



Lifeboats



Community First Aid Manual

JUNE 2018

DEVELOPED FOR LOW-RESOURCE AREAS

About this manual

The primary aim of the *Community First Aid Manual* is to equip people with the skills and knowledge to provide basic first aid in the community.

The programme is designed for organisations based in low-resource areas with limited access to equipment.

This manual has been designed as a guidance document and can be adapted to suit the local environment.

This manual will be reviewed after 3 years. Please send any comments and feedback to: international@rnli.org.uk

June 2018

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Unit 1: Principles of first aid



Learning outcomes

- 1.1 Understand what first aid is.
- 1.2 Know the principles of first aid.



1.1 What is first aid?

First aid is the immediate care given to an injured or sick person.

First aid involves the steps you can take before the person gets further medical help. First aid can sometimes save a person's life; but more often it is help given to an everyday accident or illness.

A casualty may have:

- cut their foot on a sharp object
- been stung or bitten by an animal
- slipped over onto a hard surface
- got something stuck in their eye
- gone underwater for a long period of time.

1.2 The principles of first aid

The specific aims of first aid are to:

- save life
- stop the injury or illness getting worse
- help recovery.

Cultural awareness

Always be concerned for the dignity of your casualties and any cultural differences.

You should always ask for permission before providing care, unless the casualty is unconscious or unable to provide permission.

Unit 1: Principles of first aid

Save life

For any human being to stay alive the following three things are needed:

● Oxygen (lungs)

If a casualty is lacking oxygen a rescuer needs to think about their breathing.

● Blood

If a casualty is bleeding it needs to be controlled.

● Pump (heart)

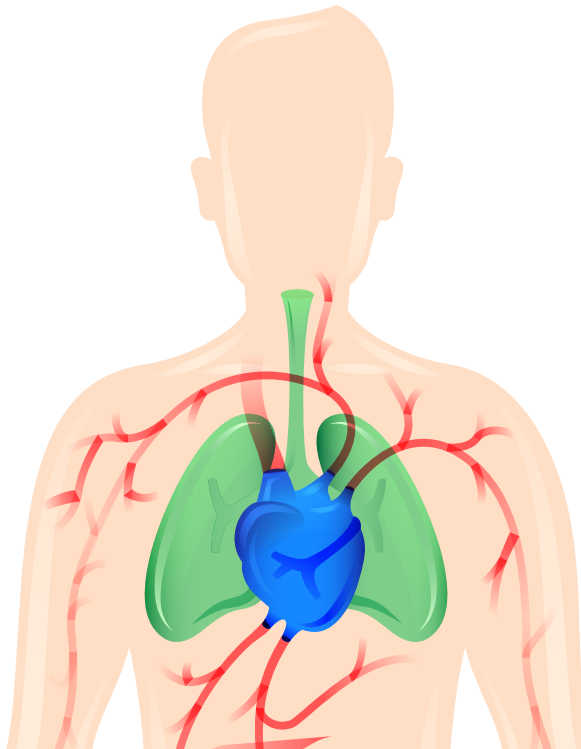
If a casualty's pump (heart) stops, the rescuer may need to pump for them.

Stop the injury or illness getting worse

The rescuer should constantly monitor the casualty for any improvement or to see if they are getting worse.

Help recovery

The condition of a casualty could get worse at any time. Correctly treating a casualty may stop them from getting worse and help towards their recovery.





Learning outcomes

- 2.1 Be able to do a primary survey.
- 2.2 Be able to do a head-to-toe check.

Unit 2: Casualty assessment

2.1 Primary survey

A primary survey is the first check of the area and the condition of the casualty.

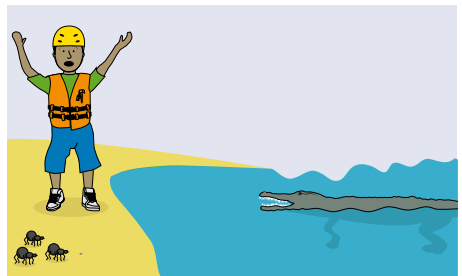
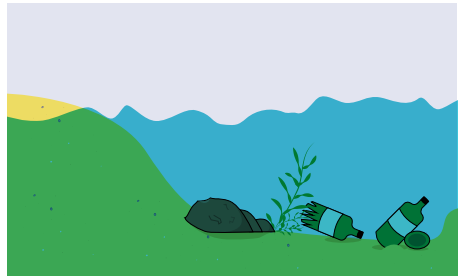
It is important to consider what has happened, as it can help the rescuer understand the injuries and the likely signs and symptoms.

A sign is something you can see. A symptom is something the sick or injured person tells you they feel.

Check for dangers

The rescuer must consider the dangers on arrival at the location of an incident. Some examples include:

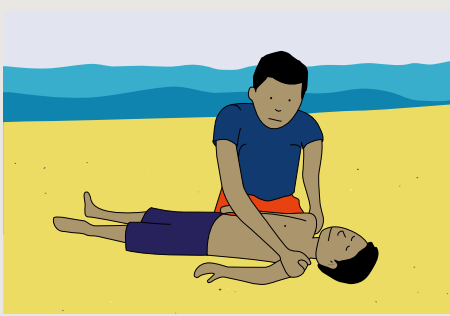
- weather, tide/sea and conditions at the scene
- craft that are sinking or out of control
- loose/unstable debris or casualty craft breaking up
- fire, smoke, gas or electrical dangers
- unstable surfaces such as rock falls
- people, crowds, aggression and emotion
- blood that may contain a virus.



Blood – risk of infection

The rescuer should protect themselves from blood at all times, as it may contain a virus.

To reduce the risk of contact with blood the rescuer should use a barrier (such as gloves or a plastic bag).



Step 1 – Assess response

- Talk to the casualty to see if they respond to voice.
- Tap the shoulder of the casualty to see if they respond to touch.

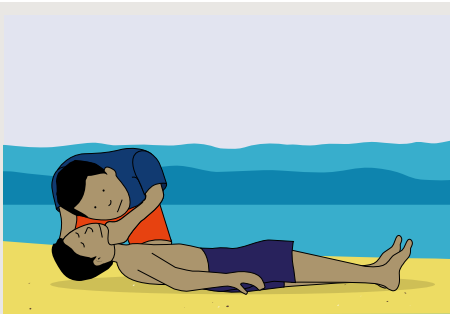
If the casualty can talk, they are responsive. If the casualty does not respond to voice or touch then they may be unconscious.



Step 2 – Open airway

- Check that the casualty has an open, clear airway.
- Tilt the head backwards.
- Lift the chin with two fingers.

By providing a clear airway the casualty may be able to breathe.



Step 3 – Check breathing

- Look, listen and feel for the casualty's breathing for 10 seconds.

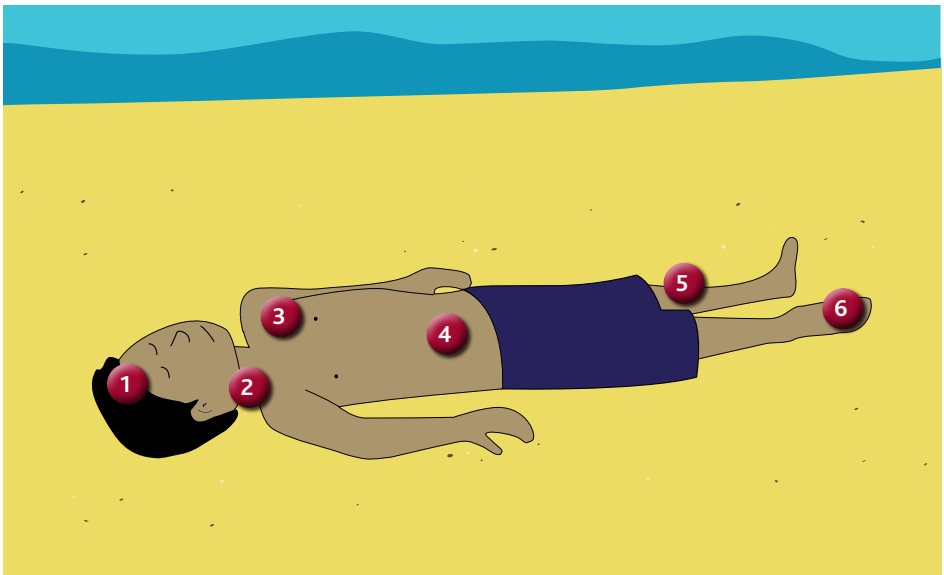
2.1 Head-to-toe check

If the casualty is breathing normally and the airway is clear and open, complete a head-to-toe check.

Starting from the head and ending at the feet, check for any injuries or bleeding and treat where possible.

Areas to check:

- 1 Head and face
- 2 Neck
- 3 Shoulders and chest
- 4 Stomach
- 5 Arms and legs
- 6 Feet





Learning outcomes

- 3.1 Understand what to do if the casualty is vomiting.
- 3.2 Be able to put a casualty in the recovery position.
- 3.3 Be able to demonstrate cardiopulmonary resuscitation (CPR) on an adult.
Know when we would not start CPR.
Know the differences between adult, child and baby CPR.

Unconscious casualties

Unconscious casualties should be given particular care and attention, and monitor the casualty's airway.

Their airway should be monitored regularly to ensure it is clear and open, as unconscious casualties can choke on their own tongue.

3.1 Vomit and other fluids

Roll the casualty onto their side immediately to reduce the chance of them choking.

Support the head, check the mouth and attempt to remove any vomit and other fluids.



3.2 Recovery position

This position is for an unconscious casualty. In this position gravity will also help vomit to drain out of the mouth.



Step 1

- Place the arm nearest to you at right angles to the body, elbow bent with the palm of the hand facing upwards.
- Bring the far arm across the chest, and hold the back of the hand against the cheek nearest to you.



Step 2

- With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground.
- Keeping the hand pressed against the cheek, pull on the far leg to roll the person towards you onto their side.



Step 3

- Adjust the upper leg so that both the hip and knee are bent at right angles.
- Tilt the head back to make sure that the airway remains open.
- Check breathing regularly.

3.3 Cardiopulmonary resuscitation (CPR)

CPR is used by the rescuer to take over the job of a casualty's heart and lungs. Chest compressions are given to manually pump blood around the body and breaths are given to provide oxygen.

CPR for adults

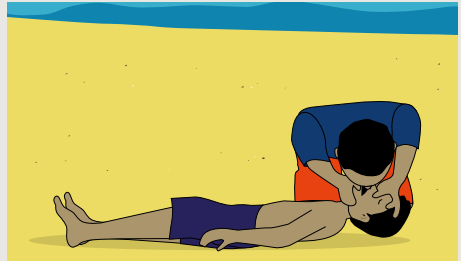


Step 1

- Tilt the head back and lift the chin using two fingers.
- Pinch the nose to stop air escaping.

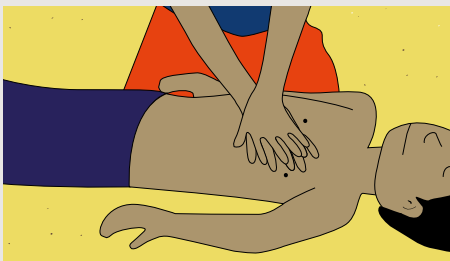
DO NOT START CPR when:

- the casualty is decomposed
- the casualty cannot survive the injury
- it is too dangerous to start.



Step 2

- Put your lips around the casualty's mouth and blow gently until the chest rises.
- Give another breath after the chest falls. Repeat until you have given 5 breaths.



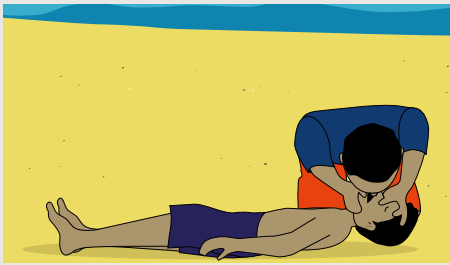
Step 3

- Put the heel of one hand in the centre of the chest.
- Place your second hand on top of the first and link your fingers.



Step 4

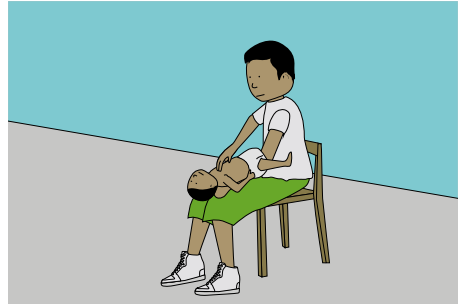
- Compress the chest 5–6cm by keeping your arms straight and using the weight of your body.
- Repeat this 30 times doing 2 compressions per second.



Step 5

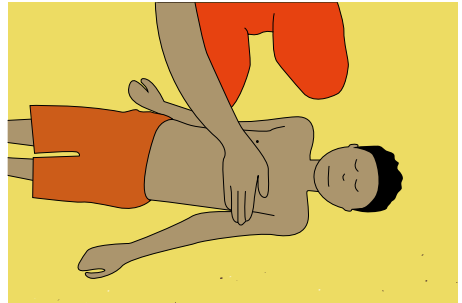
- After 30 compressions give 2 breaths.
- Then give another 30 compressions.
- Continue this cycle for 30 minutes.

CPR for babies (up to 1 year old)



- Use only 2 fingers to compress the chest to approximately one third of the chest depth.

CPR for children (1-8 years old)



- Use only a single hand to compress the chest to approximately one third of the chest depth.

STOP CPR:

- the person is breathing normally
- after 30 minutes, then go for help.



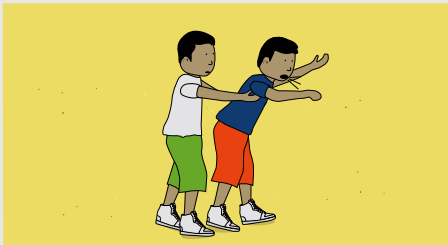
Learning outcomes

- 4.1 Be able to demonstrate how to treat a choking adult.
- 4.2 Know the difference between the treatment for choking adults and children.
- 4.3 Be able to demonstrate the treatment for choking babies.

4.1 Choking

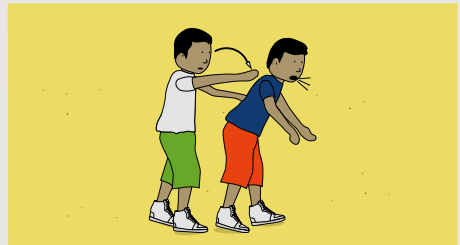
If the casualty is choking, they may have an object in their airway. This may be a full or partial blockage. The object might be something the casualty has eaten, or they have put something in their mouth. The casualty may: be struggling to breathe, have their eyes wide open, be unable to talk, possibly holding their throat.

4.2 Choking for adults and children (aged over 1 year)



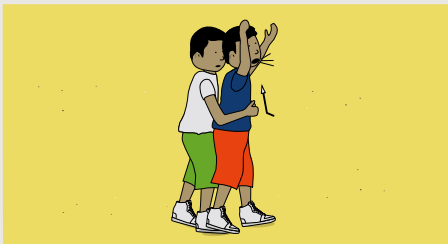
Step 1

- Lean the casualty forwards.
- Support them so they do not fall.
- Encourage the casualty to cough.



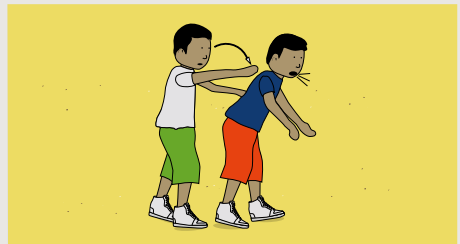
Step 2

- Give up to 5 back blows between the shoulders, using the heel of a hand.
- Check between each back blow in case the object has been dislodged.



Step 3

- Make a fist between the belly button and rib cage, place the other hand on top.
- Give up to 5 abdominal thrusts by pulling inwards and upwards.
- Check after each thrust in case the object has been dislodged.

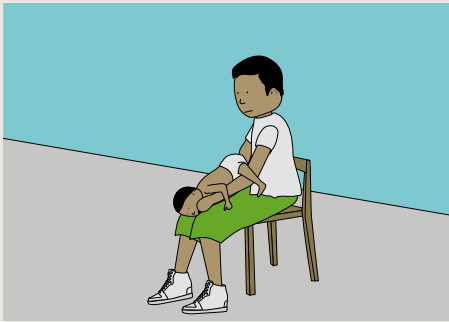


Step 4

- Repeat the cycle of 5 back blows then 5 abdominal thrusts until the casualty recovers or collapses.

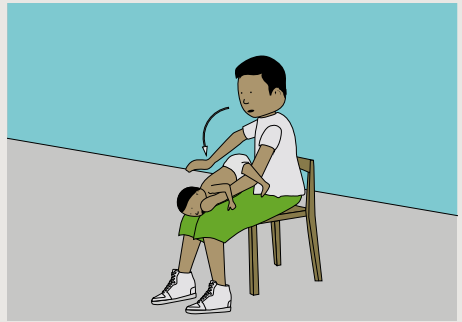
If the casualty collapses, start CPR.

4.3 Choking for a baby (aged under 1 year)



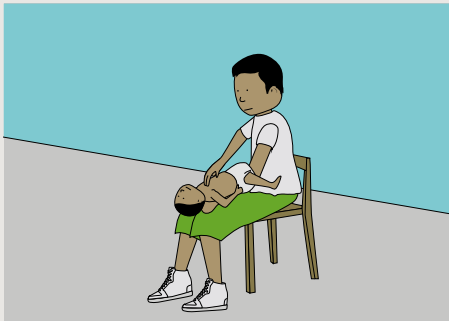
Step 1

- Hold the baby on a forearm, with the arm braced against a leg.



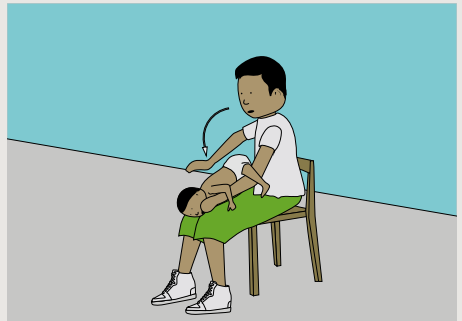
Step 2

- Give up to 5 back blows, between the shoulders, using the heel of a hand.
- Check between each back blow in case the object has been dislodged.



Step 3

- Give up to 5 chest thrusts by placing two fingers in the centre of the chest and compressing by 1/3 chest depth.



Step 4

- Repeat the cycle of 5 back blows then 5 chest thrusts until the baby recovers or becomes floppy.

If the baby becomes floppy, start CPR.



Learning outcomes

- 5.1 Be able to treat bleeding.
- 5.2 Understand how to treat a nosebleed.
- 5.3 Know the difference between open and closed fractures.
Know how to treat an open fracture.
Know how to treat a closed fracture.
- 5.4 Understand how to manage burns.
- 5.5 Know how to manage stings and bites.
- 5.6 Understand how to manage allergies.
- 5.7 Know how to manage eye injuries.
- 5.8 Know how to manage a casualty with water in the lungs.

Injury

When a casualty has been injured, it is important to keep them warm and handle them gently.

5.1 Control of bleeding

It is important to control and manage major bleeding quickly.

- To stop heavy bleeding, apply direct pressure.
- An injured casualty should sit or lie down, as at any point they may collapse.



Cuts and grazes

Direct pressure

Direct pressure is when pressure is applied directly to the wound. Apply pressure to the wound so that the bleeding stops.

Direct pressure can come from the casualty's own hand, the rescuer's hand or a bandage.

Removing an object from a wound may make it bleed more. If possible, leave the object in the wound and go to hospital.

Applying pressure around the object can slow the bleeding.

5.2 Nosebleed

- To stop a nosebleed lean the casualty forward and pinch the soft part of the nose for up to 10 minutes. Check for bleeding every 10 minutes.
- If after 30 minutes the flow of blood has not decreased or stopped, the casualty should go to hospital.



5.3 Broken bones

A closed fracture has no bone visible, whereas an open fracture has bone visible. The casualty will be in pain, may have swelling, deformity or bruising. When dealing with the casualty, keep the limb as still as possible and handle broken bones gently.



Open fractures

If a casualty has an open fracture, stopping bleeding is the first priority. Major bleeding must be controlled by direct pressure and bandages.

- Do not put any pressure onto the broken bone.
- Continue treatment the same as for closed fractures.



Closed fractures

Remove watches and jewellery as the limb may swell.

- Support the upper limb close to the chest in a comfortable position using the free arm or material for support.
- Tie the legs together for support. Put padding between the legs. Place a straight object between the legs to stop them moving.



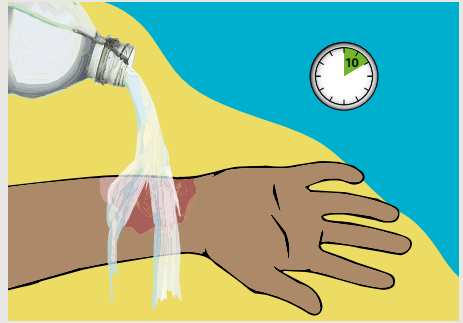
5.4 Burns

Burns are damage to the skin caused by heat.



Step 1

- Remove the casualty from the cause of the burning to a place of safety.
- Remove any watches or jewellery as the area around the burn may swell.



Step 2

- Burns must be cooled as soon as possible using cold water. Seawater or freshwater may be used.



Step 3

- The burn should be cooled for at least 10 minutes. If the pain has not been reduced, continue cooling.

5.5 Stings and bites

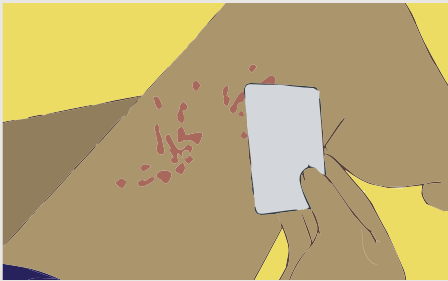
The treatment of stings and bites differs depending on what caused it. You should find out about the types of stings and bites in your local area, and how to treat them. Some stings can be life-threatening.

Stings

Insect stings are often red, raised circles with a puncture wound in the middle. They may leave the stinger behind. If present, remove the stinger by scraping, then wash the area with soap and water. Cool the area using water.

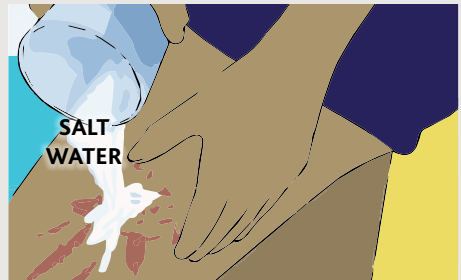
Jellyfish

The skin may look red where jellyfish tentacles have touched it.



Step 1

- Scrape off any remaining tentacles, but avoid rubbing the area as this will worsen the pain.



Step 2

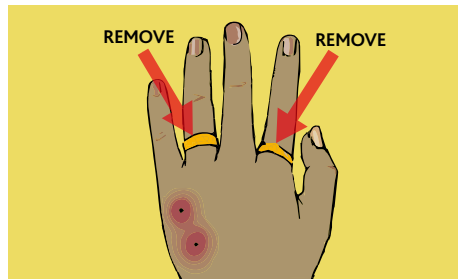
- Apply cold seawater. Do not apply freshwater or cold packs as this could increase the pain.

Bites

Snake bite

A snake bite may have puncture marks. Do not approach the casualty unless it is safe.

- Keep the casualty calm and minimise movement.
- Remove any watches and jewellery because the area around the bite may swell.
- Make the casualty comfortable and reassure them.
- Do not attempt to suck out the poison.
- Transport the person to hospital.



Unit 5: Injury

Dog bite

Dog bites can cause heavy bleeding or infection.

Rabies is a common concern in many countries and it is important that you do not put yourself or anyone else in danger of infection. If running water is not available then regularly change the water used to clean the wound. **Do not touch the wound.**

If the casualty shows signs of infection then take them to hospital. Signs and symptoms of infection may include, pain around the wound, redness and tenderness, swelling, pus or discharge.



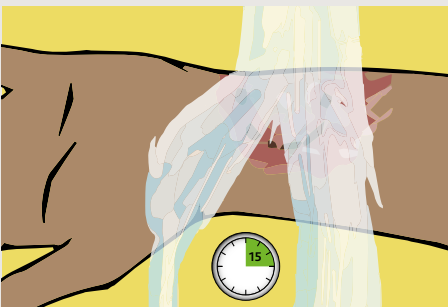
Step 1

- Make sure the animal is no longer a danger.



Step 2

- Remove any watches and jewellery because the area around the bite may swell.



Step 3

- Wash the wound well with soap and clean water for 15 minutes. Use running water if possible.



Step 4

- Apply a dry wound dressing.
- If the wound is bleeding heavily then give treatment as described on page 17.

5.6 Allergies

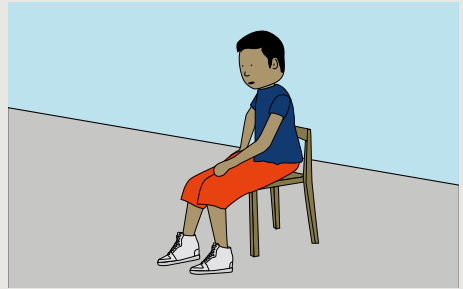
There are many things people may be allergic to, the most common include pollen (hay fever), foods (such as nuts, shellfish and some fruits) and drugs including penicillin and aspirin.

A casualty may show some of the following signs and symptoms: Itchy eyes and runny nose, redness of the skin, rash, swollen lips, swelling of throat and mouth, difficulty swallowing or speaking, noisy breathing, fast breathing.



Step 1

- If a casualty has difficulty breathing, they should be reassured to help to calm their breathing.
- Encouraging the casualty to take slow deep breaths through their nose may be helpful.
- If an obvious cause is present, try to remove it or move the casualty away if possible.



Step 2

- Sit the casualty in upright position or stand leaning forwards.



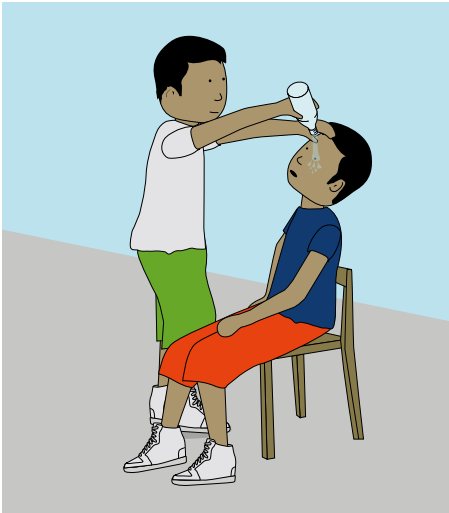
Step 3

- The casualty should take their own medication or antihistamine if possible.

5.7 Eye injuries

If a casualty has something in their eye, tilt their head back with the affected eye lower than the other.

The eye should be washed with clean water. If this does not work the casualty should be advised to go to hospital.



5.8 Submersion

If you think water has entered the casualty's lungs, then they should be transported to hospital.



Immersion casualties may appear initially fine but can deteriorate rapidly up to 72 hours later. Without immediate hospital treatment this may be fatal.

TP-INT-02

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