

Chapter 3. Part 3. Role of a First Aider

Chapter 3 • Introduction to First Aid

Part 3 • Role of a First Aider

(Your job description during the first critical minutes)

1 Who Is a First Aider?

A **first aider** is anyone with basic training who arrives first at an emergency, stabilises the situation, and hands the casualty over to professional medical services. Think of yourself as the vital *bridge* between “something terrible just happened” and “the ambulance has arrived.”

2 Core Responsibilities — The “6 S” Framework

“S”	What You Actually Do	Examples / Tips
1. Safety	Make sure the environment is safe for <i>you</i> , the casualty, and by-standers.	Turn off car ignition, move crowd away from wires, wear gloves.
2. Scene survey	Rapid scan: number of casualties, type of injuries, hazards.	“One unconscious driver, fuel smell, glass on road.”
3. Shout for help	Call emergency services <i>early</i> ; recruit by-standers to help (traffic control, AED fetch).	Point directly: “You in blue shirt—dial 112 and bring the first-aid kit.”
4. Simple life-saving care	Airway positioning, CPR, bleeding control, splinting, comfort.	DR A B C D sequence; apply direct pressure to bleeding arm.
5. Support & reassure	Talk calmly, maintain eye contact, cover with blanket to prevent shock.	“You’re safe, an ambulance is on the way. Keep breathing slowly with me.”
6. Share information	Hand over concise, accurate facts to EMS, and record details for reports.	Time of incident, vitals, interventions (“2-min CPR, 1 shock with AED”).

Golden Rule: *Do what you are trained to do, do it well, and stop where your training stops.*

3 Limitations — Know the “Red Lines”

Never Do	Why
Attempt advanced medical procedures (IV lines, intubation, strong prescription drugs).	Beyond scope; increases legal risk and may harm patient.
Move casualty with suspected spinal injury unless life-threatening danger exists.	Risk of irreversible spinal cord damage.
Ignore own safety (no gloves, near live traffic, toxic fumes).	A second victim helps no one.
Abandon casualty after starting care, unless handed over to equal/higher care or you are in danger.	Breach of “duty of care.”
Post photos/videos on social media.	Violates confidentiality; can lead to legal action.

Mnemonic — “STOP”



Scope: don't exceed it. Train: do only what you're trained for. Own safety first. Privacy always.

4 Communicating with Emergency Services – Make Every Second Count

4.1 Before You Call

1. **Take a quick breath.** A calm caller speeds dispatch.
2. **Gather essentials:** exact location, number of casualties, main problem (e.g., “not breathing,” “severe bleeding”).

4.2 During the Call – “LIONEL” Script

Location • Incident • Other hazards • Number of victims • Equipment needed • Log off last

1. **Location:** “I’m on NH-48, 2 km north of Delhi Gate, left lane.”
2. **Incident:** “Two-car collision, one driver trapped, one passenger bleeding heavily.”
3. **Other hazards:** “Fuel leaking, traffic still moving.”
4. **Number of victims:** “Two; one unconscious, one alert but bleeding.”
5. **Equipment needed:** “Need ambulance with extrication tools.”
6. **Log off last:** Stay on the line until the operator says it’s okay to hang up.

4.3 After the Call

- **Mark the site:** Turn on hazard lights, put out a warning triangle or torch.
- **Prepare hand-over:** Note times, interventions, allergies if known.
- **Meet the crew:** Wave them down, guide them safely, give concise report.

5 Sample Hand-Over Report (30 seconds)

“Female, approx. 30 yrs, motorcycle crash. Found unconscious but breathing; helmet removed carefully, no obvious bleeding. Airway maintained with jaw-thrust, oxygen via pocket mask. Pulse 110, breathing 16/min, pupils equal. Incident at 14:32 h; ambulance called at 14:34 h. No known allergies. No movement of limbs on command. Spine kept in neutral; no other interventions.”

Hand the EMS team any written notes or medication packets found.

6 Checklist: Are You Acting within Your Role?

✓ Check Point	Yes / No
Scene safe for me?	
Wearing gloves / barrier?	
Followed DR A B C D sequence?	
Only used techniques I’m trained in?	
Called EMS early with LIONEL info?	
Monitored casualty continuously?	



✓ **Check Point**

Yes / No

Documented times, vitals, actions?

Handover completed before leaving?

Print this list, laminate it, and keep it inside your first-aid kit.

7 Key Take-Home Messages

1. **Your first duty is safety**—without it, you cannot help.
 2. **Responsibilities stop at your training limit; limitations protect both you and the casualty.**
 3. **Clear, complete, calm communication with EMS** speeds professional care.
 4. **Stay until hand-over**—continuity saves lives.
 5. **Respect privacy and confidentiality:** no photos, no posts, no gossip.
-