

SUMMER HOLIDAY FIRST AID GUIDE



SkillBase
First Aid



DON'T FORGET!

Stay safe & take
this guide with
you on holiday!



**SkillBase
First Aid**

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FIRST AID GUIDE

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INTERNATIONAL AMBULANCE NUMBERS

EU Countries	112	Egypt	123	Mexico	065
US & Canada	911	Tunisia	190	Maldives	102
Turkey	112	Australia	000	Brazil	192

Is your destination not listed here? Remember to check before you go.

This publication 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.

HEAT EXHAUSTION

(BEING TOO HOT)

Heat exhaustion can be caused by humid conditions (such as being abroad or during a heat wave), having a fever, or by taking recreational drugs such as ecstasy (from excessive dancing and dehydration). Prolonged heat can lead to dehydration and heat exhaustion and, if left untreated, can quickly develop to heat stroke.

Groups particularly susceptible to the effects of heat include the elderly, the very young and people with long-term medical conditions (including diabetes, obesity and alcoholism).



Signs & symptoms

- + Initially hot, flushed skin, but may turn cold and paler as the condition becomes worse.
- + Initially sweating, although this may stop as the condition becomes worse. A casualty that has become so hot that they have stopped sweating is suffering heatstroke, and requires urgent medical assistance.
- + Headache and confusion.
- + Loss of appetite, feeling or being sick.
- + Cramps in the limbs and abdomen.
- + Feeling dizzy or fainting.

Treatment

- + Place the casualty in the shade or a cool place.
- + Sponge the casualty's skin with tepid water.
- + Fan the casualty.
- + Give the casualty plenty of cool water to drink.
- + Ice lollies are a good idea especially for younger children.

If there is no improvement call NHS 111 for advice, or 999 for an ambulance if you are concerned. Check page 2 of this guide for common international ambulance numbers.

PANIC ATTACKS

(HYPERVENTILATION)

Unlike most airway and breathing problems, hyperventilation is where someone is taking in too much air. One of the most common causes for hyperventilation is a panic attack.

The symptoms of the hyperventilation often make the casualty panic more, which creates a cycle. If the cycle is not broken and the casualty carries on overbreathing, they will faint (this will return the breathing to normal). Panic attacks are likely to be very distressing for the casualty and the onset may be very quick.

Possible signs, symptoms & clues

- + Overwhelming panic and anxiety.
- + Excessive gasping breathing.
- + Feeling dizzy or faint.
- + Chest pains, or feeling that the heart is beating irregularly (this may lead to the casualty thinking they are having a heart attack).
- + Shivering or trembling.
- + Sweating or hot flushes.
- + Pins and needles.
- + 'Out of body' feeling.



Breathing in and out of a paper bag has been shown to be **ineffective and sometimes dangerous**.

Treatment

Encourage the casualty to relax. Try to explain what you think is happening. Try to get the casualty to focus on controlling their breathing, for example by taking continuous small sips of water, or a breathing exercise such as:

- + Close your eyes and focus on your breathing.
- + Breathe in as slowly, deeply and gently as you can, through your nose.
- + Breathe out slowly, deeply and gently through your mouth.
- + Some people find it helpful to count steadily from one to five on each in-breath and each out-breath.



FEBRILE CONVULSIONS

Febrile convulsions are seizures triggered when a young child develops a high temperature, commonly during illness. Around one in twenty children will have one at some point. They are most common between three months and three years old.

Signs & symptoms

- + Lowered level or loss of consciousness, accompanied by fitting, or twitching of the arms and legs.
- + May lose control of the bladder or bowel.
- + May become either stiff or floppy.
- + Eyes may roll back.
- + Foaming at the mouth or excess saliva.
- + Vomiting.
- + Might stop breathing.

Treatment

- + Keep calm, remember that febrile convulsions are quite common.
- + Do not restrain the casualty.
- + Gently remove any dummies.
- + Nothing to eat or drink during the convulsion.
- + Be prepared to use your emergency plan.
- + Call NHS 111 for guidance, or dial 999 for an ambulance if the child is not breathing normally, the convulsion lasts longer than 5 minutes, or you are unsure. They may advise you to cool the casualty by removing their clothing and possibly sponging them with tepid water.



DROWNING

When we become submerged in water, it can enter the lungs and cause suffocation.

It should be noted that even after a water rescue, a casualty is still at risk, even if they appear to have recovered. Even a small amount of residual fluid left in the lungs can lead to lung irritation. This affects the oxygen transfer between the lungs and blood stream. Even with an apparent full recovery from near drowning, the casualty can 'secondary drown' up to 72 hours later.

You should use your emergency plan to manage a drowning emergency.

Check for danger

You should consider your own safety. If you are not trained in water rescue, or not a strong swimmer, you may be putting yourself in danger by attempting to rescue the casualty. Try and use life aids wherever possible.



Use your emergency plan

Drs A&B. Call an ambulance and send for a defib, even if the casualty appears to have recovered.



Not breathing?

Use basic life support.



Breathing?

Place in the recovery position.



FAINTING

When a casualty faints it is caused by a reduction in oxygenated blood to the brain. Someone might faint due to lack of food, dehydration, standing still for a long time or exhaustion.

Possible signs & symptoms

- + Dizziness and passing out.
- + Feeling sick.
- + Momentary lack of consciousness, leading to collapse.

Treatment

- + Elevate the casualty's legs to restore a good blood supply back to the head.
- + Keep the casualty warm.
- + If the casualty remains unconscious for more than a few seconds, treat as unconsciousness by placing the casualty in the recovery position.



STINGS



Stings are in most cases minor, causing just general discomfort. However some stings are more serious and can even involve poisoning. Multiple stings, or those causing an anaphylactic reaction can lead to a life threatening first aid emergency.

Treatment

- + Reassure the casualty (especially a child).
- + Bee and wasp stings can be scraped off, a credit card is a good way of doing this. It is best not to use tweezers, as this often makes the sting worse.
- + If possible, elevate the sting site.
- + Apply cold compress for at least 10 minutes.
- + If the casualty experiences any breathing difficulty, dial 999 for an ambulance and be prepared to use your emergency plan.

BURNS

Firstly, 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 clothes are on fire.

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.



Major burns

Major burns are very serious, involving all layers of the skin even as far as fat tissue. There may be damage to the muscle, blood vessels and nerves. This type of burn is sometimes less painful due to nerve damage.

Minor burns

Minor burns usually cause discomfort and stinging. Common examples include sun burn, and quick contact burns such as from an iron or hair straighteners.

Look out for signs of and treat shock, which might be caused by fluid loss. The size of a burn is linked to the likelihood of shock developing. The larger the burn, the more likely it is that the casualty will suffer shock from fluid loss. Therefore it is useful to be able to give an estimate of the size of the burn if you have to call the emergency services. As a guide, the casualty's palm and fingers is approximately 1% of the body size. Burns that are more than 1%, and more than superficial will usually require hospital treatment.

COOL CALL COVER

Cool the burn, ideally under cold or luke warm running water, for at least 20 minutes (up to 45 minutes for a chemical burn such as acid).

Call an ambulance while cooling is taking place if the burn is severe. If you are unsure, call 111 for advice.

Dress the burn using burns dressing, or cling film can be used in a single non-constrictive layer. Do not use anything that will stick.