

PROCEDURE FOR HANDLING TRAFFIC ACCIDENTS

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SECURING THE SCENE OF THE ACCIDENT

- stop at least 50 m **behind** the car that has had an accident, switch your flashing lights on, put on a reflective jacket, and take the first aid kit, emergency triangle, and the fire extinguisher, if necessary;
- extinguisher, if necessary;
- put the triangle in front of the scene of the accident; switch the ignition off, secure the car against moving, and ensure your own safety.



LIFE-SAVING ACTS

- stop heavy bleeding - pressure bandage, fingers in wound, compression bandage in exceptional cases;
- cover large open injuries to the chest;
- release the airways of unconscious casualties carefully (tilt the head of the casualty back carefully and stick out the lower jaw);
- quickly ascertain the vital functions of other casualties.

CALLING THE MEDICAL RESCUE SERVICE

- call 155 or 112; inform them what has happened, describe the accident, try to identify the scene of the accident as precisely as possible;
- give information on the number of casualties and their age and sex and describe the injuries and their state;
- state your name and telephone number.



Fire
brigade

150

Rescue
service

155

Police

158

Integrated
rescue system

112

EXAMINATION

- **look over the casualty** to check for breathing, bleeding, the position of the body, and the expression and colour of his/her face;
- **listen to the casualty** to check if his/her breathing makes a rattling sound, the behaviour of the casualty (moaning etc.) and his/her reactions when you talk to him/her;
- **touch the casualty** to check his/her movements when breathing, pain in the affected area, damaged/fractured limbs, and temperature of the skin, etc.

EXTRICATING THE CASUALTY FROM THE VEHICLE

- only if further danger is threatening or if access to other casualties is blocked;
- if it is not possible to give first aid right in the place (e.g. resuscitation);
- carry it out as carefully as possible;
- if the casualty is breathing, it is better to wait until professionals arrive.

UNCONSCIOUSNESS

- risk of suffocation with sunken tongue root;
- remove any free objects from the mouth, tilt the head of the casualty carefully back, and stick out the lower jaw;
- an unconscious casualty with their vital functions working should be put in the recovery position and monitored;
- if there is no breathing or breathing is not normal (the casualty is gasping for air), it is necessary to start indirect heart massage and mouth-to-mouth resuscitation.



RESUSCITATION

- start indirect heart massage; press 30 times on the middle of the chest with a frequency of 100/min; perform two initial breaths and continue at a ratio of 30 : 2 (pressures on chest : breaths); press the chest to a depth of 4-5 cm;
- if the rescuer is not able to carry out mouth-to-mouth resuscitation for some reason, then he/she should carry out heart massage with a frequency of 100/min until the rescue service arrives.

SHOCK AFTER AN INJURY

- most frequent signs of shock - almost impalpable pulse, more than 100/min, accelerated shallow breathing, paleness, cold clammy sweat, feeling of thirst, apathy, sleepiness.

PREVENTION OF SHOCK

- put the casualty in an anti-shock position with their lower limbs raised; treat injuries;
- keep the casualty in warmth and peace;
- if the casualty is thirsty, do not give him/her any drinks or drugs; it is only possible to wet his/her lips.