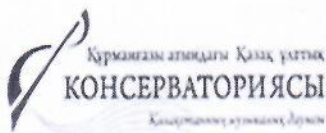


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Republican State Institution
«Kurmangazy Kazakh National
Conservatory» of the
Ministry of Culture and Information of the
Republic of Kazakhstan

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26.03.2025

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№ И-01-25

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APPROVED

By the decision of the Academic Council
RSI «Kurmangazy Kazakh National
Conservatory»

Ministry of Culture and Information
of the Republic of Kazakhstan

Protocol No. 09 «26» 03 2025

RENDERING FIRST AID TO THE INJURED

Developed by:			
Head of the Social Work Sector		Kuatkhankyzy M.	26.03.2025
Position	Signature	Full name	Date

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1. GENERAL PROVISIONS

1. This Instruction on Rendering First Aid to the Injured (hereinafter referred to as the “Instruction”) establishes the procedure for providing first aid by employees of the Republican State Enterprise “Kurmangazy Kazakh National Conservatory” under the Ministry of Culture and Information of the Republic of Kazakhstan (hereinafter referred to as the “Conservatory”), who do not possess medical qualifications, including those who have undergone relevant training.

2. This Instruction has been developed in accordance with the following legal and regulatory documents:

1) The Code of the Republic of Kazakhstan dated July 7, 2020, No. 360-V "On the Health of the People and the Healthcare System" (as amended and supplemented as of March 16, 2025);

2) The Rules on Rendering First Medical Aid by Persons Without Medical Education, Including Those with Relevant Training, as well as the Standards for Rendering First Medical Aid, approved by the Order of the Minister of Health of the Republic of Kazakhstan dated December 15, 2020, No. ҚР ДСМ-269/2020.

3. First aid is a set of urgent basic measures provided at the scene of an incident either by the victim independently (self-help) or by nearby individuals (mutual aid) before the arrival of medical professionals. Its purpose is to preserve life, prevent complications in emergency situations, and reduce threats to the victim’s health and life.

4. Familiarization with this Instruction on Rendering First Aid is mandatory for all employees of the Conservatory, regardless of their qualifications, education, work experience, or job responsibilities.

5. The Instruction on Rendering First Aid shall be conducted by the Head of the Medical Service of the Conservatory once a year.

6. The fact of conducting the Instruction shall be recorded in the safety and occupational health instruction registration logbook.

7. The requirements of this Instruction are considered the minimum necessary and shall not be regarded as exhaustive and/or restrictive for a specific situation.

2. GENERAL REQUIREMENTS FOR RENDERING FIRST AID

8. First aid to the injured shall be rendered by persons without medical education, including those who have undergone relevant training and acquired first aid skills.

9. Persons without medical education but trained in rendering first aid to the injured must be familiar with the basics, signs, and methods of providing first aid.

10. A person rendering first aid shall carry out the following measures to assess the situation and ensure safe conditions for providing assistance:

- 1) identification of factors posing a threat to their own life and health;
- 2) identification of factors threatening the life and health of the injured;
- 3) elimination of factors creating a threat to life and health;
- 4) cessation of the impact of harmful factors on the injured;
- 5) assessment of the number of injured persons;
- 6) ensuring the movement of the injured person, if necessary.

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11. A person rendering first aid shall assess the condition of the injured person based on the following criteria:

- 1) determining the level of consciousness;
- 2) checking for signs of life (pulse, breathing);
- 3) identifying life-threatening injuries.

12. A person rendering first aid shall call an ambulance team by dialing 103, and, if necessary, other emergency services by dialing 112, and communicate, based on the words of the injured person, the following information:

- 1) surname, given name, patronymic (if available), age, and gender of the injured person;
- 2) condition of the injured person and details of the accident, injury, or illness;
- 3) address and telephone number, as well as indicative directions for locating the injured person.

3. FIRST AID MEASURES

13. First aid includes temporary bleeding control, dressing of wounds, immobilization in case of fractures, artificial respiration, and other measures.

14. As a priority, the injured person must be placed in a recovery (lateral) position to ensure breathing:

- 1) remove glasses (if worn);
- 2) kneel beside the injured person, ensuring their legs are straight;
- 3) position the arm closest to you at a right angle to the body, bent at the elbow, with the palm facing upward;
- 4) place the far arm across the chest, positioning the back of the hand on the floor (ground) as close to the injured person's face as possible;
- 5) with your other hand, lift the far leg above the knee, keeping the foot on the floor (ground);
- 6) bend the upper leg at the hip and knee at a right angle;
- 7) slightly tilt the injured person's head backward to ensure airway patency;
- 8) regularly check breathing until the arrival of the ambulance crew (EMS).

15. Primary signs of life:

- 1) arterial pulsation on the neck (left or right side), at the wrist, or in the groin area on the anterior inner surface where the femoral artery is located;
- 2) presence of breathing, which can be detected by the fogging of a mirror or a smooth shiny surface;
- 3) pupil reaction to light, as well as the moisture and luster of the cornea. The light reflex is checked by covering the eyes from daylight with a hand and then quickly removing it. Constriction of the pupils is considered a positive reaction.

16. Until the arrival of emergency services (103, 112), the injured person must not be left unattended, and their condition must be constantly monitored.

4. BASIC RESUSCITATION

17. If the injured person is unconscious but breathing, it is necessary to eliminate any danger, place them in the recovery (lateral) position, monitor their condition, and call emergency services at 103 (112).

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18. If the injured person is unconscious and not breathing, it is necessary to eliminate any danger, call emergency services at 103 (112), and immediately begin continuous chest compressions until their arrival.

19. If an automated external defibrillator (AED) with a chest compression quality control sensor, intended for use by persons without medical education, is available, it should be used to increase the injured person's chances of survival and to restore cardiac activity.

20. If breathing and cardiac activity are restored, place the injured person in the recovery (lateral) position.

21. Until the arrival of emergency services (103, 112), the injured person must not be left unattended, and their condition must be continuously monitored.

5. CARDIOPULMONARY RESUSCITATION METHODS

22. If the injured person is unconscious and not breathing, it is necessary to eliminate any danger, call emergency services at 103 (112), and immediately begin continuous chest compressions until the arrival of the ambulance crew (EMS).

23. If the injured person is an adult (over 12 years old), perform 30 compressions in the center of the chest (with the heel of one hand placed over the heel of the other hand, ensuring fingers do not press on the ribs) to a depth of 5–6 cm, keeping the elbows straight. Then perform 2 rescue breaths into the injured person's mouth. If rescue breathing is not performed, continue uninterrupted compressions. Continue until the arrival of the EMS crew or the appearance of the first signs of life.

24. If the injured person is a child (from 1 to 12 years old), cover the child's mouth with your lips and perform 5 rescue breaths, each lasting 1 second, then perform 30 chest compressions to a depth of 4–5 cm (using one hand) in the center of the chest, followed by 2 rescue breaths. Continue until the first signs of life appear.

25. If the injured person is an infant (from 0 to 12 months), cover both the infant's mouth and nose with your lips and perform 5 rescue breaths, then carry out 30 chest compressions with two fingers in the center of the chest to a depth of one-third of the chest's thickness, followed by 2 rescue breaths. Continue until the first signs of life appear.

6. ASSISTANCE IN CASE OF FOREIGN BODY OBSTRUCTION OF THE AIRWAYS

26. If the injured person is choking but can speak, cough, or cry, it is necessary to encourage coughing, not interfere with it, and not strike the back.

27. If the injured person cannot speak but is coughing or crying, deliver up to five sharp upward thrusts with the heel of the hand between the shoulder blades.

28. If the injured person is a pregnant woman or an individual with a large abdomen:

- 1) perform five chest thrusts with the hands on the center of the chest;
- 2) if this does not help, repeat back blows between the shoulder blades.

29. If breathing is not restored, apply the Heimlich maneuver:

- 1) stand behind the injured person and encircle them with your arms;

- 2) clench one hand into a fist and place it with the thumb side inward between the navel and the rib cage;
- 3) cover the fist with the other hand;
- 4) sharply bend the elbows and perform strong, quick inward and upward thrusts;
- 5) perform five such thrusts, then deliver five back blows, continuing until coughing resumes.

30. If the injured person loses consciousness, proceed with basic resuscitation measures.

31. Until the arrival of the ambulance crew (EMS), the injured person's condition must be continuously monitored.

7. ASSISTANCE IN CASE OF EXTERNAL BLEEDING

32. Call the emergency services at 103 (112).

33. In case of bleeding from the head:

- 1) apply several layers of a pressure bandage;
- 2) seat the injured person in a comfortable position.

34. In case of nasal bleeding:

- 1) pinch the nostrils with fingers for 10–15 minutes;
- 2) apply a cold compress through a towel to the bridge of the nose;
- 3) do not tilt the head back;
- 4) do not lie down or blow the nose.

35. In case of bleeding from the neck:

- 1) quickly press the bleeding site with your fingers;
- 2) apply several layers of a pressure bandage made from improvised materials and hold it with your hand;
- 3) keep the bandage in place until the arrival of the ambulance crew (EMS).

36. In case of bleeding from the abdomen or chest:

- 1) apply several layers of a dressing made from improvised materials;
- 2) if there are foreign objects in the chest or abdominal wall, do not touch or attempt to remove them.

37. In case of bleeding from the limbs:

- 1) use a belt, bag strap, tie, or piece of fabric as a tourniquet;
- 2) apply the tourniquet above the bleeding site;
- 3) place a piece of fabric under the tourniquet, insert a short stick, and twist it 2–3 turns until the bleeding stops;
- 4) apply several layers of a pressure bandage made from improvised materials.

38. Bleeding from the brachial artery can be stopped by firmly pressing cotton swabs into the armpit; bleeding from leg wounds can be stopped by pressing the femoral artery in the groin fold.

39. Before applying a rubber tourniquet, place a soft pad made of fabric, cotton, or gauze underneath. The pad should be slightly stretched and wrapped several times around the limb to create a wide pressure zone. The ends of the tourniquet are secured using a hook and chain or tied in a knot.

40. If no tourniquet is available, improvised means (rope, scarf, bandage, belt) may be used to create a twist device.

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41. A tourniquet (or twist device) should be applied for no more than 1.5–2 hours in warm weather and no more than 1 hour in cold weather to avoid limb necrosis. The time of application must be recorded (with a pencil or pen) on the bandage or on a piece of paper placed under the tourniquet.

42. A reliable method to stop bleeding from wounds is maximum flexion of the limb at the joints, followed by fixation in this position.

43. To prevent infection, do not touch the wound with your hands, remove deeply embedded fragments (foreign objects), or take off stuck pieces of clothing. Apply sterile gauze or a bandage to the wound. The bandage should be applied from left to right, with each new turn overlapping the previous one by half its width, and from the narrower part of the body toward the wider part.

44. In case of penetrating wounds, cover the wound with a sterile pad. If internal organs have protruded, place a cotton-gauze ring around them and cover with a sterile pad, ensuring the dressing is not tight. Do not attempt to push the organs back into the wound. The injured person should not drink; only moistening of the lips with water is allowed.

8. FIRST AID FOR LOSS OF CONSCIOUSNESS, SEIZURES, AND CHEST PAIN

45. Call 103 (112) and monitor the victim's condition until the arrival of the ambulance crew (perform basic resuscitation if necessary).

46. In case of loss of consciousness:

- 1) lay the victim on their back and elevate their legs;
- 2) loosen any tight clothing;
- 3) ensure a supply of fresh air;
- 4) wipe the victim's face with cool water or place a damp towel on the forehead;
- 5) in case of vomiting, turn the head to the side or place the victim in the recovery position (to prevent choking on vomit);
- 6) do not raise the victim abruptly to a vertical position.

47. In case of seizures:

- 1) do not attempt to stop the seizure or restrain the victim by force;
- 2) remove nearby objects that could cause injury;
- 3) place a soft pillow (or any available item) under the head.

48. After the seizure ends, the victim should avoid sudden movements.

49. If the seizure does not stop and the victim is unconscious but breathing, place them in the recovery position.

50. If the seizure does not stop, the victim is unconscious and not breathing, perform basic resuscitation until the arrival of the ambulance crew.

51. In case of chest pain:

- 1) if there is severe pain in the chest, neck, or arm, stop any physical activity;
- 2) seat the victim in a comfortable position;
- 3) loosen tight clothing;
- 4) monitor the victim's condition until the arrival of the ambulance crew.

9. FIRST AID FOR INJURIES

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52. If the victim is conscious, breathing, and in a safe location, call 103 (112).
53. Determine the type of injury: open or closed.
54. For a closed injury:
 - 1) apply a cold compress through a cloth to the injured area for 10–15 minutes;
 - 2) immobilize the limb using improvised splints. Suitable splints include sticks, skis, umbrellas, plywood, boards, branches, etc.;
 - 3) place the victim in a comfortable position;
 - 4) monitor their condition until the arrival of the ambulance crew.
55. For an open injury:
 - 1) in case of bleeding, rinse the wound with clean water;
 - 2) apply a multi-layer dressing using improvised materials;
 - 3) immobilize the limb using improvised splints;
 - 4) place the victim in a comfortable position;
 - 5) monitor their condition until the arrival of the ambulance crew.
56. For a leg fracture, apply splints to the outer and inner surfaces of the limb, ensuring immobilization of two adjacent joints. If applying the splint directly to bare skin, pad it with cotton or a soft material, then secure it with a bandage, towel, belts, etc.
57. For an open fracture, first stop the bleeding using a tourniquet, then apply a dressing to the wound. After this, if available, administer a pain reliever and immobilize the limb.
58. For a forearm fracture, bend the arm at the elbow at a right angle, with the palm facing the body. The splint should extend from the fingers beyond the elbow joint. Secure the splint with a bandage, and support the arm with a sling or belt.
59. For a humerus fracture, bend the forearm at the elbow at a right angle and apply two splints: one on the outside of the arm and one from the armpit to the elbow. Secure the splints to the upper arm, and support the bent forearm with a sling or belt.
60. For a femur fracture, use at least two long splints. One should be placed along the outer side of the leg (from the armpit to the heel), and the other along the inner side (from the groin to the foot). Secure the splints to the body. If splints are unavailable, bind the injured leg to the uninjured leg.
61. For a spinal injury, immobilize the head in alignment with the body and hold it with your hands.
62. For a rib fracture, apply a tight circular bandage around the chest.
63. For a clavicle fracture, place cotton in the armpit on the injured side, secure the arm to the body, and support the forearm with a sling.
64. For a jaw fracture, close the mouth and secure the chin with a bandage.
65. If there are foreign objects in a chest or abdominal wound, do not attempt to remove them.
66. In the event of protruding internal organs, cover them with a moist cloth, then with plastic, and apply a tight dressing.
67. For prolonged bleeding, use improvised materials (belt, tie, cloth) to apply a tourniquet above the site of bleeding.
68. For fractures, immobilize the victim in their initial position until the arrival of the ambulance crew.

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69. Transportation of the victim:

- 1) if unconscious – in the recovery position;
- 2) for head and neck injuries – with soft rolls placed around the head and under the neck;
- 3) for spinal injuries – on a rigid stretcher with soft rolls under the neck, lower back, and knees, or on a soft stretcher face down;
- 4) for chest injuries – in a semi-seated position with a roll under the knees or lying on the injured side;
- 5) for abdominal injuries – in the side-lying position;
- 6) for pelvic injuries – on the back with a roll under the lower back and legs slightly apart.

70. If the victim is unconscious and not breathing, perform basic resuscitation and call 103 (112).

10. FIRST AID FOR BURNS

71. A burn is an injury to tissues caused by exposure to high temperatures, electric current, acids, alkalis, or ionizing radiation. Accordingly, burns are classified as thermal, electrical, chemical, and radiation burns.

72. The severity of a burn is determined by the area and depth of tissue damage. Based on the depth of injury, four degrees of burns are distinguished.

73. First aid for a thermal burn consists in eliminating the effect of the damaging factor. In case of burns from flames, extinguish burning clothing and remove the casualty from the fire zone. For burns caused by hot liquids or molten metal, quickly remove clothing from the burn area. Do not tear away clothing that has adhered to the skin; instead, carefully cut around it. Do not puncture or remove blisters, and avoid touching the burn with bare hands.

74. If it is not possible to eliminate the hazard, call emergency services at 103 (112).

75. If the casualty is conscious but not breathing, or unconscious and not breathing, begin basic resuscitation until the ambulance arrives, having called 103 (112).

76. Assess the skin damage:

1) If gray or black scabs are present:

- 1.1) Carefully cut away clothing around the burn wound;
- 1.2) Apply a wide, clean, moist dressing to the wound;
- 1.3) Use a polyethylene bag to maintain dressing moisture.

2) If redness, swelling, and blisters are present:

- 2.1) Cool the affected area under cold running water for at least 15 minutes;
- 2.2) Cut away clothing around the burn wound;
- 2.3) Apply a wide, clean, moist dressing;
- 2.4) Ensure the casualty is in comfortable conditions;
- 2.5) Monitor their condition until medical help arrives.

77. Chemical burns to the skin occur when acids (acetic, hydrochloric, sulfuric, etc.) or alkalis (caustic soda, ammonia, quicklime) come into contact with it. Concentrated acid burns quickly cause a dry, dark brown or black scab with well-

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defined edges. Alkali burns produce a moist, dirty-gray scab without clear boundaries. Immediately remove clothing soaked with the chemical. Reduce the concentration of the chemical on the skin by rinsing the affected area under running water for 20–30 minutes.

78. After rinsing acid burns, weak alkaline solutions (2–3% sodium bicarbonate solution, soapy water) may be applied, or a sterile cloth moistened with a weak alkaline solution may be placed on the wound. In the case of sulfuric acid burns, the use of water is not recommended, as it generates heat that may worsen the injury.

79. For alkali burns, after rinsing with water, the affected area may be treated with a weak acid solution (1–2% acetic acid solution).

80. To relieve pain, the casualty may be given analgesics (Pentalgin, Tempalgin, Sedalgin-VER). In cases of severe intoxication, give 2–3 tablets of acetylsalicylic acid (Aspirin) and 1 tablet of Diphenhydramine.

81. Until the doctor arrives, abundant fluid intake is recommended: hot tea, coffee, alkaline mineral water (500–2000 ml), or the following solutions:

- 1) Sodium bicarbonate solution (baking soda) – ½ teaspoon;
- 2) Sodium chloride solution (table salt) – 1 teaspoon per 1 liter of water;
- 3) Tea solution with the addition of 1 teaspoon of salt and ⅔ teaspoon of sodium bicarbonate or sodium nitrate per 1 liter of water.

82. In case of a chemical eye burn, as immediate first aid, wash the face with eyes closed, then rinse the eyes under running water for 10–15 minutes. This may be done by directing a stream of water from a tap into the eye or pouring water from any clean container. A rubber bulb syringe or a wet cotton swab may also be used to clean the inside of the eye.

83. For acid burns, add a small amount of baking soda to the water (2% solution). For alkali burns, rinse the eyes with a weak (1–2%) acetic acid solution, 2% boric acid solution, or milk.

11. FIRST AID FOR FROSTBITE, HEATSTROKE, AND SUNSTROKE

84. Frostbite is characterized by skin pallor and loss of sensation in the affected areas, followed by swelling and blister formation.

85. If the frostbite victim is conscious and breathing, call 103 (112). If consciousness and breathing are absent, perform basic resuscitation and call 103 (112).

86. The following measures should be taken:

- 1) Move the victim to a warm environment;
- 2) Carefully remove clothing and footwear from the affected area;
- 3) Provide warm drinks;
- 4) Gradually warm the affected body part;
- 5) Apply a bandage made of available materials to the affected areas;
- 6) Monitor the victim's condition until the arrival of emergency medical services;
- 7) Do not rub the affected areas with oils, ointments, or alcohol;
- 8) Do not apply hot objects (heating pads, heaters, etc.) directly to the affected areas;

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9) Do not administer alcohol.

87. Rapid warming of hypothermic body parts is not permitted. Before the victim enters a warm environment, apply thermal insulating dressings to the affected areas. These should remain in place until warmth and sensation return. To restore heat and improve circulation, the victim should drink hot sweet tea or coffee.

88. After applying a thermal insulating dressing, immobilize the arms and legs. Splints or any available materials may be used for this purpose.

89. Heatstroke causes a sharp dilation of skin blood vessels, increased perspiration, and a significant acceleration of pulse and breathing. Severe thirst is accompanied by dryness of the mouth and nasopharynx. Shortness of breath and palpitations occur. Nausea, visual disturbances (“flashing lights”), tingling sensations, and drowsiness may develop. Hallucinations and inappropriate behavior are possible. Increasing dizziness can lead to loss of consciousness and collapse.

90. Sunstroke develops as a result of overheating of the uncovered head under direct sunlight. It is accompanied by dizziness, headache, sudden facial flushing, increased (sometimes slowed) heartbeat, temporary disorientation, and darkening of vision, followed by loss of consciousness.

91. In cases of heatstroke or sunstroke:

- 1) Move the victim to a cool place;
- 2) Remove constricting clothing;
- 3) Apply cooling compresses to the head, chest area, major blood vessels (neck, armpits, groin), and spine;
- 4) Wrap the victim in a sheet moistened with cold water.

92. In the case of sunstroke, the head should be cooled with cold compresses as frequently as possible.

93. If the victim is conscious, abundant fluid intake is recommended — salted water (mineral water may be used), chilled tea, or coffee. Liquids should be consumed in small portions, but frequently (75–100 ml at a time).

12. FIRST AID FOR POISONING (FOOD POISONING, INGESTION OF TOXIC SUBSTANCES)

94. If the victim is conscious and breathing, call 103 (112). If the victim is unconscious and not breathing, perform basic resuscitation and call 103 (112). Monitor the victim’s condition until the arrival of emergency medical services.

95. In cases of food poisoning, the victim may experience headache, vomiting, abdominal pain, and general weakness. Diarrhea and elevated body temperature may also occur.

96. Gastric lavage should be performed — give the victim 3–4 glasses of water or a weak potassium permanganate solution (light pink in color). Lavage should be repeated several times.

97. Administer adsorbent medications, such as activated charcoal (1 tablet per 10 kg of body weight).

98. Provide the victim with warm tea, cover them, and keep them warm until medical assistance arrives.

99. If the toxic substance entered the body orally:

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- 1) Give the victim a large amount of water to drink;
- 2) Place the victim in the recovery (lateral) position to prevent airway obstruction by vomit.

100. If the toxic substance entered the body via the respiratory tract:

- 1) Move the victim to a safe location with fresh air;
- 2) Ensure they are in a comfortable position;
- 3) Loosen any constrictive clothing.

101. If the toxic substance entered the body through the skin or mucous membranes:

- 1) Remove the toxic substance from the skin using available materials (bandage, cloth);
- 2) Rinse mucous membranes with water.

102. In all cases of poisoning, inducing vomiting is prohibited, as is administering laxatives in cases of poisoning with petroleum products, acids, or alkalis.

103. If necessary, administer adsorbent medications (activated charcoal or similar).

13. FIRST AID FOR BITES

104. In the event of a bite, eliminate the source of danger and move the victim to a safe location.

105. Identify the location of the bite on the victim's body.

106. If bleeding is present:

- 1) Rinse the wound with water;
- 2) Apply a pressure bandage using available materials (bandage, gauze, cloth);
- 3) Monitor the victim's condition until medical assistance arrives.

107. If there is no bleeding:

- 1) Rinse the wound with water;
- 2) Apply a cold compress to the bite site;
- 3) Monitor the victim's condition until medical assistance arrives.

108. In the case of a venomous snake bite, it is prohibited to suck out the venom, make incisions, or apply a tourniquet.

109. In the case of a bite or sting from a horsefly, wasp, bee, or tick, carefully remove the stinger.

110. If swelling occurs at the bite site, apply a cold compress.

111. If a tick is found on the skin, it should be removed. To facilitate quick and complete removal from under the skin, apply vegetable oil to the tick.

112. Seek medical attention for preventive measures against tick-borne encephalitis.

14. FIRST AID FOR ELECTRIC SHOCK

113. If the victim is conscious and breathing, call 103 (112). If the victim is unconscious and not breathing, perform basic resuscitation and call 103 (112). Monitor the victim's condition until medical assistance arrives.

114. Disconnect the victim from the source of electric current:

- 1) Switch off the power supply;
- 2) Remove fuses;

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3) Cut the wires only if it is safe to do so and by using insulating materials (e.g., a dry wooden stick), while observing safety precautions to prevent electric shock.

115. Apply a dressing to the affected areas of the body.

116. If necessary, perform artificial respiration.

15. FINAL PROVISIONS

117. This Instruction shall come into force upon its approval and remain in effect until replaced by a revised version.

118. The Academic Council of the Conservatory may introduce amendments and additions to this Instruction based on proposals from the Conservatory's structural subdivisions.

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CHANGES SHEET

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FAMILIARIZATION SHEET

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