First Aid Protocols: Emergency Medical Response When Help Is Hours Away

In a major emergency, ambulance response times can range from 30 minutes to several hours — what you do in the first five minutes determines whether a serious injury becomes survivable.

Introduction

This guide covers five first aid scenarios that account for the vast majority of emergency injuries: severe bleeding, burns, fractures and sprains, shock, and choking. Each protocol is written to be executable by a non-medical person using tools available in your PREPORA first aid kit.

> **IMPORTANT DISCLAIMER**
>
> This guide **supplements — it does not replace — formal first aid training.** If you have not completed a recognised first aid course, schedule one. The Red Cross and St John Ambulance offer short, practical courses in most countries. Reading gives you a framework; training gives you the physical competence to execute it under stress.

Before You Start: Scene Safety and Primary Survey

Before touching any casualty, pause for five seconds and assess.

Scene safety first. A second casualty does not help the first. Before approaching, confirm: Is the area safe? Is there ongoing danger (fire, live electricity, unstable structure, traffic)? If the scene is not safe, do not enter until it is — or move the casualty only if leaving them in place creates a greater immediate risk.

> **PRIMARY SURVEY — ABC**
>
> **A — Airway:** Is the airway open? Tilt head back, lift chin. If unconscious and not breathing, begin CPR.
> **B — Breathing:** Look, listen, and feel for chest movement for up to 10 seconds. Occasional gasps are not normal breathing.
> **C — Circulation:** Is there severe bleeding? Control life-threatening haemorrhage before all other injuries.

Call for help immediately. Even during an emergency when networks may be overloaded, call 112 (EU), 999 (UK), or 911 (USA) as early as possible. A call that connects gives you a trained dispatcher on the line. A call that fails costs you 30 seconds.

Put on your PREPORA PVC gloves. Before treating anyone else's wounds, protect yourself from bloodborne pathogens. Your kit includes disposable powder-free examination gloves. These stay on for the duration of your treatment.

Severe Bleeding

Uncontrolled haemorrhage is the leading preventable cause of trauma death. Act fast.

Direct pressure:

1. Expose the wound — cut away clothing using your PREPORA blunt-tip medical scissors.
2. Apply firm, continuous pressure with the cleanest material available. Your kit contains wound dressings in multiple sizes (6×7 cm and 6×10 cm adhesive dressings, plus PBT elastic bandages for larger wounds). Press hard — hard enough to be uncomfortable.
3. Do not remove the dressing to check the wound. If blood soaks through, add more material on top and press harder. Lifting the dressing restarts the clotting process.
4. Maintain pressure for a minimum of 10 minutes continuously.

Tourniquet — for limb bleeding that direct pressure cannot control: Your PREPORA tourniquet is designed for single-hand application to stop arterial bleeding in a limb. Apply 5–7 cm above the wound (not over a joint). Tighten until bleeding stops — this will be painful; that is correct. Note the time of application on the tourniquet or on the casualty's skin with your pen. Do not remove the tourniquet once applied — this requires medical personnel.

Wound packing: For deep cavity wounds (gunshot wounds, deep punctures) where direct pressure cannot reach the source of bleeding, wound packing is indicated. Press clean material (gauze or the triangular bandage from your kit) firmly into the wound cavity and apply sustained pressure.

Burns

Immediate cooling:

1. Cool the burn with cool (not cold, not iced) running water for a minimum of 20 minutes. This is non-negotiable — it is the only first aid intervention that meaningfully reduces burn depth and subsequent scarring.
2. Do not apply ice, butter, toothpaste, or any home remedy. These worsen outcomes.
3. Remove jewellery and clothing near the burn before swelling begins — not if it is stuck to the skin.

Covering: After 20 minutes of cooling, cover the burn loosely with cling film (if available) or a non-fluffy clean material. Your PREPORA kit's non-stick dressing pads are appropriate. Do not wrap tightly.

Severity assessment:

Severity	Signs	Action
Superficial	Redness, intact skin	Cool, cover, monitor
Partial thickness	Blistering, wet appearance	Cool, cover, seek medical assessment. Do not burst blisters.
Full thickness	White, brown or charred skin; often pain-free	Cool, cover, call emergency services immediately

Any burn larger than the size of the casualty's palm, or any burn involving the face, hands, feet, genitals, or airway, requires emergency medical care regardless of apparent severity.

Fractures and Sprains

Assume a fracture until proven otherwise. In the field, distinguishing a severe sprain from a hairline fracture is not possible without imaging. Treat any significant traumatic injury to a limb as a potential fracture.

1. **Immobilise the injury in the position you find it.** Do not attempt to straighten or realign a deformed limb in a field setting — this can cause additional damage to blood vessels and nerves.
2. **Splint to immobilise.** Improvise a splint using any rigid material (a rolled sleeping mat, a straight branch, a folded cardboard section) padded with soft material and secured with your PREPORA bandage tape or self-adherent stretch bandage. Secure above and below the injury, not directly over it.
3. **Create a sling for arm injuries.** Your PREPORA triangular bandage creates a full arm sling in under two minutes: position under the injured arm, tie at the back of the neck with the point at the elbow, then fold and pin the elbow end. Secure with a safety pin from your kit.
4. **Elevate if possible.** Raising an injured limb above heart level reduces swelling and pain.
5. **Monitor circulation.** Check the fingers or toes below the injury every 15 minutes — they should remain warm and have normal sensation and colour. Cold, pale, or numb extremities indicate circulation is compromised.

Shock

Shock is a life-threatening condition in which blood circulation is insufficient to meet the body's needs. It can follow severe bleeding, burns, fractures, allergic reactions, or severe infection.

Signs of shock: Pale or grey skin, cold and clammy to the touch, rapid shallow breathing, weak rapid pulse, confusion or drowsiness, nausea or vomiting.

1. **Lay the casualty down and raise their legs** (unless the injury prevents this — do not raise legs if there is a suspected pelvic or lower limb fracture, or if it causes more pain). Elevating the legs returns blood to the vital organs.
2. **Keep them warm.** Your PREPORA first aid blanket (reflective thermal foil) and standard emergency blankets are designed for exactly this application — wrap around the body while maintaining the position.
3. **Loosen any restrictive clothing** around the neck, chest, or waist.
4. **Do not give food or drink.** A person in shock may require urgent surgery — an empty stomach is safer.
5. **Reassure continuously.** Talk to the casualty calmly even if they appear unconscious. Tell them what you are doing, that help is coming, and that they are not alone. This is not merely comforting — it reduces the physiological stress response.
6. **Call emergency services and monitor breathing until they arrive.**

Choking

Mild choking (can cough effectively): Encourage continued coughing. Stand by and monitor. Do not intervene physically while effective coughing continues.

Severe choking (cannot cough, speak, or breathe; may be clutching throat):

1. Give up to 5 firm back blows between the shoulder blades with the heel of your hand, leaning the person forward.
2. If back blows fail, give up to 5 abdominal thrusts (Heimlich manoeuvre): stand behind the person, make a fist with one hand just above the navel and below the breastbone, grasp your fist with the other hand, and pull sharply upward and inward.
3. Alternate 5 back blows and 5 abdominal thrusts until the obstruction clears or the person loses consciousness.
4. If unconscious: lower them to the ground, begin CPR, and after each 30 compressions, check the mouth and remove any visible obstruction before giving rescue breaths.

For infants (under 1 year): Use 5 back blows and 5 chest thrusts (not abdominal thrusts). Your PREPORA First Aid Manual contains illustrated guidance for infant resuscitation.

Key Takeaways

- Scene safety and the ABC assessment (Airway, Breathing, Circulation) come before any other intervention — every time, without exception.
- Severe bleeding must be controlled with direct pressure or your PREPORA tourniquet within the first minutes; this single skill is the highest-value first aid competency you can develop.
- Cool all burns with running cool water for exactly 20 minutes — no shortcuts, no home remedies.
- Your PREPORA first aid kit contains tourniquet, wound dressings, triangular bandage, PBT bandages, safety pins, and medical scissors — locate each item before any emergency so you can find them under stress.

> ***First aid knowledge is only fully activated when you've practised it with your hands — complete a recognised course and run through your PREPORA kit annually.***

Part of the PREPORA Survival Guide series. Download the full guide at prepora-gear.com/guides.