

First Aid Emergency Guide audio CD transcription

Track 1 Introduction

This is the British Red Cross audio CD of first aid skills.

You would be surprised at just how simple it is to pick up some basic first aid knowledge which could end up saving someone's life. As you will find out from listening to this CD, it can take only a few minutes to learn the new skills that could make all the difference.

When dealing with an emergency, always remember to try and keep calm, and to be aware of dangers to yourself or to the injured person.

We would recommend that you also attend a British Red Cross first aid training programme to support this CD.

The contents of this CD explain how to treat the following:

Track 2	Checking for breathing
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Track 2 Checking for breathing

Would you know how to check whether a casualty was conscious and breathing? It is vital to establish these two things before going on to treat other injuries.

So first you need to check if your casualty is conscious. A simple way to do this is to check whether they respond to your voice and being gently shaken by the shoulders. If after doing this there is no response then you should assume that the casualty is unconscious.

When a person is unconscious their muscles relax. The tongue is a muscle and when it relaxes it falls to the back of the throat blocking the airway, which can prevent breathing. You need to open that airway for the casualty. This can be done by doing the following:

Get down by your casualty and place one hand on their forehead, and two fingers from your other hand under the tip of their chin.

Tilt the head back, and lift the chin. The tongue is attached to the jaw; by doing this procedure you are pulling the tongue away from the back of the throat and opening the airway.

Now you need to check for breathing. Place your cheek down by the casualty's mouth and nose and feel for breath on your cheek, or listen for breath or look for the rise and fall of the chest. Do this for no more than 10 seconds.

If you were checking for a response in a child or infant, the approach is slightly different. Just so you know, the definition of a child is aged between one year and puberty and the definition of an infant is aged up to one year.

With a child, you would gently tap the shoulders and not shake them. With an infant you would gently tap the feet.

So you have checked for a response, and checked for breathing. The next two tracks tell you what to do depending on whether your casualty is breathing or not breathing.

Track 3 If the casualty is unconscious and breathing

The following process assumes the casualty is lying on their back. If the casualty is unconscious, but they are breathing, then you need to place them on their side in what is commonly known as the 'recovery position'. By doing this, you'll make sure that the person remains safe and as comfortable as possible.

The following describes how to put someone in the recovery position:

Kneel beside the person, and taking the arm nearest to you, gently place it above the person's shoulder level (the reason for doing this, is that later you will roll the person onto their side – the side which is nearest to you – and the arm needs to be out of the way)

Next, bring the person's other arm across their body and place the back of their hand against their cheek – the cheek nearest to you

Hold that hand in place whilst you do the following:

With your free hand, lift the leg furthest from you, just above the knee until their foot is flat on the floor. Keep a firm hold of that knee otherwise it will flop over

If you gently pull that knee towards you, the casualty should roll over into a sideways lying position

Once that's happened, gently remove your hand from their cheek. You may need to adjust their upper leg to make them completely stable

The final, and in many ways the most important thing to do, is to gently tilt the person's head back to keep the airway open. You now need to check for breathing

To do this, put your cheek down by the casualty's mouth and nose and feel for breath against your cheek or listen for breath or look for the rise and fall of the chest

That's it! That is the recovery position. This is the safest position for an unconscious person who is breathing, because if they should cough up blood or be sick, it can simply drain away from their mouth. This position also means that the tongue is falling forward, and therefore not blocking the airway.

If the casualty is not lying on their back, but on their front or side, then adjust their position to reflect the above as closely as possible.

Track 4 If the casualty is unconscious and not breathing

Narrator: If the unconscious person is not breathing, the following scenario explains what to.

[Sound of phone ringing]

Clare: Hello?

Mary: Oh Clare, it's me! Listen – it's Dad – he's just collapsed and he's not breathing!

Clare: Ok, stay calm.

Mary: But he's just lying here on the floor – he's not moving or breathing!

Clare: Listen. I need you to stay calm. The first thing you need to do is call an ambulance, have you done that?

Mary: Yeah, my friend just called one. What can I do though?

Clare: Is he lying on his back?

Mary: Not really – he just fell in a heap.

Clare: Ok, gently roll him onto his back.

Mary: [Pause] I've done it.

Clare: Right, get down on the floor by your Dad. Put both of your hands in the centre of his chest, one on top of the other. Lean right over your hands and press down firmly in the middle of his chest, then let the chest rise back up. Do this 30 times. If you lock your elbows and try and use your shoulders to do the work it will be a bit easier. Ok?

Mary: Ok...1...2...3...4...5

Narrator: **What Mary is doing here is imitating the heart. By pushing firmly down on the chest to a depth of 4-5cm she is forcing small amounts of blood with oxygen around her Dad's body, most importantly getting the blood to the brain to keep it alive before the medical help arrives to take over.**

Mary: 28...29...30...Ok.

Clare: Right. Now we need to top the blood up with some oxygen. Place one hand on his forehead, and two fingers from your other hand under the tip of his chin. Tilt his head back, and lift his chin – right, you've now opened his airway.

Mary: Ok.

Clare: Now, take your hand away from his forehead, and using that hand, pinch his nose. Remember though – keep the head tilted back with the fingers under the chin.

Mary: Right I've done that.

Clare: Ok, seal your mouth over his mouth, and breathe into his mouth – do this twice.

Mary: Ok, [blows] one...[blows] two.

Clare: Right, they're your rescue breaths. Ok, just keep repeating that procedure – so 30 chest compressions followed by two rescue breaths – until the ambulance arrives.

Narrator: **So just to recap, here's what you should do:**

Firstly, call an ambulance, or get someone else to call an ambulance

Then, give 30 chest compressions followed by two rescue breaths, and repeat this process until the emergency services arrive

The technique just outlined is called Cardio Pulmonary Resuscitation or CPR for short. CPR on a child or infant is slightly different than on an adult. The reason for this is that when an adult collapses it is normally due to a heart condition like a heart attack, therefore you start with the chest compressions to get blood pumping around the body. When a child under puberty collapses it is normally through a breathing problem, such as asthma or choking, which prevents the body taking in vital oxygen, therefore you start with 5 rescue breaths before going on to do the cycle of 30 chest compressions and 2 rescue breaths. There are a few other differences too, these are as follows:

CPR for a Child:

The definition of a child is aged between one year and puberty.

If a child is not breathing normally, give one minute of CPR and **then** call an ambulance. If another person is present ask them to call for an ambulance straight away.

As mentioned, the way to carry out CPR on a child is slightly different.

First start by opening the airway; Place one hand on the forehead, and two fingers from your other hand under the tip of their chin

Tilt the head back, and lift the chin

Then take your hand away from the child's forehead and pinch their nose, remembering to keep the chin lifted. Place your mouth over the child's mouth and give 5 initial rescue breaths

Then depending on the size of the child and the size of you, use either the heel of one hand, or as in adult CPR both your hands, one on top of the other, and press down in the centre of their chest, aiming for about a 1/3rd of the depth of the chest with each compression. After 30 chest compressions, give 2 rescue breaths

Continue with the cycle of 30 chest compressions and 2 rescue breaths until the emergency services arrive or the child begins to breathe normally

CPR for an Infant:

The definition of an infant is aged up to one year.

If an infant is not breathing normally, give one minute of CPR and **then** call an ambulance. If another person is present, ask them to call an ambulance straight away.

First you need to open the airway. Place one hand on their forehead, and one or two fingers from your other hand under the tip of their chin

Gently tilt the head back, and lift the chin

Leaving your hands where they are, which is on the forehead and lifting the chin, place your mouth over the mouth AND nose of the infant and give 5 initial rescue breaths

Then place two fingers in the middle of their chest and press down 30 times, aiming for about a 1/3rd of the depth of the chest with each compression. After 30 chest compressions, give 2 rescue breaths, remembering to place your mouth over the mouth and nose of the infant

Continue with 30 chest compressions and 2 rescue breaths until the emergency services arrive or the infant begins to breath normally

Track 5 Choking

Narrator: If a person is choking, the following scenario will explain what to do.

Mary: Mmm, this is tasty. How's your fish?

Clare: Lovely, cooked just right.

Mary: Well, cheers then! Happy birthday, Clare.

Clare: [makes choking noises]

Mary: Clare! What's wrong?

Clare: [continues to make choking noises]

Narrator: Though Clare can't say what's wrong, she has just got a piece of food stuck at the back of her throat blocking her airway. Fortunately, Mary has been trained in first aid and knows how to react. Remembering to stay calm throughout, this is what she does.

First, she encourages Clare to cough hoping this might clear the blockage. When this doesn't work, she leans Clare forward supporting her chest with one hand, and with the heel of her other hand gives **up to** five firm blows to her back between the shoulder blades.

If at this point the obstruction comes free, then stop the procedure immediately.

Mary: Clare, Clare stay calm. [She hits Clare's back five times]

Narrator: Clare is still choking. The five back blows were not successful. So, Mary moves to give Clare five abdominal thrusts. Standing behind Clare, she puts her arms around her stomach, makes a fist with one hand, and covers the fist with her other

hand. Positioning the hands between Clare's tummy-button and her ribcage, she then pulls sharply inwards and upwards **up to** five times.

If at any point the obstruction comes free then Mary would stop the treatment immediately.

Mary: Come on, Clare, please.

Clare: [She breaths and coughs]

Mary: There you go. Here, just spit out that food and sit down a minute. That's it, take in deep breaths and relax. You're ok now.

Narrator: Mary's calm and persistent treatment has saved Clare's life.

If Mary hadn't been successful in removing the blockage, then she would have repeated that cycle of up to five back blows and five abdominal thrusts twice more. If after three cycles, she hadn't been successful, then her next step would have been to call 999 for an ambulance, and then continue with the procedure until help arrived.

If Clare had stopped breathing, then Mary would have started giving her CPR, which is cycles of 30 chest compressions and two rescue breaths.

Mary: How are you feeling Clare?

Clare: Ok, I think. At least I can breathe!

Mary: I'm going to take you to get checked out by a doctor because I had to give you abdominal thrusts. I've been pretty firm with you and it's probably best that we just make sure you're ok.

Narrator: **So, just to recap, here's what you should do to help a choking adult or a child.**

Firstly, encourage the person to cough

If still choking, give up to five back blows

If still choking, give up to five abdominal thrusts

If still choking, repeat the cycle of back blows and abdominal thrusts up to a total of twice more

If still choking, dial 999 for an ambulance

Continue until help arrives and be prepared to start CPR if necessary

Treatment of choking for an infant is slightly different from that just outlined.

Choking infant:

The definition of an infant is aged up to one year.

Lay the infant along your arm, face down, supporting their neck and head with your hand

With your free hand, give up to five back blows between the shoulder blades with the heel of your hand

If at any point the obstruction comes free then stop the treatment immediately.

If the back blows have not removed the object then turn the infant over so that they are face up, lying along your arm, with your hand supporting their head

With your free hand, give up to 5 chest thrusts with 2 fingers in the middle of the chest

Again if at any point the obstruction comes free then stop the procedure immediately

If the obstruction does not clear after three cycles of back blows and chest thrusts then dial 999 for an ambulance

Continue until help arrives

If the infant were to stop breathing then start CPR immediately.

Track 6 Bleeding

Blood loss can be serious and should be treated as quickly as possible.

Your main aim with a bleed is to stem the flow of the blood. If you have disposable gloves available, then do use them, as it is important to reduce the risk of cross-infection.

It is a good idea to get your casualty to lie down as they may well start to feel faint.

Then, either you or the casualty should press firmly on the wound, ideally over a clean pad. Raise the wound above the level of the heart and then secure the pad in place with a bandage. Raising the wound makes it more difficult for the heart to pump blood to the sight of the wound and should help slow the bleeding. If the bleeding is severe, then you need to get the person to hospital.

If you suspect there is an object embedded in the wound then the procedure is slightly different. If you can, check whether there is an object embedded in the wound or ask the casualty to check for you or try to get an understanding of what has happened. For example, if they cut themselves falling on glass it is likely that glass may be embedded in the wound.

If you suspect that there is something embedded, take care not to press on the object. Instead, keeping the wound raised above the level of the heart, press firmly on either side of the object and build up padding around it before bandaging. Get the person to hospital as soon as possible.

Track 7 Treating a nosebleed

Narrator: John has been playing football and has just been elbowed in the nose by another player. He has come off the pitch to see his first aider.

First aider: Hi. Here, sit down. What happened?

John: I got elbowed in the nose in that last tackle and then it just started bleeding.

First aider: Ok. Keep sitting and tilt your head gently forward so that the blood can drain from your nostrils.

John: Ok.

First aider: Just pinch the end of your nose gently and breathe through your mouth. That's right. Now I'll get you to hold it like this for ten minutes – when you release the pressure, hopefully the bleeding will have stopped.

Narrator: After ten minutes if the bleeding had not stopped then John would be encouraged to repeat the procedure of tipping his head forward and pinching the end of his nose up to twice more. If after a total of 30 minutes the bleeding had still not stopped then it is time to seek medical advice.

Track 8 Shock

The most common cause of shock is severe blood loss.

This life-threatening condition occurs when vital organs do not get enough oxygen due to reduced blood circulation.

The signs and symptoms are as follows:

- > A rapid pulse
- > Pale, grey skin: especially inside the lips
- > Sweating
- > Cold and clammy skin
- > Feeling giddy, faint or weak

The treatment is as follows:

- > Help the person to lie down
- > Raise and support the legs. For example you could place them on some folded blankets or cushions
- > Loosen any tight clothing
- > Reassure the casualty
- > Dial 999 for an ambulance
- > Be prepared to start CPR if necessary (that's your cycles of 30 chest compressions followed by 2 rescue breaths)

Track 9 Burns and scalds

Burns and scalds are among the most common injuries requiring emergency treatment in the UK.

When treating a burn, wear disposable gloves if you have them, as it is important to reduce the risk of cross-infection.

Cool the burn as quickly as possible by placing the affected area under cold running water for at least ten minutes.

Then, cover the injury using a clean pad or some cling film and seek medical advice if the burn is severe.

Track 10 Stroke

This is a condition in which the blood supply to part of the brain is suddenly seriously impaired which can result in loss of movement to one side of the body. One way to recognise a stroke is to ask the person to smile – if their smile is lopsided, you will know that they have been affected.

Or you can also check for other signs and symptoms, which are:

- > A loss of movement to the limbs
- > Confused emotional state
- > Problems with speech and swallowing
- > Sudden or gradual loss of consciousness or a sudden severe headache

If you suspected someone was having a stroke then you would do the following:

- > Help the person to lie down, with their head and shoulders slightly raised. You could use a pillow or your knees
- > Dial 999 for an ambulance
- > Then, tilt the person's head to one side and position a cloth to absorb any dribble

Track 11 Disorders of the heart

Angina

Many of the signs and symptoms of angina are similar to those of a heart attack. However, the pain associated with angina tends to ease once the person has rested.

Angina feels like a tight pain in the chest, and is usually brought on by exercise or excitement.

The signs and symptoms of angina are as follows:

- > A tightening / vice-like central chest pain
- > Shortness of breath
- > Weakness
- > Pain or tingling easing with rest
- > Feeling of anxiety

The treatment is as follows:

- > Help the person to a comfortable position
- > Ask them if they have any medication and if they do then help them take it
- > Reassure them
- > If the pain persists or returns, suspect a heart attack and dial 999 for an ambulance

Heart attack

A heart attack is one of the more common life-threatening heart conditions in the UK.

The signs and symptoms of a heart attack could be some of the following:

- > Profuse sweating
- > Extreme gasping for air
- > Persistent, vice-like central chest pain
- > Sudden fainting or dizziness
- > Blueness of the lips

The treatment is as follows:

- > Sit the person down - preferably on the floor as they may fall from a chair
- > Call an ambulance immediately, even if you are not sure about the symptoms
- > If the person is conscious, give them a 300mg tablet of Aspirin to chew
- > Be prepared to give CPR if necessary (that's your cycles of 30 chest compressions followed by 2 rescue breaths)

Track 12 Diabetes

People with diabetes have to control their blood sugar level with medication and a careful diet. Too much sugar in the blood leads to hyperglycaemia, while too little leads to hypoglycaemia – which is the more common emergency.

The signs and symptoms of hyperglycaemia (too much sugar in the blood) are as follows:

- > Warm, dry skin
- > Rapid breathing
- > Fruity or sweet breath
- > Excessive thirst
- > Confusion
- > Loss of consciousness
- > Look out for them wearing a medic alert bracelet or necklace

The treatment for a person having a hyperglycaemic attack is to first dial 999 for an ambulance and then, if the person is unconscious, place them in the recovery position.

The signs and symptoms of hypoglycaemia (too little sugar in the blood) are as follows:

- > Sweating and cold, clammy and pale skin.
- > A deteriorating level of response
- > Weakness, hunger or faintness
- > A Strange behaviour or shallow breathing
- > Look out as well for them wearing a medic alert bracelet or necklace

The treatment for a person having a hypoglycaemic attack is as follows:

- > Help the person to sit or lie down
- > If they are conscious, give them a sugary drink, chocolate or other sweet food
- > If they start to feel better, give them more
- > Advise them to rest and see their doctor as soon as possible
- > If consciousness is impaired, do not give them anything further to eat or drink and dial 999 for an ambulance

Track 13 Drowning

Here is what you would do if you came across someone who was drowning.

First dial 999 for an ambulance.

Then, once the person has been removed from the water, open the airway and check breathing. If the casualty is not breathing normally, give 5 initial rescue breaths followed by cycles of 30 chest compressions and 2 rescue breaths. Continue until help arrives.

If the casualty were breathing normally then place them in the recovery position and get them dry and warm as quickly as possible.

Make sure you take them to hospital, even if they seem to have recovered, as they may have inhaled water.

Track 14 Electrocutation

Here's what to do if you found someone you suspected had been electrocuted.

First dial 999 for an ambulance.

Then break off the contact between the person and the electrical supply by switching off the current at the mains if you can reach it easily.

If you cannot reach the mains then proceed with the following:

First you need to protect yourself, so you need to stand on some dry insulation material such as a telephone directory.

Then, using something made of a non-conductive material (for example a wooden broom) push the person away from the electrical source or push the source away from the person.

Be prepared to give CPR (that's your cycles of 30 chest compressions and 2 rescue breaths) or treat for a burn if necessary.

Track 15 Allergic reaction

A severe allergic reaction, also called anaphylactic shock, may occur following an insect bite or after eating certain foods such as peanuts. Often people know they suffer from this condition and carry medication in the form of an auto-injector.

Here's how to treat someone if they had a severe allergic reaction:

- > Dial 999 for an ambulance
- > If the person is conscious and has medication (such as an auto-injector) help them to use it
- > Help them to sit comfortably
- > If the person is unconscious, or becomes unconscious and stops breathing, then be prepared to give CPR (that's your cycles of 30 chest compressions followed by 2 rescue breaths)

Track 16 Asthma

This is a common condition characterised by narrowing and sensitivity of the airways.

Dust or smoke can trigger an asthma attack but sometimes there's no apparent reason. Asthmatics tend to carry inhalers so they can self-medicate if necessary.

The signs and symptoms of an asthma attack are as follows:

- > Wheezing as the person breathes out
- > Difficulty speaking/breathing
- > Distress and anxiety
- > Coughing
- > Tiredness

The treatment is as follows:

- > Reassure the person
- > Encourage them to use their inhaler if it is available
- > Ask them to breathe slowly and deeply
- > Help the person to sit down and relax, and if you are indoors, open the windows to ensure a supply of fresh air
- > If the attack has not passed within three minutes, advise them to take another dose from their inhaler
- > Dial 999 for the emergency services should the condition get worse

Track 17 Seizure

A seizure, also known as a fit, is caused by a disturbance in the electrical activity of the brain. The most common cause is epilepsy.

The signs and symptoms are as follows:

- > A sudden loss of consciousness
- > Muscle rigidity and arching of the back
- > Convulsive movements
- > After a seizure, a casualty may feel tired and fall into a deep sleep

The treatment is as follows:

- > Protect the person from injury by clearing the space around them and placing something soft under their head
- > Give care when consciousness returns. If possible, cover them with a blanket or similar item. If they do fall into a deep sleep, carefully place them into the recovery position
- > Arrange for the person to go to hospital if necessary

Track 18 Strains and sprains

Narrator: Mary was running to answer the telephone when she tripped on the rug and fell. She has twisted her ankle and is in quite a bit of pain. Her sister Sarah is with her and has heard her fall – she has just taken a first aid course and suspects from what Mary is telling her that she may have sprained her ankle.

Mary: Ah, ah, argh... ooh, my ankle. I can't put weight on it. Ow!

Sarah: Mary, do you know if there is some ice or frozen peas in the freezer, we need to apply something cold to your ankle. I'm pretty sure you have sprained it.

Mary: (in pain) Yes, there is a bag of peas.

Sarah: Ok, sit down and put your foot up on the dining room chair. Stay there, I'm going to get those frozen peas.

(leaves and returns)

Sarah: How are you feeling?

Mary: OK, I could do without this though, I've got such a busy day planned.

Sarah: Right now, you're going nowhere. Right, I've used a tea cloth to wrap around the bag of peas to prevent an ice burn. Ok, I'm just going to place this on the injury. How does that feel?

Mary: COLD!

Sarah: (laughing)... I wonder who that was on the phone and if they'll ever realise they've caused this much angst! Right, stay there; I'm off to get some padding and bandages. We need to compress the injury to help keep the swelling down.

Narrator: For as long as possible keep the cold compress (ice or frozen peas, wrapped in a cloth) on the injury, this will help reduce swelling. Sarah returns and after a time, removes the frozen peas, wraps a pad around the injury and then bandages it in place.

Mary: Thanks Sarah, that is starting to feel better.

Sarah: Keep your leg elevated on the dining room chair. We need to keep it elevated for as long as possible.

(they do this)

Sarah: There is a nifty little word to help you remember how to treat a sprain or strain. It is RICE. R standing for 'rest' – so stop you trying to hobble about on your ankle. I standing for 'ice', C standing for 'compress' – so applying the bandage and E standing for 'elevate' which is what you are doing now.

Mary: Very clever!

Narrator: The treatment that Sarah has given Mary may be sufficient to relieve the symptoms, but if you are in doubt about the seriousness of the injury, then seek medical advice.

Track 19 Conclusion

The British Red Cross believes that everyone should gain some first aid knowledge in order to enable them to react positively to a crisis in whatever way they are able. First aid is about applying potentially life-saving skills to a situation and fundamentally trying to buy someone who is injured or ill vital minutes before emergency help arrives.

Remember, if you are ever in any doubt with regards to a situation then dial 999 for the emergency services.