USING THIS MANUAL

This manual is offered by the Indian Red Cross Society and the St John Ambulance Association India for use by their members and the general public. Being laymen in the field of medicine, it is expected that they will practice the basic principles of first aid and render such aid needed by the casualty (casualties) till medical aid arrives or the person(s) has (have) been transported to the hospital. The basic characteristic of this manual is to make the layman fully competent practically in the subject.

The first aid guidelines in this manual have been based on the latest available and accessible scientific and medical knowledge. In 2014, a team of Indian medical and first aid specialists publicised the Indian First Aid Guidelines (IFAG). These guidelines are developed using a rigorous and transparent methodology to overcome potential biases; are based on extensive research, data analysis and reviews; and are specifically adapted to be implemented within the Indian context. These guidelines are further complemented by the 2015 guidelines on resuscitation and first aid as published by International Liaison Committee on Resuscitation (ILCOR) and the American Heart Association (AHA). The editorial board reviewed the applicability of available first aid guidelines into the specific Indian context and rephrased or adapted them accordingly. For interventions were neither IFAG nor international first aid guidelines existed, or in case sufficient or scientifically evidence was not available, the editorial board decided to include the commonly applied first aid practices.

In the first chapter, this manual specifies in detail what "first aid" is about and how to deal with an emergency. It further includes basic first aid techniques the first aider should master, i.e. observing vital signs and consciousness; cardiopulmonary resuscitation (CPR); recovery position, the first assessment of a casualty; and handwashing.

The subsequent chapters describe a more in-depth first aid approach and techniques.

The structure of these chapters is:

- Each chapter begins with a short overview of the anatomy and physiology.
- For specific situation or condition, a list of signs and symptoms a lay person may observe and recognize are included in the section '*What do I see and enquire?*'
- This section is immediately followed by '*What do I do?*' listing a sequence of first aid guidelines and techniques appropriate for that situation or condition. Drawings support the student/reader in understanding specific positions, techniques or signs.
- The list of guidelines and techniques is completed with a section on '*When to refer the casualty to a healthcare facility?*'
  Please note all casualties should best consult a medical caregiver in all cases. If (urgent) patient transport is required, this is indicated by .
  If the casualty normally does not require organized (ambulance) transport for further treatment, it is marked with the sign .
  However, depending on the specific situation, condition of the person and severity of the injury or sickness, (ambulance) transport or even urgent transport might be required: the first aider needs to consider all elements on when and how a casualty needs to seek further medical help. In case of doubt, it is always better to arrange (urgent) transport to the healthcare facility for further medical treatment.

  Important remarks are highlighted in grey text box and preceded with a ⓘ sign. Supplemental information is marked with ⓘ and printed in a smaller font.

- The contents of a first aid box are listed at the last few pages of the manual.

Throughout the manual we opted to use the terms 'injured person', 'casualty' or simply 'the person' as a person who got injured or even killed by some event. If the reason is a disease or illness, the term 'sick person' is used.

The guidelines and instructions are intended to be applied on both male and female casualties. To make the reading easier, and instead of writing 'he/she', we opted to use the pronoun 'he' meaning that the guideline or instruction is applicable both for male and female victims. Only if the intervention is specifically applicable to females, we use 'she' in the instructions.

This manual is limited in describing the guidelines, interventions and techniques in words and pictures only. To acquire a practical knowledge, it is important to practice the specific techniques, i.e. basic first aid techniques e.g. cardiopulmonary resuscitation (CPR), how to put a person into recovery position, etc. First aid course organized by the Indian Red Cross Society and the St John Ambulance Association India are ideal opportunities in achieving a clear insight in the techniques and allows to exercise the theory into practice via simulation and on dummies.

It is advised the trained first aider to refresh their first aid knowledge by reviewing the guidelines and techniques regularly in this manual and to practice them very frequently.

The medical science is constantly in evolution. Newer scientific insights might have an influence on the approach of casualties by lay people and on the first aid guidelines and techniques. This manual is scheduled to be reviewed and updated every five years; the next review is scheduled in 2021.

A. BASIC FIRST AID TECHNIQUES

In this chapter you will learn about:

- Aims of first aid.
- First aid and the law.
- Dealing with an emergency.
- Resuscitation (basic CPR).
- Recovery position.
- Initial top to toe assessment.
- Hygiene and hand washing.
- First aid overview flow chart.

A.1 AIMS OF FIRST AID

First aid is the first assistance or treatment given to a casualty or a sick person for any injury or sudden illness before the arrival of an ambulance, the arrival of a qualified paramedical or medical person or before arriving at a facility that can provide professional medical care.

As a consequence of disaster or civil strife people suffer injuries which requires urgent care and transportation to the nearest healthcare facility.

A.1.1 AIMS OF FIRST AID

The aims of first aid are:

- to preserve life,
- to prevent the worsening of one's medical condition,
- to promote recovery, and
- to help to ensure safe transportation to the nearest healthcare facility.

A.1.2 THE FIRST AIDER

A first aider is the term describing any person who has received a certificate from an authorised training body indicating that he or she is qualified to render first aid.

First aid certifications issued by St. John Ambulance Association and the Indian Red Cross Society are awarded to candidates who have attended a course of theoretical and practical work and who have passed a professionally supervised examination.

A.2 FIRST AID AND THE LAW

A.2.1 INDIAN GOOD SAMARITAN PROTECTION GUIDELINES

A Good Samaritan in legal terms refers to "someone who renders aid in an emergency to an injured person on a voluntary basis".

The Ministry of Road Transport and Highways has published the Indian Good Samaritan and Bystanders Protection Guidelines in The Gazette of India in May 2015 (Notification No 25035/101/2014-RS dated 12 May 2015). The guidelines are to be followed by hospitals, police and other authorities for the protection of Good Samaritans.

Following guidelines are included (sub-selection of the guidelines):

1. A bystander or Good Samaritan, including an eyewitness of a road accident may take an injured to the nearest hospital and should be allowed to leave immediately. The eyewitness has to provide his address. No questions are to be asked.
2. The bystander or Good Samaritan shall not be liable for any civil and criminal liability.
3. A bystander or Good Samaritan who makes a phone call to inform the police or emergency services for the person lying injured on the road cannot be compelled to give his name or personal details on the phone or in person. The disclosure of contact details of the Good Samaritan is to be voluntary.
4. The lack of response by a (medical) doctor in an emergency pertaining to road accidents (where he is expected to provide care) shall constitute 'Professional Misconduct'.

A.2.2 DUTY OF GIVING CARE

Usually, if a volunteer comes to the aid of an injured or sick person who is a stranger, the person giving the aid owes the stranger a duty of being reasonably careful.

In relation to the "duty of giving care", there is currently (2015) no legal obligation for first aiders to provide first aid in a general public context, not unless it's part of a job description. First aid officers in workplaces and school teachers have a duty of care.

Once a first aider begins to provide first aid, a duty of care is established and the first aider then has an obligation to fulfil the duty of care.

If a road user is involved in an accident, there is a legal requirement to stay at the scene, assist the injured and report the incident to the police.

Not fulfilling a duty of giving care leaves the first aider open to questions of negligence. Whilst there is no law that forces anyone to treat a casualty this does not mean that one can simply leave a casualty who you know is in danger. To do so may make you liable through your omission to act. If you are not happy to provide first aid there are several things you can and should do including (but not limited to):

- inform someone else, such as the police or the emergency services;
- make the area around the casualty safe for yourself, others and the casualty;
- monitor the casualty and/or find out what happened; and
- comfort the casualty.

A.2.3 CONSENT OF THE PERSON IN NEED

A conscious person has the right to either refuse or accept care. If the person is conscious, you must ask for his consent before commencing any first aid. If he refuses your help, stay nearby and call the police and emergency services, who can then deal with the situation.

If the person is under 18, it is best to obtain consent from his parent or guardian if they are present. If they refuse your help, stay nearby and call the police and the emergency services, who can then deal with the situation.

If the person is unconscious or unable to formally consent, his consent is inferred and you can then give the necessary first aid.

A.2.4 PRIVACY

In any first aid situation, the first aider must take steps to assist the person to maintain personal privacy. This means things like, keeping crowds away, putting up a screen if necessary, and covering any exposed body parts with blankets, or sheets, if available.

The first aider also needs to take steps to maintain confidentiality. This means not talking about the incident to other people, or answering questions from the media, unless you have permission from the person involved in the accident.

A.2.5 NEGLIGENCE

If a volunteer comes to the aid of an injured or sick person who is a stranger, the person giving the aid owes the stranger a duty of being reasonably careful.

Not fulfilling, or breaking a duty of care leaves the first aider open to questions of negligence. It is unlikely that a first aider would be sued as long as not practiced outside the parameters of the techniques taught at the first aid training.

A.3 DEALING WITH AN EMERGENCY

Emergency situations vary greatly but there are four main steps that always apply:

1. Make the area safe.
2. Evaluate the injured person's condition.
3. Seek help.
4. Give first aid.

A.3.1 STEP 1: MAKE THE AREA SAFE

Your own safety should always come first.

As a first aider, you should:

- try to find out what has just happened;
- check for any danger: is there a threat from traffic, fire, electricity cables, etc.;
- never approach the scene of an accident if you are putting yourself in danger;
- do your best to protect both the injured person(s) and other people on the scene;
- be aware that the property of the injured person is at risk. Theft can occur. So mind your safety, and
- seek police or emergency help if an accident scene is unsafe and you cannot offer help without putting yourself in danger.

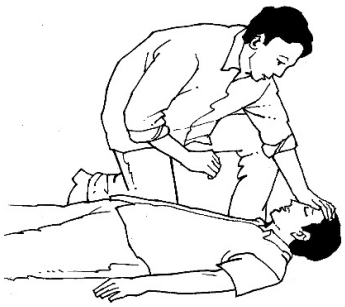
> An important part of safety also includes washing your hands and wearing gloves or a protection when coming in contact with the injured or sick person's blood or body fluids.

In case of road accidents, as a first aider, you should:

- always follow the traffic rules;
- ask other people to warn traffic about the event;
- if possible, place a warning sign at a good distance, at least 30 meters to either side of the accident, to warn traffic. Do not forget to remove the warning signs afterwards;
- seek help from the police or emergency services;
- not allow anybody to smoke near an accident site;
- switch off the engine of every car involved in the accident; and

- try to apply the handbrake of vehicles involved in the accident to prevent them from moving. You can also put something against the tyres to prevent rolling.

As a general rule, the injured person should not be moved from the scene of an accident. Any movement may make the injury worse if there has been a head, neck, back, and leg or arm injury.



Only move injured people if:

- the injured person is in more danger if he is left there,
- the situation cannot be made safe,
- medical help will not arrive soon, and
- you can do so without putting yourself in danger.

A.3.2 STEP 2: EVALUATE THE CONDITION OF THE SICK OR INJURED PERSON

If it is safe, you can evaluate the sick or injured person's condition. Always check that he is conscious and breathing normally. Situations in which consciousness or breathing are impaired are often life threatening.

Bleeding can also happen inside the body and can be life-threatening although the loss of blood is not seen.

Techniques of resuscitation (CPR), the recovery position, etc. are explained in this manual.

A.3.3 STEP 3: SEEK HELP

Once you have evaluated the sick or injured person's condition you can decide if help is needed urgently.

If help is needed, ask a bystander to call for help. Ask him to come back and confirm that help is underway.

If you call for help, be prepared to have the following information available:

- the location where the help is required (address, street, specific reference points, location; if in a building: floor, room);
- the telephone or mobile number you are calling from;
  - the nature of the problem;
  - what happened (car accident, fall, sudden illness, explosion, …);
  - how many injured;
  - nature of the injuries (if you know);
  - what type of help is needed:
    - ambulance,
    - police,
    - fire brigade, or
    - other services;
- and any other information that might help.

You might be asked to give your name. Always stay calm and answer their questions calmly. The call takers are professionals and will give you further guidance.

If an ambulance can be obtained in a short time, it is best to call for one and use it to transport the injured or sick person to the healthcare facility. An ambulance is the best way to transport ill or injured persons, but they are not always and everywhere quickly available.

You can always ask the police for help.

If no help is available, you will have to arrange transport yourself (in a van, a truck, a car, an auto-rickshaw, a motorbike, a scooter, a bike-rickshaw, a bike...). Always move the sick or injured person with great care.

A.3.4 STEP 4: PROVIDE FIRST AID

Give first aid in accordance with the instructions given in the following chapters in this manual. When providing first aid, try to protect an ill or injured person from cold and heat.

Do not give anything to eat or drink to a person who is:

- severely injured,
- feeling nausea,
- becoming sleepy, or
- falling unconscious.

> In fact, as a general principle, the rule is not to give a casualty anything to drink or eat. Important exceptions include hypothermia (low body temperature), hypoglycaemic shock (low blood sugar in a diabetes patient), diarrhoea and fever leading to dehydration and in case of heat exhaustion or heatstroke. The details can be reviewed in the specific chapters on these conditions.

Be aware that experiencing an emergency situation is a very stressful experience for the injured or sick person.

To support him through the ordeal, follow these simple tips:

- tell the sick or injured person your name, explain how you are going to help him and reassure him. This will help to relax him;
- listen to the person and show concern and kindness;
- make him as comfortable as possible;
- if he is worried, tell him that it is normal to be afraid;
- if it is safe to do so, encourage family and loved ones to stay with him; and
- explain to the sick or injured person what has happened and what is going to happen.

A.3.5 WHEN CAN I STOP PROVIDING FIRST AID?

The question arises when your first aid 'duty' comes to an end?

Within first aid, CPR is a lifesaving activity. But when you can stop giving CPR? There are four reasons allowing you to stop CPR:

- you see a sign of life, such as breathing;
- someone trained in first aid or a medical professional takes over;
- you are too exhausted to continue; or
- the scene becomes unsafe for you to continue.

A.4 STRESS WHEN GIVING FIRST AID

It is only normal to feel stress if you are suddenly faced with the need to give first aid in a real emergency.

Try to bring your emotions under control before you proceed. You may take some time to stand back from the situation and regain your calm. Do not set about the task too hastily and do not under any circumstances place your own safety at risk.

It is not always easy to process a traumatic event emotionally. It is not unusual for first aiders to experience difficulty when working through their emotions afterwards. Talk to your friends, family, fellow first aiders or someone else. If you are still worried, talk to a professional and seek counselling.

A.5 RESUSCITATION (BASIC CPR)

Reviving someone who is unconscious and/or not breathing or not breathing normally is called resuscitation.

If the victim is not breathing or is not breathing normally, any source of suffocation should be removed and resuscitation is to be started.

Chest compressions with or without rescue breathings are performed by an individual during cardio pulmonary resuscitation (CPR) in an attempt to restore spontaneous circulation.

For untrained or minimally trained first aid providers treating an adult victim, compression-only CPR is recommended. These chest compressions ensure a small but crucial supply of blood to the heart and brain.

For formally trained first aid providers (and professionals) treating an adult victim, compression with breaths is recommended. If the trained first aid provider is unable or unwilling, or in any other circumstance, compression-only CPR may be substituted for compression with breaths.

For babies and children under one year, compressions with breaths are always recommended.

A.5.1 WHAT DO I SEE AND ENQUIRE?

In case of a cardiac arrest (heart stops functioning) you might notice the following signs:

- sudden collapse,
- loss of consciousness,
- no breathing,
- no pulse (however this is not always easy for laypeople to confirm).

A.5.1.1 HOW TO OBSERVE RESPONSIVENESS AND CONSCIOUSNESS?

Unconsciousness occurs when a person is suddenly unable to respond to stimuli like sound or pain, and appears to be asleep. A person may be unconscious for a few seconds (as is the case with fainting) or for longer periods of time.

People who become unconscious do not respond to loud sounds or shaking. They may even stop breathing or their pulse may become faint. This calls for immediate emergency attention. The sooner the person receives emergency first aid, the better it is.

The AVPU scale (an acronym from "alert, voice, pain, unresponsiveness") is a system by which a first aider can measure and record a patient's responsiveness, indicating the level of consciousness. It is based on the casualty's eye opening, verbal and movement (motor) responses.

The AVPU scale has only four possible outcomes:

- A – Alert.

  The person is fully awake (although not necessarily oriented). The person will spontaneously open eyes, will respond to voice (although may be confused) and will have bodily motor function.

- V – Responding to voice.

  The person makes some kind of response when you talk to him. It could be opening his eyes, responding to your questions or initiating a move. These responses could be as little as a grunt, moan, or slight movement of a limb when prompted by the voice of the rescuer.

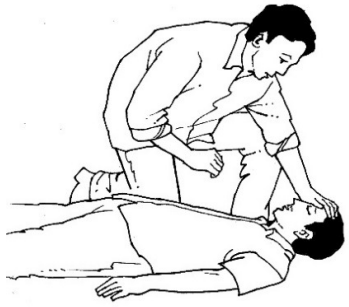
- P – Responding to pain.

  The patient makes a response of any kind on the application of pain stimulus, such as a central pain stimulus like a rub on his breastbone or a peripheral stimulus such as squeezing his fingers.

  Patients with some level of consciousness (a fully conscious patient would not require any pain stimulus) may respond by using their voice, moving their eyes, or moving part of their body (including abnormal posturing).

- U - Unresponsiveness also noted as 'Unconsciousness'.

  This outcome is recorded if the patient does not give any eye, voice or motor response to voice or pain.



To check a person's responsiveness/consciousness state check the following:

1. A person who looks around, speaks, responds clearly to questions, feels touch and moves or walks around, is considered alert (A).
2. The person opens his eyes and responds to simple questions:
   - "What is your name?"
   - "Where do you live?"
   - "How old are you?"

   The person responds to simple commands:
   - "Squeeze my hand."
   - "Move your arm/leg/foot/hand."

   If the person responds, he is responsive to voice (V).
3. If there is still no response, pinch the person and see if he opens his eyes or moves.

   If the person responds to pain, he is responsive to pain (P)

   If the person does not react to any of these stimuli, he is in an unconscious state (U).

Note that a person might only partially respond to the stimuli you provide (sound, touch, pain) and might be in an in-between (groggy) state.

Checking if a casualty is conscious or unconscious should only take a few seconds and should not delay checking for the breathing.

More information on unconsciousness is given in the respective chapter.

A.5.1.2 HOW TO OBSERVE THE BREATHING?

The airway may be narrowed or blocked making breathing noisy or impossible. Reasons for blockage may be:

- Loss of muscular control in the throat may allow the tongue to sag back and block the air passage.
- When the reflexes are impaired, saliva may lie in the back of the throat, blocking the airway.
- Any foreign body in the throat may block the air passage e.g. vomit, blood, dentures etc.

It is essential to establish a clear airway immediately. Unless you can clearly see that the person is breathing normally, an unconscious person must be turned onto his back to unblock the breathing passage and to check for breathing. Unblocking the breathing passage takes priority over concerns about a potential spinal injury.

To observe the breathing do following:

1. If the person is unconscious and is not on his back, turn him on to his back.
2. Kneel beside the casualty.
3. Lift the chin forwards with the index and middle fingers of one hand while pressing the forehead backwards with the palm of the other hand. This manoeuvre will lift the tongue forward and clear the airways.

4. Observe breathing by listening, feeling and looking
5. After opening the victim's airway, check to see if the victim is breathing.

   To do this, place your cheek in front of the victim's mouth (about 3-5 cm away) while looking down his chest (towards his feet).

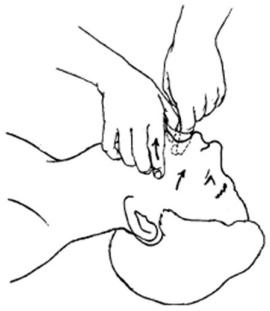
   If desired, you can also gently place a hand on the center of the victim's chest. This allows you to observe whether the victim is breathing in the following ways:

   a. *look* for chest/abdominal movement,

   b. *listen* to breathing sounds,

   c. *feel* the air coming out of the nose or mouth.

In the first minutes after cardiac arrest it often appears as if the person is trying to breathe. It can appear as if the person is barely breathing or is taking infrequent noisy gasps. It is important not to confuse this with normal breathing and you should start resuscitation immediately.



6. If the casualty's chest still fails to rise, first assume that the airway is not fully open. Once the airway is cleared the casualty may begin breathing spontaneously.

   Else, clear the airway by removing any visible item that is blocking the airway:

   a. Hook your first two fingers covered with clean cloth/gloves.
   b. Sweep round inside the mouth/ throat.
   c. Check again the breathing.

One should not spend time searching for hidden obstructions. Care should be taken not to push any object further down the throat.

Be careful: do not put your fingers in somebody's closed mouth.

More information on the breathing can be found in the respective chapter.

A.5.1.3 HOW TO OBSERVE THE PULSE?

Feeling the pulse is not always easy. Feeling the pulse during an emergency at the wrist is often unreliable.

The pulse can be felt by placing the finger tips gently on the voice box and sliding them down into the hollow between the voice box and the adjoining muscle.

Do not loose time trying to locate and feel the pulse. The current resuscitation guidelines for laypeople direct that resuscitation (CPR) is to be started when the person is not breathing or not breathing normally and does not require to check the pulse.

More information on the pulse can be found in the respective chapter.

A.5.2 RESUSCITATION OF A PERSON WHO IS NOT BREATHING OR NOT BREATHING NORMALLY

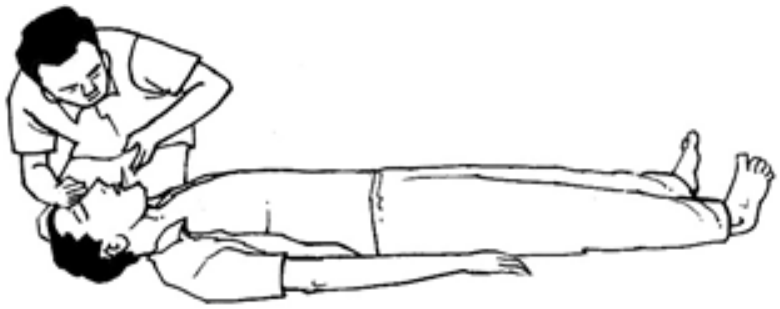
A.5.2.1 SAFETY FIRST AND CALL FOR HELP

1. Make sure there is no danger to you, the person who needs help and bystanders before giving help.
2. The person urgently needs help. Shout or call for help if you are alone but do not leave the person unattended. Ask a bystander to seek help or to arrange urgent transport to the nearest healthcare facility. Tell him to come back to you to confirm if help has been secured.

A.5.2.2 SECURE AN OPEN AIRWAY

> ⓘ The airway may be narrowed or blocked making breathing noisy or impossible. It is essential to establish a clear airway immediately. Unblocking the breathing passage takes priority over concerns about a potential spinal injury.

3. If the person is not on his back, turn him on to his back.
4. Kneel beside the casualty.
5. Lift the chin forwards with the index and middle fingers of one hand while pressing the forehead backwards with the palm of the other hand. This manoeuvre will lift the tongue forward and clear the airways.



chin lift pic

6. Check for breathing.
    a. Look for chest/abdominal movement.
    b. Listen to breathing sounds.
    c. Feel the air coming out of the nose or mouth.
7. If the casualty's chest still fails to rise, first assume that the airway is not fully open. Once the airway is cleared the casualty may begin breathing spontaneously.
8. Else, clear the airway by removing any visible item that is blocking the airway: Hook your first two fingers covered with clean cloth/gloves and sweep round inside the mouth/ throat.

One should not spend time searching for hidden obstructions. Care should be taken not to push any object further down the throat.

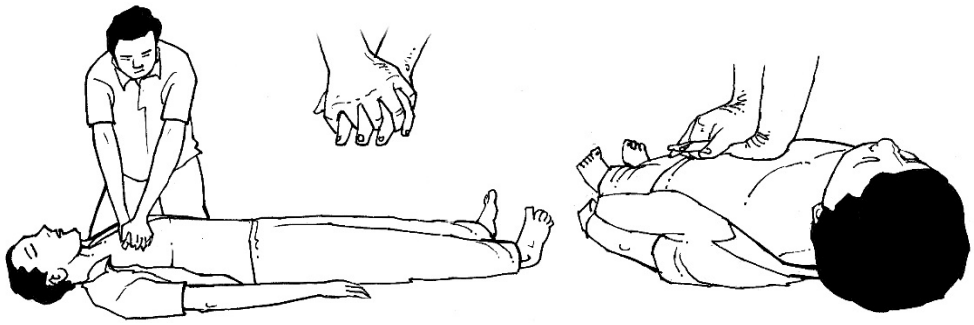
Be careful: do not put your fingers in somebody's closed mouth.

9. If the breathing restarts, place the patient in the recovery position (see recovery position).

   If the casualty still does not breathe, start CPR immediately.

A.5.2.3 CPR: HOW TO GIVE CHEST COMPRESSIONS?

1. Turn the casualty on his back on a hard surface, if not already.
2. Kneel next to the casualty, beside his upper arm.



3. Place the heel of one hand in the center of the person's chest.
4. Place the heel of the other hand on top of your first hand.

If the person's age is below puberty, only use one hand.

If the victim is a baby, do not use this technique but apply the technique of CPR for babies and children under the age of one year.

5. Lock your fingers of both hands together.

Do not apply pressure to the person's ribs. Nor should you press the upper part of the stomach or the bottom end of the breast bone.

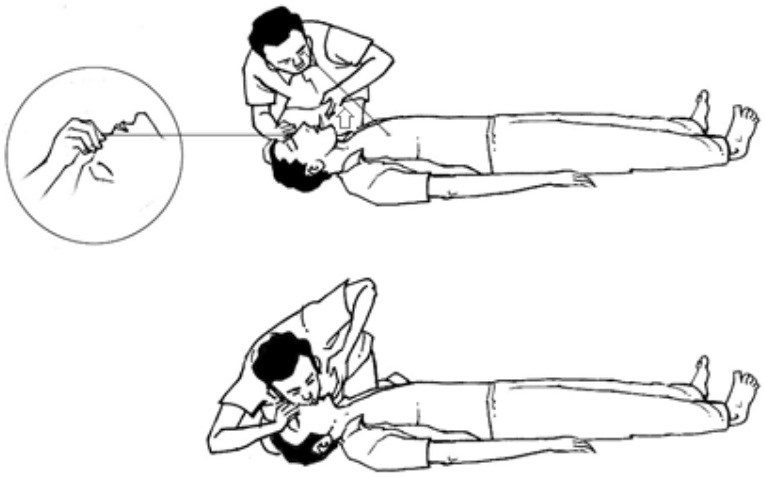
6. Make sure your shoulders are directly above the person's chest.
7. With outstretched arms, push five to maximum six centimetres downwards.
8. Release the pressure and avoid leaning on the chest between compressions to allow full chest recoil. The compression and release should be of equal duration.

Each time you press down allow the chest to rise fully again. This will let blood flow back to the heart.

9. Do not allow your hands to shift or come away from the breastbone.
10. Give 30 chest compressions in this way at a rate of 100 compressions a minute (you may go faster, but not more than 120 compressions a minute). This equates to just fewer than two compressions a second.

A.5.2.4 CPR: HOW TO GIVE RESCUE BREATHS?

ⓘ If for some reason you cannot or do not want to give rescue breaths, you can just continue giving chest compressions (five to maximum six centimetre deep at a rate of 100 compressions a minute).



1. Put one hand on the person's forehead and tilt back his head.
2. Put your other hand on the bony part of the chin and lift the chin.
3. Then pinch the person's nose with one hand that is on his forehead.
5. Take a normal breath and then put your mouth completely over the person's mouth and seal with your lips. Calmly blow your air into the mouth of the person's for one second. Check if the person's chest rises.
6. If the chest does not rise, take the following steps:
   a. Check if anything is in the person's mouth.

      If so, remove any visible items that may block the airway.

   b. Check that the head is well tilted and the chin is lifted properly.

   ⓘ In any case, make no more than two attempts to blow air into the person.

7. Start another series of 30 chest compressions prior to trying to blow air into the person's mouth again.

   ⓘ Chest compressions and rescue breaths are tiring to administer. If there are a few trained rescuers present, it is best to alternate with each other.

   To ensure that the quality of the chest compressions remains optimal, the rescuers should switch every two minutes:

   - The first rescuer gives 30 chest compressions followed by two ventilations and another set of 30 chest compressions and two ventilations.
   - Then another rescuer takes over and repeats the above steps and switch again.

   The switches should happen with minimal interruption and as quickly and smoothly as possible.

8. Do not interrupt the resuscitation until:

- the victim starts to wake up, moves, opens his eyes and breathes normally;
- help (trained in CPR) arrives and takes over;
- you become too exhausted to continue; or
- the area becomes unsafe for you to continue.

A.5.2.5 HYGIENE

Wash your hands after taking care of the person. Use soap and water to wash your hands. If no soap is available, you can use ash to wash your hands. Alcohol-based sanitizers can also be used, if available.

A.5.3 RESUSCITATION OF BABY/CHILD (LESS THAN ONE YEAR OLD) WHO IS NOT BREATHING OR NOT BREATHING NORMALLY

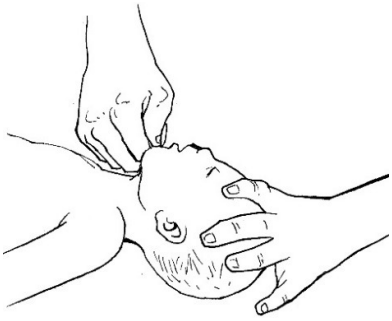
A.5.3.1 SAFETY FIRST AND CALL FOR HELP

1. Make sure there is no danger to you before giving help.
2. The child needs urgent help. Shout or call for help if you are alone but do not leave the person unattended. Ask a bystander to seek help or to arrange urgent transport to the nearest healthcare facility. Tell him to come back to you to confirm that help has been secured.

A.5.3.2 HOW TO SECURE AN OPEN AIRWAY OF A BABY/CHILD LESS THAN ONE YEAR OLD?

> ⓘ The airway may be narrowed or blocked making breathing noisy or impossible. It is essential to establish a clear airway immediately. Unblocking the breathing passage takes priority over concerns about a potential spinal injury.

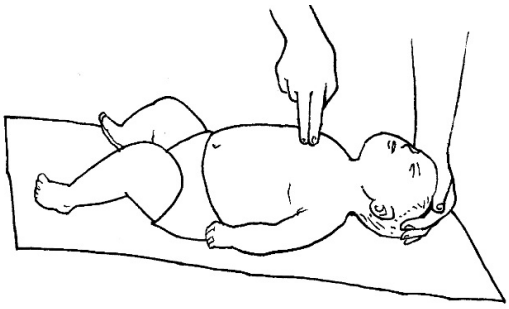
3. Lay the baby/child down on the floor or hard and safe surface.



4. Move the baby's/child head backwards and lift its chin slightly. This manoeuvre will lift the tongue forward and clear the airways.
5. Check for breathing.
   a. *Look* for chest/abdominal movement.
   b. *Listen* to breathing sounds.
   c. *Feel* the air coming out of the nose or mouth.

   If the baby still does not breathe, begin CPR immediately.

A.5.3.3 CPR: HOW TO GIVE CHEST COMPRESSIONS ON A BABY/CHILD LESS THAN ONE YEAR OLD?



1. Place three fingers of your hand on the center of the baby's/child's chest on its breastbone (sternum).
2. Remove the bottom finger of the three fingers and compress the chest with the two remaining fingers (middle and index finger) up to one third of the depth from the chest of the baby/child.

> ⓘ Do not use the base or palm of your hand. Only use one hand.

3. Repeat these compressions 30 times at a rate of 100-120 per minute.

   Release the pressure completely between compressions without removing your fingers from the chest.

   Always make sure the chest rises before pressing down again.

A.5.3.4 CPR: HOW TO GIVE RESCUE BREATHS ON A BABY/CHILD LESS THAN ONE YEAR OLD?

1. Move the baby's/child head backwards and lift its chin slightly.
2. Cover the baby's/child's nose and mouth with your mouth and gently puff into his lungs only until you see his chest rise, pausing between rescue breaths to let the air flow back out.

> ⓘ Remember that a baby's lungs are much smaller than yours, so it takes much less than a full breath to fill them.

3. Check if the baby's/child's chest rises.

   If the chest does not rise, take following steps:

   a. Check if anything is in the baby's/child's mouth.

      If so, remove any visible items that may block the airway.

   b. Check that the head is well tilted and the chin is lifted properly.

      In any case: make no more than two attempts to blow air into the baby/child.

4. Start another series of 30 chest compressions prior trying to puff air into the baby's/child's mouth again.

5. Do not interrupt the resuscitation until:

   - the child starts to wake up, moves, opens his eyes and breathes normally;
   - help (trained in CPR) arrives and takes over; or
   - the area becomes unsafe for you to continue.

A.5.3.5 HYGIENE

Always wash your hands after taking care of a person. Use soap and water to wash your hands. If no soap is available, you can use ash to wash your hands. Alcohol-based sanitizers can also be used, if available.

A.5.4 WHEN TO REFER TO A HEALTHCARE FACILITY?

Always – urgently: Any person that has stopped breathing or needed CPR should always be transported to the nearest healthcare facility as quickly as possible continuing CPR.