
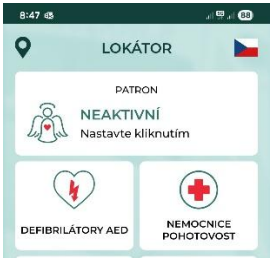




Annexe No 1 to R 601

FIRST AID PLAN

Prepared by	Miroslav Hovorka, OSH and FP Senior Officer Miloslav Švarc, OSH and FP Senior Officer
Integrated Rescue System	112
Emergency medical service	155
Hospital České Budějovice Urgent Trauma Centre	+ 420 387 874 104 <a href="#">Medical emergency service for adults   Hospital České Budějovice a.s.</a>
Hospital České Budějovice Department of Ophthalmology	+420 387 878 404 <a href="#">Eye Department   Hospital České Budějovice a.s.</a>
Toxicology Information Centre	+420 224 919 293 +420 224 915 402 <a href="#">What to do in case of acute poisoning</a>
First aid kits in the building	Visibly marked with signs 
Defibrillator	Záchranka app, LOKÁTOR tab 

## 1. INTRODUCTION

The First Aid Plan, which sets out the principles for providing first aid as a measure for dealing with emergencies, is drawn up in accordance with the relevant provisions of the following generally applicable regulations, as amended:

Act No 262/2006, Labour Code, Section 102(6), Section 103(1)(j)

Act No 309/2006, the Act regulating further requirements for occupational safety and health under employment and on ensuring safety and health in activities or services outside employment (Act on ensuring further conditions for occupational safety and health), Section 2(1)(f)

Government Regulation No 101/2005, Government Regulation on more detailed requirements for workplaces and the working environment

Timely and correct first aid can not only limit the consequences of an injury but also prevent immediate life-threatening injuries. This plan serves that purpose and directs all employees to observe and comply with the following principles.

In many cases, actual first aid is preceded by rescue or technical first aid. Maintaining the safety of the rescuer is a priority. The rescuer must therefore act prudently, with due regard for their own safety.

The attached **First Aid Plan** describes situations that may be encountered in the workplace and in the laboratory. This section is followed by first aid procedures for immediate life-threatening conditions. The text also describes first aid rules for fractures and other non-accidental conditions. The last section is devoted to positioning the injured.

## 2. HOW TO DEAL WITH PERSONAL INJURIES

The rescuer must assess the situation and the risks to his or her own safety and that of others before performing the first aid itself. A non-professional rescuer is not obliged to provide first aid if he or she cannot do so without danger to himself or herself or another. He/she shall then proceed according to the specific situation. The individual situations are described later in the document, including the first aid rules.

## 3. WHAT TO DO IN CASE OF INJURY

**Secure the accident scene.** Ensuring the safety of all those involved at the accident scene is the first step to carrying out rescue work. See below for instructions on how to proceed in each situation.

**Calm the people involved.** If the injured person or anyone involved is panicked or hysterical due to the situation, the situation should be calmed to prevent further damage. The injured person should be talked to and calmed down. Explain the situation, do not increase the psychological pressure on them, and ask



them what they need. If an uninjured person is shocked by the situation and complicates the situation, it is necessary to take them away from the scene and also calm them down and talk to them.

**Provide first aid to the injured.** Depending on the severity of the injury, **call the emergency services.** Calling for professional help is of great importance given the time factor in connection with the provision of professional care. For less serious injuries, seek a competent doctor.

**Report an accident.** Every accident must be reported. A student undertaking laboratory training shall report the accident to the educator, a student doing a thesis shall report the accident to his/her thesis advisor, and a staff member shall report the accident to the department head or his/her deputy. Generally, always report to a supervisor.

**Secure the injured person's workplace.** At the end of the rescue operation, the rescuer must check the injured person's workplace and secure it to prevent further damage (turn off appliances, water supply, gases, seal off chemicals, etc.).

## **CONTENTS:**

PRINCIPLES OF FIRST AID

ZÁCHRANKA APP

STOPPING HEAVY BLEEDING

STATE OF SHOCK

LOSS OF CONSCIOUSNESS, RESUSCITATION

POISONING – INTOXICATION

ELECTRIC SHOCK INJURY

BURNS

LIMB INJURIES

ACID BURNS

EYE INJURIES

IMPAIRED CONSCIOUSNESS (FAINTING)

CONVULSIONS

CONTENTS OF THE FIRST AID KIT BY WORKPLACE



# ZÁCHRANKA

Mobilní aplikace pro tísňové volání

## Funguje aplikace bez signálu a bez internetu?

Zprv - ne. Vzhledem k tomu, že je vždy potřeba provést telefonický hovor na linku 155, bez signálu aplikace nic nezmůže. Alespoň jedna čárka je potřeba, aby se odeslala nouzová SMS. Zadruhé – ano. Internet k fungování aplikace nutný není. V případě, že není připojení k dispozici, nouzová zpráva se odešle jako šifrovaná SMS. Internetové připojení je potřeba pouze k uskutečnění videohovoru.

Databáze  
AED



Nouzové  
tlačítko



Horská služba



Varovná  
upozornění



Přenos obrazu



Pomoc  
v zahraničí



zachranka.app



STÁHNĚTE SI APLIKACI ►



## **Záchranka**

### *The mobile app for emergency calls*

Does the application work without a mobile signal and the Internet?

First – no. Given that a phone call to 155 must be made in all cases, there is nothing the application can do without a mobile signal. At least one bar is necessary so that an emergency SMS message is sent.

Second – yes. Connection to the Internet is not necessary. In case there is no connection, the emergency message is sent as an encrypted SMS. The Internet connection is needed only for making a video call.

**+ AED Database**

**+ Emergency Button**

**+ Mountain Rescue**

**+ Digital Warning System**

**+ Video Transmission**

**+ Get Help Abroad**

Download the app



# ZÁSADY POSKYTOVÁNÍ PRVNÍ POMOCI

## V NEBEZPEČNÝCH SITUACÍCH - TECHNICKÁ PRVNÍ POMOC

- před začátkem první pomoci odstraňujeme příčinu (kouř, chlad, vodu, dav lidí, teplo, ...) nebo postiženého přemístíme
- zachránce nesmí ohrozit sám sebe

## DŮLEŽITÉ OTÁZKY

- Co se stalo? Co Vás bolí? Berete nějaké léky? Léčíte se na něco (cukrovka, astma, ...)?  
Dýchá se Vám dobře? Je tu s Vámi někdo?

## OBEČNÝ POSTUP PŘI VYŠETŘOVÁNÍ

- posouzení stavu životních funkcí - dech a stav vědomí
- vyšetření části těla, kde postižený udává obtíže či bolest
- celková kontrola v pořadí: hlava, krk, páteř (leží-li na břiše), hrudník, břicho, horní končetiny, dolní končetiny - zvlášť pečlivě u zraněných v šoku, po požití alkoholu, při mozkolebečním poranění a poranění páteře

## VYŠETŘUJEME

- pohledem (barva obličeje, poloha těla a končetin)
- poslechem (dýchání, komunikace)
- pohmatem (zlomeniny, teplo, dýchání)

## PŘIVOLÁNÍ ODBORNÉ POMOCI - 155

- uvedeme své jméno
- co a kde se stalo a počet postižených
- charakter zranění nebo stavu postiženého
- věk postiženého (orientačně: dítě, dospělý,...), eventuálně jeho jméno
- ve velkém objektu nebo na sídlišti navrhnout místo, kde bude někdo čekat
- nikdy nepokládáme telefon první, protože dispečer může potřebovat další informace - druh bolesti, stav vědomí, zda se zraněný léčí nebo bere nějaké léky, přesný popis místa...
- v případě potřeby vám dispečer poradí / na vše se zeptá



### ZDRAVOTNICKÁ ZÁCHRANNÁ SLUŽBA = ZZS

Nainstalovaná a zprovozněná aplikace Záchranka velice zjednoduší komunikaci s odesláním GPS polohy.



## VŠEOBECNÉ ZÁSADY

- kdo mluví, křičí = je při vědomí a dýchá
- jako první ošetřujeme vždy masivní krvácení, dále zástavy životních funkcí (postižený nedýchá), bezvědomí, šokové stavy a poranění hrudníku



POLICIE 158  
HASIČI 150

ZDRAVOTNICKÁ ZÁCHRANNÁ SLUŽBA 155  
MĚSTSKÁ POLICIE 156





## Principles of providing first aid

### In a dangerous situation – technical first aid

- Remove the cause (smoke, cold, water, crowds, heat...) or move the affected person before providing first aid
- The rescuer must not endanger himself/herself

### Important questions

- What happened? Where does it hurt? Are you on any medication? Are you being treated for anything (diabetes, asthma...)? Can you breathe well? Is there anybody with you?

### General examination procedure

- Assessing vital signs – breathing, consciousness
- Examination of the body part where the affected person reports discomfort or pain
- General examination in the following order: head, neck, spine (if lying on the stomach), chest, stomach, upper limbs, lower limbs – with extra care in cases of shock, alcohol intoxication, brain injury, and spine injury

### We check

- By observation (face colour, body and limb position)
- By listening (breathing, communication)
- By touch (fractures, heat, breathing)

### Calling for professional help – 155

- Say your name
- Report what happened, the location, and the number of injured
- Report the nature of the injury or the state of the affected person
- Report the age of the affected person (roughly: a child, adult...) or their name
- Propose a meeting place if in a large building or a housing estate
- Never hang up the phone first because the dispatcher may need additional information – type of pain, state of consciousness, information on the medication the injured person is on, a detailed description of the location...
- If needed, the dispatcher will provide advice/request information

### Emergency Medical Service = EMS

The installed and working Záchranka application greatly simplifies communication and GPS location sharing.



## **General principles**

Speaking, yelling = they are breathing and conscious

Major bleeding is addressed first, then vital signs arrests (no breathing), unconsciousness, states of shock, and chest injuries

**POLICE 158**

**FIRE BRIGADE 150**

**EMERGENCY MEDICAL SERVICE 155**

**MUNICIPAL POLICE 156**



# ZÁSTAVA MASIVNÍHO KRVÁCENÍ

## PRSTY PŘÍMO V RÁŇĚ (U PORANĚNÍ NA KRKU JEDINÁ MOŽNOST)

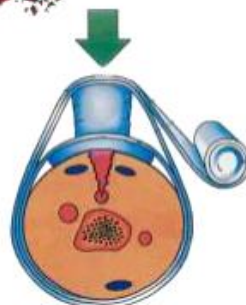
- stlačení rány nepovolujeme do příjezdu odborné pomoci nebo do přiložení zaškrcovadla či tlakového obvazu

## PŘILOŽIT ZAŠKRCOVADLO / TURNIKET používá se pouze na končetinách!

- zaškrcovadlo přiložíme 5-7cm nad ránu blíže k srdci (mimo kloub)
- zaškrcovadlo ponecháme na místě a zapíšeme čas
- ve výjimečných případech bude nutné použít 2 zaškrcovadla / turnikety

## PŘILOŽIT TLAKOVÝ OBVAZ / HOTOVÝ OBVAZ

- na ránu přiložíme krycí vrstvu a přes ní vrstvu tlakovou a dostatečným tlakem stáhneme



# ŠOKOVÝ STAV

## INFORMACE O ŠOKOVÉM STAVU

- šokový stav = ztráta funkce distribuce kyslíku a živin ke tkáním
- příčiny šoku: úrazy, dehydratace, alergické reakce, infarkt, ...

## JAK POZNÁM ŠOKOVÝ STAV

Postižený je bledý, špatně komunikující, unavený, má pocit žízně, pocit „na zvracení“, má zrychlený dech, může mít poruchy vědomí

## PRAVIDLA 5 T:

- **TIŠENÍ BOLESTI** - správné ošetření, **ne**podáváme léky
- **TEPLO** - optimální tepelný komfort
- **TEKUTINY** - jen zvlhčujeme rty
- **TICHO** - uklidníme, komunikujeme
- **TRANSPORT** - voláme ZZS na tel. čísle 155



POLICIE **158**  
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ZDRAVOTNICKÁ ZÁCHRANNÁ SLUŽBA **155**  
MĚSTSKÁ POLICIE **156**



## Stopping major bleeding

### Fingers in the wound (the only option for neck injuries)

- Do not relax the pressure on the wound until professional help arrives or until a tourniquet or a compression bandage is used

### Using tourniquets (limbs only!)

- Place the tourniquet 5–7 cm above the wound, closer to the heart (avoid joints)
- Leave the tourniquet in place and record the time
- In extraordinary cases, 2 tourniquets may be needed

### Using compression bandages

- Place the cover layer on the wound and the compression layer over it, then tighten it using sufficient pressure

## State of Shock

### Information on the state of shock

- State of shock = a loss of the ability to distribute oxygen and nutrients to tissues
- Causes of shock: injuries, dehydration, allergic reactions, heart attack...

### Signs of shock

- The affected person looks pale, communicates poorly, looks tired, feels thirsty, feels sick, breathes rapidly, impaired consciousness

### The rule of 5

- Pain reduction – correct treatment, do **not** administer medication
- Heat – optimal heat comfort
- Fluids – only moisten the lips
- Silence – calm and communication
- Transport – call EMS at 155

**POLICE 158**

**FIRE BRIGADE 150**

**EMERGENCY MEDICAL SERVICE 155**

**MUNICIPAL POLICE 156**



# BEZVĚDOMÍ, RESUSCITACE - OŽIVOVÁNÍ

## PŘÍZNAKY BEZVĚDOMÍ

- povolení svalového napětí (pozor na zapadnutý jazyk)
- nereaguje na oslovení, dotyk

## OŠETŘENÍ ZRANĚNÉHO V BEZVĚDOMÍ

- přetočíme na záda
- zprůchodníme dýchací cesty záklonem hlavy
- kontrolujeme dýchání (poslechem před ústy postiženého a pohledem na hrudník)



NE

POSTIŽENÝ DÝCHÁ?

ANO

## POSTIŽENÝ JE V BEZVĚDOMÍ A NEDÝCHÁ

- voláme ZZS na tel. čísle 155
- postižený leží na zádech na pevné podložce

## POSTIŽENÝ SETRVÁVÁ V BEZVĚDOMÍ A DÝCHÁ

- zkontrolujeme celkový stav
- voláme ZZS na tel. čísle 155
- průběžně kontrolujeme dýchání

## ZÁKLADNÍ POSTUP OŽIVOVÁNÍ:

položíme ruce na střed hrudníku a frekvencí 100/min.  
stlačujeme hrudník do hloubky cca 5 cm

## ROZŠÍŘENÁ RESUSCITACE PRO POUČENÉ ZACHRÁNCE

- 30 stlačení hrudníku střídáme s 2 umělými vdechy

### U dětí (do puberty):

- zahajujeme 5 vdechy
- 15 stlačení hrudníku střídáme s 2 umělými vdechy
- ZZS voláme po jedné minutě pokusu o ožívování
- dle velikosti dítěte omezíme hloubku stlačení hrudníku



POLICIE 158  
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ZDRAVOTNICKÁ ZÁCHRANNÁ SLUŽBA 155  
MĚSTSKÁ POLICIE 156



## **Loss of consciousness, resuscitation**

### **Signs of unconsciousness**

- Muscle relaxation (watch out for tongue obstruction)
- Unresponsive when spoken to, unresponsive to touch

### **Treating unconscious injured persons**

- Turn the injured on their back
- Clear their airway by tilting the head back
- Check breathing (by listening at the mouth of the affected person and by observing the chest)

### **Are they breathing?**

**YES** -> They are breathing and remain unconscious

- Check their overall condition
- Call EMS at 155
- Continue to monitor breathing

**NO** -> They are unconscious and not breathing

- Call EMS at 155
- The affected person is positioned on their back on a firm surface

### **Basic resuscitation procedure**

- Place your hands on the centre of the chest and press down about 5 cm at the frequency of 100 per minute

### **Advanced resuscitation for trained rescuers**

- 30 chest compressions alternated with 2 mouth-to-mouth breaths

### **Children (up to adolescence)**

- Start with 5 breaths
- 15 chest compressions alternated with 2 mouth-to-mouth breaths
- Call EMS 1 minute after attempting resuscitation
- Limit the depth of the chest compression according to the size of the child

**POLICE 158**

**FIRE BRIGADE 150**

**EMERGENCY MEDICAL SERVICE 155**

**MUNICIPAL POLICE 156**





## OTRAVY - INTOXIKACE

REAGUJE POSTIŽENÝ  
NA OSLOVENÍ ?

ANO

NE

### POSTIŽENÝ JE PŘI VĚDOMÍ

- zjistíme CO postižený požil, V JAKÉM MNOŽSTVÍ a KDY
- stále kontrolujeme stav vědomí - komunikujeme s postiženým
- při požití léků, hub - vyvoláme zvracení (krabičku od léků, zvratky uchováme)
- u žiravých látek (kyseliny, louhy) - **ne**vyvoláváme zvracení
- neprodleně voláme ZZS na tel. čísle 155

### POSTIŽENÝ JE V BEZVĚDOMÍ

- přetočíme na záda
- kontrolujeme dutinu ústní - ústa zbavíme cizích těles (pozor na chemické látky - použijeme rukavice)
- zprůchodníme dýchací cesty záklonem hlavy
- kontrolujeme zda postižený dýchá

POSTIŽENÝ DÝCHÁ?

ANO

### POSTIŽENÝ SETRVÁVÁ V BEZVĚDOMÍ A DÝCHÁ

postupujeme dle bodů: BEZVĚDOMÍ

NE

### POSTIŽENÝ JE V BEZVĚDOMÍ A NEDÝCHÁ

postupujeme dle bodů:  
RESUSCITACE - OŽIVOVÁNÍ



**použij rukavice a roušku**



**zvracení vyvolávat**



**nevyvolávat zvracení**

POLICIE **158**  
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ZDRAVOTNICKÁ ZÁCHRANNÁ SLUŽBA **155**  
MĚSTSKÁ POLICIE **156**



## Poisoning – intoxication

### Are they responsive when spoken to?

**YES** -> They are conscious

- Find out what was consumed, how much and when
- Monitor the state of consciousness – communicate with the affected person
- If medication or mushrooms were ingested – induce vomiting (save the medication box or vomit)
- Caustic substances (acid, lye) – do not induce vomiting
- Call EMS immediately at 155

**NO** -> They are unconscious

- Turn them on their back
- Check their mouth – remove foreign objects (watch out for chemical substances – use gloves)
- Clear the airway by tilting the head
- Check whether they are breathing

### Are they breathing?

**YES** -> They remain unconscious and breathing

- Follow the steps under Unconscious

**NO** -> They are unconscious and not breathing

### Follow the steps under Resuscitation

*Use gloves and a face mask*

*Induce vomiting*

*Do not induce vomiting*

**POLICE 158**

**FIRE BRIGADE 150**

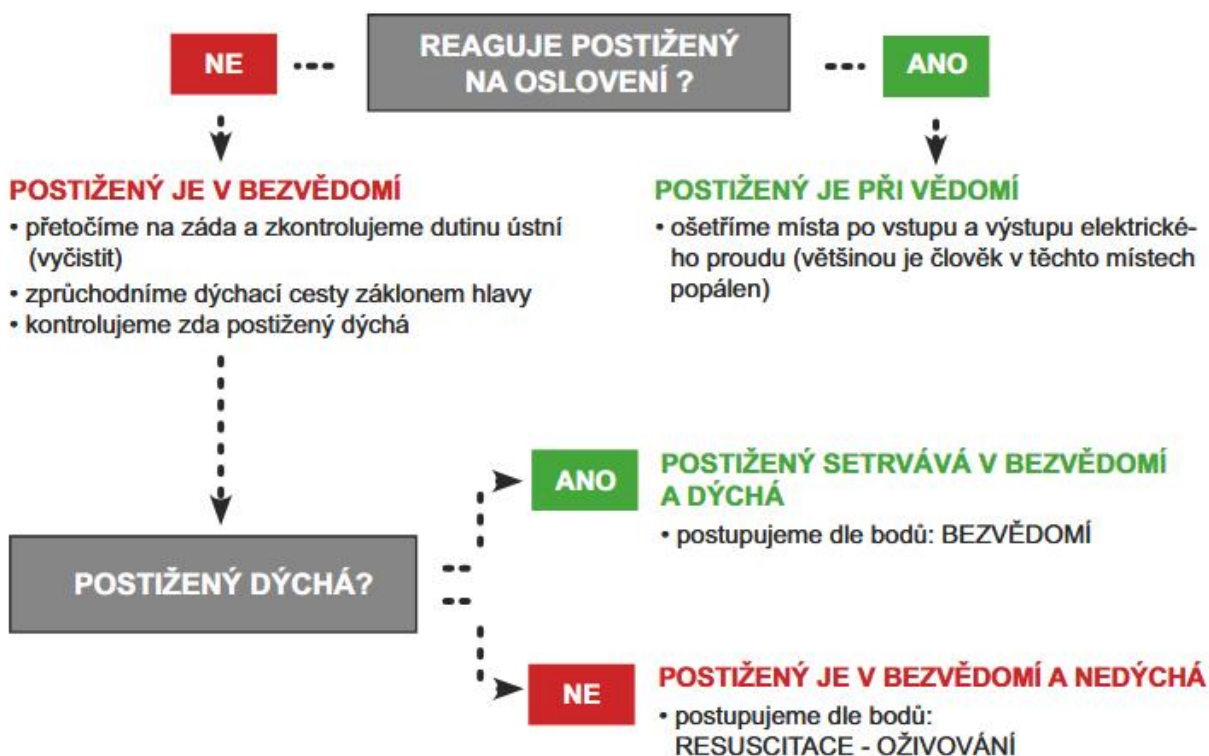
**EMERGENCY MEDICAL SERVICE 155**

**MUNICIPAL POLICE 156**

# ÚRAZ ELEKTRICKÝM PROUDEM

## TECHNICKÁ PRVNÍ POMOC

- použijeme vhodnou a co nejjednodušší metodu odpojení či odstranění zdroje elektrického proudu (vypneme jistič, vypneme vypínač, odsuneme nevodivým předmětem (dřevo, plast) část těla nebo spotřebič)
- zajistíme vodič (el. spotřebič) tak, aby neohrozil postiženého ani zachránce
- při ohrožení proudem z drátů vysokého napětí se nepřibližujeme a voláme ihned záchrannou službu či hasičský záchranný sbor



špatný postup



správný postup

POLICIE 158  
HASIČI 150

ZDRAVOTNICKÁ ZÁCHRANNÁ SLUŽBA 155  
MĚSTSKÁ POLICIE 156





## Electric shock injuries

### Technical first aid

- Use the appropriate and easiest method of disconnecting or removing the source of the electric current (turn off the circuit breaker, turn off the switch, move the body part or appliance using a non-conductive object (wood, plastic))
- Secure the conductor (electric appliance) in such a way that the affected person and rescuer are safe
- When threatened by current from high-voltage cables, we do not approach and call EMS or the fire rescue service immediately

### Are they responsive when spoken to?

**YES** -> They are conscious

- We treat the spots where the electric current entered and exited (there are usually burns)

**NO** -> They are unconscious

- Turn the affected person on their back and check their mouth (clear)
- Clear the airway by tilting the head back
- Check if they are breathing

### Are they breathing?

**YES** -> They remain unconscious and breathing

- Follow the steps under Unconscious

**NO** -> They are unconscious and not breathing

- Follow the steps under Resuscitation

*Correct*

*Incorrect*

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**FIRE BRIGADE 150**

**EMERGENCY MEDICAL SERVICE 155**

**MUNICIPAL POLICE 156**



## POPÁLENINY



### PRVNÍ POMOC PŘI POPÁLENÍ

- zamezíme dalšímu působení tepla
- v co nejkratším čase začneme popálenou plochu **chladiť** nejlépe tekoucí vodou (pozor na popáleniny v obličeji)
- při chlazení z popálené plochy a okolí odstraníme (pokud jdou jednoduše sundat) prstýnky, náramky, hodinky, náušnice, atd., dříve než tkáň oteče

### POPÁLENINU NEPODCEŇUJ

k opařeným dětem, popáleninám obličeje  
a genitálií volej vždy ZZS na tel. čísle 155

## PORANĚNÍ KONČETIN



### UZAVŘENÉ PORANĚNÍ

- u zlomeniny, vykloubeniny, ... **necháme polohu na postiženém**
- při dostupnosti ZZS končetiny **nefixujeme**

### OTEVŘENÉ PORANĚNÍ

- u masivního krvácení postupujeme dle bodů:  
ZÁSTAVA MASIVNÍHO KRVÁCENÍ
- drobné krvácející rány ošetříme překrytím (obvaz, čistý kapesník, šátek, ...)
- kosti, střepy a další tělesa **ponecháme v ráně a zamezíme manipulaci** s nimi, obvaz přiložíme po okolí tohoto tělesa

POLICIE 158  
HASIČI 150

ZDRAVOTNICKÁ ZÁCHRANNÁ SLUŽBA 155  
MĚSTSKÁ POLICIE 156



## Burns

### First aid for burns

- Prevent further exposure to heat
- Begin **cooling** the burn as quickly as possible, ideally using running water (watch out for face burns)
- Remove rings, bracelets, watches, earrings, etc., from the burnt area and around (if they can be simply removed) before swelling sets in

### Do not underestimate burns

- Always call EMS at 155 in cases of face burns and scalded children

## Limb injuries

### Closed injuries

- Fractures, dislocations... leave the position up to the injured
- If EMS is available, do not immobilise the limb

### Open injuries

- Major bleeding: follow the steps under Stopping major bleeding
- Minor bleeding wounds are treated by covering up (bandage, clean handkerchief, scarf...)
- Bones, shards, and other objects are to be **left in the wound, and we prevent handling them**; bandages are applied around such objects

**POLICE 158**

**FIRE BRIGADE 150**

**EMERGENCY MEDICAL SERVICE 155**

**MUNICIPAL POLICE 156**



# ACID BURNS

## CAUSES

- contact of the chemical with the skin, mucous membranes or eyes of the affected person

## TYPICAL SYMPTOMS

- Searing pain
- Redness, whitening, browning of the skin
- Change in skin relief (swelling, map-like spots, shredding)
- Vomiting, vomiting, burns of the mouth area and mucous membranes due to an ingestion of caustic substance
- Watery, spasmodic clenching of the eyelids when the eyes are burnt
- Coughing or shortness of breath when inhaling caustic substances

## WHAT DO WE NEED TO ACHIEVE?

- Stop the effects of the chemical
- Limit penetration into deeper structures
- Relieve pain

## FIRST AID PROCEDURE

- Wash the site repeatedly and for a long time with cold water while protecting the surrounding undamaged skin
- Flush eyes with a gentle stream
- Cover the rinsed area with sterile material
- In case of inhalation of caustic substances, sit the affected person down and secure fresh air supply
- Arrange professional treatment or call EMS

## IMPROPER PRACTICES

- Attempts at neutralisation
- Administering a drink or inducing vomiting when caustic substances are ingested



POLICE 158  
FIRE BRIGADE 150

EMERGENCY MEDICAL SERVICE 155  
MUNICIPAL POLICE 156



# EYE INJURIES

## CAUSES

- Chemical contamination
- Foreign body lodged (glass shard, dirt, dust, ...)
- Eyeball injury (by blow, impact, flying object)

## TYPICAL SYMPTOMS

- Severe pain
- Tearing
- Spasmodic clenching of the eyelids (often of both eyes)

## WHAT DO WE NEED TO ACHIEVE?

- Relieve pain
- Avoid permanent consequences

## FIRST AID PROCEDURE

- The rescuer helps the victim to orient themselves and tries to calm them down
- **If the eye is affected by chemicals or small foreign bodies, the eye should be flushed clean water – eye showers installed in laboratories are used for this purpose**
- **The eyes can then be rinsed with eyewash with boric acid from the pharmacy**
- **In case of injury to the eyeball, foreign body entrapment or more serious injury around the eye, the rescuer simply covers both eyes with a sterile dressing to minimise eyeball movement (simultaneous movement of both eyes) and calls emergency medical services**
- In case of an eye injury, it is always necessary to seek professional medical help, in case of a very serious injury call the emergency medical service (see above).



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# IMPAIRMENT OF CONSCIOUSNESS (FAINTING)

## CAUSES

- Standing for long periods in a stuffy and warm environment
- Stressful situation
- Allergic reaction, bleeding

## TYPICAL SYMPTOMS

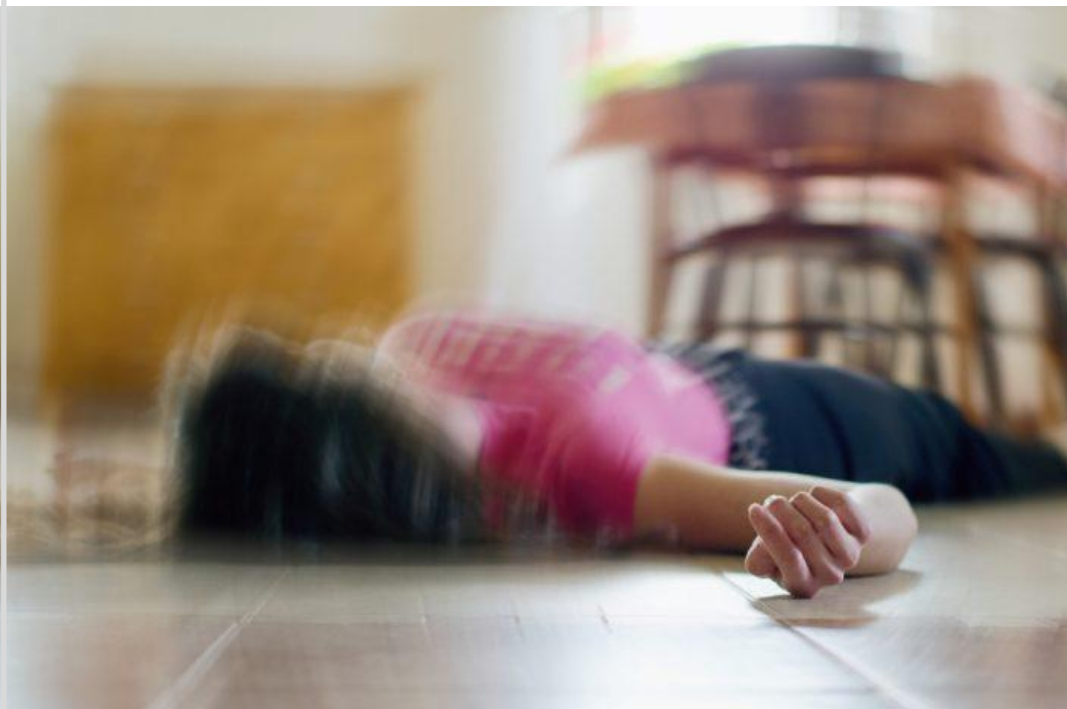
- The affected person is pale, feels weak, and dizzy
- A fall follows (sliding to the ground)
- In a horizontal position, they soon regain full consciousness

## WHAT DO WE NEED TO ACHIEVE?

- Restore blood circulation to the brain
- Rule out severe acute failure of vital functions

## FIRST AID PROCEDURE

- **Prevent falls**
- **Lie them on their back and raise their limbs**
- **Loosen tight clothes**



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# CONVULSIONS

Convulsions are understood as contractions of the skeletal muscles that are not controlled by the will. They manifest as twitches or sustained contractions. Convulsions are usually associated with an impairment of consciousness.

- **Epilepsy**
- Sudden rise in body temperature (overheating, febrile convulsions in children)
- Cerebral haemorrhage (possible sign of circulatory arrest, stroke)

## TYPICAL SYMPTOMS:

- Arching of the torso (back arched into a bow shape), twitching spasms of the limbs
- Foaming at the mouth, biting the tongue
- Loss of bladder and bowel control
- After the seizure subsides, the consciousness of the affected person typically remains impaired, or they remain confused

## WHAT IS THE SUFFERER AT RISK OF?

- Injuries caused by falls or convulsions
- Airway obstruction
- Failure to recognise a potential critical condition – sudden circulatory arrest

## WHAT DO WE NEED TO ACHIEVE?

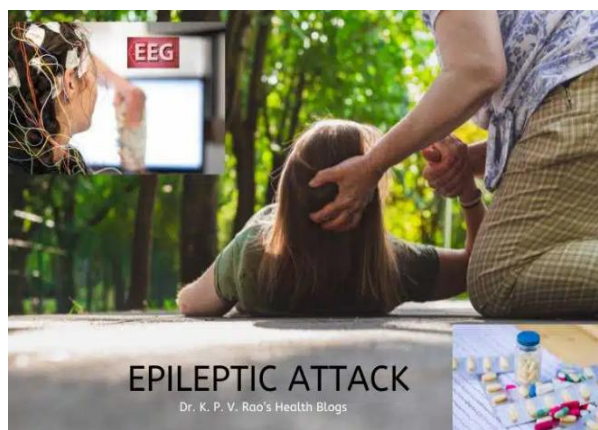
- Prevent injury to the affected person
- Maintain the airway clear
- Recognise a more serious condition - sudden circulatory arrest

## FIRST AID PROCEDURE:

- The rescuer removes objects from the vicinity of the victim that could cause injury
- The rescuer calls the emergency medical services; It is not necessary if the rescuer is sure that it is a typical seizure in a known epilepsy sufferer

## IMPROPER PRACTICES:

- Forcing the jaws open and pulling out the tongue during convulsions, there is a risk of injury to the affected person and the rescuer's fingers; the quality of breathing is not affected by these practices
- physically preventing the movement of the affected person during a fit of convulsions



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# CONTENTS OF THE FIRST AID KIT BY WORKPLACE

## Responsibilities of the person in charge of the first aid kit:

- Carry out regular checks of the first aid kit (location, labelling, completeness of equipment, usability of medical devices), at least once every six months with a record.
- Replenish missing equipment, if necessary, or replace expired equipment.
- Keep records of the dispensing and replenishment of medical equipment.

Pharmacy for administrative workplaces and workplaces of a similar nature			
No	Table of Contents	Quantity	Method of use
1	2	3	4
1.	Carbosorb tbl. 20x320 mg.	1 pack	In acute diarrhoea after a dietary mistake, in case of poisoning with toxic noxes.
2.	Septonex drm spr. Sol 45ml	45 ml	Treatment of abrasions, around wounds, after bites or insect bites
3.	Paralen tablets 10x500mg.	1 pack	In case of elevated body temperature
4.	Ophtal, 100 ml bottle	1 pack	Flushing eyes when removing a foreign body from the eye, when the eye is affected by liquids
5.	Finished sterile dressing No 2	2 pcs	To cover wounds
6.	Bandage ster.10cmx5cm	2 pcs	Wound dressing, fracture immobilisation
7.	Ideal bandage 10cmx5cm	2 pcs	To immobilise luxations
8.	Three-pointed scarf	1 pc	To immobilise limbs
9.	Bandage Esmarch 6x125cm	1 pc	Stopping arterial bleeding
10.	Sterilux st. 8V 10x10 2 pcs	5 pcs	Covering wounds, cleaning the wound area
11.	Cosmopor ster. 7,2x5cm	5 pcs	Covering minor wounds
12.	Omnoplast 2,5cmx5cm	1 pc	Fixation of dressing equipment
13.	Viacell bandage 6,5cmx5cm	2 pcs	Treatment of burns
14.	Sterile resuscitation drape	1 pc	CPR
15.	Gloves surgery ster. No 8	2 pairs	
16.	Surgical scissors, curved 150 mm	1 pc	
17.	Rescue blanket isotherm.	1 pc	



## CONTENTS OF THE FIRST AID KIT BY WORKPLACE

First aid kit for laboratories			
No	Table of Contents	Quantity	Method of use
1	2	3	4
1.	Sodium bicarbonate solution 6 %	250 ml	In case of acid splashes
2.	Citric acid solution 3%	250 ml	When splashed with alkali
First aid kit for electrical workshops and workplaces of a similar nature			
No	Table of Contents	Quantity	Method of use
1	2	3	4
1.	Sodium bicarbonate solution 6 %	250 ml	In case of acid splashes
2.	Viacel bandage 10X10cm	2 pcs	Treatment of burns
3.	Bandage, burns, ster. 40x70cm	1 pc	Treatment of burns
First aid kit for mechanical workshops and workplaces of a similar nature			
No	Table of Contents	Quantity	Method of use
1	2	3	4
1.	Finished sterile dressing No.4	2 pcs.	For covering wounds of considerable extent, avoiding blood loss.
2.	Finished sterile dressing No.3	2 pcs.	To cover wounds
3.	Cosmopor ster. 25x10cm	5 pcs	To cover wounds
4.	Sterile eye dressing	1 pc	Covering the injured eye
5.	Bandage ster. 12 cmx5m	2 pcs	Wound dressing, fracture immobilisation
6.	He burned the bandage. 40x70cm	1 pc	Treatment of burns
First aid kit for the kitchen			
No	Table of Contents	Quantity	Method of use
1	2	3	4
1.	Viacel bandage 10X10cm	2 pcs	Treatment of burns
2.	Viacel bandage 6,5X5cm	32 pcs	Treatment of burns
3.	Bandage, burns, ster. 40x70cm	1 pc	Treatment of burns
4.	Cosmopor ster. 15x8 cm	5 pcs	To cover wounds

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