



SCOUTS IN ACTION WEEK



FIRST AID

26-30 APRIL 2010



VENTURER SCOUT UNIT PROGRAM PLANNER

THEME	First Aid	DATE		ATTENDANCE	
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Time	Minutes	Activity Type	Activity Description	Equipment	Leader
	5	Ceremony	Opening Parade	Australian Flag Prayer Book	
	70	Activity	Danger Response Airway Breathing CPR Defibrillation	CPR Manikins Training Defibrillator Laptop Data Projector Screen Australian First Aid Manual	
	30 10 min per base	Bases	Base 1 – Controlling Bleeding Base 2 – Hypothermia Base 3 – Hyperthermia	Space Blanket Roller Bandages Triangular Bandages	
	5	Ceremony	Final Parade Presentations Announcements	Australian Flag Prayer Book	
		Dismiss	Home		

NOTE: All resources for this program are available from the dedicated Scouts in Action Website <http://scoutsfirstaid.stjohnqld.com.au>.

Downloads include:
This program

Announcements

Tonight's Program:

Special events:

Birthdays:



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AWARD SCHEME

Venturing Skills Award

a) First Aid

- a. Be able to explain the major principles of casualty treatment
- b. Demonstrate two of the following
 - i. Treatment of hypothermia and hyperthermia
 - ii. Treatment of major bleeding
 - iii. CPR (Cardio Pulmonary Resuscitation)

Activity	DRABC	60 min
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Equipment: CPR manikins – one per three Venturer Scouts
 Training Defibrillator
 Laptop
 Data Projector
 Screen
 Australian First Aid Handbook

NOTE: To assist with equipment you may be able to contact your local St John Ambulance Division who may have training manikins and defibrillator for use or they may offer to come along and facilitate the training for the Venturer Scout Unit.

The use of a data projector and laptop is not essential but will enhance the experience for the Venturer Scouts.

Activity:

Utilising the available equipment the presenter (Venturer Scout Leader, Unit Council Chairman, other Venturer Scouts or St John Ambulance Member) can present the steps in handling and emergency.

Step 1 – Assess the Scene (Danger)

Is there a danger to you (the first aider), to others (bystander and/or witnesses) or the casualty?
 Yes – remove the danger or remove the casualty from danger but only if it is safe to do so.

No – go to step 2

Step 2 – Assess the Casualty (Response)

Ask the casualty their name, gently squeeze their shoulders or you may remember this step as COWS:
 Can you hear me?
 Open your eyes.
 What's your name?
 Squeeze my hands.

Is the casualty conscious?



No – Ask someone to Call 000 for an ambulance. (then go to step 3)

Yes – calm the casualty, monitor signs of life. Treat any life-threatening injuries.



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Step 3 – Open and Clear Airway (Airway)

Open the mouth and check for foreign material

Is there foreign material present?

No – Leave casualty on their back and open the airway. Then go to step 4

Yes – Place in the recovery position. Open and Clear the airway.



Then go to step 4

Step 4 – Check Breathing (Breathing)

Tilt the head back.

Look, listen and feel for breathing, up to 10 seconds.



Is the casualty breathing?

No – Ensure the ambulance has been called. If alone with the casualty, place in the recovery position (see step 3) before calling the ambulance. Then go to step 5.

Yes – place in recovery position. 📞 *Call 000 for an ambulance.*

Monitor signs of life, manage injuries and shock while waiting for an ambulance.





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Step 5 – Give initial breaths

Turn the casualty on their back, tilt the head back to open the airway and give two initial breaths. Ensure the chest rises with each breath.

Has breathing returned?

Yes – place casualty in the recovery position (see step 3); check regularly for continued signs of life.

Manage any injuries and shock until medical aid arrives.

No – Start CPR go to step 6



Step 6 – Perform CPR (CPR)

Give 30 compressions on the lower half of the breastbone, then tilt the head back, lift the chin and give two (2) breaths.

Alternate 30 compressions with 2 breaths until medical aid arrives.

ADULT/CHILD compressions – use two hands with fingers interlocked



INFANT – compressions – use two fingers.



Stop CPR if the casualty shows signs of life, ambulance arrives and a paramedic or ambulance officer takes over from you or you are no longer physically able to continue.



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Step 7 – Apply Defibrillator (Defibrillation)

If a defibrillator is available, apply and follow the voice prompts.



If the casualty shows signs of life, place into the recovery position (see step 3).

Check regularly for continued signs of life and manage any injuries and shock until medical aid arrives.



Activity	First Aid Bases 1	20 min
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Base 1 – Controlling Bleeding

Equipment: Nil

Method:

Base is run as a discussion with the following points highlighted. Refer to the Fieldbook for reference.

Bleeding (hemorrhage) is the loss of blood from the circulation. The blood may escape through a wound or remain in the tissues. Severe bleeding leads to grave shock (see next section 'Shock').

When the blood is from an artery it spurts with the heartbeats and is bright red (oxygen rich). Blood from the veins is a continuous flow and dark in colour (oxygen poor). The general treatment for severe bleeding is as follows.

- Act quickly—every drop of blood is important.
- Apply direct pressure to the wound.
- Rest the patient—to lower blood pressure.
- Raise the part—to decrease the blood flow to the injured limb.
- Rest the part—to encourage clotting to form.
- Treat for shock.
- Send for medical help.





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The application of direct pressure to the wound controls bleeding by compressing the blood vessels leading to the wound and by retaining it in the wound long enough for it to clot.

Pressure is applied by placing a large dressing or pad (for example, clean handkerchief folded up) over the wound. Bind the dressing firmly. If the dressing gets soaked, do not remove it, place another dressing over and maintain pressure. In time, the blood should clot.

On small wounds, do not disturb any blood clot. Remove any foreign bodies; apply an adhesive plaster or a clean sterile dressing and a bandage

Bleeding from the nose

Although bleeding from the nose is usually not serious, if not stopped the patient can lose a lot of blood.

Treat as follows.

- Sit the patient up with the head slightly forward
- Apply pressure on the flap of the nostril for at least 1 minute
- Loosen all tight clothing around the neck, chest and waist.
- Keep the patient cool with a free supply of fresh air.
- Instruct the patient not to blow his/her nose.
- Instruct the patient to breathe through the mouth.
- Place cold wet towels or ice packs on the neck and forehead, replacing frequently.

Internal bleeding

Spitting or vomiting blood means internal injury or bursting of a small blood vessel inside the patient. If the blood is light red in colour and mixed with froth, it means injury to the lungs. In either case keep the patient quiet and seek medical help urgently.





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Base 2 – Hypothermia

Equipment: Blanket or sleeping bag, space blanket

Method:

Group discussion and demonstration

Hypothermia is a condition caused by the loss of heat from the body.

Heat may be lost from the body by:

- Radiation – heat radiates from the body, especially the head
- Evaporation – the body produces sweat which evaporates from the skin's surface to keep the body cool
- Breathing – cold air is inhaled and warm air is exhaled.
- Conduction – when you sit on or touch a cold object, heat transfers directly from the body onto the cold surface
- Convection – the thin layer of air on the surface of the skin rises and is replaced by cooler air, causing heat loss

Signs and Symptoms (early warning signs)

- Feeling cold
- Shivering
- Clumsiness and slurred speech
- Apathy and irrational behaviour

As the body temperature continues to drop:

- Shivering usually stops
- Pulse may be difficult to find
- Heart rate may slow
- Level of consciousness continues to decline

At around 30°C body temperature

- Unconsciousness likely
- Heart rhythm increasingly likely to change

As the body temperature falls further the heart may arrest, resulting in death.

Hyperthermia occurs when the body's warming mechanisms fail, or is overwhelmed, and body temperature drops below 35°C. Normal body temperature is about 37°C.





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Management of hypothermia

1. Follow DRABCD
2. Remove casualty to a warm, dry location
3. Protect the casualty and yourself from wind, rain, sleet, cold, and wet ground.
4. Handle casualty as gently as possible
5. Avoid excess activity or movement
6. Maintain the casualty in a horizontal position
7. Remove any wet clothing
8. Place casualty between blankets or in a sleeping bag, and wrap in a space blanket or similar.
9. Cover the head to maintain body heat (beanie)
10. Give casualty warm (not hot and no alcohol) drinks
11. Provide warmth to the casualty
 - a. Direct body-to-body contact may be the only means of re-warming available; however this method is fairly ineffective and may even interfere with the casualty's spontaneous re-warming by shivering.
 - b. Hot water bottles, heat packs and other sources of external heat may be applied to the casualty's neck, armpits and groin but caution must be taken to avoid burns; aim to stabilize core temperature rather than attempt rapid re-warming.
12. If hypothermia is severe, call 000 for an ambulance.
13. Remain with the casualty until medical aid arrives.

Note: Although a space blanket reflects radiated heat back to the body, it can also conduct heat away unless some form of insulation such as blankets, sleeping mat is provided, either inside or outside the space blanket.





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Base 3 – Hyperthermia (Heat induced conditions)

Equipment: Nil

Method:

Group discussion and demonstration

People are at risk of heat related illnesses in humid or hot climates. Someone working in a hot environment, such as a boiler room, is at risk because the air heats the body at a rate faster than it can cool itself.

Heat can also interfere with the body's water balance. The body needs a minimum amount of water to carry out normal functions such as blood circulation and for the excretion of waste.

People do not always realise they are not replacing their fluids lost through sweating and other body functions.

Heat Induced Conditions

1. Heat induced swelling
 - a. May be caused by physical activity I hot dry conditions

Management

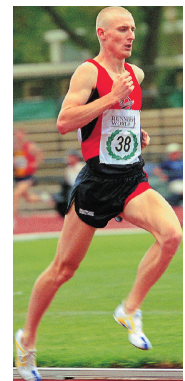
 - i. Raise the casualty's legs
 - ii. Encourage the casualty to gently exercise
 - iii. Keep casualty cool

2. Management of muscle cramps
 - a. Ask the casualty to stop the activity and rest in a cool environment
 - b. Gently stretch the affected muscle
 - c. Apply an ice pack
 - d. Give cool water to drink

3. Heat exhaustion

Heat exhaustion results from being physically active in a hot environment without taking the right precautions. It can affect athletes, workers who must wear heavy clothing, the young, and the elderly who compensate poorly for heat.

 - a. Signs & Symptoms
 - Feeling hot, exhausted, weak and fatigued
 - Persistent headache
 - Thirst and nausea
 - Giddiness and faintness
 - Rapid breathing and shortness of breath
 - Pale, cool, clammy skin
 - Rapid, weak pulse
 - b. Management
 - i. Move the casualty to lie down in a cool place with circulating air
 - ii. Loosen tight clothing and remove unnecessary garments
 - iii. Sponge with cold water
 - iv. Give cool water to drink if conscious
 - v. Seek medical aid if casualty vomits or does not recover promptly.





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4. Heat Stroke

5. Heatstroke is a potentially lethal condition. Water levels in the body become so low that sweating stops and body temperature rises because the body can no longer cool itself. The brain and other vital organs, such as kidneys and heart will begin to fail.

a. Signs & Symptoms

- High body temperature of 40°C or more.
- Flushed, dry skin
- Initially a pounding headache, rapid pulse which gradually weakens
- Headache, nausea and/or vomiting
- Dizziness and visual disturbances
- Irritability and mental confusion
- Altered mental state which may progress into seizures and unconsciousness

b. Management

- i. Follow DRABCD
- ii. Remove casualty to a cool place
- iii. Remove almost all clothing, loosen anything tight.
- iv. Apply cold packs or ice to areas of large blood vessels (neck, groin and armpits to accelerate cooling)
- v. If possible, cover the body with a wet sheet, fan to increase air circulation (stop cooling when the body feels cold to touch).
- vi. Call 000 for an ambulance
- vii. If casualty is fully conscious and is able to swallow, give fluids.

Note: This casualty needs urgent medical aid.

