



SCOUTS IN ACTION WEEK



FIRST AID

26-30 APRIL 2010



SCOUT TROOP 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	
	10	Subs	Patrol Corners Collect Subscriptions	Nil	
	15	Game	Stretcher Relay	4 staves per Patrol 6 lashing ropes per Patrol	
	20 5 min per base	Activity 1	First Aid Bases Base 1 – Controlling bleeding Base 2 – Burns & Scalds Base 3 – Shock Base 4 – Bandaging 1		
	40 10 min per base	Activity 2	First Aid Bases Base 1 – Recovery Position Base 2 – Snake Bite Base 3 – Hand Carries Base 4 – Bandaging 2		
	10	Patrol Time	Check off badgework and Patrol Discussion		
	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

To nights Program:

Special events:

Birthdays:



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AWARD SCHEME

Scoutcraft Badge 2. Hoist the flag Break the flag

Pioneer - Citizenship 1 Ethics

b) Spiritual Awareness 1) Make up a prayer or similar item for use at a Scout meeting/activity.

Pioneer – Citizenship 2. First Aid

Complete Pioneer Emergencies

OR

Learn the steps in controlling bleeding

Learn how to place a patient in the recovery position.

Learn how to treat minor burns and scalds.

Know how to treat snake and spider bites.

Learn three of the causes of headache or fever

Know how to clean and dress a wound

Know how to report an emergency

Pioneer - Emergency

To achieve the Pioneer Level Emergencies Target you must complete all of this plus all of A:

Be able to suggest at least five different situations which could be classified as an emergency.

With your Patrol, or other Scouts, assist in one mock emergency.

A.

Learn the following:

the importance of checking for any dangers to you and others before approaching an unconscious person.

Common causes of a blocked airway, and how to clear it.

How to open the airway

How to correctly check if a person is breathing

And: complete one from both B & C.

Explorer – Citizenship 2. First Aid

Complete Explorer Emergencies

OR

Demonstrate an understanding of the DRABC principle.

Demonstrate that you can carry out the requirements for first aid at Pioneer level.

Demonstrate two hand seats and one other way of moving an injured person.

Be able to recognise the symptoms of shock and know how to treat a person who is suffering from shock.

Explorer - Emergency

To achieve the Explorer Level Emergencies Target you must complete all of this plus all of part A:

Be able to suggest at least ten very different situations which could be classified as an emergency.

With your Patrol, or other Scouts, assist with two mock emergencies.

A.

Demonstrate the following:

Assist another Scout to pass the requirements for E.A.R. at Pioneer Level.

How to approach an unconscious patient and

how to identify if the patient is breathing.

And: complete one from both parts B & C.



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Adventurer – Citizenship First Aid

Complete an Advanced First Aid Course

OR

Assist a Scout at Pioneer level to pass the First Aid segment.

Demonstrate how to deal with fractures to the limbs and collarbone.

With another Scout set up and run a 'mock' emergency to cover at least three of the tasks required in Pioneer and Explorer level and First Aid segment

Adventurer - Emergency

To achieve the Adventurer Level Emergencies Target you must complete all of this plus all of A:

Teach your Patrol about eight different types of emergencies and how to react to these emergencies.

Lead your Patrol, or other Scouts, satisfactorily in dealing with two mock emergencies.

Some suggestions are: *traffic accident; rescue from burning building; search for lost child; near drowning in backyard pool; electrocution; bushfire.*

A.

Teach your Patrol the correct technique for Expired Air Resuscitation (E.A.R.)

Know the additional precautions to be taken when applying E.A.R to a child.

Know how to perform E.A.R when assisting someone who is applying C.P.R.

And: complete B and two from C.



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Game/Relay	Stretcher Relay	15 min
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Equipment: 4 staves and 6 lashing ropes per Patrol

Activity:

Patrols line up in relay formation with equipment in front of them

On the signal to start, each Patrol has to construct a stretcher and transport a member of the Patrol around a course nominated by the Leader

The winning Patrol is the first Patrol to successfully build their stretcher, transport a member around the course and return to the starting position.

The correct lashings should be used and assessed for strength on return.

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.

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.



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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.

Base 2 – Burns & Scalds

Equipment: Nil

Method:

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

Burns are the damage to body tissues caused by exposure to excess heat. They occur from dry heat from a fire; a flame; contact with hot objects; an electric current; sunburn or excess friction, and moist heat from hot water or steam (these burns are called scalds).

Burns are classified according to their depth and the area of the body surface burnt.

Treatment of burns

Superficial burns:

These occur when only the outer layers of skin are damaged and where there is reddening and minor blister formation. Treat as follows:

- Wash with cold water for 20 mins. Reapply cold water if pain continues.
- Apply a sterile non-stick dressing and bandage firmly. Gladwrap can also be used as a non-stick dressing

Deep burns:

These occur when the full thickness of skin and underlying muscle are also burned. Treat as follows:

- Remove or cut away clothing over the burned area but leave clothing that is stuck.
- Wash liberally with cold water for 15 mins.
- Cover the burned area with a sterile or clean dressing and bandage lightly.
- Cover large burns with a clean sheet or towel.
- In burns to the face, provide an adequate airway for breathing.
- Do not apply any lotions, ointments or oily dressings.
- Do not prick blisters.

If the patient is thirsty, or if there is a long delay, give small amounts of water unless he/she is unconscious and/or medical help is readily available.

Transport the patient to medical help without delay.



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Sunburn:

Prolonged exposure to the sun may lead to extensive superficial burns with blister formation. The distress of sunburn without blister formation can be relieved by applying the following treatment:

- Apply cool moist compresses.
- Rest the patient in a cool place.
- Give a large quantity of fluids.

Serious sunburn with severe blistering requires medical help after this treatment.

Chemical and corrosive burns:

- Wash off immediately with a large volume of water for 20 mins.
- Remove contaminated clothing but avoid contaminating yourself.
- Apply a dressing.

General Management of burns

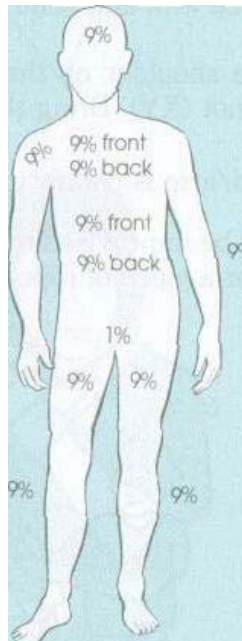
- Follow DRABC
- Put out burning clothing
- Cool burnt area with running water (20 minutes)
- Cover with sterile non-stick dressing
- Prevent infection
- Minimise shock
- Seek medical aid urgently

Burns - Do not

- Apply lotions/oily dressings
- Prick/break blisters
- Give alcohol to drink
- Overcool casualty
- Use towels, cotton wool, blankets adhesive dressing directly on wound
- Remove clothing stuck to a burned area

The area burnt can be divided up into percentages of parts of the body:

Head	9%
Upper Chest	9%
Upper Back	9%
Stomach	9%
Lower Back	9%
Arms	18% (9% each)
Upper Leg	18% (9% each)
Lower Leg	18% (9% each)
Genitals	1%
Total	100%





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Base 3 – Shock

Equipment: Blanket, space blanket, pillow

Method:

Group discussion and demonstration

Shock is caused by a lack of circulating blood volume. That is the amount of blood that is moving around the body. When the volume becomes too low to meet the body's needs and also to remove waste products the cells quickly become depleted of oxygen.

Shock can be caused by:

- Heart failure
- Bleeding
- Vomiting and diarrhea
- Burns
- Pain
- Trauma
- Infections
- Allergic reaction

Usually after most injuries there may be evidence of shock which might include

- Pale face, fingernails and lips
- Cold, clammy skin
- Faintness or dizziness
- Nausea (feeling sick)
- Anxiety

The treatment of shock is as follows

- Follow DRABCD (Danger, Response, Airway, Bleeding, Circulation and Defibrillation) and manage any injuries such as severe bleeding.
- Reassure the casualty
- Call 000 for an ambulance
- Raise the casualty's legs (unless fractured or a snake bite) above the level of the heart – place head flat on the floor
- Treat any other injuries (burns, wounds and immobilise fractures)
- Loosen any tight clothing around neck, chest & waist
- Maintain body temperature with a blanket or similar
- Give small amounts of water
- Monitor the casualty to ensure their condition does not get any worse





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Base 4 – Bandaging 1

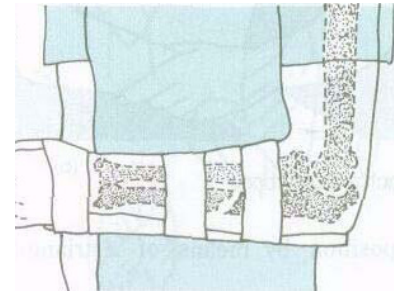
Equipment: Triangular bandages, roller bandages, newspapers, magazines

Method:

Discussion, demonstration and practice.

Fractured forearm or wrist

- Apply a padded splint on the front or back of the forearm -the splint must extend from the elbow to the finger tips. A magazine or newspaper can make a good splint.
- Bind the limb firmly to the splint with three roller bandages, the first above the fracture and the second below the fracture with the last one supporting the hand with the splint.



- Apply an arm sling.
- Check the circulation and comfort



of the patient.



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Activity	First Aid Bases 2	40 min
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Base 1 – Recovery Position

Equipment: Blanket for the floor

Method:

Discussion then pair scouts up and practice.
Refer to the Fieldbook for reference.

Discussion:

When we have a casualty that is breathing normally but is unconscious or they are breathing normally and conscious but not well we place them in the recovery position. This will allow any liquids (vomit, blood etc) to drain out.

To place someone in the recovery position we:

1. Position the casualty's arms
 - Kneel beside the casualty
 - You will be rolling the casualty away from you
 - Place the farther arm at right angles to the body (see picture)
 - Place the near arm across the chest
2. Position the casualty's legs
 - Lift the near leg at the knee so it is fully bent upwards (see picture)
3. Roll the casualty into position
 - Roll the casualty away from you onto their side while supporting their head and neck (see picture)
4. Prevent the casualty from rolling onto their face
 - Keep the leg at right angles with their knee touching the ground (see picture)





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Base 2 – Snake Bite

Equipment: roller bandage, splints (newspapers, magazines are OK)

Method:

Discussion and demonstration.
Refer to the Fieldbook for reference.

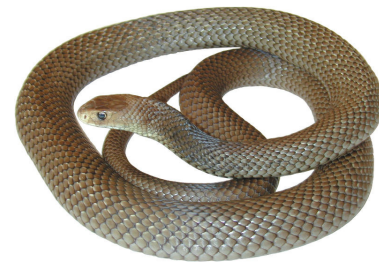
Discussion:

Scouts are often on camp and out in the bush and there is always a danger of the possibility of a snake bite.

Snake bites are rare but when they occur we need to know what to do and how to recognise the signs and symptoms of a snake bite.

Signs & Symptoms

- Puncture or scrape marks
- Pain at the bite site
- Nausea, vomiting diarrhoea
- Headache
- Double or blurred vision
- Breathing difficulties
- Drowsiness, giddiness
- Pain or tightness in the chest or abdomen
- Respiratory weakness or arrest (stops)



Treatment

- Check for breathing and circulation
 - If casualty is unconscious, follow DRABCD
- Calm the casualty and get them to sit or lay down
- Apply a 'pressure immobilisation bandage':
 - Apply a firm roller bandage starting from just above the fingers or toes and moving up the limb as far as can be reached
 - The bandage needs to be very firm
- Immobilise the casualty
 - Apply a splint to immobilise the bitten limb
 - Check circulation
 - Ensure the casualty does not move
- Call 000 for an ambulance

Do Not:

- Wash venom off the skin as this will assist with identification and determine treatment
- Cut the bitten area or try to suck venom out of the wound
- Use a constrictive bandage such as an arterial tourniquet
- Try to catch the snake



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Base 3 – Hand Carries

Equipment: Nil

Method:

Demonstration and practice

Methods of carrying

Cradle carry

This is a very good for small children because it holds them close and is thereby reassuring to them.



Human crutch

Use this when the victim can walk with help, for example, sprained ankle.



Piggy-back

Use this for the conscious patient

Chair carry

This is used to carry a patient who is conscious without serious injury. Side by side, or if you have to travel through a narrow passage, you can use fore-and-aft carry.

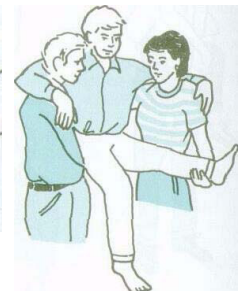
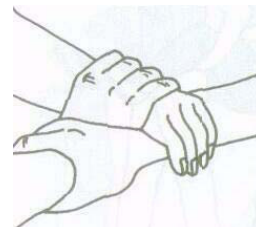


Three-handed seat

This is used for supporting either leg when the patient is able to help with one or both arms.

When the left leg is to be supported, helpers grip wrists as shown, with the helper on the left leaving their left hand free

Bend down so the patient can sit on helper's hand. The left helper supports the patient's left leg





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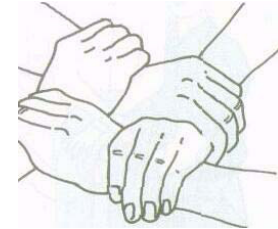


Four-handed seat

This is used when the patient can help with one or both arms.

Each helper grips their own left wrist with their right hand.

Bend down so the patient can sit on helpers' hands as shown



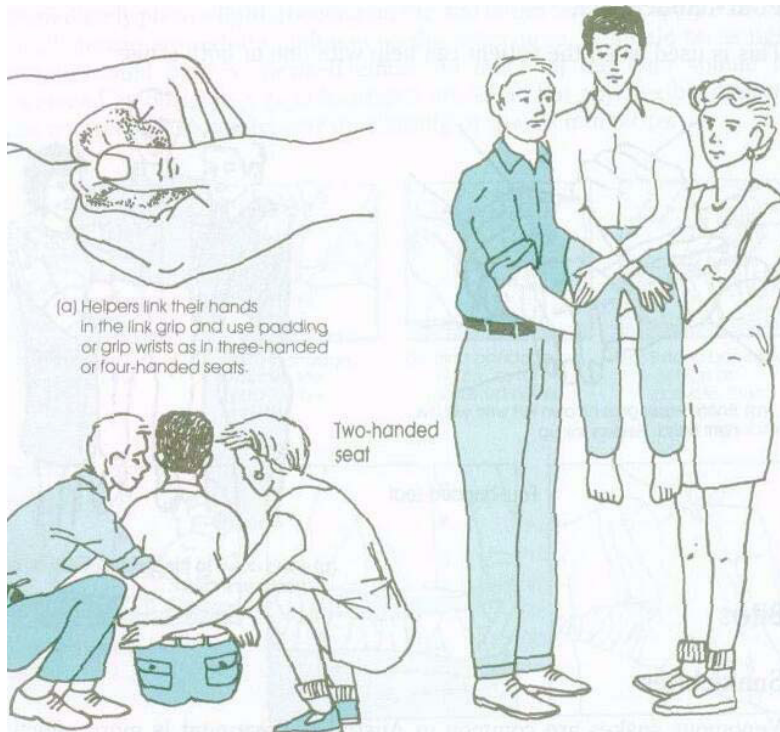
Two-handed seat

This is used when the casualty may need to have support across their back.

Bend down so the patient can sit on helpers' hands as shown.

Linked hands are placed under the patient's knees

Free hands are crossed behind the patients back then grip the waist.





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Base 4 – Bandaging 2

Equipment: Triangular Bandages

Method:

Demonstration and practice

Scouts are to practice the collar and cuff sling

Collar and cuff sling can be used to support the humerus bone which is often called the 'funny bone'

1. Make a clove hitch, using a narrow bandage



2. put the loops over the wrist of the injured arm
3. gently elevate the injured arm against the casualty's chest
4. Tie the ends together around the neck using a reef knot positioned in the hollow of the collar bone.

