

SkillBase  
First Aid

the good  
**first aid**  
guide

*Emergency First Aid Edition*

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Baby & Child  
First Aid



Richard Craddock

# the good first aid guide

This book has been written as a first aid guide, and should accompany practical first aid training with a fully qualified instructor. This publication reflects UK first aid practice at the time of printing. Efforts have been made to ensure accuracy, however the author does not accept any responsibility for any inaccuracies or any loss, liability, injury, or damage however caused. Guidance should always be followed with caution. Ill or injured people require the help of a medical professional.

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## Your Emergency Plan

It is essential that a casualty who has stopped breathing receives prompt and effective first aid treatment. If there is no one more experienced than you at the scene of the emergency you should take charge. You should stay as calm as possible, and follow **your emergency plan**.

### Danger

It is vital that a first aider recognises the importance of safeguarding their own well being. At the scene of any accident or emergency you must make an assessment of if you are able to work safely. It may be your instinct to act first and think later in an emergency situation, but if you or any others become ill or injured you will have made the situation worse. This may also put more strain on the emergency services. Think carefully before acting, and if a situation is too dangerous wait for the arrival of the emergency services.

### Response

As soon as you know it is safe to become involved in an emergency situation, it is very important that you establish whether any casualties are responding to you. You should assertively talk to the casualty, using their name if you know it, for example: "hello, Mr. Jones, can you hear me?"

If it is safe to, it is ideal to talk directly into each of the casualty's ears, this will give them a chance to hear you in a noisy emergency situation, but also give you a chance to hear any reply even if quiet. We must also check to see if a casualty is responding to our touch, as the casualty may simply not be able to hear us. This is best achieved by gently but firmly tapping their shoulders. Remember: 'talk and tap', not 'shout and shake'.

### Shout

If your casualty does not respond to you, you know that the situation is serious. If you do not already have a bystander present it is a good idea to shout for help now, but do not leave the casualty yet. Ideally you will get someone who has similar experience as you to help manage the situation. More likely you will get assistance from someone with little or no first aid knowledge. It is a good idea to use this person as an assistant. They could help by calling an ambulance, fetching your first aid kit or managing traffic for example. The fact is that even for the most experienced first aider a casualty who is not responding can be a scary situation to deal with, and just by having someone by your side usually helps.

### Airway

Your unresponsive casualty will not be able to maintain a clear airway (mouth, nose, throat and the passages to the lungs). Common airway blockages, include:

- vomit
- the tongue
- food
- loose teeth or dentures

It is important that we ensure the casualty's airway is clear as soon as possible.

If the casualty has vomited (been sick) you can gently roll the casualty onto their side to remove the vomit or any objects in the mouth.

False teeth can be left where they are, unless they are broken, dislodged or badly fitting.

Perhaps the biggest threat to airway for the unresponsive casualty is their tongue. The tongue is a heavy muscle, and it is very common for the tongue to relax and block the airway. This is sometimes referred to as the casualty having 'swallowed their tongue'. The good news is that this is easy to prevent, by using a head tilt and chin lift.





A casualty's tongue blocked by a relaxed tongue, being opened by using the 'head tilt, chin lift' method.

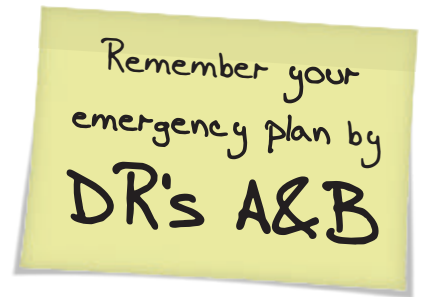
Once we have established that the casualty *can* take air in, the next important step is to see if they *are* taking air in.

### Breathing

Maintain the casualty in the head tilt and chin lift position, while you put your ear towards their nose. Looking down the casualty's body, you should **look** for the chest or abdomen rising. You can also **listen** to see if you can hear the casualty breathing, at the same time as **feeling** for breath on your cheek. You should check for up to 10 seconds. If you arrive early, the casualty will likely still be quite warm, do not confuse warmth coming from the casualty as breathing. If you are unsure if your casualty is breathing, after checking for up to 10 seconds you should treat it as if they are not.



It is important to note that in the first few minutes after cardiac arrest (the heart stopping beating normally) it may be very hard to establish if a casualty is breathing or not. In about 40% of cases, the casualty will be making infrequent irregular gasps or noisy breaths, but is not actually breathing.



If your casualty is not breathing, you will need to ensure that an ambulance has been called. If you are in a location where a *defibrillator* is available, you should send for it now.

**Danger**

Check for dangers, make sure it is safe for you to give help...

**Response**

Talk to the casualty and gently tap their shoulders. If the casualty is not responding...

**Shout**

Shout for helpers if possible, but don't leave the casualty yet...

**Airway &**

Open the airway. Maintain a clear airway, while you:

**Breathing**

Check for breathing for up to 10 seconds. If the casualty is not breathing **dial 999**

## Getting Help

It is important that as a first aider, you call the emergency services as soon as possible. Ambulance control will not only make sure that appropriate help is dispatched, but also be able to offer assistance, advice and support.

- Dial 999 for an ambulance, and any other service you may need. 112 is the alternative number that is standardised across the European Union. Both numbers work in exactly the same way.
- If you are calling from a mobile, they can only be traced to cell area (about a square mile), so you will need to indicate your location.
- Your mobile phone will recognise that it is an emergency call, and as such can be made even if you have no credit.
- If you have no signal, still try to make the call before leaving the casualty. The call may connect through another network. If this is the case some mobile phones display 'Emergency Calls Only' or 'SOS'.

If you have others around that are able to make the call for you, it is important that you give them clear and concise instructions:

- Tell them to dial 999 for ambulance.
- Tell them that the casualty is not breathing (if this is the case).
- Tell them to report back to you and confirm the call has been made.

Ambulance control will need lots of information to prioritise the call, including:

- The emergency services that are required (in addition to an ambulance, you may need the police, fire service or coastguard).
- The approximate age of the casualty.
- The history of accident / incident / illness.
- Any injuries sustained / diagnosed.
- The casualty's conscious level (e.g. unconscious, conscious but confused, fully alert).
- The exact location of where help is required (if you do not know you might need to use road markers, or satellite navigation to find out).



It is important to remember to let ambulance control guide the conversation. However, if you are the only person looking after the casualty you should also make this clear. Ambulance control may stay on the line until help arrives - so it is a good idea to familiarise yourself with your telephone's hands free or speaker phone capabilities.



*Ambulance control will offer advice and guidance.*

## Volunteer Community First Responders

Community first responders are volunteers, who work in teams to provide support to ambulance services. You may find that a community first responder (who are usually equipped with automated external defibrillators) may arrive and take control before the paramedics do.

As a first aider, you are very well positioned to become a volunteer community first responder. Schemes often operate more in rural areas, and usually require four days of additional training which is normally provided free of charge by the scheme. For information about becoming involved, visit [www.communityfirstresponders.org.uk](http://www.communityfirstresponders.org.uk)



# the good first aid guide

If you have found that your casualty is not breathing, it is important that you start basic life support as soon as possible. This will keep the casualty's body oxygenated, and will significantly increase the chances of survival.

Basic life support is sometimes referred to as cardio pulmonary resuscitation or CPR.

## Chest Compressions

- Place the heel of one hand in the centre of the casualty's chest. Normally you will be able to identify the correct hand position for chest compression without removing the casualty's clothes. If in any doubt, remove outer clothing.
- Place your other hand on top of the first hand, interlocking your fingers.
- Do not apply pressure over the casualty's ribs, upper abdomen or the bottom of the breastbone.
- Position yourself vertically above the casualty's chest.
- Keep your arms straight and elbows locked.
- Press down about 5 centimetres (1/3 of body depth). Try to push with your bottom hand using the top hand for support.
- Release the pressure on the chest without losing contact between your hands and the casualty's chest.
- Compression and release should take an equal amount of time.
- Give 30 compressions, at a rate of about 100 times a minute (a little less than 2 compressions a second).



## Rescue Breaths

- After completing 30 compressions open the airway again using head tilt and chin lift. Allow their mouth to open, but maintain chin lift.
- Pinch the casualty's nose closed.
- Take a normal breath and, if willing, place your lips around their mouth (as if biting into an apple to get a good seal).
- Blow steadily into the mouth for about a second. If possible watch for the chest to rise so that it looks like normal breathing; do not over blow.
- Maintaining head tilt and chin lift, take your mouth away from the casualty and watch for the chest to fall.
- Take a normal breath and give a further rescue breath to the casualty.
  
- If rescue breaths do not make the chest rise, check the casualty's mouth for any visible obstructions, make sure the head is tilted and chin lifted.
- Do not attempt more than two breaths each time before returning to chest compressions.

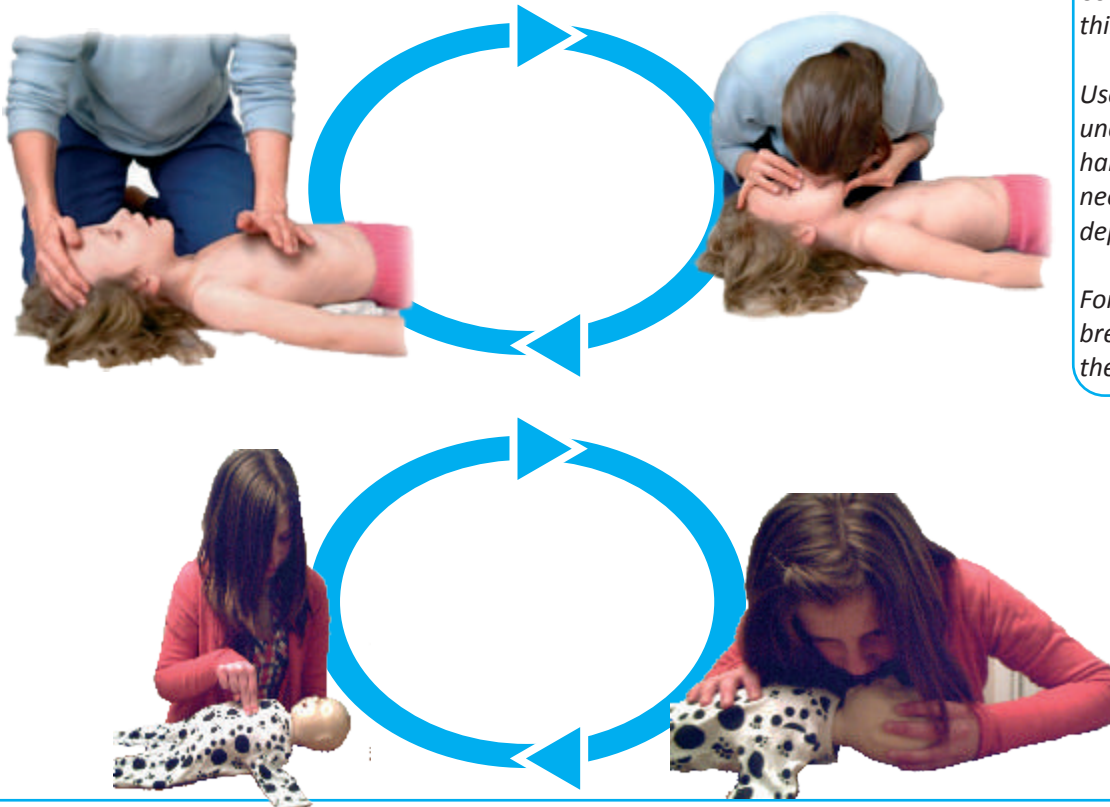
**Continue to give cycles of 30 chest compressions followed by 2 rescue breaths.**

Continue resuscitation until:

- Someone more qualified or experienced arrives and takes over (it is worth noting that the medics may ask you to continue basic life support while they are helping the casualty in other ways such as attaching an automated external defibrillator)
- Your casualty starts breathing normally. If this is the case check for breathing again by looking, listening and feeling for up to 10 seconds, making sure that you have not mistaken an occasional gasp for normal breathing.
- You become too exhausted to go on. If someone else is able to help with basic life support, you should swap over about every 2 minutes (about 5 cycles) to stop you from becoming exhausted. The swap over should be as quick as possible.
- The situation becomes too dangerous to continue.

## Basic Life Support Children and Babies

If you are providing first aid to a child or baby, you should follow your emergency plan as usual, by checking for Dr's A&B. Naturally, rescue breaths and chest compressions will be scaled according to the size of the casualty.



**i**

*Compress the chest by about one-third of its depth.*

*Use two fingers for an infant under 1 year; use one or two hands for a child over 1 year as needed to achieve an adequate depth of compression.*

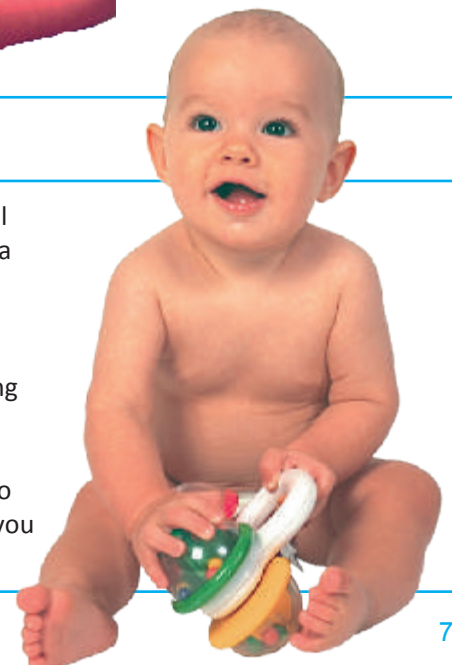
*For a baby ensure that the breaths are made through both the mouth and the nose.*

## Further Modifications for Children and Babies

If you can remember, and it does not confuse you, there are some further small modifications that can be made to the sequence to make it even more suitable for a baby or child:

- Give five initial rescue breaths before starting chest compressions.
- If you are on your own perform basic life support for about 1 minute before going for help.

Many people have reported being scared to resuscitate children. It is important to remember that a non-breathing child needs quick and effective basic life support. If you need guidance in an emergency, call ambulance control on 999.



## Resuscitation Hygiene

It is important that you consider your own safety in all aspects of first aid. Many first aiders express concern about the risk of cross infection during rescue breaths. The Resuscitation Council UK report only isolated incidents of infections such as tuberculosis (TB) and severe acute respiratory distress syndrome (SARS). There has never been a reported transmission of HIV during basic life support.

Resuscitation devices such as face shields and masks may prevent bacteria transmission during rescue breaths.

It is possible that the casualty may vomit during resuscitation. This will be a passive motion (no gagging) and may sit in the casualty's mouth. Resuscitation barriers would reduce the risk of contact for the first aider.

If a casualty has vomited during resuscitation, you should try to clear it by rolling the casualty quickly onto their side, and allowing the vomit to flow from the mouth.



## Alternatives to Mouth-to-Mouth Rescue Breaths

### Chest Compression only Basis Life Support

If you are unwilling or unable to give rescue breaths, give chest compressions only. If you are giving chest compressions, you do not need to stop after 30 compressions, but continue to give them at a rate of 100 per minute.

### Mouth to Nose Rescue Breaths

Mouth to nose breaths are an alternative to mouth to mouth rescue breaths. You might choose to use nose breaths if the casualty's mouth is seriously injured, or making a seal around the mouth is difficult.

### Mouth to Tracheostomy Rescue Breaths

Mouth-to-tracheostomy ventilation may be used for a victim with a tracheostomy tube or tracheal stoma.

## Choking

When a casualty is choking, it is important that the first aider takes quick assertive action, to prevent the situation from becoming worse.

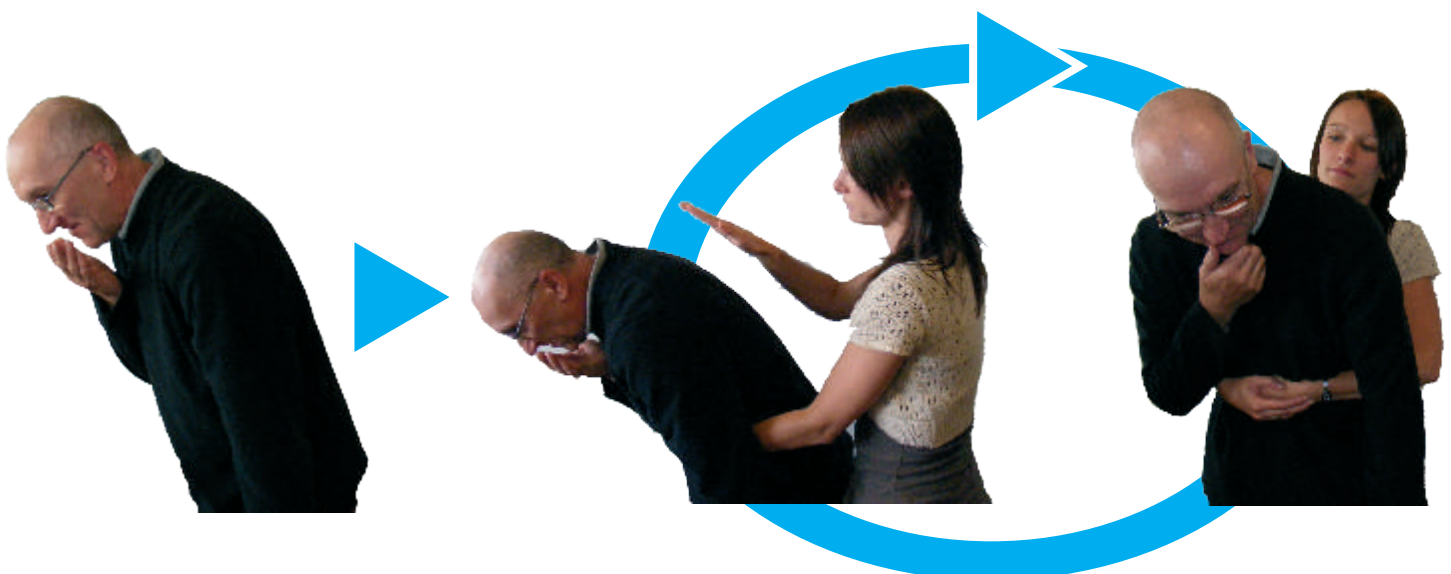
People choke most commonly on food, but might also choke on small objects such as pen lids.

When a casualty's airway is completely blocked, it will be distressing. The casualty is likely to panic, and may clutch at their neck.

- ▶ 1) Ask the casualty firmly whether they are choking. The casualty that is choking severely will be unable to talk or cough. Assertively encourage the casualty to cough. If this does not clear the obstruction, continue:
- ▶ 2) Give up to five back blows. Stand to the side and slightly behind the casualty. Supporting the chest with one hand, lean the casualty forward. Give up to five sharp blows between the shoulder blades with the heel of your other hand. Check to see if each back blow has relieved the airway obstruction.
- ▶ 3) If back blows have not been successful, give up to five abdominal thrusts. Standing behind the casualty, put both arms round the upper part of their abdomen. Leaning the casualty forward, clench your fist and place it just above the navel. Grasping this hand with your other hand and pull sharply inwards and upwards, repeating up to five times.
- ▶ 4) If the obstruction is still not cleared, continue giving alternating back blows and abdominal thrusts.
- ▶ 5) If the casualty becomes unconscious:
  - Support the casualty to the ground, while maintaining your own safety.
  - Dial 999 for an ambulance, if not already done.
  - Start basic life support, by giving 30 chest compressions, followed by 2 rescue breaths.
  - Check the mouth before breaths to see if you have cleared the obstruction, but do not sweep the mouth with your finger if you do not see anything.



*Note: Following successful treatment for choking, the casualty may have other complications such as persistent coughing, difficulty swallowing, or a sensation of an object being still stuck in the throat. If this is the case the casualty should seek medical attention. Furthermore, abdominal thrusts can cause serious internal injuries and all casualties receiving abdominal thrusts should be examined by a doctor.*



*Encourage the casualty to cough.*

*Give Back Blows*

*Give Abdominal Thrusts*

## Choking Children

For children over 12 months, follow the same steps as for an adult, but scale accordingly.

- 1) If the child is coughing effectively, then back blows and abdominal thrusts will not be necessary. Encourage the child to cough, and monitor continuously. If the child is still conscious but their coughing is ineffective, **shout for help**.
- 2) In a sitting or kneeling position support the child with their head downwards. Give **up to 5** sharp back blows with the heel of one hand between the shoulder blades.
- 3) If back blows do not dislodge the object, and the child is still conscious, give **up to five** abdominal thrusts, by standing or kneeling behind the casualty.
- 4) If the obstruction is still not cleared, continue giving alternating back blows and abdominal thrusts.
- 5) If the casualty becomes unconscious: Dial 999 for an ambulance, if not already done. Start basic life support. Check the mouth before breaths to see if you have cleared the obstruction, but do not sweep the mouth with your finger if you do not see anything.



### For babies under 12 months

- 1) If the baby is coughing effectively, then back blows and chest thrusts will not be necessary. Encourage the baby to cough, and monitor continuously. If the baby is still conscious but their coughing is ineffective, **shout for help**.
- 2) Hold the baby lying face down along your forearm with the head lower than the body, and their back and head supported. You may find kneeling or using your leg may help you support the weight of the baby. Give **up to five** appropriate back blows.
- 3) Turning the baby over (onto your opposite arm) keep the head below the chest. Check the mouth and remove any obvious obstructions, but do not sweep inside the mouth with your finger.
- 4) Give **up to five chest thrusts** (abdominal thrusts should NOT be given to a baby). Use two fingertips to give your compressions. Chest thrusts are sharper than chest compressions, and are delivered at a slower rate.
- 5) If the obstruction is still not cleared, continue giving alternating back blows and chest thrusts.
- 6) If the casualty becomes unconscious: Dial 999 for an ambulance if not already done. Start basic life support. Check the mouth before breaths to see if you have cleared the obstruction, but do not sweep the mouth with your finger if you do not see anything.



*Abdominal thrusts should not be given to a baby under 12 months.*

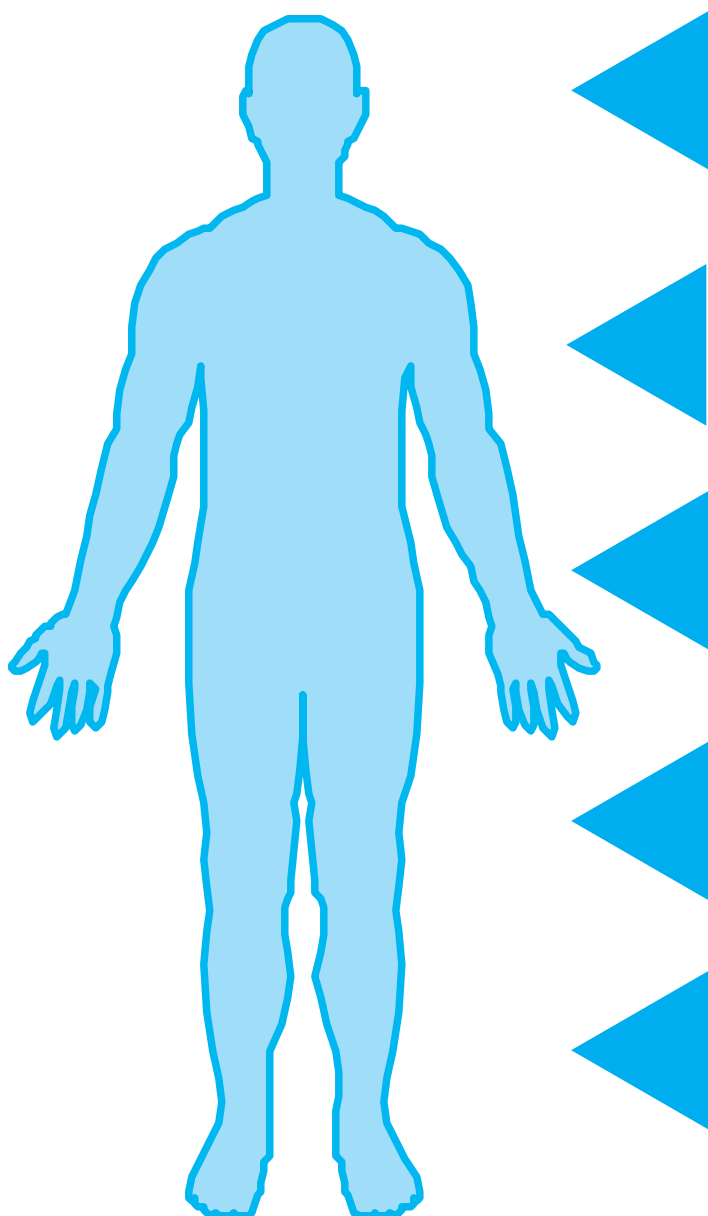
## Top to Toe

During your emergency plan checks (DR's A&B) you should have identified that your casualty is not responding, but they have a clear airway and are breathing normally. Indications of the airway being blocked can include noisy breathing, snoring sounds or gurgling.

If there are no indicators of the airway being in danger, you should quickly assess the casualty to look for any signs, symptoms or clues of what might be wrong with them. This is of course only necessary where you do not know the cause of unconsciousness in the first place. You should quickly (no more than 1 minute) visually check your casualty over closely for any signs of major injury, such as bleeding or broken bones. There may also be clues around the casualty that may help you.

Sometimes this check is called the 'secondary survey'. While most of the times our top-to-toe check will be visual, some first aiders prefer to check their casualty by examining them with their hands. If you choose to do this you should make sure that you are not putting yourself in danger from things such as needle stick injuries, and it is always advisable to wear gloves.

Ideally you should talk to your casualty during the top-to-toe check, they may be able to hear you, or may of course start to regain consciousness, for example "my name is ..., and I am a first aider, I am just going to check around your head." Common things to look out for during the top-to-toe check include:



- Uneven facial features (injury / stroke?)
- Smell of alcohol
- Bloody or straw coloured fluid from the ears or nose
- Tight clothing

- ID necklaces
- Chest wounds or injuries
- Needlemarks (drug user, diabetic, recently left hospital, given blood?)

- Medic alert bracelets
- Evidence of self harm
- Pregnancy
- Incontinence
- Signs of internal bleeding

- Pockets
- Mobile phones
- ID cards
- Major bleeding
- Irregular limbs

- Broken glass
- Chemicals
- Weapons
- Empty medication packets
- Electric cables



*If you suspect that the casualty airway has become obstructed, or if they have started to vomit, you should immediately move onto putting the casualty into the recovery position to protect their airway.*



*The casualty may be wearing a medic alert bracelet, necklace or watch, which may give you clues about conditions such as diabetes or allergic rations. Medic alerts may be engraved, or have to be opened with details. Medic alerts are often quite decorative, but will usually carry the 'staff and serpent' logo.*



## Recovery Position

Placing the casualty in the recovery position, will help maintain the casualty's airway, and therefore allow them to breath correctly. There are many variations of the recovery position, but the one detailed below is the most common. If the casualty has fallen on their side, it may be best to just manoeuvre the casualty into a comfortable position, where you can see that the airway will be free from obstruction.

- If possible make sure the casualty's legs are straight.
- Remove their glasses if they are wearing them, keeping them safe.
- It is worth noting that a casualty may need their glasses to focus, so you should be able to get them quickly to the casualty as they start to recover.



- Place the arm nearest to you as close as you can to a right angle, with the elbow bent with the palm facing up.
- Reach across and bring the arm furthest away across the chest.
- Hold the back of the hand against the casualty's cheek nearest to you.
- Keep your palm against the casualty's palm.



*Pictures are shown without the first aider for illustrative purposes. The first aider will need to support the casualty's hand and knee.*

- With your free hand, grab the leg furthest away from you.
- Pull the leg upwards, keeping the foot on the ground.



- Keep your hand pressed against the casualty's cheek, pull on the far leg (like a lever) to roll the casualty towards you and onto their side.
- Keep your hand firmly pressed against their palm to support their head and neck when rolling them.



- Adjust the upper leg so that both the hip and knee are bent at right angles.
- **Tilt the head back to keep airway open, and check breathing regularly.**
- Call 999 for an ambulance.
- If waiting more than 30 minutes turn the casualty onto the opposite side.



# the good first aid guide

## Bleeding

We need enough blood in our circulatory system to carry vital oxygen and nutrients to the whole body. It is therefore essential that a first aider is able to manage a casualty with a bleeding wound quickly and effectively to prevent the situation from worsening.

**Bleeding from a capillary** is usually minor. The bright red blood trickles or oozes from the wound. These types of wounds are usually easy to manage, and often the casualty will be able to self administer first aid.

**Bleeding from a vein** is more serious. The darker red blood will flow out, leading to potentially a lot of blood loss. The casualty will need the help of a first aider, and appropriate transportation to hospital.

**Bleeding from an artery** is life threatening. The bright red blood may spurt from the wound with each heart beat. The casualty will need immediate assistance, and medical help.



### Barrier

Barrier yourself from coming into contact with the casualty's blood. Vinyl gloves are the best way to achieve this.

### Lay

Lay or sit the casualty down in a position appropriate to their wound. Laying the casualty down will prevent the situation becoming worse if the casualty faints.

### Elevate

Elevate the wound as appropriate. Whenever possible it is ideal to keep the wound above the level of the heart.

### Examine

Examine the wound for any embedded objects, such as glass, metal or knives. Do not remove any objects, as this is likely to make bleeding much worse.

### Dressing

Apply an appropriate pressure dressing to the wound. Ideally a sterile dressing should be used if available, but pressure could also be applied with a clean towel, your casualty's hand, or your gloved hand.

### Shock

Monitor the casualty for the signs and symptoms of shock. Be prepared to use your emergency plan if necessary.

## Crushing Injuries

Crushing injuries often occur in industrial accidents such as those with machinery or heavy loads, road traffic accidents or sporting injuries such as collapsed rugby scrums.

### Treatment:

- Check for danger. Ensure that any unsafe objects are made stable.
- Dial 999 for an ambulance, and possibly the fire brigade.

### If they have been trapped for less than 15 minutes

- Release them if safe and possible.
- Use your emergency plan, or treat any injuries as appropriate.
- Monitor the casualty for the signs of internal bleeding and shock.

### If they have been trapped for more than 15 minutes

- Leave the casualty as you find them. This is because dangerous levels of toxins may have built up in the trapped part, and releasing them would flush those toxins around the circulatory system. In severe cases this can cause cardiac arrest.
- Treat any injuries you can.
- Monitor the casualty for the signs of internal bleeding and shock.



*This topic is not covered on paediatric courses, but may be useful to read.*

## Burns

As a first aider, you need to be able to manage burns from small superficial burns through to full thickness burns. Burns could be caused by various sources such as hot water or steam scalds, chemicals, the sun, electricity or fire. Burns are particularly dangerous to the very old or very young, if they involve the airways, or if they cover a large area of the body. It is useful to be able to give an estimate of the size of the burn. As a guide, the casualty's palm is approximately 1% of the body size.

### Treatment of Burns

#### Source

Remove the heat source if possible. This might be done by the casualty as a reflex reaction, or might involve actions such as a casualty 'dropping and rolling' if their clothes are on fire.

#### Cool

Cool the burn ideally under cold running water for at least 10 minutes (20 for a chemical burn).

#### Ambulance

Call an ambulance while cooling is taking place if the burn is severe.

#### Loose Objects

Remove loose objects only, Do not remove anything that is stuck to or touching the burn, such as clothing as this is likely to cause damage to the skin.

#### Dressing

Dress the burn using a clean, non fluffy dressing. Do not use anything that will stick to the burn such as a fluffy towel. If you do not have burn dressings, cling film or a clean plastic bag will make good substitutes.



- Do not apply any lotions, oils or fats.
- Do not remove anything that is sticking to the burn.
- Do not burst blisters.

## Fractures

Fracture or broken bones need first aid assistance so stop the situation from becoming worse.

Broken bones are usually caused by considerable direct or indirect force, but might require less force in an elderly casualty or those with osteoporosis (brittle bone disease). Broken bones might range from relatively minor breaks such as fingers or toes, to major breaks that are potentially life threatening such as the pelvis, where complications to surrounding organs and the blood supply leads to internal bleeding.

Breaks are usually closed, where the bone remains within the body, but can sometimes become open where the bone has broken the skin and become exposed.

In younger children it is common to see 'green stick' breaks where the bone has bent and fractured but not snapped completely. This is because the younger we are, the lower density our bones, and therefore there is greater flexibility

### Possible Signs and Symptoms

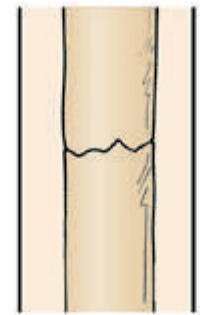
- Pain and tenderness.
- Irregularity.
- Swelling and bruising.
- A grating sensation or noise from the bone ends rubbing together (crepitus).
- Loss of use of a broken limb.
- A shortening of the limb.
- Shock.

### Treatment:

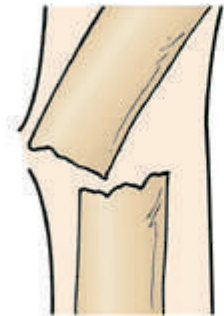
- Tell the casualty to keep as still as possible.
- If possible, immobilise the fracture to avoid further movement. Immobilise only if it will not cause further pain or damage. Immobilisation may just be padding or supporting the injury.
- Reassure.
- Keep the casualty warm.
- Nil by mouth.
- Treat for shock if needed.
- Call for an ambulance unless minor.

*If it is an open fracture:*

- Cover any open wounds with a clean (preferably sterile) dressing
- You may also need to treat for bleeding very carefully)



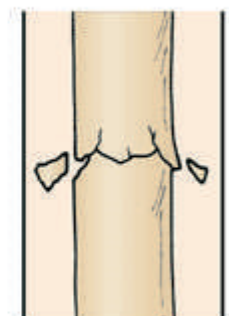
*Closed Fracture*



*Open Fracture*



*Green Stick Fracture*



*Compacted Fracture*

*Elevated Sling*



*Support Sling*



## Spinal Injury

Spinal injuries are a concern for all first aiders. As a first aider we must try to prevent the injury from becoming worse whenever possible. If a spinal injury has affected the spinal column, this may lead to loss of movement below the injury, and as such can be very scary for the casualty and the first aider.

**You should be able to recognise the 'alarm bell' situations, that might make you suspect a spinal injury these include:**

- Any sudden movement accident
- Falling from height
- A road traffic accident
- Being hit by a moving vehicle or object
- Motorbike accident
- Horse riding accidents
- Diving accident (into shallow water or 'tomb stoning')
- A collapsed rugby scrum
- A blow to the head, back, or neck

**Further possible signs and symptoms:**

- General signs and symptoms of a fracture
- The casualty may be in an unnatural position
- Loss of control of the bladder or bowel
- Uncontrolled penile erection
- Breathing difficulty

*If the casualty is conscious:*

- Pain in the neck or back
- Loss of control of limbs (paralysis)
- Pins and needles or burning sensations in the limbs

**Treatment:**

**If your casualty is responding (conscious):**

- Keep the casualty in the same position, unless they are in danger.
- Reassure the casualty
- Call an ambulance
- Tell the casualty to stay as still as possible. Support their head with your hands.
- Monitor, responsiveness, airway and breathing.

**If your casualty is not responding (unconscious) but it is obvious that your casualty's airway is clear, and they are breathing normally:**

- Keep the casualty in the same position, unless they are in danger
- Call an ambulance
- Support their head with your hands
- Leave any helmets on
- If you have been trained, you could use a jaw thrust to maintain a clear airway
- Monitor, responsiveness, airway and breathing.

**If your casualty's airway is blocked or they are not breathing normally:**

- Ensure an ambulance has been called.
- Use a gentle but sufficient controlled head tilt or chin lift to open the airway, and check for breathing.
- If the casualty is wearing a full face helmet, and this is hindering your breathing check, you should consider careful removal, but only if absolutely necessary. Ensure that the chin strap has been undone, and try to use others to keep the head and neck still and supported during gentle removal. If you are unsure or unwilling, call ambulance control for further guidance.

