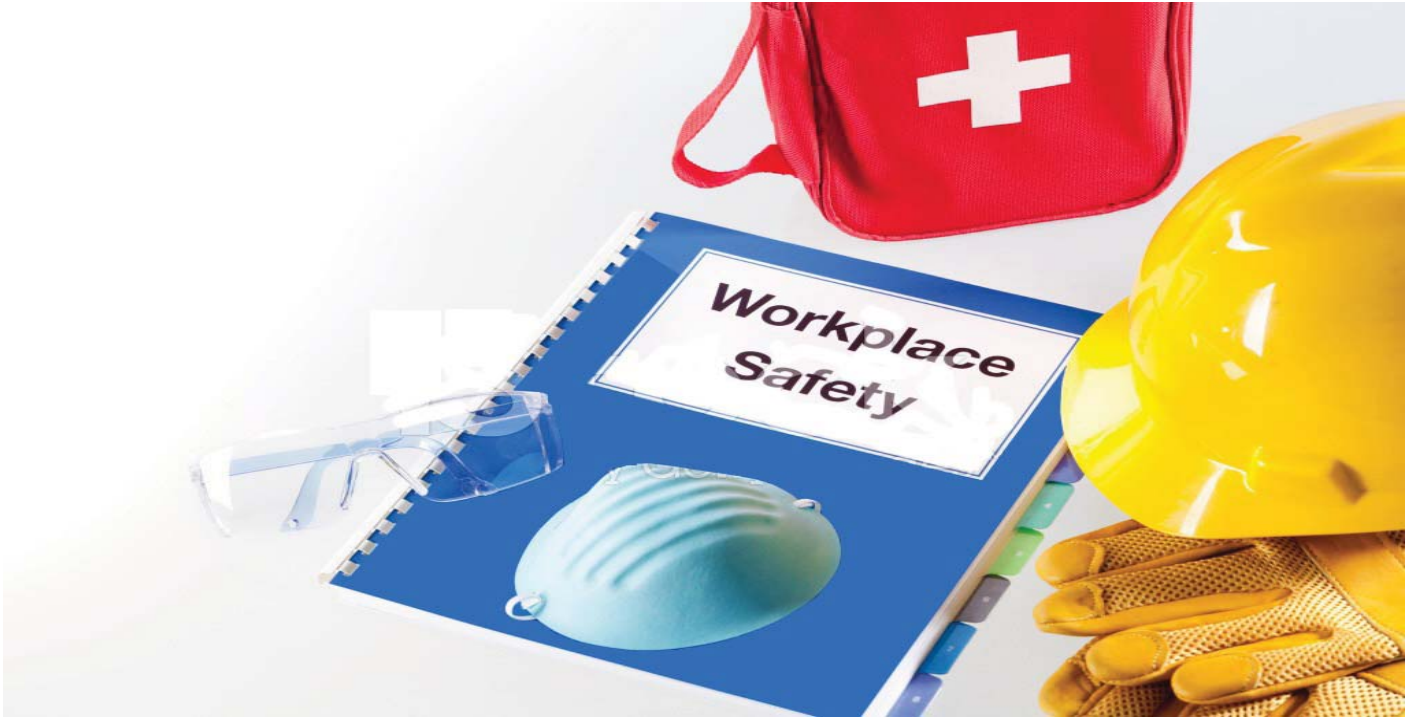


Everyone should have basic knowledge of FIRST AID
to deal with medical emergencies and SAVE LIVES

- प्राथमिक चिकित्सा गाइड
- പ്രാഥമിക ചികിത്സാ ഗൈഡ്
- முதலுதவி வழிகாட்டி
- Mga Gabay sa Pangunang Lunas

First Aid Pocket Guide



- This basic First Aid awareness pocket guide is dedicated to all those unfortunate people who have suffered injuries or loss of life due to absence of First Aid services at their disposal in construction site throughout the world.
- This is a small contribution as part of our corporate social responsibility program.



Arabian MEP

CONTRACTING

WWW.ARABIAN-MEP.COM

First Aid Kit



- Adhesive Tape
- Antibiotic ointment
- Antiseptic solution or towelettes
- Bandages of assorted sizes
- Instant cold packs
- Cotton balls and cotton swabs
- Disposable latex or synthetic gloves
- Duct tape
- Gauze pads in assorted sizes
- Eye goggles
- First aid manual
- Petroleum jelly or other lubricant
- Plastic bags

Notes:

1. First Aid kits must be replenished as items are used and expiry dates are passed.
2. Above are minimum required items in First Aid Kit and you can add more as required.

C O N T E N T S

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Emergency First Aid Plan

1

Make the area safe
if possible.
Do not take risks.

DANGER
To yourself, the
casualty or others

No

RESPONSE?
Shout and shake

Yes

Treat the injuries
Control serious bleeding
Treat shock
Call for medical attention

No

Shout "HELP"
Request for AED

AED:
Automated External Defibrillator



AIRWAY
Open with
head tilt - chin lift

BREATHING NORMALLY?
Quick check

Yes

Secondary survey
Recovery position
Treat other injuries
Call for medical attention

No

START CPR
Give 30 chest
compressions

CPR:
Cardio Pulmonary Resuscitation



CONTINUE CPR
Continue at 30:2 until
arrival of AED or
ambulance

Protect yourself

2

It is essential that the first aider protects themselves and ensures that they do not come into danger.

Think of your own safety first, and then the safety of the injured person.

You are only able to help others if you do not become injured yourself.

For your own safety use disposable gloves and a resuscitation face shield or a respiratory mask, if available.



Rescuing Casualties

3

Remove the casualty from the danger zone, paying attention to your own safety.
Do only use the **fireman's lift** if the casualty is in danger



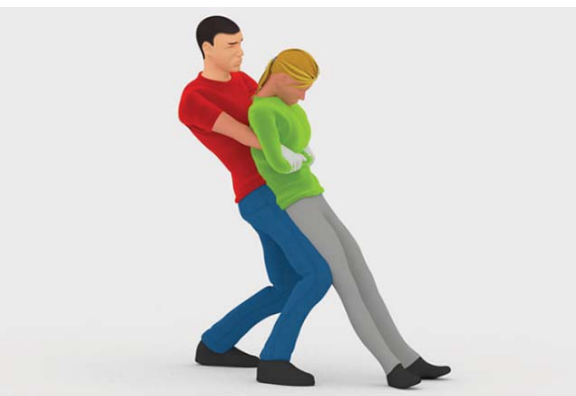
Bring the casualty in a sitting position by supporting his neck and head.



Support the body with your legs.



Grab the casualty's lower arm with both hands by passing underneath his armpits.



Drag the casualty to your thighs and pull him backwards into safety.

Check for vital signs

4



Check consciousness

- Touch and call the casualty loudly.
- If the casualty does not react, he is unconscious.



Shout for Help

- Someone else should make the emergency call immediately and report that the casualty is unconscious, if he is.



Clear the airways if they are blocked by holding the head at the chin and carefully tilting it backward.



Check breathing

- LOOK (for chest movement and skin colouring)
- LISTEN (for sounds of breathing)
- FEEL (for casualty's breath on your skin) for 10 seconds maximum

Recovery Position

5

If the casualty is unconscious and breathing normally, place him on his side in the recovery position as follows.

The recovery position reduces the risk of suffocation and allows a better control of the vital signs.



Kneel beside the casualty.



Bend the arm nearest to you to a right angle with the palm upwards close to the casualty's head.



Move the other arm over the chest and place the back of the hand up against the casualty's cheek.

Recovery Position

5



Bend the leg furthest from you. Roll the casualty toward you by pulling at the bent leg.



Bend the upper leg to a right angle and place it on the floor



Tilt the head back and adjust his hand under the cheek to keep the airways open



Check breathing continuously until rescue services arrive.

CALL 999

Cardio Pulmonary Resuscitation (CPR)

6



Shout and gently shake the casualty, avoid moving neck, CALL 999.



Tilt head, lift chin, check breathing.



If the casualty is not breathing or breathing normally, act as follows

Give two mouth to mouth resuscitation, closing his nose by pressing the nostrils with your thumb and forefinger



After giving two rescue breaths, check for vital signs 10 seconds maximum.

This includes spontaneous movement coughing or breathing normally.

Cardio Pulmonary Resuscitation (CPR)

6



Firmly push down two inches on the chest 30 times.

Continue with two breaths and 30 pumps until help arrives

IMPORTANT

1. Whilst waiting for the AED to arrive, the first aider should start performing a cycle of **30 chest compressions followed by 2 resuscitation breaths.**
2. Chest compression has to be done fast at the rate of **2 chest compression / second.**



SYMPTOMS:

- Red, hot, dry skin or excessive sweating.
- Very high body temperature (104 °F)
- Confusion
- Seizures
- Fainting

WHAT TO DO:

HEAT STROKE IS A MEDICAL EMERGENCY. Call 999 while waiting for help.

- Place worker in shady, cool area
- Loosen clothing.
- Fan air on worker; cool packs in armpits.
- Wet worker with cool water; apply ice packs, cool compresses, or ice if available.
- Provide fluids (preferably water) as soon as possible.
- Stay with worker until help arrives



Heat Exhaustion, Heat Cramp & Heat Rash

8

SYMPTOMS:

WHAT TO DO:

HEAT EXHAUSTION

- High body temperature (100.4 °F)
- Light headedness • Irritability
- Heavy sweating • Weakness
- Headache • Thirst
- Dizziness • Fast heart beat
- Nausea or vomiting



- Move the person to cooler or shady location immediately.
- Make him to lie down and remove shoes, socks and other unnecessary clothing.
- Apply a cold compress to the head, neck and face.
- Give the person cool water to drink.
- if vomiting continue, seek medical assistant immediately.

HEAT CRAMPS

- Muscle spasms
- Usually in abdomen, arms or legs
- Pain



- Have worker rest in shady, cool area.
- Have worker drink water or other cool beverages.
- Wait a few hours before allowing worker to return to heavy work.
- Seek medical attention if cramps don't go away

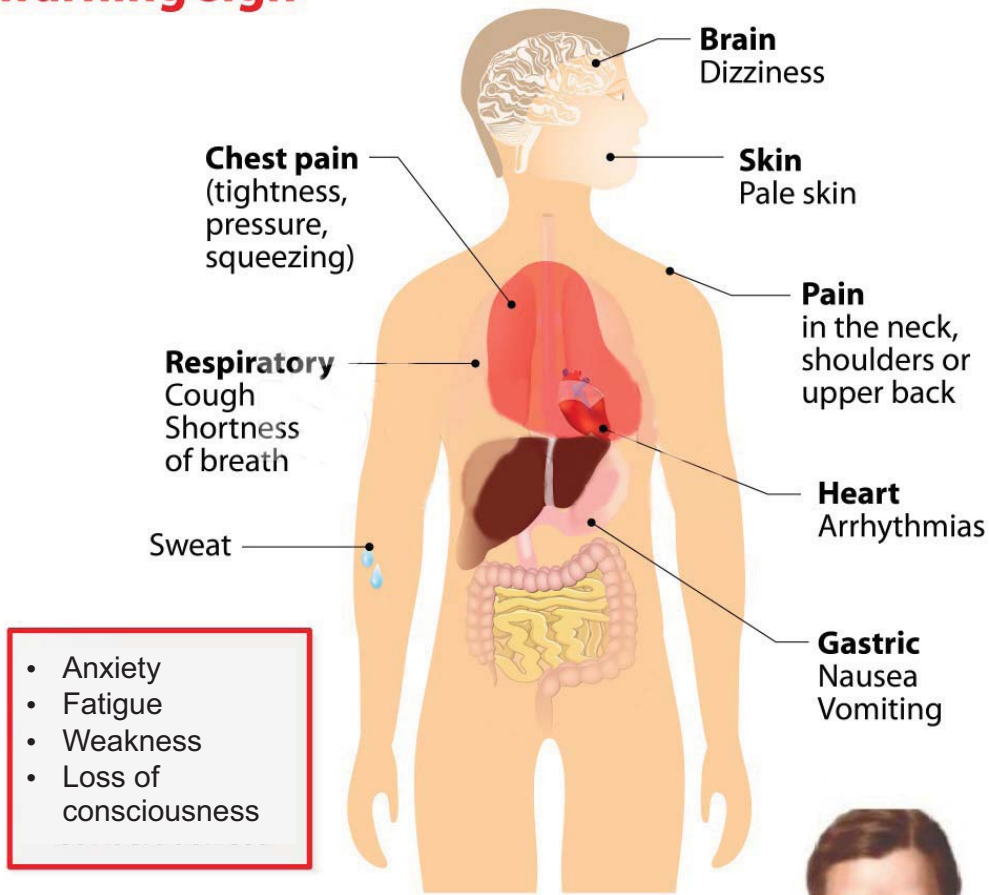
HEAT RASH

- Cluster or red bumps on skin
- Often appears on neck, upper chest, folds of skin

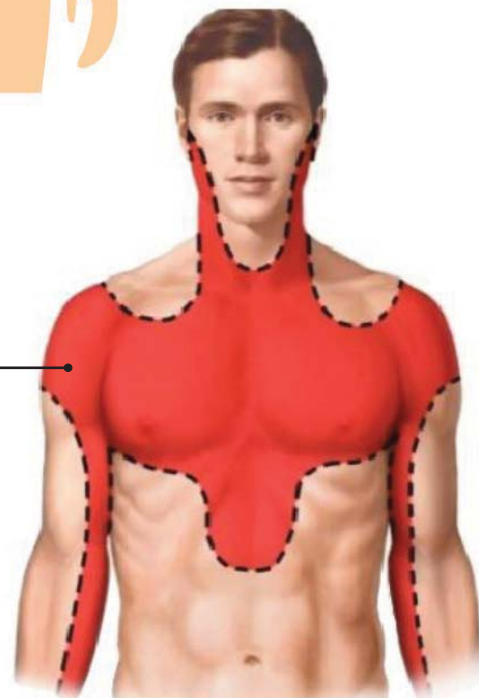
- Try to work in cooler, less humid environment when possible
- Keep the affected area dry.

Heart Attack occurs when a blood clot forms in a coronary artery, blocking it and depriving part of the heart muscle of blood and therefore oxygen.

HEART ATTACK warning sign



Red color area highlights distribution of pain prior to heart attack



WHAT TO DO:

- The primary aim is to reduce the load on the heart by placing the casualty at rest then to call urgently for medical attention.
- Make them as comfortable as possible to ease the strain on the heart.
- A half sitting position with the head and shoulders raised and the knees bent and supported would be preferred, but be guided by the casualty.
- Support them with folded blankets or pillows.
- If the chest pain does not subside after a few minutes rest, assume a heart attack.
- Reassure the casualty continuously. Anxiety and fear will increase the heart rate and increase the load on the heart.
- Dial 999 for an ambulance.
- Inform ambulance control that you suspect a heart attack.
- If available, give one aspirin tablet, chewed it for quick action
- Monitor their level of consciousness and breathing and check the pulse frequently.
- Try to stay calm.



CHEST PAIN:

Chest pain is a symptom which must always be taken seriously. It may be caused by a minor problem such as indigestion or by a major and potentially dangerous problem such as heart attack. From a first aid perspective it is always safer to assume the worst and hope for the best. Remember, it is much better to over treat indigestion than to under treat heart attack.

CARDIAC ARREST:

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stop beating. Although more common in people with a history of heart disease it can affect anyone at any time. Unless SCA is treated within very few minutes it will usually result in death of the patient.

The heart has an electrical system which controls the rate and rhythm of the heartbeat. Problems with this electrical system can cause irregular heartbeat. A sudden cardiac arrest is not the same as a heart attack. **Sudden cardiac arrest involves a disturbance in the heart electrical system, whereas a heart attack is a problem with blood supply to the heart muscle.**

People who have had a heart attack are at higher risk for sudden cardiac arrest, although it may affect anyone. Most people who suffer SCA will die from it, often within minutes. **The only treatment which is likely to reverse the condition is defibrillation.** A defibrillator is a device that sends an electric shock to the heart to restore its normal rhythm.



Automated External Defibrillator

10

AED : Automated External Defibrillator

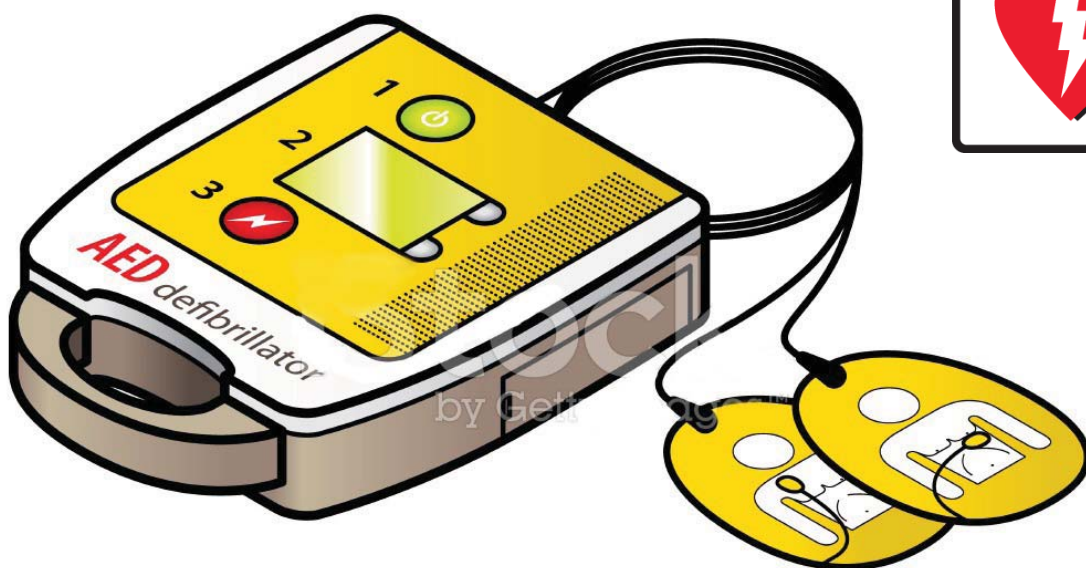
DEFIBRILLATION:

The machine used to deliver the shock is a defibrillator and the type of machine most commonly used outside of a specialist hospital unit would be an automated external defibrillator or AED.

Defibrillators have been in use for many years, but their use in the past has been restricted to individuals with specialist knowledge.

The problem has never been in knowing how to shock but in knowing when to shock and the danger was in giving a shock to someone who didn't need one. The AED has solved this problem by using a computer to recognize whether or not a casualty needs a shock, and by not charging up or delivering a shock to someone who does not have ventricular fibrillation.

This means that AEDs can be used safely by non-medical people to save lives in sudden cardiac arrest.



It is simple to use AED by anyone

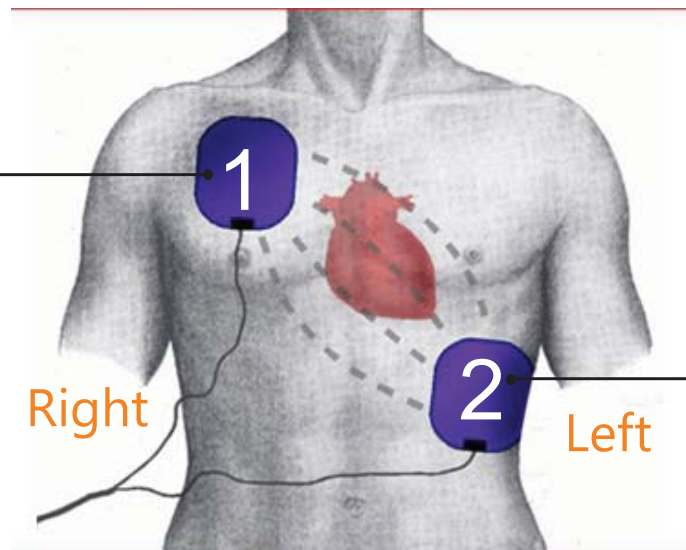
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AED : Automated External Defibrillator

When the AED Arrives

- Look carefully at the instructions on the pads
- Peel off backing paper and stick the pads onto the casualty's chest as shown.
- The casualty's chest should be exposed to enable correct pad placement.
- Excessive chest hair may also prevent effective contact.
- **Do not stop to check the casualty or discontinue CPR unless they show obvious sign of recovery, such as opening their eyes, speaking or starting to breathe.**

One pad should be placed below the right collar bone

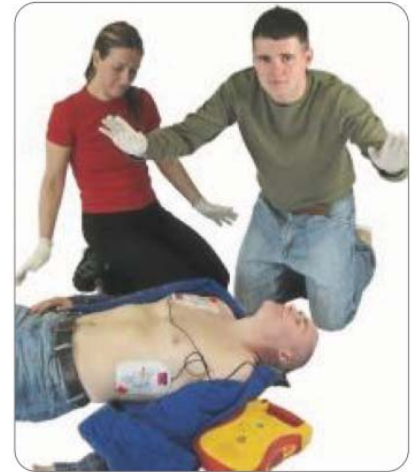


The other pad should be placed below the left armpit



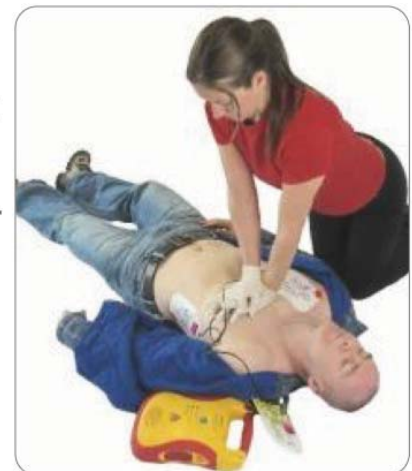
ANALYZE

- Keep clear during analysis
- Ensure that nobody touches the casualty whilst the AED is analysing the heart rhythm as this may lead to inaccurate results.
- Do not stop chest compression for more than 10 seconds during analysis.
- **Follow voice prompts**



NO SHOCK INDICATED

- If the voice prompts direct you to start CPR, start chest compression and rescue breathing immediately.
- Maintain CPR for two minutes or until prompted to stop.
- **Continue to follow voice prompts.**



SHOCK INDICATED

- Ensure that everybody is clear of the casualty.
- Press the shock button as directed.
- After the shock is delivered continue CPR for two minutes, or until directed to stop.
- Allow the AED to analyse.
- **Continue to follow voice prompts.**



STROKE

There's treatment if you act **FAST**

F
ace

Face Look Uneven

Ask the person to smile.
Does one side of the face drop?



A
rm

One Arm Hanging Down

Ask the person to raise both arms.
Does one side drift downward?



S
peech

Slurred Speech

Ask the person to repeat
a simple phrase.
Is the speech slurred
or strange?



T
ime

If you observe any of the signs,
**Call Emergency Assistant
Immediately!**



Stroke is a condition in which the blood supply to part of the brain is interrupted leading to localized brain injury and possible death of brain cells.

SYMPTOMS:

- May be severe headache or sudden loss of consciousness.
- General feeling of being unwell.
- Paralysis or weakness affecting one side of the body.
- There may be dropping of the eye or mouth on the affected side.
- There may be difficult speaking or forming sentences



Stroke is a medical emergency that responds well to urgent medical treatment.

To aid in early diagnosis remember the **FAST** test.

WHAT TO DO:

- Reassure
- Lay them down with the head slightly raised.
- Place them in the recovery position if they are or if they become, unconscious.
- CALL 999 urgently for medical attention.
- Continue to monitor their condition until the arrival of medical assistance.
- Be prepared to offer life support as appropriate

SYMPTOMS:

- Known history of the condition.
- Severe respiratory distress.
- Coughing.
- Noisy whistling or wheezing respirations, particularly on breathing out.
- Cyanosis (blue lips / complexion)



WHAT TO DO:

- Place the casualty at rest.
- Sitting down and leaning forward resting on something is often comfortable.
- Encourage them to use their own medication as appropriate.
- Summon medical help if they do not recover quickly.



Graze, Bruise, Cuts, Wounds Splinters & Burns

13

Remember **SEEP** to control bleeding.

S Sit

Sit or lay the casualty down (if their injuries permit)

E Expose

Remove or cut clothing to gain good access to the injury

E Elevate

If the wound is on a limb and other injuries permit, elevate the wound above the level of the heart

P Pressure

Apply direct pressure to the bleeding point using your hand or a wound dressing

Graze

Grazes are often caused by a sliding fall onto a rough or dirty surface.

They are usually contaminated by dirt and grit.

They should be washed thoroughly under a running tap, if possible, to remove dirt contaminated. It is often less painful to allow the casualty to do this themselves.



Bruise

Bruises are caused by bleeding into or underneath the skin.

They may be caused by minor bleeding at the site of an impact or may indicate more serious internal injury. The treatment of bruising is to elevate the injury and apply an ice pack, where possible or where injuries allow. This reduces blood flow to the injury and results in less swelling.





Pressure bandage

- Raise the injured arm or leg and press a dressing on the wound, to reduce bleeding.
- After applying an aseptic bandage apply a compression pad on top and bandage the wound.



If the wound keeps on bleeding apply a second compression pad to increase the pressure.

Bandage tightly also the second compression pad.



If necessary, bind the artery to stop blood circulation.

If applying a pressure bandage cannot stop the bleeding, compress the arm or leg with a triangular scarf (or piece of cloth) to cut off blood flow.



In case of severe bleeding, place the casualty in the shock position.

Raise the legs approximately 30 degrees.

Splinters



Small pieces of wood or wire that are embedded in the skin can be carefully removed.

Clean the area with soap and water before removal is attempted



Grasp the end of the splinter firmly with clean forceps.

Pull the splinter out in a straight line, in the opposite direction to the way it entered.



Squeeze the wound firmly to produce a small drop of blood.

Apply a small dressing or adhesive plaster.

Embedded Foreign Bodies

An embedded foreign body is any object in or on a wound that cannot be simply flicked or wiped off.

Do not attempt to remove an embedded foreign body, as this may cause increased damage to the casualty. The object may also be acting as a plug for the wound and helping to control blood loss.

If necessary pressure can be applied around or to either side of the foreign body with your hands or with dressings. The general principle is to apply the dressing around the foreign body rather than on top of it.

Casualties with large foreign bodies should be left in the position that you find them and medical help should be summoned urgently.

If the object is small it should be well padded and supported before the casualty is moved.

It may be necessary to reduce the size of the object before the casualty can be moved safely and this is job best performed by the emergency services.



Types of Burns & Symptoms:



First-Degree: Only the outer layer of the skin is affected.

Symptoms: pain, redness and swelling.

Second-Degree: Outer and underlying layer of skin is affected.

Symptoms: pain, redness, swelling and blistering.

Third-Degree: This type of burn extends into the deeper tissue.

Symptoms: whitening or blackening of the skin. When skin becomes charred it may be numb to the victim.

What to do for **Minor Burns:**

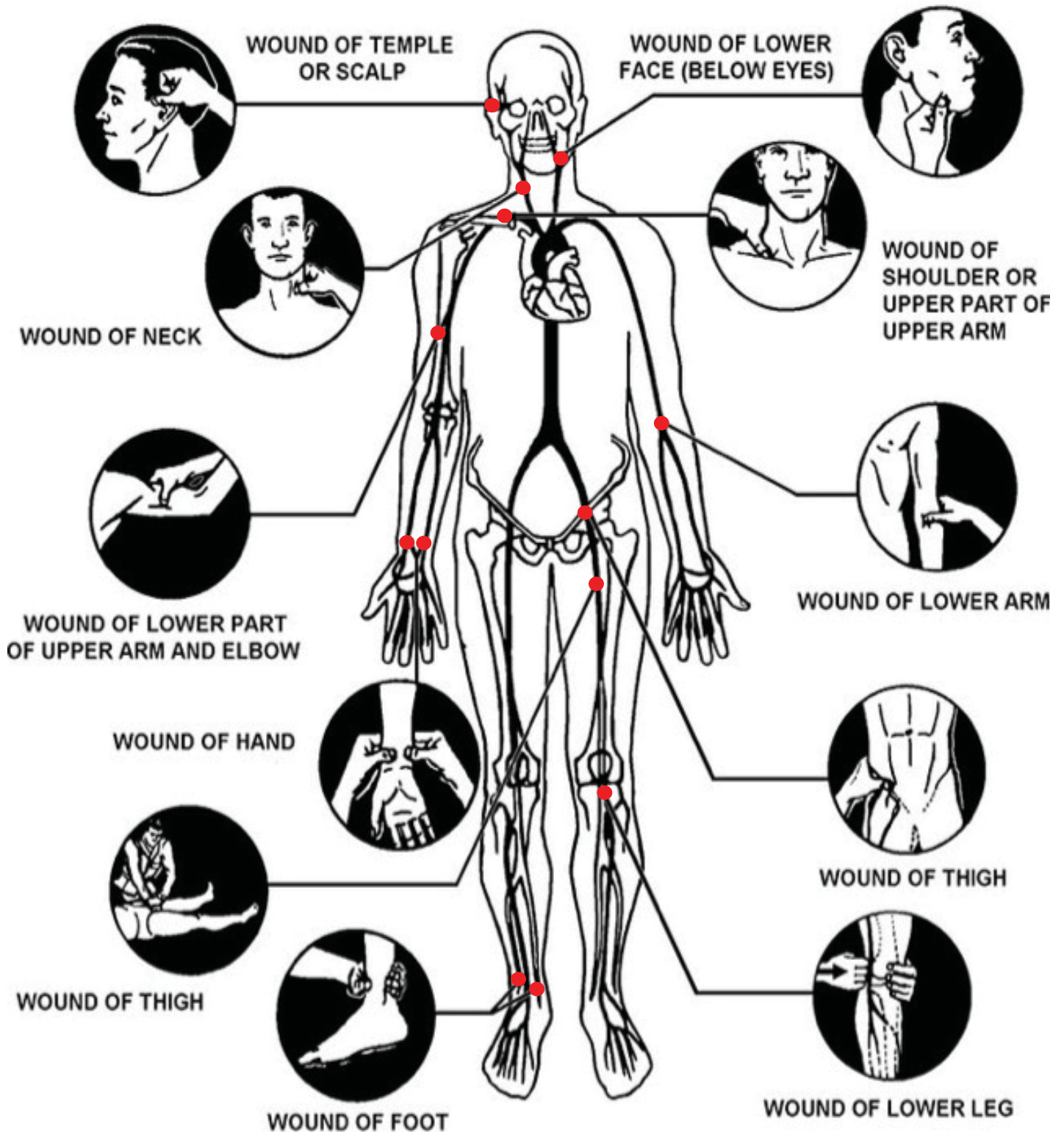
- Calm and reassure the person.
- If the skin is unbroken, run cool water over the area or soak it in bath of cool water. Keep the area submerged for five minutes. A clean, cold, wet towel can also be used to help reduce pain.
- Cover the burn with a dry, sterile bandage.
- Medication that can be found over-the-counter can help to relieve pain, such as ibuprofen or acetaminophen. Once the skin has cooled, moisturizing lotion can also be used.
- Minor burns will generally heal without further treatment.
- If a second-degree burn covers more than two to three inches in diameter, is located on the hand, foot, face, groin, buttocks or a major joint, treat the burn as a major burn.

What to do for **Major Burns:**

- If the person is on fire, tell them to stop, drop and roll. Douse the person with water and wrap them in a thick material to smother the flames such as a coat, rug or blanket.
- Call 999 immediately.
- Do not remove burned clothing that is stuck to the skin.
- Check to make sure the victim is breathing and has a pulse. If breathing has stopped and the person has no pulse, begin rescue breathing and CPR.
- Cover the burned area with a dry sterile bandage or clean cloth if available. Do not apply ointments or break blisters.
- Elevate the burned body part above the heart.
- If fingers or toes have been burned, separate them with a dry, sterile, non-adhesive bandage.
- Take steps to prevent shock by laying the victim down and elevating their feet 12 inches. Cover the person with a blanket or coat to keep them warm.
- Continue to monitor the person's vital signs until medical help arrives. This includes their pulse, rate of breathing and blood pressure.
- Do not disturb blistered or dead skin.
- Do not immerse a severe burn in cold water as this can cause shock.
- Do not breath, blow or cough on the burn.
- Do not apply ointment, ice, butter, cream, oil or any household remedy to a severe burn.

Press at these points to reduce bleedings

13



Suspected Fracture

A fracture is broken or cracked bone. There is very little first aid treatment for fractures, the aim is to prevent the fracture causing further damages.

We achieve this by keeping injury still, or immobilization.

SYMPTOMS:

- The casualty may have heard or felt the bone break.
- There is usually tenderness at the site.
- Swelling and bruising.
- The affected limb may be the wrong shape.
- The casualty may have problems in moving the affected limb.

WHAT TO DO:

- Move the casualty as little as possible.
- Keep the affected part in the position that you find it.
- Use soft materials such as pillows to keep the affected parts still.
- Cover any wounds and control any blood loss.
- Look for and treat shock.
- Take or send the casualty to hospital.



Exposure to electrical current can damage the heart, muscles, nerves and brain. While some electrical burns look minor, electrical injuries can prove fatal. The affect that electrical shock has on the body depends on the intensity of the voltage, the route the current takes, the person's health and the speed and accuracy of treatment.



SYMPTOMS:

- Headache
- Altered level of consciousness
- Muscular pain
- Muscle contraction
- Numbness in your arms or legs
- Numbness or tingling in the face
- Skin burns
- Seizures
- Bone fractures
- Cardiac arrest
- Impaired swallowing and vision
- Impaired hearing
- Irregular heartbeat
- Respiratory distress or failure

WHAT TO DO:

Electrical burns require immediate medical attention. However, when exposed to dangerous electrical currents it is important to remain safe while administering help.

- If possible, shut off the electrical current. Unplug the appliance, remove the fuse and turn off the circuit breaker. Turning off an appliance may not stop the flow of the electricity.
- Call 999 for immediate medical help.

- If current cannot be turned off, use a non-conducting object, such as chair, rug, or wooden pole. Push the victim. Avoid using a wet or metal object. Do not attempt to rescue a victim near an active high-voltage power line.
- When the victim becomes free from the source electricity, check their breathing, airway and pulse. If breathing has stopped, begin CPR.
- If the victim has burns, remove any loose clothing and rinse the burn with cool running water to reduce the pain.
- If the victim shows signs of shock and remains pale, lay him or her down with the legs slightly elevated. Then cover them with a warm blanket or coat.
- Remain with the victim until further medical help arrives.
- If you suspect that a traumatic injury has occurred, avoid moving the victim's head or neck to protect their spine. Administer appropriate first aid as needed if additional wounds or fractures are found.
- Do not apply ice, ointments, butter or adhesive bandages to an electrical burn.



Nosebleeds are common and rarely life threatening. Nosebleeds can begin from the septum but also in the deeper interior of the nose. A nosebleed is the loss of blood from the tissue lining the nose. A foreign object in the nose can also cause a nosebleed.

Blood thinners such as aspirin may cause or worsen nosebleeds.

SYMPTOMS:

Symptoms that may occur with a nosebleed include nausea, dizziness, anxiety, vomiting blood and a sore throat.

Additional Symptoms of nosebleed may include:

- Facial bruising, pain or swelling
- Tender nose
- Deformed nose
- Inability to breathe through the nose

Seek Immediate Medical Attention If you experience:

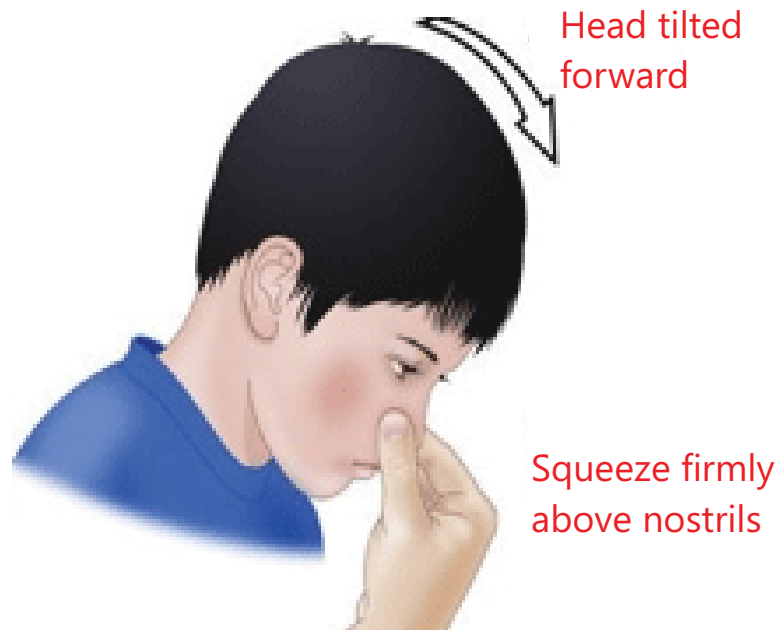
- Light-headedness
- Fainting
- Vomiting blood
- Easy bleeding
- Excessive bruising
- Blood in the stool
- Pale Skin
- Rash
- Nosebleed lasting longer than 20 minutes

WHAT TO DO:

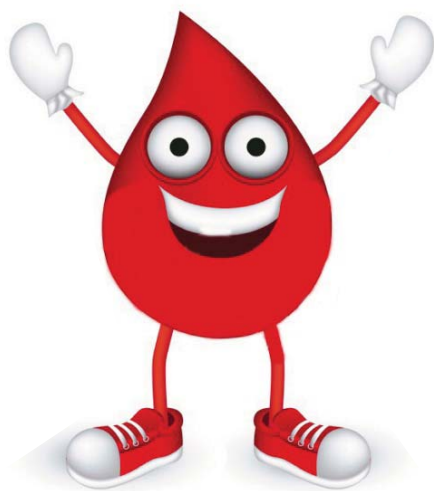
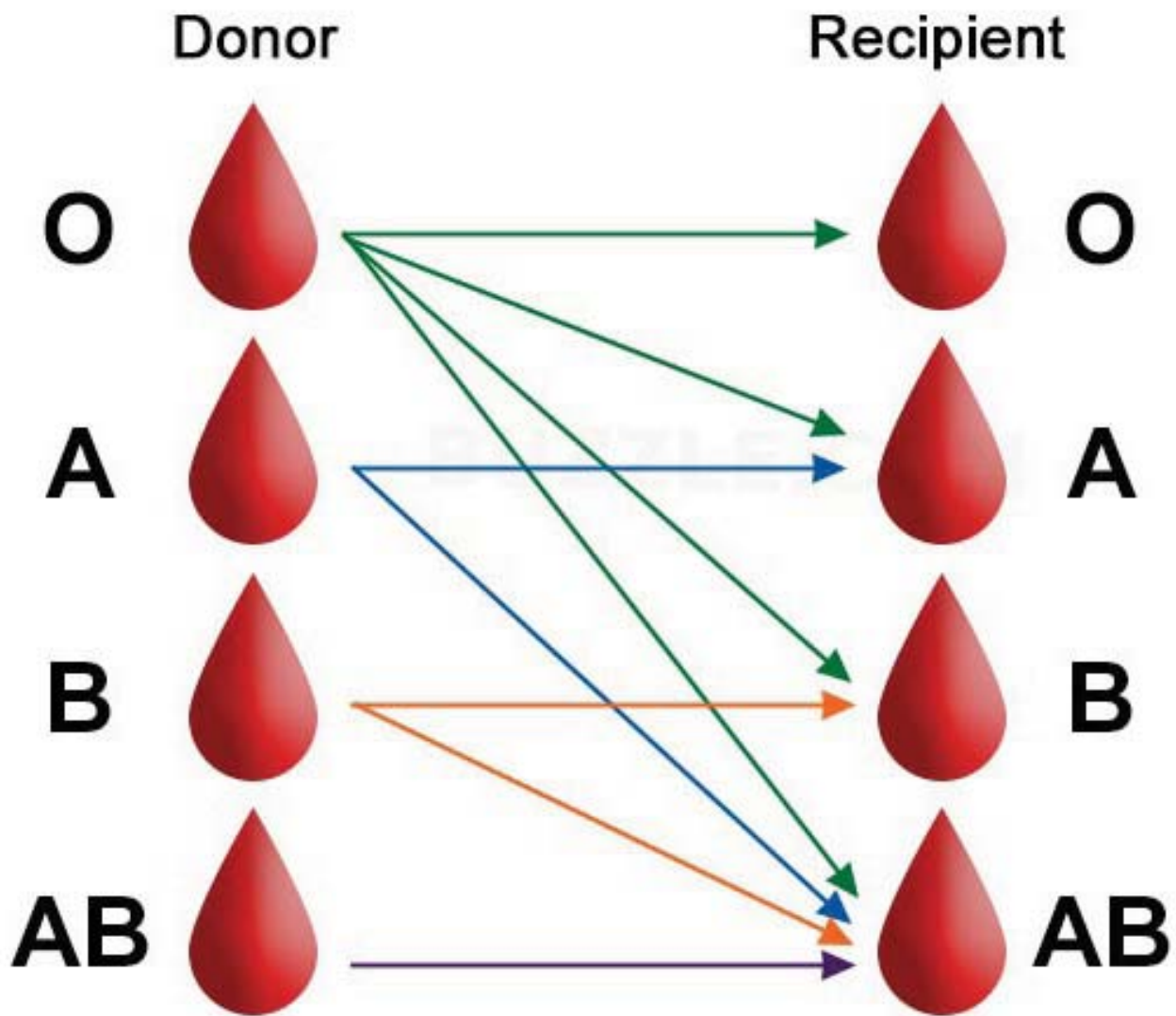
- Sit upright and lean forward
 - Remaining upright will reduce the blood pressure in the nose and discourage further bleeding. Sit forward and avoid upsetting your stomach by swallowing food
- Pinch your nose. Use your thumb and index finger to pinch your nostrils closed. Continue to pinch for 5 to 10 minutes as you breathe through your mouth. This added pressure on the nasal passage should help stop the flow of blood.
- To prevent re-bleeding after bleeding has stopped, do not pick or blow your nose and do not bend down until several hours have passed after bleeding began. Remember to keep your head higher than your heart.
- If bleeding persists, a nasal spray decongestant (Afrin, Neo-Synephrine) can sometimes be used to close off small vessels and control bleeding.

Seek Immediate Medical Care if:

- You have nosebleed that last for more than 20 minutes.
- The nosebleed follows and injury to the head that includes a punch to the face that could have broken your nose.



Blood Type Compatibility



**DONATE
BLOOD
SAVE LIVES**

First Aid List

TYPICAL PROBLEMS	TYPICAL INJURY / ILLNESS REQUIRING FIRST AID	
Manual Handling Over-exertion / Repetitive movement	Sprains Strains Fractures	
Falls Falls from heights, slips and trips on uneven surfaces	Fractures Dislocations Bruises Concussion Cuts	
Electricity Contact with electrical current	Shock cardiac arrest Burn Loss of consciousness	
Plant Being hit by projectile, striking objects, being caught in machinery, overturning vehicles	Cuts Fractures Bruises Amputation Dislocations Eye damage	
Hazardous Substances Exposure to chemicals, e.g. solvents, acids, hydrocarbons	Dizziness Respiratory problems Vomiting Burns to skin or eyes Dermatitis	
Temperature, UV radiation Effect of heat or cold from weather or work environment.	Sunburn Heat Stroke Heat Stress Hypothermia	
Biological Allergens, needle stick exposure to infectious agents	Severe allergic reaction Injuries Skin rash Infection	
Occupational Violence Intimidation, conflict, physical assault	Nausea Collapse Shock Physical Injuries	

Emergency Contact Numbers

Police, Civil Defense & Ambulance	999
Hamad Hospital Accidents & Emergency	44392111

HSE Manager	55008334
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HSE Officer	66127690
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Admin & HR	55591437
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Our Main Office	44071000
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CALL EMERGENCY 999

IN AN EMERGENCY SITUATION ...

- Stay calm and think clearly.
- Identify the problem
- Call 999 and continue to help the casualty
- You need to give following information to 999.
 - WHERE is the accident ?
 - WHAT has happened ?
 - HOW many casualties are there ?
 - WHICH injuries have occurred ?
 - Do not hang up until you are told to.



Disclaimer: The information provided in this First Aid is informative and should not be substituted for professional medical advice, emergency treatment, or formal first aid training. If you are in a life threatening medical situation, seek medical assistance immediately.