



**POLITECHNIKA
GDAŃSKA**

FIRST AID INSTRUCTION

1. Keep calm. Assess your own safety.
2. Remove the injured - if necessary - from a life-threatening environment, and undertake a rescue operation.
3. Initially assess the condition of the injured person:
 - his/her consciousness (ask a question),
 - if he/she breathes (bring your cheek/ear close, to the injured person's lips, to feel their breathing, turn your head towards the victim's chest, watch if it moves).
4. Our actions will depend on the symptoms we find.
5. Notify the emergency service by calling 999 or 112.
6. Inform about summoning the emergency services the employees of the Property Protection Department on the GUT premises at the phone No. 14-32 or 99, or in person - the closest porter / guard you meet.

Wound treatment

Providers of first aid should take care of their own safety, because each wound can be a source of infection. First of all, use gloves. The wound can not be washed with water, healing agents, because it makes it difficult to heal. Dirt transferred from the skin surface to the wound can cause infection. Put a sterile gauze on the wound. Do not touch the gauze on the surface, but only grab the periphery and wrap with the bandage. Cleaning the wounds from dirt, soil etc. is the duty of a doctor.

Remember:

- do not remove foreign objects from the wound,
- do not put cotton on an open wound.

Nosebleed

A person with a nose bleed should be seated with his/her head slightly bent forward. Do not tilt the head back because it causes the flow of blood into the trachea or throat, which may cause, for example, choking or misinterpretation of the condition by doctors during further examination. Moreover, when the head is low, the bleeding increases. Give the victim a swab or handkerchief to put on their nose. Inform the victim to breathe through their mouth. Put a cold compress on the back of the neck. Cold will shrink the blood vessels and reduce bleeding. You can make a cold compress from a towel soaked in cold water or ice cubes wrapped in a cloth.

Bone fractures

Fracture of the bones of the skull due to a fall on the head or a blow to the head. Symptoms: the victim is unconscious, bleeds from the ears and mouth. Procedure: cold head wrap, ensure peace.

Fracture of the spine - severe pain in the spine, stiff neck or stiffness of feet. Do not move the injured.

The fracture and sprain of the collarbone is manifested by pain and significant swelling in the collarbone region. Put a wad of cotton wool under the armpit, bend the arm at a right angle, hang in a sling made of a shawl and apply a cold compress over the area.



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GDAŃSKA**

Breaking the ribs is manifested by a strong pain when breathing, coughing, sneezing and moving. Firmly bandage the chest or tighten with a towel while exhaling. In case of breakage or dislocation, apply cold compresses from water and bandage well.

Broken limbs

A hand should be immobilized by means of a board or rail so that two adjacent joints cannot move, suspended in a sling and fastened to the torso.

When breaking and dislocating your fingers, attach a slat that is as wide as the hand, bandage. The length of the slat should be from the end of the fingers to the forearm.

Fracture of lower limbs - should be immobilized on the board from the heel to go beyond the pelvis, and attached to the torso.

Remember:

- do not change the position of the limb,
- do not try to set a fracture,
- immobilize the limb in its current position,
- when the fracture is open, do not touch protruding bone fragments - they are easily infected.

Removing foreign bodies from the eye

It is best to immerse your face in water, rinse your eye and blink several times. Do not rub your eyes. Foreign objects are removed only by the ophthalmologist.

Thermal burns

When providing first aid to the victim, certain rules must be observed. Regardless of the degree of burn you should remove or cut clothing covering the burned places. If the clothing is embedded in the body, do not tear it, just cut the clothes around the wound. If a hand has been burned, remove all tight items from it before swelling occurs. Put the burned part of the body under running cold water for at least 10-15 minutes. It relieves pain and prevents swelling. First of all, it reduces the depth of skin damage. When blisters appear on the scalded area, put sterile gauze. Wrap with the bandage. Actually, every burn, except a trivial one, should be seen by a doctor.

Remember:

- do not use cotton wool on burned spots,
- try not to touch the burned areas - they are easily infected.

Chemical burns with concentrated acids and caustic lyes

Scalded places should be immediately washed with running tap water for at least 10-15 minutes. Rinse contaminated skin with plenty of water. Remove contaminated clothing and shoes. Continue rinsing for at least 10 minutes.

ATTENTION ! ATTENDING CHEMICALS, USE THE GUIDELINES CONTAINED IN THE SUBSTANCE CHARACTERISTICS CARD



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Poisoning with acids, bases

Do not induce vomiting. Rinse mouth with water. If the preparation has been swallowed and the exposed person is conscious, give the victim some water to drink. Discontinue if the exposed person is nauseous because vomiting can be dangerous.

Poisoning with gases and poisonous vapours

The injured should be immediately taken out of the room into the fresh air, loosen all parts of the clothing and cover him/her to protect them from heat loss and excessive cooling of the body. Breathing arrest takes place when poisoning with carbon monoxide, hydrogen sulfide, hydrogen cyanide, benzene and other aromatic hydrocarbons and derivatives that act directly on the central nervous system. They act stifflingly, by stopping the delivery of oxygen from the lungs to the tissues. It may be necessary to ventilate the victim with the mouth-to-mouth rescue method.

Heatstroke

Occurs in rooms with very high temperature and high humidity, i.e. temperature above 40 ° C and humidity above 75%. In these conditions general weakness, pulse acceleration, fast and shallow breathing, excessive sweating, chills, headache, dizziness nausea, pale skin appear. When attending the patient, you should take them out of the room, put a cold compress or ice on their head, give cold fluids to drink. In case of apnea, administer mouth-to-mouth rescue breathing.

Swoon

Most often, it means a short-term, usually a few-second or a few-minute loss of consciousness. Symptoms: pale skin, sweating, dizziness, eyesight problems, ringing in the ears, eventually loss of consciousness. Help: put the patient on his/her back, give him/her access to the air, lift his/her legs high, loosen their clothes. Do not ask them to stand up too quickly.

Frostbite

Occurs in three stages. Light frostbites are characterized by burning and stinging in a frozen place, fading and loss of sensation. Saving the injured, apply warm (but not hot) baths and carefully rub the place with a dry clean hand. Do not rub with dirty rags or snow. At the second degree frostbite the areas are dark red or blue, blisters filled with a transparent or slightly bloody liquid form. Do not soak or rub the frostbitten places or pierce the blisters. The patient should be quickly transported to hospital. At the III degree frostbites the skin is red or purple, with necrosis. First, severe pain in the place of frostbite appears, then lack of feeling.

The victim should be warmed up gradually, cover the frostbite with a sterile dressing and transport the person to hospital as quickly as possible.

Electric shock

Cut off the power supply, turn off the main switch (fuse) or pull the plug of the electrical device out of the socket. If possible, move the victim away from the power source; do it with a wooden brush stick or a wooden chair, standing on a dry rubber mat, a book or a folded newspaper. The injured person must absolutely seek the care of a doctor.

Remember:

- do not touch the injured person's skin if it is in contact with a live wire,
- do not touch the electric cable,
- call an ambulance,



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GDAŃSKA**

- check the breathing and heart rate; in case of apnea - use mouth-to-mouth rescue breathing, lack of pulse - heart massage,
- place the person in a comfortable position and cover warmly.

Cardiopulmonary resuscitation

Turn the victim on their back and then open the airway by bending the head backwards and elevating of the jaw. Place one hand on the victim's forehead and gently bend his/her head back, leaving the thumb and forefinger free to cover the nose if mouth-to-mouth rescue breathing is needed. Place the fingertips of the other hand on the jaw of the injured and then lift it to open the airways. Keeping the airway clear, look for the right breath with your eyes, hearing and touch:

- assess the chest movements with your eyes,
- listen for the breathing noise,
- try to feel the air movement on your cheek.

In the first minutes after cardiac arrest, the victim may breathe poorly or make loud, single sighs. They should not be confused with proper breathing. No more than 10 seconds can be used to assess the breath with vision, hearing and touch. If you have any doubts whether the breath is normal, act as if it was incorrect.

Dealing with unconscious person with maintained breath (placing in side recovery position)

1. Take care of the airways, check breathing and ensure thermal comfort.
2. Arrange the victim in a safe position, but only on condition that we do not suspect the injury of the spine or pelvis:
 - kneel by the victim and make sure that both legs are straight;
 - move the nearest victim's hand away from the body so that it is directed upwards;
 - place the other hand of the victim on the cheek with the back side of the hand towards the cheek and hold it against the cheek;
 - with your other hand, grasp the distal lower limb, just above the knee, and pull it upward without taking the foot off the floor so that it bends in the knee joint;
 - holding one hand on the cheek, pull the other behind the knee, turning the victim to one side, facing you;
 - the limb with which we turned the victim should be arranged in such a way that both the knee and hip joints are bent at right angles;





- kneel next to the victim,
- arrange the wrist of one hand in the middle of the victim's chest,
- place the wrist of the other hand over the previous one,
- interlock the fingers of both hands and make sure that you do not put pressure on the injured ribs; do not squeeze the lower abdomen or the lower end of the sternum,
- bend over the injured, straightened arms set perpendicular to the sternum and squeeze to a depth of 5-6 cm,
- after each compression, release the pressure on the chest without taking your hands off the sternum.

Repeat the compressions with the frequency 100/120 /min (slightly fewer than 2 compressions / s),

- the period of compression and releasing pressure (relaxation) of the sternum should be the same.

- after 30 chest compressions, open the airways, bending the head backwards and lifting the jaw,
- tighten the nose using the index finger and the thumb of the hand placed on the victim's forehead,
- leave the mouth gently open, while keeping the jaw raised,
- breathe in normally and cover the victim's mouth tightly with your mouth, making sure there is no air leak,
- blow the air slowly into the mouth of the victim for about 1 second (as in normal breathing), while watching if the chest is lifting - such a rescue breath is effective,
- keeping the head tilted and lifting the jaw, move your mouth away from the injured person's lips and observe if during the exhalation their chest, falls
- once again take a breath and blow the victim to the mouth, striving for two effective rescue breaths; then re-arrange your hands in the right position on the sternum and perform another 30 chest compressions,
- continue chest compressions and rescue breaths in a ratio of 30: 2,
- stop working to check the injured person's condition only if he/she starts to breathe properly. Otherwise, do not stop resuscitation until the emergency services arrive.

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Resuscitation limited only to chest compressions can be carried out if the state of the injured person does not allow to perform rescue breaths (vomit, blood shedding from the mouth) or if you are unable, you do not want to give rescue breaths.

Remember:

- never leave the victim unattended,
- try to take care of the thermal comfort of the injured,
- if only the situation allows it - cover them with a blanket,
- do not give medicine.