

University Code of Practice on Provision of First Aid

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1. Introduction

First Aid provision should be seen as part of the wider management of health and safety at work within Faculties, Schools and Departments in the University. The requirements within any Faculty/School/Department will be determined by the hazards associated with the work and the numbers of people at risk. These will then determine the type, quantity and location of first aid facilities and personnel that will best meet the risks associated with the nature of the work.

This document is intended to assist schools/departments in providing and maintaining adequate First Aid provision by interpreting the salient points of the Health and Safety (First Aid) Regulations 1981. These Regulations are supported by the HSE First Aid at Work Code of Practice and Guidance, L74 (2010).

Other related references

Safety Signs and Signals Regulations 1996 (for first aid signage and boxes)
Management of Health and Safety at Work 1999

2. Definition of First Aid

First Aid means:

- in cases where a person will need help from a medical practitioner or nurse, first aid is treatment for the purpose of preserving life and minimising the consequences of injury and illness, until such help is obtained, and
- Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

First aid covers initial treatment of any injury or ill-health suffered at work whether the cause is work related or not.

3. Application of the First Aid at Work Regulations to the University

The University, as an employer, is required to provide adequate and appropriate facilities and equipment to enable first aid to be rendered to individuals if they become injured or ill at work. Trainees, undertaking work experience, have the same status as employees. This statutory duty is discharged as a line management responsibility at school/departmental level.

The Regulations do not oblige employers to provide for first aid to the public; but, if the public is an integral part of the environment, the HSE strongly encourages employers to include them in the overall assessment and provision. This consideration would apply to students in relation to activities under the control of the University. Consequently, schools/departments should include an allowance for student occupancy which reflects the level of their work activities. Furthermore, postgraduate students could be considered as 'employees' when assessing first aid requirements since the nature of their activities may be very similar to those of school/departmental staff.

The overall level of first aid provision necessary depends on the circumstances in each faculty/school/department. No mandatory ratios are set in the regulations but each area needs to be assessed, taking into account various key factors, see section 5b below.

4. Responsibility for First Aid Arrangements

The responsibility for the assessment of first aid requirements, taking into account the above, lies with Faculty/School/Departmental management. It is expected that the School/Departmental Safety Officer undertakes a general risk assessment of first aid needs to identify an appropriate provision of both first aid personnel and first aid equipment and that this assessment is supported by the Dean/Head of Faculty/School/Department. (See Appendix 1 for [First Aid Risk Assessment Record Form](#).)

Reassessment should be carried out periodically and whenever there are significant operational changes (e.g. relocation, introduction of new working arrangements) to ensure the cover remains adequate.

It is recommended that the assessment of first aid needs is recorded and a suitable proforma has been included in Appendix 1 of this document.

5. First Aid Personnel

a. The type of First Aid personnel - the options

Appointed Persons

Please note: Generally the University does not have Appointed Persons but information is included here for the sake of completeness. The role of the Appointed Person includes looking after the first aid equipment and calling for assistance and/or the emergency services when required. They do not undertake formal first aid training but it is recommended that they attend Emergency or Essentials of First Aid Training.

This minimal requirement would only be appropriate for small, low risk sections within reasonable proximity to other areas from which a First Aider could be summoned.

First Aiders

A First Aider is someone who holds a valid first aid certificate that is issued by an organisation whose training and qualifications are approved by the Health and Safety Executive. In the workplace, this may either be the 3-day First Aid at Work qualification (suitable for all areas and required for higher hazard areas) or the 1-day Emergency First Aid at Work qualification (suitable only for lower hazard areas). For more detail on the training courses, see Section 5d below and Appendix 2. The training must be booked [on-line](#).

In line with the First Aid Approved Code of Practice and providing they have current knowledge and skills in first aid, the following may be considered as first aiders:

- Doctors registered with the General Medical Council
- Nurses registered with the Nursing and Midwifery Council
- Paramedics registered with the Health Professions Council

b. Assessing the number of First Aiders required

The level of first aid provision should be determined on the basis of the likelihood, at any particular workplace, of injuries arising which will require first aid treatment. The number of first aiders needed in any school/department should therefore be determined on the basis of an overall appraisal of the school/department's risks, taking into account the following factors:

- The nature of the work
- Any specific workplace hazards
- Any specific working arrangements
- The number of employees (and others, if applicable) present at any one time.

The level of first aid can vary to reflect:

- Changes in occupancy and work activity
- Individuals working alone or in small groups

- The ability and experience of the staff
- The distribution of the workforce
- Individuals potentially at greater risk e.g. young workers, trainees and people with disabilities
- The distance from other appropriate help or emergency services.
- The needs of travelling, remote or lone workers, especially in remote locations.
- The accident history

Guideline figures to assist in determining local requirements are provided in Appendix 1. These are given by lower hazard and higher hazard and based on numbers at risk. Small schools/departments in close proximity can overlap with first aid arrangements by agreement with each other.

Faculties, schools and departments need to consider first aiders' approved absences from work to ensure adequate cover.

The Safety Office may be contacted for further guidance in assessing appropriate first aid provision.

c. Suitability to train as a First Aiders

The selection of first-aiders depends on a number of factors, including an individual's:

- Reliability, disposition and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties. These should be such that they may be left to go immediately and rapidly to an emergency.

d. First Aid at Work Training Courses

There are two options:

1. **First Aid at Work** successfully completed and certificate awarded - 3 full days. To maintain the certificate a refresher course must be attended within 3 years of the certificate date being awarded - 2 full days. (There is a 28-day grace period beyond the certificate's expiry date.)
2. **Emergency First Aid at Work** successfully completed and certificate awarded - 1 day. To maintain the certificate the course must be re-attended within 3 years of the certificate date being awarded

For the content of each of the above types of first aid course, please see Appendix 2.

Nomination of people for first aid training courses requires management control to ensure that this is in line with the risk/first aid profile of the area. This should take in to account the number of first aiders required and the type of course according to the level of risk and nature of injuries that could arise. Anyone wishing to become First Aid trained will need to discuss this with the F/S/DSO and should apply through the [on-line booking system](#) with the approval of their line manager.

The purpose of training is to equip candidates to deal effectively with injuries or illness which may occur at work. The key objective is that, on completion of training, successful candidates will be able to apply the competencies for the particular course they have been nominated for (listed in the Appendix).

e. Booking First Aid Training

To book on a first aid training course, staff should be directed to select the appropriate course from the list of courses under the Health and Safety option on the [Short Course Programme](#) – either First Aid at Work, First Aid at Work Refresher or Emergency First Aid at Work. The trainee will need to complete an application form as will their Line Manager for approving it.

Charges for the training are funded by Faculty/School/Departmental budgets, (the cost of each course is given at the link above) and candidates are required to supply an Agresso Project Code upon application before they will be accepted on a course.

f. Appointment of First Aiders and Stipend Payment

Human Resources will notify the Finance Office of those individuals who have successfully completed either the FAW or EFAW courses, these individuals will then be formally appointed as University first aiders and will receive a stipend payment (funded from Faculty/School/Departmental budgets).

If schools/departments wish to nominate individuals who have obtained a first aid certificate from outside the University, for example during previous employment, then a copy of the individuals first aid certificate should be sent to first-aid@nottingham.ac.uk for validation. If the certificate is valid, the individual will be formally appointed as above.

g. First Aid Cover During Out of Hours Working

When work/study is taking place outside normal office hours, according to school/departmental guidelines, first aid cover is likely to be reduced or absent. For low risk activity (computer rooms, offices, libraries) Security can be called upon to provide First Aid cover. For higher risk activity, the school/department is responsible for ensuring the risk assessment identifies potential risks and has appropriate safety measures in place. Schools/Departments that have continuous work arrangements outside normal office hours, e.g. Halls of Residence catering, should have their own arrangements in place.

h. Presence of Specific Hazard First Aiders

If specific activities are to occur which require either the presence or availability of a first aider then this must be planned beforehand. In particular, for work with cyanide and hydrofluoric acid, it is advised that workers and those who may be required to offer first aid to such workers, are trained in the specific first aid procedures. Safety Office (safety-office@nottingham.ac.uk) should be contacted for details of training providers. For staff leading fieldwork trips or members of the University carrying out research work in isolated locations, specific first aid

training may be appropriate. Please refer to the University's Fieldwork Guidance (*Link to be inserted*).

6. First Aid Equipment

a. Deciding on Quantity of First Aid Equipment

All Schools/Departments will need at least one first aid box. Each first aid box should be placed in a clearly identified and readily accessible location, they should not be locked. Each first aider must have access to first aid equipment.

Having additional boxes depends on the layout of the area/buildings to be covered and schools/departments will need to assess this to decide what will give adequate provision.

Travelling First Aid Kits should be provided in all vehicles used for university activities.

Consider the first aid equipment needs for off-site working, including fieldtrips.

b. First Aid Boxes

First Aid Boxes for the workplace should be the correct colour to comply with the Safety Signs Regulations 1996, i.e. a white cross on a green background. It should be of a suitable material designed to protect the contents from damp and dust. The box and its contents must be purchased from a reputable supplier. Approved suppliers are available on Agresso.

c. Contents of the First Aid Box

There is no mandatory list of items to be included but Appendix 4 gives a guide on typical contents, both for kits within buildings and those suitable for travel.

Ideally kits should be near hand washing facilities or individually wrapped moist cleansing wipes which are not impregnated with alcohol may be used. The use of antiseptics is not necessary for the first aid treatment of wounds

Schools/departments must have an arrangement in place for the checking the contents of first aid boxes and for the replacement of supplies (many items have expiry dates on them). Qualified first aiders are taught to be responsible for maintaining the box and contents but the school/department must ensure all boxes are being checked routinely. A quarterly check is recommended.

d. Tablets and Medication

First aid at work does not include giving tablets or medicines to treat illness. It is therefore recommended that tablets and medicines are not kept in first aid boxes. If an individual carried their own medicine that has been prescribed by their doctor (e.g. inhaler for asthma), the first aider's role is limited to helping them take the medicine and contacting the emergency services as appropriate.

e. AEDs (Automatic External Defibrillators)

The University has arrangements for the use of AEDs that have been installed in key locations on its campuses. Please refer to separate guidance on this issue.
(*Add link*)

7. Provision of Information to Staff Concerning First Aid Arrangements

Faculties, schools and departments must arrange for information to be provided to employees and others regarding the nature of the first aid provision. It should be included in the safety induction of new staff and postgraduate students (and others as applicable).

Faculties, schools and departments should have strategically placed notices, listing first aider contact details (at least name and telephone extension) and location of the nearest first aid box. Such notices must be in green with white print, and are available from the approved suppliers or the University Safety Office for an [electronic version including University information and standard logo](#). Information regarding the location of the nearest AED is also useful: [AED arrangements](#).

First aid arrangements should also be incorporated into Faculty/School/Departmental Safety Policies. Periodic reminders/updates are recommended to keep all staff informed.

8. Action to Call Help in the Event of an Emergency

In the case of any incident involving injury or ill-health on University premises where someone appears to need medical assistance, an individual should immediately call or send for a first aider (see lists displayed in buildings or contact reception/school offices).

Once a first aider has arrived at the scene of an incident, they will assess whether emergency help is required. To summon the emergency services, dial 8888 (external 0115 9518888) for all University campuses (exception: embedded units within QMC and City Hospitals - dial 2222). Security will take details of the incident and they will arrange to meet and direct an ambulance to the appropriate location.

First aiders are advised to report all incidents they attend, on the University [on-line incident reporting system](#).

Appendix 1 - Guide to numbers of First Aiders

The number is dependent on the type of environment and the numbers at risk. The table below is based upon the guidance in Appendix 3 of the HSE Approved Code of Practice. Appendix 5 of this document provides guidance on the need for first aiders on low risk field trips such as industrial/museum/theatre visits etc.

Hazard level	Numbers at risk	Suggested number of first aid personnel	Other factors to consider
Lower hazard e.g. offices, libraries, classroom based teaching, conferences	<50	1 EFAW (or FAW). Very small sections should liaise with neighbours to share first aiders.	Hours of work ➤ Student/public presence ➤ First aider absences ➤ Distance of cover ➤ Consider specific hazards such as work with cyanides and hydrofluoric acid ➤ Off-site work – visits or fieldwork
	>50	1 FAW for first 100, + EFAW for every 100 employed (or part thereof)	
Higher hazard e.g. laboratories, workshops, kitchens, farm	<50	1 FAW depending on nature of injuries	
	>50	1 FAW for every 50 employed	

Key:

EFAW – Emergency First Aid trained (1-day course)

FAW – First Aid at Work trained (3-day course)

Checklist for Assessment of First Aid Needs

The University has developed a form for recording the assessment of first aid needs (similar to the HSE checklist, Appendix 1 in the Approved Code of Practice). Faculties, schools and departments are advised to go through the form to decide on the appropriate number of first aid personnel using the above table.

[Risk Assessment Needs Assessment Form](#)

[Links to separate MS Word document](#)

Appendix 2 - First Aid Courses – course content

First Aid at Work Course Content (3-day course, 2-day refresher every 3 years)

On completion, candidates should be able to:

- administer first aid as for Emergency First Aid at Work (see below)
- administer first aid to a casualty with:
 - injuries to bones, muscles and joints, including suspected spinal injuries
 - chest injuries
 - burns and scalds
 - eye injuries
 - sudden poisoning
 - anaphylactic shock
- recognise the presence of major illness and provide appropriate first aid

Emergency First Aid at Work Course Content (1-day course, 1-day repeat every 3 years)

On completion, candidates should be able to:

- understand the role of the first-aider including reference to: the importance of preventing cross-infection
- the need for recording incidents and actions
- use of available equipment
- assess the situation and circumstances in order to act safely, promptly and effectively in an emergency
- administer first aid to a casualty who is unconscious (including seizure)
- administer cardiopulmonary resuscitation
- administer first aid to a casualty who is choking
- administer first aid to a casualty who is wounded and bleeding
- administer first aid to a casualty who is suffering from shock
- provide appropriate first aid for minor injuries

Appendix 3 - First Aid Box Contents and Supplies

First aid boxes and contents may be ordered through the University Agresso Purchasing system (current approved first aid supplier - Selles Medical). There is no mandatory list of items to be included in a first aid box but HSE guidance on contents is given below:

First Aid Kit Contents

There is no mandatory list of items to be included in a first aid box but the following list is advised as a minimum for work activities involving low hazards:

- 1 x guidance card (leaflet on first aid, e.g. HSE's Basic advice on first aid at work)
- 20 x individually wrapped sterile adhesive dressings (assorted sizes appropriate to the work environment (which may be detectable for catering))
- 2 x sterile eye pads with attachment
- 4 x individually wrapped triangular bandages, preferably sterile
- 6 x safety pins
- 6 x Medium individually wrapped sterile unmedicated wound dressings (approx 10cm x 8cm)
- 2 x Large sterile individually wrapped unmedicated wound dressings (approx 13cm x 9cm)
- 1 pair of disposable gloves (avoid powdered latex)

Where mains tap water is not readily available for eye irrigation, at least a litre of sterile water or normal saline (0.9%) in sealed disposable containers should be provided. Once the seal is broken, containers should not be kept for reuse. Containers should not be used beyond their expiry date. Eye baths/eye cups/refillable containers should not be used for eye irrigation.

Sterile first aid dressings should be packaged in such a way as to allow the user to apply the dressing to a wound without touching that part which is to come into direct contact with the wound. There should be a bandage or fixture attached to the dressings. Consequently there is no reason to keep scissors in the first aid box.

Additional but not requisite items are:

- 3 extra-large sterile individually wrapped unmedicated wound dressings
- Sterile eye irrigation bottles. Please note: these are only required in high risk of chemical splashes to the eye areas and in the absence of running tap water.
- Location of First Aider signs.
- General Guidance card for inclusion in First Aid Boxes (sample attached).
- Disposable plastic gloves and aprons.
- Blunt ended stainless steel scissors (min length 12.70cm) should be kept where there is a possibility that clothes might need to be cut away.
- *Individually wrapped (non spirit based) moist cleansing wipes.
- Radiation areas - notice summarising decontamination procedures. (See Safety Circular RP8/94A).

*Please note: These are only required if there is no running tap water in the vicinity

Travelling first aid kits

The contents should be appropriate for the circumstances, but the minimum should be:

- 1 x guidance card
- 6 x individually wrapped sterile dressings
- 1 x large sterile unmedicated dressing
- 2 x triangular bandages
- 2 x safety pins
- individually wrapped moist cleansing wipes
- a pair of disposable gloves (avoid powdered latex)

Supplementary points

- First aid materials should be properly stored and checked to ensure they remain in good condition.
- Blunt ended stainless steel scissors (min length 12.70cm) should be kept where there is a possibility that clothes might need to be cut away.
- Soiled or used first aid dressings should be placed inside 2 sealed plastic bags for disposal. Contact the Safety Office for guidance on disposal of clinical waste, if in doubt.

Appendix 4 - Infection Control

Cross-Infection Control (HSE Information)

Training courses for first-aiders in the workplace highlight the importance of preventing cross infection in first-aid procedures. Particular concerns have been raised about the possibility of first-aiders becoming infected by a blood-borne virus (including HIV, hepatitis B virus and hepatitis C virus) while performing first aid. HSE's free leaflet, *Blood-borne viruses in the workplace*, addresses this issue and advises on steps that can be taken to reduce the risk of infection.

The University in general does not require first aiders to be immunised against blood-borne viruses as it is not considered that first aiders in this environment would be at enhanced risk. However, School and Departments should risk assess the situation if they consider the environment to pose a particular hazard to first aiders carrying out their duties

The relevant information from *Blood-borne viruses in the workplace - Guidance for employers and employees* (<http://www.hse.gov.uk/pubns/indg342.pdf>) is:

Special considerations for first aiders

If you are a first aider in the workplace, the risk of being infected with a BBV while carrying out your duties is small. There has been no recorded case of HIV or HBV being passed on during mouth-to-mouth resuscitation. The following precautions can be taken to reduce the risk of infection:

- cover any cuts or grazes on your skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or any other body fluids
- use suitable eye protection and a disposable plastic apron where splashing is possible
- use devices such as face shields when you give mouth-to-mouth resuscitation, but only if you have been trained to use them;
- wash your hands after each procedure.
- It is not normally necessary for first aiders in the workplace to be immunised against HBV, unless the risk assessment indicates it is appropriate.
- As a first aider it is important to remember that you should not withhold treatment for fear of being infected with a BBV.

Appendix 5 - First Aid Provision on Organised, Low Risk Trips

This clarification supports the Fieldwork Policy and the First Aid Code of Practice and is provided following a number of enquiries to the Safety Office relating to the need for first aiders to accompany coach trips on low risk field trips, such as an organised visit to another organisation within the UK. Examples of such visits would include:

- Industrial or archaeological visit to undertake an escorted tour where all the activities are under the supervision of the host.
- Theatre visit
- Teambuilding trip to an activity provider.
- Overnight hotel accommodation associated with the above.

It is considered that an organised visit to another organisation within the UK should not necessarily require a first aider.

In the above cases the transport element can be considered to be low risk other than road traffic accident in which case the emergency services would respond. Other injuries during the journey are most likely to be minor requiring access to first aid kit. A serious medical event during the journey would require emergency services to attend.

The organisation hosting the visit should have first aid provision themselves and would be expected to respond to an incident affecting a visitor, as would occur at the University of Nottingham. If overnight hotel accommodation is included then the accommodation provider would be expected to have made provision for their guests.

Pre-visit liaison should confirm whether the host (or accommodation provider if applicable) is able to provide first aid cover or if there is any expectation upon the University to supplement this due to the nature of the activities to be undertaken. If the transport provider is unable to provide a first aid kit then one should be obtained for each vehicle.

Another category of incident might be sudden illness due to an underlying medical condition (e.g. epilepsy) for which it is useful if the trip leader is aware to enable an appropriate response should the need arise. In some situations it might be necessary, following discussion with the participant and bearing in mind the nature, duration and location of the trip, to ensure that a first aider is available. However it should be noted that only the 3-day First Aid at Work course covers some illnesses and these might not include the particular condition.

Appendix 6: First Aid Treatment of Casualties

This gives a brief summary of action for different types of injury but the emphasis is on summoning a first aider to the scene.

Serious Injury:

The first object of treatment is to prevent deterioration in the injured person's condition until medical assistance arrives. The patient should be moved as little as possible to prevent further injury.

- Ensure a clear airway to enable the casualty to breathe. Should pulse/breathing have ceased send for help (8888).
- Monitor the casualty's pulse/breathing and commence resuscitation if able. Control bleeding by applying direct pressure on or near any wound.
- Irrigate off most toxic or corrosive substances.

Do not give injured or unconscious casualties anything to drink eat or smoke.

Eye Injuries:

Injury from solid objects require medical attention. Splashes of any liquid in the eye must be regarded as potentially harmful. Irrigation of the eye with copious water should be commenced immediately and continued for 10 minutes.

All eye injuries should be referred to the Eye Casualty Department at the Queen's Medical Centre.

Poisoning:

This is a medical emergency and urgent help should be summoned.

If the casualty is unconscious, place in the recovery position. Should the breathing or pulse cease commence resuscitation.

Burns and Scalds:

Irrigate the burnt area with cold water for at least ten minutes and then apply a loose, non-fluffy sterile dressing. Any blistering of the skin should not be punctured.

Cryogenic Burns:

Apply copious amounts of tepid water to the affected area of skin to reduce freezing in the tissue, loosen any clothing that may restrict blood circulation and move the injured person to a warm place but not a hot environment. Do not apply heat to any affected parts. To protect frozen areas apply a loose, non-fluffy sterile dressing. Seek medical attention.

Head Injury:

All head injuries must be seen by a qualified first aider and medical advice sought if the injury has involved even momentary loss of consciousness.

Lacerations:

Wash thoroughly with water and apply a sterile dressing. If the wound was caused by a dirty object, it is advisable to seek medical advice regarding protection against infection, especially tetanus.

Dirty/Used Sharps Injuries, Body Fluid Splash to Eyes/Mouth:

The following steps should be taken after a Used/Dirty Sharps injury, e.g. contaminated syringe needle, scalpel blade, etc. or a human bite or scratch or splash of body fluid into the eyes or mouth. Unused/clean sharps do not present a risk.

Encourage wound to bleed and do not suck. Wash with soap and water, dry and apply a waterproof dressing. Use copious amounts of water to wash away a body fluid splash to the eyes or mouth. Notify the incident to your line manager, academic supervisor or other appropriate senior staff in the area. Complete an accident report form.

The infection risk will need to be assessed. If the injury is caused by a used or dirty sharp, human bite or scratch, human body fluid splash of known/unknown source the following procedure must be followed:

- Immediately attend Accident & Emergency department at Nottingham University Hospital Queen Medical Centre: 0115 9249924
 - Additionally during normal hours contact Occupational Health:
 - Mon-Thursday: 0830 - 1630
 - Friday: 0900 - 1630
 - Tel: 0115 9514329
 - Outside normal hours:
 - Contact OH at first available time above.
 - OH MUST be provided with an incident risk assessment.
- After A and E intervention the injured person should attend OH as soon as possible for potential HEP B vaccination and blood storage services.

The [full procedure for sharps injury](#)  can be found through the Safety Office Policies and Guidance website.

Injuries Involved Radioactivity:

These should be dealt with in the manner laid down in the local rules on Radiation Safety.

Electric Shock:

If the Casualty is Unconscious

Switch off current and use an insulating material to pull the victim away from the conductor.

If the breathing and the pulse cease send for help and commence resuscitation.

If the Casualty is Conscious

Treat as for "shock" below.

"Shock":

This is a state of collapse, which may result from physical or emotional injury and symptoms range from faintness to complete collapse and unconsciousness.

The patient should be laid down and, if possible, the feet raised higher than the head. A shocked person needs reassurance and should not be moved unnecessarily. Keep a shocked case warm with a blanket. Severe shock is a medical emergency and an ambulance should be sent for - dial 8888.