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NEWSLETTER

News from AID Training ..... **ONLINE SHOP NOW AVAILABLE**  
**@www.aid-training-shop.co.uk**

## Wounded Marines pass PTLLS Course



Aid Training & Operations Ltd, has just run a City and Guilds teaching course for a group of ten delegates including three Royal Marines who were wounded whilst serving in Afghanistan. Places on the Preparing to Teach in the Lifelong Learning Sector (PTLLS) course were given to The Marines who are a part of Hasler Company, a Plymouth based unit aimed at long-term rehabilitation of wounded Royal Marines. The three attended as part of their ongoing resettlement package to enable them to get back into civilian employment. Despite their injuries, which included one triple amputee, they got on well and all achieved a pass by the end of the week. They are now moving on to other courses with a view to training various subjects in the future -

**- all at Aid Training wish them well.**

# Eye Injuries

Because the eyes are so sensitive all injuries to them should be treated as serious.

## Types of Injury:

- Wounds
- Foreign bodies
- Chemical burns

### Wounds:

- Keep the eyes still to prevent further injury
- Consider using an eye pad
- Seek medical help

### Foreign Bodies:

- Irrigate
- Pad and bandage if required
- Seek medical help

### Chemical Burns:

- Irrigate for a minimum of 10 minutes with water or sterile solution
- Work from inside to outside of the eye
- Avoid splashing
- Use an eye pad during transport
- Seek medical help
- Pass on information about the chemical concerned

1. Irrigate from the inside towards the outside of the eye



2. Consider using an eye pad



# New Assessors Award

Aid Training has been running the new Assessors Qualifications since they became available in January 2011. To date we have successfully trained and qualified assessors from a range of backgrounds, including British Waterways, the Army and NHS. To find out more about these exciting courses please visit our website at [www.aid-training.co.uk](http://www.aid-training.co.uk) or call the team in the office on **01985 843100**



**Do you want to keep up-to-date with your first aid skills? If so we have two easy solutions.**

One is our Essential First Aid DVD - please see the advert elsewhere in this newsletter.

Alternatively you might like to try our on-line e-learning package which is available at [www.aid-training.co.uk](http://www.aid-training.co.uk)

**Please remember that by far the best way of staying up-dated is to attend a training course.**

# Head Injuries • Head Injuries • Head Injuries

All injuries to the head are potentially dangerous and the first aider should always suspect some damage to the spine and hence proceed to treat the casualty with minimal movement of the neck.

All head injuries especially those with impaired conscious levels should be assessed by a doctor.

## Scalp Injuries:

Lacerations to the head will often bleed profusely and may look worse than they actually are.

### Treatment:



- The bleeding should be stopped by using direct pressure over the site of the wound.

- If skull fractures are also suspected then indirect pressure, around the site of the injury should be used.
- Do not let them distract you from more serious injuries - think airway.

## Skull Fractures:

The skull is a bony domed vault, which encases the brain. Fractures to the skull usually require great force and hence can involve damage to the underlying brain, not forgetting possible damage to the neck and spinal cord.

### Signs and Symptoms:

- A soft area on the head
- Blood in the white of the eye
- Distortion or a lack of facial symmetry

### Treatment:

- Airway, Breathing and Circulation - beware of possible spinal injuries
- Head and shoulders slightly raised
- Monitor and seek medical help

## Concussion:

Where the brain is “shaken” within the skull, involves a temporary loss of consciousness with usually no long-term after-effects.

### Signs and Symptoms:

- Unconscious for a brief period
- Memory loss
- Dizziness and/or nausea

### Treatment:

- Airway, Breathing and Circulation
- Monitor
- If not recovered within 3 minutes seek medical help

## Compression

This is a very serious condition that needs urgent medical treatment. It occurs when pressure is exerted upon the brain usually due to a bleed or bruising within the brain. It is often associated with serious head injuries and strokes.

### Signs and Symptoms:

- Deteriorating level of consciousness
- Apparently a full recovery followed by a deterioration
- Unequal pupils
- Weakness on one side of the body

### Treatment:

- Airway, Breathing and Circulation
- Support in a comfortable position - recovery position if unconscious
- Monitor
- Seek urgent medical help-all head injured patients should be advised to seek medical help

## Treatment for all Unconscious Head Injured Casualties



1. Check for danger, then shake & shout - if unresponsive shout for help



2. Open the airway - try not to move the casualty if at all possible



3. Check for breathing for a maximum of 10 seconds



4. Check for control and obvious bleeding



5. Conduct a secondary survey



6. Keep the casualty in a safe position & monitor them while waiting for help



7. If conscious try, other injuries permitting, to get them into a sitting position

**Note** - Try and treat all unconscious casualties in the position that you find them in. However you may need to move them if they, or you, are in further danger - or if you cannot open their airway, or perform other life-saving interventions.



**Think Safety**

# Essential First Aid DVD



Copies of our  
**“Essential First Aid Updates”**  
- a film based training package, designed to enhance all stages of first aid training and revision are still available.

**SPECIAL OFFER £59.99**  
including VAT and postage.

# New Standards for First Aid Kits



A new national standard for workplace First Aid kits has been introduced, recognising their importance and effectiveness.

In 2009/10, 26,061 workers were injured sufficiently badly to require them to take more than three days off work. The first seconds after an accident are critical and well trained first aiders and medical professionals are, in many cases, able to minimise the effect of an accident to a casualty if appropriate first aid equipment is readily available.

Legislation requires employers to ensure that first aid kits are readily available in the workplace and of the right composition to meet their needs following their own risk assessment. However, current Workplace First Aid Kit contents were last reviewed over 14 years ago in 1997. Since then there have been extensive changes in training protocol, new product innovations and increasing infection control.

With this in mind, a new national standard for workplace First Aid kits in the UK has been introduced by the British Standards Institute (BSi). It follows extensive work by the British Healthcare Trades Association (BHTA) in cooperation with the Health and Safety Executive (HSE).

The new kits now include increased quantities of products identified as insufficient, including plasters and wipes; new additions include scissors/shears, burns dressings, foil survival blankets, resuscitation face shield, nitrile gloves, and adhesive tape. Quantities of other items have been reduced to keep the overall size of kits broadly similar to the existing ones.

The new BSi workplace first aid kit standard is fit for purpose, meets consumer demand, is appropriate for the modern workplace, and helps to improve and simplify selection for employers and specifiers to meet their legal and moral obligations.

Previously, with BHTA guidance, four kits had been designed based on the HSE guidelines, kit 10, 20, 50 and a travel kit. These BHTA kits have become the national standard and are almost universally adopted by both the public and private sectors.

Following the adoption of the new standard, there will continue to be four kits, now called Small, Medium, Large and Travel. The broad changes to the kit involve the following products:

**Gloves.** It was determined that the existing kits and HSE guidelines had insufficient quantities of gloves, given current infection control concerns. Nitrile gloves were selected in line with NHS guidelines.

**Plasters and Wipes.** A survey of customers indicated that a larger quantity of plasters was required.

**Burns Dressings.** Modern wet gel burns dressings are now much lower in price and are universally used by accident and emergency services. Given that any workplace that has a kettle has a risk for burns, this item is added. A conforming bandage is added to the kits to secure this dressing, where appropriate.



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**Resuscitation Device.** Mouth-to-mouth resuscitation can present an infection risk to the patient or first aider. Employers have a duty of care to protect their employees from such a risk.

**Finger Dressings.** A large proportion of injuries involve fingers. The old kits had only plasters to offer for treatment of such injuries, the smallest serious wound dressing was 12cm, a finger sized dressing is added to the new kits.

**Adhesive Tape.** Adhesive tape is added to conveniently and safely secure dressings and bandages, without the need to use safety pins. Safety pins are retained as an option, particularly for triangular bandages used as slings.

**Triangular Bandages.** The number of triangular bandages has been reduced reflecting the current first aid protocols that no longer indicate their use for immobilisation of lower limb injuries.

**Foil Survival Blanket.** Clinical shock presents a risk to life. The treatment includes keeping the casualty warm, the addition of foil survival blankets allows first aiders to treat clinical shock, where in the past they would be reliant on blankets being available.

**Scissor/Shears.** Where injuries occur through clothing or shoes, protocol dictates that the clothing should be cut away around the wound site to allow it to be covered with a dressing. Current first aid kits do not include the equipment to do this task, the new kits include shears that are capable of cutting leather.

**Eye wash.** The travel kit includes a bottle of eye wash based on people may not have access to clean running water.

***The new contents are therefore:***

| Contents                     | Small | Medium | Large | Travel |
|------------------------------|-------|--------|-------|--------|
| First aid guidance leaflet   | 1     | 1      | 1     | 1      |
| First aid dressing 12 x 12cm | 4     | 6      | 8     | 1      |
| First aid dressing 18 x 18cm | 1     | 2      | 2     | 1      |
| Triangular bandages          | 2     | 3      | 4     | 1      |
| Safety pins                  | 12    | 12     | 24    | 12     |
| Eye dressings                | 2     | 3      | 4     | 1      |
| Plasters                     | 40    | 60     | 100   | 20     |
| Sterile wipes                | 20    | 30     | 40    | 4      |
| Microporous tape 2.5cm x 5m  | 1     | 1      | 1     | 1      |
| Nitrile gloves (Pair)        | 6     | 9      | 12    | 1      |
| Finger dressings             | 2     | 3      | 4     | 0      |
| Face shields                 | 1     | 1      | 2     | 1      |
| Foil blankets                | 1     | 2      | 3     | 1      |
| Burn dressing 10 x 10cm      | 1     | 2      | 2     | 1      |
| Clothing cutters             | 1     | 1      | 1     | 1      |
| Conforming bandage           | 1     | 2      | 2     | 1      |
| Sterile eyewash 250ml        | 0     | 0      | 0     | 1      |

It is still recommend that medicines and tablets are not stored in the first aid kit.

The existing BHTA first aid kits will remain until the end of 2011, after which they will be withdrawn. The new BSi standard is effective from 1st July 2011.

**Please note:** The HSE say “There is a British Standard BS 8599 for first aid kits, it is not a regulatory requirement under the Health and Safety (First-Aid) Regulations 1981 to purchase kits that comply with this standard. Instead the contents of a first aid box is dependent on an employers first aid needs assessment.”

We would suggest that you don't throw away all of your existing kits and rush to buy the new ones. As long as your existing kits meet your risk assessment and are “fit for purpose” we would suggest you continue to use them until the contents are out of date and replace them with the new ones.



# Electricity Safety Information Sheet

## Electricity - a powerful force

Electricity is found in just about every workplace, from offices and shops to factories and on construction sites. It powers office machinery, computers, hand tools and all types of machine tools. It is clean, quiet, efficient and usually safe, making it the most common method of powering machinery. But it can be dangerous too, with around 1,000 electrical accidents reported each year, causing 25 deaths.

**So remember to treat electricity with respect and use it sensibly.**

## Key Facts about Electricity

### What's the problem?

Electricity causes fires and can injure people if mis-used.

***These risks can be controlled by ensuring that:***

Electrical installations and wiring are fit for purpose.

The correct safeguards and precautions are used e.g. circuit breakers (RCDs).

All people who work on or with electrical equipment are trained and aware of the risks.

The additional risks associated with portable equipment are managed.

## Plugs and sockets

Plugs, sockets and wiring should be designed and installed for the use in question and not overloaded. They should be inspected at regular intervals to ensure they remain in good condition and keep a record of your inspections.

## Electrical work and wiring

***Work on electrical installations should only be undertaken by experts.***

Ideally, no work should be carried out on live equipment.

Electricity should be isolated (switched off) and made safe before work commences.



## Portable equipment

Portable equipment needs more frequent checking - set up a Portable Appliance Testing (PAT) programme.

Keep records of your inspections - they are essential for managing the regular inspections of portable equipment.

Train employees to inspect portable tools every day.

Use circuit breakers whenever electric tools are used outside, in wet or similar higher risk environments. Consider whether the risks of using portable electrical equipment are too great. Can the risks be controlled by use of reduced voltages e.g. 110v supplies? Are there alternative means of working?

## Special risks

Treat all overhead cables as "live". Contact with overhead live wires can prove dangerous. When digging, check for the presence of underground cables. Contact with a buried cable can prove fatal and will cause massive interruption to the work being carried out.

***Our range of training courses include:***

**First Aid**

- Appointed Person
- Three day First Aid at Work
- One day Emergency First Aid -  
- at Work
- Anaphylaxis
- Automated External  
Defibrillation
- First Person on Scene

**Fire Safety**

- Basic
- Fire Marshal

**Conflict Management  
and Personal Safety**

**Health and Safety**

- Foundation  
COSHH
- Manual Handling

This is by no means an exhaustive list of our courses—if you have a training requirement please feel free to enquire—the chances are that we can help you.



***Fire Safety Training***



***Training for School Staff***

For further information about any of the topics discussed in this newsletter please contact the office.

We continue to offer exceptional value for money with our “no nonsense-down-to-earth” training. If you require further training or refreshing please call for availability.

**As always please feel free to copy and distribute this newsletter as necessary.**

We are now able to offer a full range of first aid equipment for sale at very competitive rates.

Please visit

**[www.aid-training-shop.co.uk](http://www.aid-training-shop.co.uk)**

for full details.

