

# **CAMPING CLUB YOUTH**

## **FIRST AID**

This document is intended as an aid to training candidates for the Camping Club Youth Test and only covers the core questions. These and other types of situations should be studied in more detail using the St John Ambulance booklet provided with The Fundamentals of Good Camping. All situations quoted here assume that the casualty is an adult.

**The questions need not be in this order and may be worded differently.**

***In all situations the candidate should emphasize getting medical help as soon as possible and to keep a look out for the casualty going into shock and never to practice resuscitation on a conscious person.***

## What is First Aid?

**First aid is the immediate assistance or treatment given to someone injured or suddenly taken ill before the arrival of an ambulance, doctor or other appropriately qualified person.**

### **THE PRINCIPALS OF THE FIRST AIDER ARE**

**PRESERVE LIFE** – This means keeping yourself and any bystander's safe.

**PREVENT THE CONDITION GETTING WORSE** – Limit the effects of the condition

**PROMOTE** – Help the casualty's recovery

**Above all KNOW YOUR LIMITATIONS and get medical help as soon as possible.**



## **RESUSCITATION**

**When approaching a casualty, what sequence of events should a First Aider follow?** – Assess the situation, make safe, and assess the casualty give emergency help. Check for **D**anger, **R**esponse, **A**irway and **B**reathing. Always reassure the casualty.

### **Why do you check for Danger?**

To make sure that the area is safe so that I, as the First Aider and any bystanders will be safe.

**How do you check for Response?** - Call out on approaching, if no response gently shake the casualty by the shoulder and speak to them at the same time.

### **How do you check the Airway and how would you clear it.**

Lightly tilt the head back by placing a hand on the casualty's forehead and lifting the chin. Check inside the mouth for any obstructions. If there are obstructions try to remove using a finger. **DO NOT PROBE TOO DEEP.**

**How do you check for breathing?** – Kneel down at the side of the casualty Place your cheek in front of the casualty's mouth to a) feel for warm breath b) listen for any signs of breathing. At the same time watch the abdomen for signs of movement. Do this for at least 10 seconds.

## **IF YOU ARE SURE THAT THE CASUALTY IS NOT BREATHING COMMENCE CPR.**

**What is CPR and describe how you carry it out?** **CPR** stands for **C**ardio**P**ulmonary **R**esuscitation – and consists of 2 rescue breaths to 30 chest compressions. The compressions are administered at a rate of 100 per minute.

If for any reason that you do not want to carry out Rescue Breaths you must continue with the 30 chest compression.



X 2



x 30

## **RECOVERY POSITION**

**The casualty starts to recover what do you do and why? –** Place in the recovery position. This keeps the casualty safely on their side and will allow any vomit or other discharges to clear and stops the tongue from blocking the airway.  
If the casualty has head injuries and fluid is coming from the ear. That ear should be the one which faces downwards.

Candidate will demonstrate how to put the casualty into the recovery position.

## **SHOCK**

**What should the First Aider keep a good look out for when attending a casualty? –** For the casualty going into shock. The candidate should note that **shock can kill**.

**What is shock –** Shock is caused by an excessive loss of blood or other fluids. The blood loss could be from an external wound or from internal bleeding other fluid loss can be from major burns, diarrhoea or vomiting

**How do you recognize shock and how would you treat it?**

Initially the pulse is rapid and the skin is pale feeling cold and clammy. Sweating occurs.

As shock develops the lips may turn grey blue (cyanosis), feelings of dizziness, weakness, nausea and thirsty. Breathing gets rapid and shallow the pulse becomes weak and thready

As the brain's oxygen supply weakens restlessness and aggressiveness, yawning and gasping for air, resulting in unconsciousness.

Shock is treated by laying the casualty down, feet raised. Keep warm. Loosen clothing around the neck and waist, reassure the casualty. **DO NOT GIVE FOOD OR DRINK**. This is because the patient may require surgery. Arrange urgent removal to hospital

## **BURNS**

**How would you treat burns?** – In the case where someone is on fire remember STOP the casualty running and panicking; DROP the casualty to the ground. If possible wrap the casualty tightly in a coat, thick blanket or rug (do not use nylon based materials) and ROLL the casualty along the ground.

Cool any burns with cold water for at least 10 minutes. Cover with a dry non lint / fluffy dressing. A polythene bag/ cling film would be ideal. This keeps out infection. **DO NOT** use any oils, lotions, creams or adhesive dressings. Leave any blisters intact.

**CALL FOR ASSISTANCE – Lookout for shock**

**The casualty has suffered burns where their clothing has melted and stuck to them. What would you do?** - Leave the burned clothing in place. Removing it may pull skin away and make matters worse.

**On a campsite a camper accidentally knocks over a pan of boiling water on to his colleague.** What would you do? After ensuring that it is safe, place the affected area in cold water or under a cold running tap for at least 10 mins or until the pain is relieved. Cover the wound with a dry non lint / fluffy dressing. A polythene bag / cling film would be ideal. This keeps out infection. Leave any blisters these help to protect the affected area. **CALL FOR ASSISTANCE – lookout for shock – DO NOT** use any oils, lotions, creams or adhesive dressings. Leave any blisters intact

## **SEVERE BLEEDING**

**How do you stem severe bleeding?** – Sit or better still lay the casualty down and apply direct pressure to the wound using pads, elevate the wound. If bleeding continues add additional pads. If the first pad becomes soaked add a second. If these 2 become soaked remove and add a new pad. Continue this as necessary.

**Remember – COMPRESS and ELEVATE  
CALL FOR ASSISTANCE – lookout for shock**

**The casualty has a large object sticking out of a wound.**

**What would you do?** – Leave it in and if possible bandage around it. This will help to support the object.

**CALL FOR ASSISTANCE – lookout for shock**

## **CHOKING**

**You're sat in a café and the person at the next table starts to choke on some food. What would you do?**

Choking can be placed into 2 categories Mild obstruction and Severe obstruction.

**Mild obstruction** - Where the casualty can cough. In this case ask the casualty to keep coughing until the obstruction becomes free.

**Severe obstruction** – Where the casualty cannot cough. In this case if the casualty is conscious lean them forward and administer 5 hard back blows. After each back blow check the casualty's mouth and check to see if the obstruction has been dislodged.

If this fails use 5 abdominal thrusts and check at the end. Repeat the sequence (blows/thrusts) 3 times. If the object has not been dislodged call an ambulance (999 or 112) and continue with the sequence.

**Be aware of the casualty becoming unconscious and stopping breathing.**

**CALL FOR ASSISTANCE – START CPR**

### **REMEMBER!**

**If you use abdominal thrusts, your casualty should always be referred to hospital**

**In all cases always know your limitations, reassure the casualty at all times and call for professional help as soon as possible.**

**If the casualty is conscious it maybe possible to get them to help by pressing on dressings etc. This helps to keep them calm and feeling useful.**

**In the case of broken bones, if the casualty is comfortable in their current position then let them stay there.**

**At the scene of an accident the order of treatment is :-**

**Breathing**

**Bleeding**

**Bones**

**Burns**

**REMEMBER :- The quiet one's are always the worse!**

## **The following is a sample question and answer**

### **QUESTION**

You are passing by an old barn when you hear a crashing sound and someone in distress. On reaching the scene you find a casualty lying quiet and still on the floor.

You are on your own. What do you do next?

### **ANSWER**

First I would check that the area is safe especially for my own safety. If it was unsafe I would try to make it safe. If this was not possible I would try to move the casualty ensuring that I did not make the situation worse. If I still could not make it safe I would immediately go and call the emergency services, Fire and ambulance.

If the area was safe I would approach the casualty by calling out “Hello, Hello can you hear me”?

If there is no response I would continue to approach the casualty and shake them gently on the shoulder still calling to them and asking their name and asking if they can hear me, if there is still no response I would continue to talk to them telling them my name and explaining what I am doing.

I would then check that their airway was clear by gently tilting their head back and checking in their mouth. Any easy to remove obstruction I would try to remove otherwise I would leave alone. (When administering Rescue breaths I should be able to blow enough air past the obstructions)

Having checked that the airway is clear I would check that the casualty is breathing by placing my cheek close to their mouth and looking straight down their chest. From this position I can feel any breath on my face and I can also see any rise and fall from the chest area. I would check this for 10 seconds.

At this stage, having ascertained that the casualty was not breathing I have to decide what course of action to take as I did not what had happened I would call for help immediately. I would call for an ambulance giving them details of location and the casualties condition. I would then return to the casualty.



If anyone else had turned up whilst I was completing my **DRAB** checks I would send them for the ambulance.

On my return I would recheck **DRAB** to make sure that there had been no change in the situation.

I would then give 2 rescue breaths recheck the circulation and if there was still no circulation I would continue with the resuscitation sequence of 2 breaths to 30 chest compressions. I would continue with this for 1 minute and then recheck breathing and circulation. I would continue with resuscitation until a) the ambulance arrives and they take over b) the casualty recovers or c) stop before I get too tired – remember 1 casualty is better than 2.

If the casualty recovers, I would place them in the recovery position. This keeps them safe and helps to stop their tongue or vomit from blocking their throat. I would keep looking for any signs of shock.

The signs of shock are, initially a fast pulse followed by a slow weak thready pulse. The skin would initially be clammy and would start to cool. The skin colour would change from good to pale and the lips may start to turn blue (cyanosis). The casualty may start to panic and get confused.

To treat for this I would make sure that the casualty remained in a lying position I would raise their feet. Loosen clothing around their waist and neck keep them warm and just incase they needed surgery I would give them nothing to eat or drink. It would, if necessary, be preferable to just wet their lips rather than give them a drink.

On arrival of the ambulance service I would give them all the details of what had happened and what I had done to help the casualty.

Ref: Fundamentals of Good Camping.  
St John Ambulance Leaflet.  
Youth Testers Manual.

If you have access to the internet, try the following website.  
[www.bbc.co.uk/health/first\\_aid\\_action](http://www.bbc.co.uk/health/first_aid_action). It's interactive and is  
very helpful and fun.

For a soft copy of this document e-mail  
[gordonbarlow@btinternet.com](mailto:gordonbarlow@btinternet.com)

## NOTES

Issue 1 – April 2006

Issue 2 – Revised 2007 to amend CPR,  
changes to choking and revised St John leaflet  
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