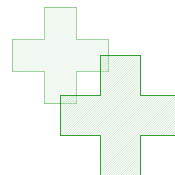
Name of the injured or sick person • Place and course of events of the accident/damage to health • Date/time • Type and extent of the injury/ illness • Type and manner of first-aid measures • Name of the person administering first aid
Check that the injuries do not need to be reported to the HSE with a RIDDOR report.

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First Aid

Instructions in the event of accidents

Standard Procedure

- Remain calm
- Secure the scene of the accident
- If necessary, move the injured person(s) out of the danger area
- Emergency Call 999

- Protect against heat loss (e.g. with an emergency blanket)
- Offer care and concern

Always pay attention to your own safety



Rescue hold

EMERGENCY CALL 999



Where did it happen?
What happened?
How many injured?
What type of injuries?

Wait for any questions

Give a precise description of the location
Give an exact description of the situation
Try give an exact number of people injured
E.g. Respiratory arrest, unconsciousness, bleeding/haemorrhaging, cardio-vascular arrest
Wait to see if the call operative asks you any questions

Conduct in Life-Threatening Situations

Action Plan for Life-Threatening Situations (Without the use of an AED - Automated External Defibrillator)



Present



Check consciousness

Speak loudly, touch, shake slightly

First Aid

Depending on the situation

Not Present

CALL FOR HELP



Breathing Normally



Check breathing

Clear respiratory tracts, over-extend head, raise chin, observe

Recovery position

Not Breathing Normally



EMERGENCY CALL

Consciousness and respiration have to be constantly monitored.

Maintain body temperature.

Heart-lung resuscitation (adults only) - Alternate Between:

30 x Heart massage (at 100 to 120 per minute): Hands on middle of chest, push downward on breastbone 5-6 cm using brief but strong pressure, arms stretched.

2 x mouth-to-mouth: blow air steadily into mouth or nose for one second.

Heart-Lung Resuscitation

HEART MASSAGE

- Position the injured person flat on their back on a firm surface
- Expose the chest area
- Pressure point: middle of the breastbone
- Position heel of the hand on the pressure point with the arm stretched, support with the heel of the other hand
- Arms stretched, push the breastbone down 4-5cm using brief but strong pressure
- Repeat 30 times and fully release pressure on the breastbone each time

MOUTH-TO-MOUTH

- Clear airways, tilt head back
- To give a breath: blow air steadily into the mouth or nose for one second
- 2 x mouth-to-mouth breathing (while pinching shut the injured person's nose) OR
- 2 x mouth-to-nose breathing (while holding shut the injured person's mouth)



30 x Heart Massage

Alternate
between



2 x Mouth-To-Mouth

Continue heart-lung resuscitation until independent breathing is obvious or until the emergency services take over.

Recovery Position

- Straighten the legs of the unconscious person
- Bend the arm closest to you upwards at the elbow (with the palm facing upwards)
- Take the far hand, pull it over the chest so the back of the hand rests against the cheek of the unconscious person; do not let go of the hand on the cheek
- With your free hand, grab and bend the far knee upwards
- Roll the unconscious person towards you
- Tilt the head back and open the mouth
- Position the upper arm in such a way that it keeps the head tilted back
- PLACE EMERGENCY CALL
- Continuously monitor breathing and consciousness
- Maintain body temperature (for example, using a Sirius rescue blanket)



Recovery Position

Bleeding/Haemorrhaging

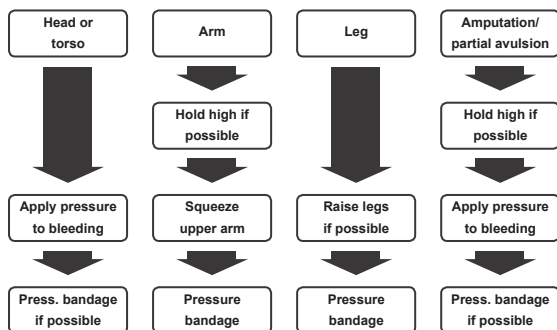
RECOGNISE

Bleeding wounds are not always recognisable immediately. They can be concealed by clothing or be imperceptible due to the position of the injured person.

MEASURES

- Put on single-use protective gloves
- Cover wounds with sterile dressing
- Treat a bleeding wound by applying a pressure bandage
- If necessary, put patient in shock position

Bleeding Wounds



ATTENTION

Detached body parts can frequently be reimplanted! So handle with care, do not clean.

MEASURES

Wrap the detached body part as found in sterile dressing, pack in foil bag (e.g. reimplant bag), keep as cool as possible. Give bag to injured person for transport to hospital.

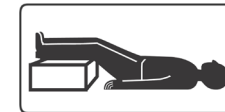
Shock

RECOGNISE

- Paleness, cold skin
- Freezing, trembling
- Perspiration on forehead
- Apathy

MEASURES

- If necessary, staunch the flow of blood
- Provide peace and quiet, avoid over-activity
- Protect against heat loss (e.g. with emergency blanket)
- Put into shock position
- Words of comfort, care
- Constant monitoring of consciousness and breathing



Shock Position

ATTENTION Signs of shock do not appear in everyone and do not always occur at the same time!

Fractures, Injuries to Joints

RECOGNISE

- Severe pains
- Swellings
- Abnormal position / mobility
- Protruding bones (open fracture)
- Shortened limbs
- Careful movement and loss of function

MEASURES

- Immobilisation of the affected limbs in the position in which they were found, e.g. by splinting.
- On suspicion of damage to the spine, do not change the position of the injured person if possible!
- Treat wounds in open fractures with sterile dressing material
- Cool swellings

Burns

RECOGNISE

- Skin redness, partially with blistering
- Open wounds
- More profound tissue damage

MEASURES

- Immediately extinguish burning clothing
- Immediately remove clothing containing hot substances
- Do not remove clothing that is sticking to the skin
- Immediately cool burns with running water for max. 10-15 mins
- Lightly cover burn wounds with sterile dressing material
- Protect against loss of body heat, e.g. with emergency blanket

Chemical Injuries

Corrosive materials can have a delayed effect so first-aid measures should be carried out at the mere suspicion of chemical injuries!

STANDARD PROCEDURE

- Pay particular attention to self-protection (gloves/respiratory protection)
- Make sure the injured party does not move
- Maintain body temperature (e.g. by using a rescue blanket)
- Always call a specialist

Eyes

- Wash out the affected eye with lots of water or eye washing solution, at the same time protecting the uninjured eye
- Apply sterile protective dressing

Ingestion

- Wash out mouth thoroughly as soon as possible
- Have the injured person drink small gulps of water for dilution
- Do not induce vomiting

Skin

- Take off soiled clothing, underwear, shoes
- Wash the affected skin with plenty of water
- Treat noticeable wounds with sterile dressings

Respiratory organs

- On suspicion of chemical injury through irritant gases (e.g. nitrous gases, chlorine), special first-aid measures have to be initiated (company doctor/person trained in first-aid)