

**DRAPER**<sup>®</sup>



# Basic advice on first aid at work



## RECOVERY POSITION

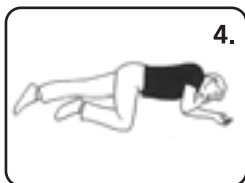
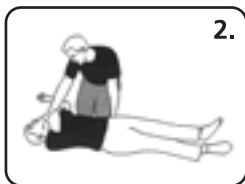
When an unconscious person is lying on their back, there are two main dangers that can compromise the airway:

**The Tongue** touching the back of the throat.

**Vomit** If the patient is sick.

By placing the casualty in the recovery position, the tongue won't touch the back of the throat. If the casualty is sick, the vomit will run out of the mouth and keep the airway clear.

- Remove the patients glasses.
- Kneel beside the patient and make sure that both their legs are straight.
- Make sure the airway is still open (head tilt, chin lift).
- Place the arm nearest you at right angles to the body, elbow bent with palm uppermost (**Picture 1**).
- Bring the patient's far arm across their chest, and hold the back of that hand against their cheek (**Picture 2**).
- With your other hand, grasp the far leg just above the knee, and pull it up, keeping the foot on the ground (**Picture 3**).
- Keeping their hand pressed against their cheek, pull on the leg to roll them towards you, onto their side.
- Adjust the upper leg to that both hip and the knee are bent at right angles (**Picture 4**).
- Tilt the head back to make sure the airway remains open.
- Adjust the hand under the cheek, if necessary, to keep the head tilted.
- Dial 999 for an ambulance if this has not already been done.
- Check breathing regularly. Monitor pulse in the lower arm (radial) if possible.
- If the patient is in the recovery position for a long period of time, turn them onto their opposite side every 30 minutes,



This literature contains basic advice on first aid for untrained people to use in an emergency, it is not a substitute for effective training. First aid is a skill requiring training and practice.

YOU SHOULD **NOT** ATTEMPT TO GIVE MORE THAN BASIC FIRST AID IF YOU HAVE NOT BEEN TRAINED.

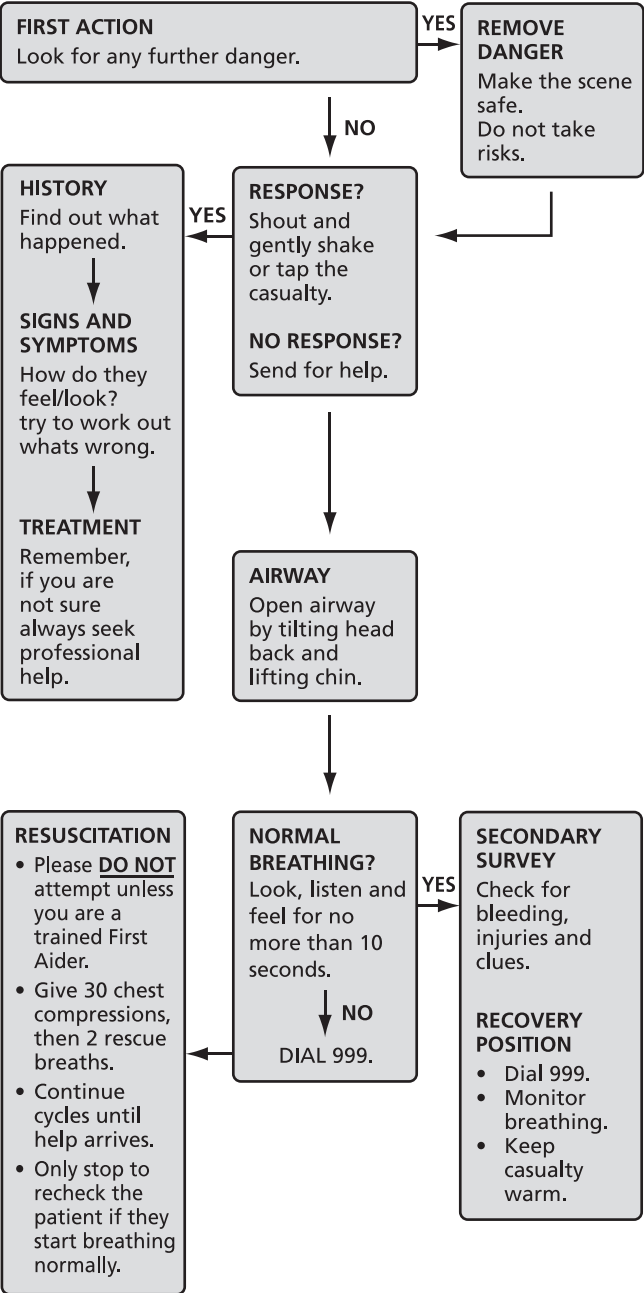


## PRIORITIES IN A EMERGENCY

- Do not become a casualty yourself, always assess the situation - do not put yourself in danger.
- Send for help.
- Make area safe.
- Assess all casualties and attend first to any unconscious casualties.



# EMERGENCY ACTION PLAN





## SECONDARY PLAN

If a casualty is unconscious and you are concerned about the airway for any reason (e.g. vomiting), place them in the recovery position immediately.

The secondary survey should be done quickly and systematically, first checking for major bleeding and then broken bones.

### **BLEEDING**

- Do a quick head to toe check for bleeding.
- Check the hidden area such as under the arch of the back.
- Control any major bleeding that you find.

### **ABDOMEN & PELVIS**

- Push the abdomen with the palm of your hand to check for abnormality or response to pain.
- Gently check the pelvis for signs of a fracture.
- Look for incontinence or bleeding.

### **LEGS AND ARMS**

- Feel each leg for the signs of a fracture.
- Feel each arm for the signs of a fracture.
- Look for other clues (medic alert bracelets, needle marks etc).

### **HEAD & NECK**

- Clues to injury could be bruising, swelling, deformity or bleeding.
- Check the whole head area and face.
- Feel the back of the neck.
- Has the patient had an accident that might have injured the neck?.

### **SHOULDERS & CHEST**

- Place your hands on opposite shoulders and compare them.
- Run your fingers down the collar bones checking for the signs of a fracture.
- Gently squeeze and rock the ribs.



## RECORD KEEPING

It is good practice that any injuries or cases of illness which have been treated are recorded in a book. Include the following information in your entry:

- Date, time and place of incident or treatment.
- Name and job of injured or ill person.
- Details of injury/illness and the treatment given.
- What happened to the person immediately afterwards (e.g. went home, went back to work, went to hospital).
- Name and signature of the person providing treatment.

This sort of information can help identify accident trends and possible areas for improvement in the control of health and safety risks.