



**South London Scouts**  
**Training Team**



# First response

Covering module 10

# Objectives

By the end of the training you will have been

- provided with simple first aid information which is relevant to your role.
- helped to build confidence and skills in coping with emergency and first aid situations.
- equipped with the knowledge needed to manage these emergencies.

# Contents of this session...

## Principles of First Aid Reporting of accidents First Aid kits

### Trauma and Injury

- ✓ Safe Approach
- ✓ Primary Survey and ABC assessment
- ✓ Shock
- ✓ Bleeding
- ✓ Fractures and sprains
- ✓ Head injury
- ✓ Dental incidents
- ✓ Burns

### Major Illness

- ✓ Asthma
- ✓ Anaphylaxis
- ✓ Diabetes
- ✓ Heart attack
- ✓ Heat Stroke
- ✓ Heat Exhaustion
- ✓ Hypothermia
- ✓ Meningitis
- ✓ Sepsis
- ✓ Stroke

### Life Support

- ✓ Choking
- ✓ Unresponsiveness
- ✓ Recovery position
- ✓ CPR – Adult & Child
- ✓ AED

# What are the Principles of First Aid?

**Preserve life:** Airway Breathing Circulation

**Prevent deterioration:** Stop bleeding Treat shock Treat other injuries

**Promote recovery:** Reassure Relieve pain Handle with care Protect from harm

# What are the Actions in an Emergency?

Assess dangers

Make safe

Give emergency aid

Get help

Clear up

Look after yourself

## What do we do after an Incident?

Inform next of kin, if possible

**Complete reports (remember POR) to include:**

Details of the incident

Location of the incident

Date and time of the incident

Who was involved

What was done

Who was notified

**Remember GDPR**

# ***First aid kits***

**List what goes in a first aid kit!**



# ***First aid kits***

## ***Must Haves***

- 2 pairs of disposable non-latex protective gloves
- 2 sterile eye pads
- 6 medium-sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings
- 20 individually wrapped sterile adhesive dressings
- 4 individually wrapped triangular bandages, preferably sterile
- Resuscitation shield
- Guidance leaflet (a leaflet supplied with the kit or that you make yourself which includes brief instructions on emergency treatment)

# ***First aid kits***

## ***Suggested Extras***

➤ Scissors

➤ Extra gloves

➤ Adhesive tape

➤ Steripods

➤ 6 safety pins

➤ Individually wrapped moist cleaning wipes for the first aider's hands

# Duty of Care

Whilst first aiders would not normally give medication, youth leaders working with other people's children have a duty of care equivalent to that of a 'responsible parent'

They are often required to look after or carry medicines for young children and sometimes need to administer them

Leaders should always seek parental permission before doing so

# Trauma & Injury

***The first person at the scene of an incident should:***

**Danger**

**Response - Help**

**Airway**

**Breathing**

**Circulation**

***The first person at the scene of an incident should:***

Talk to the Casualty about:

Signs & Symptoms

Allergy

Medication

Past Medical History

Last Meal or Drink

Event

# Shock – What is Shock?

Shock is a life-threatening condition when the circulatory system fails and the vital organs fail to get an adequate supply of oxygen.

# Shock – Do you know the Causes?

Fluid loss – bleeding, burns, severe diarrhoea or vomiting

Cardiac problems – heart attack, electrocution

Anaphylaxis – severe allergic reaction to stings, types of food, environmental features, poisons

Septic Shock – overwhelming infection



# Shock – Signs and Symptoms

Pale, cold, clammy skin

Rapid, shallow breathing

Weak, dizzy, light-headed

Dropping level of consciousness

Nausea or vomiting

Anxiety or irrational behaviour

Thirsty

Rapid, weak pulse

Yawning

# Shock - Treatment

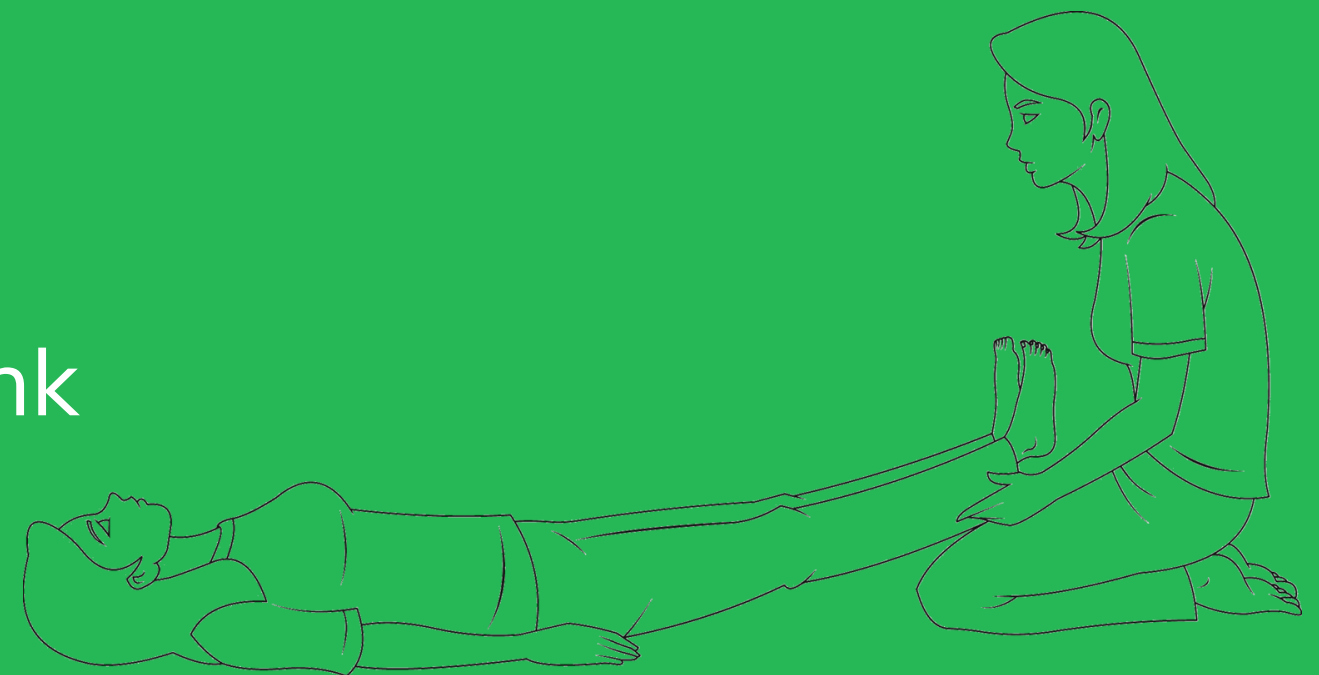
Correctly position the casualty

Reassure

Keep the casualty fairly warm

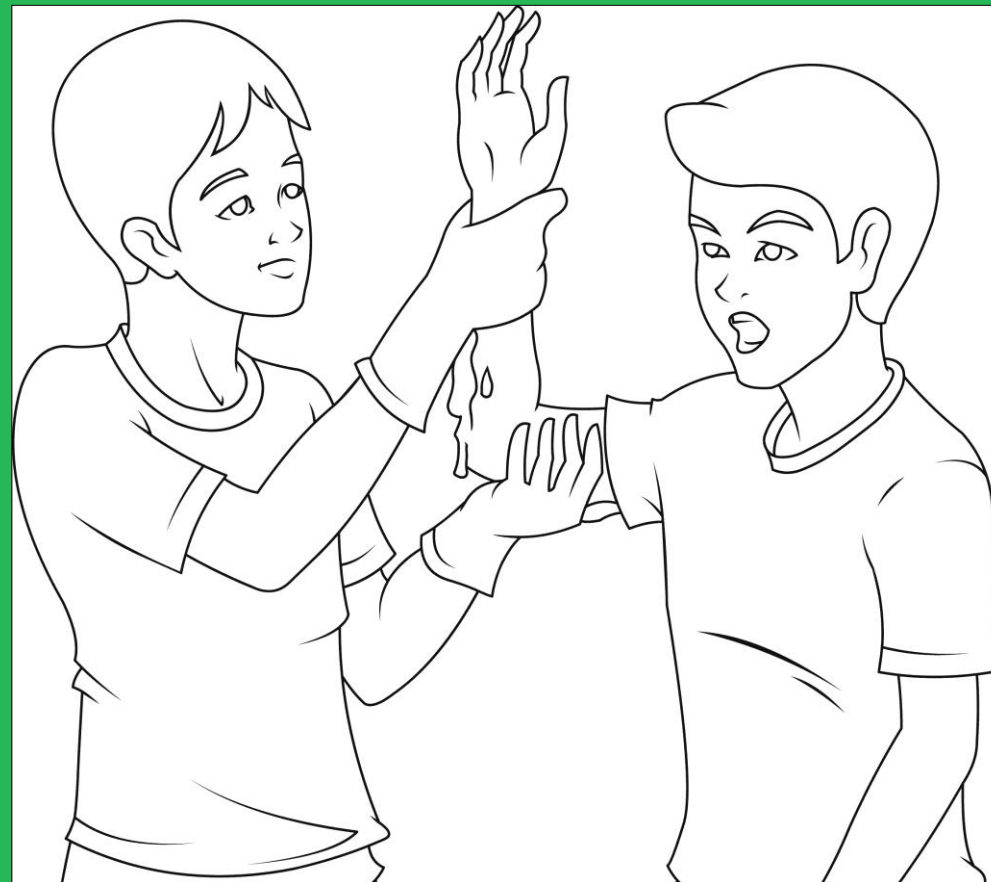
Monitor breathing if necessary

Do not give anything to eat or drink



# How do we treat severe bleeding?

Direct pressure



Dress

# Severe bleeding - treatment

- ✓ Apply direct pressure over the wound with your fingers using a sterile dressing or clean non-fluffy pad. Get the patient to do this themselves if they can.
- ✓ If there is an object in the wound, apply pressure on either side of the object.
- ✓ Apply a dressing and hold it in place with a bandage. Apply one additional dressing on top of the first if the blood comes through.
- ✓ If the blood continues to come through remove all dressings and apply new ones.
- ✓ Check that bandages on the limbs are not too tight by feeling the area below the bandage (the extremities). If this area is cold or blue, loosen the bandage slightly.
- ✓ Call for help – 999/112.

# Severe Bleed – Applying a dressing

## How to apply a dressing with a bandage attached

1. Wash hands and put on disposable, non-latex gloves before touching a dressing or wound.
2. Unfold the dressing pad and lay it directly on top of the wound, keeping it in place by holding the bandage on each side. Make sure the dressing covers beyond the edge of the wound.
3. Wrap the short end of the bandage around the injured part to secure the dressing pad.
4. Then wrap the longer end around the injured part, making sure all of the dressing pad is covered. Leave the short end hanging out.

## Severe Bleed – Applying a dressing (cont.)

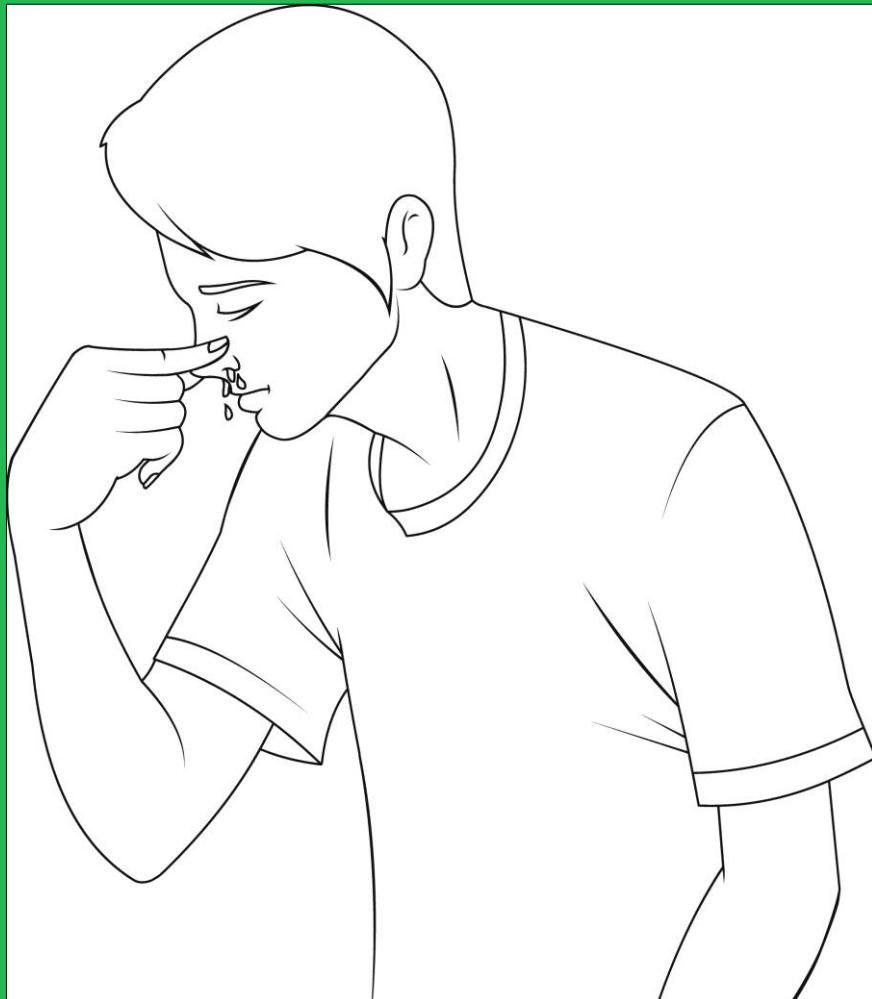
5. Secure the bandage by tying the short and long ends together in a reef knot, over the top of the pad to keep pressure on the wound.
6. Then check their circulation. To do this press a nail or skin beyond the wound for five seconds until it goes pale. If the colour doesn't come back within two seconds, the bandage is too tight so you'll need to loosen it. Keep checking their circulation every 10 minutes.
7. If blood comes through the dressing, don't remove it but apply a second dressing over the top. If it comes through the second dressing, take off both dressings and apply a new one, putting pressure on the bleed.

St John  
Ambulance 

## How to make a sling



# How do we treat Nose Bleeds?



## What to do:

- Apply firm pressure just below the firm part of the nose (you may have to do this for a younger casualty).
- Get them to sit down and lean forward. If possible, protect their clothing with a cloth or bowl.
- Try to make sure they do not breathe through their nose, speak, swallow, cough, spit or sniff.
- Apply the pressure to their nose for ten minutes. If the bleeding still has not stopped, continue this for a further ten minutes.

When the bleeding has stopped, advise them to rest, to avoid exertion and not to pick or blow their nose for a few hours.

If the nosebleed persists for longer than 30 minutes, take them to hospital.





## How to treat a fracture & fracture types



# What's the difference between a sprain and a strain?

A strain is when a muscle is damaged.

A sprain is when a joint – such as a knee, ankle or wrist – is damaged.

# How can I tell if someone has a strain or sprain?

Strains and sprains happen when someone suddenly moves part of their body.

They may have pain, swelling or bruising around a joint or muscle. If the injury is at a joint, the person may have difficulty in moving a limb.

# How do we treat a Sprain?

## R.I.C.E

R – Rest the injured part.

I – Apply Ice (not directly to the skin) or a cold compress.

C – Provide Comfortable support – soft padding and a bandage support.

E – Elevate the limb

# Head injury

Head injuries are very common but can become very serious.

For this reason, the casualty's parent/carer or person they live with must be informed of even an apparently minor bump to the head, since symptoms can be delayed.

# Head Injury

Seek medical help if

- ✓ Persistent headache
- ✓ Increasing drowsiness
- ✓ Confusion, loss of balance, loss of memory
- ✓ Difficulty speaking
- ✓ Difficulty walking
- ✓ Vomiting episodes after the injury has occurred
- ✓ Double vision or strange movement of the eyes
- ✓ Seizures
- ✓ Patient is aged over 65
- ✓ Patient has had previous brain surgery
- ✓ Patient is on anti-coagulation/anti-clotting medication

# Dental Incidents

Emergency 1<sup>st</sup> Aid will be required if:  
An adult tooth is knocked out

## What to do?

- ✓ Replant in socket immediately
- ✓ Ask patient to keep inside cheek if able
- ✓ Otherwise store in cup of milk or saliva – or saliva-soaked gauze
- ✓ If bleeding from socket – roll a gauze pad into a roll, place across empty socket and ask patient to bite down on it.

# Burns & Scalds

What can cause a burn?

dry heat

friction

hot liquids

radiation (including sunrays)

chemicals.

electrical

steam

# Burns/Scalds - Treatment

## Dry heat, Friction, Hot Liquids, Steam

- Immediately cool the skin with cold running water for at least 20-30 minutes or until the pain stops.
- Once cooled, lay cling film ideally over the injury or if not, a clean dry dressing.
- If possible, immediately remove jewellery, watches or other restrictions as the area can swell very quickly.
- Be prepared for shock to develop and lay the casualty down if you can.
- Do not burst blisters.
- Leave on any clothing which has stuck to the body. If possible gently remove rings, watches or shoes before swelling occurs.
- Do not apply anything but water. Special dressings, sprays and gels are not recommended.
- Do not apply adhesive dressings.



# Burns/Scalds - Treatment

## Chemical

- Wash the affected area for at least 20 minutes, with the flow of water running away from the casualty. Take care not to splash the chemical on to yourself or the casualty. This should be done before any other management
- Chemical burns around the mouth and throat can cause swelling, which can restrict or close the airway, therefore:
  - Loosen clothing around the neck
  - Give a conscious casualty sips (not more) of cold water
  - Be prepared to start CPR but remember to protect your mouth from the chemical by using a resuscitation face shield.
  - Get urgent medical help.

## Sunburn

- Move the casualty into a shaded area.
- Cool the sunburnt area by sponging or showering it with cold water or get the casualty to soak in a cool bath for ten – twenty minutes.  
Seek medical aid if there is extensive blistering or skin damage

# Burns/Scalds - Treatment

## Seek urgent medical attention if:

- ✓ The patient is a child or old person
- ✓ The burn is deep
- ✓ The burn affects face, hands, feet or genitals
- ✓ The burn goes all the way around a limb
- ✓ Burns that are greater than the size of the patient's hand.

# Burns/Scalds - Treatment

Size

Cause

Age

Location

Depth

# ***Lunch time.....***



# Major Illness

# Asthma

## What is asthma?

Asthma is a chronic (long-term) condition in which the muscles of the air passages go into spasm making the airways narrow and causing the patient to have difficulty in breathing.

## Signs and symptoms?

- ✓ Difficulty breathing – short sentences and whispering
- ✓ Wheezing
- ✓ Heaving of shoulders
- ✓ Coughing
- ✓ Distress and anxiety
- ✓ Grey-blue tinge to lips, earlobes and nailbed
- ✓ Exhaustion in a severe attack



# Asthma

## Treatment

- ✓ People will often treat a mild attack with their own “reliever” inhaler. Encourage and if necessary, help patient to use their inhaler. If they have a spacer for it, help them to use that too.
- ✓ Encourage patient to sit in a comfortable position – often this is leaning forward. Do not force patient to lie down.
- ✓ A mild attack should ease in a few minutes.
- ✓ If not keep using inhaler 2 puffs every 2 minutes until they have had 10 puffs. Reliever inhalers are very safe.

# Anaphylaxis

## What is anaphylaxis?

Anaphylaxis is a severe allergic reaction affecting the whole body. It may develop within seconds or minutes of coming into contact with a trigger and can be fatal.

## Signs and symptoms?

- ✓ Red itchy rash
- ✓ Red itchy eyes
- ✓ Swelling of hands feet or face
- ✓ Abdominal pain, vomiting and diarrhoea
- ✓ Wheezing and difficulty breathing
- ✓ Swelling of tongue or throat
- ✓ Agitation and feeling of terror
- ✓ Shock



# Anaphylaxis

## Treatment

- Patients need emergency treatment with adrenaline
- Call for help – 999/112
- If the patient has an adrenaline auto-injector – help them to use it
- There are several types of adrenaline auto injectors available in the UK. All deliver ‘adrenaline’ (also referred to as ‘epinephrine’). All types are prescription only medicines, and need to be prescribed by an allergy specialist. The dose of adrenaline required is dependent on the age and weight of the person requiring the adrenaline auto injector device, and will be prescribed by the clinician. Each adrenaline auto injector device will differ in appearance and the availability of the dose/strength available in that particular brand.

BritishRedCross

## How to help someone with an allergic reaction

#FirstAid

# Diabetes

## What is Diabetes?

A chronic (long-term) condition in which the body fails to produce sufficient insulin, which is a hormone that controls blood sugar level. This can result in higher than normal blood sugar (hyperglycaemia) or lower than normal blood sugar (hypoglycaemia or hypo)

## Signs and symptoms?

- ✓ A history of diabetes - some people may recognise a “Hypo” coming
- ✓ Weakness, fainting, hunger
- ✓ Confusion, being irrational
- ✓ Sweaty with clammy skin
- ✓ Rapid pulse
- ✓ Decreasing level of responsiveness
- ✓ Evidence of medical warning device - or carrying glucose gel or sweets

# Diabetes

## Treatment

Hypoglycaemia is the emergency. If a patient with diabetes is unwell giving them sugar will rapidly restore blood sugar, and is unlikely to do harm in hyperglycaemia. The need is to act urgently rather than trying to decide.

Give sugar.

- ✓ Patient may have their own emergency supplies (think about a healthcare plan)
- ✓ If not give – 15-20g glucose – 150ml of non-diet fizzy drink, 3 jelly babies, 3 sugar lumps.
- ✓ If the casualty feels better –help them to check their own blood sugar
- ✓ If not improving –call for medical help.
- ✓ If unresponsive – put into recovery position and monitor.

# Heart Attack

## What is a Heart Attack?

Chest pain sensation of pressure, tightness or squeezing in the centre of your chest and in other parts of the body – it can feel as if the pain is travelling from your chest to your arms (usually the left arm is affected, but it can affect both arms), jaw, neck, back and tummy (abdomen)

## Signs and symptoms?

- ✓ Feeling lightheaded or dizzy
- ✓ Sweating
- ✓ Shortness of breath
- ✓ Feeling sick (nausea) or being sick (vomiting)
- ✓ An overwhelming sense of anxiety (similar to having a panic attack)
- ✓ coughing or wheezing
- ✓ Pulse is weak and fast

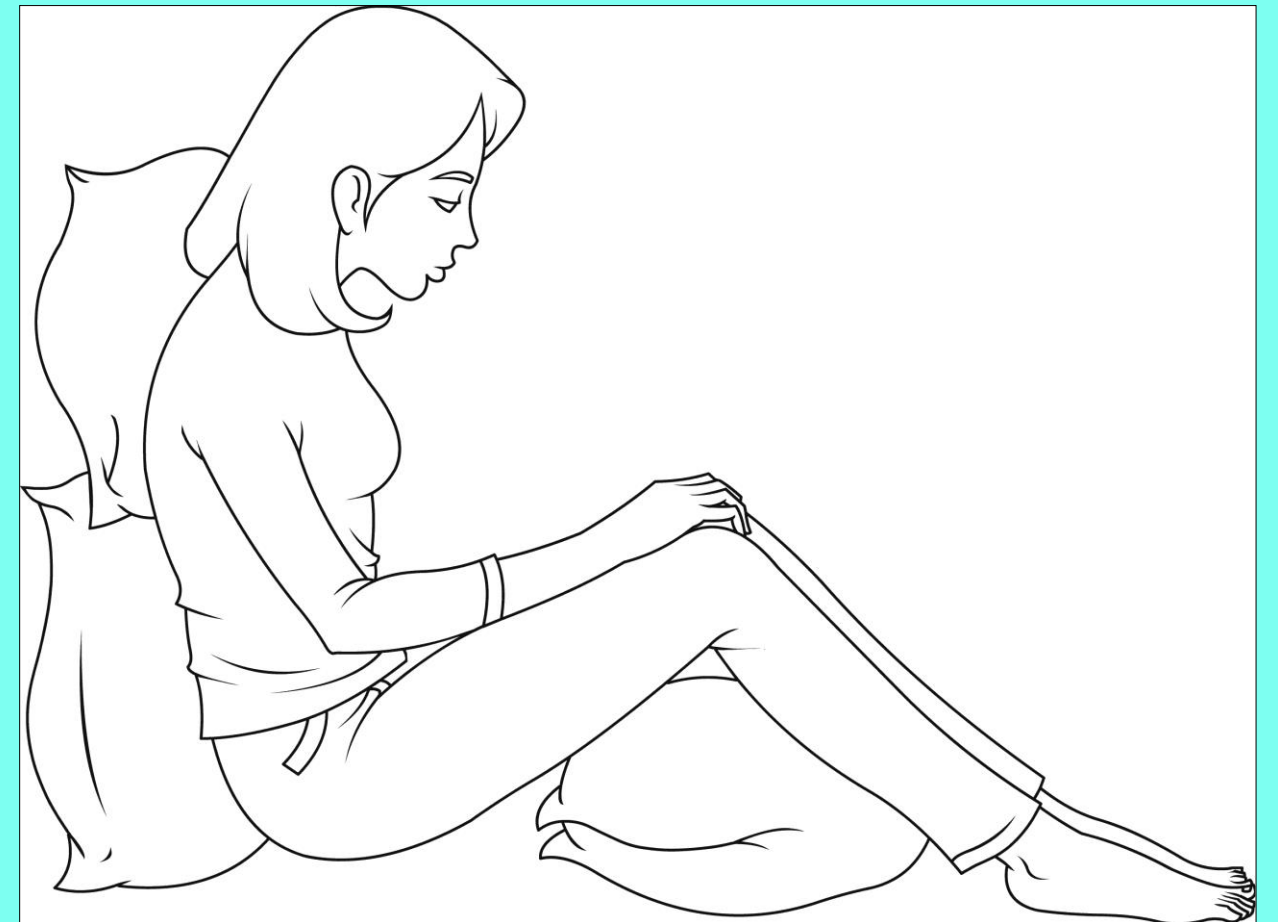
Although the chest pain is often severe, some people may only experience minor pain, similar to indigestion. In some cases, there may not be any chest pain at all, especially in women, older people, and people who have diabetes.

It's the overall pattern of symptoms that helps to determine whether you are having a heart attack.

# Heart Attack

## Treatment

- If the casualty is still conscious, sit them up, supporting them from behind with their knees slightly bent (the 'W' position).
- Send for urgent medical help.
- Monitor them carefully and if **they are over 16** and not allergic, give them 300mg aspirin to chew slowly.
- If they have any medication for angina, encourage them to take it.
- Constantly monitor their level of response, circulation and breathing until help arrives.
- If they lose consciousness, put them in the recovery position if still breathing normally.
- If breathing deteriorates, begin CPR



# Heat Exhaustion

## What is Heat Exhaustion?

Heat exhaustion is not usually serious if you can cool down within 30 minutes. If it turns into heatstroke, it needs to be treated as an emergency.

## Signs and symptoms?

- ✓ Headache
- ✓ Dizziness and confusion
- ✓ Loss of appetite and feeling sick
- ✓ Sweating with pale clammy skin
- ✓ Cramps in the arms, legs and stomach
- ✓ Fast, weakening pulse and shallow breathing

# Heat Exhaustion

## Treatment

- ✓ Help take them to a cool place and get them to lie down with their legs raised.
- ✓ Then give them lots of water. You can also give them a sports drink like Lucozade or an oral rehydration solution to help replace the salt and fluid they have lost by sweating.
- ✓ Keep checking their breathing, pulse and level of response.
- ✓ Even if they recover quickly, suggest they see a doctor.
- ✓ If they seem to be getting worse, place them into the recovery position and call 999/112 for an ambulance.



# Heat Stroke

## What is Heat Stroke?

Heatstroke is caused by our brain's thermostat, the hypothalamus – failing to regulate our body's temperature. It happens when the body is unable to cool itself by sweating. It's potentially quite dangerous and can develop with little warning. A person suffering from it could become unresponsive within minutes of feeling unwell. Heatstroke is often caused by prolonged exposure to heat and humidity.

## Signs and symptoms?

- ✓ Headache, dizziness and discomfort
- ✓ Restlessness and confusion
- ✓ Hot flushed and dry skin
- ✓ A fast deterioration in the level of response
- ✓ A full bounding pulse
- ✓ Body temperature above 40°C (104°F)

# Heat Stroke

## Treatment

- ✓ Quickly move them to a cool place and remove their outer clothing but ensure you maintain their dignity.
- ✓ Then call 999/112 for an ambulance.
- ✓ Wrap them in a cold wet sheet and keep pouring cold water over it until their
- ✓ temperature falls to at least 38°C (or 100.4°F).
- ✓ If you can't find a sheet, fan them or sponge them down with cold water to keep them cool.
- ✓ While waiting for help to arrive, keep checking their temperature, as well as their
- ✓ breathing, pulse and level of response.

# Hypothermia

## What is Hypothermia?

Hypothermia is when a person's body temperature gets so low that they have reduced circulation of blood around the body, particularly to their skin. This is why the person's skin will feel cold to touch. Many instances of hypothermia occur inside when there is cold weather and a lack of heating.

## Signs and symptoms?

- ✓ Shivering, cold, pale, and dry skin
- ✓ Tiredness, confusion, and irrational behaviour
- ✓ Slow and shallow breathing
- ✓ Slow and weakening pulse

# Hypothermia

## Treatment

If you notice any of these symptoms, you need to warm them up.

- ✓ If they are outside, if possible get them indoors.
- ✓ Cover them with layers of blankets and warm the room to about 25°C (77°F).
- ✓ Give them something warm to drink, like soup, and high energy food, like chocolate.
- ✓ Once they have warmed up, tell them to see a doctor as soon as possible
- ✓ If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who's become unresponsive.

If they are outdoors and you can't move them indoors:

- ✓ Find something for them to lie on to protect them from the cold ground.
- ✓ If their clothes are wet, change them into dry clothes, if possible.
- ✓ Then call 999/112 for an ambulance

# Meningitis

## What is Meningitis?

Meningitis is an infection of the protective membranes that surround the brain and spinal cord (meninges). It can affect anyone, but is most common in babies, young children, teenagers and young adults.

## Signs and symptoms?

- ✓ raised body temperature
- ✓ vomiting
- ✓ feeling very unwell
- ✓ severe headache
- ✓ photophobia (dislike of light)
- ✓ stiff or rigid neck
- ✓ a lowering level of consciousness if untreated
- ✓ rash of small purple spots or bruises (when pressed against a glass they do not disappear). This is a late sign and may not even appear.

# Meningitis

## Treatment

If you have any suspicion that someone might have meningitis, seek urgent medical advice.



# Sepsis

## What is Sepsis?

Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs. You cannot catch sepsis from another person. Sepsis is sometimes called septicaemia or blood poisoning

## Signs and symptoms?

- ✓ Blue, pale or blotchy skin, lips or tongue
- ✓ a rash that does not fade when you roll a glass over it, the same as [meningitis](#)
- ✓ Difficulty breathing (you may notice grunting noises or their stomach sucking under their ribcage), breathlessness or breathing very fast
- ✓ A weak, high-pitched cry that's not like their normal cry
- ✓ Not responding like they normally do, or not interested in feeding or normal activities
- ✓ Being sleepier than normal or difficult to wake
- ✓ They may not have all these symptoms.
- ✓ Sometimes symptoms can be vague and can be like other conditions, including flu or chest infection.

# Sepsis

## Treatment

If you have any suspicion that someone might have sepsis, seek urgent medical advice.





# Seizures

## What are Seizures?

A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in your behaviour, movements or feelings, and in levels of consciousness. If you have two or more seizures or a tendency to have recurrent seizures, you have epilepsy. There are many types of seizures, which range in severity.

## Signs and symptoms?

Seizures can affect people in different ways, depending on which part of the brain is involved.

Possible symptoms include:

- ✓ Strange sensations, such as a "rising" feeling in the tummy, unusual smells or tastes, and a tingling feeling in your arms or legs
- ✓ Becoming stiff
- ✓ Losing awareness and staring blankly into space
- ✓ Uncontrollable jerking and shaking,
- ✓ Collapsing
- ✓ Sometimes you might pass out and not remember what happened.

# Seizures

## Treatment

- ✓ Make space around patient and move bystanders out of the way.
- ✓ Remove any potentially dangerous items such as hot drinks or sharp objects
- ✓ Note what time fit started
- ✓ Do not move patient unless they are in immediate danger
- ✓ When the fit has stopped, check airway and breathing and place into recovery position.
- ✓ Note how long seizure lasted.

Call for emergency help if:

- There are repeated seizures or if this is first seizure.
- The seizure continues for more than 5 minutes
- The patient is unresponsive for more than 10 minutes.

# Stroke

## What is a Stroke?

Strokes are caused by problems in the blood supply to the brain. Brain cells become damaged and begin to die. This brain damage affects the body's functions, resulting in facial or limb weakness. Sometimes only one limb or one side of the body is affected.

## Signs and symptoms?

- ✓ Face – look at their face and ask them to smile. Are they only able to smile on one side of their mouth? If yes, this is not normal.
- ✓ Arms – ask them to raise both arms. Are they only able to lift one arm? If yes, this is not normal.
- ✓ Speech – ask them to speak. Are they struggling to speak clearly? If yes, this is not normal.
- ✓ Time – if the answer to any of these three questions is yes, then it is time to call 999 or 112 for medical help and say you think the casualty is having a stroke

# Stroke

## Treatment

Act **FAST** and call 999.



**Facial**  
weakness



**Arm**  
weakness



**Speech**  
problems



**Time**  
to call 999



# Life Support

# Choking

If you think someone is choking, ask them: 'Are you choking?' to check they're not suffering from something else. Can they speak, cry, cough or breathe? If they can, they should be able to clear their throat on their own by coughing, so encourage them to cough.

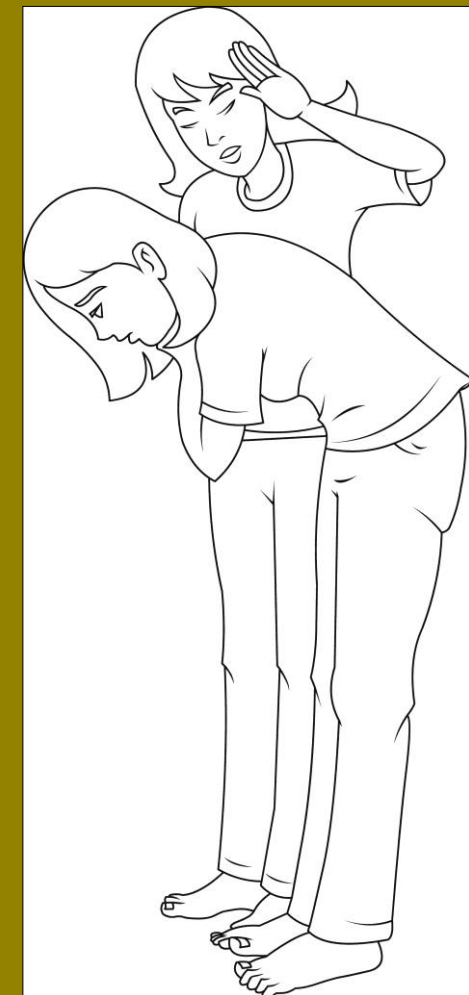
If they can't cough or make any noise, take the following action:

## Cough it out

Encourage them to cough a couple of times. If this doesn't clear the obstruction, support their upper body with one hand and help them lean forward.

## Slap it out

- If coughing doesn't work, help the casualty bend forward.
- Use the heel of your hand to give up to five sharp back blows between their shoulder blades.
- Check their mouth to see if there's anything in there and, if there is, get them to pick it out.



# Choking

## Squeeze it out

- If back blows don't work, give up to five abdominal thrusts.
- To do this:
  - Stand behind them.
  - Link your hands between their tummy button and the bottom of their chest, with your lower hand clenched in a fist.
  - Pull sharply inwards and upwards.
  - Repeat up to five times.

## Call for help

- If they're still choking, call 999 or 112 for medical help.
- Once you've called, continue steps 2 and 3 – back blows and abdominal thrusts – until what's in there has cleared, help arrives or they become unresponsive.
- If they become unresponsive at any stage, open their airway and check their breathing.
- If they're not breathing, start chest compressions and rescue breaths (CPR). If the patient becomes unresponsive the throat muscles may relax and the airway open enough to allow rescue breaths.



# Choking - Recap

- ✓ Encourage coughing
- ✓ Upto 5 back blows
- ✓ Upto 5 abdominal thrusts
- ✓ Call for emergency help
- ✓ Repeat back blows and abdominal thrusts.



# ***The first person at the scene of an incident should:***

**Danger**

**Response - Help**

**Airway**

**Breathing**

**Circulation**

# Causes of Unconsciousness

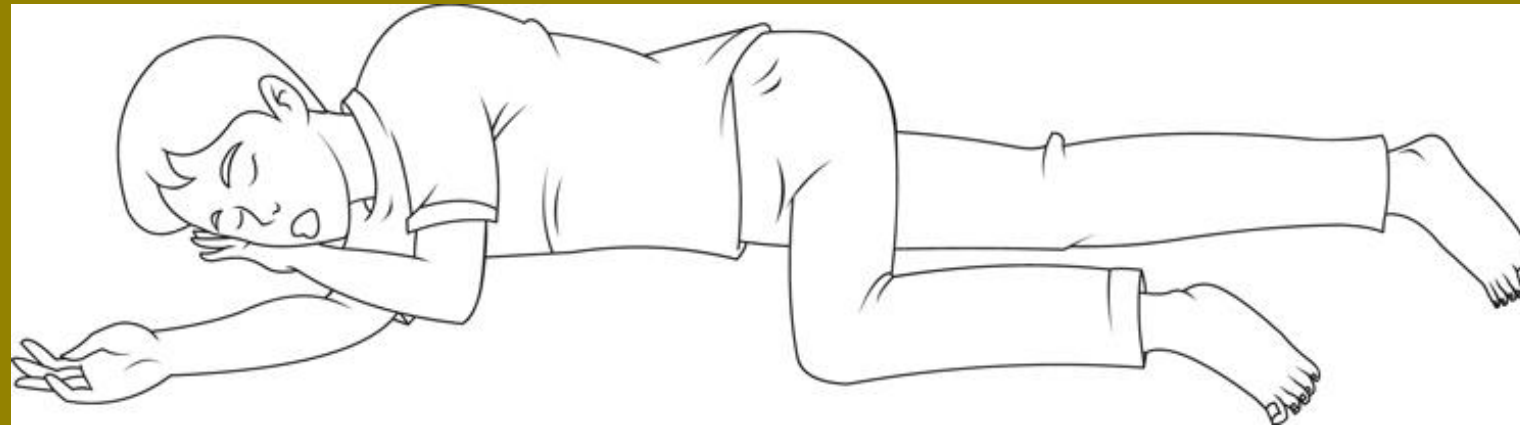
- ✓ Fainting
- ✓ Shock
- ✓ Seizures
- ✓ Head Injury
- ✓ Asphyxia
- ✓ Drowning
- ✓ Choking
- ✓ Diabetes
- ✓ Stroke
- ✓ Cardiac arrest
- ✓ Asthma

# Unconscious & Breathing Recovery Position – Safe Airway Position

This will keep their airway open.

- Kneel down next to them on the floor. The next steps are for if you find the casualty lying on their back. If you find them lying on their side or their front you may not need all these steps. However please move them as safely as possible into the recovery position using relevant steps below.
- Check casualty's pockets for any objects on the side they will be laying on – remove sharp objects.
- Place their arm nearest you at a right angle to their body, with their palm facing upwards.
- Bring their other arm and place it across their chest so the back of their hand is against their cheek nearest you, and hold it there.
- With your other hand, lift their far knee and pull it up until their foot is flat on the floor.

# Unconscious & Breathing Recovery Position – Safe Airway Position



- Carefully pull on their bent knee and roll them towards you.
- Once you've done this, the top arm should be supporting the head and the bent leg should be on the floor to stop them from rolling over too far. Ensure hip and knee are at right angles.
- Cover casualty with a blanket if possible.
- Once you've put them safely into the recovery position, call 999 or 112 for medical help. Until help arrives, keep checking the casualty's breathing.
- *If they stop breathing at any point, call 999 or 112 straight away and give them CPR.*

# Unresponsive and Not Breathing

## CPR – for Adults

1. Call 999 or 112 for an ambulance or get someone else to do it.
2. Perform CPR - cardiopulmonary resuscitation. This involves giving someone chest compressions and rescue breaths to keep their heart and circulation going.

*If they start breathing normally again, stop CPR and put them in the recovery position.*

How to give chest compressions:

- Kneel down beside the casualty on the floor level with their chest.
- Place the heel of one hand towards the end of their breastbone, in the centre of their chest.
- Place the heel of your other hand on top of the first hand and interlock your fingers, making sure you keep the fingers off the ribs.
- Lean over the casualty, with your arms straight, pressing down vertically on the breastbone, and press the chest down by 5-6cm.
- Release the pressure without removing your hands from their chest. Allow the chest to come back up fully – this is one compression.
- Repeat 30 times, at a rate of about twice a second

3. Current advice during Covid-19 pandemic is to perform chest compression only CPR. This has been shown to be almost as effective as full CPR in the early stages of cardiac arrest.

# Unresponsive and Not Breathing

## CPR – For Children

### Basic life support for child (aged 1 - puberty)

1. If someone is with you, get them to call 999 or 112 for emergency help.
2. If you're on your own, you need to give one minute's worth of CPR – cardiopulmonary resuscitation - before you call for help. This involves giving chest compressions and rescue breaths to keep the child's circulation going.
3. Kneel down beside the child on the floor, level with their chest.
4. Give five initial rescue breaths before starting the sequence of 30 chest compressions and two rescue breaths.

### How to give chest compressions:

- For chest compressions for a child place the heel of one hand towards the end of their breastbone, in the centre of their chest, making sure you keep the fingers off the ribs.
- Lean over the child, with your arm straight, pressing down vertically on the breastbone, and press the chest down by at least one-third of its depth.
- Release the pressure without removing your hand from their chest. Allow the chest to come back up fully – this is one compression.

Carry on giving 30 chest compressions followed by two rescue breaths for as long as you can, or until help arrives.

St John  
Ambulance 

## How to use a defibrillator (AED)





# South London Scouts Online Training Academy



think differently  question everything

[southlondonscouts.org.uk/adult-learning](https://southlondonscouts.org.uk/adult-learning)

South London  
**Scouts** 





# South London Scouts Adult Training