



FIRST AID

As a First Aider, you will need to set up:

- a) First Aid Kit for an outing;
- b) First Aid Box for a 4-day camp.

First Aid Kit

It must be small, light and compact with the necessary items needed for an outing eg, hiking. The contents are as listed. Include any medication that a camper may have surrendered to the F.A on her first day at camp or medication to be taken as stated in the health forms.

First Aid Kit List For Outing

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| <ol style="list-style-type: none">1. Panadol (Oral)2. Antiseptic cream3. Plasters4. Antiseptic wipes5. Cotton wool6. Applicator sticks7. Triangular bandage8. Telephone card/10- cent coins9. Safety pins |
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First Aid Box

The necessary contents are listed in the F.A Box List. Campers are required to surrender their medication or mixture of any kind to the F.A on her arrival at camp.

All medicine are to be labelled clearly. The date of purchase and expiry date must be written.

All medicine are to be taken as stated. Make sure that you distinguish oral medication from the rest by marking them in blue. All other ointments, lotions and dressings are to be marked in red.

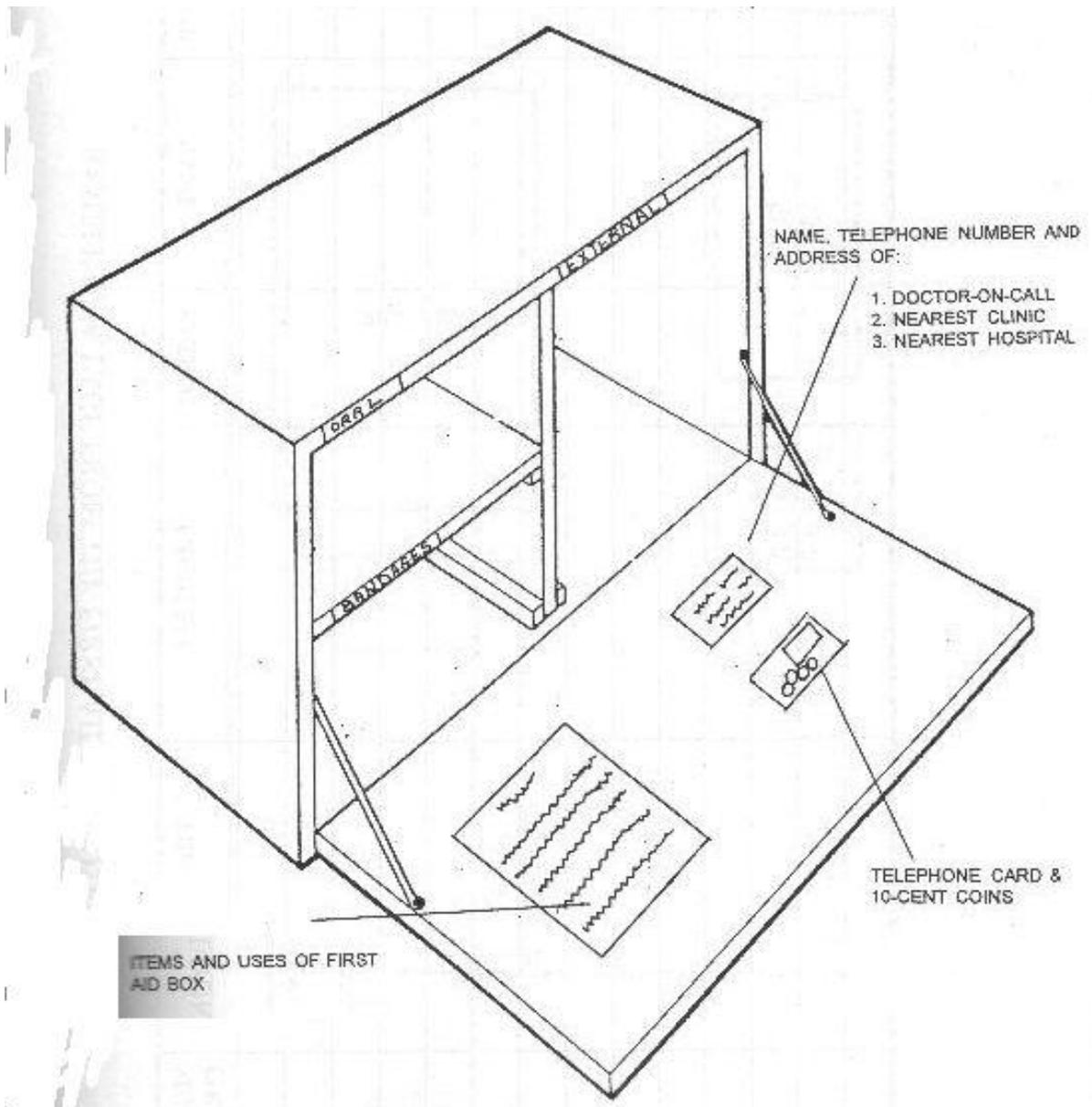
First Aid Box List

Here's the list of medication and its uses.

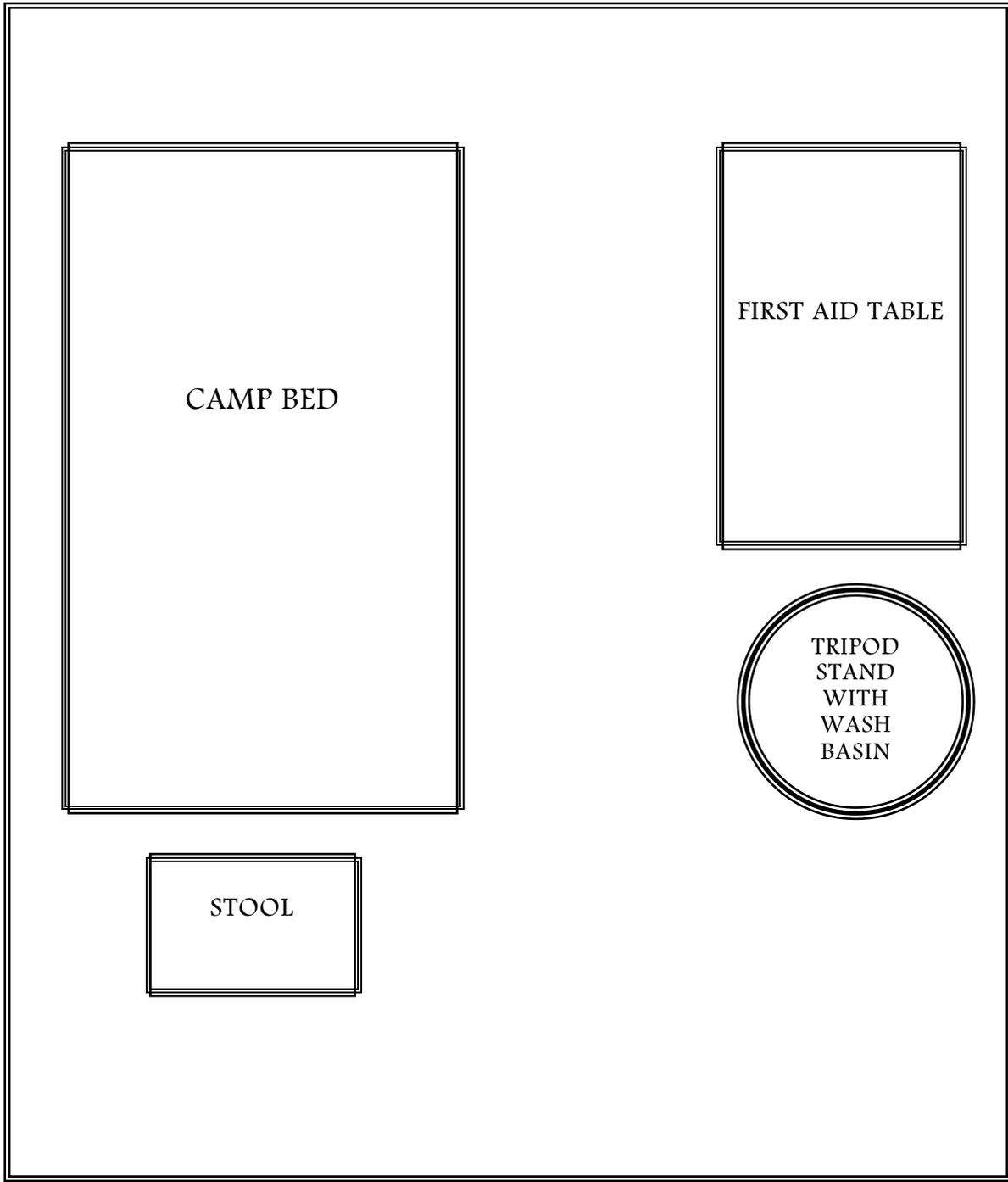
<p>Oral Medication Should be kept in a SEPARATE compartment of the F.A Box.</p>	
1. Panadol	: headache/fever/pain
2. Agarol	: constipation
3. Wood's Peppermint Cough	: coughs
4. Bismag	: indigestion
5. Ultracarbon	: diarrhoea
6. Lozenges	: sore throat
<p>External Medication Not to be consumed.</p>	
1. Calamine lotion	: rashes/prickly heat/sunburn
2. Antiseptic cream	: cuts/grazes
3. Flavine	: cuts/grazes
4. Burnol	: scalds/burns
5. Phenergan cream	: stings
6. Vicks Vapourub	: colds/coughs
7. Sloan	: sprains
8. Dettol	: cleaning wounds/cuts
9. Optrex	: eye wash
10. Zambuck	: insect bites
<p>Bandages and Dressings All should be placed in SEALED plastic bags to keep them dry and sterile.</p>	
1. Triangular bandage	5. Surgical tape
2. Roller bandages (of different widths)	6. Crepe bandage
3. Cotton wool	7. Lint
4. Gauze	8. Plasters
<p>General</p>	
1. Soap in a dish	9. Notebook and pen
2. Kidney dish	10. Teaspoon
3. Hot water flask and cup	11. Safety pins
4. A pair of scissors	12. Sanitary towels
5. Tweezer	13. Telephone card/ 10-cent coins
6. Forceps	14. First Aid Handbook
7. Clinical thermometer	15. Telephone numbers of doctor-
8. Torch	on-call and nearest clinic & hospital



ORGANISATION OF FIRST AID BOX



LAYOUT OF THE FIRST AID TENT



FRONT DOOR



BASIC FIRST AID

First Aid is the skilled application of accepted principles of treatment on the occurrence of any injury using facilities or materials available to you at that time.

PURPOSE OF FIRST AID

- to preserve life
- to prevent condition from getting worse
- to promote recovery

I NOSE-BLEED

Causes

- bleeding from blood vessels inside the nostrils
- blow to the nose
- a result of sneezing or blowing the nose

Aim

To safeguard the breathing by preventing inhalation of blood and control bleeding which may result from nose-bleed.

Treatment

1. Sit the casualty down with head slightly bent forward.
2. Loosen any tight clothing around the neck and chest.
3. Advise casualty to breathe through the mouth and to pinch the soft part of the nose.
4. Tell the casualty to spit out any blood in the mouth.
5. Release the pressure after 10 minutes. If bleeding has not stopped, continue treatment for a further 10 minutes or as necessary.
6. While the head is still forward, gently clean the nose and mouth using a clean dressing soaked in luke warm water.

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7. When bleeding stops, advise the casualty not to blow the nose for at least 4 hours so as not to disturb the clot.
 8. After 30 minutes, if bleeding persists, seek medical help.

Note:

Do not let the casualty raise the head until bleeding has stopped.

// FAINTING

A faint is a brief loss of unconsciousness. It is no more than a few minutes, caused by a temporary reduction in the flow of blood to the brain.

Signs And Symptoms

- pulse is slow and weak
- casualty may look pale and her skin is cold and clammy
- casualty may vomit
- sweating may develop

Aim

To increase the flow of blood to the brain.

Treatment

1. Sit the casualty down with head bent between knees, or lay casualty down with legs lifted slightly above the head.

2. Advise casualty to take deep breaths.
3. Loosen any tight clothing at the neck, chest or waist.
4. Make sure that the casualty has plenty of fresh air. Fan air on the face or place casualty in the shade.
5. Check for and treat any injury that the casualty has sustained on falling.
6. Check breathing rate. (An adult breathes 16 to 18 times per minute. An infant breathes 20 to 30 times per minute.)

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7. Reassure casualty when she is regaining consciousness. Gradually raise her to a sitting position.

Note:

Do not give the casualty anything by mouth until she is fully conscious and then only sips of cold water.

III FRACTURE

A fracture is a broken or cracked bone. All fractures must be handled very carefully; mishandling may result in further damage to the surrounding.

Types of Fracture

- Closed fracture - This is a fracture where the skin surface around the damaged bone is not broken.
- Open fracture - Where the fractured end of the bone penetrates the surface of the skin. Open fractures are serious because they can result in severe external blood loss and germs can gain access to the tissues and the broken bone.

General Signs And Symptoms

- the snap of the bone may be felt or heard
- pain at or near the site of injury increases with movement
- casualty may find difficulty moving the part
- tenderness at the site of the fracture when gentle pressure is applied over the affected area
- swelling and later bruising at the injured part
- deformity at the site of the fracture

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- casualty may look pale
 - casualty may vomit
 - casualty may feel faint, weak and giddy
 - pulse rate increases but becomes weaker and irregular later



Note:

Not all the signs and symptoms will be present in every fracture. As many as possible should be noted by simple observation without moving any part unnecessarily. Compare the shape of the injured and uninjured limbs whenever possible. If in doubt of the severity of an injury, treat as a fracture.

Aim

To prevent movement at the site of the injury (immobilisation).

Signs & Symptoms Of A Thigh-Bone Fracture

- general signs and symptoms of a fracture
- deformity may be seen or felt along one or both bones

Treatment

a) *For lower limb*

1. Lay the casualty down and carefully steady and support the limb by hand.
2. If splints are not available, use the other uninjured leg as support. Place padding between knees and ankles.

(i) * Tie a figure-eight bandage around the feet and the ankles. Use a reef knot to tie it off.

(ii) * Tie a wide piece of material around the casualty's knees and knot the ends together, again using a reef knot.



(iii) * Tie a third and fourth bandage above and below the site of the fracture.

(iv) * Tie a fifth bandage around the thigh or calf avoiding the fracture.

- All knots on the uninjured side.

b) *For thigh bone*

1. In addition to the above, place a longer splint along the outside of a fractured limb, extending from the armpit to the foot.
2. Place padding where the splints touch bony areas - at the ankles, hips, knees and armpit.
3. Secure a sixth bandage around the chest and a seventh around the pelvis. Tie knots over the splint.

4. Reassure and comfort the casualty.
5. Keep casualty warm by covering her with a blanket. Loosen tight clothing.
6. When the limbs are immobilised, raise them slightly to minimise discomfort and swelling.
7. Remove to hospital, maintaining the treatment position.



Note:

Splints are used to hold fractured or injured limbs steady while a casualty is being removed to the hospital. The basic requirement of any splint is that it is long enough to extend to beyond the knots and that it is well-padded. Splints include foam, plastic and wooden splint. Splints can be improvised by using boards, fencing pieces, sticks, brooms, rolled-up newspapers or the uninjured leg.

Figure Eight Bandage - Method

This pattern is used to bandage the arm or the leg.

1. With the sole (palm) held downwards - fix the bandage by a turn round the ankle (wrist) and carry the roll obliquely over the front of the foot (back of the hand) to the side of the little toe (finger).
2. Then round the sole (palm) - encircling the toes (fingers) with one horizontal turn so that the lower border of the bandage just reaches the root of the nail of the little toe (finger).
3. Carry the bandage again round the sole (palm) and then - return obliquely to the ankle (wrist).
4. The figure-of-8 turns round the ankle and foot (wrist and hand) are repeated until the foot (hand) is covered.

Foot and ankle bandage

Hand bandage

IV **SPRAINED ANKLE**

This is an injury which occurs at a joint when the ligaments and tissues around that particular joint are suddenly 'wrenched' or torn. For example, a sprained ankle may result if your feet turns over unexpected while walking or running.

Signs And Symptoms

- pain and tenderness around the joint increases with movement.
- swelling around the joint followed by bruising.



Aim

To make the casualty as comfortable as possible.



Treatment

1. Raise and support the injured part in the most comfortable position for the casualty.
2. Apply cold compress to reduce swelling and pain.
3. If cold compress is not available, counteract swelling and provide support by surrounding the joint with a thick layer of cotton wool; secure with a bandage.
4. A sprained ankle can also be dealt with by applying a figure- eight bandage over the boot or shoe while they are still put on.

V DISLOCATED ELBOW

This is a displacement of one or more bones at a joint. It occurs when a strong force acts directly or indirectly on a joint wrenching a bone into an abnormal position.

Signs & Symptoms

- casualty complains of severe pain at or near the joint
- casualty is unable to move affected part: joint is `fixed' in position
- injured joint appears deformed
- swelling and later bruising at the site of injury

Aim



To make the casualty as comfortable as possible and arrange for removal to hospital.



Treatment

1. Support the injured part in the most comfortable position using an arm sling.
2. Remove to hospital immediately.

Arm Sling - Method

1. Place the open triangular bandage between the chest and the forearm so that its point reaches well beyond the elbow.
2. Carry the lower end of the bandage up and over the arm and tie off with a reef knot in front of the hollow above the collarbone on the injured side.
3. Bring the point forward and secure it in front of the bandage. If a safety pin is used, it should be secured vertically rather than horizontally.

Note :

When an arm sling is in the correct position, the base of the bandage should lie at the foot of the little finger, leaving all fingernails exposed.



VI BANDAGING AROUND A FOREIGN BODY OR OPEN FRACTURE

Great care should be taken not to apply pressure on the protrusion when bandaging around a foreign body or open fracture. Always use a roller bandage if available. If it is not available, a triangular bandage can be used.

Method

1. Drape a piece of gauze over the fractured site and hold it in place with a ring pad or crescent-shaped pad of cotton wool.
2. Place the tail of the bandage on the limb directly under the lower edge of the ring pad, make two straight turns to secure the bandage and bring the head up to the top of the pad again.
3. Pass the bandage diagonally under the limb and up over the upper half of the ring pad avoiding the protrusion. Pass the bandage back down to start again. Continue bandaging above and below the pad until it is secure.

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4. Secure the tail end of the bandage with a safety pin or tape.



Ring Pad

It is used to build up protection around a wound in which there is a foreign body (e.g glass) or a projecting bone.

Method

1. Make a narrow bandage and place it across the fingers of one hand.
2. Wind one end once or twice around your fingers to make a loop.
3. Bring the other end of the bandage through the loop, wind it once around the loop and pull it tight.
5. Working around the loop, continue passing the end through until the whole of the bandage is used up, making a firm ring. Tuck in the end.



VII CHOKING

Signs and Symptoms

- the casualty has a fit.
- his face, neck, fingers and toes are congested and may become livid.
- violent and alarming attempts at respiration are made.

Aim

1. To relieve the spasm.
2. To remove any foreign body.
3. If necessary to get air to the lungs past the foreign body.

Treatment

1. Remove any obvious obstruction - false teeth or lump of meat.
2. If the casualty is a child, lay her prone with her head downwards over the knees.
3. Give three or four sharp smacks between the shoulders.

4. If the casualty is an adult, help her to bend over with the head lower than the chest (she can be sitting or standing).
5. Slap her between the shoulder blades with the heel of the hand up to four times.

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6. If the casualty still cannot breathe, stand or kneel behind her. Clench your fist and put it, thumb inwards, between the navel and the bottom of the breastbone.

 7. Hold your fist with the other hand and pull both hands towards you with a quick upward-and-inward thrust from the elbows. You are trying to pull the upper abdomen against the bottom of the lungs to drive out the remaining air and force out the blockage. Repeat up to four times.

VIII STINGS AND BITES

Treatment

1. Do not rub (poison is just outside the hole).
2. Put soda, ammonia or soap on stings caused by bees, spiders or mosquitoes (these stings have acid).
3. Put vinegar or iodine on stings caused by wasps and hornets (these stings have alkaline).
4. Chew an onion if on tongue.
5. Seek medical aid at once if on the throat, as it may swell and cause choking.
6. Bathe bad bites in hot water and apply a strong antiseptic.





IX SUNBURN

Treatment

1. If the skin is reddened but not blistered, apply calamine lotion.
2. If the skin is blistered or extensively burned, cover it with sterile dressing wet with a weak solution of baking soda (two tablespoonful of soda to one litre of water).
3. Don't use greasy ointments.
4. Don't re-expose burned skin until healing is complete.
5. Severe or extensive sunburn requires prompt medical aid.

X SUNSTROKE

Treatment

1. Mild sunstroke (headache, extreme fatigue, dizziness, cold and clammy skin, perhaps fainting) can be treated by rest in a shaded area or a cool, dark room with cold towels on the casualty's head.
2. Three or four glasses of water, each containing half a teaspoonful of salt, may be given, one glass every 15 minutes.

