



National  
Operational  
Guidance

# Hazard – Calls from or about people at risk: Severe bleeding and unresponsive casualties

[An addition to [Emergency Call Management: People at risk](#)]



Hazard – Calls from or about people at risk: Severe bleeding and unresponsive casualties 0.13

[An addition to [Emergency Call Management: People at risk](#)]

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# 1 **Hazard – Calls from or about people at risk: Severe bleeding and** 2 **unresponsive casualties**

## 3 *HAZARD KNOWLEDGE*

4 Fire control personnel may receive calls about events where people are unresponsive or are  
5 suffering from major trauma injuries, such as stabbing and shooting, and are bleeding severely.  
6 Uncontrolled bleeding will be fatal in a matter of minutes if not controlled as quickly as possible.

## 7 **Delay in providing medical guidance**

8 The speed at which casualties are treated and moved from the point of injury into definitive medical  
9 care will affect survival rates. Some casualties may require immediate intervention to prevent their  
10 death. Early intervention, based on an assessment of the benefits and risks, is required to  
11 maximise survival rates. First aid delivered in the critical minutes following injury and before  
12 professional emergency services arrive on the scene can mitigate the 'care gap'.

13 Ordinarily, emergency callers requiring medical guidance will be connected to the ambulance  
14 service, allowing for the provision of potentially life-saving advice. However, there may be  
15 occasions during the management of emergency calls to the fire and rescue service when fire  
16 control personnel identify that a caller requires immediate medical guidance.

17 However, it may not always be possible or appropriate for fire control personnel to redirect these  
18 calls to ambulance control immediately (following the process in [Share information with other](#)  
19 [agencies: People at risk](#)), including when:

- 20 • The caller is in extreme distress and redirecting the call may increase their distress
- 21 • There is a risk that the call ends before any guidance can be given
- 22 • Fire control personnel anticipate a delay in the call being answered by ambulance control
- 23 • A technology failure prevents fire control personnel from redirecting the call to ambulance  
24 control

25 If it is not appropriate to redirect a call, fire control personnel should contact ambulance control to  
26 share all information gathered and request an appropriate ambulance response. To prevent a  
27 delay in the sharing of risk-critical information, the fire control commander should ensure that  
28 information from an emergency call that is in progress is shared with relevant operational  
29 personnel and other agencies. This task may be allocated to another member of the team so  
30 emergency call management and provision of guidance is uninterrupted. Refer to [Emergency call](#)  
31 [supervision](#) and [Organisation of the fire control function](#) for more information.

32 If fire control personnel are unable to contact ambulance control by phone, the use of relevant  
33 interoperable hailing groups should be considered.

34 **Control measure – Situational awareness - Calls from or about people at risk:**  
35 **Severe bleeding and unresponsive casualties**

36 **This control measure should be read in conjunction with [Effective communication: People](#)**  
37 **[at risk](#) and [Emergency call supervision](#)**

38 *CONTROL MEASURE KNOWLEDGE*

39 People calling about events where people have been severely injured are likely to be distressed,  
40 even if they are not injured themselves. The use of appropriate techniques when communicating  
41 with distressed people can help them to remain calm. Refer to [Control measure – Effective](#)  
42 [communication: People at risk](#) for more information.

43 **Zero responders**

44 The general view in the UK is that if a person acts for the benefit of society, such as intervening to  
45 help somebody in an emergency, the court will take a full and sympathetic account of their actions  
46 in the event something goes wrong.

47 Research shows that many uninjured bystanders involved in, or close to, emergency events, will  
48 spontaneously help others. A zero responder is somebody at the scene of an incident who can  
49 provide first aid in the critical minutes following a casualty being injured and before professional  
50 emergency services arrive on the scene. This action can help to fill or mitigate the 'care gap'. Fire  
51 control personnel may be able to provide zero responders with initial medical advice to help save  
52 lives.

53 **Providing care should not put zero responders in danger; they should be advised to remain**  
54 **vigilant to current or new hazards and to identify potential escape routes should the**  
55 **attacker return.**

56 Fire control personnel must gather information from callers to identify those casualties requiring  
57 life-saving initial medical attention, such as those losing a lot of blood and unresponsive casualties.

58 Fire control personnel should try and establish the nature of the injuries and condition of the  
59 casualty the caller is describing, including:

- 60
- 61 • Their level of consciousness, for example:
    - 62 ○ Whether they are awake and talking, screaming or shouting
    - 63 ○ Whether they appear drowsy or unconscious
    - 64 ○ Whether they appear disorientated or in a state of shock
    - 65 ○ Whether the casualty appears to be breathing normally, erratically or not at all
  - 66 • If there are signs of severe bleeding with, for example, blood:
    - 67 ○ Gushing uncontrollably
    - 68 ○ Coming out in regular spurts
    - 69 ○ Trickling out slowly
    - 70 ○ Pooling on hard surfaces or soaking into absorbent surfaces, such as grass or clothing
  - Where the blood is coming from, such as:

- 71           ○ Neck
- 72           ○ Chest
- 73           ○ Groin
- 74           ○ Buttocks
- 75           ○ Limbs
- 76           • How the injuries happened, for example the casualty may have been involved in an explosion; describing how an injury occurred may help ambulance control and emergency responders
- 77
- 78
- 79           • What the wound looks like, for example whether it is a large open wound or whether there is anything embedded in it, such as a bladed weapon, shrapnel or broken glass
- 80
- 81           • The age of the casualty, which may also help ambulance control and emergency responders
- 82

83 Fire control personnel should accurately record and share the information with ambulance control and operational personnel without delay, as it may affect the guidance that should be given and influence the integrated multi-agency response by prioritising those casualties who are bleeding severely.

## 87 **First aid equipment**

88 Callers may tell fire control personnel they have safe access to first aid equipment, such as a bleed control kit (also referred to as [public access trauma first aid kit](#)) and an automated external defibrillator (AED), which are designed for zero responders to access and use. Fire control personnel should encourage callers to send someone else to retrieve the equipment rather than delay or interrupt initial first aid efforts by retrieving it themselves.

93 Retrieving first aid equipment should only be advised if the caller feels doing so would not put them at greater risk of harm because, for instance, they would need to leave a safe hiding place during a terrorist attack or re-enter a hazardous area.

96 First aid supplies may be secured by a code. Fire control personnel with access to a register of relevant codes will be able to provide this information to zero responders quickly.

## 98 **Emergency call supervision**

99 Emergency call supervision can help fire control personnel who are gathering information and providing guidance to callers by ensuring that contact is made promptly with ambulance control, operational personnel and other Category 1 emergency responders by, for example, allocating the task to other fire control personnel.

103 Fire control personnel will be able to provide the most current information to ambulance control if a mobilising system allows personnel at multiple workstations to view information about injured people that has been recorded by colleagues engaged in emergency call management.

## 106 **STRATEGIC ACTIONS**

107 Fire and rescue services should:

- 108           • Provide appropriate guidance to help fire control personnel gather details about casualties

- 109 requiring medical guidance for severe bleeding and unresponsive casualties
- 110 • Provide call prompts to help fire control personnel gather information about unresponsive
- 111 casualties and people at risk requiring medical guidance for severe bleeding
- 112 • Configure mobilising systems to help fire control personnel effectively record information
- 113 from callers who require medical guidance for severe bleeding and unresponsive casualties
- 114 • Consider configuring mobilising systems to help fire control personnel dynamically view
- 115 incident related information from other workstations, as it is being recorded
- 116 • Configure mobilising systems to help fire control personnel easily identify in incident logs
- 117 information about callers requiring medical guidance
- 118 • Consult with partner agencies to maintain a register of the codes required to access first aid
- 119 equipment at locations within their area
- 120 • Configure mobilising systems to give fire control personnel easy access to codes required
- 121 to access first aid equipment
- 122 • Establish a process of clinical governance or consultation with partner agencies to ensure
- 123 the appropriateness of questions designed to build situational awareness about
- 124 unresponsive casualties or people losing a lot of blood

125 *TACTICAL ACTIONS*

126 Fire control commanders should:

- 127 • Provide support to fire control personnel managing calls from or about people at risk
- 128 requiring medical support
- 129 • Ensure that information about callers requiring medical guidance is shared with ambulance
- 130 control without delay by allocating tasks appropriately

131 Fire control personnel should:

- 132 • Remind zero responders to remain vigilant, identify potential escape routes should the
- 133 attacker return, and stay with the casualty or continue with the call only if it is safe to do so
- 134 • Use call prompts provided to help identify and record information about the medical issue,
- 135 the age of the casualty and other relevant information
- 136 • Share with ambulance control and relevant operational personnel all known information
- 137 about the condition and location of casualties, highlighting those casualties who are
- 138 bleeding severely or are unresponsive
- 139 • Provide the caller with information about the location of first aid equipment and access
- 140 code, if required
- 141 • Remind zero responders to remain vigilant and only retrieve, or send someone else to
- 142 retrieve, first aid equipment if it is safe to do so

143 **Control measure – Triage of casualties: Severe bleeding and unresponsive**  
144 **casualties**

145 **This control measure should be read in conjunction with [Share information with other](#)**  
146 **[agencies: People at risk.](#)**

147 *CONTROL MEASURE KNOWLEDGE*

148 **Fire control personnel should advise zero responders to give first aid only:**

- 149 • If it is safe to do so
- 150 • If they are not injured themselves
- 151 • If the casualty cannot help themselves
- 152 • To one casualty at a time

153 **Triage of casualties**

154 Casualties with minor injuries, who are in shock or confused should be told to run to a safe place.  
155 Zero responders should be advised to attend only to casualties with life-threatening injuries, such  
156 as:

- 157 • Those who are losing a lot of blood, which may have been caused by a severed limb, deep  
158 cuts or a large open wound; more information to support fire control personnel to deliver  
159 appropriate advice can be found in [Control measure – Initial advice to save lives: Control](#)  
160 [severe bleeding](#)
- 161 • Those who are unresponsive, with absent or abnormal breathing; more information to  
162 support fire control personnel to deliver appropriate advice can be found in [Control](#)  
163 [measure – Initial advice to save lives: Unresponsive casualties](#)

164 If a casualty is unresponsive and losing a lot of blood, fire control personnel should advise callers  
165 to start cardiopulmonary resuscitation (CPR) immediately. If the casualty continues to bleed  
166 severely, fire control personnel should advise callers to ask someone else, if possible, to apply firm  
167 direct pressure to the point of bleeding while they continue with CPR.

168 If a caller on their own is providing first aid, fire control personnel should advise them that the  
169 priority should be CPR, if it is safe to do so, until more help arrives. However, if severe bleeding  
170 persists, they should quickly recheck for signs of breathing as continuing CPR may not be  
171 necessary (because normal circulation may have returned).

172 *STRATEGIC ACTIONS*

- 173 • Provide call prompts to help initial triage so casualties who are losing a lot of blood or are  
174 unresponsive can be prioritised
- 175 • Establish a process of clinical governance or consultation with partner agencies to ensure  
176 that initial triage information is appropriate

177 *TACTICAL ACTIONS*

178 Fire control personnel should:

- 179
- 180
- 181
- Use call prompts provided to help identify callers who require initial medical advice for severe bleeding or unresponsive casualties



182 **Control measure – Initial advice to save lives: Severe bleeding**

183 **This control measure should be read in conjunction with [Share information with other](#)**  
184 **[agencies: People at risk.](#)**

185 *CONTROL MEASURE KNOWLEDGE*

186 The advice that fire control personnel give to callers about casualties losing a lot of blood is  
187 designed to help callers take on a zero responder role to help themselves or others. However, zero  
188 responders should only provide casualty care if doing so does not place them in danger.

189 **Firm direct pressure**

190 **Severe bleeding can be controlled without specialist medical equipment by applying firm**  
191 **direct pressure.**

192 Fire control personnel should advise callers to check if there is anything embedded in the wound,  
193 such as bladed weapons, shrapnel, broken glass or bullets. If the caller finds something embedded  
194 in the wound, they should be advised not to pull it out (it may make the bleeding worse) but to:

- 195 • Fully expose the wound, looking for any obvious source of bleeding
- 196 • Take care not to press down on the object
- 197 • Apply firm direct pressure to either side of the object if possible, pushing the edges of the  
198 wound together to reduce blood loss

199 If there is nothing obviously embedded in the wound, fire control should advise callers to:

- 200 • Apply firm direct pressure to the wound by:
  - 201 ○ Using a gloved thumb or heel of the hand to reduce bleeding from single bleeding  
202 points
  - 203 ○ Using rolled bandages (if available) or any clean cloth material (such as clothing) to act  
204 as a dressing; the aim is to apply pressure with the whole roll of bandage rather than  
205 wrap the bandage around the wound
- 206 • Keep applying firm direct pressure until emergency responders take over
- 207 • Check for other wounds that may also be bleeding heavily, if possible

208 If blood soaks through the pressure dressing or bandage, fire control personnel should advise  
209 callers to:

- 210 • Leave the original dressings in place
- 211 • Apply another dressing over the top
- 212 • Reassess where they are applying pressure (changing the pressure point may help to  
213 reduce the bleeding)
- 214 • Continue applying very firm direct pressure to the wound until emergency responders take  
215 over

216 Fire control personnel will need to encourage callers to be very firm and push as hard on the  
217 wound as they can, even though it may be painful or feel uncomfortable if they are helping  
218 someone else, as this is the best way to reduce blood loss and could save the casualty's life.

219 Fire control personnel should encourage zero responders not to give up, reassuring them that their  
220 actions will be helping to stabilise the casualty's condition until medical help arrives.

## 221 **Contamination from blood**

222 If reassurance is necessary, fire control personnel may tell zero responders helping others that the  
223 risk of infection is very low if infected blood comes into contact with their unbroken skin.

224 Nevertheless, zero responders should use gloves from first aid supplies, if they are available, or  
225 wrap their hands in plastic bags as a simple barrier. However, waiting for hand protection should  
226 not delay treatment.

227 A zero responder who has come into contact with blood should be advised to wash thoroughly  
228 afterwards, with soap and warm water, once safe to do so. In the meantime, alcohol-based hand  
229 gels or wipes can be used.

230 If a zero responder has an open wound themselves that has been contaminated with blood, then they  
231 should wash their hands thoroughly as described and then attend the nearest Urgent Care Centre,  
232 Minor Injuries Unit or A&E for advice and reassurance. Locations of these can be found at:

- 233 • [Find Urgent Care services. NHS \(England\)](#)
- 234 • [Services Near You. NHS \(Wales\)](#)
- 235 • [NHS Inform \(Scotland\)](#)
- 236 • [Hospitals, accidents and emergencies \(Northern Ireland\)](#)

237 *STRATEGIC ACTIONS*

238 Fire and rescue services should:

- 239 • Provide appropriate information to fire control personnel to help them give initial medical  
240 advice to reduce blood loss
- 241 • Provide call prompts to help fire control personnel provide effective initial advice to reduce  
242 blood loss
- 243 • Provide easily accessible information to fire control personnel to help them advise callers  
244 where to find the closest Urgent Care Centre, Minor Injuries Unit or A&E for advice and  
245 reassurance if they have been contaminated with blood
- 246 • Establish a process of clinical governance or consultation with partner agencies to ensure  
247 that the initial advice given to reduce blood loss is appropriate

248 *TACTICAL ACTIONS*

249 Fire control commanders should:

- 250 • Ensure that steps are taken to redirect calls about blood loss to ambulance control as  
251 quickly as possible
- 252 • Ensure that steps are taken to request medical advice about blood loss from ambulance  
253 control, if it is not possible to redirect the call immediately

254 Fire control personnel should:

- 255 • Try to redirect callers requiring medical advice about blood loss to ambulance control as  
256 quickly as possible
- 257 • Be aware of the situations when it may be appropriate to provide advice to reduce blood  
258 loss
- 259 • Request medical advice from ambulance control about reducing blood loss as soon as  
260 possible, if it is not appropriate to redirect the call immediately
- 261 • Provide appropriate advice to help reduce blood loss if required
- 262 • Provide information to help callers identify their nearest Urgent Care Centre, Minor Injuries  
263 Unit or A&E for advice and reassurance if they have been contaminated with blood

264 **Control measure – Initial advice to save lives: Unresponsive casualties**

265 [This control measure should be read in conjunction with Share information with other](#)  
266 [agencies: People at risk.](#)

267 *CONTROL MEASURE KNOWLEDGE*

268 The advice that fire control personnel give to callers about unresponsive casualties is designed to  
269 help callers take on a zero responder role to help others. However, zero responders should only  
270 provide casualty care if doing so does not place them in danger.

271 **Check for breathing**

272 If the caller tells fire control personnel that a casualty is not responding, fire control personnel  
273 should determine whether the caller believes the casualty is breathing. To check for signs of  
274 normal breathing, fire control personnel should tell zero responders to:

- 275 • **Look** at the casualty's chest; it should be moving up and down as they breathe
- 276 • **Listen** for sounds of the casualty breathing in and out

277 If the casualty is showing signs of breathing, they should be moved onto their side with their head  
278 tilted back (recovery position).

279 **Casualties not breathing**

280 If the caller believes that the casualty is not breathing, or if they are unsure, it is likely the casualty  
281 is in cardiac arrest. Fire control personnel should advise the caller how to start chest  
282 compressions, providing they are willing to help and it is safe for them to do so.

283 Fire control personnel may tell callers that this is easy to do and may keep the person alive until  
284 medical help arrives.

285 Provided fire control personnel believe it would not place the caller in danger based on the  
286 information known, they should advise zero responders to:

- 287 • Lay the casualty flat on their back
- 288 • Give chest compressions by:
  - 289 ○ Placing one hand on top of the other in the middle of the chest
  - 290 ○ Interlock fingers, keep arms straight
  - 291 ○ Push down hard 5 to 6cm and then release twice per second (100 to 120 compressions  
292 per minute; fire control personnel may help by counting along with the caller as they  
293 give the compressions)
- 294 • Fully release after each compression
- 295 • Do not stop compressions unless they need a short break
- 296 • Continue giving firm and regular chest compressions until other willing volunteers or  
297 emergency responders take over

298 Fire control personnel should encourage zero responders not to give up, reassuring them that their  
299 actions may be helping to stabilise the casualty's condition until medical help arrives.

300 If there is an automated external defibrillator (AED) in the area that can be reached safely, fire  
301 control personnel should advise the caller – or, ideally, another person (so chest compressions are  
302 not interrupted) – to use it. The AED contains instructions for its use, which a zero responder can  
303 follow. Refer to [Control measure – Situational awareness: Calls from or about people at risk –](#)  
304 [Severe bleeding and unresponsive casualties](#) for more information about accessing first aid  
305 equipment.

## 306 *STRATEGIC ACTIONS*

307 Fire and rescue services should:

- 308 • Provide appropriate information to fire control personnel to help them describe to callers the  
309 signs of normal breathing
- 310 • Provide appropriate information to fire control personnel to help them give effective initial  
311 medical advice to zero responders helping unresponsive casualties
- 312 • Provide call prompts to help fire control personnel tell zero responders how to give effective  
313 chest compressions
- 314 • Establish a process of clinical governance or consultation with partner agencies to ensure  
315 that initial advice about unresponsive casualties is appropriate

## 316 *TACTICAL ACTIONS*

317 Fire control commanders should:

- 318 • Ensure that steps are taken to redirect calls about unresponsive casualties to ambulance  
319 control as quickly as possible
- 320 • Ensure that steps are taken to request medical advice for unresponsive casualties from  
321 ambulance control, if it is not possible to redirect the call immediately

322 Fire control personnel should:

- 323 • Try to redirect callers requiring medical advice about unresponsive casualties to ambulance  
324 control as quickly as possible
- 325 • Be aware of the situations when it may be appropriate to provide guidance to zero  
326 responders helping unresponsive casualties
- 327 • Provide appropriate advice to help zero responders identify signs of normal breathing
- 328 • Provide appropriate advice to help zero responders administer chest compressions to  
329 unresponsive casualties not showing signs of normal breathing
- 330 • Request medical advice about unresponsive casualties from ambulance control as soon as  
331 possible, if it is not possible to redirect the call immediately



## Training specification for Hazard – Calls from or about people at risk: Severe bleeding and unresponsive casualties

### National Occupational Standards

The following National Occupational Standards apply to the Training Specification for Survival Guidance.

Unit CO3 Elements	Co-ordinate response to assist with resolution of event CO3.1 Gather information to aid effective response CO3.2 Mobilise resources in response to the needs of an event CO3.3 Support emergency callers CO3.4 Support ongoing needs of an event
Unit CO5 Elements	Manage information to support the needs of your community CO5.1 Gather required information CO5.2 Inform and advise others

### Knowledge and understanding (KU) and Practical application (PA)

#### Hazard – Calls from or about people at risk: Severe bleeding and unresponsive casualties

Hazard	Learning outcome
Calls from or about people at risk: Severe bleeding and unresponsive casualties	Understand all associated hazard knowledge

#### Control measure – Situational awareness: Calls from or about people at risk – Severe bleeding and unresponsive casualties KU

Control measure element	Learning outcome
Factors affecting advice given to callers	Understand: <ul style="list-style-type: none"> <li>The range of factors that may influence the advice given during calls from or about people losing a lot of blood</li> <li>The importance of advising people calling and volunteers to remain vigilant to existing and new hazards</li> </ul>
Record and share information	<ul style="list-style-type: none"> <li>The type of information that should be obtained and recorded</li> <li>The importance of sharing information with ambulance control and operational personnel without delay</li> </ul>

Emergency call supervision	Understand: <ul style="list-style-type: none"> <li>The benefits of effective emergency call supervision</li> </ul>
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**Control measure – Situational awareness: Calls from or about people at risk – Severe bleeding and unresponsive casualties PA**

Fire control commanders:

Control measure element	Learning outcome
Ensure the supervision of fire control personnel managing calls from or about people at risk requiring medical support	Demonstrate the ability to: <ul style="list-style-type: none"> <li>Provide effective emergency call supervision for calls from or about people at risk requiring medical support</li> </ul>
Where possible, ensure that recorded information about callers requiring medical guidance is shared with ambulance control without delay	Demonstrate the ability to: <ul style="list-style-type: none"> <li>Ensure information about callers requiring medical guidance is shared with ambulance control without delay</li> </ul>

Fire control personnel:

Attempt to identify and record the nature of the medical issue, the age of the casualty and other relevant information	Demonstrate the ability to: <ul style="list-style-type: none"> <li>Establish and record the nature of the medical issue, the age of the casualty and other relevant information</li> </ul>
Share all known information about the condition of casualties with ambulance control and relevant operational personnel	Demonstrate the ability to: <ul style="list-style-type: none"> <li>Share all known information about the condition of casualties with ambulance control and appropriate operational personnel</li> </ul>
Remind people calling about others to remain vigilant and continue with the call only if it does not put them in increased danger	Demonstrate the ability to: <ul style="list-style-type: none"> <li>Advise callers and volunteers to remain vigilant and continue with the call only if it does not put them in increased danger</li> </ul>

**Control measure – Prioritisation of casualties: Severe bleeding and unresponsive casualties KU**

Control measure element	Learning outcome
Prioritisation of casualties	Understand: <ul style="list-style-type: none"> <li>The importance of advising callers helping others: <ul style="list-style-type: none"> <li>Not to put themselves in greater danger</li> <li>Not to attempt to help if it means they cannot help</li> </ul> </li> </ul>

	<p>themselves if they are also injured</p> <ul style="list-style-type: none"> <li>• That callers should be advised to help one person at a time</li> <li>• Which casualties should be prioritised for first aid</li> <li>• The advice that should be given if a caller is providing first aid on their own</li> </ul>
Casualties that are unresponsive and with severe bleeding	<p>Understand:</p> <ul style="list-style-type: none"> <li>• The advice that should be given to callers if a casualty is both unresponsive with absent or abnormal breathing and is losing a lot of blood</li> </ul>

### **Control measure – Prioritisation of casualties: Severe bleeding and unresponsive casualties PA**

Fire control commanders:

Control measure element	Learning outcome
Help fire control personnel to prioritise and provide appropriate initial advice to callers about severe bleeding or unresponsive casualties	<p>Demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Assist fire control personnel to advise callers about severe bleeding or unresponsive casualties</li> </ul>

Fire control personnel:

Prioritise and provide appropriate initial advice to callers about severe bleeding or unresponsive casualties	<p>Demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Provide appropriate advice to callers about severe bleeding or unresponsive casualties</li> </ul>
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### **Control measure – Initial advice to save lives: Severe bleeding KU**

Control measure element	Learning outcome
The provision of initial advice	<p>Understand:</p> <ul style="list-style-type: none"> <li>• The circumstances when initial advice may be provided to callers about people with severe bleeding</li> </ul>
Apply firm direct pressure	<p>Understand:</p> <ul style="list-style-type: none"> <li>• The importance of advising callers to first check if there is anything embedded in the wound</li> <li>• The advice that should be given if there is something embedded in the wound</li> </ul>



	<ul style="list-style-type: none"> <li>• The advice that should be given if there is nothing obviously embedded in the wound, including: <ul style="list-style-type: none"> <li>○ The importance of applying very firm pressure</li> <li>○ Checking for other wounds that may also be bleeding heavily</li> </ul> </li> <li>• The importance of reassuring the zero responder that their actions may help to control bleeding until medical help arrives</li> <li>• The actions that should be taken if blood soaks through the pressure dressing or bandage</li> </ul>
First aid supplies	<p>Understand:</p> <ul style="list-style-type: none"> <li>• That control of major bleeding can be achieved by firm direct pressure</li> <li>• The advice that should be given to callers who may have access to first aid supplies</li> </ul>
Contamination from blood	<p>Understand:</p> <ul style="list-style-type: none"> <li>• The type of reassurance that may be provided about the risk of infection</li> <li>• The advice that should be given to a person who has come into contact with blood</li> <li>• The methods that may be used to protect zero responders' hands when helping people with severe bleeding</li> <li>• When to advise a person who has come into contact with blood to attend an Urgent Care Centre, Minor Injuries Unit or A&amp;E for advice and reassurance</li> </ul>

### Control measure – Initial advice to save lives: Severe bleeding PA

Fire control commanders:

Control measure element	Learning outcome
Ensure steps are taken to redirect calls about blood loss to ambulance control as quickly as possible	<p>Demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Ensure that calls about blood loss are redirected to ambulance control as quickly as possible</li> </ul>
Ensure that steps are taken to request medical advice about blood loss from ambulance control, if it is not possible to redirect the call immediately	<p>Demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Ensure that medical advice about blood loss is requested from ambulance</li> </ul>

	control if it is not possible to redirect the call immediately
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Fire control personnel:

Try to redirect callers requiring medical advice about blood loss to ambulance control as quickly as possible	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Redirect callers requiring medical advice about blood loss to ambulance control as quickly as possible</li> </ul>
Request medical advice from ambulance control about reducing blood loss as soon as possible, if it is not possible to redirect the call immediately	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Request medical advice from ambulance control about reducing blood loss when appropriate</li> </ul>
Be aware of the situations when it may be appropriate to provide advice to reduce blood loss	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Understand when it may be appropriate to provide advice to reduce blood loss</li> </ul>
Provide appropriate advice to help reduce blood loss when required	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Provide appropriate advice to help reduce blood loss</li> </ul>
Provide information to help callers identify the closest Urgent Care Centre, Minor Injuries Unit or A&E for advice and reassurance if they have been contaminated with blood	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Provide information to help callers obtain appropriate advice and reassurance if they have been contaminated with blood</li> </ul>

### Control measure – Initial advice to save lives: Unresponsive casualties KU

Control measure element	Learning outcome
The provision of initial advice	Understand: <ul style="list-style-type: none"> <li>• The circumstances when initial advice may be provided to callers about unresponsive casualties</li> </ul>
Check for breathing	Understand: <ul style="list-style-type: none"> <li>• The advice that should be provided to assist callers if it is believed the casualty is not breathing</li> <li>• How to guide a caller through commencing chest compressions</li> </ul>

### Control measure – Initial advice to save lives: Unresponsive casualties PA

Fire control commanders:

Control measure element	Learning outcome
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Ensure that steps are taken to redirect calls about unresponsive casualties to ambulance control as quickly as possible	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Ensure that calls about unresponsive casualties are redirected to ambulance control as quickly as possible</li> </ul>
Ensure steps are taken to request medical advice for unresponsive casualties from ambulance control, if it is not possible to redirect the call immediately	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Ensure that medical advice is obtained from ambulance control for unresponsive casualties if it is not possible to redirect the call immediately</li> </ul>

Fire control personnel:

Try to redirect callers requiring medical advice about unresponsive casualties to ambulance control as quickly as possible	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Redirect callers requiring medical advice about unresponsive casualties to ambulance control as quickly as possible</li> </ul>
Request medical advice about unresponsive casualties from ambulance control as soon as possible, if it is not possible to redirect the call immediately	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Request medical advice about unresponsive casualties from ambulance control as soon as possible if it is not possible to redirect the call immediately</li> </ul>
Be aware of when it may be appropriate to provide guidance to help unresponsive casualties	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Identify when it may be appropriate to provide guidance to help unresponsive casualties</li> </ul>
Provide appropriate advice to help people administer cardiopulmonary resuscitation (CPR) to unresponsive casualties	Demonstrate the ability to: <ul style="list-style-type: none"> <li>• Provide appropriate advice to help people administer CPR to unresponsive casualties</li> </ul>