

The Work At Height Safety Association

Technical Guidance Note 11

“Guidance on basic casualty handling”

A series of informative notes for all industries involved with work at height or rescue.

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WAHSA technical guidance note no. 11

Guidance on basic casualty handling

Introduction

This guidance note gives guidance to those personnel who may find themselves the senior person (Manager) at a location following an incident resulting in a medical emergency. It is intended to give some basic understanding of the systems and the competence required to control the situation in the best way following an injury to a person. This technical guidance note does not give sufficient detail to be used in any way as a replacement for a medical qualification and should only be used as a reference document.

The condition of the casualty and the outcome may be affected by the post-incident actions of those managing the situation. The outcomes may be improved if the Manager is aware of and gives some thought to fundamental considerations. Failure to follow some elementary procedures may have an adverse affect on events.

1.0 Planned Considerations

It is important that the Manager is fully aware of the competency and limitations of the available personnel so as to ensure that the role expectation is appropriate. The Manager should know who of the medically trained personnel is on site at all times.

A first aider with appropriate and current qualifications must be on site during hours of work. If possible a higher level of qualification should be held such as First Person on Scene (FPOS). If the site presents significant difficulties to the emergency services a suitably trained rescue team should be available at all times to recover personnel to a safe zone and a rescue plan must be in place which is suitable for the location and type of work being undertaken.

Personnel should practice regularly the response to an incident through scenario based training. Incidents should be foreseen and planned actions documented, updated, circulated and practiced. On large or technical sites the emergency services would welcome the opportunity to survey the site to get an understanding of the hazards and geography and contribute to any safety planning.

It is important that responders to an incident have a full appreciation of the role expectation and limitations and be aware of the need to ensure personal safety at all times. Primarily responders will need to make an assessment of the situation and depending on competence, provide emergency life support pending the arrival of more highly skilled help (e.g. ambulance crew, Doctors, fire service etc).

The level of qualification and competence reflects the time responders are likely to be with a patient and the extent of the skills they will possess. Their skills should be focussed on those things which will make a difference in the first few minutes following a potentially life threatening event. For

example, Intermediate level FPOS responders may be with the patient for up to 40 minutes before help arrives.

Additional information, over and above that required for the medical award, may be required to further enhance responders understanding of the practical, relevant considerations unrelated to the actual treatment of the casualty.

Ensure that all those that may respond to an incident have the appropriate PPE, safety equipment and Identifying reflective jacket, helmet or similar.

2.0 Post Incident Actions

1. **Emergency services.** Contact the emergency services as soon as possible with as much information as is available at the time. Update the emergency services of any significant developments. If contact with the emergency services is delegated ensure that it has taken place. Take a note of the time of the incident and of the call to the emergency services. Also note the estimated arrival time of the emergency services. These times may be significant in any decision-making.
2. **Guidance – geography.** Ensure that all those who need to attend the incident are aware of the geography. Send guides to help people especially those unfamiliar with the site such as the emergency services to locate the area of the incident.
3. **Immediate area.** Casualty assessment only takes place once the scene is safe. Ensure that the area is free of hazards. Make sure there is no danger of falling debris and that the area around the casualty is secure and stable. Establish a zone of a size commensurate to the perceived seriousness of the injuries to the casualty which people and vehicles are prevented from using. Use physical barriers if available where appropriate.
4. **Personnel safety.** Make sure that all those attending the incident are aware that they need to ensure personal safety at all times and are wearing or have available the appropriate PPE or safety equipment.
5. **Identification of responders.** Ensure that all those attending are easily identifiable. All should wear reflective jackets with the person's role or title.
6. **Basic comfort to a casualty.** A person who is not medically trained may be the first person to arrive on the scene. In these circumstances they may be able to give basic comfort without moving the casualty. Monitor the casualties' temperature. If they are cold, cover them with a jacket or a blanket and if they are too hot, fan them. If the casualty is wearing false teeth that are loose they may need removing to prevent choking. Talking to the casualty may reduce stress and bring some comfort. Try to keep the casualty from moving if it may exacerbate any potential injuries.

3.0 Casualty assessment

The main aim of the casualty assessment is to obtain a brief history of the event, identify any life threatening conditions and determine the action required.

It is important to obtain a proper history of what has happened as this can help establish the possible injury pattern or likely illness. Speak briefly to anyone who has witnessed the incident as this information may give an understanding to the mechanism of the injury and can be important in predicting any likely injuries. This information should be passed to medical personnel attending the casualty.

Establish the mechanism of the injury, for example a fall from height and then establish the type of accident, such as the forces on the body, the area of body affected and the nature of the injuries. Check the casualty for any medical tags or I/D card which would indicate an established illness.

4.0 Communicating with casualty

If you wish to communicate with the casualty identify yourself, ask their name and address them by their name.

Factors including pain, illness and injury can make a patient behave in an unusual or unreasonable manner, which makes effective communication difficult e.g. diabetic patient who is hypoglycaemic may appear to be drunk. Casualties who speak English as a second language may, through loss of concentration find that their language ability falls below the usual level. This may lead to feelings of isolation and confusion and also frustration and anger.

There are simple techniques for dealing with casualties with little or no English, such as non-verbal communication. Emphasis is on the need to avoid a patronising attitude, the importance of tone of voice and non-verbal expressions and gestures e.g. smiling.

The casualty should when conscious give consent to any procedures during an assessment. If the consent is declined the procedure should be reconsidered. The responder should show respect for patients' personal values and beliefs, and their property and personal possessions. Where possible respect of the casualty's sensitivities should be shown.

After an incident maintain a reasonable level of confidentiality, do not share details with others not concerned with the incident.

5.0 Rescue

A rescue plan should be formulated for the rescue of a person with the required equipment and trained personnel to carry it out. (See WAHSA TGN05).

6.0 Training

WAHSA strongly recommend that all users of fall protection equipment are trained by a competent organisation. Training should include information on the selection of the correct products for intended work situation and pre-use checks for specific equipment.

7.0 Useful References

The Work at Height Regulations 2005

The Lifting Equipment and Lifting Operations Regulations 1997

BS EN 354: 2010. *Personal fall protection equipment – Lanyards.*

BS EN 355: 2002. *Personal protective equipment against falls from a height - Energy absorbers*

BS EN 358: 2000. *Personal protective equipment for work positioning and prevention of falls from a height - Belts for work positioning and restraint and work positioning lanyards.*

BS EN 361: 2002. *Personal protective equipment against falls from a height - Full body harnesses*

BS EN 362: 2004. *Personal protective equipment against falls from a height- Connectors*

BS EN 363: 2008. *Personal fall protection equipment – Personal fall protection systems*

BS EN 364: 1993. *Personal protective equipment against falls from a height - Test methods.*

BS EN 365: 2004. *Personal protective equipment against falls from a height - General requirements for instructions for use, maintenance, periodic examination, repair, marking and packaging*

BS EN 795: 2012. *Personal fall protection equipment – Anchor devices*

BS 8513: 2009. *Personal fall protection equipment - Twin-legged energy absorbing lanyards - Specification*

BS 7883: 2005. *Code of practice for the design, selection, installation, use and maintenance of anchor devices conforming to BS EN 795*

BS 8437: 2005 + A1: 2012. *Code of Practice for selection, use and maintenance of personal fall protection systems and equipment for use in the workplace.*

BS 8454: 2006. *Code of Practice for the delivery of training and education for work at height and rescue*