FIRST AID
This booklet contains information and guidelines for providing first aid in an emergency. It cannot cover every situation, so the guidance is of a general nature. The suggested behaviours and measures must be applied taking account of:
• local requirements;
• available resources;
• effective local practices, if any; and
• access to and the capacity of further care.

The ICRC therefore declines all responsibility in the event that the recommendations do not correspond to the best course of action in a given situation.

First aid is the first essential help given in an emergency in order to preserve life, prevent further injury or illness and relieve suffering in order to contribute to recovery. These objectives should be achieved:
• without harm, either physical or psychological, to yourself, to the casualty or to others; and
• within your limits, be they emotional, physical, technical or material.

Name: ___________________________ Tel.: ___________________________

Person to be contacted in case of emergency:

_____________________________ Tel.: ___________________________
Your ability to manage an emergency and to care for a wounded or sick person safely and effectively (beyond just treating the injury or condition) can be enhanced by seeking the assistance of others present at the scene and by using resources available on the spot.

Sometimes, further care may be required. In those cases, the casualty will need to be transported in a safe and timely manner to an appropriate care provider.

You can save lives  
(or help to do so)  
by acting immediately,  
safely and humanely

We urge you to take a first-aid course. Contact the ICRC delegation or the National Red Cross or Red Crescent Society in your country to find out if they offer such courses or other support that will help boost your confidence and refresh/enhance your skills. In this way you will be better able to act safely, humanely and effectively in an emergency.
IN ALL CASUALTY SITUATIONS

Think safety, Act safely.

Reassure – Explain – Comfort the casualty.

Seek help.

Ensure the cooperation of the casualty. Examine him/her thoroughly.

Monitor the casualty. Ensure he/she is comfortable and his/her dignity is respected.

Offer clean liquids to drink (but only if the casualty is fully responsive).

Evacuate the casualty in need of further care.
Avoid becoming a casualty yourself (stay clear of the minefield, fire, toxic substance, etc.).

Avoid direct contact with body fluids (blood, saliva, vomit).

Remove the casualty safely and quickly from the danger zone.

Care for the casualty in a safe place.

Keep your hands clean.

Relax/manage your stress – Reassure your family and friends.
Briefly explain to bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Place the casualty in a stable position on his/her side with the head tilted gently backwards to allow him/her to breathe easily and to enable fluids, such as blood, saliva or vomit, to drain out of the mouth.

Cover the casualty.

Check if the casualty is breathing, by gently tilting the head backwards and looking, listening and feeling for breaths.
If the person has a seizure/epileptic episode

Briefly explain to bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Manage the scene so that neither you nor the casualty are injured during the episode.

Let the seizure run its course. If possible, use a blanket, item of clothing or soft material to protect the casualty’s head from injury. Do not restrain him/her; this may cause injury to you or to the casualty.

Once the seizure is over, place the casualty in a stable position on his/her side with the head tilted gently backwards to allow him/her to breathe easily and to enable fluids, such as blood, saliva or vomit, to drain out of the mouth.

Cover the casualty.
Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Get the casualty to apply pressure to the wound or apply pressure yourself using a clean cloth.

Replace manual pressure with a compressive bandage (in the shape of an 8) using a clean cloth or any absorbent material.

Check for signs of swelling or a bluish colouring of the limb (tourniquet effect) and ensure that the bandage is not causing any pain. If you spot any of these signs, loosen the bandage.

**If blood soaks through the compressive bandage**

Add more compressive bandage/clean material on top of the first one.
If the limb is amputated

Do not apply a tourniquet. Apply a compressive bandage.

If a foreign body is embedded in the limb

Do not apply a tourniquet. Do not remove the foreign object.

Immobilize the object (put compresses or a clean cloth around it). Apply a compressive bandage (without removing the object).

If bleeding is from the neck

Apply a compressive bandage (passing it under the opposite shoulder).
Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

For upper and lower limbs, gently position the fractured limb in a straight line enabling easy and effective immobilization.

Immobilize the limb to reduce pain and limit further adverse effects.

If it is a neck fracture

Gently immobilize the head and place the body in a horizontal, straight position to reduce pain and limit further adverse effects.
If it is an open fracture
Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Gently position the fractured limb in a straight line enabling easy and effective immobilization.

Apply a bandage to the wound.

Immobilize the limb to reduce the pain and limit further adverse effects.
Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Clean the wound (using clean liquids with or without soap).

Cover the wound with a clean cloth. Monitor the wound.

If the wound is large, dirty and infected

Clean the wound (using clean liquids with or without soap).

Cover the wound with a clean cloth.

Evacuate the casualty.
If it is an abdominal wound

Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Cover the wound with a clean, wet cloth.

Do not push the organs back inside the abdomen.

Help the casualty to lie in a comfortable position (e.g. legs bent).

Evacuate the casualty.
If it is a sucking chest wound

Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Cover the wound with a piece of plastic (or any equivalent material) and attach it to the body along three sides only, to avoid completely sealing the dressing (otherwise leave the wound exposed).

Help the casualty to lie in a comfortable position (e.g. half-seated).

Evacuate the casualty.
When the person is suffering from diarrhoea

Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

1. **Wash your hands.**

2. **Filter and boil water** (to make it drinkable).

3. **When the water has cooled, mix it with sugar and salt, or use sachets of oral rehydration salts (ORS) if available.**

4. **Make the casualty drink the mixture.**

5. **Evacuate the casualty if in need of further care.**
Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Cool the burn (e.g. under clean running water) for as long as possible. Stop when the casualty is no longer in pain or he/she starts to feel cold.

Cover the burn with a clean, loose material such as cling film (plastic wrap) or a plastic bag.

Advise the casualty to monitor how well the burn is healing and if the pain persists or infection develops to seek further care.

If the burn is bigger than the palm of the casualty’s hand or affects a particular area of the body (e.g. face, genitals, joints), seek further care.

If the casualty is a child, always seek further care.
Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Move the casualty to a shaded place.

Help cool the casualty down (e.g. by fanning him/her and/or applying a cold, wet cloth on the face, around the neck, under the armpits and on the inner thighs).

Get the casualty to drink clean liquids.

Evacuate the casualty if he/she needs further care.
When the person is very cold or has a fever

If the person is suffering from extreme cold (hypothermia)
Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Help the casualty to warm up by covering and protecting him/her from the elements.

Offer clean, warm liquids. Do not warm the casualty by rubbing his/her body.

Monitor the casualty.

Evacuate the casualty if in need of further care.

If the person has a fever
Briefly explain to the casualty, bystanders, friends and/or relatives what you are going to do and why, and the limits you may face. Seek any help you may need.

Place the casualty in a ventilated place. Help cool the casualty down (e.g. by fanning him/her or by wiping the face with a wet cloth). Monitor the casualty. Get the casualty to drink clean liquids.

Evacuate the casualty if in need of further care.
Protect your back when lifting: bend your knees and keep your back straight.

Make sure the casualty is reassured and monitored during transport.

Hand the casualty over to the further care provider.
When the person needs to be evacuated

Protect your back when lifting: bend your knees and keep your back straight.

Make sure the casualty is reassured and monitored during transport.

Hand the casualty over to the further care provider.
It is important to:

• respect and protect the wounded and sick, and actively support and facilitate their access to health care;
• respect and protect health-care personnel, facilities and medical transports, whether civilian or military, regardless of which side they belong to;
• respect the humanitarian and impartial character of health care;
• ensure that health-care personnel, facilities and medical transports remain exclusively engaged in medical tasks;
• refrain from denying or disrupting health care as a military tactic;
• respect the distinctive emblems of the red cross, red crescent and red crystal, and refrain from using them improperly.
During both peacetime and emergencies, National Red Cross and Red Crescent Societies and the ICRC offer first-aid training and, where needed, provide first aid directly, making no discrimination as to nationality, race, religious beliefs, class or political opinions.

Red Cross and Red Crescent first-aiders endeavour to save lives and relieve the suffering of individuals, being guided solely by their needs and giving priority to the most urgent cases of distress. First-aiders do not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature. They provide first aid or training on a voluntary basis, in no way motivated by a desire for gain.

Red Cross and Red Crescent first-aiders wear a distinctive emblem for their identification and protection. They must be respected and supported in their humanitarian activities, be it in peacetime or emergencies.
CODE OF CONDUCT FOR COMBATANTS
COMBAT RULES

1. Fight only combatants.
2. Attack only military targets.
3. Spare civilian persons and objects.
4. Limit destruction to what your mission requires.

COMBATANTS:
Respect these signs!

which protect:
- wounded and sick;
- medical staff and Red Cross/Red Crescent personnel;
- ambulances and Red Cross/Red Crescent relief transports;
- hospitals, first-aid posts and Red Cross/Red Crescent premises.
1. Collect them.

2. Care for them.
3. Hand them over to your superior or to the nearest medical personnel.

4. Respect medical personnel and facilities.
1. Protect the wounded, sick and shipwrecked (including aircrew).

2. Search for them and collect them after every engagement.
3. Protect civilian boats rescuing the wounded and shipwrecked.

4. Respect hospital ships and medical aircraft marked with the red cross or red crescent sign.
1. Spare them.

2. Disarm them.
3. Hand them over to your superior.

4. Respect them and treat them humanely. Their families must be informed of their capture.
1. Respect them.

2. Treat those in your power humanely.
3. Protect them against ill-treatment. Vengeance and hostage-taking are forbidden.

4. Respect their property. Do not damage or steal it.
In time of war, certain rules must be observed, even with regard to the enemy. These rules are set out mainly in the four Geneva Conventions of 1949 and their three Additional Protocols of 1977 and 2005.

As at July 2015, 196 States are party to the four Geneva Conventions, 174 party to Additional Protocol I, 168 party to Additional Protocol II and 72 party to Additional Protocol III. As a State party to the Geneva Conventions and their Additional Protocols, your country is bound by these treaties.

These treaties are founded on the idea of respect for the individual and his/her dignity. Persons not taking a direct part in the fighting and those no longer taking part because of sickness, injury, captivity, or any other cause, must be respected and protected against the effects of war; those who suffer must be aided and cared for without discrimination. Special protection is to be given to medical personnel, hospitals and medical transports as well as to Red Cross/Red Crescent personnel, buildings and equipment.

The four Geneva Conventions protect the following categories of persons:
• wounded and sick members of the armed forces in the field and medical personnel (Convention I);
• wounded, sick and shipwrecked members of the armed forces at sea (Convention II);
• prisoners of war (Convention III);
• civilians in the power of the enemy or in an occupied territory (Convention IV).

Article 3 common to all four Geneva Conventions, which
International humanitarian law regulates internal conflicts, provides for the humane treatment of all persons who are not or no longer taking part in the fighting. In particular, Article 3 prohibits inhuman treatment, hostage-taking, torture and arbitrary executions and stipulates that trials must afford all judicial guarantees. Protocol I and Protocol II regulate in greater detail international and internal conflicts respectively.

During hostilities, a distinction must be made between civilians and civilian objects and military objectives.
The States party to the Geneva Conventions pledge to:

- care for the wounded on an equal basis, regardless of whether they are friends or enemies;
- respect the physical integrity, honour, dignity, family rights, and moral and religious convictions of civilians and of those no longer taking part in the fighting;
- prohibit torture and inhuman treatment, summary executions or extermination, deportation, hostage-taking, looting, and destruction of civilian objects;
- allow ICRC delegates to visit detainees held in relation to the conflict and to talk to them in private.
The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.
The purpose of the ICRC’s activities in places of detention is to ensure that detainees are treated humanely and their dignity is respected.

As part of a confidential dialogue with the authorities, the ICRC makes recommendations on detainees’ treatment and conditions of detention.

In addition, the ICRC provides the detaining authorities with material or technical support or, where needed, delivers services directly to the detainees.

The ICRC works with the authorities at all levels, from prison guards to national leaders.
Whether or not it is dealing with a situation covered by the Geneva Conventions, the ICRC applies the same criteria to its activities for detainees, i.e.:

• its delegates must have access to all detainees and be able to speak to them freely and without witness;
• they must have access to all places of detention and be allowed to repeat the visits;
• they must be given lists of all persons to be visited (or be able to draw up such lists on the spot).
The ICRC’s Central Tracing Agency – in cooperation with National Red Cross and Red Crescent Societies – works around the globe to assist persons separated from their loved ones. In armed conflicts and other situations of violence, its tasks are to:

- when normal means of communication are disrupted, put family members in contact with one another through phone calls, the Family Links website, radio broadcasts and hand-written messages;
- trace missing persons in order to assist them and let their families know where they are;
- register and keep track of vulnerable individuals such as children and detainees in order to prevent their disappearance and to inform their families of their whereabouts;
- reunite dispersed family members and organize transfers and repatriations;
- help clarify the fate and whereabouts of missing persons and ensure that the needs of their families are met.
ANXIOUS FOR NEWS?

To learn more about the Restoring Family Links services of the ICRC’s Central Tracing Agency and of the National Red Cross and Red Crescent Society in your country, please visit:

familylinks.icrc.org