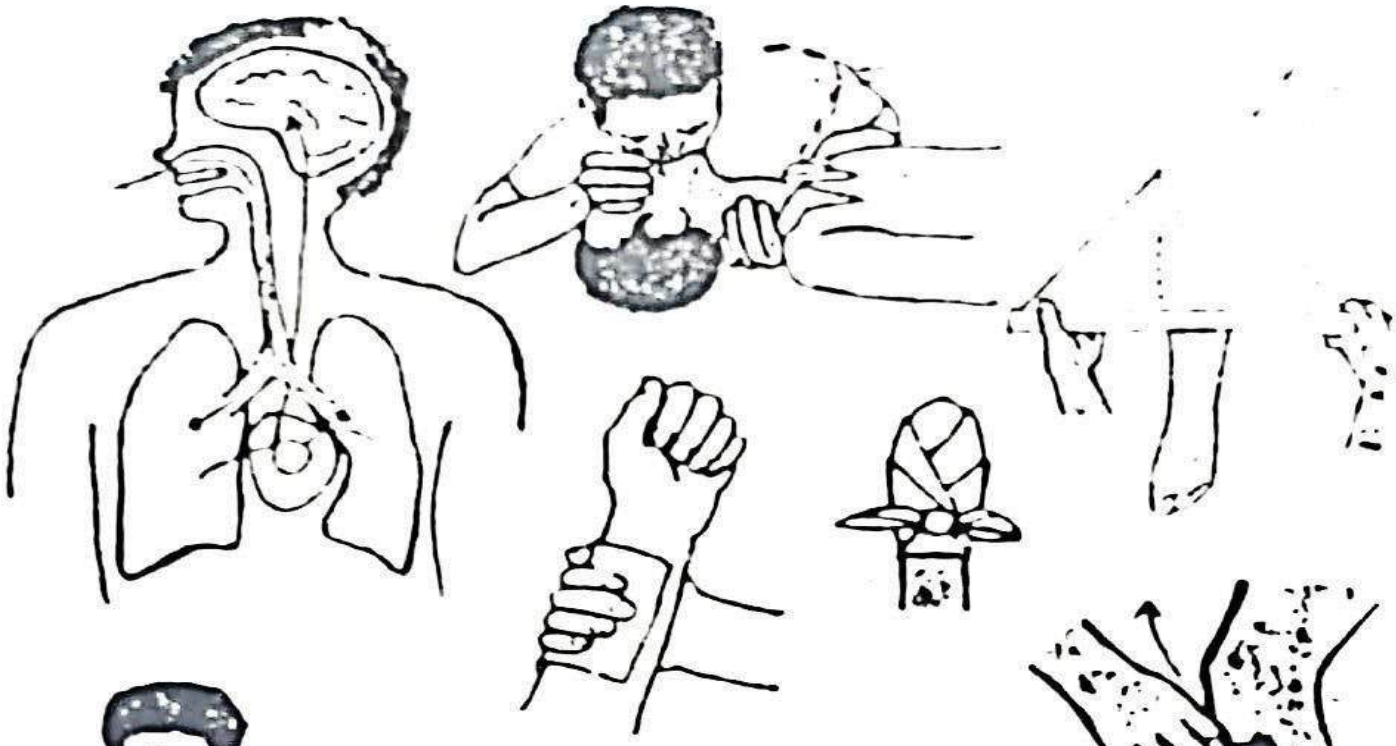

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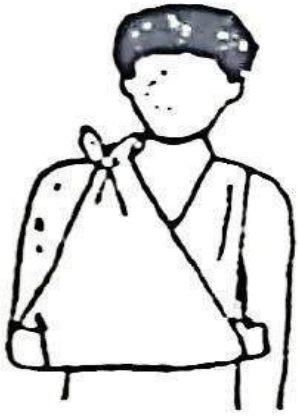

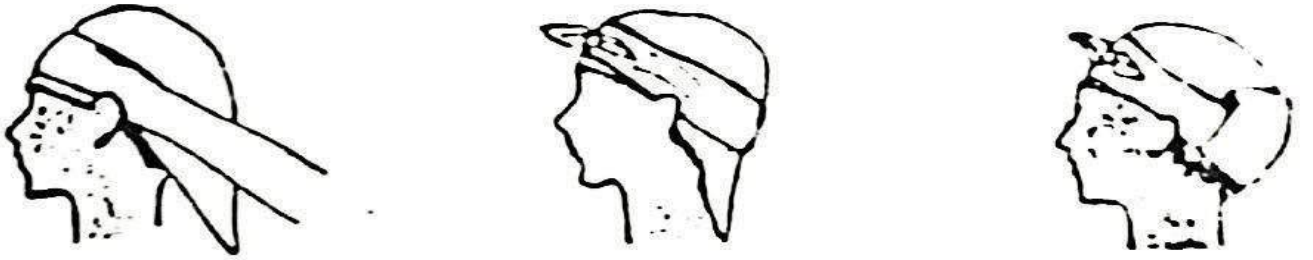

A PROGRAMME FOR CARIBBEAN COMMUNITIES
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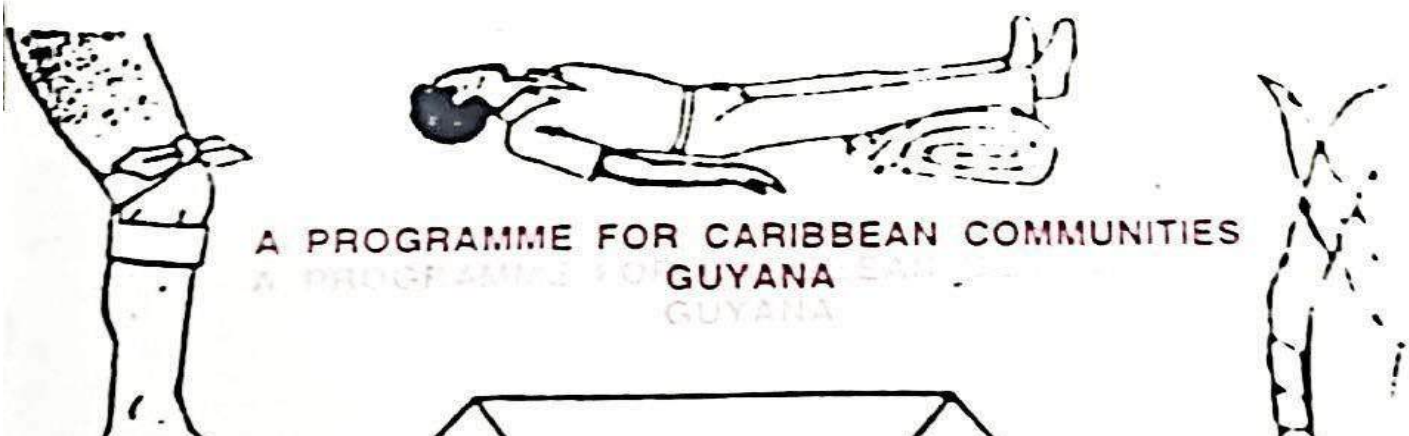

EMERGENCY FIRST AID

A PROGRAMME FOR CARIBBEAN COMMUNITIES

Published by UNDRO – Pan Caribbean Disaster Preparedness and Prevention Project

FOREWARD

This handbook on emergency First Aid is written to people in Caribbean countries. It limits itself to life saving actions in accidents and sudden illness. Those students who would like to learn more about First Aid should register at their local Red Cross or St.
John Ambulance Association and Brigade.

The Handbook was drafted at a workshop in Antigua, May, 1982, by representatives of Government, St. John Ambulance Association and Brigade and the Red Cross from thirteen Caribbean Countries. It is based on the Red Cross First Aid Handbook for southern Africa, Manuals of the British Red Cross Society and St. Johns Ambulance Association and Brigade and on the guidance for First Aid Instructors of the League form she or her.

In order to unity the text throughout the Handbook, the masculine form he or him is used; this should be read as interchangeable with the feminine form she or her.

Jurgen Weyand

First Aid Officer

Antigua,

June, 1982.

Contents ك

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WHAT IS FIRST AID?

First Aid is the help given to a person who is hurt or sick. It helps keep the persons alive. It stops his condition getting worse. It means knowing when to call qualified aid (doctor, nurse, health Centre, ambulance).

THE FIRST AIDER

Must know that he is responsible for giving First Aid in case of injury or sudden illness.

Must contact qualified aid as soon as possible as First Aid is only a temporary measure.

Must know Exactly what to do.

Must work in a calm and skillful way.

WHAT DOES FIRST AID TRAINING DO?

It helps us prevent injury and to do the right thing at the right time.

It saves life,

It prevents further injury.

It means calling qualified aid.

It means learning about FIRST AID.

It means using whatever materials are available to deal with injuries.

It means repeated practice and full understanding.

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Every injury and illness are different but the FIRST AIDER can learn the actions that are necessary at all times.

HOW TO TAKE CHARGE AT AN ACCIDENT

1. Keep calm and get others to help by giving clear orders.
2. Send for the police and call qualified aid it necessary.
3. Keep crowds away. You need space to work.

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1. You must understand the dangers to the casualty and yourself. Are the surroundings dangerous - live electricity; traffic? If they are, you may have to move the casualty or get a helper to stop the traffic or to switch off the electric current.
2. Ask the casualty not to move and then examine him. Do not change his position unless you have to.
3. Reassure the casualty. Talk to him. Call him, Show you cate.
4. If the casualty is unconscious test for breathing, and if he is, put him in the RECOVERY POSITION (see Chapter 2 on Un. consciousness and Chapter 3 on Artificial Respiration).
5. Do not let the casualty get cold and protect him from the weather.
6. If force caused the injury, assume there are injuries you cannot see.
7. Decide how to move the casualty it you have to.
8. Call qualified aid if it is necessary.

EXAMINING THE CASUALTY.

Before you can decide what to do you need to know what is wrong. You must examine the casualty. You must do this QUICKLY and in the right way.

THESE THINGS ARE VERY IMPORTANT:

1. - Is he breathing?
   - Is he conscious?
   - Is he bleeding badly?
2. Ask him questions to find out what is wrong.
3. Examine him for injuries.
4. Give First Aid and reassure him.
5. Call qualified aid. First Aid cannot replace qualified aid. You must call or arrange qualified aid as soon as you can.

REMEMBER

1. The Casualty is not prepared for what has happened.
2. He cannot control what has happened.
3. He cannot deal with the dangers caused by the accident or illness.
4. He may be unconscious and helpless.
5. He needs your help
6. Your calm and skillful actions will reassure him.
7. If he is afraid, you can lessen his tear.
8. You must understand that worry and fear can make the casualty worse,

The First Aider needs to practice regularly.

Practice will help him to act and think clearly and calmly, to give First Aid, organize the people nearby, call qualified aid and the police.

Practice means the First Alder: will know the right actions to take what material to use and where to find it. A good First Alder always knows how much he can do. He knows that First Aid is temporary care to save life, to prevent further injury. and to reduce pain. He knows he must call qualified aid as soon as he can.

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Unconsciousness means that the brain is not working properly. This may be caused by lack of oxygen in the blood. This may happen when breathing is interfered with or when there is a shortage of blood supply to the brain.

This happens in tainting and shock, injury or disease of the brain.

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You know a person is unconscious it he does NOT.

- answer when you ask him something
- respond when you touch him
- feel pain when pinched on

The main danger to the casualty is that his breathing may stop:

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1. Kneel beside the casualty and place your hands on his chest and abdomen (belly).
2. Look and feel if he is breathing. Its chest and abdomen rise and fall he is breathing. If you are not sure.....
3. Put your cheek, to the casualty's nose and mouth. If he is breathing you will feel his breath.
4. If he is not breathing, start Artificial Respiration (mouth-to mouth breathing).
5. Make sure the casualty continuous to breathe by putting him in the RECOVERY POSITION.

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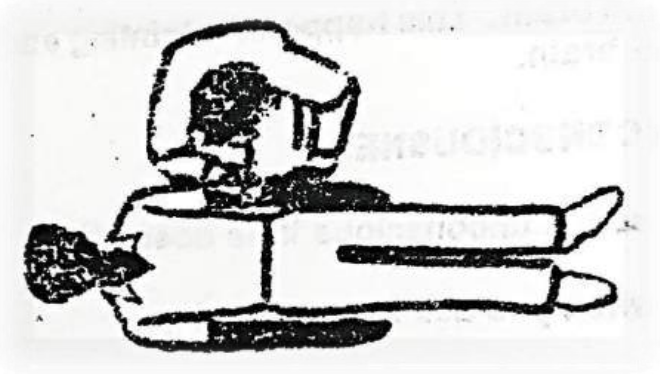
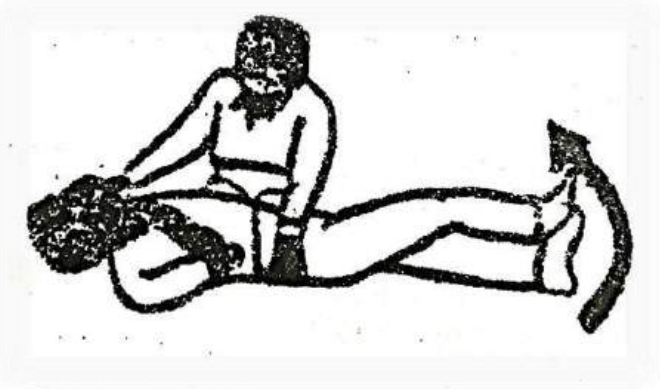
1. Kneel beside the casualty.
2. Stretch his nearer arm along his body and place the hand under his buttock.

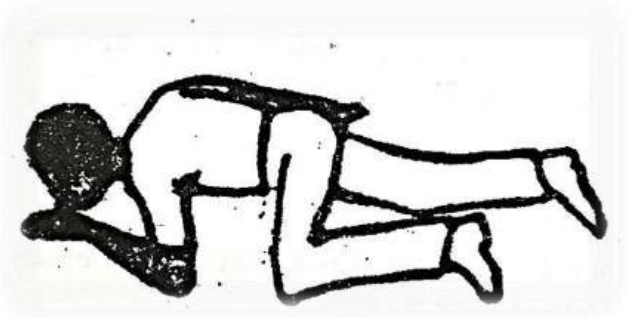


3. Put his other arm across his chest.
4. Straighten the near leg and cross his other leg over the knee of his leg.



5. Support his head with your hand. Grasp his clothing at the hip with your other hand. Pull him gently over.
6. Support him against your knees. His bent arm will prop-up his chest.
7. Gently lower his head and tilt it backwards.
8. Grasp his knee and pull upwards to make a right angle.
9. Ease the casualty’s other arm from under his body.

10. Check that his head is tilted backwards.



This position will keep the casually stable and comfortable. With his head tilled back and turned to one side, the casualty will not swallow his tongue or drown in his own vomit or blood.

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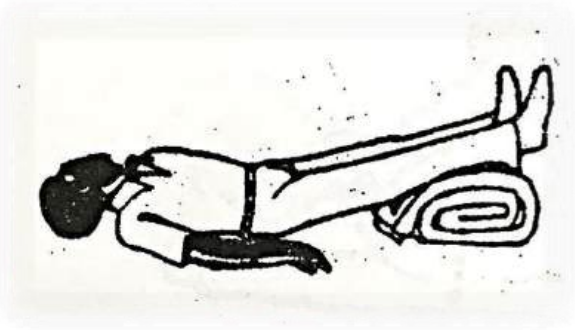
reasons for fainting can be:

- strong emotion (fear, grief, hysteria)
- exhaustion (standing in the heal, hunger sickness).

Fainting is a short loss of consciousness. The person falls to the ground.

WHAT TO DO

1. Check his breathing.
2. If this is normal, leave him lying down, raise his legs. (You may use a pillow or a blanket or other object).



3. When he has strength to stand up without help, take him to a place where he can rest.
4. If he does not wake quickly, follow the lesson on UNCON- SCIOUSNESS (Chapter 2).

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People get convulsions for different reasons. Often epileptics and children with high fever get convulsions.

WHAT YOU CAN DO

1. Take a CHILD with convulsions to qualified aid AT ONCE.
2. With adults, take care to protect the head. Make sure the person does not hurt himself by hitting hard objects or stones.
3. The convulsions will stop by themselves. The person will often fall asleep and have no memory of what has happened. Let him sleep until he wakes up.
4. Call qualified aid.
5. Never try to force anything into the person's mouth. This can cause harm. Never use biting sticks.
6. Do not try to hold the person down by force. You cannot stop convulsions. You may harm the person.

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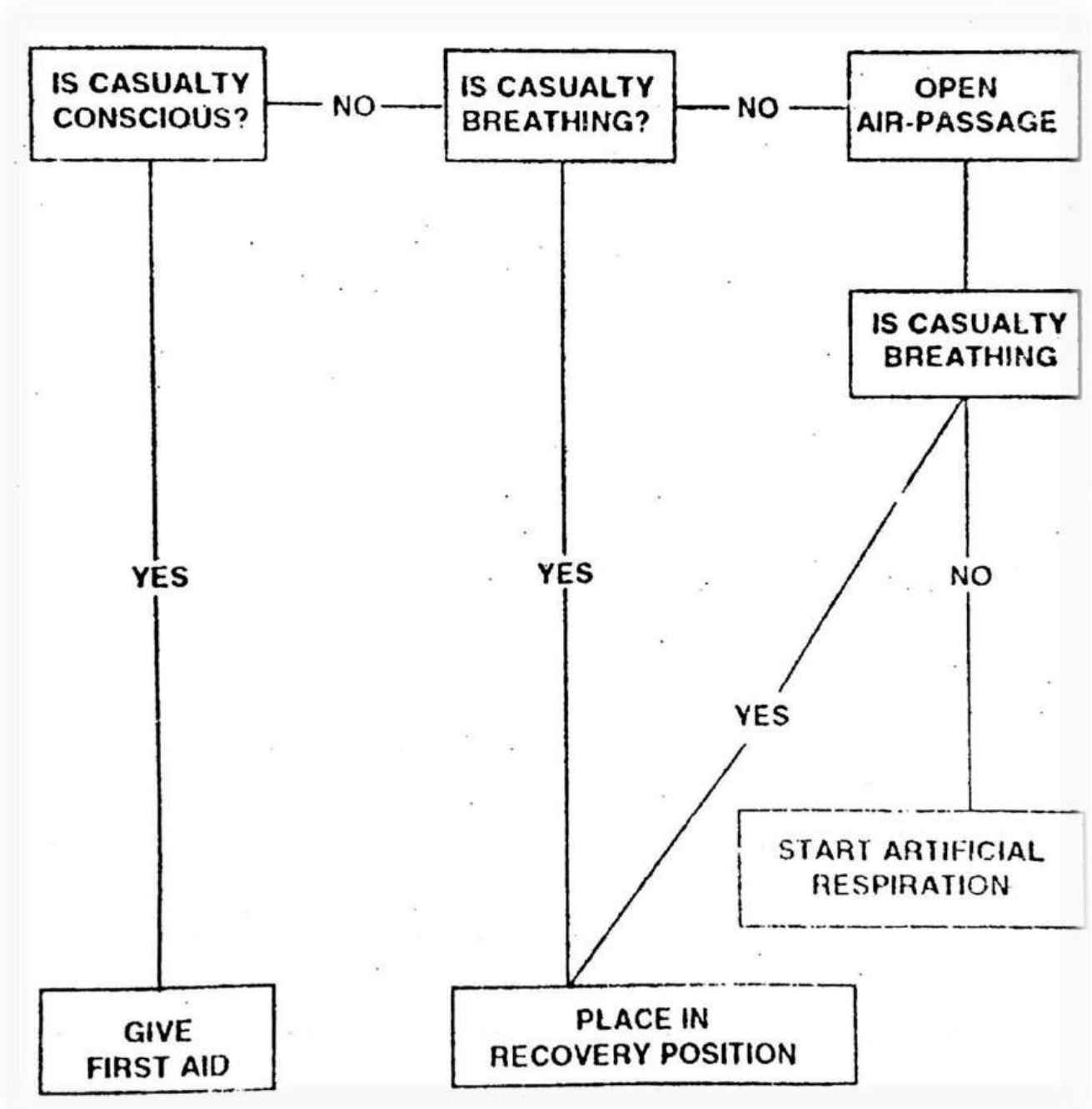
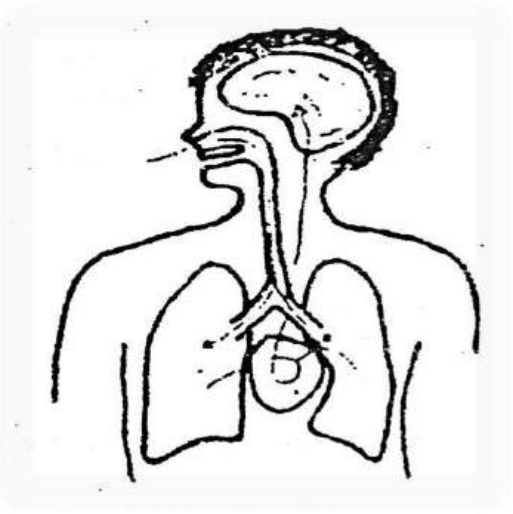


CHAPTER 3 - ARTIFICIAL RESPIRATION (Mouth-To-Mouth Breathing)

BREATHING (RESPIRATION)



We breathe using the nose, mouth, throat, wind pipe, and lungs. Our lungs take in oxygen for our bodies. Breathing is a natural action. We do not have to think about it. It is automatic.

Our bodies use muscles and the ribs to breathe with.

The heart pumps the blood to the lungs, where oxygen is passed into the blood.

The heart then pumps this blood containing oxygen through the body.

Every part of the body needs oxygen for it to work properly.

BREATHING NEEDS

- the right amount of oxygen in the air.
- a clear air-passage (the mouth, throat and wind-pipe).
- the muscle action that draws air into the lungs
- enough blood to carry oxygen from the lungs to the brain and other important parts of the body.

BREATHING STOPS (RESPIRATORY ARREST)

Our lives depend on the supply of air to our lungs. If we do not com enough air we may die.

Four minutes without air can damage brains.

BREATHING HAS STOPPED - CHANGES OF RECOVERY

1 minute ……. 98 saved out of 100

5 minutes……. 25 saved out of 100

10 minutes……..... 1 saved out of 100

11 minutes …….. 1 saved out of 1,000

12 minutes…… 1 saved out of 100,000

These figures show why Artificial Respiration is VITAL, and why it is important to ACT QUICKLY.

WHY DOES BREATHING STOP?

1. A block in the air-passage caused by
   - An object
   - drowning
   - smothering
   - strangulation
2. Poisonous gases in the air (smoke, exhaust fumes, etc.)
3. Other things that can stop breathing
   - electric shock
   - poisons
   - injuries to the head or breathing system.

WHAT TO DO IF BREATHING STOPS

1. Remove the cause from the casualty or remove the casualty from the cause.
2. Find out if the casually is breathing. If not .....
3. Open and keep open the air-passage. If still not breathing.....
4. If the air-passage is blocked check the position of the head Then check mouth and throat for object. If possible, remove them. If still not breathing.....
5. Start Artificial Respiration at once and continue until the casualty is breathing.
6. Call qualified aid.
7. When breathing starts, place casualty in Recovery Position

8. Watch the casualty carefully. Breathing may stop again. If possible, stay with the casualty.

REMEMBER

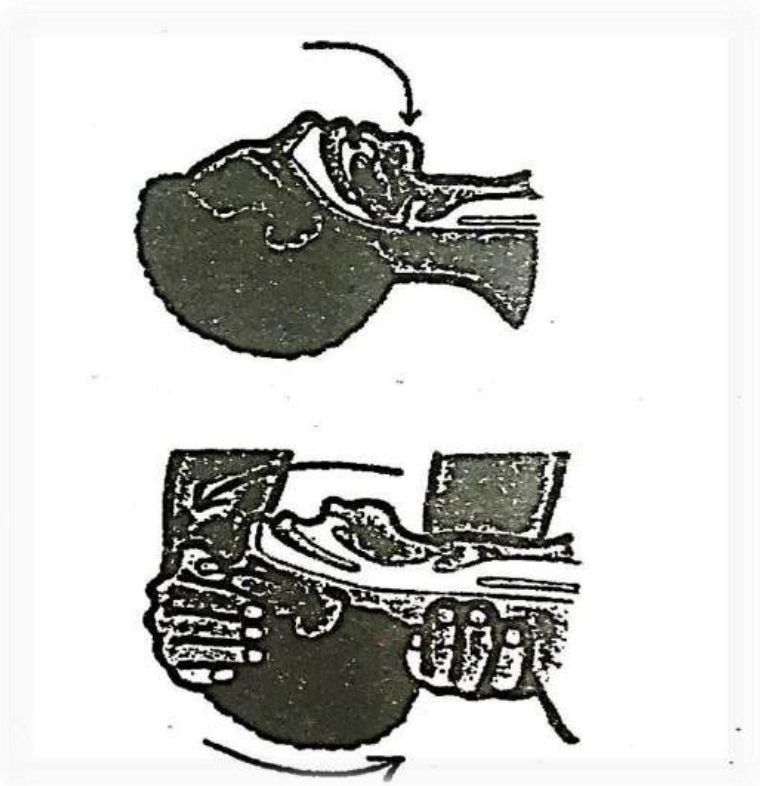
BREATHING IS ESSENTIAL FOR LIFE.

OPENING THE AIR-PASSAGE

The muscle of an unconscious person is completely relaxed. If the casualty is lying on his back the longue will fall back and block the throat.

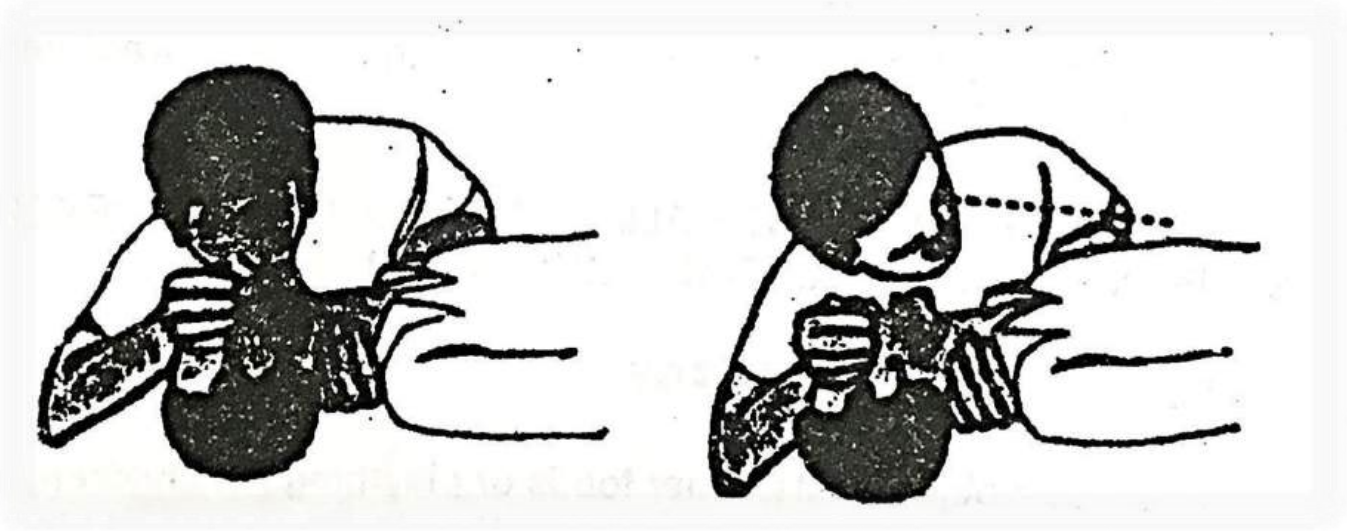
TO OPEN THE AIR-PASSAGE

1. Kneel next to the casualty's head.
2. Put one of your hands under his neck and the other on his forehead.
3. Move his head backwards.
4. Listen and look to see if breathing starts.
5. If breathing starts. place the casualty in the RECOVERY POSITION, if not, start Artificial Respiration AT ONCE.



HOW TO GIVE ARTIFICIAL RESPIRATION

1. Open the air-passage by tilting the casualty's head backwards,
2. Pinch his nose with the thumb and first finger of your hand placed on his forehead.
3. Take a deep breath.
4. Open your mouth wide. Place your mouth firmly over the casualty's mouth to form a seal and blow air into his mouth.
5. Repeat quickly three more times. Check for breathing.
6. If breathing starts, place him in Recovery Position. If not, seal casualty's mouth again and blow.
7. Look to see if the chest rises.
8. Take a deep breath again and continue the same way.



DO THIS IN THE RHYTHM OF YOUR OWN BREATHING UNTIL THE CASUALTY IS BREATHING OR UNTIL QUALIFIED AID COMES.

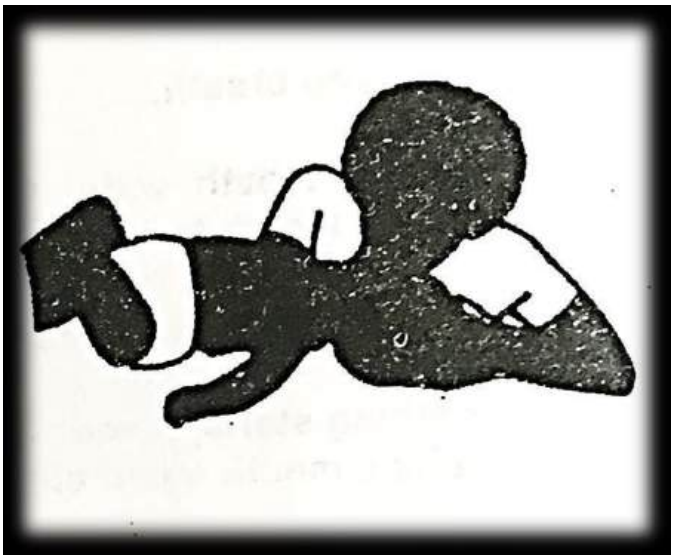
IF YOU CANNOT BLOW AIR IN AND/OR IF THE CHEST DOES NOT RISE AND FALL, AIR IS NOT GETTING INTO THE LUNGS AND THE AIR-PASSAGE IS BLOCKED.

1. Check the position of the casualty's head and your hands.
2. If the air-passage stays blocked check the mouth for an obstacle:
3. If it is possible, remove the obstacle.
4. Continue with Artificial Respiration.

MOUTH-AND-NOSE BREATHING FOR BABIES

1. You must be careful and gentle with a baby.
2. Tilt the baby's head back gently but NOT AS FAR as with an adult or older child.
3. A baby's face is small and so you must put your mouth firmly over the baby's mouth and nose to form a seat.
4. Blow a little faster than your own breathing but NOT as hard. Small puffs of air are enough for babies.

5. Continue mouth-and-nose breathing until the baby is breathing or until qualified aid comes.



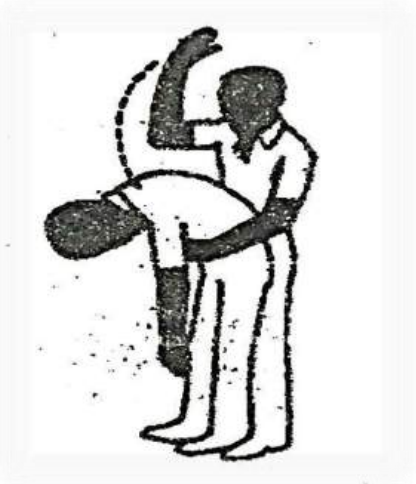
IN ALL CASES YOU MUST CALL QUALIFIED AID WHENEVER SOMEONE NEEDS ARTIFICIAL RESPIRATION.

OBJECTS IN THE AIR-PASSAGE

Sometimes an object (nuts, other foods or playthings in children; a piece of meat in adults) can get stuck in the airpassage and block it

A person with a completely blocked air-passage will show these signs.

- he cannot speak
- he will panic and hold his throat
- he will try to cough



A person with a partly blocked air-passage will show these signs,

- coughing all the time
- strange sounding breathing
- he will be scared and restless.

HOW TO MOVE AN OBJECT FROM THE AIR-PASSAGE

ADULT

If the person is standing

1. Place the casualty with the upper part of the body hanging down.
2. Hit with your open hand between the shoulders.

If there are two of you

1. Hold each other's arm and bend the casualty over them.
2. Hit with your open hand between the shoulders.

If the person is lying 1. Kneel and roll the casualty on his side facing you. Put chest against your knees. 2. Hit with your open hand between the shoulders. If you cannot get the object out and the casualty is getting enough air, take him to qualified aid at once. If breathing stops, give Artificial Respiration

CHILDREN

1. Put the child

over you knee. 2. Hit between the shoulder s

SMALL CHILDREN

1. Hold a small child as shown in the picture.
2. Hit gently between the shoulders.

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The functions of the body depend on an adequate supply of blood. When the body is injured and there is blood loss, this is known as bleeding.

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Blood carries oxygen to the cells of the body. It carries carbon dioxide away from the cells. The heart pumps the blood round the body.

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If bleeding reduces the amount of blood in the body the life of the person is in danger. Losing blood can cause death through shock.

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You cannot always see bleeding. Clothing or the person's position can hide it. Examine all casualties completely for bleeding.

REMEMBER

- Bleeding can cause death quickly if a large blood vessel is cut.
- Do not wait
- Lie the casualty down.
- Raise the limb.
- Stop the bleeding using available materials

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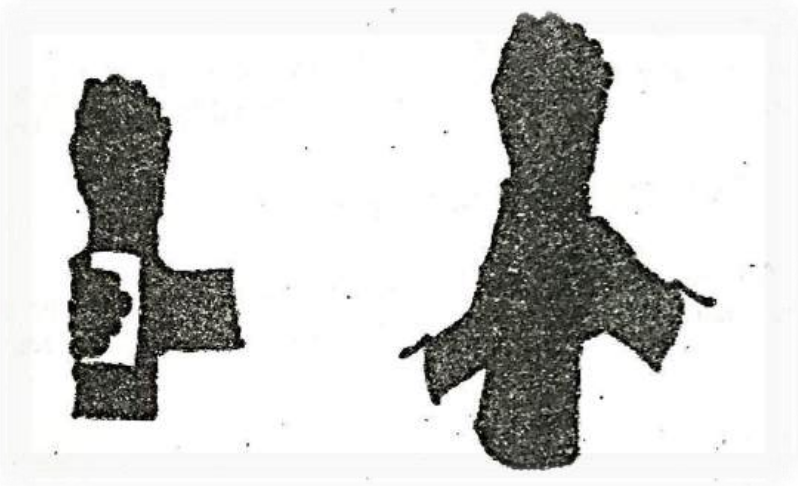
DIRECT PRESSURE

You can stop almost all bleeding by using direct pressure.

Press a clean piece of cloth on your hand over the wound and KEEP PRESSING until bleeding stops or until qualified aid is available.



RAISING (ELEVATION)

If you raise a wound above the level of the heart, I will reduce the bleeding. This can be done when the wound is on the head, neck, arm or leg.

Do not raise a wound If it hurts the casualty.

Do not raise a wound it you think there are internal injuries or broken bones.

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A pressure bandage is a thick pad of cloth (compress) tied firmly over the wound to stop bleeding. The bandage replaces the pressure of your hand.

DIRECT PRESSURE AND RAISING THE WOUND ARE THE BES WAYS TO CONTROL BLEEDING.

You may have to use a pressure bandage because

- you may need your hands free
- the wound may be too big for your hands to cover
- you may have to take care of more than one casualty.

ALWAYS USE DIRECT PRESSURE FIRST.

IF YOU HAVE TO USE A PRESSURE BANDAGE

1. Raise the wound.
2. Keep using direct pressure while you tie the bandage.
3. Fold or roll a piece of cloth into the pad BIG enough to cover the whole wound.
4. Place a large piece of cloth over the pad which is on the wound.
5. Pull steadily on both ends of the bandage WHILE you wrap it around the wound. You do this to put pressure on the wound.
6. Try to tie the knot over the wound. This adds to the pressure.

ALWAYS USE DIRECT PRESSURE IF YOU CAN.

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When there is not enough blood to fill the circulatory system, the person suffers from SHOCK, Some of the causes of shock are:

- severe bleeding
- burns
- drowning
- falls
- diarrhoea,
- vomiting
- poisoning
- great fear - pain.

The blood provides the brain with oxygen. If the brain does not get oxygen the body will die.

Shock can stop the brain getting oxygen. It can cause death.

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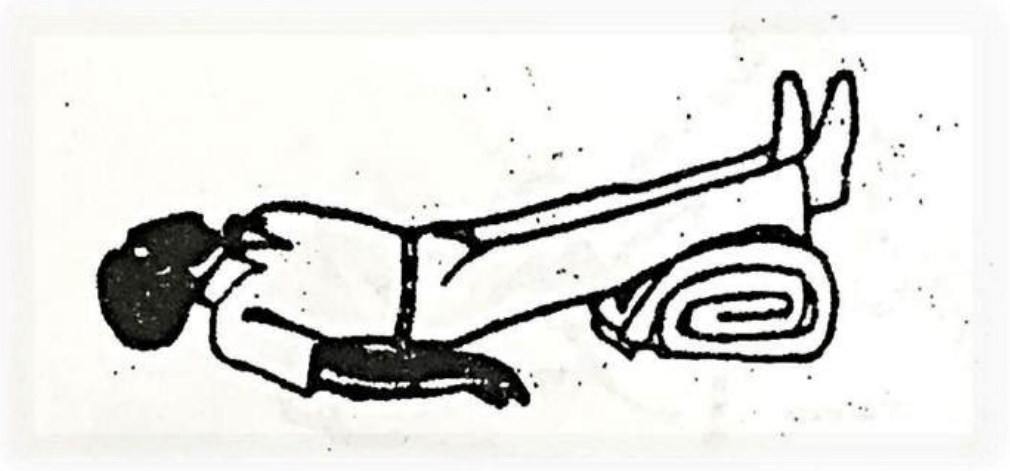
1. Check that the casualty is breathing. If not, give Artificial Respiration. If he is breathing.....
2. Check to see if the casualty is conscious. If not, put him in Recovery Position. If he is conscious, 3. Lie him down. Raise his feet. You can use a pillow, blanket etc.



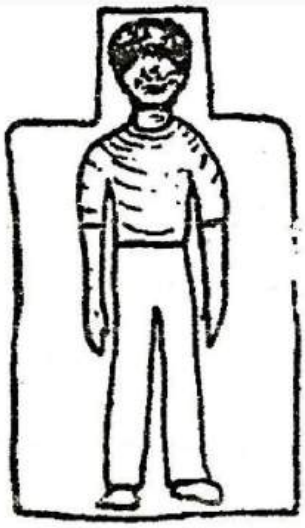
4. Stop all bleeding (See Bleeding).

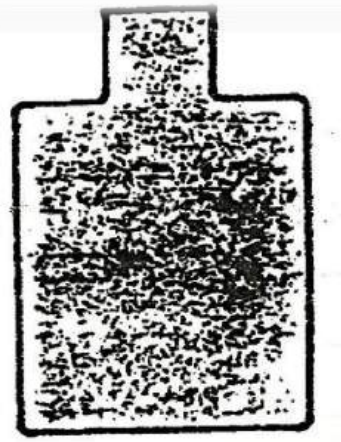
5. Give First Aid for any injury.
6. Comfort and reassure him. Talk to him and show that you care.
7. He should not be too hot or too cold
8. Call qualified aid.

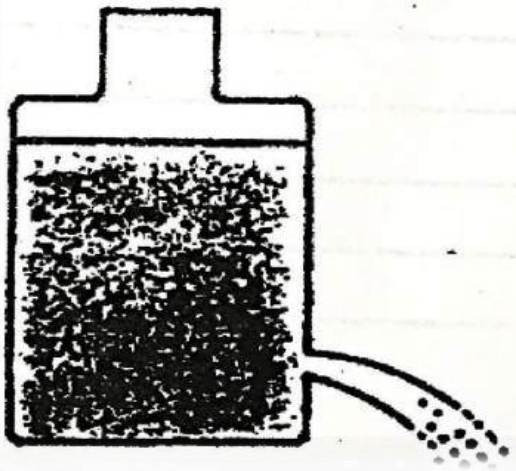
THIS IS SHOCK – YOUR BODY IS IN SHOCK.

These diagrams of containers are to help you understand what shock is, why it is dangerous, and how to prevent it.

1. Imagine your body is like a container with a head on top of it.
2. Normally your body and head are full of blood. The container is full







3. An internal injury or an external wound can cause you to lose blood. This is like a hole in the container. When you lose blood there is not enough to fill the container to the top.
   In your body this means that not enough blood reaches

4. If you lay the contain er down the top will fill again. In your body this means blood will reach your head and

ALWAYS LAY AN INJURED OR SERIOUSLY SICK

the head and the brain.

your brain.

PERSON DOWN.

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A wound is a break in the skin. A wound is usually caused by an accident. Wounds that are not caused by accidents need special treatment. They are caused by disease. All wounds

- cause pain
- lead to loss of blood
- can easily become infected.

You can reduce these dangers by covering the wound with the cleanest cloth you can find. You must fasten this pad of cloth firmly. You can use a triangular bandage or other suitable material to do this.

Only touch a wound if you have to. You may have to if there is serious bleeding.

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1. Wash your hands with soap and water if possible.
2. Clean the wound and the skin around it with the cleanest water you can find (drinking water) and soap.

   Use the cleanest cloth you have. Clean the wound and wash outwards.

   FROM the wound.
3. Cover the wound with the cleanest piece of cloth (pad) you have.

   Cover a small wound with a band-aid.
4. Fasten the pad.
5. Tell the casualty to keep the wound and the bandage dry.

6. Stop all large wounds from moving. Immobilize them.
7. If necessary, call qualified aid.
8. If there are signs of infection (swelling, redness, pain, smell or fever) the casualty needs qualified aid.

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W

e use dressings for:

- covering wounds
- stopping bleeding
- stopping injured part of the body from moving.

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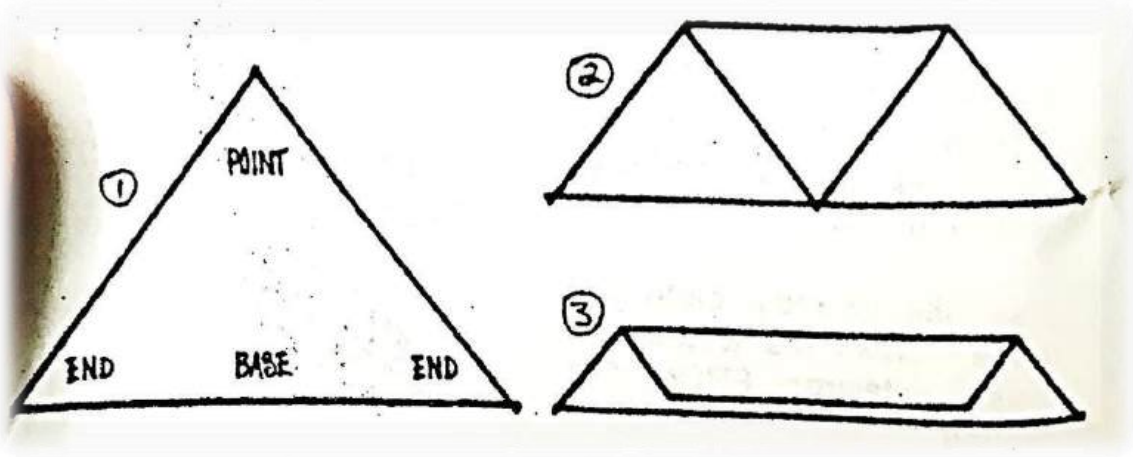
This is the best bandage for First Aid. You can easily make it from any piece of cloth. Its base should be at least four feet (12 metres) long. It should measure about two feet (60 cm) between the point and the base.



For dressing wounds, you can use it open or folded or partly open or folded.

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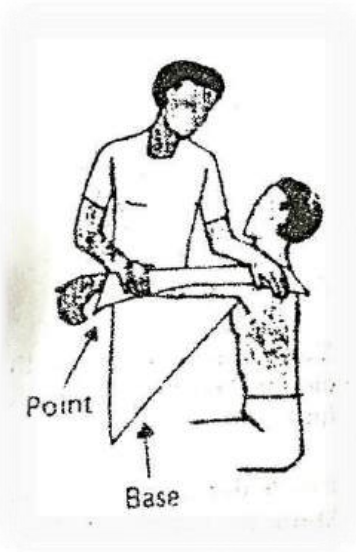
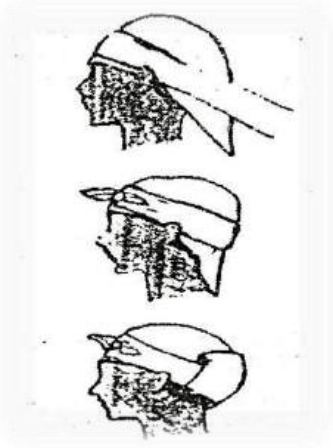
HEAD



1. Cover the wound with the cleanest piece of cloth (pad) you can find
2. Place the triangular bandage on the head to cover the cloth or pad so that the point is opposite the injury.
3. Place the ends round the head and tie a knot.
4. Put the ends under the bandage where possible.

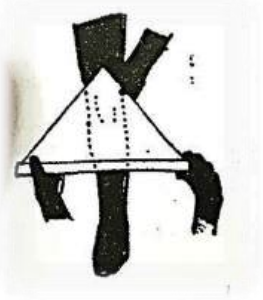


ARM

1. Cover the wound with the cleanest piece of cloth you can find.
2. Place the triangular bandage along the arm. Hold its point at the wrist and place one of the ends on the shoulder.
3. Take the free end and wrap it around the arm towards the shoulder to secure the cloth covering the wound.
4. Tie with a knot.

HAND

1. Put the hand on the bandage with the wound facing up. The fingers toward the point.
2. Cover the wound with the cleanest piece of cloth you can find.
3. Fold the point towards the wrist.
4. Cross the ends over the pad.
5. Wind them round the wrist. Tie with a knot.



KNEE

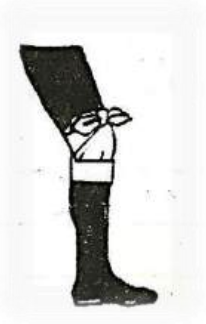
1. Bend the knee slightly. 2. Cover the wound with the cleanest piece of cloth you can find. 3. Place the bandage over the knee to cover the piece cloth with the point towards the body.

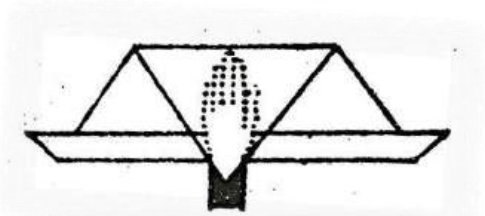
4. Pull the ends round the leg and cross them behind the knee.

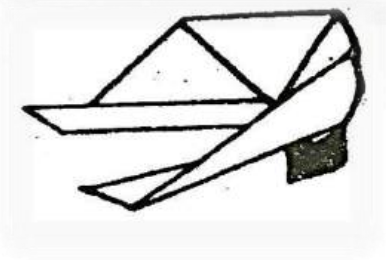
5. Pull the ends round the leg.

6. Tie with a knot above the knee.

FOOT Do as for HAND

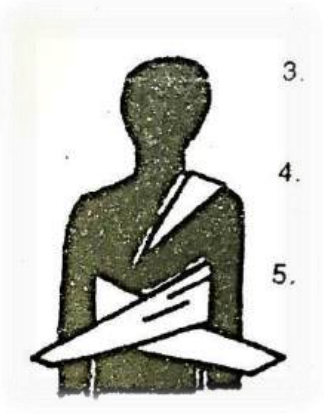






CHEST AND BACK

1. Cover the wound with the cleanest piece of cloth you can find.
2. Place the point of the bandage over the shoulder.
3. Pass the ends round the body and under the arms.



4. Tie in a knot under the point. Leave one end long.
5. Tie this long end to the point.

You can use the same method when you bandage the BACK.

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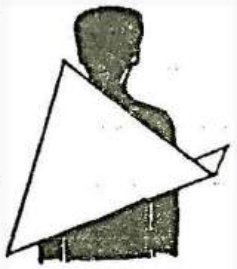
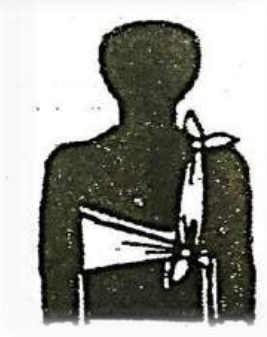


AND JOINT INJURIES



INTRODUCTION

A fracture is a broken or cracked bone. To prevent movement of a broken bone it is immobilized. 'Suspected' means that there may be a fracture but you are not sure.

In any case you should act as if there is a fracture.

There might be a fracture if:

- It hurts when he moves the limb
- It hurts when pressed
- there is swelling and bruising
- the limb does not work properly - the limb does not look normal.

IMMOBILIZATION OF FRACTURES

To immobilize a suspected fracture properly you must prevent the joints above and below the injury from moving. To immobilize a suspected joint injury properly you must prevent the bones above and below the injury from moving.

1. If there is a wound as well as a fracture you must care for the wound first.
2. Unless life is in danger, do not move a casualty with a suspected fracture or joint injury.

   First immobilize the injury.
3. Prevent further injury: Steady and support an injured limb until it is properly immobilized. 4. Put soft padding between limb or limbs and body when immobilizing a suspected fracture.

5. You must prevent shock.
6. Call qualified aid.

MOVING A FRACTURE TO ITS NORMAL POSITION

You should only move very bad fractures to their normal position before you immobilize them IF QUALIFIED AID IS NOT AVAILABLE.

You should do this carefully and gently and you will need the help of another person.

You should put limbs in their proper position using smooth steady movements.

1. One First Aider steadies the limb above the fracture.
2. The other First Aider carefully places both hands on the outer end of the fractured limb and pulls gently in the direction in which the limb is lying, Using these smooth movements he puts the limb in a normal position,
3. Do everything in ONE smooth movement,
4. You must prevent SHOCK.
5. Call qualified aid.

S LINGS

A sling is used for suspected fractures of:

- the collar-bone
- upper arm
- shoulder blade
- joint injuries of the shoulder, arm or hand.

ARM SLING

1. Support his forearm on the injured side, with the wrist and hand a little higher than the elbow.

2. Place an open triangular bandage between his chest and forearm, The point should stretch well beyond his elbow.
3. Take the upper end over his shoulder on the good side, round the back of his neck to the front of the injured side.
4. Still supporting his forearm, pull the lower end of the bandage over the hand and forearm. Tie it in front of the hollow above his collar-bone,
5. Bring the point forward and fasten to the front of the bandage or twist the point and tuck it in.

When an arm sling has been put on, the base of the bandages should be at the base of the little finger.

All his finger nails can be seen. This helps to check his blood circulation.

IMPROVISING SLINGS

Slings may be improvised by

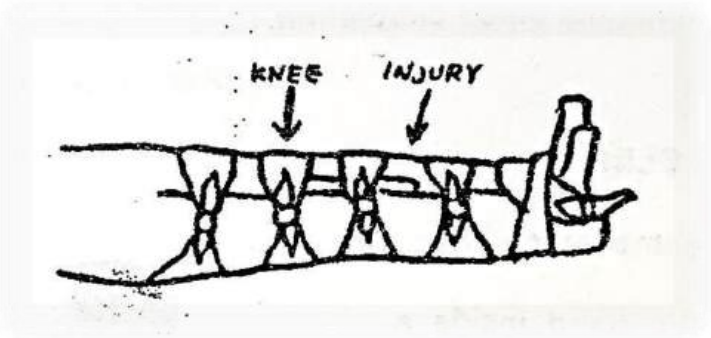
- putting the hand inside a buttoned shirt
- pinning the sleeve to clothing
- turning up the lower edge of a shirt and pinning it to the clothing.
- using scarves, belts, ties, etc.

THE LEG

1. Steady and support the injured leg.
2. Bring the good leg gently to the side of the injured one.
3. Immobilize by tying both legs together with five folded triangular bandages.

- One around the ankles, crossing over the top of the feet
- one around the knees

- one around the upper legs - one above the suspected fracture - one below the suspected fracture.



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Burns can be dangerous and may be very painful. This depends on the size of the burn. If the burn is bigger than the palm of the hand of the person burned, you must call qualified aid.

It is important never to put anything but clean, cold water on a burn.

When somebody is burned:

- reduce pain
- prevent shock
- prevent infection

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1. Remove the cause of the burn, of remove the casualty from the cause.
2. Put all burns at once in the cleanest cold water you can find.
3. Keep the burned area under water until the pain goes away. This can take a long time but do not cease until the pain stops.

4. If you cannot put the burn under water, cover it with a piece of clean cloth soaked in clean cold water.
5. Change these cloths until the pain stops.
6. When the pain stops cover the burn with the cleanest piece of cloth you can find. Fix it gently with a bandage. This helps to prevent infection.

REMEMBER FOR ALL BURNS

1. Reduce pain by using cold cl

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3. If the burn is bigger than the palm of the hand of the person burned, prevent shock and call qualified aid.
4. Never open blisters.
5. Never pull away clothes that are burned to the skin.
6. Remove rings, if possible, where hands or arms are burnt as there will be swelling,

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Traffic on roads is increasing. As more people use roads there are more accidents. One accident may involve many people and more than one vehicle. Remember not all casualties may be seen. People, especially children, can be thrown out of vehicles into the bush or a ditch. In an accident, injuries can happen to people outside them (such as pedestrians) or both.

Many people die after accidents who might have been saved if they had been given First Aid immediately.

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1. If you are driving and your car has warning lights, put them on.
2. Send for help, e.g., Police, Fire Brigade, Ambulance. Tell them the exact place and the number of persons hurt.
3. Use bystanders to divert other traffic.
4. Note the time, place, and position of the vehicles and casualties.
5. Turn off the engine of vehicle(s) involved and put on handbrake(s).
6. Stop people smoking.

Give First Aid

Always check for:

- Breathing
- Consciousness
- Bleeding

Do not move a badly injured person until help arrives, unless;

- he is in danger
- he cannot be examined, or - he is unconscious.

If he is conscious, examine him for bleeding and fractures.

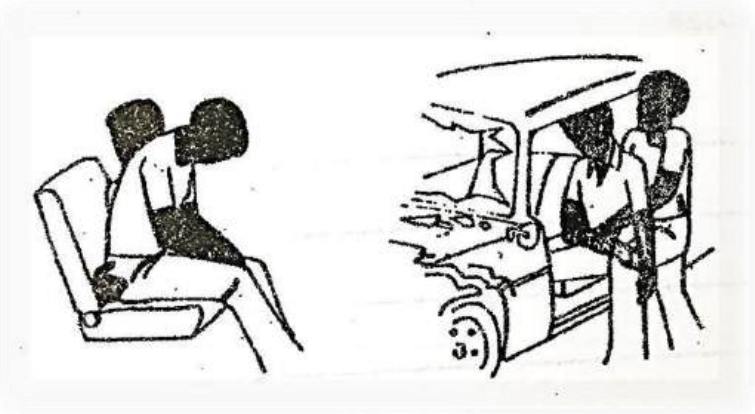
If possible, stop the bleeding and immobilize fractures before moving him.

REMEMBER

1. The casualty might lose consciousness.
2. He will be in a state of shock.
3. Reassure him and show him you care.
4. If he is unconscious, he cannot tell you what is wrong.
5. He might have spinal injuries, so move him as smoothly, as possible.

HOW TO MOVE A CASUALTY OUT OF A CAR **IF YOU ARE ALONE.**

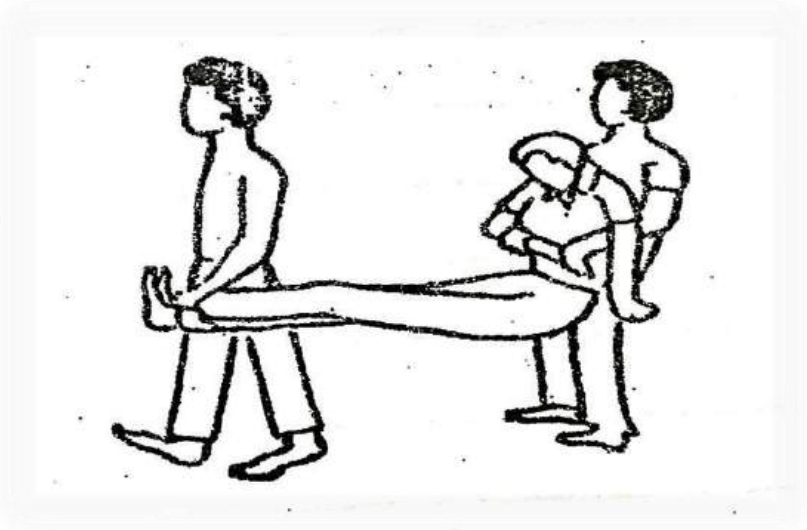
1. Free the leg so that they do not get stuck.
2. Reach behind the casualty, grab his clothing on his far hip. Put your other hand on his shoulder nearest to you. Push the shoulder away and pull his back towards you.
3. Put your arms under his arms. Take hold of one of his fore-arms with both your hands.
4. Pull him-steadily out and away from the car.
5. Give First Aid.



IF THERE IS A SECOND PERSON

1 to 3 as above.

4. The second person crosses the leg of the casualty before he



is removed from the car. He assists in carrying the casualty by his ankles.