

First Aid Guide

How to respond to an emergency	1
Anxiety Attacks	1
Fainting or Pre-syncope	2
Seizures	4
Cardiopulmonary Resuscitation (CPR) for Untrained Individuals	6
Appendix: Semi-automatic External Defibrillators (SAEDs)	7
Foreign Body Airway Obstruction (FBAO): Choking	8

How to respond to an emergency

What to do:

- Try to stay calm.
 - Protect yourself and the person involved, ask for help and provide assistance.
 - Make sure that the area surrounding the person involved is safe.
1. Call the Medical Service, Nursing or the reception desk:
(+34) 91 568 96 00
Hours of operation: 9 a.m. to 2 p.m. and 3 p.m. to 6 p.m. If it is outside of business hours, go to step 3.
 2. Try to inform parents or guardians.
 3. If necessary, transfer the person involved to a healthcare center.
Dial emergency medical services (112 in Spain) or contact the person's private medical insurance provider.
- Be aware of potential dangers and wait for rescue teams, if necessary.

Anxiety Attacks

An anxiety attack is a sudden reaction consisting of intense fear or discomfort. It may be accompanied by any of the following signs and symptoms:

- increased heart rate and non-oppressive chest pain,
- a feeling of drowning,
- stiffness in the legs or arms or a tingling sensation,
- abdominal pain,
- excess sweating.

What to do:

- Remove the person from the stressful environment.
- Try to help them relax through calm, repeated breathing—breathing in through the nose and out through the mouth.
- Calm the person down, reminding them that the situation will get back under control if they follow advice.
- If you have a bag, have them breathe into it.
- Speak quietly, trying to maintain a tone that does not heighten the person's nervousness.
- Check heart rate, respiratory rate and pain levels.
- Give the person their privacy.
- Obtain information on what happened.
- Stay calm and call emergency services (dial 112 in Spain).

What NOT to do:

- Make gestures or add stress to the scene in such a way that could intensify the anxiety attack.
- Offer stimulant foods or drinks: coffee, soda, chocolate, tea and energy drinks are commonly consumed products that contain enough stimulants to trigger an anxiety attack.
- Be judgmental with regards to the reasons for the person's anxiety attack.

Fainting or Pre-syncope

This consists of a sensation of dizziness for a very short period of time, without losing consciousness, with a fast and complete recovery. It can occur as a result of intense emotions, long periods of fasting (common in people who do not eat breakfast), viewing unpleasant things, wearing heavy clothing in very hot places, excessive exercise, fear, pain and in people who stand for a long time without moving, among other reasons.

Pre-syncope may be the case if a person experiences a feeling of dizziness accompanied by:

- strange sensations, such as distant sounds, blurry vision or tingling hands,
- pale, cold and sweaty skin (especially on the face),
- falling to the ground due to weakness in the legs,
- absence of a radial pulse (in the wrist) or one that is weak, slow or arrhythmic,
- muscle weakness (muscles slack and are uncontracted),
- nausea or intestinal pain (cramps).

What to do:

- Stay calm and take control of the situation.

- Prevent the person from falling to the ground and get them to lay down.
- If they are already on the floor, place them on their back and raise their legs approximately 45°, placing them in **the anti-shock position** (see figure).



- Help the person to breathe without difficulty (by loosening collars, ties, scarves, belts, bras, etc.).
- Try to ensure that the conditions in your current location are cool and that clean air is circulating, either by opening a window or removing some of the person's clothing, if excessive.
- Try to prevent people from gathering around the person. Never leave the person alone.
- Call 112 and tell them what has happened, explaining the person's symptoms and change in state. If the person does not recover but responds, place them in the **lateral safety position** (see figure).



- Check their vital signs and write them down.
- If they may have hit something while falling, check for injuries or sprains and proceed depending on the injury (see the chapters entitled "Tissue Injuries" and "Bone and Muscle Injuries").
- Once the person has fully recovered, sit them up slowly before helping them to stand, maintaining the sitting position for a short period in order to verify that the dizziness does not return.
- Try to find out what the person was doing (in particular exertion), whether they have eaten and their medical conditions.
- When emergency medical services arrive, explain what has happened, the measures taken and what the person was doing prior to the episode.

What NOT to do:

- Give the person food or drinks until they have recovered completely, as they can easily choke on them.
- Administer medications.
- Allow the person to get up abruptly.

Seizures

Seizures are abrupt, involuntary, repeated and abnormal muscle contractions caused by brain stimuli. They tend to cause weakness or loss of consciousness. The most common cause is epilepsy but they can also occur due to other reasons, such as head injuries, diseases of the brain, fever, low blood sugar, ingesting toxins, etc.

A seizure should be suspected whenever one of the following symptoms is present:

- sudden loss of consciousness, at times accompanied by a shout,
- continuous rigidity of the limbs or back (tonic seizure),
- movements shaking the body (tonic-clonic seizure),
- apnea or failure to breathe accompanied by blue lips,
- jaw clenching, reddening of the face or eyes looking to the side, which are staring into space or blank,
- strange repetitive movements, such as lip sucking, chewing or making noise,
- increased salivation (sometimes foaming at the mouth),
- blood in the mouth (caused by tongue biting),
- loss of sphincter control (the person may urinate or defecate),
- disorientation following the seizure,
- slow and progressive recovery of consciousness.

In people who have already had seizures, they may experience a “warning stage” called a *prodrome*, during which they experience abnormal smells or tastes.

What to do:

- Stay calm and get the situation under control.
- If you happen to notice them about to experience a seizure, try to prevent them from falling.
- Make space around them to prevent them from hitting themselves and to prevent objects from falling on them.



- Protect the person's head by placing something soft under it (such as clothing, cushions or pillows), without forcing their neck.
- Loosen all tight clothing which could prevent the person from breathing at the neck and waist.
- Note the duration of the seizure, types of movements or any other symptoms.
- Find out the person's medical history (epilepsy, diabetes, similar episodes or cranioencephalic trauma).
- If vomiting or mouth foaming occurs or blood appears, turn the victim to their side to prevent them from choking.
- Once the seizure is over, check that the person is breathing.
 - If the person is breathing and not already in this position, place them in lateral safety position (**see figure**).



- If the person is not breathing or their breathing is weak (gasping, limited thoracic movement or low respiratory rate), perform cardiopulmonary resuscitation (see chapter entitled [“Cardiopulmonary Resuscitation”](#)).
- Call emergency services (dial 112) and tell them what has happened, especially if the person does not recover consciousness after 10 minutes, if the seizure lasts for more than 5 minutes or in the case of repeated seizures.
- Wait for emergency medical services in order to give them information on what has happened, the measures taken and all information you have on the person.

What NOT to do:

- Hold the victim down during muscle contractions.
- Try to place your hand or any object in their mouth (it could break or they could swallow it).
- Force the person's jaw open and place something in their mouth to prevent them from biting their tongue.
- Give food or drinks to the person when they start to recover consciousness.

Cardiopulmonary Resuscitation (CPR) for Untrained Individuals

This technique must be used on people experiencing cardiac arrest. Cardiac arrest is the abrupt, unexpected and reversible (in principle) interruption of spontaneous circulation and breathing.

To identify it, the person will be unconscious and will not be breathing (they will have no pulse).

What to do:

- Check that the surrounding area is safe.
- Go up to the person and ask them what is happening.

If the person answers or moves, they are conscious:

- Leave them in the same position and look for obvious injuries. Find out the cause of the incident.
- If necessary, call 112.



If the person does not respond or does not move, they are unconscious:

- If they are unconscious, check if they are breathing (observe whether their thorax moves, whether respiratory noise is present or feel for their breathing). Spend a maximum of 10 seconds doing so:
 - If the person is breathing, place them in lateral safety position.



- If the person is not breathing, has labored breathing or is gasping for air, call 112 and start CPR. If you are unsure whether breathing is normal, act like it is abnormal:

You will normally receive instructions from the 112 operator on how to provide CPR. In that case, proceed as instructed. If this is not possible, proceed as follows:

- Kneel beside the person in order to perform compressions.

- Tilt back their head and expose the thorax. Place the bottom of your hand in the center of their chest, on the lower half of the breastbone (sternum). Place your other hand on top and interlink your fingers.
- Stretch out your arms and place your shoulders perpendicular to the contact point, keeping your back straight.
- Exert pressure, allowing your shoulders to drop. Make compressive movements quickly and with force, at a rate of at least one hundred compressions per minute and with a depth of at least 5 cm, allowing the thorax to re-expand between compressions.
- Use a semi-automatic external defibrillator (SAED) as soon as possible if you or one of the respondents are trained to do so.



What NOT to do:

- Leave the victim alone, unless you have to call 112 or go for a SAED yourself. Take more than 10 seconds to figure out whether the victim is breathing.
- Exert pressure between compressions.
- Apply pressure to the upper abdomen or bottom of the sternum.
- Provide ventilation if you are unfamiliar with the technique, in which case only performing compressions is preferable.

Appendix: Semi-automatic External Defibrillators (SAEDs)

An SAED is a portable electronic device that identifies patterns characteristic of cardiac arrest requiring defibrillation as treatment. Defibrillation consists of administering an electric shock to the heart.

These devices both analyze heart rate and administer shocks via patches placed on the person's thorax which are connected to the device.

SAEDs should be used whenever a person is unconscious and is either not breathing or breathing abnormally. Their use is indicated for people of all ages, although pediatric patches should be used for patients under the age of eight if available.



Foreign Body Airway Obstruction (FBAO): Choking

Symptoms: The universal sign of choking is when a person places their hands on their neck. Other symptoms include difficulty talking, blue skin or salivating from the mouth.

What to do:

- Call 112. Preferably this should be done by someone who is not treating the problem.
- If the person can cough, encourage them to cough.
- If the person cannot cough or does not have enough strength to do so but is conscious, start abdominal compressions. To do so:
 - Ask the person if they are choking and tell them that you are going to help.



Heimlich maneuver:

- Place yourself behind the person and hug them with both arms. Standing in this position make a fist, supporting your fist with your thumb, and place it on the person's abdomen, just above the belly button and under the bottom of the sternum. Next, place your other hand on top of the first hand.
- Tilt the person forward in order to make it easier for the obstructing object to come out.

- Press at the above-mentioned point, pushing both inwards and upwards.



In pregnant women, obese people or infants under the age of one, thoracic compressions are used instead of abdominal compressions. Compression will take place in the center of the chest, and specifically the bottom half of the bone in the center of the chest (the sternum).

If the person loses consciousness:

- Call 112 or ask someone else to do so as soon as possible, requesting an [SAED](#).
- Lay the person down on the floor on their back, kneel at their side and start thoracic compressions, as you would for [cardiac arrest](#).
- Continue until emergency medical services arrive, until you are exhausted and cannot continue or until the person shows signs of life (breathing, coughing or moving).

When emergency medical services arrive, explain what has happened, the measures taken and all information you have on the person.

What NOT to do:

- Administer first aid to a person that is choking if they are coughing and are able to talk, as coughing on its own may dislodge the object spontaneously.
- Administer abdominal compressions to infants under the age of one, as this can cause serious injury.
- Administer compressions at locations other than that instructed, as this may injure the person's ribs or intestines.
- Attempt to extract the foreign body from the person's mouth with your fingers blindly.