

The Rules & Regulations of



British Wadokai

英国和道会空手道連盟 - 本部道場

Valid from 1st January 2015

FEDERATION PRESIDENT
& CHIEF INSTRUCTOR
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British Wadokai is a Full-Member of the
British Wado Federation, European Wado Federation and the International Wado
Federation

EMERGENCY FIRST AID IN THE DOJO

The information contained below is advisory only. Should an injury occur, advise those in the surrounding area and notify a Sensei immediately.

ASSESS THE SITUATION

Observe what has happened. Look for dangers to yourself and to the casualty. Under no circumstances put yourself at risk.

MAKE THE AREA SAFE

Protect the casualty from danger. Eliminate life-threatening hazards. Where necessary, make the area safe. Turn off electricity and remove potential hazards etc. Do not move the casualty. If blood is spilt, protect yourself from infection.

ASSESS CASUALTY AND GIVE EMERGENCY FIRST AID

Under no circumstances should you try to administer first aid within the Dojo if you have not been appropriately trained. Assess each casualty to determine treatment priorities and treat those with life threatening conditions first. Establish if the casualty is conscious, has an open airway, is breathing and has a pulse. Get help. Quickly ensure any necessary specialist help has been summoned and is on its way.

RESUSCITATION

The resuscitation Sequence (ABC - Airway, Breathing, Circulation). Check Response - Open airway and check breathing - Breath for casualty - Assess Circulation - CPR

CHECK RESPONSE

Always assume there are head or neck injuries; handle the head carefully. Speak to the casualty, ask a simple question i.e. what happened? Are you OK? If no response, gently shake the shoulders. If still no response gently pinch the skin. If there is still no response the casualty is unconscious and the ABC checks should be made. If the casualty responds at any stage place the casualty in the recovery position. A conscious casualty may slip in and out of consciousness therefore keep a check on the casualty until specialist help arrives.

AIRWAY

If casualty is unconscious always open the airway. Place two fingers under the point of the jaw and place your other hand on the casualty's forehead. Gently tilt the head back to open the airway. Check the mouth for obstructions and where necessary remove, ensure the tongue is not causing an obstruction.

BREATHING CHECKS

Kneel beside the casualty and put your cheek close to the casualty's mouth and feel for breath. Look down along the chest to see if it is rising. Listen for signs of breathing. Do these checks for at least 10 seconds before making a decision. If the patient is breathing place the casualty in the recovery position and periodically check casualty until specialist help arrives. If the casualty is not breathing give mouth-to-mouth ventilation as follows: Ensure the casualty is lying on their back and remove any obstructions. Open the airway (see above). Pinch the

casualty's nose with your index finger and thumb. Ensure a good seal is made. Take a large breath, place your lips around the mouth and make a good seal. Blow into the casualty's mouth until you see the chest rise. If the chest does not rise check for obstructions and tilt head further back. Remove your lips and allow the chest to fall. Repeat this once i.e. two breaths. Check for signs of circulation (see below). If there is a pulse continue ventilation and check pulse after every 10 breaths. If the patient begins breathing place the casualty in the recovery position and periodically check casualty until specialist help arrives.

CIRCULATION CHECKS

Blood is the medium by which oxygen is transferred, through the arteries, around the body. The heart is the organ that pumps blood around the body. If the heart stops, oxygenated blood cannot reach the essential organs that are required to preserve life. When the heart is working, a pulse can be felt at various points around the body. The strongest pulse can be felt at the carotid artery (hollow at the side of the windpipe). It is at this point that the checks for circulation should be made. Using the first two fingers check the pulse for up to ten seconds. Do not use your thumb; your thumb contains a pulse so there is a danger that you may mistake your own pulse for that of the casualty. While checking the pulse look for other signs of recovery, such as return of colour, movement, breathing, swallowing and coughing. If you cannot find the pulse, or there are no other signs of circulation, begin CPR (Cardio Pulmonary Resuscitation).

CPR – CARDIO PULMONARY RESUSCITATION

Make sure specialist help is on its way. Kneel beside the casualty. Locate the bottom of the sternum (breastbone). Place the palm of your hand two fingers width from the bottom of the sternum. Place the heel of your other hand on top of your hand and interlock your fingers. Keeping your arms straight and in constant contact with the sternum, lean well over the casualty and press vertically down approx. 1 1/2 to 2 inches to depress the rib cage. Release this pressure to allow the rib cage to rise. Keep your hands in constant contact with the sternum and do not bounce. Compress the chest 30 times at a rate of approx. 100 per minute for an adult. 5 times and 1 breath for children under 7 years of age. Then give 2 breaths of artificial ventilation (see above). Repeat this cycle until help arrives or the casualty starts to breathe. For a child give 5 breaths of artificial ventilation initially before you begin the resuscitation sequence.