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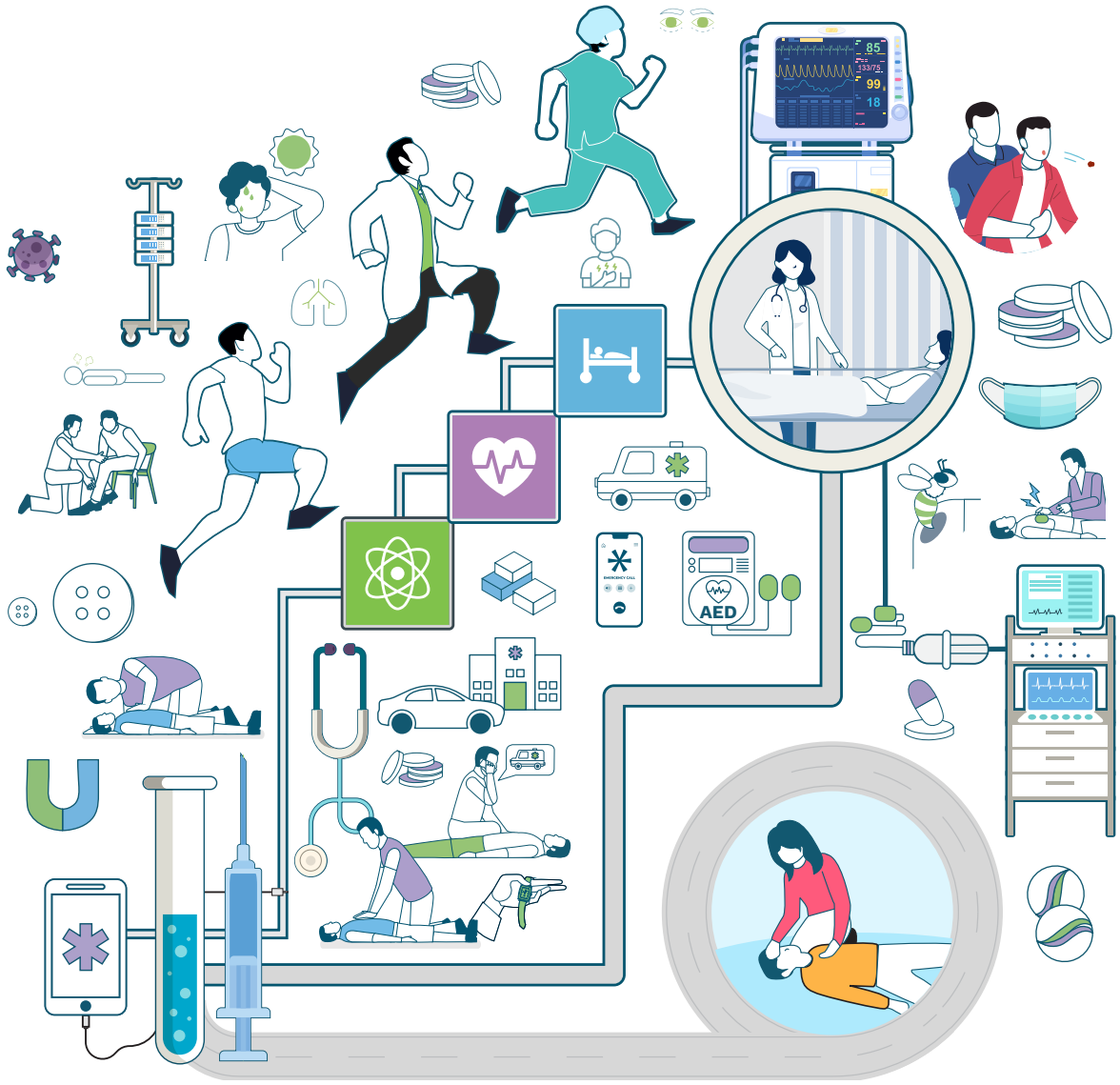
THE ESSENTIAL GUIDE TO FIRST AID



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Content Page

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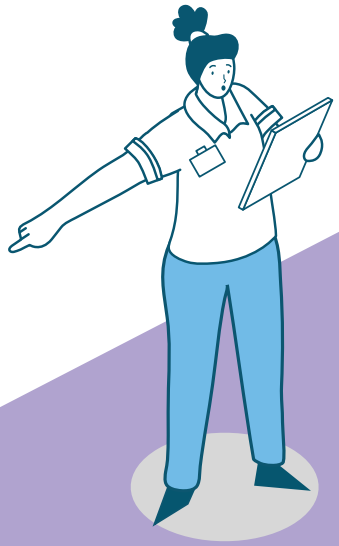
Back to top

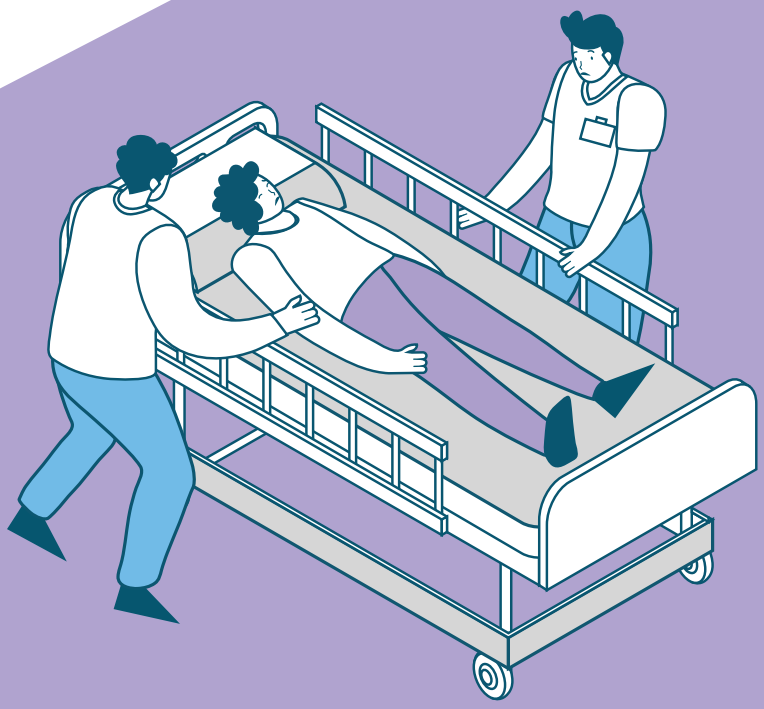
01 Introduction

First aid is a vital skill that can make the difference between life and death in emergencies. It is the initial assistance or treatment provided to an injured or unwell individual before the arrival of an ambulance, qualified medical personnel or medical facility.

Whether treating minor injuries or responding to more serious conditions, knowing how to provide immediate care is crucial. This book is your comprehensive guide to mastering essential first-aid techniques, equipping you to respond promptly when it matters most.

Within the pages of this book, you will discover step-by-step instructions for various first-aid scenarios. Whether you are a concerned parent, a vigilant caregiver, or simply someone who wants to be prepared for emergencies, this book will be your indispensable companion to becoming a capable and compassionate first responder.





Back to top

What to do before an Emergency

Take the time to read through the first aid methods outlined in this book now - don't wait until an accident or serious illness occurs. Being prepared in advance can make all the difference.

Keep a well-equipped first aid kit readily available in your home, vehicle and even when you're on holiday. Additionally, familiarise yourself with the precise locations of first aid kits and automated external defibrillators (AEDs) within your workplace.

The First Aid Kit must contain all necessary items regardless of whether you purchase a pre-packaged kit or assemble one yourself. Regularly perform routine maintenance and safety checks on all first aid kits and equipment. Expired items should be replaced as soon as possible.

First aid kits should contain at least the following:

- Emergency contacts: hospital, ambulance, personal doctor
- Sterile gauze pads to cover wounds
- Adhesive tape
- Adhesive bandages
- Roller and triangular bandages
- Scissors
- Tweezers
- Disposable gloves
- Flashlight
- Antiseptic wipes or soap

Back to top

02 Types of emergencies

Cardiopulmonary Resuscitation (CPR)

CPR is an emergency procedure that can potentially save a person's life in situations where the heart stops beating, or there are no signs of circulation (normal breathing, movement or coughing).

Step-by-step guide:

1. Check for danger. Assess the surrounding to make sure it is safe to help. Do not enter if the situation is unsafe.
2. Check the person for a response. Tap the person's shoulder and ask loudly, "Are you okay?"
3. If the person is unresponsive, shout for help. Call an ambulance and get an AED (Automated External Defibrillator).
4. Assess if there is breathing and pulse within 10 seconds. Provide rescue breathing if the person is not breathing, but pulse is felt. 1 breath every 6 seconds or 10 breaths per minute. Check for carotid pulse every 2 minutes.
5. Begin CPR (cardiopulmonary resuscitation) if there is no pulse.
   - 30 compressions: 2 breaths
   - Place both hands in the centre of the chest, between the nipples
   - 100-120 compressions per minute
   - Compression depth of about 5-6 cm
   - Allow the chest to return to the original position after each compression
   - Minimise interruptions of chest compressions to no more than 10 seconds
6. Turn on AED and follow instructions.

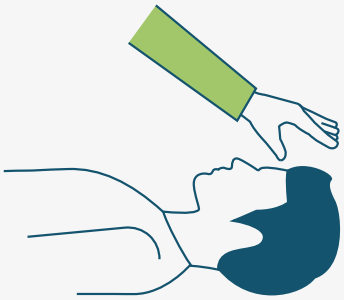
Back to top

Rescue Breathing

Rescue breathing, also known as mouth-to-mouth resuscitation, is used on someone who has stopped breathing.

Step-by-step guide:

1. Kneel next to the person.
2. Position the person on their back.
3. Open the airway: head-tilt and chin-lift
4. Pinch the person's nose. Take a deep breath and seal your lips tightly over the person's mouth.
5. Give rescue breaths by gently breathing into their mouth. Each breath should last about 1 second with enough volume for the person's chest to rise.



Back to top

AED (Automated External Defibrillator)

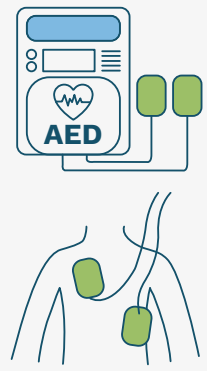
An AED is a sophisticated yet user-friendly portable medical device designed to help individuals experiencing sudden cardiac arrest, which is the sudden loss of heart function in an individual with or without a history of heart disease.

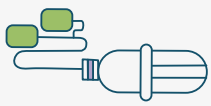
The AED can analyse the rhythm of the heart and, if necessary, administer an electrical shock (defibrillation) to help restore a normal and effective rhythm.

It is essential to use adult and paediatric pads accordingly.

When using the AED, follow these steps:

1. Turn on the AED and listen to the voice prompts.
2. Remove any clothing that covers the chest. If needed, wipe the chest dry.
3. Peel off the backing from the pads and attach the adhesive AED pads to the person's bare chest, as per the illustration or diagram on the pads.
4. Connect the pads' connector to the AED.
5. The AED will conduct an analysis to determine if a shock is necessary. It will either administer the shock automatically or provide instructions for when to deliver it. During this analysis, ensure that nobody is touching the person.
6. If no shock is needed, resume CPR. Never stop compressions for more than 10 seconds.
7. If a shock is required, ensure that nobody is touching the person, press the shock button and promptly resume CPR if needed.
8. Repeat the process until the ambulance arrives.





Back to top

Heart Attack

A heart attack (myocardial infarction or MI) is a medical emergency in which the heart's blood supply is severely reduced or abruptly cut off, typically by a blood clot. Some heart attacks are sudden and intense, whereas others develop gradually.

Symptoms:

- Chest pain or discomfort in the centre of the chest that lasts for more than a few minutes or may come and go. It may be described as an uncomfortable pressure, fullness, squeezing or pain.
- Lightheadedness, nausea or vomiting
- Jaw, neck or back pain
- Pain radiating to the left arm (may affect both arms as well)
- Shortness of breath
- Sweating or cold and clammy skin

What to do:

1. Call an ambulance immediately.
2. Help the person to sit down in a comfortable position.
3. Loosen any tight clothing.
4. Ask if the person takes any medication, such as nitroglycerin, for a known heart condition and help the person take it.
5. If the person is unresponsive, not breathing and pulseless, start CPR.

Back to top

Stroke

Symptoms & Signs

How to tell if someone is having a stroke.
Look out for the following symptoms.

B

Balance

Sudden loss of balance?

Having difficulty standing or walking?

E

Eyes

Change in vision?

Having trouble seeing?

F

Face

Does the face look asymmetrical?

Does one side of the face droop?

Can you smile?

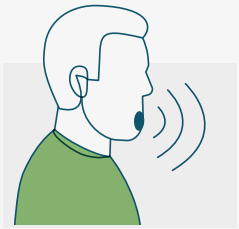
A

Arm

Sudden weakness or numbness of one or both arms?

Can you raise both your arms?

S



Speech

Have difficulty speaking?

Is the speech slurred or hard to understand?

Can you repeat after me?

T

Time

Time is critical for stroke management.

Early treatment significantly improves the chances of recovery.

Back to top

Choking

Choking can occur when the airway is partially or completely blocked by an object.

Common choking hazards:

- Nuts and seeds
- Chunks of fruit
- Hard raw vegetables
- Popcorn
- Chunks of meat

Someone who is choking may be clutching at their chest or neck and won't be able to speak, breathe or cough. In such cases, call for an ambulance immediately.

Step-by-step guide:

1. If someone is choking, encourage them to cough.

2. Perform chest blows. Stand behind the person, lean the individual slightly forward and give 5 firm blows to the upper back with the heel of your hand.

3. If they are still choking, give up to 5 abdominal thrusts (Heimlich manoeuvre): Stand behind them, wrap your arms around their waist, form a fist with one hand and position it just above the umbilicus (belly button). With your other hand, grip the fist and deliver an inward and upward thrust simultaneously.

4. Repeat the steps until they can breathe again or help arrives.

If the person becomes unresponsive, start CPR.

Back to top

Drowning

What to do if you witness someone drowning?

Step-by-step guide:

1. Remove the person from the water without endangering yourself.

2. Check the person for a response. If unresponsive, shout for help and call an ambulance right away.

3. Give rescue breaths if the person has a pulse but isn't breathing. Administer 1 breath every 6 seconds or 10 breaths per minute. Check for pulse every 2 minutes.

4. Begin CPR if there is no pulse.

5. Continue to perform CPR until emergency help arrives and manages the person or till there are signs of life and the person starts to breathe normally.

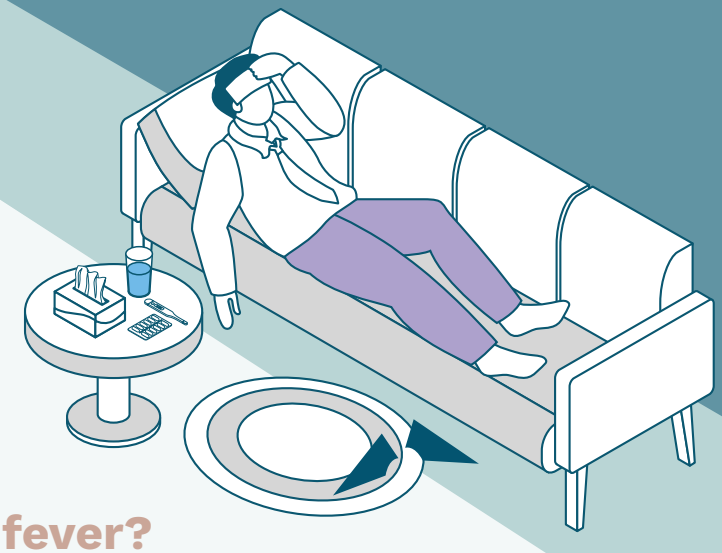
6. If the person becomes responsive and starts breathing normally, place them in the recovery position. Keep the person dry and warm if possible.

- the recovery position is a lateral prone position used for individuals who are unconscious yet still breathing.
- When unconscious, relaxed muscles can cause the tongue to block the airway. However, this can be prevented by tilting the head back and lifting the chin.

Back to top

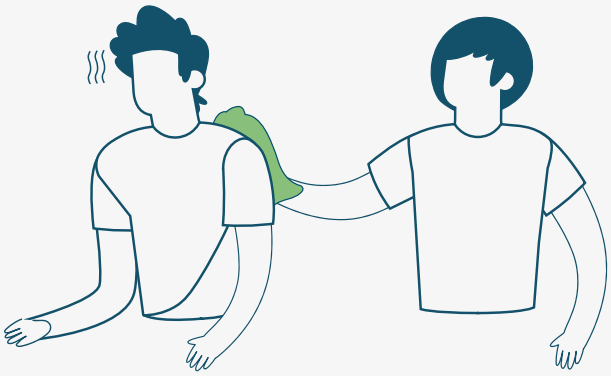
Managing Fever

Normal body temperature is approximately 37°C. Fever is typically characterised by a body temperature of 38°C or higher.



What to do if someone has a fever?

1. Make the person comfortable. Wipe the body with a wet towel to permit heat dissipation.



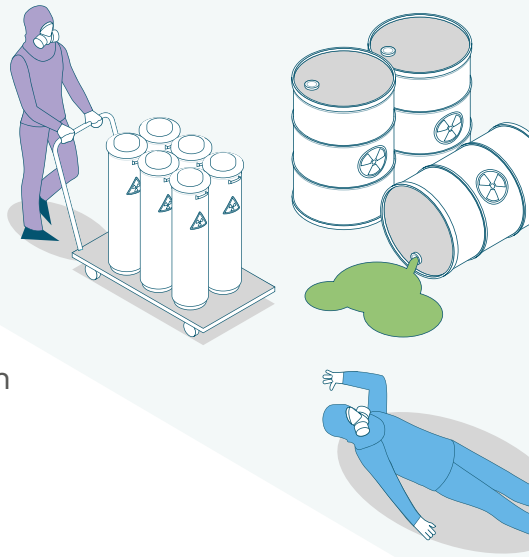
2. Check the person's body temperature with a thermometer.

3. Give the person fluids such as water or diluted juice.

4. Visit the nearest A&E or call an ambulance if the person has the following symptoms:

- A temperature of 40°C and above
- Difficulty breathing
- Chest pain
- Severe headache
- Lethargic with poor oral intake
- Vomiting or abdominal pain

Back to top



Poisoning

Poisoning occurs when a person is exposed to a substance that risks their health or life. Poisoning can happen through ingestion, inhalation, skin contact, or injection, and the effects can vary depending on the type of poison and the amount involved.

Common signs and symptoms of poisoning:

- Nausea/vomiting
- Abdominal pain
- Diarrhoea
- Difficulty breathing
- Headache
- Dizziness
- Confusion
- Burns, redness, or irritation
- Dilated or constricted pupils
- Unusual breath odour

What to do in case of poisoning?

1. Go to the nearest A&E or call an ambulance immediately.

2. Check the scene and person. Try to find out what poison was taken only if danger is cleared.

3. Look for labels on any containers near the victim.

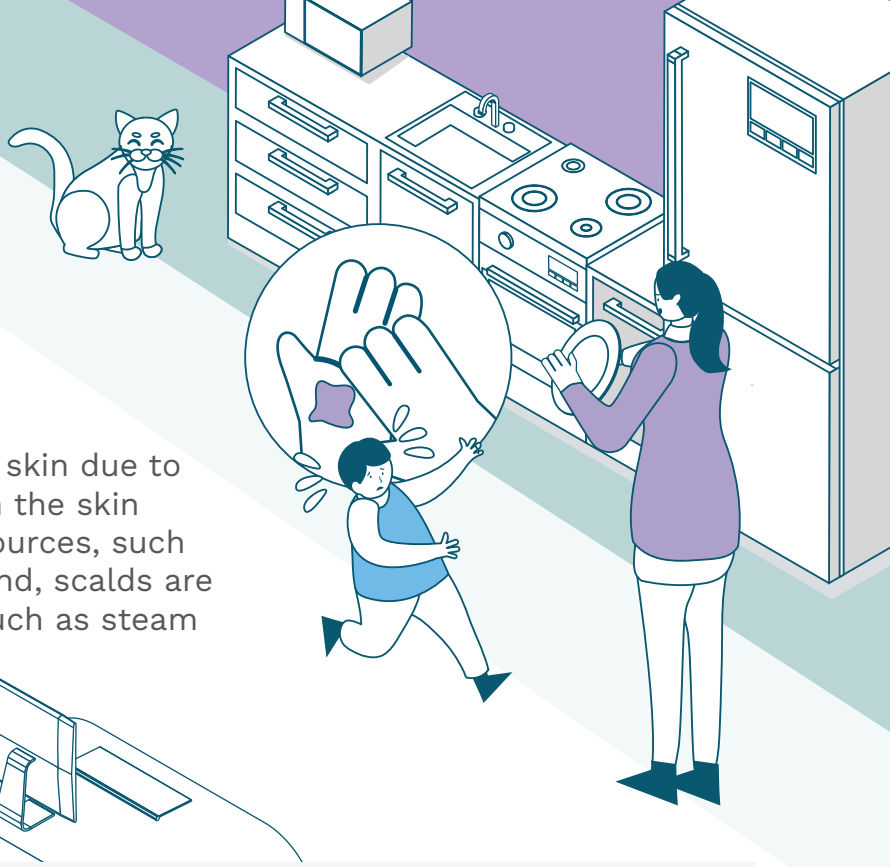
4. Do not give the person anything to eat or drink.

5. Wash your hands immediately if you touch the victim or poison containers nearby to reduce the risk of contamination.

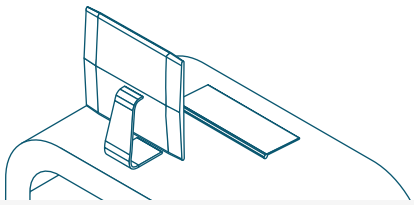
If inhalation poisoning is suspected, do not enter the area without proper personal protective equipment (PPE) to avoid exposure to toxic fumes.

Back to top

Treating Burns and Scalds

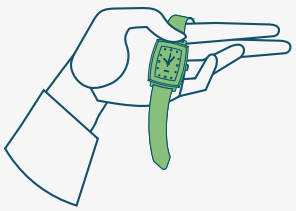


Burns and scalds are injuries to the skin due to exposure to heat. Burns occur when the skin comes into contact with dry heat sources, such as fire or hot irons. On the other hand, scalds are caused by contact with wet heat, such as steam or hot liquids (a cup of tea).



Step-by-step guide:

1. Remove any jewellery or other restrictive garments quickly and gently before the affected area swells up.



2. Hold the affected area under cool running water for at least 5 minutes.

3. Alternatively, the wound can be covered with wet gauze or towels for at least 30 minutes.

4. For minor burns and scalds, paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs) can be taken for pain relief.

5. Go to the nearest hospital's Accident & Emergency.

Back to top

Asthma Attacks

Asthma is a chronic condition characterised by the narrowing of the airways in the lungs. An asthma attack is the worsening of asthma symptoms.

When to seek medical attention?

For adults:

- Breathlessness

- Wheezing

- Cough
- Chest tightness

- Inability to speak in complete sentences due to laboured breathing

- Worsening respiratory distress when attempting to lie flat

- Restlessness

For children <12 years:

- Persistent cough

- Increased respiratory rate
- Chest retractions

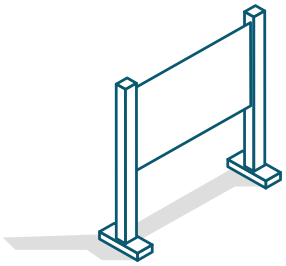
- Wheezing

- Inability to speak in full sentences
- Dizziness

If you or someone you know is experiencing the symptoms above, call an ambulance immediately or head straight to the nearest Accident and Emergency (A&E) for prompt medical attention.

Back to top

Wound Care for Minor Wounds
(small cuts and scrapes)



Step-by-step guide:

1. Clean the wound well with clean water. Go to the nearest A&E if dirt, glass or an object is embedded in your cut.

2. Stop the bleeding by pressing a clean cloth or bandage firmly on the area for 20 minutes. Go to the nearest A&E if the bleeding does not stop.

3. Apply a thin layer of antibiotic ointment on the wound.

4. Use a bandage or gauze to cover the wound. Replace the bandage 1 to 2 times daily until the wound heals.

Additionally,

- Check for signs of infection each time you change your bandage: worsening redness, swelling or warmth in the area or pus draining from the wound.

Most minor wounds typically heal within 7 to 10 days. During this time, a scab forms over the wound, which serves as a barrier against infection. It's important to remember: no matter how tempting it may be, avoid picking or scratching at the scab, as this can delay recovery and increase the risk of scarring or infection.

Back to top

Dealing with Fractures and Sprains

A fracture is a broken bone, which may be partially or completely cracked or broken due to falls, car accidents or sports injuries. In contrast, a sprain occurs when ligaments, tough bands of tissue that connect bones to one another, are overstretched or torn due to twisting or turning motion.

Fracture

- Swelling, bruising or pain upon pressure at the injury site
- Intense pain
- Deformity of the limb
- Inability to move the injured limb
- Numbness and tingling sensation

Sprain

- Swelling, bruising and tenderness in the affected area
- Pain at rest and during activity
- May feel a pop in the joint at the time of injury
- Instability of the injured area or a feeling that the joint is giving way

However, the only definitive way to determine whether the injury is a sprain or a fracture is through medical evaluation, which may involve X-rays or other imaging tests. Call an ambulance or head over to the nearest A&E.

Step-by-step guide:

1. Encourage the injured person to stop any current activities and rest without moving the injured area.

2. Immobilise the injured area with a splint in the position it was found.

3. Cool the injured area for 20 minutes every hour to reduce pain and swelling. To avoid freezing the skin, place a thin, dry towel or pad between the ice and the person's bare skin.

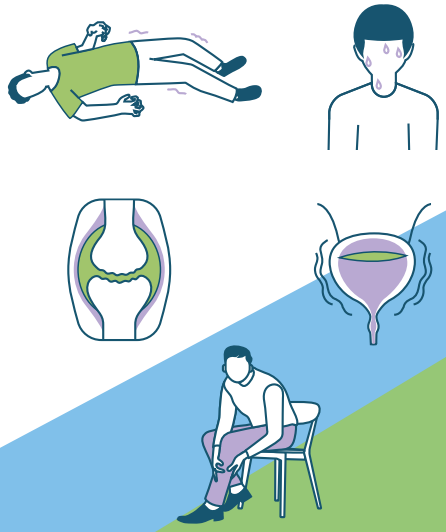
4. Keep the injured area above the level of the heart, if possible.

Back to top

Managing Head, Neck and Spinal Injuries

Head, neck, and spinal injuries often result from traumatic events that exert significant force on the body. Common causes include falling from a height, being involved in a motor vehicle collision, or experiencing a direct and forceful impact to the head.

Signs and symptoms of head, neck and spinal injuries may include:

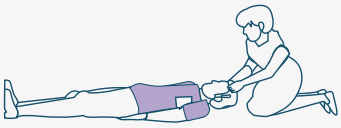


- Changes in the level of responsiveness and awareness
- Drowsiness or confusion
- Severe pain in the head, neck or back
- Bleeding or fluid draining from the ears or nose
- Bleeding from the head, neck or back
- Unequal pupil size
- Impaired vision
- Seizure
- Loss of bowel or bladder control (incontinence)
- Inability to move certain body parts

Step-by-step guide:

1. Call an ambulance immediately.

2. Restrict head, neck, and spine movement as much as possible until an ambulance arrives.



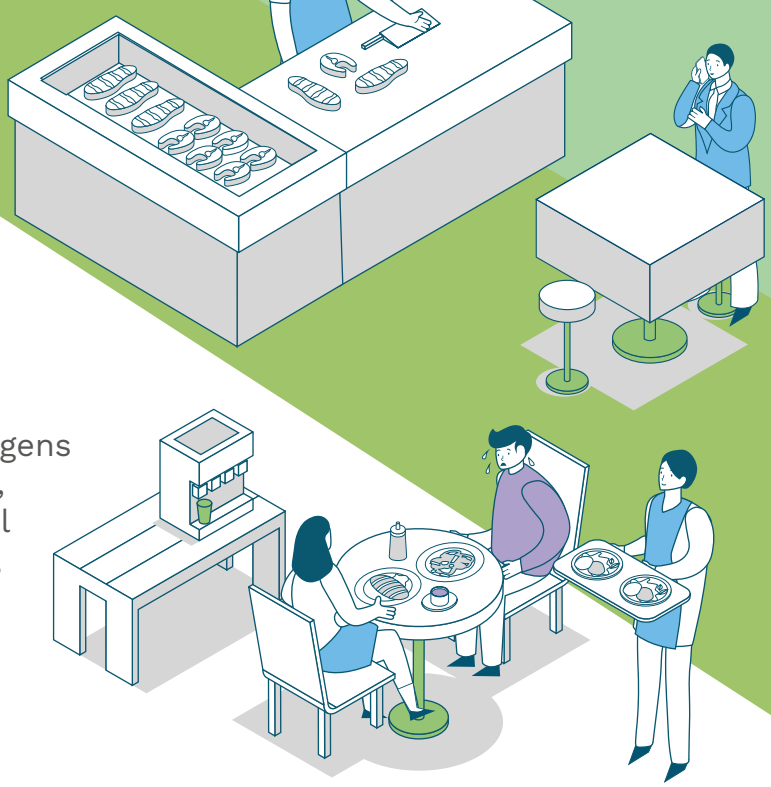
3. If the person is conscious, instruct them to remain still. If the person is unable to do so, provide manual support to the head to prevent movement.

4. Maintain the person in the position they were found in unless there is imminent danger or life-threatening conditions that require relocating them.

5. If fluid or blood drains from the ear, allow it to drain and do not apply direct pressure.

Back to top

Responding to Allergic Reactions



Allergic reactions are sensitivities to allergens that come in contact with the nose, eyes, respiratory tract, skin and gastrointestinal tract. They may be inhaled into the lungs, ingested, or injected.

Common symptoms of an allergic reaction include:

- Generalised hives, pruritus or flushing
- Nasal congestion
- Rashes
- Watery, red eyes

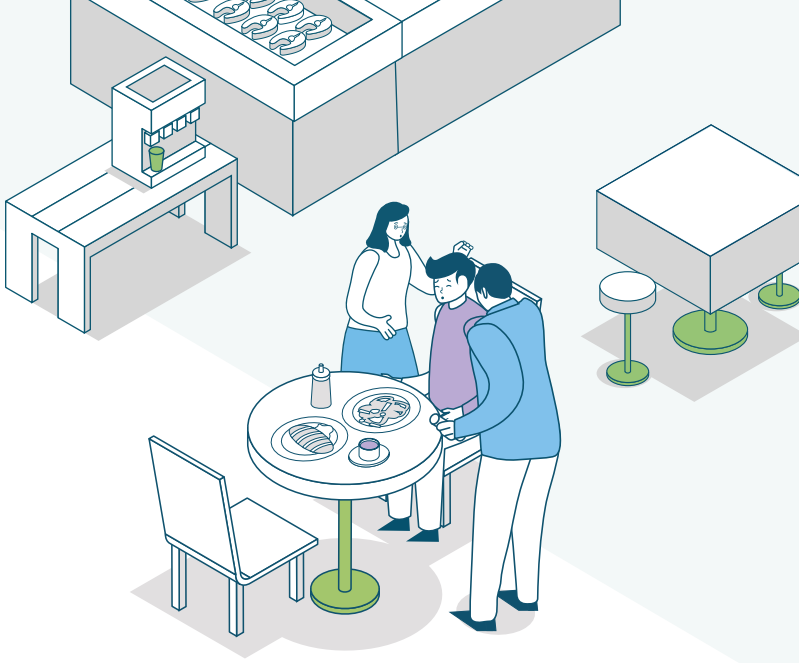
Symptoms of moderate to severe reaction:

- Swollen lips-tongue-uvula
- Feeling of fullness or lump in the throat
- Breathlessness
- Wheezing
- Abnormal, high-pitched breathing
- Severe crampy abdominal pain
- Repetitive vomiting
- Diarrhoea
- Dizziness/fainting

Anaphylaxis is a severe and potentially life-threatening allergic reaction that requires immediate medical attention. It can be triggered by various allergens, including certain foods, insect bites, or medications. If someone you know is experiencing the symptoms above, call an ambulance immediately or head straight to the nearest A&E.

Back to top

Responding to Allergic Reactions

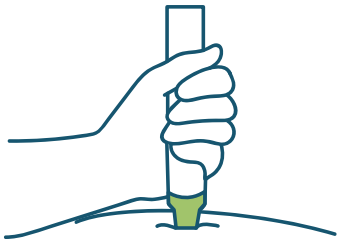


Administering Epinephrine (EpiPen):

Epinephrine is the first and most crucial treatment for anaphylaxis, and it should be administered as soon as anaphylaxis is identified to prevent the development of life-threatening symptoms. Early administration of epinephrine can reverse symptoms of anaphylaxis. Use the epinephrine injection exactly as prescribed by the doctor.

It is a good idea to familiarise yourself with the proper use of your autoinjector by watching instructional videos or reviewing pictures. These resources can help you understand how to prepare the device, such as releasing the safety cap, administering the injection at the proper angle, the steps to release the medication, and the appropriate amount of time to hold the autoinjector in place.

Several types of epinephrine autoinjectors are available, each designed to deliver a precise dose of epinephrine. In an emergency, epinephrine can be injected through clothing and given as an injection into the middle of the outer thigh. Keep your automatic injection device on you or within reach at all times so that you can administer epinephrine swiftly in the event of an allergic reaction.



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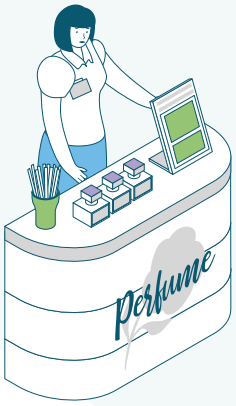
Back to top

Eye Injuries



Eye injuries can result in impaired vision or blindness. Even if the injury appears to be minor, it is crucial to have a doctor examine the eye as soon as possible. Do not attempt to self-treat a severe eye injury.

Chemical Exposure:

Chemical eye injuries occur when a chemical substance enters the eye and causes damage.

It may be caused by chemicals such as bleach, cleaning products, hair pigments or fertilisers.

Step-by-step guide:

1. Wash your eye immediately.
2. Use clean, cool water and continue to wash under running water for at least 15 to 30 minutes.
3. If the chemical has only affected one eye, ensure the other eye remains closed to prevent chemical transfer.
4. Avoid rubbing or applying pressure on your eye.
5. Head straight to your nearest A&E for further treatment.

Remember to wear safety glasses or goggles while working with chemicals.

Back to top

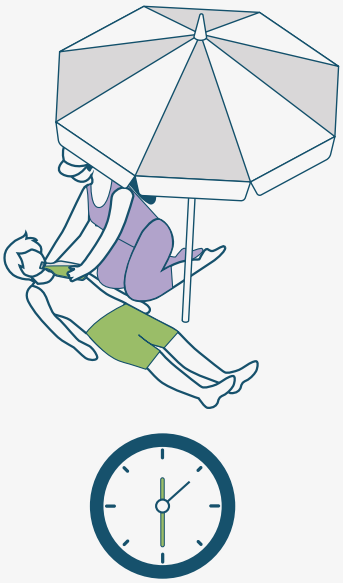
Heat Exhaustion and Heatstroke

Heat exhaustion occurs when the body loses too much water and salt, typically through excessive sweating. On the other hand, heat stroke occurs when the body is unable to regulate its temperature, where the body temperature escalates swiftly, the sweating mechanism does not function adequately, and the body is incapable of cooling down.

Symptoms of heat exhaustion include:

- Dizziness
- Headache
- Nausea, vomiting
- Fatigue, weakness
- Irritability
- Excessive sweating
- Increased core body temperature (≤40°C)
- Reduced urine output

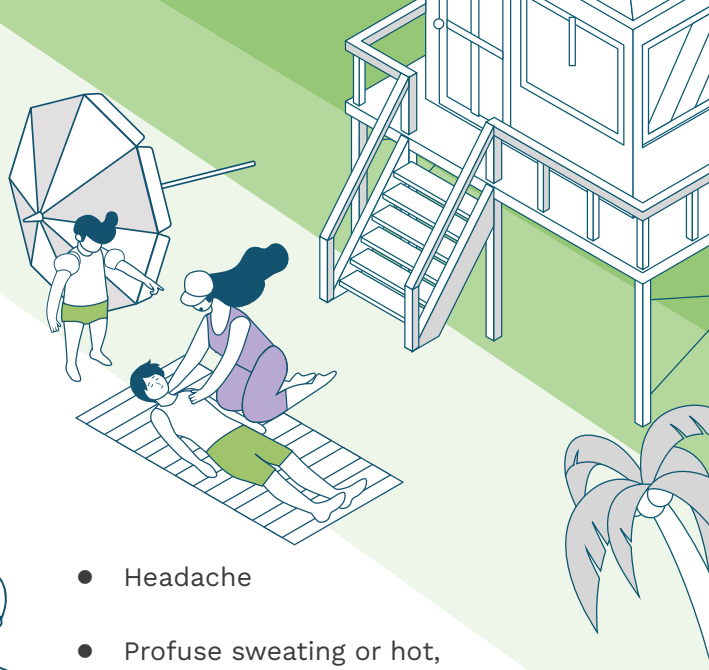
If someone has heat exhaustion, follow these steps:



1. Someone should accompany the person until help arrives.
2. Move the person to a cooler area and offer fluids to keep the person hydrated.
3. Remove unnecessary clothing, including socks and shoes.
4. Place a cold compress or cool cloth on the person's neck, underarms and groin to cool the person or wash the person's face, neck and head with cold water.
5. Encourage the person to take frequent sips of cool water.
6. Go to the nearest A&E or call an ambulance if symptoms do not improve after 30 minutes.

Back to top

Heat Exhaustion and Heatstroke



Symptoms of heatstroke include:

- Altered mental status (delirious, slurred speech, hallucinations)

- Seizures

- Vomiting

- Headache
- Profuse sweating or hot, dry skin

- Extremely high core body temperature (>40 to 40.5°C)
- Diarrhoea

If someone has a heatstroke, follow these steps:

1. Go to the nearest A&E or call an ambulance immediately.
2. Someone should accompany the person until help arrives.
3. Move the person to a cooler area and remove any extra clothing.
4. Cool the person with a cold water or ice bath. Place cold, wet cloths on the neck, underarms and groin or soak clothing in cool water.

5. Use a fan to circulate cool air.

Heatstroke can be fatal if treatment is delayed. Children, older people and those with chronic health conditions are at higher risk of heatstroke or heat exhaustion.

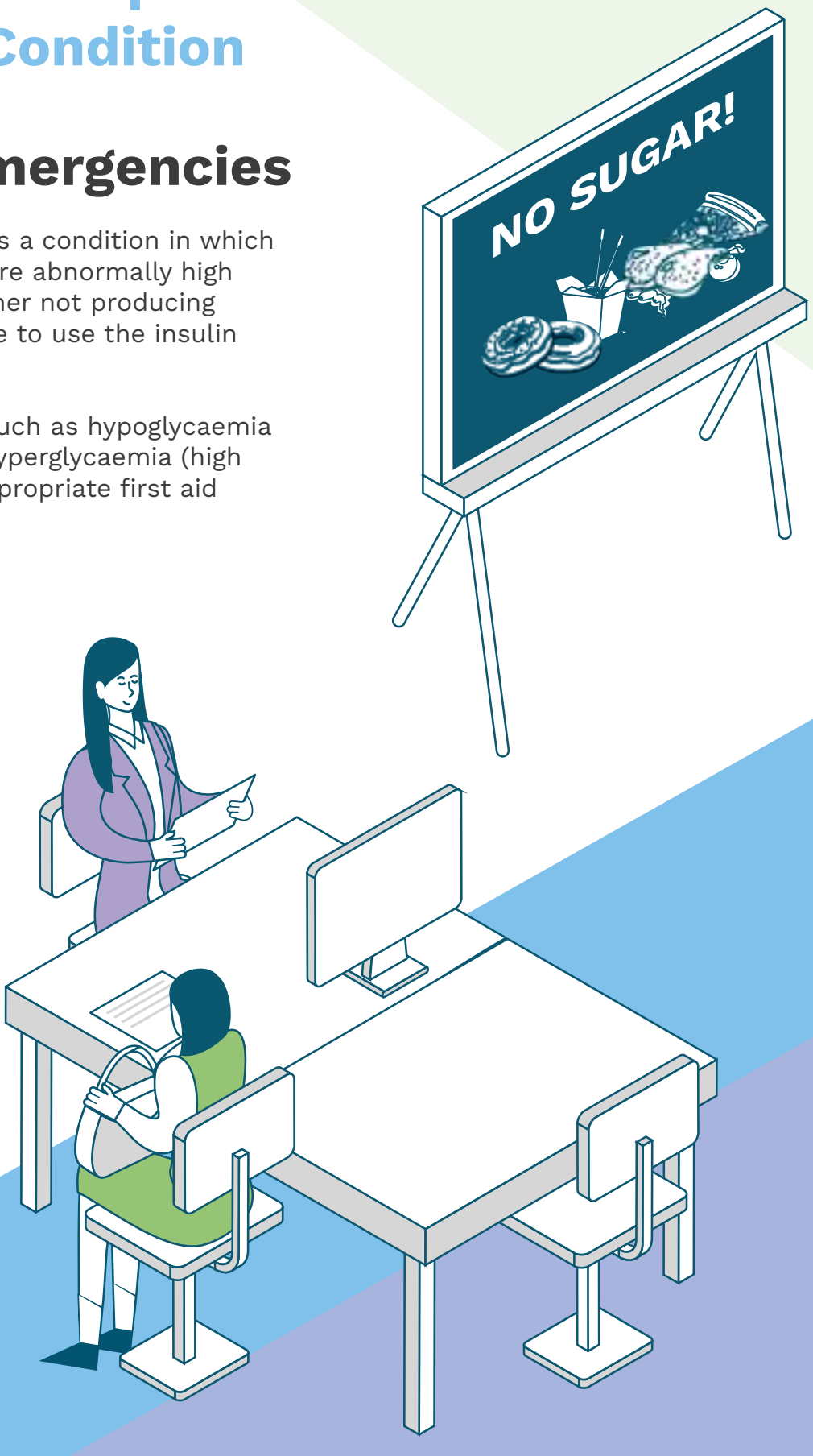
Back to top

03 First Aid for Specific Medical Condition

Diabetic Emergencies

Diabetes Mellitus (DM) is a condition in which the blood sugar levels are abnormally high because the body is either not producing enough insulin or unable to use the insulin produced.

Diabetic emergencies, such as hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar), require appropriate first aid measures.



Back to top

Hypoglycaemia

Symptoms include:

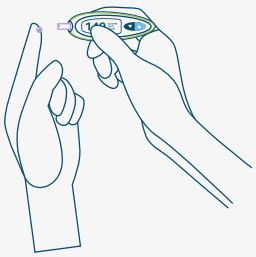
- Increased hunger
- Dizziness
- Sweating
- Palpitations
- Blurred vision
- Confusion

Step-by-step guide:

1. If you suspect someone with hypoglycaemia, assist the person to sit down.

2. Give the person quick sources of sugar to eat or drink, such as 3 to 4 glucose tablets if available, 1 tablespoon of honey, half a cup of juice, 6 to 8 hard candies or 2 tablespoons of raisins.

3. If the person improves quickly, give additional sugary food or drinks and allow the person to rest.



4. If a glucose testing kit is available, check the person's blood sugar level.

5. If symptoms do not improve quickly, call an ambulance.

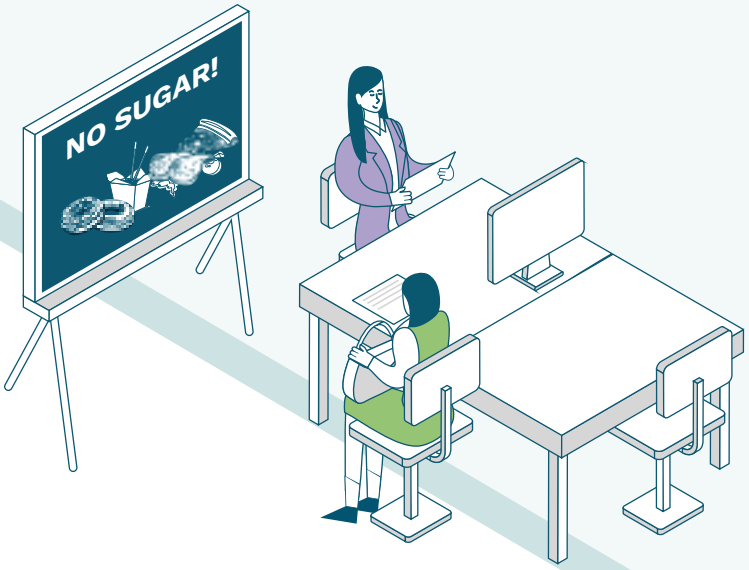
6. Continue monitoring the person's breathing and responsiveness while waiting for an ambulance.

7. Do not offer anything to drink or eat if not fully alert, as the person may choke.

8. If the person becomes unresponsive, start CPR immediately.

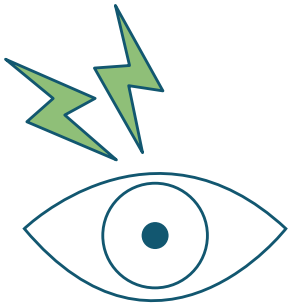
Back to top

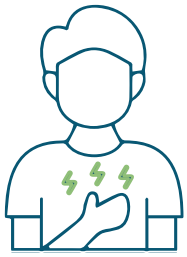
Hyperglycaemia



Symptoms include:

- Excessive thirst
- Rapid breathing and pulse
- Warm, dry skin
- Blurred vision





Step-by-step guide:

1. Call an ambulance if you suspect someone with hyperglycaemia.

2. While waiting for an ambulance to arrive, constantly check the person's pulse, breathing and responsiveness.

3. If the person becomes unresponsive, breathless and pulseless, start CPR immediately.

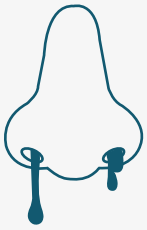
Back to top

04 Paediatric First Aid

Epistaxis (Nosebleed)

Although witnessing a child experience nosebleed can be alarming, most nosebleeds are harmless. If your child gets a nosebleed, knowing how to manage it is vital.

What to do right away:

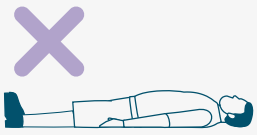


1. Have your child sit or stand and gently bend forward at the waist.
2. Keep the child calm, gently pinch the soft part of both nostrils at the bottom of their nose, and squeeze the nose closed for at least 5 minutes.

3. Optionally, use a cold compress or ice pack on the bridge of their nose.
4. Repeat the previous steps if the bleeding continues.
5. Head to the nearest A&E if the bleeding does not stop.

Additionally,

- Ensure the child does not lie down or tilt the head, as this may cause the child to swallow blood and vomit.
- Avoid gripping the bony bridge of your child's nose and applying pressure to one side, even if the bleeding is just on one side.
- Do not release pressure too soon to check if the bleeding has stopped.



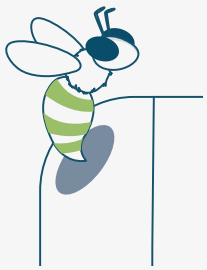
Back to top

Bee Sting

Bees, hornets and wasp stings can be painful. Quickly remove the stinger, as the longer it remains in the skin, the more venom is released, causing pain and swelling.

Step-by-step guide:

1. Stay calm and remove your child from the scene to avoid getting stung again.



2. Remove the stinger by scraping it off using your fingernail or a soft piece of cloth. Do not use tweezers, as it can cause more venom to be released.

3. Wash the affected area with soap and water.

4. Use a cold pack to reduce swelling. You may give your child over-the-counter pain medication to relieve pain.

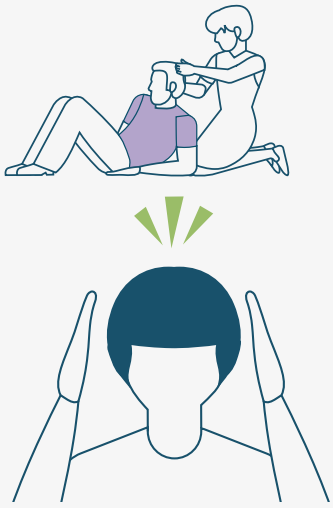
5. Go to the nearest A&E immediately if you suspect your child has an allergic reaction and to manage pain.

Back to top

Head Injury

Young children and infants recover from most minor head injuries without complications. However, children who had a significant impact to the head may develop severe complications such as brain injury.

Even if the injury seems minor, go to the nearest A&E right away if your child:



- Fell from a height of more than 3 feet
- Is below 3 months old
- Is behaving differently, acting confused or disoriented
- Was hit hard or by something moving fast
- Is below 12 months old and has a bruise on the scalp that is the size of a quarter or bigger
- Is extremely sleepy or has difficulty waking up
- Has blood or clear liquid from the nose or ears
- Vomited twice or more
- Is dizzy or faints
- Has seizure or involuntary jerking of the legs or arms.

Important Reminder:

Watch your child for 24 hours post-injury. Ensure your child is able to wake up at a normal time after they fall asleep.

Head injuries may also occur in the event of excessive shaking or rough handling of an infant or young child. Never shake a baby! Shaking can cause serious brain injuries, including bleeding, swelling, and even permanent damage.

Back to top

Epileptic Seizure

Epilepsy is a condition characterised by recurrent seizures. If you witness your child having a seizure, it is crucial to take preventive measures to ensure the child does not get hurt. Seek immediate medical attention at the A&E.

Step-by-step guide:

1. Move the child away from potential hazards such as furniture, stairs, stove or traffic.

2. Place the child on his or her side to maintain a clear airway and allow secretions (vomit or saliva) to drain.

3. Remain with the child until the seizure ends while another person calls an ambulance.

4. Stay with the child until the ambulance arrives.

What NOT to do during a seizure:

- Do not restrain the child or attempt to stop their movements, as this may cause injury to both you and them.
- Do not place any objects in the child's mouth, as this can result in dental trauma or jaw injury.

- Do not offer food or water until the child is fully alert, as this poses a risk of aspiration.

Note

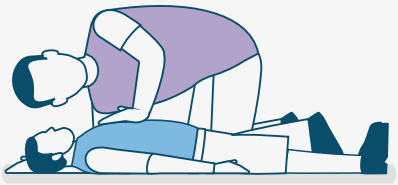
Febrile seizure - "Febrile" refers to a seizure caused by a fever. Febrile seizures can occur in children aged 6 months to 5 years.

Back to top

CPR for Children and Infants

CPR for children above 1 year old

1. Check for danger. Assess the surrounding to ensure it is safe to help. Do not enter if the situation is unsafe.



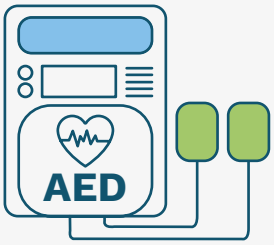
2. Check the child for a response. Tap the child's shoulder and ask loudly, "Are you okay?".

3. If the child is unresponsive, shout for help. Call an ambulance and get an AED (Automated External Defibrillator).

4. Assess if there is breathing and pulse within 10 seconds. Provide rescue breathing if the child is not breathing but pulse is felt. 1 breath every 3-5 seconds or 20-30 breaths per minute. Check for carotid or femoral pulse every 2 minutes.

5. Begin CPR if pulse is <60 beats per minute.

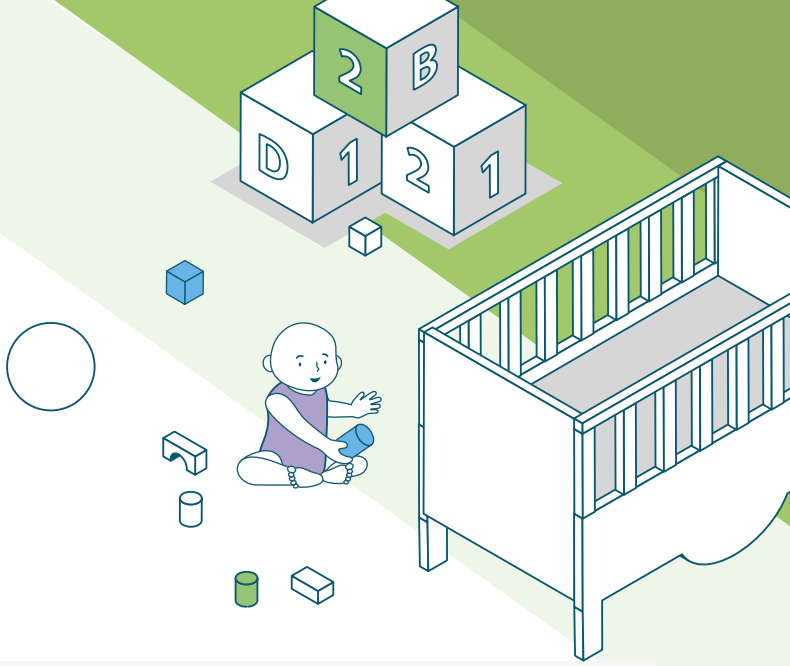
- 30 compressions: 2 breaths
- Place 1 hand or 2 hands in the centre of the chest, between the nipples
- 100-120 compressions per minute
- Compression depth of about 5 cm
- Allow the chest to return to its original position after each compression
- Minimise interruptions of chest compressions to no more than 10 seconds



6. Turn on the AED and follow the instructions.

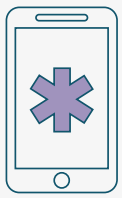
Back to top

CPR for Children and Infants



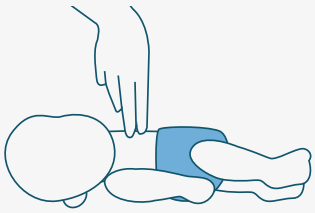
CPR for infants

1. Check for danger. Assess the surrounding to make sure it is safe to help. Make sure it is safe to help. Do not enter if the situation is unsafe.

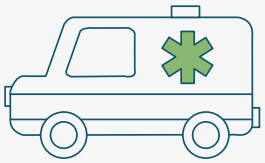


2. Check the infant's responsiveness by tapping the bottom of the infant's foot.

3. If the infant is unresponsive, shout for help. Call an ambulance and get an AED (Automated External Defibrillator).

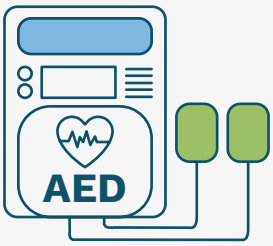


4. Assess if there is breathing and pulse within 10 seconds. Provide rescue breathing if the infant is not breathing but pulse is felt. 1 breath every 3-5 seconds or 20-30 breaths per minute. Check for brachial pulse every 2 minutes.



5. Begin CPR if pulse is <60 beats per minute.

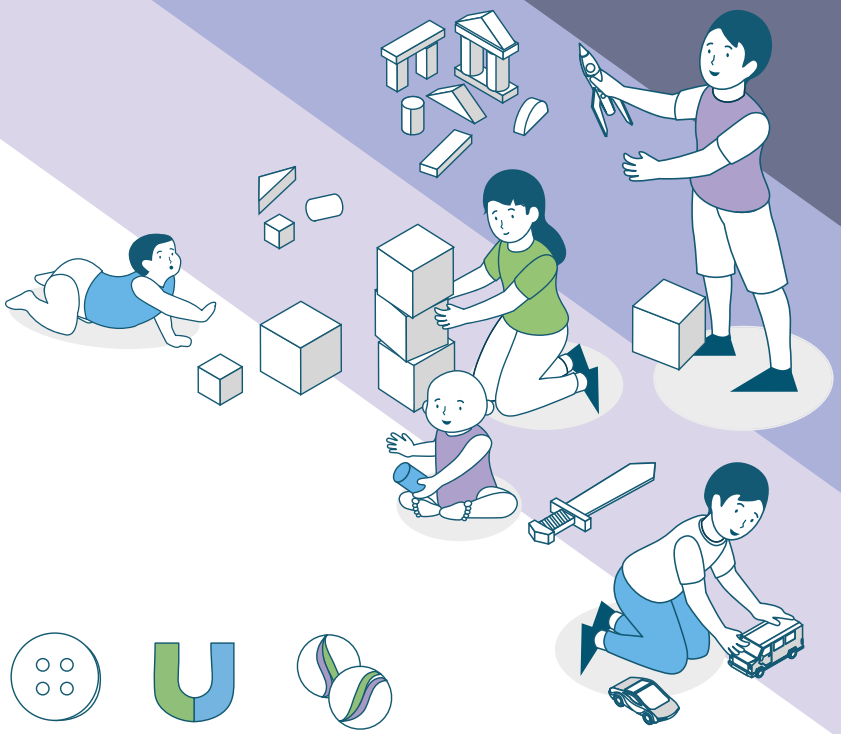
- 30 compressions: 2 breaths
- Place 2 fingers in the centre of the chest, below the nipple line
- 100-120 compressions per minute
- Compression depth of about 4 cm
- Allow the chest to return to its original position after each compression
- Minimise interruptions of chest compressions to no more than 10 seconds



6. Turn on the AED and follow the instructions.

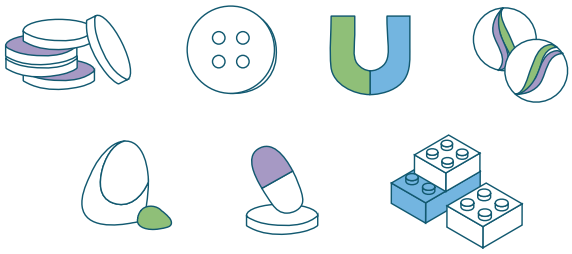
Back to top

Choking in Children and Infants



Choking hazards:

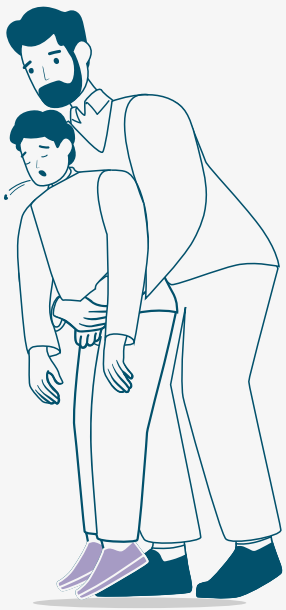
- Coins
- Buttons
- Magnets
- Marbles
- Small rocks or beads
- Jewellery
- Pills and vitamins
- Small toys



Choking (Children over 1 year old)

Step-by-step guide:

1. Call an ambulance immediately. The child may be unable to speak, breathe or cough with sound while clutching their neck or chest.
2. Perform 5 back blows by hitting firmly on the back between the shoulder blades while holding in a head-down position.
3. If the child is still choking, perform 5 abdominal thrusts (Heimlich manoeuvre). Hold the child around the waist and simultaneously administer an inward and upward thrust just above the umbilicus (belly button).
4. Continue steps 2 and 3 until the blockage dislodges or an ambulance arrives.



If the child becomes unresponsive, start CPR.

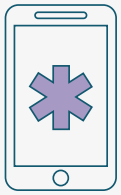
Back to top

Choking in Children and Infants

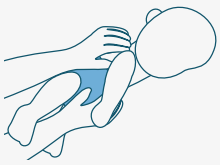
Choking (Infants)

Step-by-step guide:

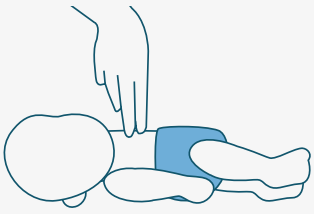
1. Call an ambulance immediately. The infant may be unable to cry, breathe, cough or make any noise.



2. Perform 5 back blows by holding the infant face-down along your thigh, ensuring the head is positioned lower than the bottom. Deliver firm blows to their back between the shoulder blades using the heel of your hand.



3. If the infant is still choking, perform 5 chest thrusts. Turn the infant over so they are facing upwards. Position two fingers in the middle of the chest, just below the level of the nipples and push downwards firmly up to 5 times.



4. Continue steps 2 and 3 until the blockage dislodges or an ambulance arrives.

If the infant becomes unresponsive, start CPR.

Back to top

05 First Aid for Animal Bite

Snakebite

A snake bite can be a medical emergency requiring prompt and appropriate intervention. While not all snakebites are venomous, it is essential to treat every bite seriously and seek medical attention immediately.

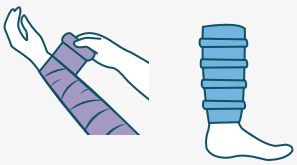
Step-by-step guide:

1. Move the person away from the snake's territory and keep the person calm and still. Call an ambulance immediately.

2. Identify the snake only if it is safe and without delaying medical care. A photograph may be useful to help doctors identify the species.

3. Remove jewellery and footwear from the affected limb; loose clothing can remain.

4. Immobilise the injured body part:
   - Splint the leg in extension, immobilising the ankle and knee.
   - Splint the arm up to the elbow and use a sling.



5. Do not let the patient walk to avoid increasing venom absorption.

6. Avoid manipulating the wound except for gentle bandaging or pressure immobilisation if needed.

Do Not:

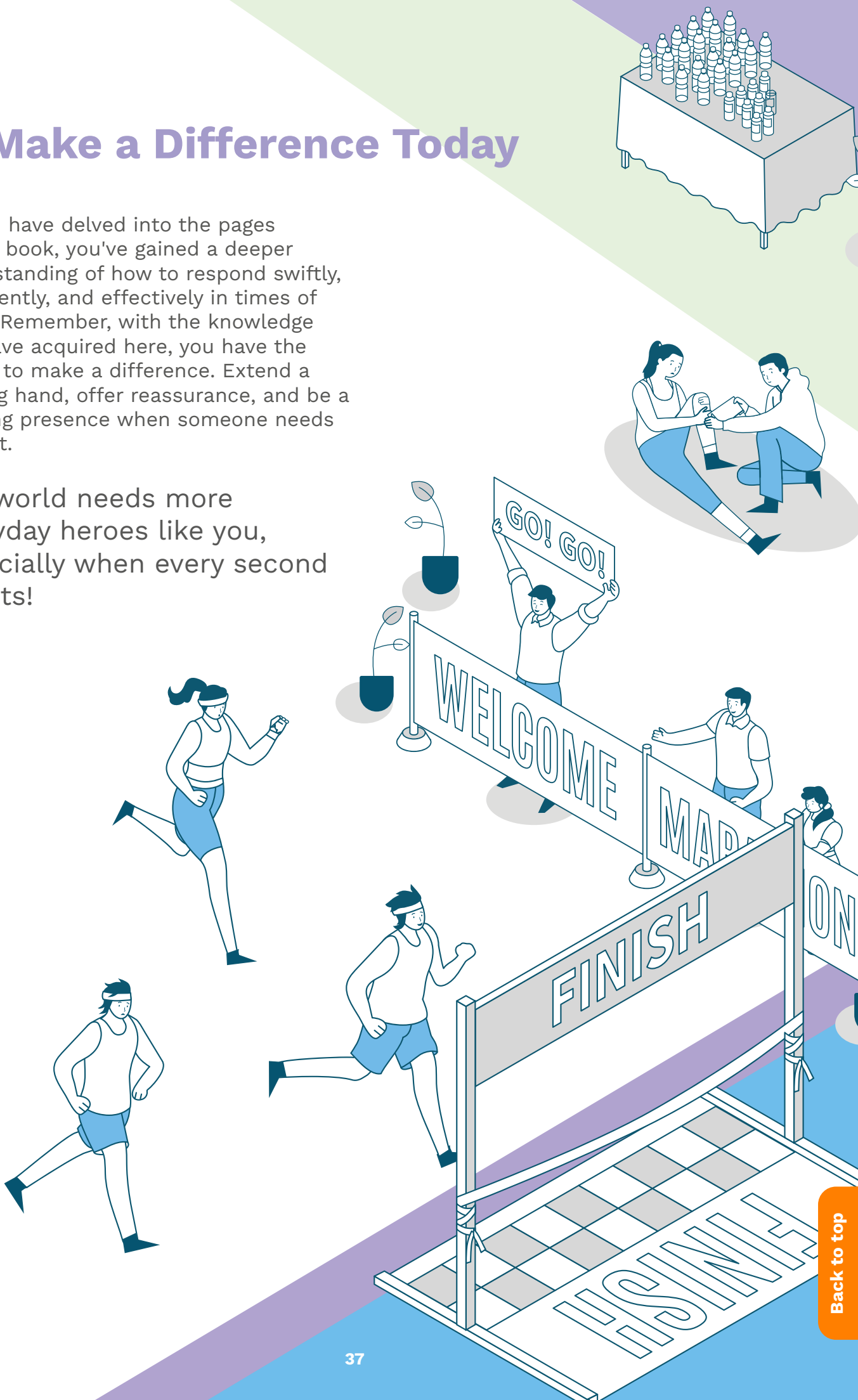
1. **Do not give alcohol, aspirin, or painkillers, as they may interfere with treatment.**
2. **Do not suck out the venom.**
3. **Do not cut or incise the bite wound.**
4. **Do not apply ice or tourniquets.**

Back to top

06. Make a Difference Today

As you have delved into the pages of this book, you've gained a deeper understanding of how to respond swiftly, confidently, and effectively in times of crisis. Remember, with the knowledge you have acquired here, you have the power to make a difference. Extend a helping hand, offer reassurance, and be a calming presence when someone needs it most.

The world needs more everyday heroes like you, especially when every second counts!



Back to top

Emergency Contact Numbers

In case of an emergency, please call the nearest hospital.

Gleneagles Hospitals

Gleneagles Hospital Kota Kinabalu	+6088 518 911
Gleneagles Hospital Kuala Lumpur	+603 4141 3018
Gleneagles Hospital Penang	+604 222 9199
Gleneagles Hospital Medini Johor	+607 560 1111

PANTAI HOSPITALS

Pantai Hospital Batu Pahat	+607 433 9991
Pantai Hospital Laguna Merbok	+604 442 1111
Pantai Hospital Sungai Petani	+604 442 9999
Pantai Hospital Cheras	+603 9145 2999
Pantai Hospital Kuala Lumpur	+603 2296 0999
Pantai Hospital Ayer Keroh	+606 231 3610
Pantai Hospital Penang	+604 643 8799
Pantai Hospital Ipoh	+605 549 9911
Pantai Hospital Manjung	+605 689 8676 / +605 688 6212
Pantai Hospital Ampang	+603 4289 2990
Pantai Hospital Klang	+603 3370 1235 / +603 3370 1204

PRINCE COURT MEDICAL CENTRE

Prince Court Medical Centre Kuala Lumpur	+603 2160 0999

ISLAND HOSPITAL

Island Hospital Penang	+604 226 8527

TIMBERLAND MEDICAL CENTRE

Timberland Medical Centre	+6082-234 466

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Back to top

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