**Safe Work Requirement**

FIRST AID WORK INSTRUCTION

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| PURPOSE The main purpose of first aid is to keep an injured person alive and in the best possible condition until a trained medical physician is available. SCOPE First aid must be limited to only that treatment which is necessary to prevent death or further injury, relieve pain or counteract shock. RESPONSIBILITY **Rig manager**:  Rig manager should make sure the medic is available, the first-aid room and the whereabouts of first-aid equipment such as first-aid boxes and eye-wash bottles is equipped before start work or moved to a new location.  **HSE supervisor:**  The HSE supervisor should make sure all work related injuries been reported, recorded and treated as soon as possible, delay may make the injury worse and could affect claims for sickness benefit and or compensation. PROCEDURES AND GUIDELINES       If you observe an accident:  1. Inform the Medic. 2. Do not move the injured person unless they are in danger. 3. Keep the person warm by covering with blankets or coats. 4. Try to locate all injuries. 5. Do not give liquids to an injured person.  Control of Bleeding **Heavy bleeding** comes from wounds to large blood vessels. This type of bleeding can cause death in 3 to 5 minutes.   1. Place pad (sterile if possible), clean handkerchief, clean cloth, etc - over the wound and press firmly with one or both hands. If you do not have any of the aforementioned, pads etc, close the wound with your hands or fingers. 2. Apply pressure directly over the wound. 3. Hold the pad firmly in place with a strong bandage - neckties, cloth strips, etc. 4. Raise the bleeding part higher than the rest of the body unless bones are broken. 5. Keep the injured person in an inert position. 6. Treat for shock. 7. Call for medical help as soon as possible.   For **gaping abdominal wounds**, if medical help is not readily available:   1. Gently replace protruding organs. 2. Cover with a damp dressing. 3. Hold the dressing firmly in place - The bandage should be firm but not tight. 4. Treat for shock. 5. Call a doctor.   For **deep chest wounds**:   1. Prevent air from passing through the wound (if possible), with a heavy dressing. This may, for example, prevent the lung from collapsing. 2. Hold dressing in place with firm pressure. 3. A belt drawn snugly around the chest should be effective in holding the wound closed. Do not restrict breathing. 4. Treat for shock. 5. Call a doctor.   If you have been trained in the location of pressure points, loss of blood can often be slowed or stopped through application of pressure between the wound and the heart. This method may be used on the major arteries located in the upper arm or in the groin. Direct pressure over the wound is usually the best method of controlling the blood flow.  Do not use a tourniquet to control bleeding except for an amputated, mangled or badly crushed arm or leg or unless loss of life is imminent. If a tourniquet is necessary, use only a strong, wide piece of cloth, never wire, rope or twine. The tourniquet should not be loosened except on the advice of a physician. Mark a "TK" and the time applied on the victims forehead with crayon, pencil, lipstick, etc, and ensure that the ambulance attendant, doctor or hospital receiving personnel gets this information. Artificial Respiration Everyone should know how to perform Mouth to Mouth artificial respiration and at least one other kind, that is: Chest Pressure, Arm-Lift (Sylvester); Back Pressure, Arm-Lift (Nielsen) or Prone-Pressure (Schafer).  The following is a review of ABC’s of Mouth-to-Mouth breathing. Other methods should be learned in first aid training and should be practiced until you become proficient. Lack of breathing can cause death in less than 8 minutes.  **A. Airways**  All foreign objects must be removed from patients mouth and throat. Turn the head and use your fingers or a cloth wrapping around your fingers. If something is lodged in the throat, turn the patient on one side and give several sharp blows between the shoulder blades. Then remove the object from the mouth with your fingers.  Lift the patient's neck, place a folded coat, blanket, etc, under the shoulders and tilt the head back as far as possible.  Pull the chin upward until the head is tilted back fully. It is most important to maintain this position of the head and neck to allow passage of air to the lungs.  **B. Breathing**  Pinch the patient's nostrils shut, take a deep breath, and place your mouth over his mouth, creating a tight seal; or close his mouth, take a deep breath and place your mouth over his nose. Blow into patient's mouth or nose until you see his chest rise. For an infant, breath through both his nose and mouth.  Remove your mouth and listen for outward flow of air. For an adult, inflate the lungs 12 to 15 times per minutes (every 4 to 5 seconds). For a child inflate lungs up to 20 times per minute (every 3 to 4 seconds), using relatively shallow breaths.  This procedure should be continued until patient starts breathing or, if a doctor is not available, it should be continued for a minimum of two hours.  If respiration is restored, keep the patient warm and obtain the services of a doctor.  **Some things to remember about artificial respiration:**   1. There is need for help in breathing when breathing movements stop or lips, tongue and fingernails become blue. 2. Time is essential. A person has only one chance in ten if he stops breathing for six minutes. 3. Never neglect respiration to transport a person to a doctor. 4. When in doubt, begin artificial respiration. No harm can result from its use and delay may cost a victim his life.   **C. Circulation**  If pulse is absent, begin emergency treatment for heart stoppage.   1. Kneel beside victim and place heel of one hand about two inches from the bottom of his chest plate. Place other hand on top of it. 2. Now push down using your full body weight. Ease up and press down again, establishing a rhythm that approximates the 60-a-minute pulse rate. The external pressure causes compression of the heart. This will force oxygenated blood to flow to the central nervous system.   **If pulse is absent and patient is not breathing:**   1. Immediately ventilate the lungs rapidly three times. 2. Apply manual heart compression at rate of 60 per minute. 3. After each fifteen compressions, ventilate lungs twice.  Treatment for Poisons Since there are many different poisons which react differently and require different treatment, only the most general first aid treatment can be covered in this section. First of all try to determine what the poison is - from the person, the container, the odor or any other means then contact a doctor as quickly as possible.   1. Begin mouth to mouth respiration if breathing has stopped or the victim has difficulty breathing. 2. Give water or milk if the victim can swallow, unless poison instruction label/MSDS indicates differently.   **Do Not Induce Vomiting If - the victim is:**   * Unconscious. * Having convulsions. * In severe pain or has burning sensations in mouth or throat. * Known to have swallowed a petroleum product, toilet bowl cleaner, rust remover, drain cleaner, acids, iodine, washing soda, ammonia, household bleach or other strong acid or alkali.   Do induce vomiting if the poison is known and it is not a corrosive acid or alkali or one of the substances listed above. If the poison is an overdose of medicine, a non-corrosive substance vomiting should be prompted by drinks of warm salt water or soda water (2 teaspoons of salt or 2 teaspoons of baking soda in a glass of water) or by placing your fingers at the back of the victim's throat. After vomiting has started continue to give water or milk and stimulate vomiting until stomach has been emptied.  If and when the victim retches and vomits, he should be placed face down with the head lower than the hips. This prevents vomit from entering the lungs and causing further damage.  Speed is essential to prevent the body from absorbing the poison, professional help should be obtained without delay.  It is important that the doctor/hospital knows what poison has been taken. All available information: some of the poison, an empty container, any possible knowledge of the substance should be given to the doctor. If there is no other reliable information, a portion of the vomit should be taken to aid the doctor in determining proper treatment. Treatment for Shock Shock is a condition in which all activities of the body are greatly depressed. The skin is pale, cool and clammy, with beads of perspiration. Pulse is weak and rapid. Breathing is shallow. The victim is usually chilled, sometimes nauseated and there is generally body weakness. Shock usually accompanies severe injury, either immediately or a little later, and can cause death even though the injury itself might not be fatal.  **Correct the cause of shock if possible (e.g. control bleeding etc) and:**   1. Keep victim lying down. 2. Keep airways open. If the patient vomits, turn the head to the side with his neck arched. 3. Elevate victims legs (if no broken bones). Keep the head lower than trunk of body if possible. 4. Keep patient warm. 5. Give fluids (water, tea, coffee, etc.) if able to swallow, there is no abdominal injury suspected and the services of a doctor will be delayed.   Reassure victim and call a doctor.  Keep victim conscious by talking to them  **Note**: Never give alcoholic beverages to someone in shock. Heat Stroke Heat stroke is a sudden attack of illness from prolonged exposure to the sun or to other high temperatures. Symptoms of heat exhaustion are much the same as shock; pale and clammy skin, pulse rapid and weak, weakness, headache or nausea and sometimes cramps in abdomen or limbs. Sweating is usually more profuse but otherwise there is little difference.  Treatment for heat strokes should follow the procedure below:   1. Lay victim down in a cool place. 2. Raise head and remove as much clothing as possible. Cool body by sponging with cold water. 3. If victim is fully conscious and can swallow, give him salt water to drink. (One teaspoon salt to one pint of water). 4. As victim returns to consciousness, watch for signs of shock and treat accordingly. 5. Obtain services of a doctor as soon as possible.  Treatment of Burns With first and second degree burns, when the skin is not broken, the best first aid treatment is to immerse the burned portion in cold water. **If this cannot be done treat as follows:**   1. Apply cold or ice water to burn. 2. Keep burned area covered with clean cloth to keep air out. 3. Treat for shock and call a doctor.   **For severe burns treat as follows:**   1. Remove clothing from the injured area, if possible, (clothing adhering to the skin should be cut around and left in place.) 2. Place clean material over all burned areas to exclude air. 3. Keep victim lying down, with head and chest a little lower than the rest of the body. Raise the legs, if possible. 4. If victim is conscious and can swallow, give him plenty of non-alcoholic liquids to drink. (Water, coffee, tea, etc.) 5. Do not apply grease or oil to the burn. 6. Call a doctor.   For chemical burns the area should be immediately and continuously washed with large quantities of water. Apply a low pressure stream of water while removing clothing and wash until chemical has been thoroughly flushed away. Then treat as above. All chemical burns should be seen by a doctor.  For asphalt burns it is important that the temperature of the material is reduced quickly, hot liquid asphalt has a tendency to stick to the skin. Use the fastest means such as immersing the burned part in water but do not attempt to remove the asphalt once cooled. Extensive burns should be covered with a clean dressing and medical attention arranged as soon as possible. Treatment of Fractures Symptoms are loss of motion in adjacent joints, swelling, protruding bones, pain and tenderness; compare with corresponding part for deformity.  **If a fracture is suspected, treat as follows:**   1. Do not move a person with a fracture(s) unless absolutely necessary. If it is necessary to move the person, try to keep the fractured or dislocated member in the same position as found. Do not attempt to straighten the fractured member. 2. If there is bleeding at the site of the fracture, or elsewhere, apply a pressure dressing to stop the flow. 3. Splint the fractured or dislocated member in as near the same position as found. 4. Use any available material for splinting, such as sticks, boards, poles, metal rods, or even a thick folded magazine or newspaper. 5. Pad splints with any soft material to keep fractured or dislocated member in line, and to avoid loss of blood circulation. 6. Fasten fractured member to splints with bandage or cloth, above, below and at the point of fracture. 7. If a doctor is not available, transport the victim to a hospital, with as little movement of the injured member(s) as possible.  Transportation of Injured Persons After receiving first aid care, a seriously injured person often requires transportation to a hospital. If at all possible, the medic should see that the patient is transported in such a manner as to prevent further injury and is subjected to no unnecessary pain or discomfort. No matter how expert the first aid care given, improper handling and careless transportation often add to the severity of the original injuries, increase shock and frequently endanger life.  Never move a patient until a thorough examination has been made and all injuries are protected by proper dressings. Seriously injured patients should only be moved in lying positions. If means for proper transportation of an injured person are not immediately at hand continue care of the patient to conserve his strength until adequate means of transportation can be procured.  Various methods of carrying injured persons can be used in emergencies; carrying in the arms, carrying astride the back, and the two-man carry should be used only when it is positively known that no injury will be aggravated by such handling of the patient. The stretcher is the most preferred transportation method.  The Emergency Response Plan will have a section that covers medical evacuations and should be consulted for the appropriate course of action.  5．Record  5.1 BSA-ECDC-HS-CL-H007-01-First Aid Equipment Check v1.0 |  |