INFORMATION SHEET

The practice of first aid is often said to be one of 'common sense' and in many ways this is true, for example, if someone is bleeding then the first thing that you want to do is to stop it! No text book (or information sheet!) is a substitute for attending a first aid training course if you wish to progress further than the few simple procedures mentioned here. In Scouting we are involved in activities all the time which can potentially result in accidents whether indoors or outdoors and so it is desirable that we all have a basic understanding of first aid.

Why First Aid?

First aid is the assistance given to a person who has suffered as a result of an accident or illness. The first person on the scene is not going to be a doctor or paramedic, and even if they are, they are unlikely to have the appropriate equipment in their back pocket. The first person on the scene is more likely to be you, and there are three reasons why you should offer assistance:

- to preserve life;
- to prevent the condition becoming worse;
- to promote recovery.

Procedure to be followed in the event of an accident

The Scout Association has a procedure to follow in the event of an accident. This ensures the best interests of:

- The injured person;
- The next of kin of the injured person;
- The person in charge of the activity;
- The Scout Association as a whole.

The procedure is as follows:

1) Remain calm and do not put yourself in danger, thereby making the situation even worse.

2) Assess the situation; stop, look and listen and ascertain what has happened. Stop traffic, switch off electricity or take any other action which is appropriate to the situation.

3) Administer the necessary first aid to the best of your ability. Always remember to sit the patient down or lie them down (assuming that it is safe to move them), talk to them and reassure them. A calm, friendly voice can help someone a lot.

4) If you are worried about the condition, consult a doctor or hospital for medical advice.

5) At the earliest opportunity, get assistance if necessary and inform the next of kin of the casualty.

6) Keep a full written record of all relevant information (see Accident books overleaf).

7) Inform the District Commissioner by telephone as soon as possible and follow up with a letter giving full details.

8) Make no admission of liability to anyone.

Reassuring patients

Being able to talk to people is the first step in reassuring someone who is injured and possibly anxious, worried and confused. Practise talking in a quiet but confident way to someone. A simple reassuring hand on the shoulder can go a long way as does checking the hand to see if it is cold (and hence the patient may be cold as well). Whilst providing a bit of comfort it calms people down which will help you to get on with the job in hand.

Accident books

In a work situation accident books have to be kept by law and these can be called in evidence should a case come before the courts.

Occasionally, problems arising from an accident only come to light after a significant time, therefore, it is in everyone's interest in The Scout Association to keep some sort of record of any accident or any treatment given. This must be
done as soon as possible after an incident to minimise the possibility of information and details being forgotten.

Record the details of the person, the accident, the treatment given, the location, the date and time and who gave any aid or treatment to the patient. This information can then also be used in reporting the incident to Headquarters, if necessary.

It is also important to be aware of Rule 45.1 of Policy, Organisation and Rules regarding the reporting of accidents to Headquarters.

**First aid kits**

A first aid kit should always be available:
- At the Scout Headquarters;
- On an outing - whether it is a day trip, hike or other activity;
- At camp.

The following items are those recommended by The Scout Association for use in a first aid kit for use by its Members:

- Cotton wool
- Adhesive plasters (small (assorted) packets)
- Crepe bandages (7.5cm)
- Sterile dressings (various sizes)
- Triangular bandage B.P.
- Adhesive tape (e.g. Micropore)
- Thermometer
- Cotton conforming bandages (e.g. 'Kling’) 7.5cm
- Small bowl
- Tissues
- Disposable plastic gloves
- Dressing scissors
- Safety pins
- Tweezers
- Notebook and pencil
- Plastic bag and seal for disposal of soiled dressings

All dressings, plasters and bandages should be individually wrapped to ensure that they are sterile and checked that they are ‘in date’. All equipment should be kept in a dry, clean, airtight box which is clearly labelled and accessible.

**Further information and resources**

Further information can be obtained from The St. John Ambulance Association, St. Andrew’s Ambulance Association, British Red Cross Society and local adult first aid courses.

There is also a Fact sheet available from the Information Centre entitled *First Aid Kits and Medical Chests.*
TEACH YOURSELF

When practising first aid, you will need someone to practise on and also some dressings and bandages with which to practise. Items which are 'out of date' or are no longer sterile, are ideal for this purpose.

Before attempting any first aid, you should familiarise yourself with the contents of a first aid kit and how to use them. Practise opening and putting on plasters, bandages and dressings without touching the medicated pad or the part that will be in contact with the injury.

Here we have outlined some simple first aid procedures. For anything more complicated, please seek professional help.

Simple cuts and grazes

In some ways the human body is like a central heating system. The heart is a pump and veins and arteries are the pipes. If a pipe is punctured, then water leaks out. The body is the same - if an artery or vein is punctured, then blood will leak out. The solution to both problems is to plug the hole. However, additional precautions are needed with the body.

Any break in the skin, however small, can allow bacteria to enter the body. These microorganisms, for example, carried by flies or unwashed hands, if allowed to settle in a wound, will grow and cause infection. You should take the following steps:

• Sit the casualty down and temporarily protect the wound by covering it with a clean piece of gauze.
• Wash your hands.
• Rinse the wound under cold running water until it is clean unless a clot has started to form and you feel it would be better to leave it as washing it would cause it to start bleeding again.
• In the case of grazes, where there is more chance of there being dirt and germs present, further clean the wound by using wet cotton wool. Always clean away from the centre of the wound outwards.
• Dry the area around the wound and place a dressing over it. Never dress a wound with cotton wool or anything fluffy.

Nose bleeds

• Sit the casualty down with the head well forward and loosen any tight clothing around the neck and chest.
• Tell the casualty to pinch together the soft part of their nose and to breathe through their mouth. This needs to continue for 10 - 20 minutes.
• Tell the casualty to spit out any excess fluid in the mouth. Swallowing may disturb the clot and cause the casualty to feel sick.
• Advise the casualty not to touch or blow their nose for several hours after bleeding has stopped. This will prevent disturbance of the clot and prevent the bleeding from restarting. If the bleeding does not stop, seek medical help. If bleeding from the nose follows a blow to the head, this could mean a fracture of the skull and the casualty should receive urgent professional medical help.

Insect bites and stings

Most bites and stings cause little more than temporary discomfort. Some people, however, are particularly sensitive to them and there may be a possibility of their going into shock if there is a severe allergic reaction. In these instances, professional medical help should be sought.

Some insects, such as bees, leave a small sting embedded in the skin which should be removed. Wasp and hornet stings do not leave anything behind and are generally more alarming than dangerous.

• If there is a sting left in the skin, remove it with a pair of tweezers. Hold the tweezers as close to the skin as possible and pull the sting out. Avoid squeezing the sack at the top of the sting as this will force more poison into the casualty.
• Apply a cold compress (a packet of frozen peas is ideal!) to the site of the bite or sting to reduce both pain and swelling.
• If a bite is more serious, then bleeding will have to be controlled by putting direct pressure onto it, cover it with a firm dressing and refer to hospital.
• Rest the injured part.
• If pain and swelling persist or get worse over the next few days, advise the casualty to seek professional help.
If a person is stung in the throat, give them an ice cube to suck or plenty of cold water to drink and seek urgent professional medical help.
Snake bite victims in this country are more likely to suffer from shock than anything else, however, there is no reason to be complacent. Lie the patient down, wash the wound as for insect bites above, and take the patient to hospital. (Is it possible to identify the snake?).

**Burns and scalds**

The important thing to remember with a burn (caused by dry heat) or a scald (caused by wet heat) is that once the skin has been burnt or scalded, the pain of burning remains long after the cause of the injury has been removed.

- Cool the burnt area immediately by holding the injured part under cold running water for at least 10 minutes to reduce the pain and to limit the extent of the burn. This will remove the heat from the injury and can help prevent scarring later. If this is not possible, immerse the injured part in a bowl or bath of cold water.
- Quickly, but carefully, remove any rings, watches, and tight clothing from the injured area before any swelling develops.
- Protect the injury by placing a sterile dressing over it, large enough to cover the area completely without the dressing sticking to the injury.
- If there are any blisters, do not attempt to burst them.
- If the area of the injury is more than 2.5cm (one inch) square or caused by an electrical current, seek professional medical help.
- Watch for the signs and symptoms of shock; pale, cold and clammy skin, profuse sweating, nausea, faintness, increased pulse rate, shallow and rapid breathing. If present, seek professional medical help.

**Can you do it?**

When you feel confident about these first aid procedures, check how you are doing and see which of the following you can tick off:

- Treat a simple cut or graze
- Treat a nose bleed
- Treat an insect bite or sting
- Treat a small burn or scald
- Reassure an injured person
- List the contents of a first aid kit
- List the reasons for keeping an accident book
- State the procedure to be instigated following an accident

**So you want more?**

Contact the voluntary first aid agencies (as mentioned in the Information Sheet) about adult first aid courses available locally.

Find out more about first aid and emergency resuscitation procedures.

Organise or assist with a District first aid competition.
HOW TO TRAIN OTHERS

This section is designed to give some practical ideas about how you can help other people to understand about first aid. This might be Leaders or Scouts - either in an informal way on a Troop night or more formally on a skills workshop, training course or something similar.

Objectives

At the end of the session, participants will be able to:

I. Treat a simple cut or graze, nose bleed, insect bite or sting and a small burn or scald;
II. Discuss the uses of the contents of a first aid kit;
III. State the reasons for keeping an accident report book;
IV. State the procedure to be followed in the event of an accident occurring;
V. Reassure an injured person.

Time

This will depend upon the method chosen. It might take up to an hour for doing bases on the various procedures, or it might take at least twice this time, if you are using a mock incident or accident situation.

Equipment

- First aid kit as per Information Sheet.
- A casualty simulation kit. This can either be obtained commercially, or you can devise your own using plasticine, home-made ‘play dough’, nose putty or similar modelling compound; foundation cream and/or face powder; red lipstick, food colouring and so on.
- Furniture and accessories that would help with ‘scene setting’ for the incident such as ladders, (unlit!) lamps or stoves, ropes and so on
- People to act as casualties.

Training method

It is worth stressing that a knowledge of first aid is very useful - and it might even save a life.

The subject can be put across to participants in one of several ways:

1. In short occasional sessions, a different aspect or procedure could be covered. These could be bases run by someone who knows what they are doing, where there is an introduction, a practical attempt at treating the injury followed by a discussion. This could be achieved over several sessions, weeks or months with a concluding quiz or ‘incident’ (see overlap to check how much has been learnt.

2. Set up an accident or disaster situation with several ‘casualties’ (previously made up with mock injuries) which need attending to. In two’s or three’s ask the participants to have a go at treating the casualties. One person should act as observer and note what is happening. After they’ve had a go at treating all the injuries, with everybody having at least one go at something, conclude with a discussion. Here, point out what went well and correct the things which weren’t quite right! Ask them what items from the first aid kit were used and how, and when they need to report an accident and to whom.

Making Injuries

Using some form of modelling compound, take a small piece and mould it onto a leg or arm so that using a cocktail stick you can make a ‘cut’ into it. Try to get the outer edges as smooth as possible to the level of the skin underneath. Put something red (such as lipstick or food colouring) into the ‘cut’ and coat the surrounding area of compound and the skin beyond it with foundation cream and/or face powder. You may need to practise a few times to get the effect right. Experiment with different types of injury.

Training activities

1. ‘Runaround’- Explain a scenario for a first aid situation. Offer three choices of treatment on large pieces of card (two are incorrect and one is correct). The participants stand in front of the correct option.

2. ‘What's in the box’?- In turn, participants (without looking!) take out an object from a first aid box and describe to everyone else what it is used for and how it is used. You may like to throw in a few ‘red herrings’ items which should not be kept in a first aid kit!
Wordsearches, anagrams and quiz type games can all be used to identify the contents of a first aid box.

3. **Incident Hike** - The participants are put into small groups (or in the case of the Troop, use Patrols) and undertake the hike coming across several types of 'incidents' with casualties. Each group then has to act accordingly with different members being responsible for different casualties. At the end of the hike, the groups should submit their 'log books' and compare notes to see if they correspond with the examiner's and casualty's recollection of the treatment!

**Hints and tips**

- Concentration spans, especially for young people, can be very short. Why not examine each aspect of first aid for about half an hour over say, a three month period.
- Check the contents of first aid kits regularly. Items are used and sometimes their 'use by' date is exceeded.
- Keep all out of date or unsterile dressings for a 'practice' first aid kit or for use on training activities.
- Try to use people that the participants do not know as casualties. They are more likely to act realistically under these circumstances.

**Checking their progress**

Ask participants whether they feel happy with their ability to:
- Treat a simple cut or graze
- Treat a nose bleed
- Treat an insect bite or sting
- Treat a small burn or scald
- Reassure an injured person
- List the contents of a first aid kit
- Give the reasons for keeping an accident book
- State the procedure to be followed after an accident

**So they want to know more?**

- Introduce the participants to the art of casualty simulation.
- Arrange for a speaker from one of the voluntary first aid agencies.
- Encourage the participants to undertake a formal first aid training course.