AN ILLUSTRATED GUIDE FOR EVERYONE

Early Care for Injured Civilians

War, civil unrest, disasters and emergencies



Mr Peyman Bakhshayesh
MD, PhD, MBA

Dedicated to Iranian patriotic doctors

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I dedicate this book to Iranian patriotic doctors: to those who, in the most difficult moments, place their knowledge, courage and compassion at the service of saving lives.

And to the nurses, rescuers and volunteers who remain beside the injured and uphold human dignity.

Care according to medical need, for every person, regardless of belief or affiliation.

Mr Peyman Bakhshayesh

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The illustrations were produced with the assistance of artificial intelligence. Scientific sources are listed at the end of the book.

This is the author's independent work and does not imply endorsement by the organisations cited.



About the author

Mr Peyman Bakhshayesh

MD, PhD, MBA



Mr Peyman Bakhshayesh is a Consultant Trauma and Orthopaedic Surgeon at Leeds Teaching Hospitals and an Honorary Clinical Senior Lecturer at the University of Leeds. He was born in Abadan and lives in Leeds. After studying medicine in Shiraz, he undertook specialist orthopaedic training in Sweden and further training in Sweden, Germany and the United Kingdom. His research doctorate at Karolinska Institutet concerned pelvic-ring injuries.

His clinical and research work focuses on major trauma, complex fractures, limb reconstruction and recovery after injury. He is also a writer and civic activist concerned with Iran's future, equal citizenship and national reconciliation.

Biography and contact details: the author's official websites.

https://peymanorthopaedics.world

https://seculardemocraticiran.world

How to use this book

Medical emergency: UK 999 or 112 | Iran 115. Give the exact location, the type of incident and the number of injured people.

1. Safety first

Do not enter gunfire, dense smoke, unstable rubble or a contaminated area.

2. Do not delay calling for help

If possible, put the telephone on speaker and follow the emergency call handler's instructions.

3. Follow the numbered pictures

The numbers on each illustrated guide show the sequence of actions. The original panel arrangement is retained, usually beginning at the top right. Address an immediate danger as soon as you identify it.

4. Act within your skills

Pictures do not replace practical training. Do not loosen or remove a tourniquet, and do not perform surgery.

If you cannot make a call, ask someone else to seek help and arrange transfer along a safe route to a healthcare facility. Keep local addresses and emergency numbers on paper before a crisis. [15]

English edition adaptation: UK emergency numbers have been added alongside the original Iranian number. Always use the emergency number for the country you are in.

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Scene safety and calling for help

Safety first, then help



Call emergency services

Give the location, what happened, number of casualties and current hazards. Report severe bleeding or breathing difficulty.



Check hazards from a safe distance

Do not touch ammunition or suspicious objects.



Do not send volunteers into active danger

Trained rescuers should evacuate people from hazardous areas.



Use gloves or a clean, intact barrier

Wash your hands after helping.



Record the time; do not delay help

Do not publish the casualty's name or picture without consent.



If they can walk, guide them along a safe route

Move a casualty who cannot walk only for immediate danger or essential lifesaving care.

If you are injured too, you are less able to help.

Reference numbers (see pages 50-52): 1, 15

Rapid assessment and reassessment

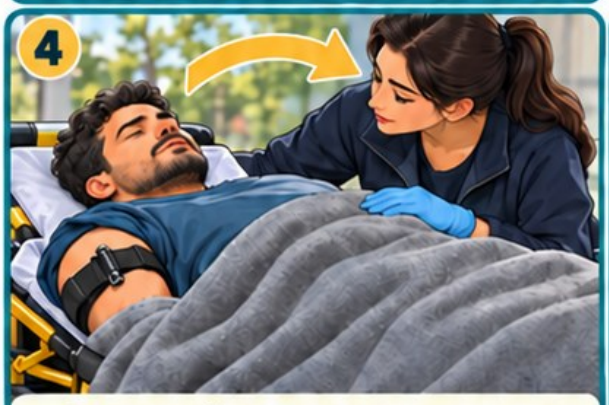
Find life-threatening problems, act, and check again



Control life-threatening bleeding first. In severe trauma: xABCDE or CABCDE. Then continue the ABCDE assessment.



Introduce yourself and ask permission to help. Gently touch the shoulder; do not shake the person.



Reassess after treatment, movement or deterioration. Start with bleeding and A. Clothing or blankets must not hide a tourniquet.



Treat a life-threatening problem immediately: airway, breathing, circulation and consciousness. A detailed history can wait.



Complete SAMPLE after lifesaving measures. Filling in a form must not delay transfer.



Choose one coordinator and give everyone clear tasks. Communicate essential information briefly and clearly.

If the person does not respond, call emergency services immediately. If they are not breathing normally, start CPR.

Reference numbers (see pages 50-52): 1, 10

The primary survey

Stay calm, call for help, treat immediate threats

Make the scene safe first; then ask for help and call emergency services.

1 Introduce yourself and check response



Give your name and ask a conscious person for permission to help.

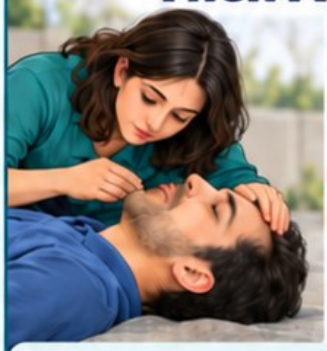
2 Life-threatening bleeding first



Apply direct pressure with gauze or a clean cloth.

xABCDE / CABCDE

3 Then ABCDE



- **A** Airway
- **B** Breathing
- **C** Circulation
- **D** Disability
- **E** Exposure and warmth

Treat each immediate threat as you find it.

4 Reassess



After any treatment, movement or deterioration, restart with bleeding and A.

Keep an applied tourniquet visible.

5 Give clear tasks



Choose one coordinator; assign tasks briefly and clearly.

6 History after lifesaving care



SAMPLE

Signs and symptoms, Allergies, Medicines, Past history, Last oral intake, Events

Questions and forms must not delay transfer.

Unresponsive and not breathing normally?



Start CPR immediately and follow the emergency call handler's instructions.

Reference numbers (see pages 50-52): 1, 2

Control severe bleeding

Danger: spurting, continuous flow, pooling blood or rapidly soaked clothing!



Press firmly and directly with your palm. Do not stop pressing to look.



Call for help and expose the wound. Wear gloves; place gauze or a clean cloth over the wound.



Ordinary pressure dressing

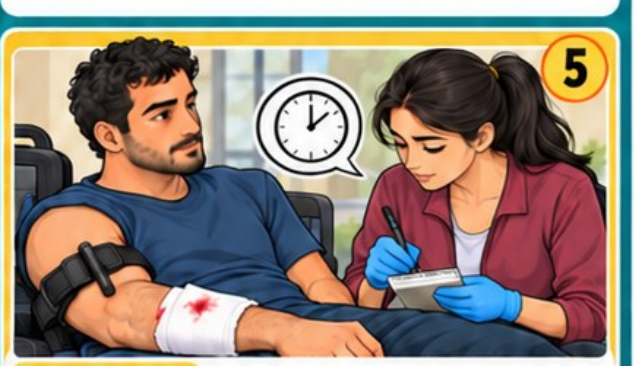
Once bleeding is controlled, keep the dressing in place. Fingers must not become cold, pale or numb.



Do not remove the first pad; keep pressing. Add another layer of gauze if needed.



Do not press on an injured eye, protruding bone or embedded object. Do not pull objects out; support them and seek specialist help.



Tourniquet Life-threatening arm or leg bleeding not controlled by pressure? Use a tourniquet according to training or emergency guidance. Record the application time; do not loosen or remove it.

Control bleeding first: washing wounds, looking for bullets or closing the skin must not delay help and transfer.

Reference numbers (see pages 50-52): 1, 16

Tourniquets for life-threatening limb bleeding

Use a commercial device according to its instructions and practical training



Life-threatening arm or leg bleeding not controlled by direct pressure? Call emergency services; use a commercial tourniquet. Never apply one to the neck or torso.

Apply 5–7 cm above the wound, towards the body. Never over a joint; if needed, position it above the joint.



Pull the strap tight; turn the windlass until bleeding stops. Secure the windlass in its clip. It may be painful; the aim is to stop bleeding.



If bleeding continues, apply a second tourniquet above the first. Do not remove the first; arrange urgent transfer.



Record when each tourniquet was applied. Keep it visible and tell the treating team the time.



Do not loosen or remove the tourniquet, even if transfer is delayed. Only a qualified clinician should decide when to remove it.

Practise with a training device before an emergency.
Wire, string and narrow straps are not safe substitutes.

Reference numbers (see pages 50-52): 1, 16

When no commercial tourniquet is available

Direct pressure comes first; ordinary elastic is not a suitable substitute



Do not use ordinary elastic, string, wire or narrow straps. Simply knotting a cloth may not control bleeding.



Call for help; start direct pressure. Press firmly and continuously over the wound with a clean cloth.



Broad, non-elastic cloth + a strong windlass. The cloth should be at least 5 cm wide.



An improvised tourniquet is for an emergency only: life-threatening arm or leg bleeding not controlled by pressure. Follow training or emergency call-handler guidance.



Record the time; arrange urgent transfer. Do not loosen or remove the tourniquet. Show the device and application time to the treating team.



Position 5–7 cm above the wound; never over a joint. Turn the windlass until bleeding stops and secure it.

Commercial tourniquets are more reliable; learn the practical skills in advance.

Reference numbers (see pages 50-52): 16

Deep wounds and severe bleeding

First aid for the public

Direct pressure and urgent help 1



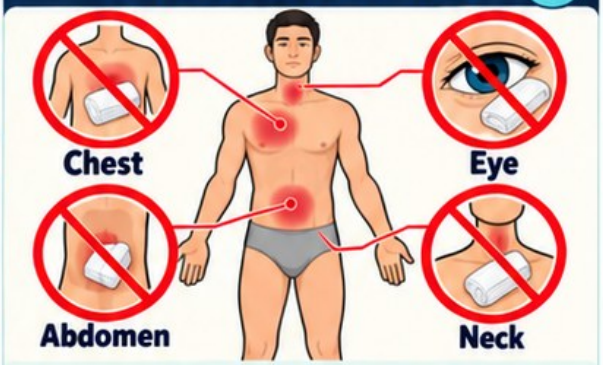
Press firmly and continuously over the bleeding point and call for help.

Wound packing: trained people only 2



For a suitable wound in the groin or armpit; follow your training and the product instructions.

Do not pack these areas 3



Do not push gauze into wounds of the chest, abdomen, eye or neck.

Do not remove embedded objects 4



Support the object with gauze around it; apply pressure around the object.

Do not push bone back inside 5



Cover with clean gauze and support the limb without manipulating it.

No probing or chemicals 6



Do not stitch or burn a wound, or pour chemicals into it.

Even a small wound may be deep and dangerous: seek medical care.

Reference numbers (see pages 50-52): 16

A | Keep the airway open

Unresponsive? Call emergency services immediately.

2. Look inside the mouth



Remove only a visible, loose object that is easy to reach.

1. Speech and sound



Clear speech means air is passing for now. Take snoring, gurgling or a changed voice seriously.

4. Suspected neck injury



Minimise neck movement. Jaw thrust is for trained rescuers only.
If the airway does not open, move the head and chin only as much as necessary.

3. No suspected neck injury



Gently tilt the head back and lift the bony part of the chin.

Do not press the soft tissue under the chin.

6. Check breathing



For no more than 10 seconds: look, listen and feel.

Unresponsive + not breathing normally = start CPR.



5. Blood or vomit in the airway



If the airway is threatened, with help roll the head, neck and body together onto the side.

An open airway takes priority.

**Do not sweep blindly inside the mouth. Do not pull out fixed teeth or a stuck object.
Do not put any instrument into the throat.**

Reference numbers (see pages 50-52): 4

B | Check breathing

First aid for adults

Unresponsive: call emergency services immediately.

1. Check breathing



Look for chest movement and listen for breathing, for no more than 10 seconds.

2. Unresponsive and breathing abnormally



Occasional gasps are not normal breathing; start CPR immediately.

3. Danger signs: urgent transfer



Breathlessness, blue lips, severe pain, a chest wound or coughing up blood.

4. After an explosion



Lung injury can appear later. Anyone with symptoms needs medical assessment.

5. Care for a conscious person



A comfortable position, loose clothing, warmth and repeated breathing checks.

6. Breathing equipment: trained rescuers only



Oxygen, suction and bag-mask ventilation require skill and monitoring.

A normal oxygen reading does not rule out danger; do not delay transfer of someone with symptoms.

Reference numbers (see pages 50-52): 1, 2

CPR for an unresponsive adult

Unresponsive + absent or abnormal breathing = start CPR immediately

Occasional gasps are NOT normal breathing.

1 Call for help

Make sure the scene is safe.
Call immediately: UK 999 or 112; Iran 115. Put the phone on speaker.
Ask someone to bring an AED.



2 Correct hand position

Heel of one hand on the lower half of the breastbone; the other hand on top. Interlock fingers and keep arms straight.



3 Push firmly and rhythmically

100–120 compressions per minute
Depth 5–6 cm

Let the chest fully recoil after every compression.
Minimise pauses.



4 Give breaths if trained

30 compressions and 2 breaths, just enough to make the chest rise.
If unable to give breaths, continue chest compressions.

30 compressions
2 breaths



5 Use an AED

Switch it on and follow its instructions.
Nobody must touch the person during rhythm analysis or shock.
Then resume CPR immediately.



6 Continue CPR

Continue until help takes over, you cannot continue, or the scene becomes unsafe.
If normal breathing and signs of life return, reassess breathing.



Change compressor about every 2 minutes.



In trauma, another helper should also manage severe bleeding and the airway.

Based on RCUK 2025 Adult Basic Life Support.

Reference numbers (see pages 50-52): 2

Child and infant CPR

Unresponsive and not breathing normally? Act immediately.

When safe, call: UK 999 or 112; Iran 115. Put the phone on speaker.

Follow the emergency call handler's instructions.

1. Airway and breathing



- Open the airway; check breathing for no more than 10 seconds.
- Keep an infant's head near neutral; do not tilt it too far back.
- **Occasional gasps are NOT normal breathing.**

2. Five initial breaths



- If able, give 5 initial rescue breaths.
- Infant: cover mouth and nose. Child: mouth-to-mouth, pinch the nose.
- Each breath about 1 second, just enough for the chest to rise.

3. Chest compressions



- Press on the lower half of the breastbone.
- Depth: about one third of the chest: infant about 4 cm; child about 5 cm.
- Allow full chest recoil after every compression.

4. Correct hand position



- Infant: both thumbs on the breastbone; fingers encircle the chest and back.
- Child over 1 year: one or two hands, according to size.
- Practise these methods on a manikin.

5. Repeat compressions and breaths

Public or adult-BLS-trained rescuer:



30 compressions : 2 breaths



Paediatric-BLS-trained rescuer:



15 compressions : 2 breaths



Unable to give breaths? Start continuous chest compressions.

6. Automated external defibrillator



- Follow the AED instructions.
- Use paediatric mode for children under 25 kg (about 8 years), if available.
- If paediatric mode is unavailable, use standard mode.
- Nobody touches the child during analysis or shock. Resume CPR immediately.



Being alone or without a suitable mask must not prevent action.
This picture does not replace practical infant and child manikin training.

Not a newborn resuscitation guide.
Training source: RCUK 2025.

Reference numbers (see pages 50-52): 3

Adult choking

Food or a foreign body blocking the airway

999 Severe choking: call for help.
UK: 999 / 112 • Iran: 115

2. Up to 5 back blows



Lean them forwards. Give blows between the shoulder blades with the heel of your hand. Check after each blow.

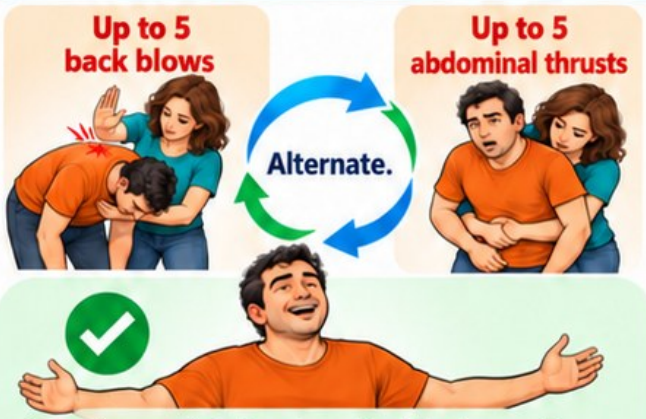
1. Effective cough



If coughing strongly, encourage coughing and stay with them.

If unable to speak or cough effectively, continue below.

4. Repeat and reassess



Stop immediately when the blockage clears.

3. Up to 5 abdominal thrusts



If back blows fail, place a fist above the navel and below the breastbone. Grasp it with your other hand and pull inwards and upwards.

6. If unresponsive



Lower carefully onto a firm surface. Start CPR with chest compressions and follow emergency instructions.

5. During pregnancy



Use chest thrusts instead of abdominal thrusts during pregnancy or if you cannot encircle the abdomen. Follow emergency telephone instructions.



Do not sweep blindly inside the mouth. Remove only a clearly visible, easily reached object.



Never give abdominal thrusts to an infant under one year.



Medical assessment is needed after abdominal or chest thrusts.

This method is not for mouth bleeding or mouth wounds. | Based on RCUK 2025 and Red Cross guidance.

Infant choking

Under one year of age.

Severe choking: call for urgent help.
UK 999 / 112 • Iran 115

1 Effective cough or cry?

Stay with the infant and monitor breathing.



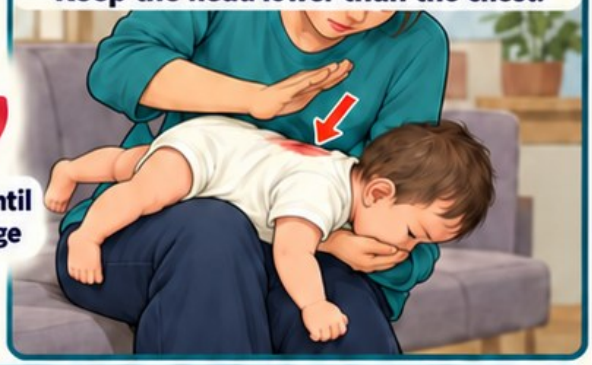
2 Unable to breathe or cry?

Call 999 / 112 immediately.



3 Up to 5 back blows.

Support the head and jaw.
Keep the head lower than the chest.



4 If not cleared: up to 5 chest thrusts.

Use two thumbs, with hands encircling the chest.



Alternate until the blockage clears.

5 No abdominal thrusts.

Never sweep a finger blindly inside the mouth.



Stop blows or thrusts once breathing or crying returns.

6 Unresponsive? Begin infant CPR.

Give 5 initial rescue breaths, then chest compressions and breaths.
Follow emergency instructions.



Use this illustration alongside practical training and emergency guidance. RCUK 2025

Reference numbers (see pages 50-52): 3

Choosing a body position

Do not put every injured person in the same position.

2. Unresponsive + normal breathing, no injury



Place on their side in the recovery position.
Check airway and breathing regularly.

1. Unresponsive + abnormal breathing



Lay on their back and start CPR.
The recovery position does not replace CPR.

4. Blood or vomit blocks the airway



With helpers, turn the head, neck and trunk together onto the side.
An open airway takes priority.

3. Possible neck or spinal injury



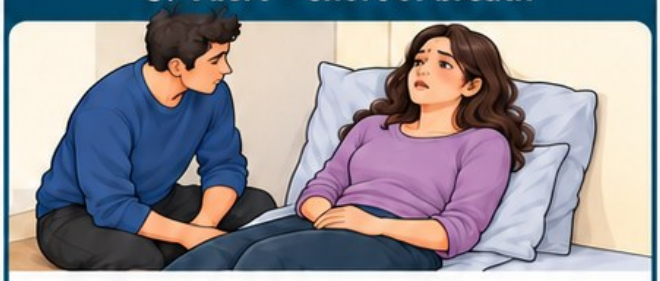
Avoid unnecessary movement.
Support the head in a tolerable position.

6. Severe weakness or suspected shock



If breathing allows, lay on their back and keep warm.

5. Alert + short of breath



Allow a comfortable position, usually semi-sitting.



Never force the neck or a limb to straighten it.
Reassess after any change in consciousness or breathing.
Seek professional help urgently.

Reference numbers (see pages 50-52): 1, 4

Open chest wound
First aid until help arrives

Breathlessness, sucking sounds or frothy blood are danger signs.
Their absence does not rule out danger.



Leave the wound open.
Do not cover the hole.



Call emergency services immediately.
UK: 999 / 112. Iran: 115.
Arrange urgent transfer to a medical facility.



Do not remove an embedded object.
Do not probe the wound.



Control bleeding around the wound with local pressure.
Do not pack or block the hole.



Continually check breathing and responsiveness.
Do not delay transfer.



Trained responders only:
Use a purpose-made vented chest seal.
Check that air can escape.



Do not use plastic or a three-sided taped dressing.



Searching for an exit wound must not delay transfer.

Based on RCUK / ERC first-aid guidelines 2025.

Reference numbers (see pages 50-52): 1

Pneumothorax is different from an airway problem

Air or blood around the lung



Pneumothorax: air

Haemothorax: blood

In the space around the lung

Airway problem



A problem along the route that air enters

General first aid



Call for help and arrange urgent transfer

Danger signs



Worsening breathing or reduced consciousness after a chest injury: **an emergency!**

Specialist treatment



Chest drainage is for the clinical team only

Until help arrives



If alert: allow a comfortable position for breathing. Check breathing and responsiveness. Keep warm.



Do not puncture the chest or neck with a needle or knife.

Making an opening in the neck does not drain air or blood from around the lung. Caring for an existing tracheostomy differs from creating a new one.

Reference numbers (see pages 50-52): 1, 10

C | Circulation and shock

Shock means insufficient blood and oxygen reach the organs.

Call emergency services immediately:
UK 999 / 112 • Iran 115

2 Control bleeding



Apply direct pressure to a bleeding wound.
Recheck for visible bleeding.

1 Warning signs



Pale skin, cold sweat, weakness, rapid breathing or confusion.
Not every sign needs to be present.

4 Appropriate positioning



If breathing allows, lay on their back.
Avoid unnecessary movement if spinal injury is possible.
Do not raise the legs with head, pelvic, spinal or leg injuries.

3 Take internal bleeding seriously



Pain or swelling in the abdomen, pelvis or thigh, or deterioration, needs urgent help even without visible bleeding.

6 Do not give food or drink



Give nothing by mouth after severe injury or suspected internal bleeding.
IV fluids and injections require a clinician's decision.

5 Keep warm and monitor



Use a blanket and insulation from the ground.
Check breathing and responsiveness frequently.

Normal blood pressure or pulse does not rule out internal bleeding.

Unresponsive and not breathing normally? Start CPR!

Reference numbers (see pages 50-52): 1, 16

D | Consciousness and signs of brain injury

Assess responsiveness, brain and nervous system

2. AVPU scale



U: Unresponsive

P: Responds only to pain

V: Responds to voice

A: Alert

P only describes a response already observed.

1. Check responsiveness



Ask their name and give a simple instruction.

Record any change in response.

Do not cause pain to test a response.

4. Protect the head and neck



Minimise unnecessary head and neck movement.



Do not insert anything into a bleeding ear or nose.

3. Danger signs after head injury



Severe headache



Repeated vomiting



Seizure



Increasing confusion



One-sided weakness



Reduced consciousness

Urgent help and hospital transfer

6. Check breathing after a seizure



Unresponsive + abnormal breathing: start CPR.

More than 5 minutes, or repeated seizures without recovery: emergency.

First seizure, pregnancy, injury or breathing difficulty: urgent help.

5. During a seizure



Make the surroundings safe.
Cushion the head.
Record start and finish times.

Do not restrain.

Put nothing in the mouth.

UK: 999 / 112 • Iran: 115 | Do not leave the person alone

Reduced consciousness may result from head injury, lack of oxygen, shock or illness.

Educational sources: NHS • St John Ambulance • RCUK 2025

Reference numbers (see pages 50-52): 1, 4

E Exposure and environmental protection

Examine only as much as needed, then cover again.

Do not delay calling for help or controlling severe bleeding.

2. Do not turn unnecessarily



Minimise movement if spinal injury is possible.
Keeping the airway open takes priority.

1. Look from head to toe



Move only necessary clothing.
Protect the person's privacy.

4. Protect the wound



After bleeding is controlled, cover a soft-tissue wound with clean gauze.

Open chest wounds, eye injuries and exposed abdominal organs need special care.

3. Keep dry and warm



Carefully replace wet clothing.
Put blankets underneath and over the body.

Do not cover the face or airway.

6. Protect from the environment



Shelter from wind, rain, strong sunlight and contamination.
Keep checking breathing and responsiveness.

5. Protect privacy and dignity



Do not take or share photographs without consent.
If possible, let a trusted companion stay.

A blanket does not replace transfer and treatment.

UK: 999 /112 · Iran: 115 An injured person may become cold even in warm weather. Safety guidance: RCUK 2025.

Reference numbers (see pages 50-52): 1

Fractures and injuries to the neck, spine or pelvis

Support; never force straight

Take severe pain, deformity, numbness or an open wound seriously.

Support the injured limb

Support it in the position found and tolerated, using a pillow or soft clothing.

Do not pull it or force it straight.



Immediate dangers first

Make the scene safe and call emergency services. UK **999**/**112**; Iran **115**.

Severe bleeding, airway and breathing take priority.



Do not rotate the neck

Ask an alert person to keep their head still and comfortable.

Do not turn the neck to test for injury.

Do not fit an improvised collar.



Splint only if trained

Use a padded splint. Before and afterwards, check colour, warmth, feeling and finger movement. Report any deterioration immediately to emergency services.



Do not push bone back inside

Cover the wound with a clean dressing.

Do not press on protruding bone or push it back inside.



Do not press on the pelvis

Do not press or rock the pelvis to examine it. **Do not force** painful or deformed legs together. Use a pelvic binder only with training; cloth tied around the waist is not a substitute.



Move only for immediate danger or a life-saving action, with as little movement as possible.

Airway care and CPR take priority over spinal immobilisation.

Reference numbers (see pages 50-52): 1, 12

Eye injuries, abdominal wounds and amputation

First aid until emergency help arrives

UK: 999/112 · Iran: 115

Safety first, control severe bleeding and check breathing

2. Exposed abdominal tissue



Do not push tissue back inside or apply pressure.
Cover loosely with clean gauze moistened with saline or clean water. Prevent it from drying out.

1. Penetrating eye injury



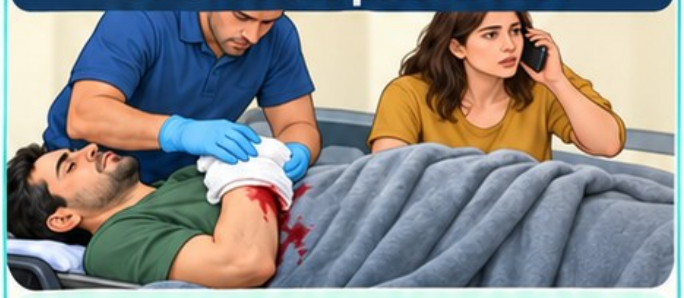
Do not apply pressure, remove an object or rinse the eye.
Place a rigid shield without touching the eye or object. Urgent transfer is needed.

4. Package the detached part



Wrap in clean gauze lightly moistened with saline. Place in a waterproof bag and seal it.

3. Save the person first



After amputation, first control the person's bleeding with direct pressure. Do not delay care while searching for the detached part.

6. To hospital with the person



Record the time of injury and the person's identifier. Take the part to the same medical facility with the person. Your safety and saving life take priority.

5. Keep cool



Place the sealed bag in a container of ice and water. The part must not touch water or ice directly. Do not freeze it.

A penetrating wound or fragment near the eye, chest or abdomen needs urgent assessment, even with little bleeding.

Reference numbers (see pages 50-52): 13, 14, 16

Burns and smoke injury

First aid while waiting for help

Safety first: move away from the source. Do not enter fire or a smoke-filled area.

2 Remove jewellery early

Gently remove rings, watches and clothing that is not stuck.





Do NOT remove clothing stuck to the skin.

1 Cool for 20 minutes

Cool thermal burns under cool running water, not ice. Keep the rest of the person warm, especially children and people with extensive burns.



4 Put nothing on the burn

No ice, oil, butter, toothpaste, soil or powder.
Mild pain does not rule out a deep burn.



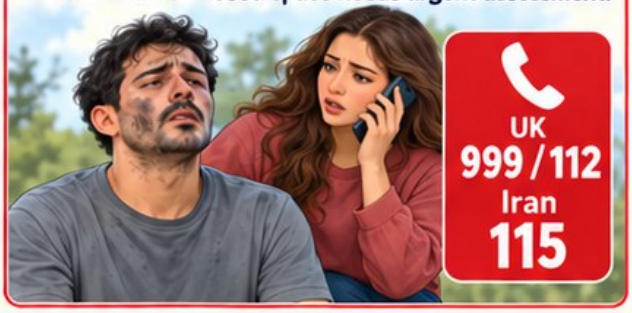
3 Cover loosely and cleanly

After cooling, apply a clean non-stick covering.
Do not wrap tightly around the limb.
Do not burst blisters.



5 Airway injury: an emergency

Face or neck burns, hoarseness, soot in the mouth or difficulty breathing: **urgent help.**
A burn in an enclosed space needs urgent assessment.



6 Chemicals and electricity

Chemical, electrical, deep or extensive burns need urgent treatment.
Switch off electricity safely before touching someone who has been electrocuted.



Contact with acid or alkali



Protect your hands. Gently brush off dry powder and remove contaminated clothing.
Immediately rinse with plenty of water and seek emergency guidance.
Do NOT neutralise with another chemical.

Unknown substance: avoid contact and seek specialist advice immediately.
The 20-minute instruction above is for thermal burns.

General First-aid education • Sources: NHS and British Red Cross

Reference numbers (see pages 50-52): 6

Smoke, dust and mask limitations

Fresh air and escape from danger come first

2. A wet cloth is not reliable protection

Wet or dry cloth does not reliably protect against smoke, tear gas, toxic gases or low oxygen.



1. Move away from danger

Go to clean air and a safe place. Do not enter a smoke-filled room or contaminated enclosed space to attempt a rescue.



4. Take warning signs seriously

Headache, nausea, confusion, breathlessness or unconsciousness after smoke exposure: seek urgent medical help. Little visible soot does not rule out poisoning.



3. Know what masks cannot do

A correctly fitted N95 or FFP2 reduces particles. It does not protect against toxic gases or vapours and does not supply oxygen.



6. Prevent poisoning

Never use a generator, charcoal brazier or running engine in an enclosed space. Do not use a cooker to heat a room.



5. Stay with the person

Do not leave a symptomatic person alone. Monitor breathing. Do not tie a cloth over the face of someone with reduced consciousness or severe breathing difficulty.



A mask cannot replace escape from danger and medical treatment.

First aid for the public

Reference numbers (see pages 50-52): 8

Tear gas and chemical contamination

Symptoms alone cannot identify the chemical.

1 Move to clean air



Move away from the source. Follow specialist instructions to evacuate or shelter.

Do not enter a contaminated area without suitable protection.

2 Remove contaminated clothing



Remove carefully; cut it off if possible rather than pulling it over the head.

Do not touch contaminated areas without gloves.

3 Rinse skin and eyes



For ordinary tear gas: wash skin with plenty of water and soap. Rinse eyes gently with plain water for 10–15 minutes. Remove contact lenses and do not reuse them.

4 Do not rub your eyes



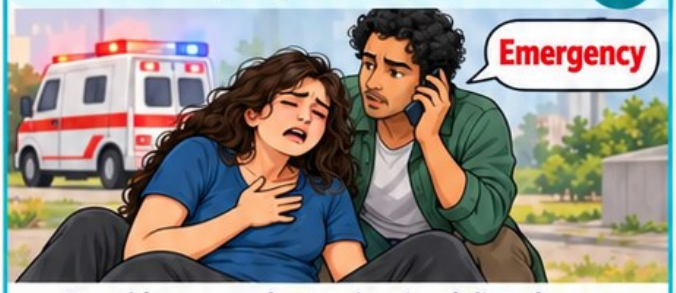
Do not put milk, vinegar, lemon juice, bleach or household neutralising agents into the eyes.

5 Do not spread contamination



Seal contaminated clothes in a bag, then a second bag.
Tell responders where it is.
Wash glasses with soap and water.

6 Warning signs: urgent help



Breathlessness, chest pain, visual disturbance, burns, seizures or reduced consciousness need urgent treatment. Tell the treatment centre about contamination before arrival.

Unknown or reactive chemical: seek specialist instructions.
Do not give home antidotes or injections.
Chemical contamination and injury may occur together.

Source: CDC

Reference numbers (see pages 50-52): 7

Entrapment under rubble and crush injury

Help from a safe place; leave technical rescue to rescue teams.

1 Scene safety first



Do not enter an unstable structure.
Do not move heavy rubble yourself.

2 Help from a safe place



Call emergency services and rescue teams. Report the location, hazards, time trapped, breathing and bleeding.

3 Relieve pressure only if safe



If release is possible without collapse or further injury, do not delay it.
Leave heavy rubble to rescue teams.

4 Tourniquets are not for 'toxins'



Do not apply a tourniquet to prevent 'toxins' spreading.
Tourniquets are for life-threatening limb bleeding.

5 Care after release



Keep checking breathing and consciousness. Control bleeding and keep the person warm.

6 Urgent medical assessment



Hospital assessment is needed even if the person seems well. Report breathessness, weakness, severe pain, little or dark urine, or reduced consciousness.

This poster does not teach entry into rubble or technical extrication.

Reference numbers (see pages 50-52): 5

Children, pregnancy and existing conditions

Adapt first aid to age and individual needs

Safety first, control severe bleeding, then ABCDE assessment

Unresponsive and not breathing normally? 2



Call emergency services immediately (UK 999/112; Iran 115), put the phone on speaker and start CPR. Follow the call handler's instructions.

Do not leave a child alone 1



Keep a trusted adult with the child and keep the child warm. Children cool more quickly; take bleeding seriously.

Compress to the correct depth 4



Depth: about one third of the chest.
Child: about 5 cm.
Infant: about 4 cm.
Rate: 100–120 compressions/ minute.
Allow full chest recoil after each compression.

Rescue breaths and chest compressions 3



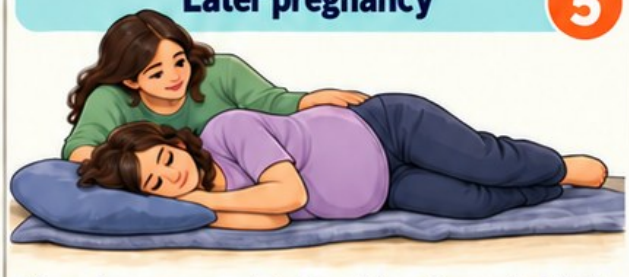
If trained, give 5 initial rescue breaths, then 30 compressions and 2 breaths. Paediatric CPR-trained rescuers: 15 compressions and 2 breaths.
If unable to give breaths, give chest compressions.

Report illnesses and medicines 6



Tell responders about pregnancy, diabetes, heart or lung disease and blood-thinning medicines.
Do not give another person's medicine.

Later pregnancy 5



If conscious, use a comfortable position, often on the left side.
Suspected spinal injury: coordinate movement with responders.
For CPR: on the back, on a firm surface.

Never use abdominal thrusts for choking in an infant.
Based on 2025 resuscitation guidance. This image does not replace practical child and infant CPR training.

Reference numbers (see pages 50-52): 3, 10

Multiple casualties: priorities for help

Prioritise medical danger and available resources, not arrival order or political beliefs.



1 Report immediate danger signs

Immediately tell the response leader about severe bleeding, airway problems, severe breathlessness or reduced consciousness.



3 Everyone needs reassessment

Check wounds and possible fractures in people who are currently stable. Reassess after help and while waiting.



2 Guide people along a safe route

Direct people who can walk to a designated safe place. Being able to walk does not rule out serious injury.



5 Specialist decisions belong to trained teams

Formal triage and decisions to stop resuscitation belong to trained teams. Do not declare someone dead based on one sign.



4 Number, time and clear notes

Record a temporary number and time so nobody is lost. Do not rely on colour alone: write a clear description.



This image is not a formal mass-casualty triage algorithm.
If no response leader is present, seek professional guidance for difficult decisions.

Reference numbers (see pages 50-52): 17

If help is delayed

Continue care, repeated checks and contact with emergency services.

2. Record and call again

Note the time, changes in symptoms and actions taken. Repeat telephone instructions back to check you understood.



1. Stay with the casualty

Repeatedly check the airway, breathing, consciousness and bleeding, and recheck after any change. An unstable person needs continuous care.



4. Food and drink: seek clinical advice

Do not give food or drink with severe injury, reduced consciousness, vomiting or possible surgery. During a long delay, ask a clinician about a fully alert, stable person.



3. Protect the body

Provide dry covering, insulation beneath the person and suitable shelter. Avoid prolonged pressure. If spinal injury is possible, movement must be coordinated.



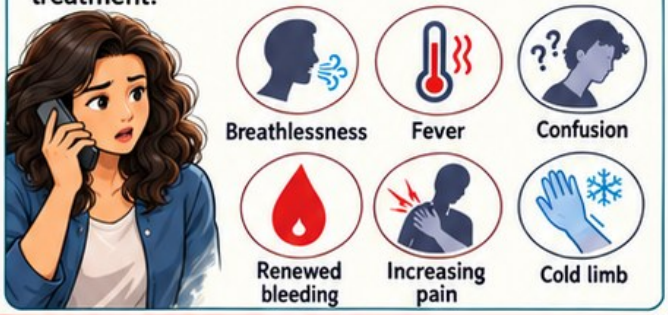
6. Do not improvise medical treatment

Do not loosen, remove or replace a tourniquet yourself. Surgery, injections, strong painkillers, sedatives and antibiotics require clinical assessment and instructions.



5. Report deterioration immediately

Report renewed bleeding, breathlessness, confusion, fever, increasing pain or a cold limb. Temporary improvement does not remove the need for treatment.





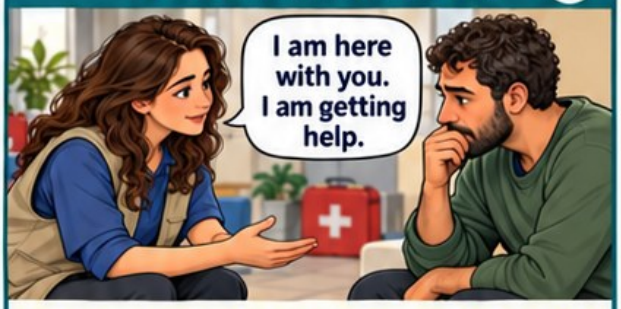
Unresponsive and not breathing normally?
Start CPR and follow emergency telephone guidance.

Reference numbers (see pages 50-52): 1, 4

Psychological support and respect

Listen calmly; help with dignity.

1 Be calm and honest



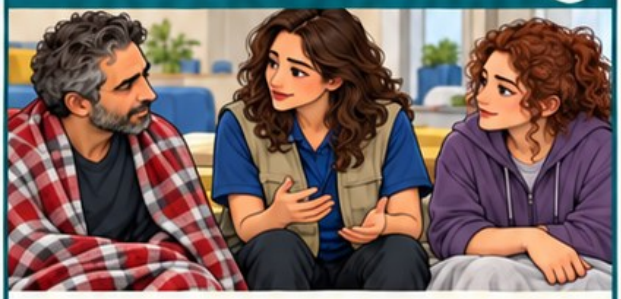
Introduce yourself and ask permission to help. Do not make promises you cannot guarantee or force the person to retell the event.

2 Contact someone they trust



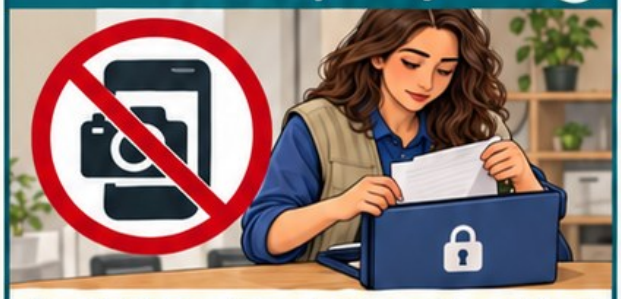
If safe and possible, with the person's consent, arrange a trusted companion, interpreter or way to communicate.

3 No blame or discrimination



Do not blame or interrogate an injured person. Give care according to need, not beliefs or role.

4 Protect privacy



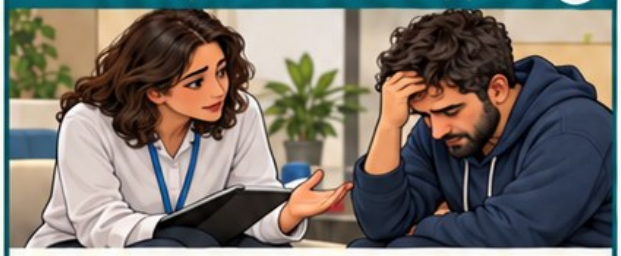
Do not take or share photos or video without consent. Keep information confidential and use it only for care.

5 Care for helpers too



Provide water, food, rest and support. Nobody must be forced to recount a distressing experience.

6 Seek professional support



Thoughts of self-harm, severe persistent insomnia or disruption to daily life need professional support.

If there is immediate risk of self-harm, do not leave the person alone and seek urgent help.

Psychological support does not replace bleeding control, help with breathing or physical treatment. Do not attribute confusion or reduced consciousness to anxiety alone.

Reference numbers (see pages 50-52): 9

Preparing a casualty for transfer

Move quickly and safely; do not delay urgent treatment

2. Stretcher and trained team



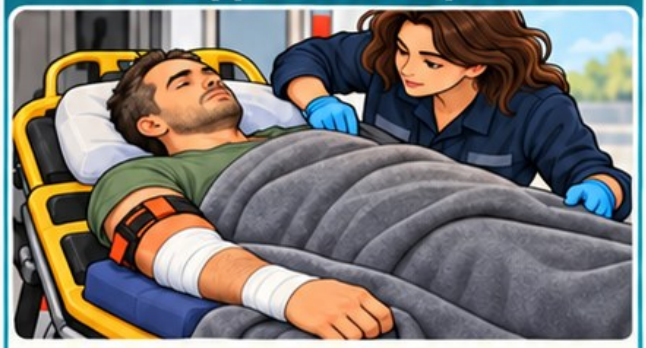
If spinal injury is possible, leave movement to a trained team.

1. One person coordinates



The coordinator stays at the head and assigns support for the head, trunk, pelvis and legs.

4. Support and keep warm



Protect wounds; cover the body, but leave any tourniquet visible. Do not put anything around the neck.

3. Move together; do not pull



For essential movement, minimise twisting of the head, neck and trunk. Do not pull an injured limb.

6. Safe route, suitable destination



Coordinate the route and a suitable trauma centre with emergency services. Alert the destination.

5. Monitor during transfer



A companion monitors breathing and consciousness. If the condition changes, reassess bleeding and ABCDE.

In a safe place, do not move the casualty without a reason; immediate danger or a life-saving need are exceptions. Untrained carrying with a blanket or by hand risks a fall; ask responders for help.

Airway, breathing and control of severe bleeding come first.

Reference numbers (see pages 50-52): 1, 12

Pre-transfer checklist

Do not delay urgent transfer to complete a checklist.

If you find a danger, act immediately.



1 Safe route and destination

Route and destination are agreed.
The treatment centre knows about possible contamination.



2 Bleeding controlled

Severe bleeding is controlled. If used, the tourniquet is visible and its time recorded.
Do not loosen or remove it.



3 Open airway

The airway is open. Position is suitable for breathing and possible injuries.



4 Monitor breathing and consciousness

Keep checking breathing and responsiveness.
No unsuitable device or dressing should restrict the chest.



5 Support injured parts

Support the head, neck, trunk and injured limbs.
No strap or pressure around the neck.



6 Warmth and privacy

Provide a blanket and dry insulation underneath.
Keep the face uncovered and preserve privacy.



7 Companion, handover card and equipment

A monitoring companion, handover card and essential equipment accompany the person.
Record the destination and departure time.

If breathing or consciousness worsens:

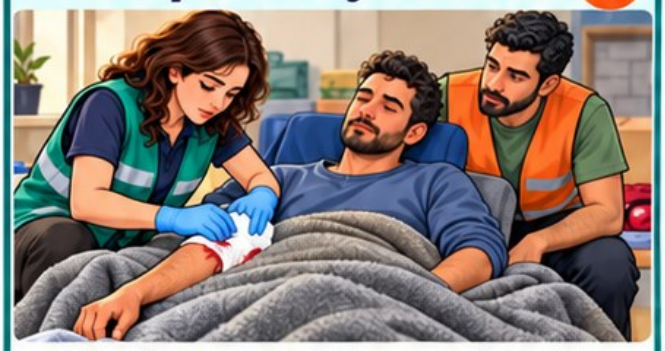
reassess severe bleeding, airway and breathing, and seek professional emergency guidance.

Reference numbers (see pages 50-52): 1, 4

Volunteer first-aid teams

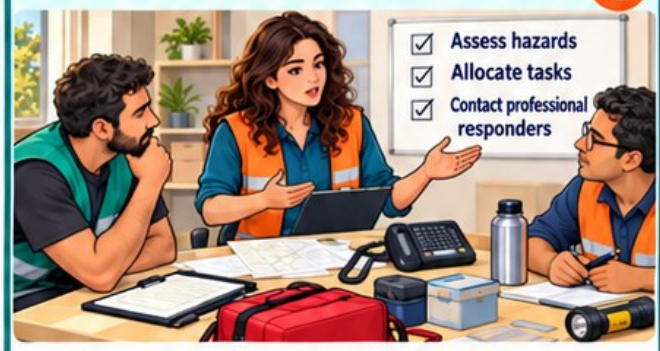
Train before a crisis; work safely and coordinate with professional responders.

Help within your skills 2



Only within your training: control bleeding, monitor the airway and breathing, and keep the person warm.

Coordinate and share tasks 1



Assess hazards and available resources. Allocate tasks and keep in contact with professional responders.

Transfer and support 4



Prepare equipment, stretcher, companion and a safe route. Learn and practise casualty handling in advance.

Communicate and record 3



Record location, casualty number, time, symptoms, actions and transfer destination. Keep personal information confidential.

Volunteer safety 6



Do not send children or untrained people into danger. Do not use official emergency-service emblems without permission.

A safe place for care 5



Stay away from active threats and contamination. Identify the entrance, care area, exit and area for people who can walk.

A volunteer team cannot replace a surgical team, a professional ambulance or a rescue team working under gunfire.

Reference numbers (see pages 50-52): 1, 10



2. Only with training

Commercial tourniquet, haemostatic gauze, splint, vented chest dressing and CPR breathing barrier.

Use according to training and the manufacturer's instructions.



1. Basic supplies

Disposable gloves, sterile gauze, non-adherent dressings, bandages and safety scissors. Blanket, insulating mat, clean water, torch and marker.



4. Regular checks

Check expiry dates, intact packaging and stock.

Keep training tourniquets separate.



3. Be ready to call

Emergency contact number, record card, confirmed routes and treatment centres, batteries, power bank and a paper guide.



6. No invasive equipment

Knives, chest-puncture needles and surgical instruments have no place in a public first-aid kit.

Do not give injections without appropriate authorisation.



5. Clean and dry

Use fresh gauze and gloves for each casualty.

Do not share masks or gloves.



Train before a crisis; help only within your skills.

Reference numbers (see pages 50-52): 1

A brief history SAMPLE

After urgent care, ask the person or their companion.
Taking a history must not delay life-saving help.

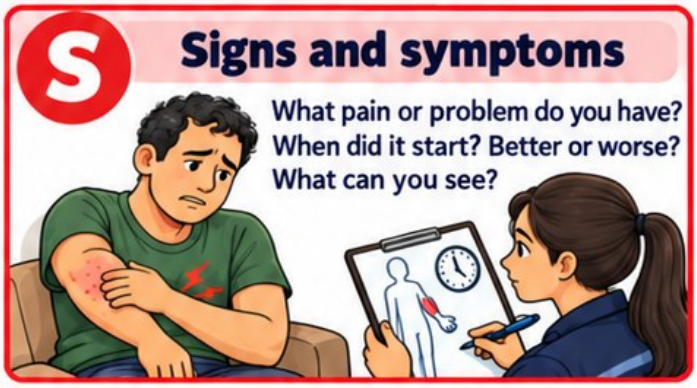
A Allergies

Which medicines, foods or substances are you allergic to?
What was the previous reaction?



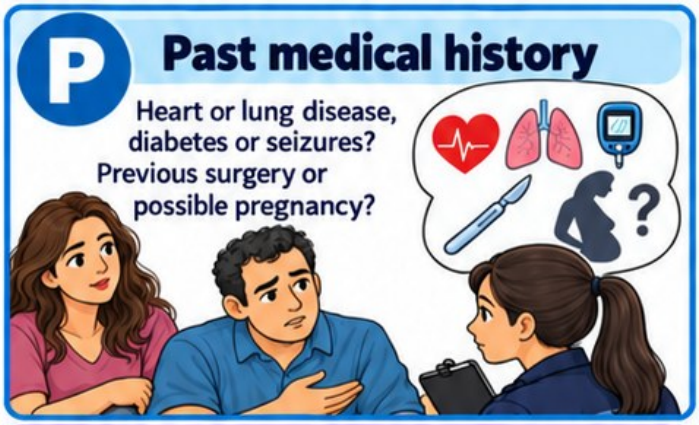
S Signs and symptoms

What pain or problem do you have?
When did it start? Better or worse?
What can you see?



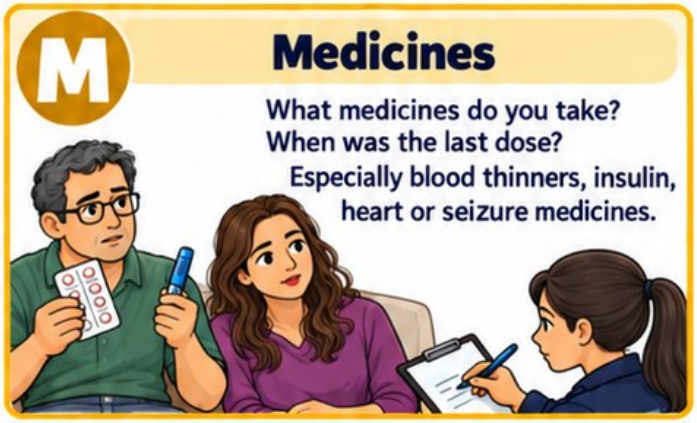
P Past medical history

Heart or lung disease, diabetes or seizures?
Previous surgery or possible pregnancy?



M Medicines

What medicines do you take?
When was the last dose?
Especially blood thinners, insulin, heart or seizure medicines.



E Events leading to injury

What happened? When and how?
A fall, explosion, gunshot, crowd incident or exposure?



L Last food and drink

What was the last food, drink or oral medicine, and when was it taken?



If you do not know, write 'unknown'; do not guess.
Pass this information to the emergency team.

In **SAMPLE**, **S** means signs and symptoms; **E** means events.
Check scene safety separately.

WHO / ICRC / IFEM: Basic Emergency Care

Reference numbers (see pages 50-52): 10

Casualty handover card

One card per casualty; keep it with them until the treatment centre.



1 Identity and incident



- Casualty number, or name with consent
- Approximate age; time and place of incident

2 Injury and contamination



- Mechanism of injury
- Risk of contamination

3 Bleeding and treatment



- Severe bleeding and action taken
- Tourniquet location and application time

4 Current condition



- Airway
- Breathing and consciousness

5 Brief history



- S: Signs and symptoms
- A: Allergies
- M: Medicines

6 Complete the history



- P: Past history and pregnancy
- L: Last oral intake
- E: Events

7 Actions and times



- What was done?
- At what time?

8 During transfer



- Changes in condition en route
- Destination and receiving team

9 Record the handover



- Name or contact of person providing help
- Time of handover



Brief verbal handover

What happened? What is the main injury?
What is the current condition?
What did you do, and when?



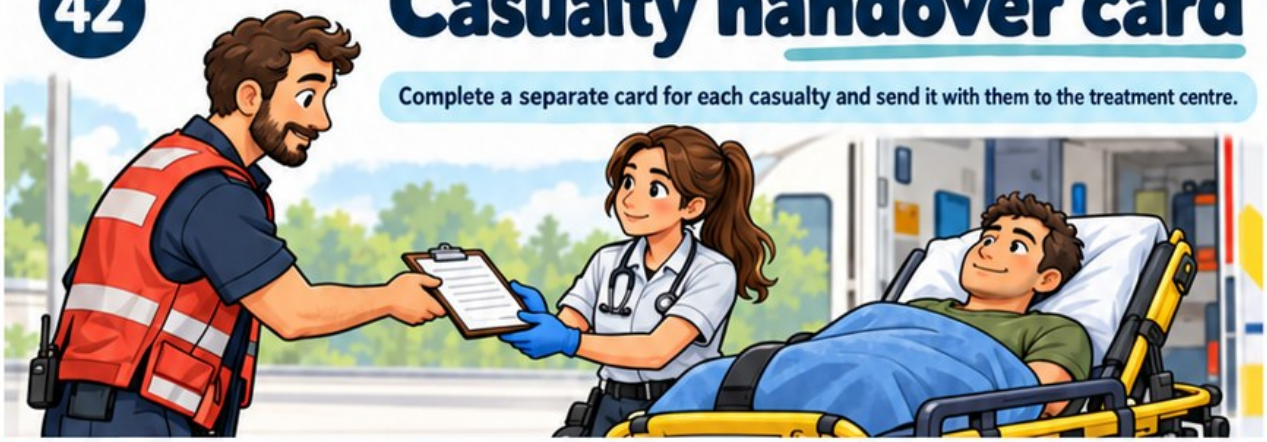
Share only the information needed for care.

Reference numbers (see pages 50-52): 10

42

Casualty handover card

Complete a separate card for each casualty and send it with them to the treatment centre.



1. **Casualty number, or name with consent:** .....
   Approximate age: ..... **Time of incident:** ..... **Location:** .....

2. **Mechanism of injury and contamination risk:** .....

3. **Severe bleeding and action taken:** .....
   Tourniquet location and application time: .....

4. **Airway:** ..... **Breathing:** ..... **Consciousness:** .....

5. **S** Signs and symptoms: ..... **A** Allergies: ..... **M** Medicines: .....

6. **P** Past history and pregnancy: ..... **L** Last oral intake: .....
   E Events: .....

7. **Actions and their times:** .....

8. **Changes in condition en route:** .....
   Destination: ..... **Handed over to:** .....

9. **Name or contact of person providing help:** .....
   Time of handover: .....



Brief verbal handover

What happened? What is the main injury?
What is the current condition?
What did you do, and when?

Share only the information needed for care.

Reference numbers (see pages 50-52): 10

Practical training for the public and volunteers

Reading starts the learning; practise and assess skills with an instructor and training equipment.

2. Practical exercises

Apply pressure to a wound model, use a training tourniquet, record times, choose a body position and give a brief handover of a simulated casualty.



1. Core skills

Safety, calling for help, bleeding control, opening the airway, recognising abnormal breathing, CPR and using an AED.



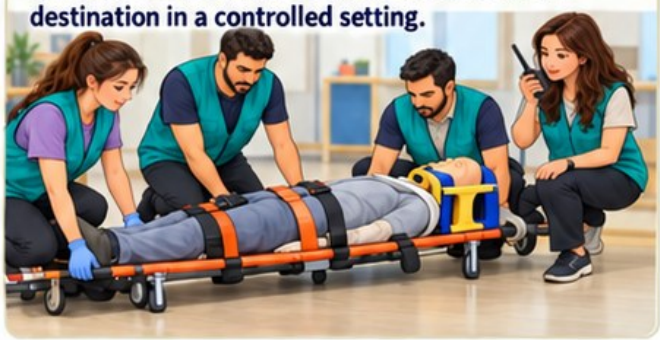
4. Reliable training resources

WHO community first-aid programmes support non-professional responders linked to the health system. Check the official website for available versions and languages.



3. Transfer team practice

Practise safe carrying, assigned roles, head and spinal protection, and communication with the destination in a controlled setting.



6. Safe practice and assessment

Practise on mannequins with training equipment under an instructor. Demonstrate the skill in a simulated scenario and receive feedback.



5. Learning for everyone

Use pictures, demonstrations and explanation in the learner's own language. The aim is correct skills, not memorising Latin words.



Warning: during practice, do not tighten a tourniquet on a healthy person until blood flow stops.



Practical instruction and skills assessment remain essential.

Reference numbers (see pages 50-52): 1, 10

Training resources for nurses and healthcare staff

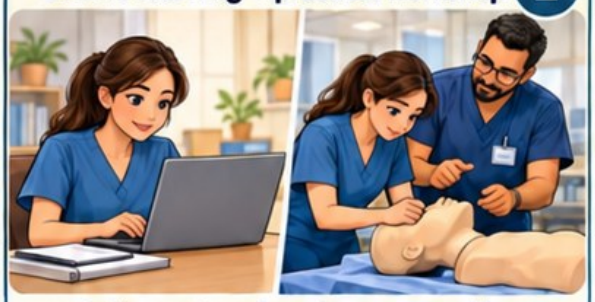
Choose training to match your role, competence, equipment and clinical supervision.

1 Basic Emergency Care



BEC for first-contact healthcare staff: ABCDE assessment and the SAMPLE history.

2 Online learning + practical workshop



Online review alone does not provide independent competence or BEC provider certification.

3 NTSP training



Online learning, printed resources and simulation for tracheostomy and laryngectomy emergencies.

4 Know the scope of training



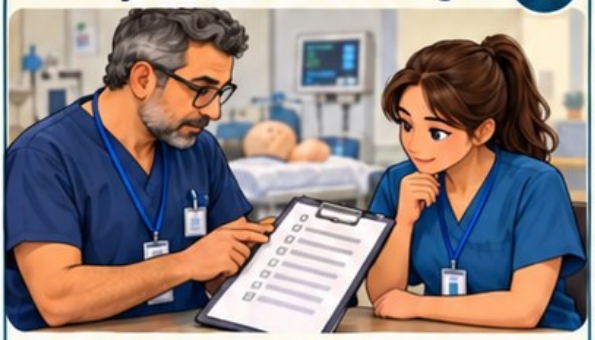
Caring for an existing airway is different from creating a surgical airway or treating a pneumothorax.

5 Each skill needs its own competence



Oxygen, suction, ventilation and advanced procedures need appropriate training and assessment.

6 A job title is not enough



The title "nurse" or a BLS certificate alone does not authorise every procedure.

Reliable training + practical exercises + competence assessment + clinical supervision

WHO / ICRC — BEC | tracheostomy.org.uk — NTSP Availability, language, cost and local recognition of these courses in Iran have not been verified in this guide.

Reference numbers (see pages 50-52): 10, 11

Training scenario: severe leg bleeding

The scene is safe. Bleeding from the lower leg rapidly soaks a cloth.

2. Control bleeding | X



Apply direct pressure with gauze or a clean cloth.
If severe bleeding continues, use a commercial tourniquet 5–7 cm above the wound, **not over a joint.**
Tighten until bleeding stops and record the time.

1. Safety and help



Call emergency services: UK 999/112; Iran 115.
Ask someone to clear access for the ambulance.

4. Circulation and consciousness | C and D



Check for pallor, weakness, reduced consciousness and other bleeding.
Reassess after every action.

3. Airway and breathing | A and B



Ask their name and check breathing.
If unresponsive and not breathing normally, start CPR with emergency-dispatcher guidance.
A tourniquet does not end the assessment.

6. Dangerous mistakes



Do not loosen the tourniquet.

Do not remove shrapnel.

Do not delay transfer to stitch the wound.

5. Warmth, monitoring and transfer | E



Keep warm with a blanket and insulation underneath; leave the tourniquet visible.
Stay with the casualty and hand over the tourniquet time.

This is a training scenario and does not guarantee an outcome.

Source: RCUK First Aid Guidelines 2025

Reference numbers (see pages 50-52): 1, 16

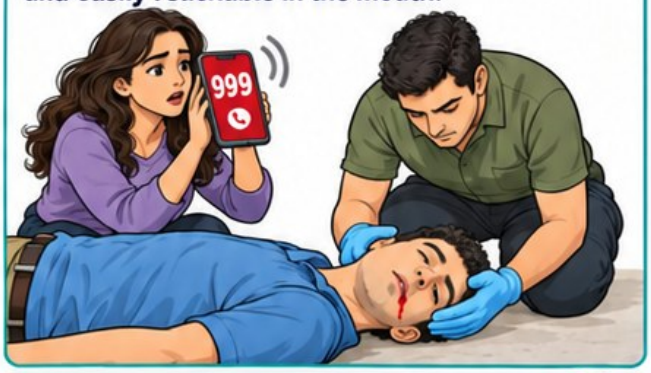
Scenario 2: unconsciousness and blood in the mouth

After a fall and head injury, the person is unresponsive with blood in the mouth; neck injury is possible.

The airway takes priority; minimise neck movement.

Safety, help and airway 1

In a safe place, call emergency services and use speakerphone.
Support the head and neck.
Remove only a loose object that is clearly visible and easily reachable in the mouth.



If blood threatens the airway 2

Roll the head, neck and torso together onto the side, keeping them aligned as far as possible, so blood can drain.
Ask others to help, but do not wait to open the airway.



Recheck breathing 3

Once the airway is open, check breathing for no more than 10 seconds.



If unresponsive and not breathing normally:
place on their back on a firm surface and start CPR with emergency-dispatcher guidance.

Monitoring and urgent transfer 4

Recheck airway, breathing, responsiveness and other bleeding regularly.
Keep warm and arrange urgent transfer.



Dangerous mistakes 5



Do not force a choking casualty to remain on their back.



Do not rotate the neck to test whether it is injured.



Do not blindly sweep a finger into the throat.

Rolling when necessary to clear the airway does not mean placing every injured person in the recovery position.

Source: **ANZCOR** airway guidance and **RCUK** First Aid Guidelines 2025

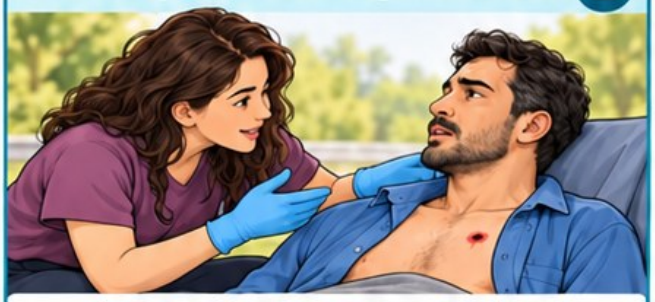
Reference numbers (see pages 50-52): 4

Scenario 3

Chest wound and breathing difficulty

After a gunshot, the person is conscious but struggling to breathe; there is little external bleeding.

Airway and breathing — A and B 2



Check speaking and breathing.
Let the person remain in a comfortable position for breathing.

Safety and urgent help 1



Stay in a safe place. Call emergency services: UK 999/112; Iran 115, and request urgent transfer.

Circulation and consciousness — C and D 4



Watch for weakness, cold sweat and reduced responsiveness.
Record changes and report them to the emergency team.

Do not interfere with the wound 3



Do not seal the wound with airtight plastic, pack it, or remove an embedded object.

Specialist vented dressings: only with training and monitoring.

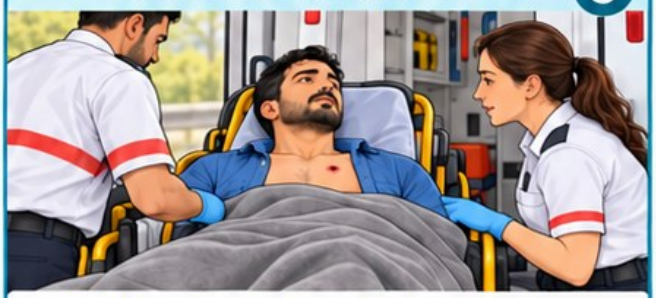
Dangerous mistake 6



Puncturing the chest or neck is not a procedure for a lay first aider.

Tracheostomy does not treat pneumothorax.

Warmth and transfer — E 5



Keep warm; do not delay transfer.
Continuously monitor airway and breathing.

A small wound and little blood do not rule out serious internal injury.

If the person becomes unresponsive and is not breathing normally, start CPR with emergency-dispatcher guidance.

Reference numbers (see pages 50-52): 1

Example 4: Explosion with several injured people

Scene safety first; then help in a safe place

Control severe bleeding 2



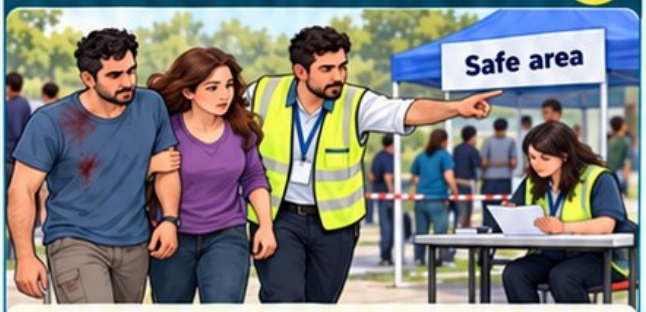
In a safe place, apply firm direct pressure to the wound and call urgently for help.

Do not enter danger 1



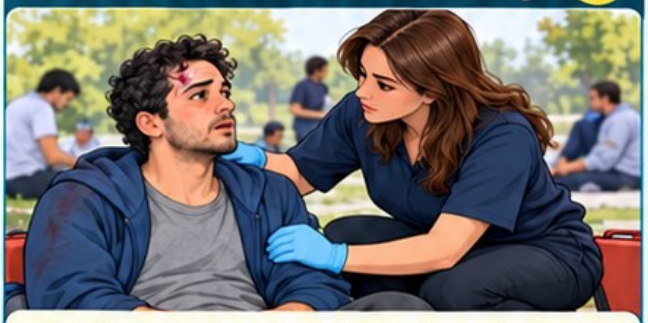
Keep away from smoke and the risk of another explosion. Leave risk assessment and rescue to professional responders.

Follow up people who can walk 4



Guide them to a designated safe area and record their details. Report chest pain, breathlessness, hearing loss, abdominal pain or any change.

Take confusion seriously 3



Check airway, breathing, bleeding and possible head injury. Reduced consciousness needs urgent help.

Dangerous mistakes 6



Coordinate and reassess 5



Assign coordination, first aid, recording and transfer roles. Immediate threats come first; reassess everyone.

Being able to walk does not rule out serious injury. Blast injuries may become apparent later.

This example does not replace a mass-casualty triage protocol.

Reference numbers (see pages 50-52): 17

Example 5: Tear gas and wheezing

A person with asthma has burning eyes and wheezing after exposure to an irritant, but is still conscious.

2. Breathing and urgent help

Check their ability to speak and breathe. Severe breathlessness or inability to speak a full sentence: **call emergency services immediately.**

UK: 999 or 112 | Iran: 115



1. Move to fresh air

Move away from the source to a safe place. Do not return to collect belongings.



4. Their own prescribed inhaler

If conscious, help them use their own reliever inhaler according to their asthma action plan.

Do not give another person's medicine, an unprescribed injection, or homemade eye solutions.



3. Decontamination

Remove and bag contaminated clothes.
Wash skin with soap and water.
Rinse eyes gently with plain water for 10–15 minutes; remove contact lenses.



Do not delay urgent help to wash.

6. Two dangerous beliefs

A wet cloth does not provide full protection.
Tear gas is not always harmless.



Severe or persistent symptoms after leaving need medical assessment.

5. Deterioration

Drowsiness, blue colour or reduced responsiveness is dangerous.
Recheck airway and breathing.



Unresponsive with abnormal or absent breathing: start CPR following emergency guidance.

In an asthma attack, if the inhaler is unavailable or the person is not improving, seek urgent help.

CDC · NHS · Resuscitation Council UK

Reference numbers (see pages 50-52): 1, 7

Sources and official links

Sources listed in the Persian edition, reviewed there on 12 October 2026. Links are clickable in the digital edition.

1. Assessment, bleeding, chest wounds and first aid

Resuscitation Council UK. First Aid Guidelines. 2025.

https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines/first-aid-guidelines

2. Adult resuscitation

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3. Child resuscitation and infant choking

Resuscitation Council UK. Paediatric Life Support. 2025.

https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines/paediatric-basic-life-support-guidelines

4. Opening the airway and clearing blood or vomit

ANZCOR. Guideline 4: Airway.

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5. Crush injury and safe release

ANZCOR. Guideline 9.1.7: First Aid Management of Crush Injury. 2025.

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6. Burns

NHS. Burns and scalds.

https://www.nhs.uk/conditions/burns-and-scalds/

Sources and official links - continued

Sources listed in the Persian edition, reviewed there on 12 October 2026. Links are clickable in the digital edition.

7. Tear gas

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8. Limits of mask protection

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9. Psychological support

WHO. Psychological First Aid: Guide for Field Workers. 2011.

https://www.who.int/publications/i/item/9789241548205

10. Basic emergency care and training for first-contact healthcare workers

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11. Tracheostomy care and emergencies

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https://tracheostomy.org.uk/healthcare-staff/courses

12. Fractures and limb support

American Red Cross. Fractures.

https://www.redcross.org/take-a-class/resources/learn-first-aid/fractures

Sources and official links - continued

Sources listed in the Persian edition, reviewed there on 12 October 2026. Links are clickable in the digital edition.

13. Abdominal injury

American Red Cross. Abdominal Injury.

https://www.redcross.org/take-a-class/resources/learn-first-aid/abdominal-injury

14. Eye injuries

NHS. Eye injuries.

https://www.nhs.uk/conditions/eye-injuries/

15. Iran's medical emergency number

GOV.UK. Iran: Getting help.

https://www.gov.uk/foreign-travel-advice/iran/getting-help

16. External and internal bleeding

American Red Cross. Life-threatening bleeding.

https://www.redcross.org/take-a-class/resources/learn-first-aid/bleeding-life-threatening-external

17. Professional triage

WHO. Interagency Integrated Triage Tool.

https://www.who.int/tools/triage

A course title or certificate alone does not authorise every procedure. The availability, language, cost and local recognition of courses in Iran have not been verified in this book.

Stand together to save lives

Safety

Move away from danger first.

Help

Medical emergency: UK 999 or 112; Iran 115.

Bleeding

Apply direct pressure; use an appropriate tourniquet for life-threatening limb bleeding.

Breathing

Unresponsive and not breathing normally? Start CPR.

Care

Provide warmth, respect, continued monitoring and safe transfer.

Mr Peyman Bakhshayesh | MD, PhD, MBA

https://peymanorthopaedics.world

https://seculardemocraticiran.world