

THE REVISED APPROVED CODE OF PRACTICE CAME INTO EFFECT ON 14TH OF MARCH 1997

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 THIS BASIC FIRST AID IF YOU HAVE NOT BEEN TRAINED.

When giving first aid it is vital that you assess the situation and that you:

- * take care not to become a casualty yourself while administering first aid (use protective clothing and equipment where necessary)
- * send for help where necessary - **Don't delay;**
- * follow the advice given below

WHAT TO DO IN AN EMERGENCY

Check whether the casualty is conscious. If the casualty is unconscious or semi-conscious:

- * Check the mouth for any obstruction
- * Open the airway by tilting the head back and lifting the chin using the tips of two fingers

If the casualty has stopped breathing and you are competent to give artificial ventilation, do so. Otherwise send for help without delay.

UNCONSCIOUSNESS

In most workplaces expert help should be available fairly quickly, but if you have an unconscious casualty it is vital that his or her airway is kept clear. If you cannot keep the airway open as described above, you may need to turn the casualty into the recovery position.

The priority is an open airway.

WOUNDS AND BLEEDING

Open wounds should be covered after washing your hands if possible.

Apply a dressing from the first-aid box over the wound and press firmly on top of it with your hands or fingers. The pad should be tied firmly in place. If bleeding continues another dressing should be applied on top. Do not remove the original dressing. Seek appropriate help.

MINOR INJURIES

Minor injuries of the sort which the injured person would treat themselves at home, can be treated from the contents of the first-aid box. The casualty should wash his or her hands and apply a dressing to protect the wound and prevent infection. In the workplace special metallic and/or coloured or waterproof dressings may be supplied according to the circumstances. Wounds should be kept dry and clean.

SUSPECTED BROKEN BONES

If a broken bone is suspected, obtain expert help. Do not move casualties unless they are in a position which exposes them to immediate danger.

BURNS

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



skin; some seriously. Treat in the same way as for other burns. It is important that irrigation continues, even on the way to the hospital if necessary.

Remove any contaminated clothing which is not stuck to the skin. Make sure that you avoid contaminating yourself with the chemical.

EYE INJURIES

All eye injuries are potentially serious. The casualty will be experiencing intense pain in the affected eye, with spasm of the eyelids. Before attempting to treat, wash your hands. If there is something in the eye, irrigate the eye with clean cool water or sterile fluid from a sealed container to remove loose material. Do not attempt to remove anything that is embedded.

If chemicals are involved, flush the open eye with water or sterile fluid for at least 10-15 minutes. Apply an eye pad and send the casualty to hospital.

SPECIAL HAZARDS

Electrical and gassing accidents can occur in the workplace. You must assess the danger to yourself and not attempt assistance until you are sure it is safe to do so. If the casualty has stopped breathing and you are competent to give artificial ventilation and cardiac resuscitation, do so.

Otherwise send for help without delay.

ILLNESS

Many everyday ailments can arise at work. Giving medicines is not within the scope of first aid at work. Application of common sense and reassurance to the casualty is the most valuable help that you can give.

If in any doubt about the seriousness of the condition, expert help should be sought. If the casualty has his or her own pain relief tablets they may take these as appropriate. People assisting should not offer medication of their own or belonging to others.

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 the injury/illness and the treatment given
- * What happened to the person immediately afterwards (eg 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.