



Emergency Control Ministry (EMERCOM) of Russia

Ministry of the Russian Federation for Civil Defence,
Emergencies and Elimination of Consequences of
Natural Disasters

FIRST AID REFERENCE GUIDE

FIRST AID

REFERENCE GUIDE

Moscow, 2024

This reference guide is intended for a general audience.

Based on domestic and foreign experience, it outlines up-to-date principles of providing first aid for accidents, injuries, poisoning and other conditions and diseases that threaten life and health to casualties. The reference guide is designed for studying and reviewing the basics of administering first aid and contains all necessary information on how to act in the event of an emergency.

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EMERGENCY PSYCHOLOGICAL AID (CEPA) OF THE EMERCOM OF RUSSIA,
2024**

First aid plays a big role in saving lives and preventing further harm to health as it addresses life-threatening conditions. First aid can be administered by bystanders and rescuers. But they have to be trained and equipped to administer first aid. That is why publication of modern guides which conform to current legislation and modern first aid guidelines is relevant.

The reference guide was developed in accordance with the First aid procedure approved by the Ministry of Health of the Russian Federation.

The reference guide contains illustrations and explains the ways of administering first aid for various conditions and injuries in an easy-to-understand manner.

Head of the methodological accreditation and simulation center of “Russian Research Institute of Health” of the Ministry of Health of the Russian Federation, chairman of the “Russian First Aid Society”, Habilitated Doctor of Medicine, professor Leonid Dezhurny.

FIRST AID is a series of simple urgent actions for saving human lives. Its purpose is to deal with life-threatening conditions and to prevent further harm and complications.

In accordance with the order of the Ministry of Health of the Russian Federation of May 3, 2024 No. 220H “On approval of the First aid procedures” (registered under No. 78363 of 31/05/2024 by the Ministry of Justice of the Russian Federation) there are 9 emergencies, and also 9 series of actions for saving human lives almost everyone can master.

EMERGENCIES WHICH REQUIRE FIRST AID PROVISION:

1. Unconsciousness.
2. Respiratory and/or cardiac arrest.
3. Airway obstruction and other life- and health-threatening respiratory emergencies.
4. External bleeding.
5. Injuries, wounds, damage done by physical agents, chemicals, electricity, high temperatures, radiation.
6. Poisonings.
7. Venomous bites and stings.
8. Seizures during which the casualty becomes unconscious.
9. Acute stress reaction.

FIRST AID ACTION PLAN:

1. Assess the situation and ensure safety during first aid provision.
2. Assess the casualty for signs of external bleeding. Stop the bleeding by any means available if necessary.
3. Check the signs of life of the casualty.
4. Perform cardiopulmonary resuscitation and maintain the airway patency.
5. Check the casualty carefully and question them (if possible) to identify injuries, wounds, poisonings, bites and stings of venomous animals, damage done by physical agents, chemicals, electricity, high temperatures, radiation, and other life- and health-threatening conditions.
6. Administer first aid depending on the injuries, wounds, poisonings, bites and stings of venomous animals, damage done by physical agents, chemicals, electricity, high temperatures, radiation, and other life- and health-threatening conditions.
7. Guide the casualty in taking the prescribed medication.
8. Put the casualty in an optimal position and maintain it.
9. Call an ambulance (if you have not done so yet), monitor the casualty's condition, provide psychological support, move the person, let the emergency medical personnel, medical organization or healthcare services take over.

In accordance with Article 31 of the Federal Law of the Russian Federation of November 21, 2011 No. 323 "On the Fundamentals of Protection of the Public Health" everyone within the territory of Russia has the right to provide first aid in case of an emergency as long as that person has taken first aid classes and (or) has the necessary skills. Moreover, the article on "Extreme necessity" of the Criminal Code of the Russian Federation, Civil Code of the Russian Federation and the Code of the Russian Federation on Administrative Offenses protects the first aider if the casualty dies or is harmed accidentally in the process of first aid provision.

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FIRST AID ACTION PLAN:

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1. Assess the situation and ensure safety during first aid provision.

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2. Assess the casualty for signs of external bleeding.
Stop the bleeding by any means available if necessary.

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3. Check the signs of life of the casualty.

THE CASUALTY IS CONSCIOUS:

THE CASUALTY IS UNCONSCIOUS:

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5. Check the casualty carefully and question them (if possible) to identify injuries, wounds, poisonings, bites and stings of venomous animals, damage done by physical agents, chemicals, electricity, high temperatures, radiation, and other life- and health-threatening conditions.

4. Perform cardiopulmonary resuscitation and maintain the airway patency.

6. Administer first aid depending on the nature of injuries, wounds, poisonings, bites and stings of venomous animals, damage done by physical agents, chemicals, electricity, high temperatures, radiation, and other life- and health-threatening conditions.

7. Guide the casualty in taking the prescribed medication.

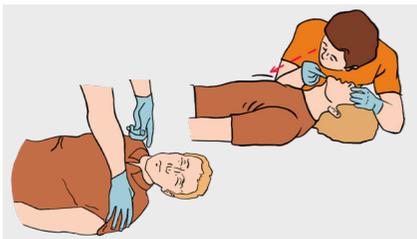
9. Call an ambulance (if you have not done so yet), monitor the casualty's condition, provide psychological support, move them, let the emergency medical personnel, medical organization or healthcare services take over.

8. Put the casualty in an optimal position and maintain it.

General steps to take at the scene with casualties:



1. Make sure that neither you nor the casualty are in any danger. Use medical gloves and a face mask. Assess the number of casualties and tell them, if possible, that you are ready to administer first aid. Ensure their airway patency in case of obstruction.



2. Examine the casualty. Stop external bleeding if there is any (see page 18).

3. Check if the casualty is conscious (see page 23) and is breathing. If the casualty is conscious, see paragraph 5 below.

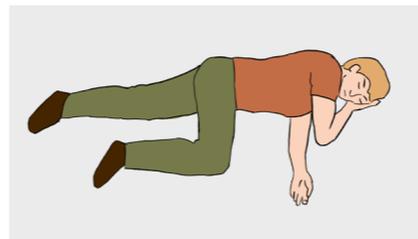


4.1. If the casualty is unconscious and shows no signs of breathing and circulation, call an ambulance (yourself or with the help of others) by dialing 103 or 112.



Begin cardiopulmonary resuscitation combining chest compressions and artificial respiration (see page 24) with the ratio of 30 compressions to 2 breaths.

Use an automated external defibrillator if possible (see page 26)



4.2. If the casualty is unconscious but shows (or showed) signs of life, maintain upper airway patency (by putting the casualty in a stable side position) or tilt their head back and hold it with the chin pointing upward (if putting the casualty in a stable side position is not possible).

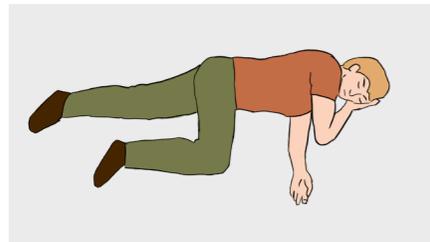


5. Check the casualty carefully to identify injuries, wounds, poisonings, bites and stings of venomous animals, damage done by physical agents, chemicals, electricity, high temperatures, radiation, and other life- and health-threatening conditions.

6. Administer first aid for the found conditions.



7. Guide the casualty in taking the prescribed medication.



8. Put the casualty in an optimal position depending on their condition and injuries (see page 54).



9. Call an ambulance (if you have not done so yet). Monitor the casualty's condition and provide psychological support until an ambulance arrives. When the emergency medical personnel arrives, let them take over, answer their questions and assist them.

1. Situation assessment and threat elimination. Moving the casualty.



Look around, assess how safe the scene is for you and the casualty. Move the casualty to a safe place if necessary. Use one of the following ways to do this.

1.1. Getting the casualty out of a vehicle or a hard-to-access place.



First of all, ensure your own safety!

Getting the casualty out of a vehicle or any other hard-to-access place is necessary:

- if the casualty's life and health are in danger.
- if administering first aid on the spot is impossible.



Moving the casualty while not supporting the neck:

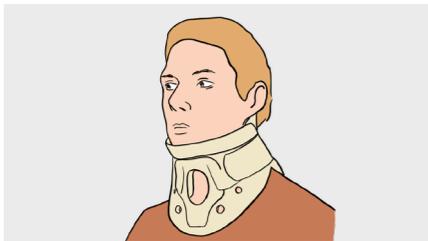
- turn the casualty slightly while holding the casualty by the belt so that you face their back;
- put your hands under the casualty's armpits, hold one of their forearms;
- move the casualty.



Moving the casualty while supporting the neck:

- take the above-mentioned steps;
- support the casualty's chin with the hand that is close to their bent elbow and press their head to your chest;
- move the casualty.

After moving the casualty carry them to a safe place.



Both the head and the neck should be supported if a cervical spine injury is suspected.

1.2. General rules for moving the casualty.



The casualty should be carried headfirst when going upstairs (getting in the vehicle).



The casualty should be carried feet first when going downstairs (getting out of the vehicle).



The casualty's legs should be located above their head if they lost a lot of blood.



The rescuer at the head keeps an eye out for any obstacles ahead and warns the other rescuer of them. The rescuer at the feet monitors the casualty's condition and issues commands if necessary: "Stop! The casualty is vomiting!" or "Stop! The casualty lost consciousness!"



The casualty can be taken to a vehicle or to a safe place in a number of ways. The choice depends on the casualty's injuries and conditions, number of rescuers and their strength.

a. Human Crutch. Used to move conscious lightly injured casualties.



b. Dragging the casualty. Used to move heavier casualties for a short distance. Casualties with lower limb injuries should not be moved this way.



c. Pack-Strap Carry. Can be used to carry light casualties. This method should not be used to carry unconscious casualties.

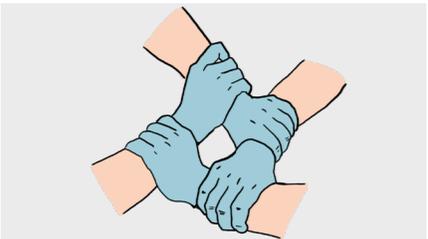


d. One-Person Lift. Can be used by people who are strong enough. This method can be used to carry unconscious casualties. Casualties with suspected spinal injury should not be carried this way.

DO NOT KEEP PACE WITH CASUALTIES WHILE HELPING THEM TO MOVE!



e. Firefighter Carry. The casualty is carried over one shoulder. The first aid provider's arm, on the side that the casualty is being carried, is wrapped across the casualty's legs and grasps the casualty's opposite arm. This method is not used when carrying casualties with chest, abdominal and spinal injuries.



f. Four-handed Seat. Each first aid provider grasps their own right wrist with their left hand. Both first aid providers then grasp the others' left forearm with their right hand. The hands must be fixed strongly enough to hold the casualty.



g. When the "seat" is formed, the casualty sits on it and then is lifted and carried. The casualty can wrap their arms around the first aid providers' shoulders for balance.



h. Three-handed Seat with Back Support. One of the first aid providers does not grasp the other's hand to form a "seat", but places it on their shoulder. The casualty person can lean on this arm while being carried. If casualties are at risk of unconsciousness or falling from a four-handed "seat", they should be carried this way.



i. Two-person Arms and Legs Carry. One of the first aid providers holds the casualty's forearm, putting the hands under their armpits, while the other holds the casualty under their knees.



j. Stretcher Lift. In case of suspecting a spinal cord injury, several people are needed to lift and carry the casualty, one of them should coordinate the others. While carrying, one of the first aid providers should secure the casualty's head and neck with their forearms. A casualty with a suspected spinal injury should be carried on a hard, flat surface (e.g., a backboard) for reasons of comfort and safety for them.

2. Examination of the casualty and first aid in case of external bleeding.

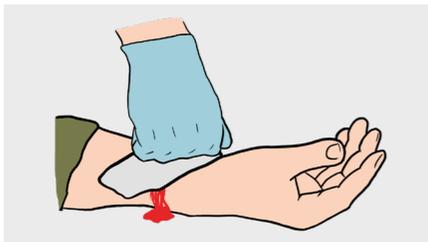


Make sure that you and the casualty are not in any danger. Use medical gloves to protect yourself from the casualty's body fluids. Move the casualty (if necessary).



Quickly (within 1–2 seconds) examine the casualty to identify severe external bleeding.
Stop the bleeding in the most appropriate way or combination of ways to do it.

Ways to temporarily stop external bleeding:



1. Apply direct pressure to the wound.



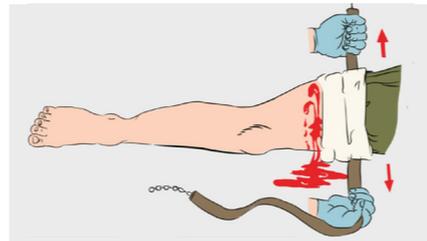
2. Apply a pressure bandage. Cover the wound with several folded rags or a number of tightly rolled layers of gauze bandages. Bandage tightly. If the bandage becomes wet, place a few more tightly folded rags over it and press firmly over the bandage with the palm of your hand.



If there's a foreign object in the wound, immobilise it with bandage rolls, plasters or dressings.

Do not remove foreign objects from the wound at the scene!

Call an ambulance (yourself or with the help of others).



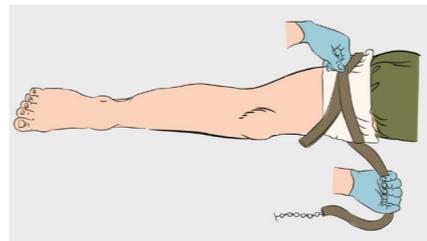
3. Apply a stretch band tourniquet.

A tourniquet is only applied over a bleeding limb when it is not possible to stop the bleeding by other means or they are not effective!

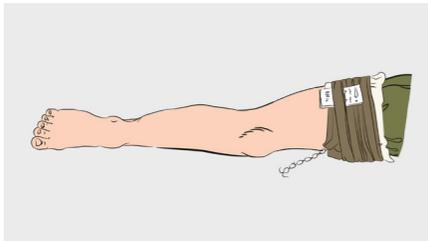
Tourniquets are usually applied over the soft lining/piece of clothing of the casualty (except windlass tourniquets) above the wound and as close as possible to it (5–7 cm away from the wound).



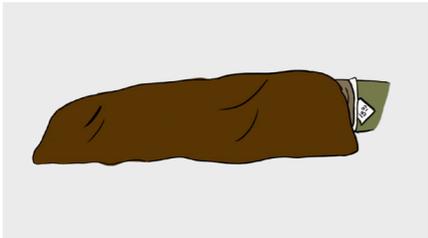
Place a stretch band tourniquet under the limb and stretch it. Tighten the first coil and make sure that the bleeding has stopped.



Apply next coils with less force in an upward spiral, gripping about a half of the previous coil.

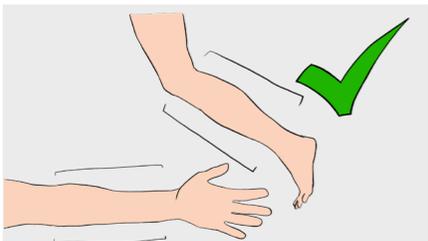


Attach a note indicating the exact date and time of applying the tourniquet. Do not cover it with a bandage or clothing items.

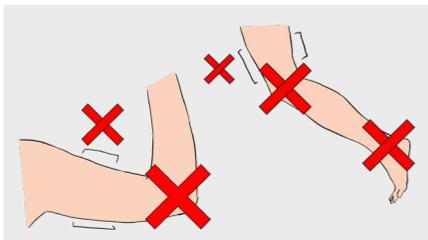


After applying the tourniquet, the injured limb should be immobilised and wrapped up with warm clothes or a thermal blanket.

The maximum safe tourniquet time is 2 hours in any season. After that, tourniquet removal is **ONLY** possible in a specialised medical facility.

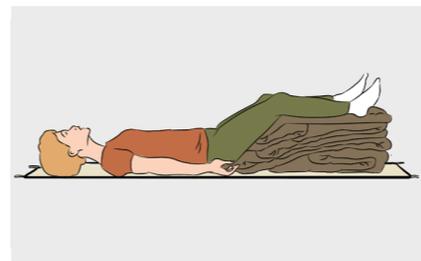


Tourniquet can be applied over the lower leg and forearm!



Do not apply a tourniquet over the joints, the middle third of the arm and the lower third of the thigh!

If the ambulance does not arrive before the maximum tourniquet time has elapsed, do the following (provided you have been trained to perform such actions):

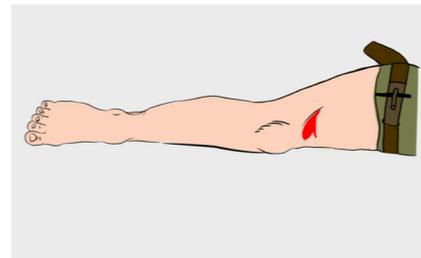


1. Apply direct pressure to the wound.
2. Loosen the tourniquet for 15 minutes.
3. If possible, massage the limb.
4. Apply the stretch band tourniquet just above previous place of application.

If bleeding resumes and direct pressure on the wound does not help – IMMEDIATELY tighten the tourniquet back!

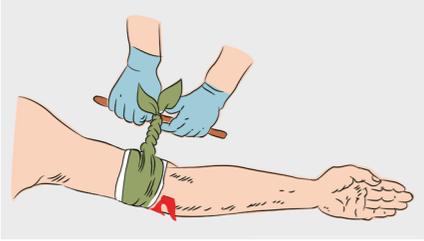
In case of significant blood loss, lay the casualty down and lift their legs.

Applying a windlass tourniquet:

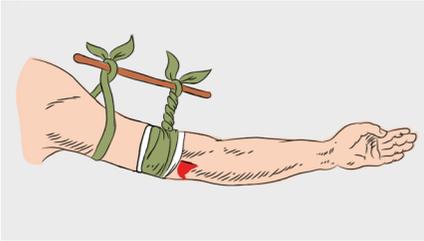


- Put the strap through the buckle and tighten it by wrapping the strap around the limb. Secure the velcro strap. Twist the windlass rod in one direction to increase the pressure and stop the bleeding. Insert the windlass rod into the fixing hole (or otherwise, according to the manufacturer's manual).

If a standard tourniquet is not available, use an improvised one:



Apply an improvised tourniquet made from available materials (cloth, rag) above the wound over clothing or a cloth placed over the skin. Tie its ends in a knot to form a loop.

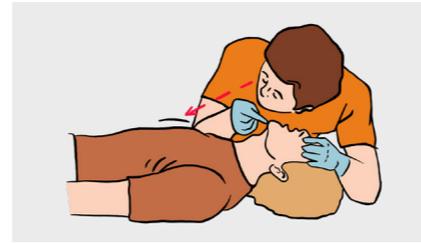


Insert a stick (or other similar object) into the loop so that it is under the knot. Rotate the stick to tighten the improvised tourniquet until the bleeding stops. Secure the stick to prevent it from unravelling. An improvised tourniquet is applied according to the same rules as standard tourniquets.

3. Way of checking consciousness and breathing.



Gently shake the casualty by their shoulders to check if they are conscious, and ask: "What's wrong? Do you need help?"



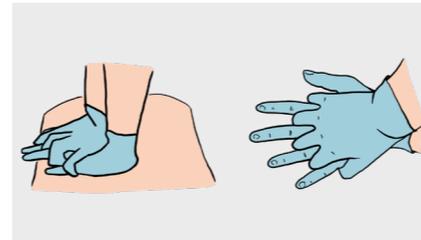
Open the casualty's airway. One hand should be placed on the casualty's forehead, two fingers of the other hand should be used to lift the chin and tilt their head. Bring your cheek and ear near the casualty's mouth and nose, look at their chest. Listen to their breathing, feel the exhaled air on your cheek, establish the presence or absence of chest movements (within 10 seconds).



If the person is not breathing, tell your assistant to call an ambulance: "The person is not breathing. Call an ambulance and let me know when you do it."

4. Adminstrating cardiopulmonary resuscitation.

4.1. Rules of applying chest pressure.

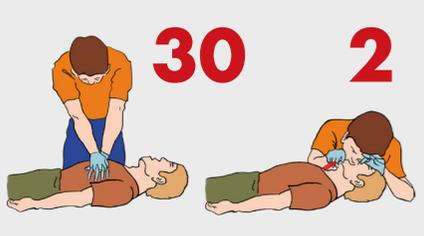


ONLY CARRIED OUT ON A FIRM, FLAT SURFACE!

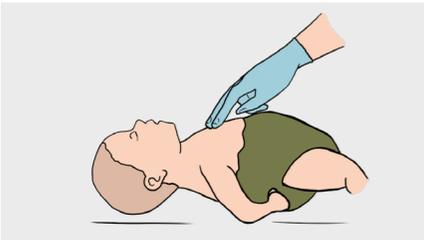
Place the heel of your hand on the breastbone at the centre of the casualty's chest. Place the palm of your other hand on top of the hand that's on their chest and interlock your fingers.



Straighten your arms at the elbow joints and position your shoulders over the casualty so that pressure is applied perpendicular to the chest.



Using your body weight, press straight down by 5 to 6 cm (2 to 2.5 inches) on their chest. Repeat these compressions at a rate of 100 to 120 times a minute.



For children under 1 year of age, pressure is applied to the chest using two fingers. For older children, one or two hands can be used.

4.2. Rules of artificial respiration.



Gently tilt the person's head back, placing your hand on their forehead. Use one hand to hold their chin and lift it up with two fingers of the other hand. Pinch their nose with your two fingers. Take a normal breath, cover and seal their open mouth with yours, and blow into their mouth for about one second. Their chest should rise visibly when you breathe into their mouth, and sink again as soon as you move away. No more than 10 seconds should be spent on 2 breaths of artificial respiration.



Note: You should use a mouth-to-mouth device included in first aid kits while doing it.

Alternate 30 chest compressions with 2 breaths of CPR, regardless of the number of people performing resuscitation.

4.3. Use of an automated external defibrillator (AED).



Use an automated external defibrillator if possible! It can be used either immediately (at the moment of cardiac arrest) or 3–5 minutes later.



To do this:

- Ask an assistant to bring an AED.
- Begin administering cardiopulmonary resuscitation: alternate 30 chest compressions with 2 breaths of CPR.
- When you get the AED, switch it on and follow the instructions:
- attach the electrodes to the chest.

Note: if two or more persons are assisting, CPR should be continued while attaching electrodes.

- at the AED command, make sure no one touches the casualty and press the button to discharge.



- After that, continue administering CPR.
- Continue providing first aid to the injured person alternating between defibrillation and CPR!



You should stop administering CPR when:

- the ambulance or other more qualified specialists have arrived,
- the casualty shows clear signs of life,
- you are exhausted and cannot carry on (an assistant needs to take over),
- the scene is dangerous for you.



4.4. First aid in case of foreign body airway obstruction:



ADULTS

Stand to the side and just behind the casualty, bend the person over at the waist to face the ground and strike five separate times between the person's shoulder blades with the heel of your hand. After each stroke, check whether the obstruction has been eliminated.

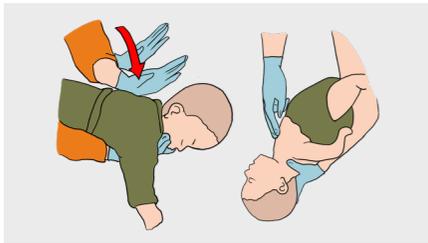


If back blows, don't remove the stuck object, wrap your arms around the casualty's upper abdomen. Make a fist with one hand and place it over the navel with your thumb towards yourself. Grab your fist with the other hand and pull inward and upward sharply on the casualty's stomach. Repeat up to 5 times.



WHEN YOU CANNOT GIVE ABDOMINAL THRUSTS (PREGNANT PERSON OR SOMEONE YOU CANNOT GET YOUR ARMS AROUND)

Start with blows between the shoulder blades and give thrusts to the lower part of the chest.



CHILDREN

Signs: the child is suffocating, unable to speak, suddenly becomes cyanotic, may lose consciousness. Hold the baby face down along the length of your arm, holding their head, give 5 strokes between the shoulder blades.

In case that has not helped, make 5 pushes with two fingers to the lower chest. Repeat until the foreign object is removed from the airway.



If the casualty becomes unconscious, begin CPR. Recheck the mouth regularly for the object to remove it promptly.



Once the breathing is restored, put the casualty in a stable side position. Keep monitoring the casualty's breathing until the ambulance arrives!

5. Careful examination and questioning the casualty.

Careful examination is carried out to identify signs of injuries, wounds, poisoning, bites or stings by poisonous animals, lesions caused by mechanical, chemical, electrical, thermal shock factors, exposure to radiation, and other life- and health-threatening conditions.

Careful examination should be carried out as cautiously and accurately as possible!



1 Examine the casualty's head.



2 Examine their neck.



3 Examine their chest and back.



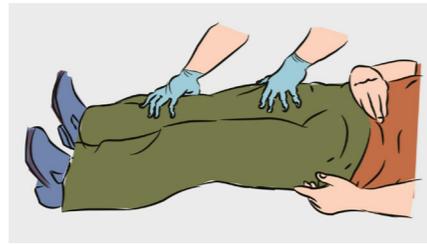
5 Examine the casualty's abdomen and pelvis.



6



Examine each arm.



Examine their legs carefully. If you identify any injuries and other life- or health-threatening conditions, undertake appropriate first aid.

If you identify any injuries and other life- or health-threatening conditions, undertake appropriate first aid.

6. First aid for injuries, exposure to radiation, high temperatures, chemicals, bites or stings of poisonous animals.

6.1. First aid for injuries.

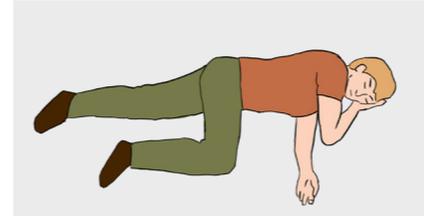
6.1.1. First aid for head injuries



Stop bleeding by applying direct pressure to the wound and applying a pressure bandage. Call an ambulance (yourself or with the help of others). Monitor that the casualty is still conscious and breathes.



If there are no signs of life, begin cardiopulmonary resuscitation. Call an ambulance (yourself or with the help of others). Administer CPR until the casualty's breathing is restored or until the ambulance arrives.

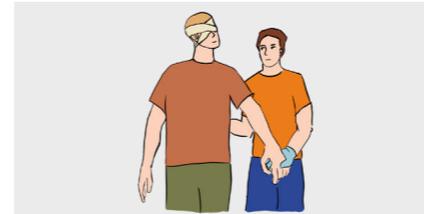


Once the breathing is restored (or if the casualty is breathing normally), put them in a stable side position. Keep monitoring the casualty's breathing until the ambulance arrives.

6.1.2. First aid for eye and eyelid injuries.



Apply a dressing to both eyes (if you apply it to the injured eye only, the movements of the healthy eye will cause movement and pain in the other one). Call an ambulance.



The casualty should move only with the help of a first aid provider!

6.1.3. First aid for nosebleeds.



Help the casualty to sit down and lean forward. Pinch their nose and keep pinching for 15 to 20 minutes. Meanwhile, the casualty breathes through their mouth!



Apply cold (wet handkerchief, snow, ice) to the bridge of their nose.



Advise the casualty to spit up the blood (vomiting may occur if blood enters the stomach). If the bleeding does not stop within 15-20 minutes, call an ambulance.

6.1.4. First aid for neck injuries.



In case of bleeding, apply direct pressure on the wound and use a pressure bandage.



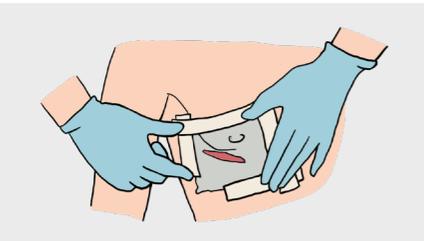
If a cervical spine injury is suspected (a car accident, falling from a height, diving) and the casualty should be moved, fix their head and neck with your forearms. When emergency extraction is needed, secure the casualty's neck with your hand. Call an ambulance (yourself or with the help of others).

6.1.5. First aid for chest injuries.



Signs: blood bubbling from the wound with possible blistering and sucking in air through the wound.

If there are no foreign objects in the wound, press the wound with the palm of your hand and stop air from entering it. In case of a perforating injury, close the entry and exit wounds.



Cover the wound with an airtight dressing (seal the wound) and secure the dressing with a bandage or a plaster.



Put the casualty in a semi-sitting position with the head tilted to the affected side.

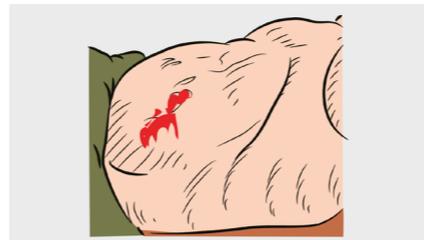


If there's a foreign object in the wound, immobilise it with bandage rolls, plasters or dressings.

Do not remove foreign objects from the wound at the scene!

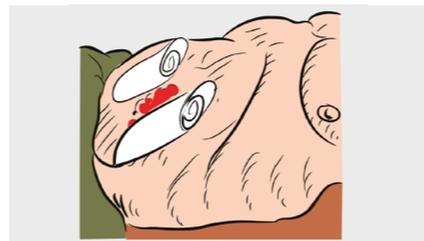
Call an ambulance (yourself or with the help of others).

6.1.6. First aid for abdominal injuries.

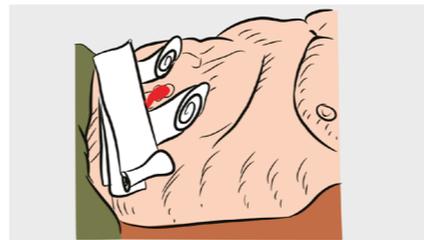


In case of bleeding, apply direct pressure on the wound and use a pressure dressing.

Do not push the protruding organs back inside the wound, do not bandage them tightly or remove foreign objects from the wound.

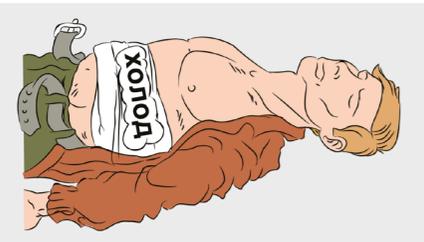


In case of abdominal protrusion, place gauze bandage rolls around the protruding organs (protect the protruding internal organs).



Cover the rolls with a dressing or a clean moist cloth.

Without applying pressure on the protruding organs, secure the dressing to the abdomen.



In case of a closed abdominal injury (without any visible signs of injury to the abdominal wall), put ice on the abdomen, lay the casualty on their back with their knees half-bent, drawn together and supported with a cushion.



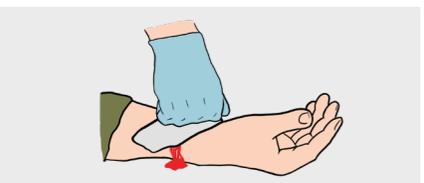
Keep the casualty from getting cold. Wrap the casualty in warm blankets and clothes. Call an ambulance (yourself or with the help of others).

In case of abdominal injuries, the casualty should not be given anything to drink or eat! If the casualty is thirsty, moisten their lips.

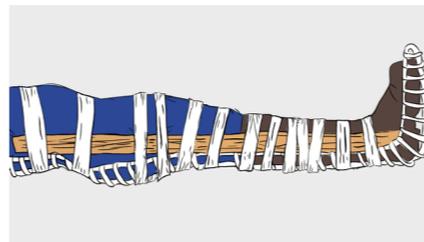
6.1.7. First aid for limb injuries.



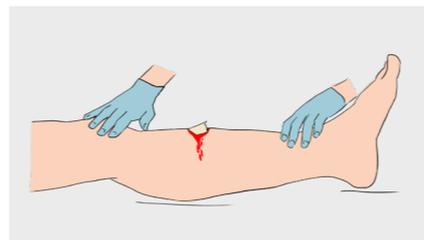
Make sure that you and the casualty are not in any danger. Use medical gloves to protect yourself from the casualty's body fluids. Move the casualty (if necessary).



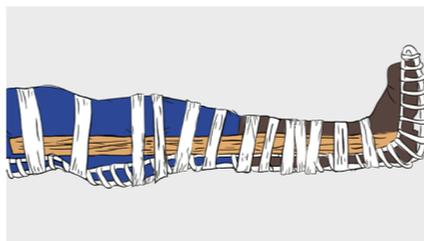
Call an ambulance (yourself or with the help of others).
Stop the external bleeding.



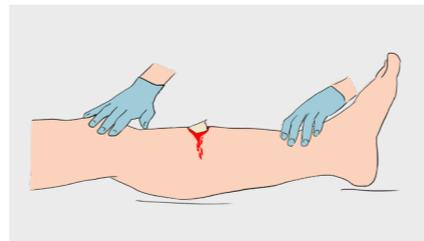
If you have to transfer the casualty, make sure the fractured bone is immobilised with the help of a splint or improvised means applied over clothing.



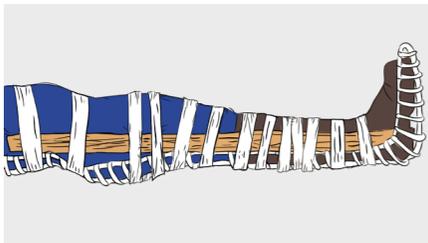
Immobilisation is performed by restricting the mobility of the two adjacent joints above and below the fracture.



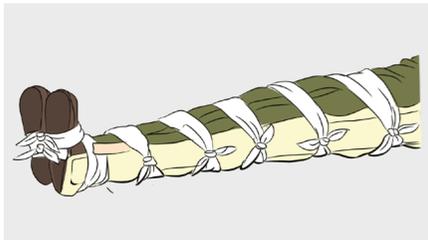
A fracture can be immobilised with the help of splints or flat narrow objects: sticks, boards, rulers, twigs, plywood, cardboard, etc. The sharp edges of improvised splints should be smoothed, wrapped with a bandage. Once applied, the splint should be secured with bandages or plasters. In case of fractures, a splint is applied over clothes and shoes.



In case of open fractures, do not apply a splint to the places where bone fragments protrude from the skin.



Firmly tie the splint to the limb, using bandages (excluding the fracture itself), but not too firmly so that blood circulation is unrestricted. In case of a lower limb fracture, splints should be applied on both sides.



In the absence of splints or improvised means, the injured leg can be immobilised by bandaging it to the healthy leg while the injured arm can be bandaged to the torso.



Keep the casualty from getting cold, give them plenty of warm, sweet drinks.

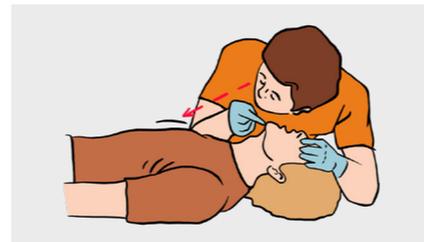
6.2. First aid for poisoning.

6.2.1. First aid for ingesting poison.



Call an ambulance (yourself or with the help of others). Find out the circumstances of the incident (in case of drug poisoning, show the drug packaging to the healthcare professional that arrives at the scene).

If the casualty is conscious, ask them to drink 5–6 glasses of water and induce vomiting by pressing the root of the tongue with two fingers. After vomiting, repeat the procedure. The total volume of liquid taken during stomach emptying should be 2.5–5 litres. Stomach emptying should be carried out until the vomit becomes a clear liquid.

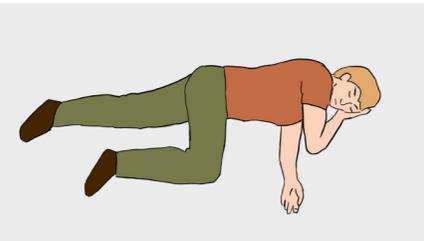


IF THE CASUALTY IS UNCONSCIOUS, DO NOT EMPTY THE STOMACH!

If the casualty is unconscious, check their breathing and (or) pulse.



If there are no signs of life, begin cardiopulmonary resuscitation (CPR) (see page 24). Administer CPR until the casualty's breathing is restored or until the ambulance arrives.



Once the breathing is restored (or if the casualty is breathing normally), put them in a stable side position. Keep monitoring the casualty's breathing until medical help arrives!



Wrap the casualty in warm blankets and clothes.

6.2.2. First aid for toxic inhalation.



Make sure that you and the casualty are not in any danger, transport or take the casualty to a safe place or open the windows, ventilate the room.

Signs of carbon monoxide poisoning: eye irritation, ringing in the ears, headache, vomiting, loss of consciousness, red skin colour.

Signs of household gas poisoning: head heaviness, dizziness, ringing in the ears, vomiting, sudden muscle weakness, rapid heartbeat, drowsiness, loss of consciousness, involuntary urination, pale (bluish) skin colour, shallow breathing, convulsions.



If there are no signs of life, begin cardiopulmonary resuscitation. Call an ambulance (yourself or with the help of others).

Administer CPR until the casualty's breathing is restored or until the ambulance arrives.



Once the breathing is restored (or if the casualty is breathing normally), put them in a stable side position. Keep monitoring the casualty's breathing until the ambulance arrives.

6.2.3. First aid for chemical eye burns.



In case of a chemical eye burn or foreign bodies in the eyes, gently open the casualty's eyelids, flush the eye with plenty of clean water (preferably with room temperature water). Flush the eye so that the water flows from the nose to the temple.



Apply a dressing to both eyes (if you apply it to the injured eye only, the movements of the healthy eye will cause movement and pain in the other one).
Call an ambulance (yourself or with the help of others).



The casualty should move only with the help of a first aid provider!

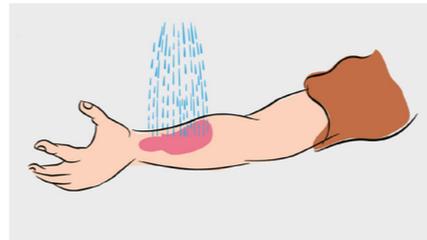
6.3. First aid for thermal burns.



Make sure that you are not in any danger. Stop the casualty from moving, lay them down.



Put out the fire on the clothes by any possible means (for example, cover the person with a non-flammable cloth).



Cool the burnt area with water for 20 minutes.



Do not break blisters, do not remove foreign objects and the clothes stuck to the burn from the wound!
Cover the burn with a sterile dressing and put ice on top of it. Give the casualty plenty of water to drink.



Call an ambulance (yourself or with the help of others).

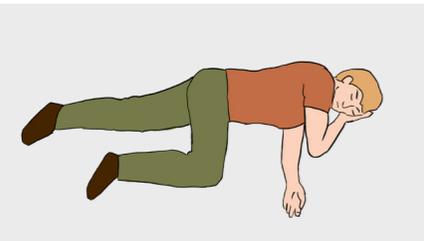
6.4. First aid for heat (sun) stroke.



If signs of heat (sun) stroke appear (high body temperature, pale and clammy skin, headache, nausea and vomiting, dizziness, weakness, loss of consciousness, convulsions, rapid heartbeat and breathing), take (move) the casualty to a cool, ventilated place (to a shaded area, an open window).



If there are no signs of life, begin cardiopulmonary resuscitation. Call an ambulance (yourself or with the help of others). Administer CPR until the casualty's breathing is restored or until the ambulance arrives.



Once the breathing is restored (or if the casualty is breathing normally), put them in a stable side position. Keep monitoring the casualty's breathing until the ambulance arrives.



Place cool, wet towels (napkins) on the casualty's head and neck.



In case of convulsions, hold (but do not press) the casualty's head and torso to protect them from injury.

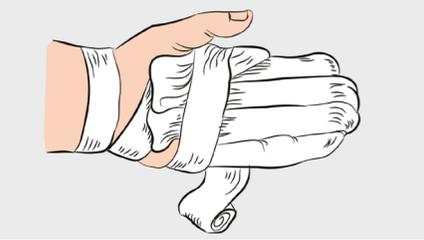


Once the casualty's consciousness is restored (or if the casualty is conscious), give them cool water to drink.

6.5. First aid for frostbite.



Move the casualty to a warmer place.



Cover the injured limbs and body areas with a heat insulating material (cotton wool, blankets, clothes).
The casualty should be rewarmed "from the inside" with blood circulation being simultaneously restored.



The affected areas should not be actively rewarmed (e.g. immersed into hot water), rubbed, massaged, treated with any greasy substances!

Wrap the casualty in blankets, help them change into dry clothes if necessary.

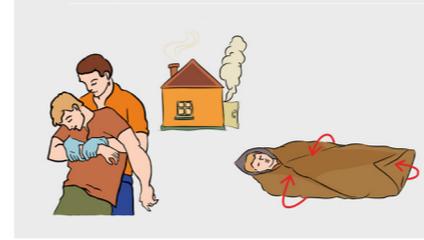


Give the casualty plenty of warm, sweet drinks.
Give the casualty warm food.

Do not give the casualty alcoholic drinks!

Call an ambulance (yourself or with the help of others).

6.6. First aid for generalized cooling of the body.



Move the casualty to a warm place or rewarm them (wrap them in a warm blanket, a space blanket, clothes).
Call an ambulance (yourself or with the help of others).



If the casualty is conscious, give them plenty of warm, sweet drinks. Give the casualty warm food.
Do not give the casualty alcoholic drinks!

6.7. First aid for electric shock.



Call emergency services by dialing 112.
Make sure that you are safe. Do not touch the casualty right after they have received an electric shock, as they can be in contact with an electrical current.
If possible, cut off the power source. In case of household electricity, you can do this yourself by turning off a switch or the main power breaker at the meter.
In case of receiving an electric shock at work or high-voltage grids, you should wait for the emergency services to arrive.
When approaching the casualty, take small steps.



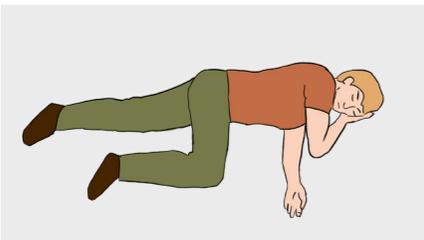
Move the wire away from the casualty with a dry, non-conductive object (a stick, plastic). Drag the casualty by the clothes at least 10 metres away from the place where the wire touches the ground or from the energised equipment.



Check the casualty's breathing.



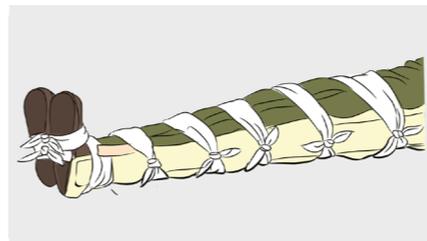
If there are no signs of life, begin cardiopulmonary resuscitation. Call an ambulance (yourself or with the help of others) if this has not been already done. Administer CPR until the casualty's breathing is restored or until the ambulance arrives.



Once the breathing is restored (or if the casualty is breathing normally), put them in a stable side position. Keep monitoring the casualty's breathing until the ambulance arrives.

6.8. First aid for poisonous animal bites and stings.

6.8.1. First aid for snake bite.



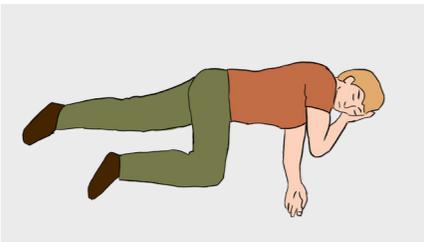
Immobilise the injured limb. If a leg has been bitten, secure it to the other leg.



If an arm has been bitten, secure it to the torso in a bent position. Ice can be applied to the bite site.



If there are no signs of life, begin cardiopulmonary resuscitation. Call an ambulance (yourself or with the help of others). Administer CPR until the casualty's breathing is restored or until the ambulance arrives.



Once the breathing is restored (or if the casualty is breathing normally), put them in a stable side position. Keep monitoring the casualty's breathing until the ambulance arrives.

6.8.2. First aid for insect sting.



In case of an insect sting, remove the sting from the wound.



Apply ice to the sting site.

If an allergic reaction occurs, the casualty should see a doctor.

Monitor the casualty's condition until medical help arrives.

6.9. First aid for fainting.



Signs: pale skin colour, sudden short-term loss of consciousness.

Put the casualty in a stable side position, loosen the tie, unbutton the collar of the outerwear, loosen the belt, take off their shoes, provide fresh air.



If the casualty has been unconscious for more than 3–5 minutes, call an ambulance (yourself or with the help of others).

In any case, the casualty should see a doctor to get a checkup and determine the cause of fainting.

6.10. First aid for convulsions.



Signs: sudden, uncontrolled, rhythmic muscle contractions (spasms), irregular breathing or temporary absence of breathing/loss of consciousness, drooling or frothing at the mouth, upward rolling of the eyes, sometimes tongue biting.

In case of convulsions, support the casualty's body (if they fall), hold (but do not press) the casualty's head and torso to protect them from injury.



Once the seizure stops, short-term loss of consciousness can occur. Put the casualty in a stable side position and call an ambulance (yourself or with the help of others).

In any case, the casualty should see a doctor.

7. Guiding the casualty in taking the prescribed medication.



In some cases, the casualty's condition can worsen due to previously diagnosed diseases. In such cases, the casualty may need assistance in taking the prescribed medication.

When providing first aid (if the casualty is conscious), ask them if they have any medical conditions (e.g. diabetes, high/low blood pressure, etc.) and whether they take any medications on a regular basis. Ask the casualty if they are feeling unwell (due to a medical condition) and whether they need to take any medication now.

Help them to get and take the medication.

Call an ambulance (yourself or with the help of others).

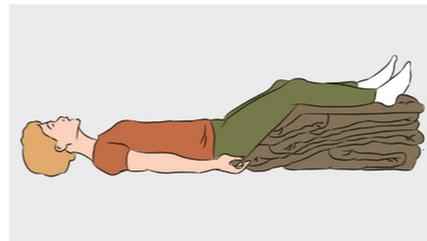
Monitor the casualty's condition.

8. Casualty positioning.



Stable side position:

- In case of unconsciousness.
- Frequent vomiting.
- Burns to the back and buttocks.



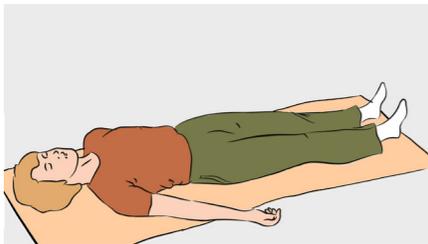
Laying the casualty on the back with the legs elevated and the knees bent:

- In case of abdominal injuries.
- Massive blood loss or suspected internal bleeding.



Sitting or semi-sitting position:

- In case of chest injuries.



Laying the casualty on the back on a firm, flat surface:

- In case a spinal injury is suspected.

9. Psychological support.



Providing psychological aid (study our separate reference guide or go on our website).

