

FIRST AID

SCOUTS SURVIVAL SKILLS BADGE



CONTENTS >>>>>

Page 3–4

Introduction

In the event of an accident

First aid kits

Page 5

Bleeding

Page 6-7

Hot and cold

Burns and scalds

Broken bones

Page 8

Allergy

Shock

Page 9

**Cardio-pulmonary resuscitation
(CPR)**

Page 11

Activity sheet



SCOUTS AND VICTORINOX DISCLAIMER

The Scout Association recognises that bladed and sharply pointed hand-tools are important for working on survival skills. We promote the safe use of knives used as a tool reiterating UK Law. Knives with a fixed non-folding blade, a folding knife with a blade over three inches in length or a folding knife which, locks in place require the person carrying such a knife in public (whatever age) to have good reason for carrying the tool. It is illegal to sell such a tool to a person under 18.

The Scout Association holds no responsibility from injuries that have occurred as a result of using this resource. Whenever a knife is to be used, or any other activity a risk assessment must be made and suitable controls put in place.



THANKS TO >>>>>

Austin Lill

Terry Longhurst

22nd Hampstead Sea Scout Group

15th Chingford Scout Group

for their contributions to this resource.

INTRODUCTION >>>>

Outdoor activities can sometimes result in minor medical issues such as small cuts or grazes. Other common incidents are usually related to excess cold or heat. Occasionally, a more serious emergency happens, so it is essential to have a basic understanding of first aid and plan ahead where possible.

PREPARATION

- ① When planning your expedition route, find the nearest locations of rescue posts or places where you could call for help.
- ② When setting up camp, check for an area that has a good mobile phone signal. Make sure every member of the camp is aware of its location by putting up a sign to show where it is.
- ③ To ensure everyone is aware of what to do in an emergency, run through procedures before going to camp.
- ④ Check what's in a first aid kit and how to use each element at your group meetings in the weeks running up to the camp. 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. Out of date sterile dressings and bandages are ideal for this.
- ⑤ Practise using your necker as a bandage or sling.

The Group Leader will decide what to do in the event of an accident, that is, whether the casualty can be evacuated to a place of safety or whether you will need to send for help.

SAFETY TIP

It is important to remember that in the event of any accident it must be reported in accordance with the guidance on your purple card and within Chapter 7 of policy organisation and rules (POR). bit.ly/PORChp7

IN THE EVENT OF AN ACCIDENT



Managing an incident

- ① Avoid injury to yourself by looking for possible danger or risks and making the area as safe as possible for you and the injured person before you deliver first aid.
- ② Do not move the injured person unless you have no other choice.
- ③ Identify any help available nearby. This may be in the form of people or medication.
- ④ If you are alone, try to attract the attention of other people who can help with calling 999 or getting medical equipment or supplies.
- ⑤ If there is more than one person injured start delivering first aid on the person who has the most serious or life-threatening injuries, for example, unconsciousness or severe bleeding.
- ⑥ If the injured person does not respond to you asking their name or gently shaking them, begin the steps in the CPR section.
- ⑦ If a casualty refuses help or first aid, call 999 and explain the situation, and watch them until help arrives. If you need to attend to another casualty, make sure that someone stays with the first injured person as they should not be left alone.

Reassuring patients

Being able to reassure someone who's injured is important in a first aid situation. The injured person is likely to be anxious, worried and confused. Take a few deep breaths to clear and calm your mind before you make any decisions on first aid treatment.

Ways to help reassure someone who has been injured:

- ask the casualty's name
- crouch or sit so you are on the same level as them
- talk in a manner that's quiet but firm and direct in order to build trust and confidence
- place a hand on their shoulder and also check their hand to see if it's cold
- explain to them what actions you're planning to take
- if you're treating children, use simple language and if the parents are there, involve them to gain their trust and approval before you continue
- listen carefully to what they say, without interruption. Nod and tell them you've understood, asking them to repeat and summarise what they have just said

FIRST AID KITS >>>>

It is good to familiarise yourself with the contents of a first aid kit and how to use each element.

A kit should contain the following:

- adhesive plasters of various sizes
- crepe bandages
- sterile dressings
- triangular bandage
- adhesive dressing tape
- safety pins
- tweezers
- notebook and pencil



Dressing, plasters and bandages should all be in date and individually wrapped to ensure they are sterile. The kit should be kept in a clean, dry, airtight box, clearly labelled as a first aid kit and accessible for everyone.

You could also add:

- waterproof dressing tape
- sterile cleansing wipes
- cool pack
- burns gel
- hand sanitizer
- face shield (for CPR)
- scissors
- gloves
- eye wash

i TIP

If you carry a Swiss Army Knife as part of your survival kit, some of its tools can be useful when administering first aid. The scissor tool can cut bandages and tweezers can be used to pull out splinters.



BLEEDING

Cuts or grazes

A cut or graze that breaks the skin can allow bacteria to enter the body. To avoid cross-infection:

- if possible, wash your hands and wear a pair of gloves if they are available
- cover any cuts and grazes on your own hands with waterproof dressings
- avoid coughing, sneezing or breathing over a wound while giving treatment
- don't touch a wound or any part of a dressing that will come into contact with a wound
- carefully dispose of first aid waste products



Dealing with small cuts and grazes

- ① Make sure the casualty sits down in case they begin to feel faint. Temporarily protect the wound by covering it with a clean piece of gauze.
- ② Wash your hands, using bottled water or water that has been boiled then cooled.
- ③ Rinse the wound under cold running water, using bottled water or water that has been boiled then cooled. Rinse the wound until it is clean, unless a clot has begun to form and you think cleaning it would cause the wound to start bleeding again.
- ④ A graze has more chance of dirt and germs being present so further clean the wound using wet cotton wool. Clean from the centre of the wound and move outwards.
- ⑤ Dry the area around the wound and place a sterile dressing over it. Never dress a wound with cotton wool or anything fluffy.

Severe bleeding

Loss of blood can be serious. Try to stem the flow as quickly as possible. If you have disposable gloves, use them to reduce the risk of infecting the wound.

Actions to take:

- press on the wound with your hand, ideally over a clean pad, and secure with a bandage
- if possible, raise the wound above the level of the heart which should help to reduce the flow of blood

Embedded object in a wound

If an object is embedded in the wound and can't be removed by cleaning, avoid pressing on the object. Instead, press firmly on either side of it, and build up padding around it before bandaging. Get the person to hospital quickly to get the object removed.



HOT AND COLD

Hypothermia / exposure

Hypothermia occurs when the body temperature falls below 35°C. For example, children who have been active outdoors for a long time in low temperatures, or have become wet from falling in cold water, may be at risk.

Symptoms of exposure or hypothermia include:

- shivering
- cold, pale, dry skin
- listlessness or confusion
- falling consciousness
- slow, shallow breathing
- weakening pulse

Action to take:

- dress the casualty warmly, including a hat, and cover with blankets to prevent further loss of body heat
- seek or build shelter and start a fire
- get medical help
- if possible, give the person a warm (not hot) bath, drying them quickly and wrapping them in warm towels or blankets
- give them warm (not too hot) drinks
- give them high-energy foods such as chocolate



Hyperthermia

Hyperthermia occurs when the body temperature rises, two common forms of hyperthermia are heat exhaustion and heat stroke.

Heat exhaustion and heat stroke

Heat exhaustion is caused by an extreme loss of salt and water from the body through excessive sweating and is a warning that the body is getting too hot. It normally develops slowly and is more likely to affect people who are not used to hot or humid conditions, or those who are already sick. Without treatment a person may develop heat stroke which is particularly dangerous and requires immediate medical attention. A person with heat stroke usually has a body temperature above 40°C.

Signs and symptoms of heat exhaustion are:

- cramp in the arms, legs or stomach
- headache
- pale, moist skin
- fast, weak pulse
- thirsty or nauseous
- giddy or confused

Action to take:

- help the casualty to lie down in a cool place
- raise their legs to improve blood flow
- fan the casualty and cool them with water
- give them plenty of water or a non-fizzy drink to replace lost fluids

Signs and symptoms of heat stroke are:

- body temperature over 40°C
- confusion or restlessness
- hot, flushed dry skin
- headache, dizziness and discomfort
- rapid pulse
- fast deterioration of response levels

Action to take:

- move to a cool place and remove outer layer of clothing
- wrap a cold wet sheet around the casualty, keep pouring cool water on it till their temperature falls. If you don't have a sheet, bathe or sponge them down with cool water.
- once their temperature lowers, wrap them in a dry sheet. If their temperature begins to rise again, repeat the cooling process.
- call 999 for an ambulance

Dehydration

Around three-quarters of our bodies are made up of water, and we are constantly losing water through breathing, sweating and urinating. If we don't replace this lost water our body will begin to dehydrate and eventually die. People can become dehydrated in any conditions simply by failing to replace their natural fluid loss.

Signs of dehydration include:

- feeling thirsty
- dry mouth, eyes and lips
- lack of appetite
- impatience
- lethargy and nausea
- headache
- dizziness or light-headedness
- inability to walk
- delirium

Someone suffering from dehydration should rest in a shady area, drink fluids slowly, try to keep cool and avoid sweating.

BROKEN BONES

The common causes of broken bones are:

- direct force, such as a kick
- indirect force, for example a fall on an outstretched hand can break the collarbone
- twisting force, for example, a foot stuck in a hole can break the ankle



The signs and symptoms of a broken bone are:

- pain
- bruising and swelling
- difficulty with movement
- deformity
- shock

It can be difficult to tell the difference between a bone, a joint or a muscle injury. If in doubt, treat the injury as a broken bone.

Keep the casualty still to prevent further injury, gently supporting the injured limb. If the fracture is open, where covering skin is broken or bone is sticking through the skin, cover it with a sterile dressing. Treat any signs of shock (see below). If you need to move the casualty, tie the limb to a splint. Get them to a hospital quickly.

BURNS AND SCALDS

Burns (caused by dry heat) and scalds (caused by wet heat) are among the most common injuries requiring emergency treatment in the UK.

If someone suffers a burn:

- cool it as quickly as possible by placing the affected area under cold running water for at least 10 minutes or until pain is relieved
- try to cover the burn with cling film placed lengthways over the injury, or a clean plastic bag is also ideal to cover a hand or foot. A non fluffy sterile dressing can also be used if there is no cling film available.
- always seek medical advice if the casualty is a baby or child

Watch out for signs and symptoms of shock (see below).

ALLERGY

An allergy is an abnormal reaction of the body's defence system to a normally harmless trigger substance. These can include pollen, dust, nuts, shellfish, eggs, wasp and bee stings, latex and certain medications. People who have a mild reaction to a trigger substance may carry their own anti-histamine tablets or creams. People who know they will have an extreme reaction to a trigger substance often carry medication in the form of an auto-injector (epi-pen).

Symptoms of an allergic reaction include:

- swelling and itching, particularly in the area that came into contact with the trigger substance
- blotchy red skin or itchy rash spreading over the body
- swollen, itchy eyes
- swelling in the throat, difficulty breathing or wheezing
- dizziness, anxiety and apprehension
- stomach cramps, vomiting or diarrhoea
- sudden drop in blood pressure leading to unconsciousness

If someone suffers from a severe reaction, known as anaphylaxis, or anaphylactic shock, immediately dial 999 for an ambulance. Be prepared to resuscitate the person if necessary.

If the person is conscious and has an auto-injector, help them to use it. If they're unable to do it themselves, hold the auto-injector in your fist, pull off the safety cap and press the tip against their thigh through their clothing. This will automatically inject the person with the drug.

Help them to sit comfortably.

SHOCK

The most likely cause of shock is from a severe burn or bleeding, when vital organs do not receive enough oxygen due to reduced blood circulation. Shock can be a life-threatening condition and injuries should be treated immediately. If there are signs of shock but no visible injury then there could be internal bleeding. Many people can confuse physical shock (which is life-threatening) with psychological shock (which is an emotional response to an injury).

Early signs of shock are:

- cold and sweaty skin, pale or tinged with grey
- rapid pulse becoming weaker
- shallow, fast breathing

As it develops you'll notice:

- restlessness
- sighing and yawning
- severe thirst

Action to take:

1 treat any obvious injuries

2 lie the person on a blanket to keep them warm. Raise and support the legs above the level of their heart and loosen any tight clothing. Reassure them

3 dial 999 for an ambulance and resuscitate if necessary

4 don't give them anything to eat or drink, as they may later need a general anaesthetic in hospital.

CARDIO-PULMONARY RESUSCITATION (CPR)

Check if a person is unconscious by kneeling beside them and trying to get a response by gently shaking their shoulders and calling their name.

If there is no response:

- ① open the airway by placing one hand on their forehead, gently tilting the head back and lifting the chin with two fingers of the other hand. Remove any objects from the mouth and nose
- ② keep their head tilted and check if they are breathing by looking to see if their chest rises, listening for their breathing and feeling for breathing on your cheek for up to 10 seconds



Resuscitation of an adult

If the person isn't breathing normally, call for an ambulance immediately then start cardio-pulmonary resuscitation (CPR), which is a combination of chest compressions and rescue breaths.

- ① Place the heel of one hand on the centre of their chest and place the heel of your other hand on top of the first hand interlocking your fingers, keeping the fingers away from the body. Lean over the casualty and with your arms straight press down on the breastbone by (5-6cm). Allow the chest to come back up without taking your hands away and repeat at a rate of 100-120 compressions a minute.



SAFETY TIP

Do not practicing CPR on a person. It should be practised on a dummy during a first aid training session.

- ② After every 30 chest compressions give two rescue breaths. Open the airway by placing one hand on the forehead and gently tilting the head back and lifting the chin. Pinch their nose closed. Take a breath and place your mouth over their mouth. Blow steadily into their mouth and look towards the chest to check that it rises. Remove your mouth and the chest should fall. You should attempt two of these rescue breaths, each lasting one second.
- ③ Continue with a cycle of 30 chest compressions and two rescue breaths until emergency help arrives or the person shows signs of consciousness. If you're unable or unwilling to give rescue breaths, you can give chest compressions alone.
- ④ If they're breathing normally, treat any other life-threatening injuries and put them into the recovery position. Keep checking their breathing.
- ⑤ Call 999 and monitor them until help arrives.

Resuscitation of a child

If the child isn't breathing and you are on your own give CPR for one minute, then call 999 for an ambulance. If another person is with you ask them to call an ambulance straight away while you begin CPR.

- ① Open the airway by placing one hand on their forehead and gently tilting their head back and lifting the chin.
- ② Remove any visible objects from their mouth and nose.
- ③ Pinch their nose closed. Place your mouth over their mouth and attempt



five initial rescue breaths. If they do not regain consciousness begin chest compressions:

- ④ place the heel of one hand on the centre of their chest, use one or two hands depending on the size of the child and also your own size (see adult resuscitation instructions for two handed position). Lean over the casualty and with your arms straight press down on the breastbone by one-third of the depth of the chest. Allow the chest to come back up without taking your hands away and repeat at a rate of 100-120 compressions per minute. After every 30 chest compressions give two rescue breaths (see adult resuscitation for rescue breaths instructions)
 - ⑤ carry on giving 30 chest compressions and two rescue breaths repeatedly until help arrives or the child shows signs of regaining consciousness. If you're unable or unwilling to give rescue breaths, you can give chest compressions alone
 - ⑥ if they're breathing normally, treat any other life-threatening injuries and put them into the recovery position (see below). Keep checking their breathing
 - ⑦ call 999 and monitor them until help arrives
- ③ With your other hand, lift the knee that is furthest from you and pull it up until their leg is arched and their foot is flat on the floor. Carefully pull on their bent knee and roll them over towards you, continuing to support their head as you do this. Slide your hand away from their head, their hand you placed on their cheek should now be supporting their head and the bent leg should be on the floor to stop them from rolling over onto their front. Adjust the bent knee so it is a right angle to the body and straighten the other leg out.
 - ④ Tilt their head back and gently tilt their chin forward to make sure their airway will stay open and clear.
 - ⑤ Once they are in the recovery position, call 999/112 for an ambulance if one has not already been called. Remember to continue to monitor them and check that they are breathing. Be ready to give them CPR if they stop breathing at any point.

Recovery position

Kneel on the ground alongside of the casualty.

- ① Take the arm nearest to you and place it at a right angle to their body, palm facing upwards.
- ② Take the arm furthest from you and position it in a V shape across their chest so the back of their hand is against their cheek nearest you, hold it there with your hand that is nearest to their head.

ACTIVITY SHEET >>>>>

What items should be included in a first aid kit? (tick the correct ones)

- Sterile dressings
- A sponge
- Plasters
- Safety pins
- Adhesive tape
- Suntan lotion
- Crepe Bandages
- Nail file
- Thermometer
- Triangular bandage

True or false?

- If someone is bleeding you should treat it then raise the wound.
- You can use cotton wool as a dressing on a cut.
- You should clean an open wound from the edge inwards.
- Two breaths and 30 chest compressions are needed for CPR.
- The recovery position is on your back with your arms above your head.
- Serious injuries should be treated first.

Match the symptoms to the illness

- cramp in the arms, legs or stomach
- pale, moist skin
- grey tinge to skin
- dizziness, anxiety and apprehension
- swelling and itching
- stomach cramps, vomiting or diarrhoea
- headache
- shivering
- fast, weak pulse
- cold, pale, dry skin
- failing consciousness
- slow, shallow breathing
- difficulty breathing
- pale, cold and sweaty skin
- shallow, fast breathing
- restlessness
- yawning or sighing
- severe thirst
- listlessness or confusion

HEAT EXHAUSTION

ALLERGY

HYPOTHERMIA

SHOCK

For symptoms of Heat Exhaustion, check page 6; of Allergy, check page 8; of Hypothermia, check page 6; of Shock, check page 8.

True or False answers: T - F - F - T - F - T

First Aid Kit should include: sterile dressings, plasters, safety pins, adhesive tape, crepe bandages, triangular bandage.

ANSWERS

