Outdoor First Aid : UNIT 1

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Welcome

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MODULE 1

Introduction

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HOUSEKEEPING

- Sign in
- Health & Safety
- Facilities
- Mobile phones

COURSE SYLLABUS – DAY 1

- Module 1 – Introduction
- Module 2 – What is outdoor first aid?
- Module 3 – First aid equipment
- Module 4 – Summon assistance
- Module 5 – Monitoring
- Module 6 – Scene survey
- Module 7 – Primary survey
- Module 8 – Secondary assessment
- Module 9 – Resuscitation
- Module 10 – Disorders of respiration
- Module 11 – Wounds and bleeding
- Module 12 – Hypovolaemic shock

COURSE SYLLABUS – DAY 2

Module 1 – Incident management

Module 2 – Bones, joints and muscle injuries

Module 3 – Head and spinal injuries

Module 4 – Chest and abdominal injuries

Module 5 – Major illnesses

Module 6 – Anaphylaxis

Module 7 – Effects of extreme heat and cold

Module 8 – Burn injuries

Module 9 – Eye injuries

Module 10 – Poisoning

Module 11 – Bites and stings

Module 12 – Written assessment

LEVEL 3 AWARD : **OUTDOOR FIRST AID**

- Must attend and successfully complete this Level 3 Award in Outdoor First Aid comprising of 2 units. It requires a minimum of 16 hours classroom-based training and it must be completed within 9 weeks
- A Level 3 Outdoor First Aid qualification can be attained if both units are successfully completed
- Valid for a 3-year period from the achievement date
- Re-qualification is to attend and successfully complete this same 2-day course 3 years from the achievement date

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THE ASSESSMENT PROCESS

The assessment is carried out through practical demonstration, oral questioning and a written assessment paper at the end of the course. Scenarios will be set to allow you to demonstrate the skills and knowledge you have gained.

Scenarios will cover:

- Primary survey, secondary assessment and the recovery position
- CPR & AED
- Fractures, dislocation, sprains & strains
- Choking
- Bleeding and hypovolaemic shock
- Head, spinal, crush, torso and pelvic injuries
- Major illness

MODULE 2

What is outdoor first aid?

Outdoor First Aid : UNIT 1

WHAT IS FIRST AID?

First aid is the initial treatment given to someone who is injured or sick, prior to professional medical assistance arriving and taking over from you.

AIMS OF FIRST AID

- Preserve life
- Alleviate suffering
- Prevent further illness or injury
- Promote recovery





HOW OUTDOOR FIRST AID IS DIFFERENT

Outdoor First Aid has a more distinct focus because:

- Illnesses and injuries occur outdoors, often in adverse conditions that affect both the victim and the rescuer
- Professional medical assistance may be delayed for extended periods of time due to difficult locations, severe weather conditions and a lack of communication and transportation
- Certain injuries and illnesses are far more common in remote locations (sprains and strains, frostbite, insect stings, blisters, hypothermia)
- First aid supplies and equipment may be limited
- Important decisions must be made. For example: Deciding whether to move and evacuate your casualty

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MODULE 3

First aid equipment

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FIRST AID KITS

You can use any type of container to hold your first aid supplies, but you should consider:

- The material – is it weatherproof, durable and easy to recognise?
- The size – will the container fit in your rucksack or a suitable compartment?
- The shape – easily obtainable in an emergency?

Deciding what to pack as part of your first aid kit for the outdoor environment will need careful consideration and planning. You will need to consider the risk factors attached to the activities and the possible injuries or illnesses that are more likely to occur.

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FIRST AID KITS



Minimum suggested contents for a first aid kit:

- A leaflet giving general guidance on first aid
- 20 individually wrapped sterile plasters (assorted sizes) appropriate to the type of work
  (hypoallergenic plasters can be provided if necessary)
- Two sterile eye pads
- Four individually wrapped triangular bandages, preferably sterile
- Six safety pins
- Two large sterile individually wrapped unmedicated wound dressings
- Six medium-sized individually wrapped un-medicated wound dressings
- A pair of disposable gloves

WHAT ELSE MAY BE USED OR NEEDED?

First aid supplies

- Tweezers
- Face shields
- Tick removal tool
- Saline pods
- Clinical waste bags
- Burns dressings
- Haemostatic dressings
- Blister plasters
- Glucose tablets/gel
- Medical tape
- Tourniquet
- Survival blanket
- Antiseptic wipes
- Instant ice packs
- Medication
- Small torch



This list is by no means exhaustive, but it gives you an indication of what may be used or needed.

WHAT ELSE MAY BE USED OR NEEDED?

Equipment for improvisation

- Walking poles
- Rucksack
- Bivouac sack (‘bivi bag’)
- Bothy bag
- Tent / tent poles
- Torch
- Bicycle inner tube
- Roll mat
- Extra clothing
- Rope
- Tarpaulin
- Whistle
- Belt
- Blanket / towels
- Tape
- Scissors

This list is by no means exhaustive, but it gives you an indication of what may be used or needed.



WHAT ELSE MAY BE USED OR NEEDED?

Medication

It is recommended that medication and tablets should not be stored in a First Aid kit. However, for the purposes of Outdoor First Aid, you may need to carry certain types of medication which could prove vital if an incident was to occur.

- Paracetamol
- Aspirin
- Ibuprofen
- Diarrhoea tablets
- Asthma inhaler (if asthmatic)
- Antihistamine



When offering medication that can be bought over the counter to your casualty, then that medication can and should be used in a responsible manner.

EMERGENCY SHELTERS

Emergency shelters are temporary structures that can be used for:

- A general place of rest
- To protect yourself against the elements
- To 'preserve life' if someone falls sick or injured



Shelters can also offer you protection from wildlife and airborne contaminants that may pose a risk.

Bothy Bag

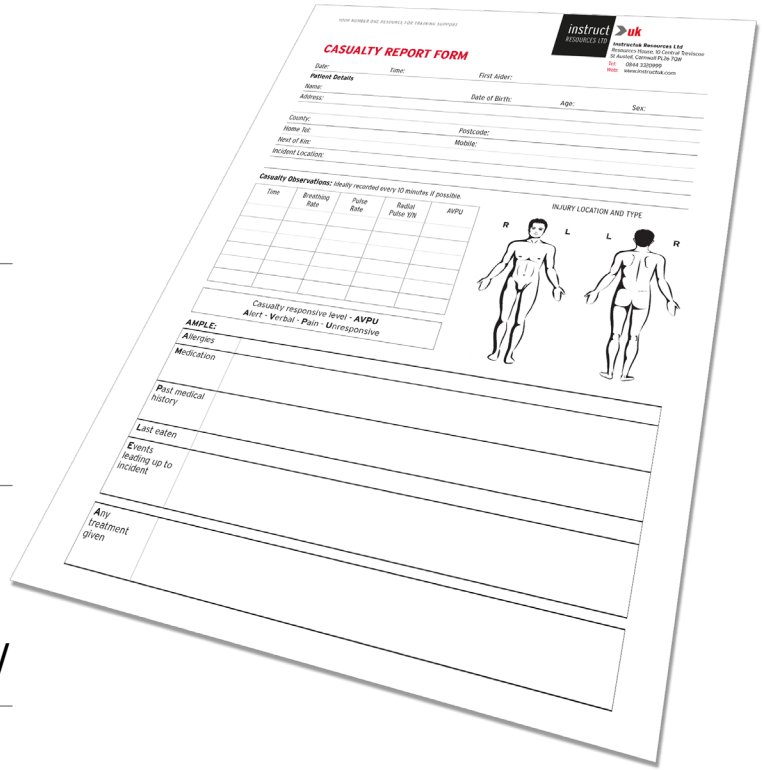
A large, lightweight portable emergency shelter that offers groups protection from the elements. Bothy bags come in a variety of sizes, ranging from a 2-person bag up to a 20-person bag.

CASUALTY REPORT FORM

- A casualty report form is used to gather information about your casualty, which is then handed to the emergency services when they arrive and take over from you

- The form will be a useful point of reference when assessing your casualty and monitoring any vital signs. Casualty report forms come in a variety of formats, but all serve the same purpose

- The casualty report form needs to stay with your casualty at all times and making sure the form leaves with the rescue services is paramount, as this gives them accurate information to continue caring for your casualty



MODULE 4

Summon assistance

WAYS TO SUMMON ASSISTANCE

- Shouting for “HELP”
- International Distress signal

  Can be recognised by:

  6 short blasts of a whistle *or*

  6 flashes of a light repeated every minute
- Morse code …_ _ _ …
- Telephone / mobile phone

  999 or 112 for the emergency services

  (for mountain rescue, request the “POLICE” and then ask for “MOUNTAIN RESCUE”)
- Text message / EmergencySMS





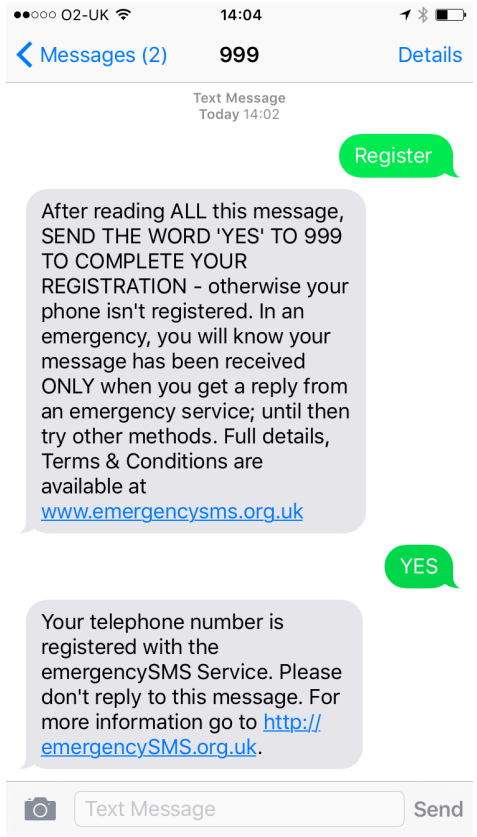


SUMMON ASSISTANCE

How to register with the EmergencySMS service?

Text “Register” to 999
and follow instructions

For more information, visit:
www.emergencysms.org.uk





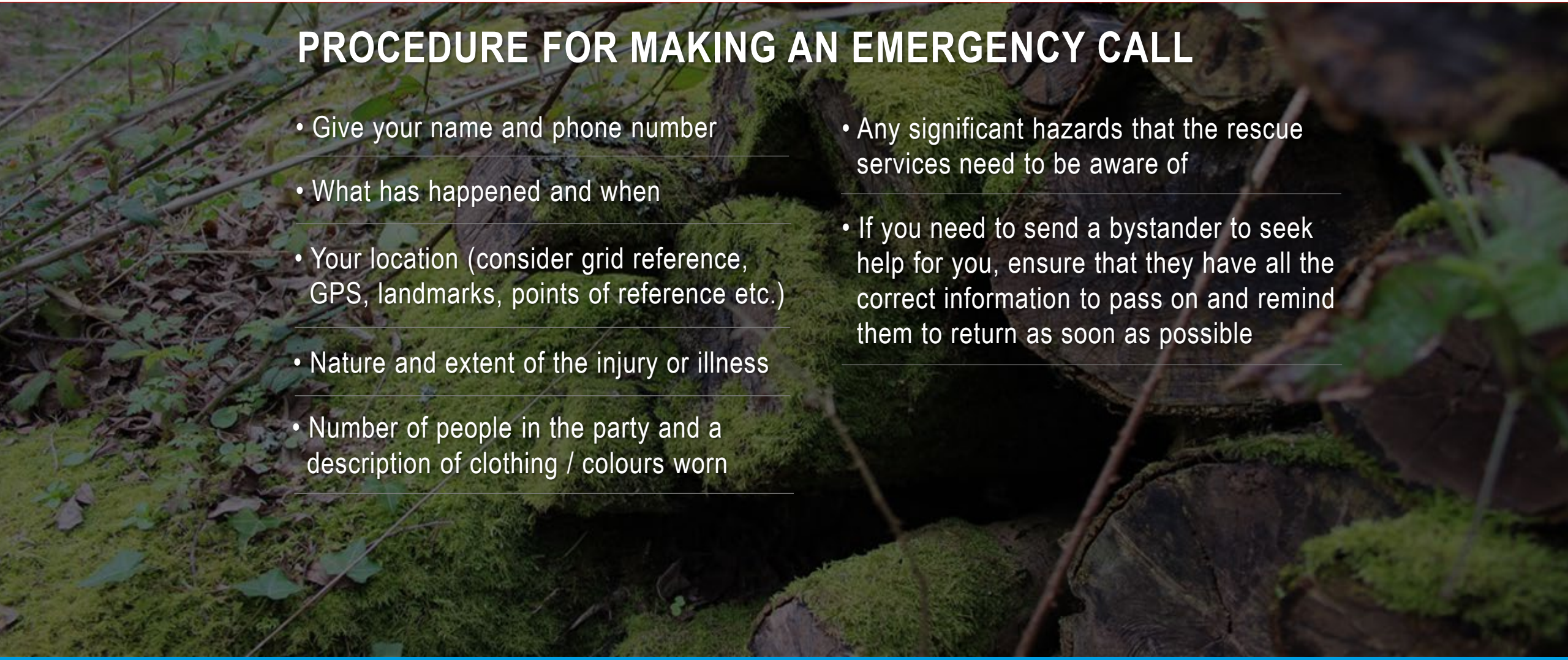
SUMMON ASSISTANCE



- Due to the dynamics of this subject, **'call the emergency services'** will be used as generic term, covering all types of emergency service that you may require

- When an incident occurs that requires professional help, common sense must prevail to determine which emergency service(s) are needed

- If you are in any doubt, continue to **dial 999/112** and explain the situation to the operator



PROCEDURE FOR MAKING AN EMERGENCY CALL

- Give your name and phone number
- What has happened and when
- Your location (consider grid reference, GPS, landmarks, points of reference etc.)
- Nature and extent of the injury or illness
- Number of people in the party and a description of clothing / colours worn
- Any significant hazards that the rescue services need to be aware of
- If you need to send a bystander to seek help for you, ensure that they have all the correct information to pass on and remind them to return as soon as possible

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MOUNTAIN RESCUE

- Mountain rescue teams work across mountain and moorland areas across the UK
- Mountain rescue work alongside the police and ambulance services to carry out rescues
- Each mountain rescue team is a charity in their own right and all members are volunteers
- Not only to do they respond to medical emergencies, but they can also assist with:

- Assisting the ambulance service with casualties in remote or difficult-to-access areas
- Missing person(s) searches
- Water rescue (rivers, lakes, waterfalls and urban floods)
- Cave rescue
- Aircraft or train crashes

DIAL 999/112, REQUEST THE "POLICE" AND THEN ASK FOR "MOUNTAIN RESCUE"

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ATTRACTING A HELICOPTER'S ATTENTION

Daytime

- Stand still in a **Y** position with feet together and arms open wide above your head (do not wave or jump). Lay out bright coloured clothing / materials on the floor



Night-time

- Torch - Pointed directly at the ground in a sweeping motion (never shine the torch directly at the helicopter)
- Glow Stick - Spun round your head on a bit of string. It will make a very large easily visible 'O' shape. If you do not have a torch or glow stick it may be possible to use the light on the back of your mobile phone or the flash from a camera to attract its attention

MODULE 5

Monitoring







MONITORING

You will need to monitor the casualty's vital signs which will help you identify problems and indicate any changes to their condition. Vital signs are measurements of the body's most basic functions, which include:

- Level of response (verbal)
- Breathing
- Pulse
- Skin colour
- Body temperature

RESPONDING TO A CHANGE IN VITAL SIGNS

- **Continue with the activity**
  Can your casualty continue with the activity? Are they physically able to? What is the risk in doing so?

- **Evacuation**
  If an evacuation is needed how can this be done in the safest possible manner?

- **Equipment**
  What is on hand to deal with a change in signs and what are the implications for the rest of the group?

- **Moving an injured casualty**
  If the casualty has injured their legs for example, what can be used for an effective evacuation?

- **Calling for help**
  The vital signs may change to the point where it is necessary to call for help. If the casualty is going to be left stationary whilst this happens it is important to provide shelter and insulate the casualty from the ground

RESPONDING TO SIGNS OF ASTHMA, SEIZURES AND HYPOTHERMIA

Asthma – Asthma is a common lung condition that affects our airways. Symptoms can include wheezing, coughing and difficulties breathing.

Treatment: Sit the casualty down. Encourage them to use their own inhaler if they are able to. If the attack lasts longer than 5 minutes, call the emergency services.

Seizures – Epilepsy is a condition that affects the brain. When someone has epilepsy, it means they have a tendency to have epileptic seizures.

Treatment: Support or ease the casualty to the floor. Keep the area safe, allowing space for the casualty to safely finish the seizure whilst protecting their head. Record the duration of the seizure and any repeated seizures. Call the emergency services.

RESPONDING TO SIGNS OF ASTHMA, SEIZURES AND HYPOTHERMIA

Hypothermia

During prolonged exposure to cold, wet and windy conditions, the core body temperature may fall below 35 degrees Celsius, causing normal bodily functions to slow down and eventually stop. This is known as hypothermia.

Treatment:

Slowly warm the casualty by removing any wet clothing and sheltering from the elements. Wrap them in blankets, towels, coats (whatever you have), protecting the head and torso first. Call the emergency services. Once their body temperature has increased, keep them warm and dry.

PRIORITISING TREATMENT

Deal with any condition in the following order:

- **Breathing** – deal with casualties who are not breathing normally first
- **Bleeding** – deal with any major bleeding and treat for shock
- **Burns/bones** – treat burns and immobilise any bone injuries
- **Other conditions** – treat appropriately



MODULE 6

Scene survey

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SCENE SURVEY

A scene survey involves assessing the situation to work out what has happened, how and why, before moving on to the primary survey. The scene survey begins as soon as you realise that there is an emergency and may include:

- Managing the incident
- Looking for potential hazards
- Assessing the situation
- Protecting against contamination



SCENE SURVEY

Outdoor hazards may include:

- Adverse weather conditions (lightning, snow, heavy rain)
- Rough terrain, wet grass, wet rocks, greasy surfaces
- Moving people (walkers, runners, cyclists, skiers, snowboarders)
- Rockfalls, snowslides, falling trees
- Flooding
- Poisonous animals, plants and insects
- Sharp objects, holes and animal burrows



MINIMISING THE RISK OF INFECTION TO SELF AND OTHERS

- Wear disposable gloves when treating bleeding
- Avoid coughing and sneezing over the wound, and avoid touching it
- Dispose of all soiled dressings, including gloves, in an appropriately marked (orange/yellow) plastic bag
- Dispose of sharp items, including syringes and needles, in a purpose made sharps bin and dispose of it appropriately. It may mean taking it to your local hospital for correct disposal

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CASUALTY COMMUNICATION

Irrespective of the severity of the incident, your casualty could be in a state of shock and confusion. Therefore, your communication skills are critical in gaining their trust.

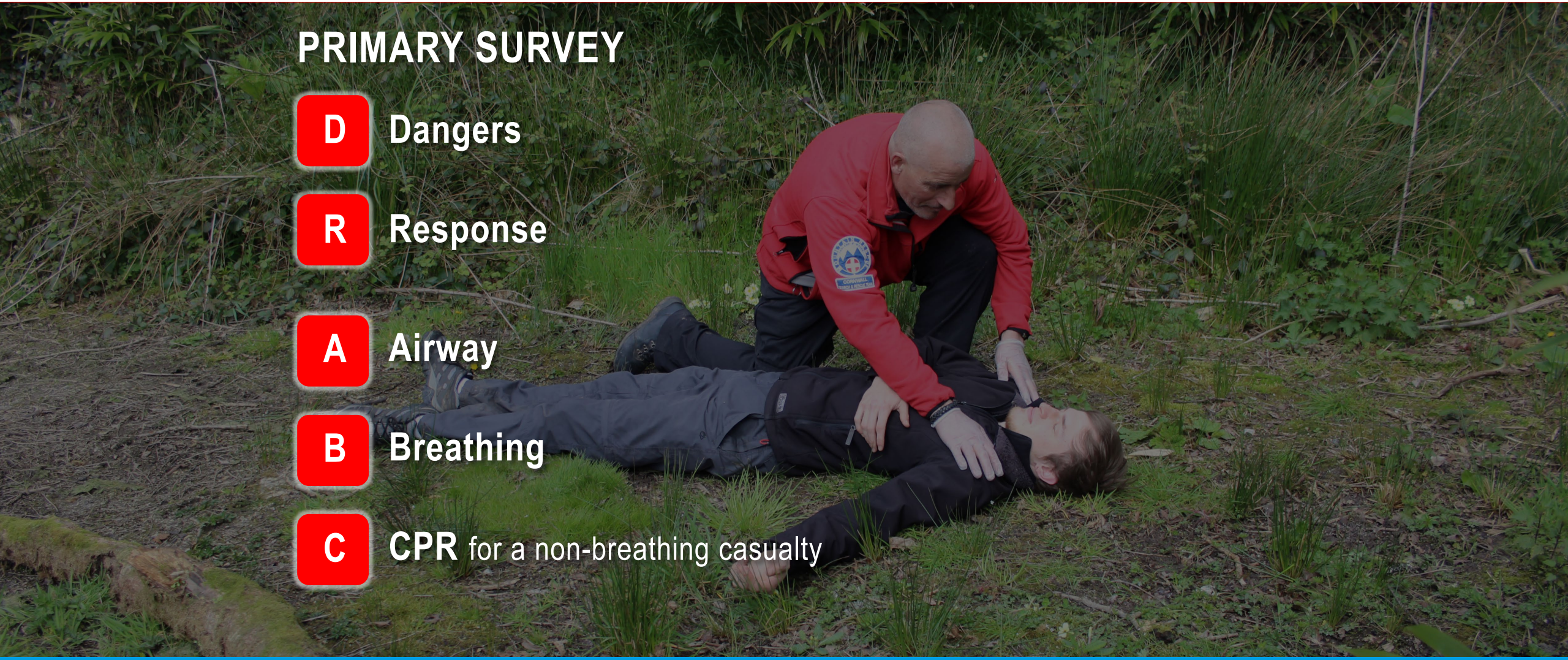
- Be honest about their condition, without exaggerating it
- Be careful of what you say which could distress them further and take your time when talking to them
- Try and maintain eye contact when talking to them and be aware of your body language. Their body language could tell you a lot about their condition
- Allow your casualty to explain how they are feeling (if they are able to). This could help you make a diagnosis enabling you to offer the right treatment

MODULE 7

Primary survey

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Outdoor First Aid : UNIT 1



PRIMARY SURVEY

- **D** Dangers
- **R** Response
- **A** Airway
- **B** Breathing
- **C** CPR for a non-breathing casualty

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CHECK FOR DANGERS

- **D**
- R
- A
- B
- C



The area must be safe before you offer your casualty any treatment.

Safe for you primarily, not forgetting any bystanders and of course your casualty.

Failing to do this could result in you having more casualties to deal with, which could include yourself!

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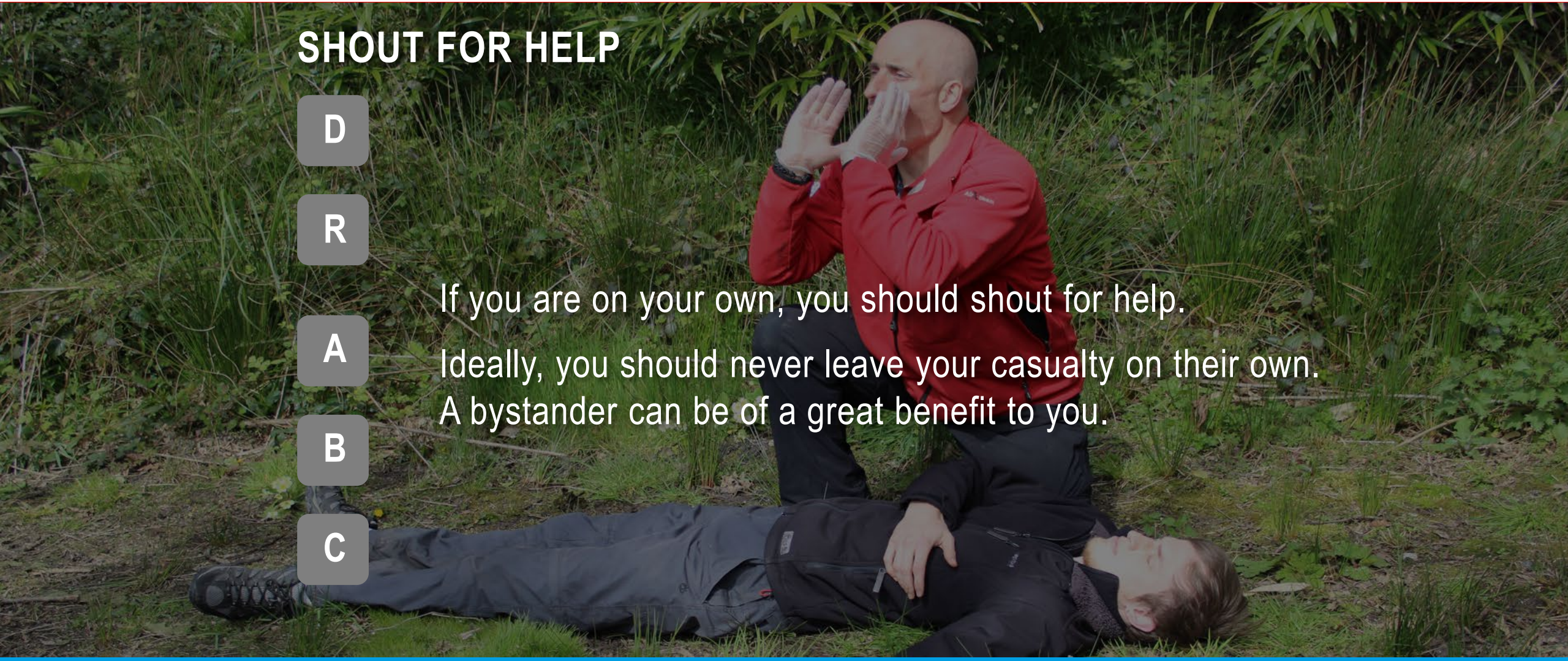


CHECK FOR A RESPONSE

- **D**
- **R**
- **A**
- **B**
- **C**

- **A** Alert
- **V** Voice – “Are you alright?”
- **P** Place your hands on their shoulders and gently shake them
- **U** Unresponsive

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SHOUT FOR HELP

D

R

A

B

C

If you are on your own, you should shout for help.

Ideally, you should never leave your casualty on their own. A bystander can be of a great benefit to you.

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OPEN THE AIRWAY

D

R

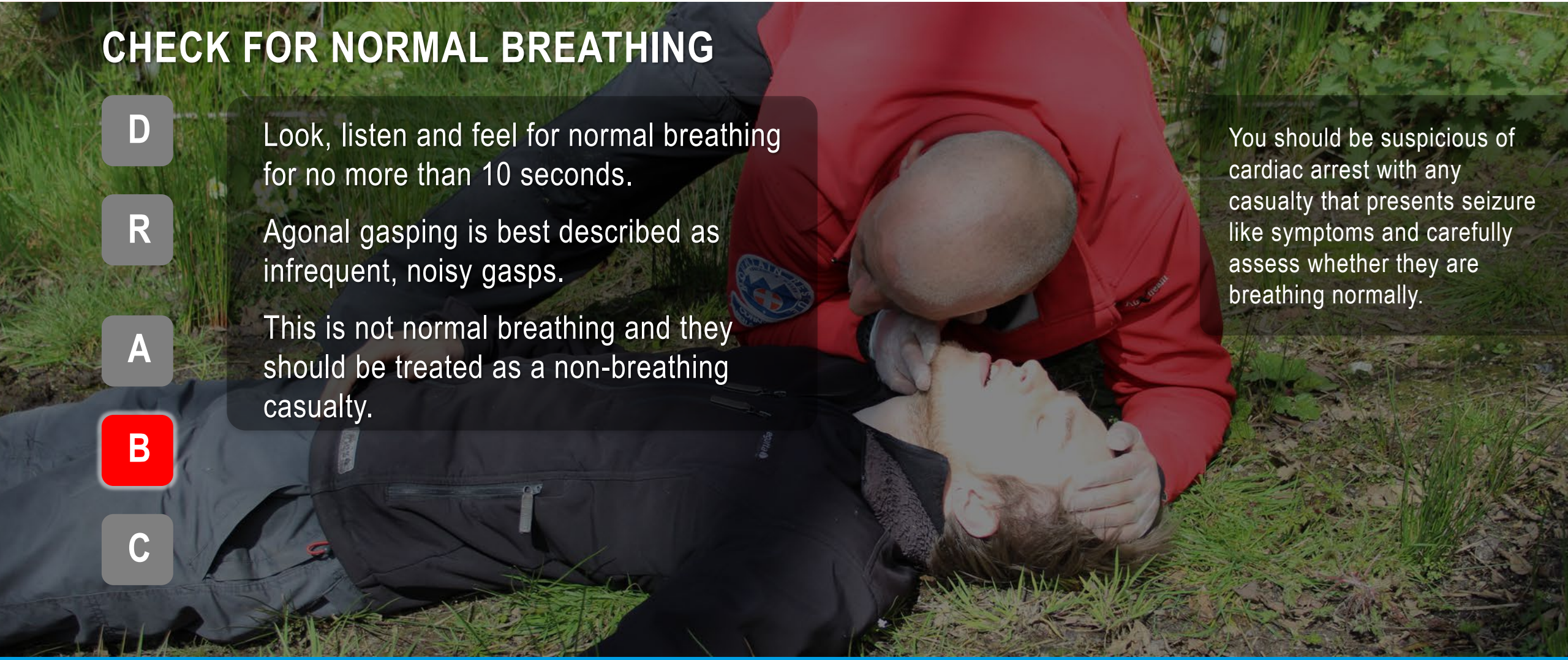
A

B

C

Open the airway by supporting your casualty's forehead with one hand and tilting it back by placing 2 fingers under their chin and gently lifting it.

Support the head in this position in order to perform a breathing check.



CHECK FOR NORMAL BREATHING

D

R

A

B

C

Look, listen and feel for normal breathing for no more than 10 seconds.

Agonal gasping is best described as infrequent, noisy gasps.

This is not normal breathing and they should be treated as a non-breathing casualty.

You should be suspicious of cardiac arrest with any casualty that presents seizure like symptoms and carefully assess whether they are breathing normally.

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Outdoor First Aid : UNIT 1



CPR

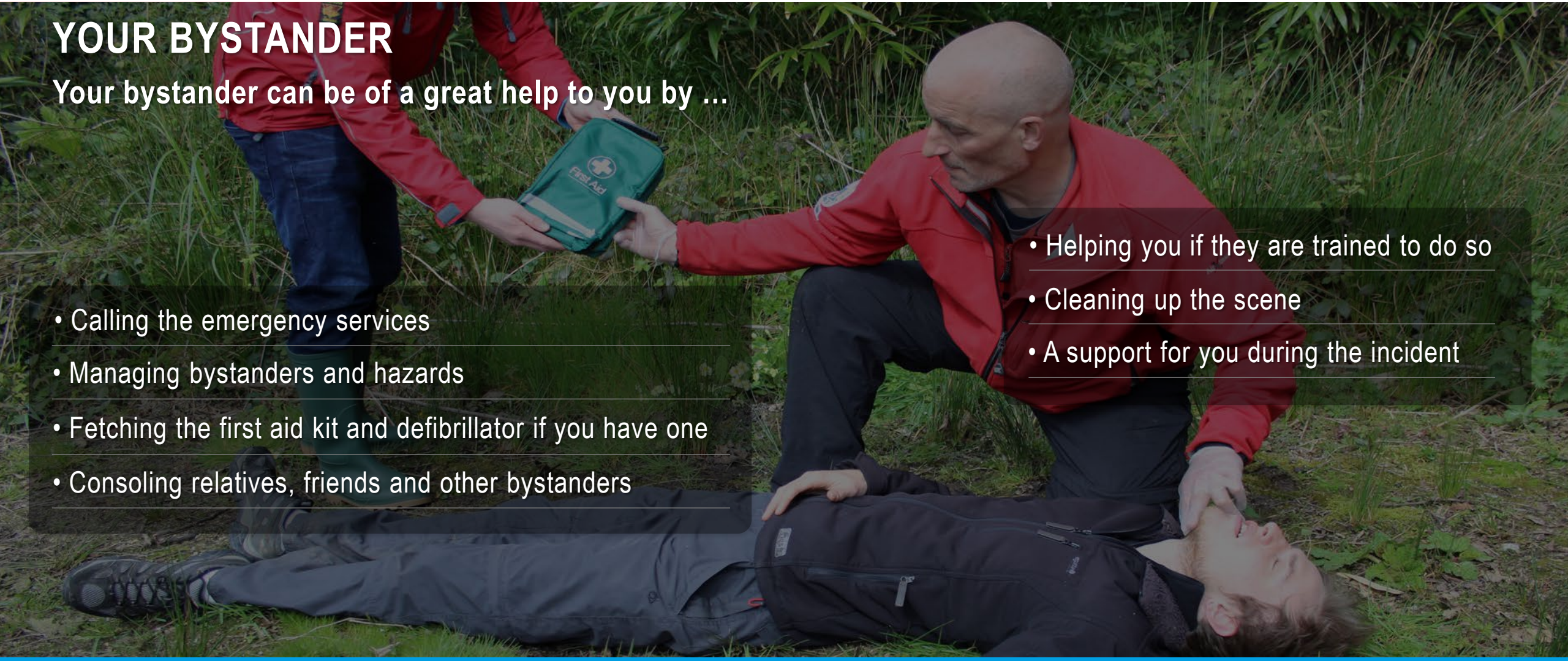
- D
- R
- A
- B
- C

If your casualty is **not breathing normally**, call the emergency services immediately and commence CPR without delay.

If your casualty is **breathing normally**, then move on to your secondary assessment.

YOUR BYSTANDER

Your bystander can be of a great help to you by …



- Calling the emergency services
- Managing bystanders and hazards
- Fetching the first aid kit and defibrillator if you have one
- Consoling relatives, friends and other bystanders

- Helping you if they are trained to do so
- Cleaning up the scene
- A support for you during the incident

MODULE 8

Secondary assessment

CASUALTY ASSESSMENT

- **S** Signs and symptoms
- **A** Allergies
- **M** Medication
- **P** Previous medical history
- **L** Last oral intake
- **E** Events leading up to the injury or illness

In order to make a diagnosis of your casualty's condition, a number of factors need to be considered. An easy way of remembering how to approach your secondary assessment is to use the mnemonic **SAMPLE**

CASUALTY ASSESSMENT

Signs and symptoms – What can you see in respect of the injury or condition? What can you smell, hear or feel?

Allergies – Ask your casualty if they suffer from any allergies

Medication – Do they have their own medication? Has this happened before?

Previous medical history – Make a note of any past illnesses or injuries that may account for their current condition

Last oral intake – When did your casualty last eat or drink?

Events leading up to the injury or illness – What happened leading up to the incident?

By making the diagnosis correctly, it should determine the treatment you offer them. In all cases, your priority is to maintain an open airway and to ensure that they are breathing normally.

TOP-TO-TOE SURVEY

You will need to conduct a top-to-toe survey to examine the casualty's condition so that you can offer them the appropriate treatment. As the term suggests, you should start at their head and work your way down to their feet.

- Head face and neck
- Chest and shoulders
- Arms
- Spine
- Abdomen
- Pelvis (visual only)
- Legs and extremities



TOP-TO-TOE SURVEY

Head, face and neck– Ensure that the airway is clear and that there are no visible obstructions. Look for bleeding, or any loss of fluids from the ears, eyes, nose and mouth. Feel for bumps, indentations and swelling around the head. Smell for unusual odour on the breath. Look for abnormal skin colouring and feel for its temperature.

Chest and shoulders – Check the collarbones for any fracture or deformity. Check the casualty's face for a response if you do suspect anything abnormal whilst assessing. Again, gently squeeze the rib-cage for anything abnormal and check for a response. Look at the rise and fall of the chest for abnormal breathing.

Spine – Get your hands behind your casualty and feel the top and base of the spine for abnormalities and any other evidence of trauma. Look at the position of how your casualty is laying. If you suspect a spinal injury, then support them in the position found, maintain an open airway and summon the emergency services immediately. If you are unable to maintain an open airway, then you must carefully place them in the recovery position.

TOP-TO-TOE SURVEY

Arms – Check each arm for obvious signs of trauma including blood loss and swelling. Check for needle marks. See if the casualty is wearing an identity bracelet that may tell you of any condition they may have such as diabetes, anaphylaxis etc. Check the hands for bruising and disfigurement. Check for needle marks between the fingers.

Legs and extremities – Check each leg and foot for obvious signs of trauma including blood loss and swelling. If you suspect a fracture, then it is imperative that you immobilise the limb and prevent any movement. Check the ankles for bruising and possible needle marks. When you have completed this survey, now is the time to call the emergency services ensuring that they are aware of any injury, as well the extent of it.



RECOVERY POSITION

If your casualty has sustained physical trauma, then the injuries should be treated accordingly and the casualty left in the position found. However, if you believe their airway is at risk, then the recovery position should be used.

Remove the casualty's glasses, if they are present.

Kneel beside the casualty and make sure that both their legs are straight.



RECOVERY POSITION

Place the arm nearest to you out at a right angle to their body, elbow bent with the hand palm-up.

Do not force the arm, let it fall naturally, but close to this position.

RECOVERY POSITION

Bring the far arm across the chest and hold the back of the hand against their cheek nearest to you.







RECOVERY POSITION

Grab hold of the far leg with your other hand, and raise the knee so that their foot is kept to the floor.

This will be your lever for rolling them over.



RECOVERY POSITION

Keeping their hand pressed against their cheek, pull on the far leg to roll them towards you onto their side with their head supported all the way.

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RECOVERY POSITION





Adjust the hand under their cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth.

Adjust the upper leg so that both the hip and knee are bent at right angles.

Keep the airway open and check their breathing regularly.

CASUALTY IN THE RECOVERY POSITION

Call the emergency services if you haven't done so. Keep talking to them, keep them warm and continue to monitor their breathing.

If they have to be kept in the recovery position for more than 30 minutes, turn them to the opposite side to relieve the pressure on the lower arm.

Pregnant women: always put an unresponsive pregnant woman in the recovery position on her **left side**.

This prevents compression of the Inferior vena cava (vein) by the uterus, which could be **fatal** for both the mother and the child.



ENVIRONMENTAL FACTORS

Shelter

The casualty from environmental factors such as:

- Temperature, both hot and cold
- Wind which could interfere with breathing, face away from the wind or obstruct the wind from hitting the face (Rucksacks, etc.)
- Shade the casualty from strong sunlight but do not restrict the airway

Slope

- Always position the casualty so their face is going downhill

MODULE 9

Resuscitation

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RESUSCITATION



As soon as you have established that your casualty is not breathing normally, you must call the emergency services immediately before you commence CPR.

If you have help, then send them to make the call and you must commence CPR without delay.

If you are able to, activate the speaker function on your phone to aid communication between you and the emergency services.

PRINCIPLES OF RESUSCITATION

- Start with chest compressions
- The heel of one hand must be placed in the centre of the chest – the bottom half of the sternum or breastbone
- If in doubt of this position because of outer clothing, then remove or undo the outer clothing
- Place your other hand on top and clasp them together with your arms locked straight



Push at a depth of at least 5cms but no more than 6cms and at a speed of 100–120 compressions per minute.

PRINCIPLES OF RESUSCITATION

- After 30 chest compressions, give your casualty 2 rescue breaths

- The recognised methods for this action are either by mouth to mouth or mouth to nose

- Do not interrupt compressions by more than 10 seconds to deliver two breaths



PRINCIPLES OF RESUSCITATION

- Repeat the process of 30 chest compressions followed by 2 rescue breaths

- If you are unable or unwilling to give 2 breaths for whatever reason, you must continue with chest compressions continuously and without delay

- If you have access to an AED, switch it on and attach the electrode pads. Follow the voice prompts. If more than one rescuer is present, CPR should be continued whilst the electrode pads are being attached on the chest



RESUSCITATION PROTOCOL



Check for dangers



Check for a response



Open the airway



Check for normal breathing

For no more than 10 seconds



Call the emergency services

Make this call yourself if you have no help



Give 30 chest compressions

Depth of at least 5cms but no more than 6cms at speed of 100 - 120 compressions per minute



Open the airway



Give 2 breaths

Do not interrupt compressions by more than 10 seconds to administer both breaths



Repeat 30 : 2

Continue until medical help takes over, you become too exhausted, or your casualty recovers

OTHER METHODS OF RESUSCITATION

Mouth to nose:

- This is where you seal off your casualty's mouth by pressing the chin upwards and breathe directly into the casualty's nose

Mouth to neck breather (stoma):

- This method is used for a casualty who has an airway device or artificial opening in their throat. This opening is known as a 'stoma'

Ventilation aids

- In order to reduce the risk of cross-contamination, there are various protective shields and masks available that will significantly reduce this risk:



Pocket Mask



Face shield



Resusci Aid

THE CHAIN OF SURVIVAL



Early recognition and call for help



Early CPR



Early defibrillation



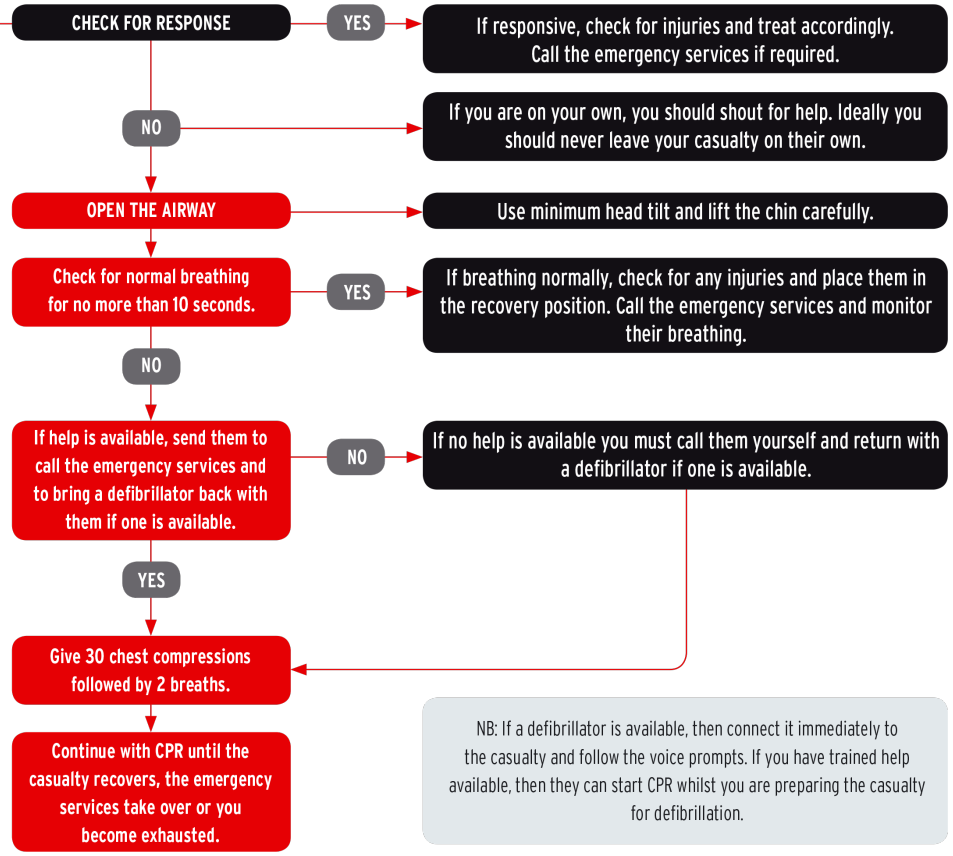
Post-resuscitation care

ADULT BASIC LIFE SUPPORT









PAEDIATRIC RESUSCITATION

Technique for giving rescue breaths for a child:

The process for CPR on a child starts with 5 initial rescue breaths.

- Ensure the airway is open by gently tilting the head back and lifting the chin with 2 fingers
- Open the child's mouth and carefully remove any visible obstructions
- Pinch the soft part of the nose firmly
- Form a good seal around their mouth with your mouth and blow in steadily until the chest rises
- Throughout this procedure you must maintain a "head-tilt-chin-lift" position
- After these 5 initial breaths, you must continue CPR with 30 compressions followed by 2 breaths

PAEDIATRIC RESUSCITATION

Technique for giving chest compressions for a child:

- Compress the chest by at least one-third of its depth which is approximately 5cm for a child
- Use one or two hands for a child over 1 year to achieve an adequate depth of compression
- The compression rate should be between 100-120 per minute
- Continue with CPR (30:2) until the emergency services arrive and take over from you, your casualty recovers, or you become too exhausted to continue
- If you are on your own, perform CPR for 1 minute i.e. approximately 2 cycles of 30 chest compressions followed by 2 rescue breaths. You must then call for an ambulance yourself

PAEDIATRIC RESUSCITATION

Technique for giving rescue breaths for an infant:

The process for CPR on an infant starts with 5 initial rescue breaths.

- Ensure the airway is open by gently tilting the head back and lifting the chin with 1 finger
- Open the infant's mouth and carefully remove any visible obstructions
- Form a seal around their mouth with your mouth and blow in steadily until the chest rises
- You must allow time for the chest to rise and fall
- Throughout this procedure you must maintain a neutral position of the head
- After the 5 initial breaths, continue CPR with 30 chest compressions followed by 2 breaths

PAEDIATRIC RESUSCITATION

Technique for giving chest compressions for an infant:

- Compress the chest by at least one-third of its depth which is approximately 4cm for an infant
- Use the tips of 2 fingers to compress the chest
- The compression rate should be between 100-120 per minute
- Continue with CPR (30:2) until the emergency services arrive and take over from you, your casualty recovers, or you become too exhausted to continue
- If you are on your own, perform CPR for 1 minute i.e. approximately 2 cycles of 30 chest compressions followed by 2 rescue breaths. You must then call for an ambulance yourself



DROWNING CPR procedure

- Call 999/112 for the emergency services
- Open the airway
- Give 5 initial rescue breaths
- Follow with 30 chest compressions
- Repeat 2 rescue breaths followed by 30 chest compressions until the casualty recovers, or the emergency services take over from you
- Attach the AED when it arrives and follow the voice prompts. Ensure there is no direct contact with the casualty and the water when defibrillating
- If the casualty recovers, place them in the recovery position, keep them warm and continue to monitor them

MENTAL HEALTH AND WELLBEING SUPPORT

Following rescue, the Lead First Aider should check on the mental health and wellbeing of other First Aiders to ensure they are safe and well.

You should speak to your employer or manager about any concerns you may have about your role as a First Aider and if your own mental health is being affected, seek support from a professional such as your GP.

MODULE 10

Disorders of respiration

DEALING WITH A RESPONSIVE CHOKING ADULT



If this doesn't work, give up to 5 abdominal thrusts.



If this is successful, then reassure them and seek medical help.



If the obstruction cannot be removed after the first cycle of back blows and abdominal thrusts, then you must call the emergency services immediately.



Repeat the process of up to 5 back blows, followed by up to 5 abdominal thrusts until the casualty recovers, or the emergency medical services take over from you.

DEALING WITH AN UNRESPONSIVE CHOKING ADULT

Commence CPR

30 COMPRESSIONS followed by 2 BREATHS continuously - until professional help arrives, the casualty recovers, or you become exhausted.

Before each rescue breath attempt, check in the mouth for any visible obstruction that can be easily removed.



MODULE 11

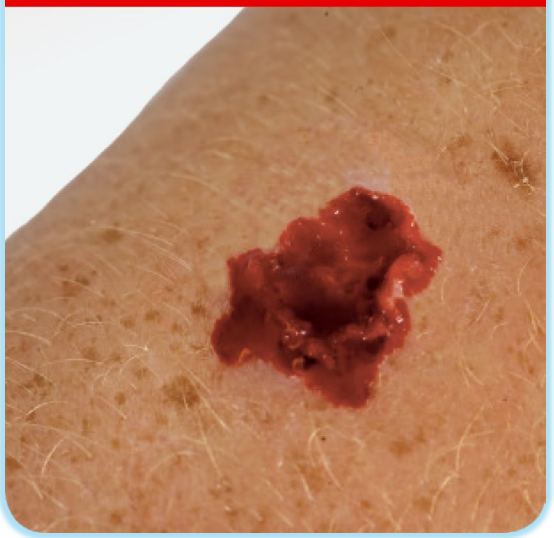
Wounds and bleeding

TYPES OF WOUNDS

INCISION
Clean cut as with a knife blade



LACERATION
Rough tear as with barbed wire



ABRASION
Scrape as with a gravel rash



TYPES OF WOUNDS

CONTUSION
A blunt blow causing bruising

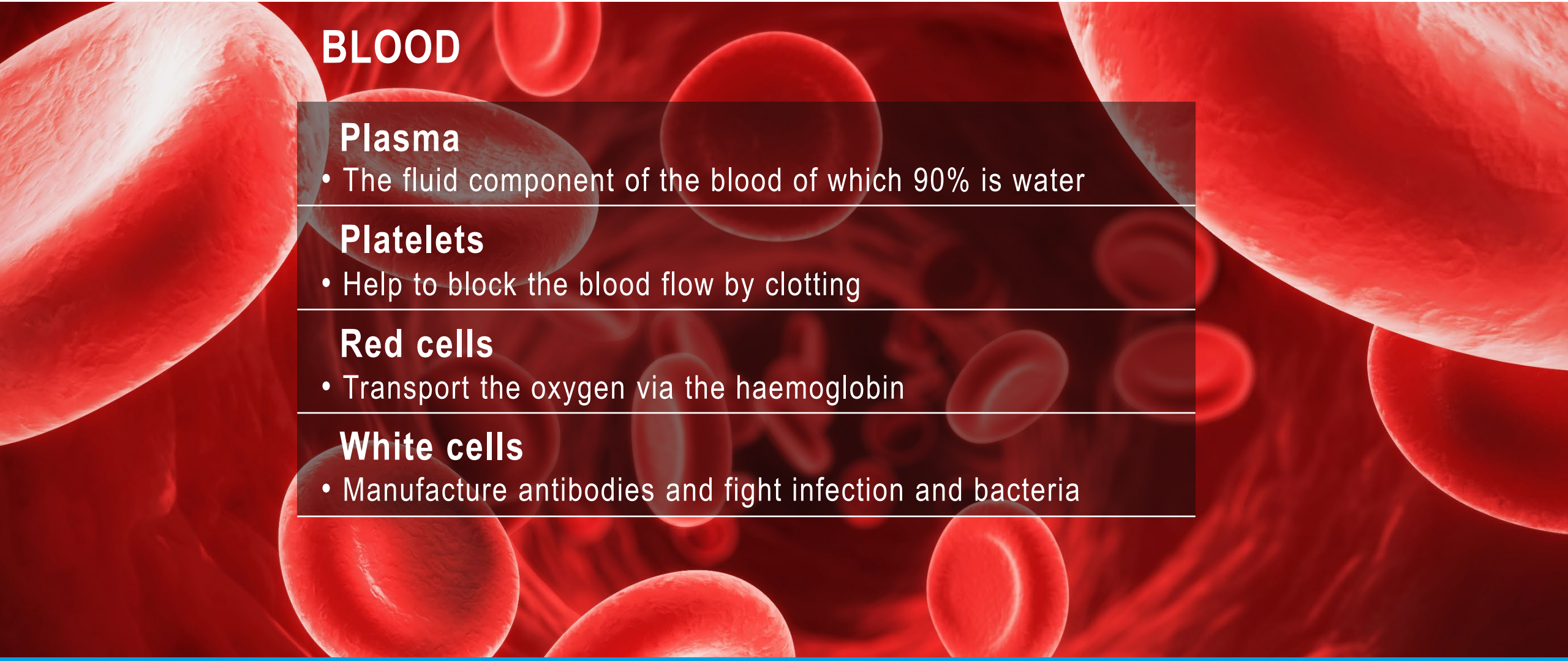


PUNCTURE
A stabbing type wound



VELOCITY
Gunshot wound





BLOOD

Plasma
- The fluid component of the blood of which 90% is water

Platelets
- Help to block the blood flow by clotting

Red cells
- Transport the oxygen via the haemoglobin

White cells
- Manufacture antibodies and fight infection and bacteria

TYPES OF BLEEDING

Arterial

- Bright red oxygenated blood
- Spurts from the wound in time with the heartbeat

Venous

- Dark red blood will gush from the wound or pool at the site of the wound

Capillary

- Oozing occurs at the site



TREATMENT OF BLEEDING

- Put on disposable gloves. Expose and examine the wound
- Apply direct pressure with your fingers or palm, preferably over a sterile dressing or non-fluffy clean pad
- Elevate and support the injured part *(for wounds that are not catastrophic)*
- Help the casualty to lie down and raise the legs if you suspect shock
- Secure the dressing with a bandage large enough to cover the wound
- If blood seeps through this dressing, remove both the dressing and bandage and apply pressure to the bleed with a new dressing
- Apply another bandage once the bleeding is under control
- Support the injured limb with a sling or bandaging if appropriate, providing the casualty allows you to do so
- Monitor their response levels and call the emergency services

WOUNDS WITH EMBEDDED OBJECTS

- Check the wound for anything embedded
- Ensure that you use sterile dressing to dress the wound
- Apply sterile dressing and pressure to either side of the object
- Ask the casualty to assist if they are able to do so
- Apply a large sterile dressing over the top
- Secure the bandage
- Elevate the injured limb
- Treat for shock and call the emergency services if necessary





SPLINTERS



A splinter is a fragment of a larger object that penetrates into the skin causing pain and discomfort. Splinters in the outdoor environment could be caused by vegetative materials such as pine needles and thorns.

Treatment

- Wear disposable gloves
- Clean the area around the splinter
- Grip the splinter with tweezers as close to the skin as possible
- Carefully pull the splinter out in a straight line, following the same angle as it went into the skin
- Once removed, thoroughly clean the wound and cover with a sterile dressing

If the splinter is fully embedded, cover with a sterile dressing and seek medical attention.

BLEEDING FROM ORIFICES : Signs, symptoms and causes

Site	Appearance	Cause
Mouth	Bright red, frothy, coughed up. Vomited blood, red or dark reddish brown.	Bleeding in the lungs. Bleeding in the stomach.
Ear	Fresh bright-red blood. Thin, watery blood.	Injury to ear, perforated eardrum. Head injury.
Nose	Fresh bright-red blood. Thin, watery blood.	Ruptured blood vessel in nostril. Skull fracture.
Anus	Fresh bright-red blood. Black tarry, offensive-smelling stool.	Injury to anus or lower bowel. Injury to upper bowel.
Urethra	Urine with red or smoky appearance and occasional clots.	Bleeding from the bladder, kidneys.
Vagina	Either fresh or dark blood.	Menstruation, miscarriage, disease or injury to the vagina or womb.

AMPUTATIONS

- Control the bleeding, call 999/112 and treat for shock
- Wrap the amputated part in plastic such as cling-film
- Wrap this further in a cloth such as calico triangular bandage
- Submerge this complete package in ice, or surround with instant ice packs
- Ensure it is clearly labelled with the casualty's name
- Insulate from the ground and provide shelter



INTERNAL BLEEDING



If you are in any doubt regarding the casualty's condition, or if they are experiencing any of the symptoms, seek professional medical assistance as soon as possible by dialling 999/112 for the emergency services.

Insulate your casualty from the ground, provide shelter and keep them warm whilst awaiting rescue.

MINOR CUTS AND GRAZES

Seek medical help if:

- You think there is damage to deeper tissue
- The wound is at risk of becoming infected
- The wound has been infected
- The wound will create an unwelcome scar



TETANUS IMMUNISATION

If the wound has been contaminated by dirt or soil, then it is advisable to ask the casualty about their history of tetanus immunisation and to get immunised if appropriate.

BRUISING

Treatment:

- Cool the affected area with a cold compress, or an instant ice pack wrapped in a towel
- Do not put ice directly to the skin. Wrap in a cloth first
- If the bruise is still there after 2 weeks, then you should see your GP



NOSEBLEEDS

Treatment:

- Sit the casualty down and lean them forward
- Ask them to pinch the soft part of the nose as they lean forward
- Apply this pressure for 10 minutes and then release slowly
- Ask them to avoid rubbing or blowing their nose
- If you are unable to stop the bleeding, ask them to repeat the pinching process for a further 10 minutes
- If the bleeding continues beyond 30 minutes, then you will need to seek medical advice



If the casualty is feeling faint or nausea you may consider sitting the casualty on the floor with their back supported. This could potentially prevent a fall.

CATASTROPHIC BLEEDING

For a catastrophic bleed, the priorities of the Primary Survey would change to:

- **D** Dangers
- **R** Response
- **C** Catastrophic bleed identified
- **A** Airway
- **B** Breathing
- **C** CPR / Circulation

C Catastrophic bleed identified

This is now your priority. Summon for professional medical help immediately and control the bleeding.

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CATASTROPHIC BLEEDING



It must be emphasised that further training is required for First Aiders in respect of using haemostatic dressings or tourniquets.

Please speak to your training provider.

MODULE 12

Hypovolaemic shock

HYPOVOLAEMIC SHOCK

Definition:

Shock is best described as circulatory failure or collapse when the arterial blood pressure is too low to provide an adequate blood supply to the tissues.



There are a number of reasons why this system could fail, including blood loss, failure of the heart, poor circulation, a fall in blood pressure and the lack of oxygen contained within the body.

Other conditions include poisoning, vomiting, infection, burns and injury to the spinal cord, but this is by no means the definitive list.



FAINTING

Treatment for someone who feels faint

- Help them to the floor and lie them down
- Raise and support their legs
- Offer them plenty of fresh air
- Sit them up gradually
- Comfort and reassure them



Treatment for someone who has fainted

If someone faints and does not regain responsiveness within one or two minutes, you should place them in the recovery position, monitor their breathing and call the emergency services as soon as possible.

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