

Preface

To doctors, nurses, ambulance crews and police accidents/disasters are commonplace. Because of their training, these experts know precisely what to do and in what order. This book illustrates how to handle an emergency when you encounter disaster in the street or at home. Readers may have had little experience in dealing with the drama of an emergency on the spot as is inevitable if this happens to a member of your own family in the home or even to yourself. Easy and straightforward instructions in simple everyday language for almost any situation that can arise.

At last here are excerpts from the book compiled by experts of the St. John Ambulance Brigade which every housewife, car driver and every athlete will find handy as it'll help them deal with some common disasters sensibly rather than being caught unaware.

What to do if Breathing Stops

Breathing is the process by which air is drawn into the chest through the nose and mouth and is then blown out again through the same passages. Whilst in the chest, or more precisely the lungs, the air gives up some of its oxygen (about 1/5th) and this is taken into the blood circulation; in return the blood gives up the same amount of its waste product, carbon dioxide. This process is a continuous one from the time of birth to the time of death, and is often visible and obvious. If breathing stops, then within three or four minutes the heart will fail. Every second counts therefore, and in an emergency first read the summary on page 13 (The symptoms and treatment of heart failure are included in this chapter, but first things first.) How do you know if someone is not breathing? You carry out the See, Hear and Feel routine.

LOOK AND SEE

The chest wall will not be moving up and down.
The stomach wall will not be moving in and out.

LISTEN

You will not hear air being drawn in or blown out through the nose or mouth or into and out of the lungs, when you place your ear near the casualty.

FEEL

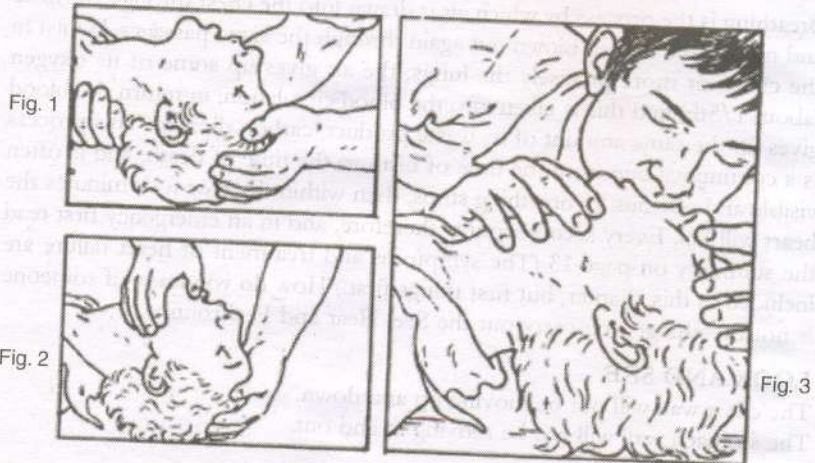
Your hand will not move up and down when placed on the chest. If you see nothing, hear nothing and feel nothing, then the casualty is not breathing.

Once you have decided this you must start artificial breathing or artificial respiration immediately. The Kiss of Life (mouth-to-mouth resuscitation) is the simplest and recommended method, and artificial respiration is only used in special cases, to which we refer later. The aim of the Kiss of Life is to do the work of breathing when the casualty cannot do it himself.

The Kiss of Life routine

- A. If it is possible to get someone else to call an ambulance, this is the first thing you arrange, but every second counts and you do *not* have time to do this yourself. If there is no-one to do this for you, it must wait until the patient has received first aid.
- B. Turn the casualty, when possible, so that he is lying on his back.
- C. Loosen clothing round casualty's neck, chest and waist.

D. Clean casualty's mouth and nose, and remove any dentures, vomit, food or saliva, using a tissue or handkerchief over your fingers.



- E. Place one of your hands under the neck and the other on the forehead so that the casualty's head is tilted backwards (Fig. 1).
- F. Using the hand from under the neck, lift the chin upwards (Fig. 2); this simple procedure often clears the airway, when the casualty will take a breath and start to breathe on his own. But it is important to keep the head in this position for the clear airway to be maintained until consciousness returns.
- G. However, if breathing does not start, pinch the casualty's nostrils together, take in a breath yourself, cover casualty's mouth completely and firmly with yours, and breathe into his lungs (Fig. 3).
- H. From the corner of your eye you will see his chest rise. Remove your mouth and turn your head away, and the chest will fall (casualty breathing out).
- I. Repeat this procedure rapidly three times, to saturate the casualty's blood with oxygen, then continue the procedure regularly at the rate of about twelve times a minute. To pace yourself, here is a useful gimmick. *In your mind* keep repeating the following jingle at a lively rate:

*'Turn head, breathe in, turn back,
Breathe out: I've got the knack.'*



Fig. 4

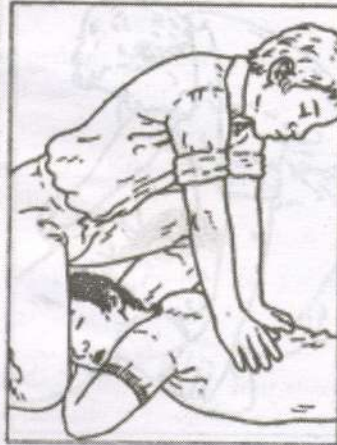


Fig. 5

J. If the chest fails to rise, make sure that the head is tilted well back and the air passages are clear, and start again.

You can continue to give the Kiss of Life until the casualty breathes unaided. If you have been unable to summon help to send for an ambulance earlier, you can now arrange yourself for an ambulance to get the casualty to hospital.

For children and infants, use the same routine, but remember the following points:

- A. Your mouth may be placed over both mouth and nose of the child.
- B. Breathe out more gently into the child.

The artificial respiration routine

In certain conditions the Kiss of Life cannot be administered — for example, when the face is damaged or the jaw-bone broken, or if the casualty has swallowed a poison which has burned the lips and mouth. The casualty must then be given artificial respiration.

- A. Send for an ambulance, using any helper for the purpose.
- B. Place the casualty face downwards with the arms bent so that the casualty's head rests on his hands, with the head turned to one side.
- C. Kneel on one knee at the casualty's head with the foot of your opposite leg placed near the casualty's elbow.
- D. Place your hands on casualty's back just below the shoulder blades or wing bones (Fig. 4).

Fig. 6



Fig. 7



- E. Now rock forward with your arms held straight at the elbows until your arms are vertical (upright), at the same time pressing down to compress the chest (Fig. 5).
- F. At the end of the compression allow your hands to slide sideways and outwards onto casualty's arms just above the elbows (Fig. 6).
- G. Then rock backwards, lifting casualty's elbows until some resistance is felt at casualty's shoulders (Fig. 7).
- H. This movement of compression and expansion should last for $2\frac{1}{2}$ seconds and be repeated every five seconds, or twelve times a minute, until casualty starts breathing. To pace yourself, use this slightly different jingle:

*'Press down, slide out, pull back
I think I've got the knack.'*

For children and infants use the same routine, but using finger tips on the shoulder blades instead of flat hands.

If there was no helper to send for an ambulance earlier, you can now arrange yourself for an ambulance to get the casualty to hospital.

Common causes of failure to breathe

Breathing stops only when there is a definite reason for it to do so. Here are some common causes, with the action you should take.

DROWNING

Clear airway and give Kiss of Life, and perhaps also heart massage or cardiac compression (see pages 6-7 and 10-12).

SUFFOCATION BY SMOKE

Remove casualty from smoke area and give Kiss of Life (see pages 6-7). Always bend low in a smoke-filled room.

GAS POISONING

Remove casualty from gas into fresh air. Turn off leaking gas and give Kiss of Life (see pages 6-7).

CHOKING

Remove obstruction in airway if possible, giving three or four sharp blows between the shoulder blades. Up-end casualty if possible and continue to strike between the shoulder blades. If breathing stops, give Kiss of Life (see pages 6-7).

ELECTRICITY

Switch off current and give Kiss of Life and heart massage (see pages 6-7 and 10-12).

LIGHTNING

Give Kiss of Life and heart massage (see pages 6-7 and 10-12).

DRUGS

Clear airway and give Kiss of Life (and maybe heart massage) (see pages 6-7 and 10-12).

ACUTE ASTHMA

Asthma is the medical word for a wheezy chest. It is caused by a number of conditions of which the more common are:

1. Infection of the respiratory tract, ie bronchitis.
2. Allergy to pollen, dust, moulds, fur, and other airborne particles.
3. Anxiety and worry.
4. Heart disease.
5. Any combination of 1 to 4.

Treatment

- A. In the acute attack, allow the casualty to sit up or be propped up with pillows and cushions, in a good clean atmosphere.

- B. Talk to him quietly and gently to relax him.
- C. Allow casualty to use inhaler if he has one, according to the dose prescribed.
- D. Allow casualty to take tablets if he has any, according to the dose prescribed.
- E. Send for a doctor as soon as possible.
- F. Do not raise dust by cleaning the room in readiness for the doctor. Do not allow flowers in the room.
- G. If oxygen is available, and only if you know how to administer it, give oxygen for periods of .5 minutes at a time, until the doctor orders otherwise.

Heart massage (cardiac compression)

Life is maintained by the continuing working of the heart and circulation of the blood. If the heart stops then the body will die; if the circulation fails then the life of the casualty is in danger. You must therefore be able to recognize when the heart has stopped and to do this you must carry out the See, Hear and Feel routine.

LOOK AND SEE

- 1. Blue colour of the face, lips, lobes of ears, fingers and toes.
- 2. The pupils of the eyes (black part) are widely dilated (enlarged).
- 3. No pulsation visible in the neck or in the front of the chest.

LISTEN

By placing your ear over the front of the left side of the chest you will normally be able to hear the heart-beat. When the heart has stopped you are unable to hear the heart-beat.

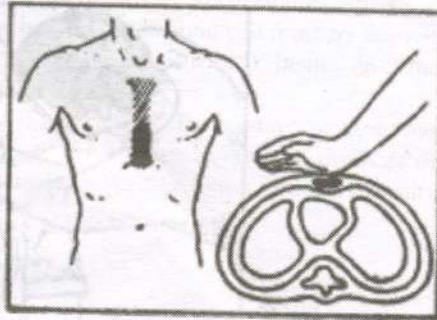
FEEL

- 1. There should be a pulse in the neck. No pulse can be felt when the heart has stopped.
 - 2. Sometimes the heart-beat can be felt through the chest wall (left front). When the heart has stopped the heart-beat cannot be felt.
- If therefore in unconscious casualties you see blueness and dilated pupils, feel no pulsation in the neck or chest, and hear no heart-beat in the chest, you must accept that the heart has stopped and you must start immediate heart massage.

It only takes a few seconds to examine a person to find whether the heart

has stopped, so you are not wasting time in carrying out this routine before starting heart massage, more especially because heart massage must *never* be carried out on anyone whose heart has not in fact stopped.

Fig. 8



Treatment

- A. The casualty must be lying on the ground or a hard surface.
- B. Turn the casualty onto his back, as if looking up to the sky.
- C. Kneel at one side of the chest (the most convenient side, giving you the most room to move about).
- D. Find the lower half of the breastbone (the bone to which the ribs are joined in the front of the chest — Fig. 8).
- E. Place the heel of the right hand on the lower half of the breastbone.
- F. Place the left hand on top of the right (Fig. 9).
- G. With your arms straight push vertically down on the lower half of the breastbone for about 4 cm (1½") in the adult.
- H. Repeat the pressure between 60-70 times a minute for adults. For children the rate is 80-90 per minute and you push the chest down about 2½ cm (1"). For infants the rate is 90-100 per minute and you push the chest down about 1½ cm (½").

Fig. 9



The rhythm of the pressure down should be as regular and even as possible.

If your treatment is being given correctly you will quickly see an improvement in the colour of the casualty, ie the blueness will disappear and



Fig. 10

the pupils will return to normal size. You will also start to see the pulsations in the neck again. You will be able to hear the heart-beat again in the chest. The See, Hear and Feel routine will tell you that your treatment is successful.

If you happen to be alone with a casualty when his heart and breathing stop, you are still able to carry out heart massage and the Kiss of Life as described, but you have to remember to alternate the giving of each. The rate is fifteen presses to two quick chest inflations (two Kiss of Life).

If you are fortunate enough to have a companion with you, first call an ambulance and then one of you can carry out the Kiss of Life and the other, the heart massage (Fig. 10). The rate then is five presses to one chest inflation.

If the Kiss of Life and heart massage is really working because you and your companion have been carrying out the instructions correctly, a response in the casualty usually occurs within a few minutes of starting the operation, but this does not always follow. It may be necessary to continue the procedure for quite a long time before the casualty responds or the doctor arrives. Once the heart starts to beat again on its own, call an ambulance. You must remain with the casualty until you are able to hand him over to an ambulance attendant or doctor — in case the heart stops again and you have to start the whole process once more.

There are of course a number of people who, despite well applied Kiss of Life and heart massage will not recover from their heart stopping no matter

how long you carry out the procedures, but despite such failures when you are confronted with someone whose heart stops beating you must *try your very best* to get it going again. Only time will prove your efforts to be in vain if the casualty is beyond help — and he may not be.

It is important to remember that if a period of five minutes or more has passed from the time the heart stops to the commencement of the Kiss of Life and heart massage, recovery is unlikely to take place, and the casualty must be considered dead.

Summary of the breathing routines

In an emergency, establish:

- A. Is the casualty breathing?
- B. If not, make certain his airway is clear.
- C. Start the Kiss of Life: 3 quick breaths first, check rise and fall of chest, check colour of casualty.
- D. Check heart-beat, look at pupils of eyes.
- E. If no heart-beat, start heart massage.
- F. The control procedure for one and two helpers is:

No. of helpers	Kiss of Life (No. of breaths)	to	Heart Massage (No. of presses)
1	2		15
2	1		5

The helper on heart massage does the counting, and the helper on Kiss of Life falls into rhythm on the fifth press.



Bleeding

WHEN THERE IS A FOREIGN BODY IN THE WOUND

This may be, for instance, a piece of glass, wood or metal.

- Apply pressure with your fingers or thumbs along the edge of the wound, leaving the foreign body in its place inside the wound (Fig. 1). *Do not* remove the foreign body.
- Apply dressings along the edge of the wound and hold them in place with a tight bandage, still leaving the foreign body in place (Fig. 2).
- If the wound is in an arm or leg and the bleeding profuse, lay the casualty down and raise the arm or leg above the level of the heart.
- Arrange for an ambulance, or take the casualty to hospital by car.

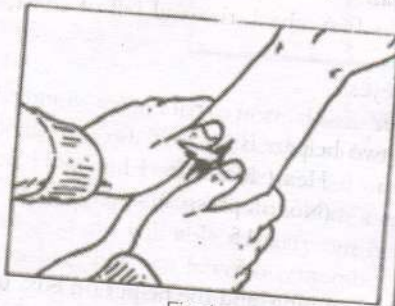


Fig. 1

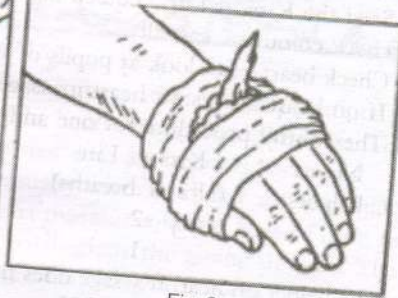


Fig. 2

Bleeding from within the body

This can take several forms, and these are explained below.

BLEEDING NOSE

This is a common occurrence in the younger age groups, usually due to a small blood vessel breaking and bleeding, just inside one or other nostril. Nose-bleeding is usually brought about by bangs on the nose, rubbing it excessively or through picking. It does not normally bleed for very long if the following treatment is carried out.

Treatment

- Sit the casualty down.
- Tilt the head slightly forward.
- Allow the blood to drip from the nose into a bowl or basin.

- D. Pinch the soft part of the nose (Fig. 3).
- E. Tell the casualty to avoid swallowing blood.
- F. Bleeding usually stops within a few minutes. Casualty should rest after treatment for at least one hour. In repeated nose bleeds of this nature the casualty should seek the advice of his doctor.

Nose bleeding in older age groups is often due to a raised blood pressure, and is frequently considered a safety valve in such cases.

Treatment

Carry out the same procedure as for younger age groups, but if bleeding does not stop in a matter of minutes and continues at a steady drip, the advice of a doctor should be sought at once. Do not plug the nose.

COUGHING BLOOD IN QUANTITY FROM THE LUNGS

Coughing blood in quantity (ie a small cupful or more) is not a common occurrence but when it does occur it is very frightening for both the patient and relatives. It is usually the result of a disease of the lungs, such as a lung cancer or severe tuberculosis, or some form of perforating injury to the lungs.

Treatment

- A. Lay the casualty down with the head and shoulders slightly raised and inclined towards the injured side (Fig. 4).
- B. Do not give any food or liquid by mouth.
- C. If bleeding from the lungs is caused by a wound to the chest, then a firm padded dressing covered with a piece of polythene must be applied over the wound and secured as firmly as possible, to prevent air being sucked into the wound and so into the chest cavity, thereby causing other possible complications (Figs. 5, 6 and 7).



Fig. 3



Fig. 4

D. Send for your doctor immediately or arrange for an ambulance to take the casualty to hospital.



Fig. 5



Fig. 6

VOMITING BLOOD FROM THE STOMACH

This is usually due to a stomach ulcer that has been bleeding. When the stomach has filled with blood, it suddenly contracts and the casualty vomits up all the blood and this may amount to as much as a litre or more.

Treatment

- A. Lay the casualty down with the feet and legs raised higher than the body.
- B. Keep the casualty at a reasonable temperature. Do not overheat by applying too many blankets or hot water bottles — keep the casualty just warm, and do not let him shiver with cold.
- C. Do not give any food or liquid by mouth.
- D. The mouth may be washed out with water, but none must be swallowed.
- E. Send immediately for a doctor, or arrange for an ambulance to take the casualty to hospital.
- F. If the casualty becomes unconscious, he must immediately be turned on his side in the Recovery Position (Fig. 8), but still keeping the feet and legs raised.



Fig. 7



Fig. 8



Unconsciousness

The loss of consciousness is always a serious sign. Unconsciousness is described as the state in which the human being will not respond in any way to shaking, shouting or pinching. If a person who appears unconscious recovers and 'comes to' quickly when shaken, spoken to sharply, or pinched — and instantly knows where he is and who he is — then that person was asleep and not unconscious.

In casualties who are only just unconscious, the eyes may be moving about and when a bright light is shone into them the pupils contract. In people who are deeply unconscious, however, the eyes may be fixed as if looking straight ahead with the pupils dilated (bigger than normal); the pupils will not contract when a light is shone into them. In these conditions — with the pupils dilated and the eyes fixed in one position — it usually means that the casualty is near to death. When you find a person apparently unconscious, apply the Shake, Shout and Pinch routine. If there is no response, he is unconscious.

Treatment

- A. Place the casualty in the Recovery Position in the following manner: turn him onto his back.
- B. Tuck his left arm under the left buttock (Fig. 1).
- C. Place the right arm above the head (Fig. 1).



Fig. 1

- D. Pull the body over on top of the left side.
- E. Bend the right leg up to the bent position.
- F. Bend the right arm into the bent position (Fig. 2).
- G. Clear away anything loose from the mouth and throat, including dentures, thus producing a clear airway so that casualty may breathe easily.
- H. Ease the left arm out behind the body.

Fig. 2

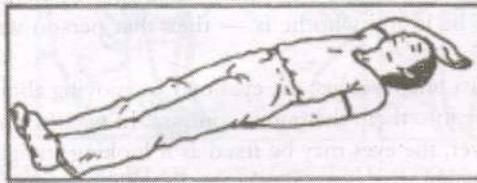


Fig. 3



I. Now lift the head upwards and backwards to ensure that the airway is clear (Fig. 3).

This is the left-side Recovery Position, but it may be more convenient to turn the casualty into the right-side Recovery Position, in which case carry out the above routine substituting right for left and vice versa.

In cases where it is impossible to turn the casualty into the Recovery Position owing to the presence of other injuries, or his being trapped, then the maintenance of a clear airway is carried out by placing two fingers behind the angle of the jaw on both sides and pushing the jaw forward towards the nose. This will force the tongue forward and away from the back of the throat, so clearing the airway. If this simple procedure should fail to clear the airway, then open the mouth, clear any debris from it and then hold the tongue between the folds of a handkerchief and pull it forwards. The airway should then be clear.

It is important to remember that the airway must be *kept* clear in one of these ways until it is automatically kept clear by placing the casualty in the Recovery Position or until a doctor or other trained person has passed a special type of breathing tube. The untrained person attempting to pass a tube may do more harm than good to the casualty.

- J. Do not give any food or liquid by mouth, as this will make the casualty choke and block the airway so that he cannot breathe.
- K. Send for a doctor or call for an ambulance to take the casualty to hospital.
- L. Whilst awaiting the arrival of the doctor or ambulance you must not only maintain the clear airway, but treat any other injuries the casualty may have sustained.

If the casualty appears dead, ie if the breathing and heart appear to have just stopped, then the Kiss of Life and heart massage must be started immediately. A doctor or ambulance must also be summoned as soon as possible.

If the casualty is stiff from having died some time previously then leave the casualty in the position in which you find him and call a doctor and, where appropriate, the police.

Causes of unconsciousness

There is an opportunity, while waiting for the doctor or ambulance to arrive, to try and discover the cause of unconsciousness. The common causes of unconsciousness are:

Fainting, Head injury, Stroke, Epilepsy – major fits or convulsions, Minor fits, Heart attacks, Diabetes, Drugs, Drink, Severe bleeding, Acute and severe allergy, Electric shock, Drowning, Gas poisoning.

THE COMMON FAINT

This occurs often in children and less frequently in adults, when they stand in one position for a long time, especially if they are not well or during very hot weather; or when they have had no food or liquids for several hours. When a person is going to faint he goes quite pale or white, with beads of perspiration on the forehead. The skin becomes cold and clammy, and he may feel he is going to be sick. Then he gently falls to the ground in a heap. If the pulse is taken at the wrist, it is usually very fast and quite weak to feel.

Provided the casualty is in no further danger, as from fire or traffic, turn him into the Recovery Position when you will find that he will rapidly recover, in a matter of five to ten minutes. After a further short period of three to five minutes it is safe to allow him to sit up and take a glass of cold water, and then, a little later on, a cup of sweet tea. If he is feeling quite normal after a rest of fifteen minutes, he may return to whatever he was originally doing. In cases of lack of food and liquids, a strong cup of sweet tea with milk and a biscuit will be helpful. This, together with a period of rest, should produce a full and normal recovery.

HEAD INJURY

In such cases it should be obvious that the casualty has received a blow to the skull, as for example, a car driver hitting the wind-screen, a motor cyclist thrown off his motor cycle, a rider falling off his horse, a housewife falling off a ladder or down stairs. The clues are:

1. A wound is usually seen on the skull, with bleeding occurring — often

- quite profuse. The casualty will look pale and shocked. Pulse rate will be 90 or more in the adult.
2. The casualty will have fallen into an odd position, the airway will be restricted and therefore the breathing will be noisy.
 3. Occasionally there is slight bleeding or fluid leaking from the ear or nose.
 4. One pupil may be bigger than the other, with neither contracting when a light is shone into the eyes.
 5. There may be bloodstained froth at the mouth.
 6. The casualty may go into a convulsion (a fit) while still unconscious.

Treatment

- A. Carefully supporting the head, turn the casualty into the Recovery Position.
- B. Place a loose dressing or handkerchief under the ear (unattached) so that a doctor may assess the nature of the fluid loss.
- C. Control bleeding from any wound that can be seen by direct pressure and by the use of appropriate dressings and bandages. This does not apply to leakage from the ear.
- D. Keep casualty in the Recovery Position and keep the airway clear.
- E. Do not leave the casualty while he is unconscious.
- F. Send for a doctor or call for an ambulance.

STROKE

This usually occurs in the middle-aged to elderly, but can in rare cases occur in the young. It is due to bleeding from a burst blood vessel inside or on the surface of the brain. It is of sudden onset and usually without any warning to the patient. If there is warning the casualty complains of a severe headache, gradually getting worse, followed by sudden collapse. The clues are:

1. Casualty often looks pale and shocked, but sometimes the face can be flushed with a purple colour.
2. The lips may be blue.
3. One side of the face may blow out with each breath whilst the opposite side remains tense: breathing will be noisy.
4. Frothing at the nose and mouth from saliva.
5. The casualty will be limp down one side of the body whilst the opposite side will be tense.
6. The pupils may be of different sizes and will not react to light; alternatively, they may be equal in size and dilated.
7. The casualty may well pass urine or even have his bowels open.

8. The casualty may have a convulsion.
9. There may be twitching of the muscles of the face and limbs.
10. The pulse at the wrist may be rapid and very forceful. It is easily felt.

Treatment

- A. Immediately turn the casualty into the Recovery Position.
- B. Make quite sure the airway is clear.
- C. Loosen tight clothing.
- D. Send for a doctor or call for an ambulance.
- E. Clean up casualty after urination or bowel action.

HEART ATTACKS

The commonest sudden heart attack is due to an obstruction of one of the coronary arteries that supply the heart muscle with blood and thus with oxygen and food substances. When a coronary artery blocks off, the muscle beyond the blockage does not receive a blood supply containing oxygen and food. The muscle therefore fails and in consequence the heart as a whole may fail and possibly stop altogether.

The casualty suffering a coronary thrombosis usually complains of a severe tight pain across the upper chest, like a tight band round the chest continually being tightened. The pain often spreads up the front of the neck, and down the inside of the left arm; occasionally it may spread down the inside of the right arm.

If the pain gets too great and the heart fails to survive, the blood supply to the brain begins to fail and the casualty then becomes unconscious. The pulse is usually rapid and tends to be feeble and as the attack progresses the fingers may become blue, and finally the pupils of the eye dilate. The position in which the casualty falls will decide whether the airway will block. Vomiting often occurs, and this also tends to block the airway.

Treatment

- A. If the casualty is sitting comfortably and is conscious then leave him sitting still and send for a doctor.
- B. If the casualty collapses to the floor and becomes unconscious, turn him into the Recovery Position.
- C. Clear the airway.
- D. Constantly check that the heart is beating.
- E. If the heart stops, start heart massage (see page 10-12).
- F. Send for a doctor or call for an ambulance.

DIABETES

Diabetes is a medical condition in which the quantity of sugar in the blood rises above a certain level. In this condition a person can become unconscious, and this applies also if the quantity of sugar in the blood falls below a certain level.

In all humans the state of consciousness depends on the blood containing the correct quantity of sugar in solution. In the untreated diabetic the quantity of sugar in the blood rises over a period of time (days or weeks) and when it reaches too high a level the person becomes unconscious.

In the treated diabetic patient, taking injections of insulin, another type of unconsciousness or coma can occur. Insulin works in the body by reducing the amount of sugar circulating in the blood. If it reduces the sugar quantity too quickly or by too much, the casualty quite suddenly becomes unconscious, usually with only a short warning of a few minutes or even seconds. During this period the casualty may have slurred speech, be irritable and obstructive. A careful search of the casualty may reveal a card or medical alert bracelet, confirming your diagnosis of diabetes. Once unconscious, he goes deeper into coma until appropriate treatment is given by a doctor.

Treatment

- A. During the period of slurred speech or irritability, sugar may be given by mouth, but once the casualty becomes unconscious *nothing* should be given by mouth, and a doctor should be called, or the casualty sent to hospital.
- B. Once the casualty has become unconscious he must be turned into the Recovery Position and the airway cleared of any obstruction.
- C. Do not leave the casualty while he is unconscious.

DRUGS

A large proportion of drugs and medicines when taken in too great a quantity at one time will produce a state of unconsciousness. This applies equally to drugs prescribed by a doctor or obtained through a drug pusher.

Treatment (unconscious)

- A. Turn casualty into the Recovery Position.
- B. Clear his airway.
- C. Call for a doctor and ambulance.
- D. A close watch must be kept on breathing and heartbeat. If either or both fail, the Kiss of Life and/or heart/massage must be started immediately (see page 6-7 and 10-12).

- E. Do not remove or destroy the empty bottles in which the tablets or medicine were contained, and do not remove any vomit from around the casualty. The bottles and specimens of vomit should be sent to the hospital for testing in the laboratory.
- F. If the person is obviously dead, then you must also send for the police and not touch anything in the room where the person is lying.

Treatment (conscious)

- A. If the casualty has taken a large quantity of drugs and is still conscious, then you must endeavour to keep him conscious by talking to him.
- B. Arrange for urgent admission to hospital.
- C. Again the empty bottles or any vomit must be kept for analysis.
- D. Do not give large quantities of fluid such as water or an emetic; and do not make the casualty vomit to get rid of the drugs. It is safer and better to get a doctor or get the casualty to hospital in as short a time as possible.

ELECTRIC SHOCK

This is usually easy to identify as the casualty will be lying unconscious near an electrical appliance or cable.

Treatment

- A. Before touching the casualty remember to switch off the electrical supply.
- B. If the casualty is breathing, turn him into the Recovery Position.
- C. If the casualty has stopped breathing, you must start the Kiss of Life and heart massage immediately (see pages 6-7 and 10-12).
- D. Send for a doctor or ambulance.

DROWNING

Treatment

- A. Clear the airway and determine whether casualty is breathing and the heart pumping.
- B. If the heart and breathing have stopped, then you immediately start the Kiss of Life and heart massage (see pages 6-7 and 10-12).
- C. If the casualty is just unconscious, then once removed from the water, he should be placed in the Recovery Position.
- D. A doctor or an ambulance should be sent for immediately.

