ROYAL CANADIAN AIR CADETS

PROFICIENCY LEVEL THREE

INSTRUCTIONAL GUIDE

SECTION 17

EO C390.12 – PERFORM MINOR FIRST AID IN A FIELD SETTING

Total Time:	120 min

PREPARATION

PRE-LESSON INSTRUCTIONS

Resources needed for the delivery of this lesson are listed in the lesson specification located in A-CR-CCP-803/PG-001, Chapter 4. Specific uses for said resources are identified throughout the instructional guide within the TP for which they are required.

Review the lesson content and become familiar with the material prior to delivering the lesson.

There is no requirement for a qualified first aid instructor to teach the material contained in this lesson, as the cadets are not required to qualify in first aid; however, the instructor should be a qualified first-aider.

PRE-LESSON ASSIGNMENT

N/A.

APPROACH

Demonstration and performance was chosen for TPs 1–3 and 5 as it allows the instructor to explain and demonstrate minor first aid while providing an opportunity for the cadet to practice and develop these skills under supervision.

An interactive lecture was chosen for TP 4 to introduce the cadets to the treatment of minor wounds and burns.

INTRODUCTION

REVIEW

N/A.

OBJECTIVES

By the end of this lesson the cadet shall have performed minor first aid in a field setting.

IMPORTANCE

It is important for the cadets to be able to perform the selected minor first aid skills as injuries are a common occurrence in field settings. Having a basic understanding of minor first aid will allow the cadets to take action in an emergency situation.

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Teaching point 1 **Demonstrate and Have the Cadets Perform Minor First Aid**

Time: 25 min Method: Demonstration and Performance

When performing first aid in the field there are certain considerations regardless of what the injury or illness is. The following are the first to be addressed:

- breathing problems,
- exposure,
- shock, and
- dehydration.

BREATHING PROBLEMS

Many people have died in the wilderness because they were left on their back while someone went to seek assistance. In most cases the person became unconscious and their relaxed tongue fell to the back of their throat blocking the air passage. In some cases the wounded individual vomited and it entered the lungs. In other cases blood from the nose or mouth collected in the airway and caused asphyxiation.

Placing a casualty in the recovery position is one of the basics of first aid. The recovery position protects an unconscious or injured casualty against fluid entering the lungs. If the casualty is on the snow or damp ground, a blanket or pad should be placed underneath to protect the face and reduce heat loss.



Have two assistants demonstrate each step as it is described.

The Recovery Position

The recovery position is adopted as follows:

1. Cross the casualty's legs at the ankles, with the leg further from you on top.

2. Place the arm that is closer to you along their side and the arm further from you across their chest (as illustrated in Figure 18-17-1).



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Figure 1 Preparing the Roll

3. Support their head with one hand and grip their clothing at the waist on the far side.

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4. Roll the person gently toward you, protecting their head and neck, and rest them against your knees (as illustrated in Figure 18-17-2).



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Figure 2 Making the Roll

5. Bend their upper knee toward you to form a support (as illustrated in Figure 18-17-3).



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Figure 3 Leg Position

6. Position their head with the chin slightly extended to keep their airway open.

7. Place the upper arm above the head to keep the casualty from rolling onto their face (as illustrated in Figure 18-17-4).

8. Place the lower arm along their back so they cannot roll onto their back.

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Figure 4 Final Position

If the individual is conscious and having breathing problems it is best to place them in a seated position. Causalities have died because they cannot get enough air into their lungs. A person lying down cannot breathe as well as someone who is sitting up.



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Figure 5 Semi-Sitting Position

EXPOSURE

Exposure is a common hazard in a survival situation. It occurs when a person is exposed to the elements (eg, rain, snow, wind, immersed in water) and the body starts losing heat faster than it produces it. Hypothermia occurs when the body's core temperature falls below 33.7 degrees Celsius. If a person is wet, even in a mild wind, hypothermia may occur in temperatures as high as 15 degrees Celsius.

Anyone who is sick or injured is in more danger from exposure than a healthy person. They may get hypothermia or frostbite, because their bodies are unable to produce sufficient heat. A first-aider must protect a casualty from exposure even in a warm environment.

Protecting a casualty from exposure is as simple as covering them with a sleeping bag, blanket or extra clothing. It is also necessary to place something underneath the casualty as body heat is easily lost into the ground. Keep the casualty warm and dry as an injured person is extremely sensitive to changes in temperature.

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SHOCK

Shock may be present with many injuries or illnesses and is usually present in serious injuries. Shock occurs when there is inadequate organ perfusion (decreased blood flow through the organs).

The Circulatory System

The heart is a pump. The arteries and veins work like flexible hoses: carrying blood to and from every part of the body, bringing oxygen and food, and removing carbon dioxide and waste products. The food and oxygen are “burned”, keeping the body healthy and producing heat. When organs are not getting enough oxygen to work properly the signs of shock will begin to show.

Causes of Shock

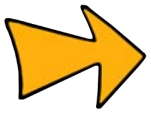
Shock is caused by a drop in blood pressure. This pressure is provided by the heart and maintained by a system of veins and arteries. Several things may cause this pressure to drop; medications, prolonged rest, a variety of illnesses, and if there is a “leak” in the system from a bad cut or injury. With such a “leak”, blood flows out of the system and the pressure drops.

Signs and Symptoms of Shock

Signs and symptoms of shock include:

- pale, cool clammy skin,
- rapid pulse rate,
- rapid breathing,
- thirst,
- gasping for air,
- anxiety,
- nervousness,
- confusion, and
- decreased amounts of urine.

Shock Prevention and Treatment



Fainting is not the same as shock. It is caused by a shortage of blood flow to the brain.

Once shock begins, it may be difficult to stop. Always expect shock in any severe injury or illness and prevent/treat it by:

- ensuring a good airway;
- controlling bleeding;
- lying the casualty down on their back, with their feet raised 20–30 cm (8–12 inches) (do not tilt the entire body if there is difficulty breathing);
- keeping the casualty warm and comfortable;
- avoiding rough handling;

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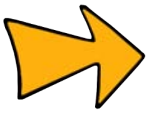
- reducing pain as much as possible (eg, by splinting fractures); and
- reassuring the casualty.

DEHYDRATION



Dehydration is not usually a factor in urban first aid. In the wilderness, however, it often affects a person more than is realized.

Dehydration occurs when the body loses more water than it takes in. Dehydration is usually caused by:

- not drinking enough water;
- losing too much water through the skin by perspiration;
- losing too much water through the lungs by evaporation;
- losing water through vomiting or diarrhea; and
- frequently urinating.

A person who is working hard outdoors in a survival situation for several days with little opportunity to drink may become severely dehydrated and may show signs similar to shock. With the cold, very dry air in more northern regions, dehydration occurs more rapidly.

Signs and Symptoms of Dehydration

Signs and symptoms of dehydration include:

- thirst,
- dry tongue,
- discomfort,
- tiredness,
- nausea,
- sleepiness,
- pale, cool and clammy skin,
- faster pulse,
- pinched skin on back of hand is slow to flatten out, and
- little urine, dark in colour.

A person who drinks an adequate amount of fluids and is healthy will produce at least 1 000 ml of urine per day.

Prevention of Dehydration

Drink more water during outdoor activities. Try to drink even if there is no feeling of thirst. Remember that drinks containing caffeine are diuretics and will make one urinate more often. Although one can reduce thirst for a short time by nibbling on snow, remember that melting any amount of snow in the mouth takes an enormous amount of heat from the body and produces little water. Any water one can get, no matter how cold, will use up less body heat than eating snow.

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There are stories of people who have survived for long periods of time by drinking their own urine, but it is more likely that they survived in spite of drinking urine since urine and sea water contain large amounts of salt which draw water away from the tissues, having an overall negative effect on hydration.

ACTIVITY

Time: 10 min

OBJECTIVE

The objective of this activity is to have the cadets practice putting a casualty in the recovery position.

RESOURCES

N/A.

ACTIVITY LAYOUT

N/A.

ACTIVITY INSTRUCTIONS

1. Divide the cadets in groups of three or four.
2. Have one cadet act as the casualty, one act as the first-aider and one or two observe and assist.
3. The first-aider will put the casualty in the recovery position by:
    a. crossing the casualty's legs at the ankles, with the leg furthest from the first-aider on top;
    b. placing the arm closest to the first-aider along their side, the arm furthest from the first-aider across their chest;
    c. supporting their head with one hand and grip their clothing at the waist on the far side with the other hand;
    d. rolling the person gently toward the first-aider, protecting their head and neck, and resting them against the first-aider's knees;
    e. bending their upper knee toward the first-aider to form a support;
    f. positioning their head with the chin slightly extended to keep their airway open;
    g. placing their upper arm to keep the casualty from rolling onto their face; and
    h. placing the lower arm along their back so they cannot roll onto their back.
4. Have the cadets rotate through positions.

SAFETY

N/A.

CONFIRMATION OF TEACHING POINT 1

The cadets' participation in putting a casualty into the recovery position will serve as the confirmation of this TP.

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Teaching point 2 **Demonstrate and Have the Cadets Practice Actions to be Taken at an Emergency Scene**

Time: 30 min Method: Demonstration and Performance



For this skill lesson, it is recommended that the instructor take the following format:

(1) Explain and demonstrate the steps in the Priority Action Approach while cadets observe.

(2) Explain and demonstrate each step required to complete the skill. Monitor cadets as they imitate each step.

(3) Monitor the cadets' performance as they practice the complete skill.

Note: Assistant instructors may be used to monitor the cadets' performance.

ENSURE PERSONAL SAFETY

With serious injuries it is often difficult to know how to assist. Most people react well to less serious problems. When a person gets a cut or scrape or breaks an arm, it is easy to see and understand what is wrong and handle it without emotion or confusion.

In every first aid situation, before doing anything else, a person must make sure there is no further hazard threatening oneself or the casualty. Take care of the hazard first or get the casualty away from it.

Rescuer panic usually happens when the casualty is unconscious or dazed, when there is a lot of blood or disfigurement, or when we do not know what is exactly wrong with the casualty but suspect it is quite serious. Rescuers who are panicked need to regain control of themselves before performing first aid.

FOLLOW THE STEPS IN A PRIORITY ACTION APPROACH

First aid employs the Priority Action Approach to identify and treat the most life threatening items first. Then the less critical areas are taken care of next. If the exact cause of the injury is known, either directly witnessed or the casualty is conscious and can describe the accident, there is no need to go through all the steps of the Priority Action Approach. However, if the cause is unknown it is necessary to follow a checklist of tasks.

The most common approach uses the first four letters of the alphabet as clues:

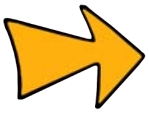
A = Airway and cervical spine

B = Breathing

C = Circulation

D = Deadly bleeds

Also, include "S" for shock, because it may be present in any serious injury or illness.



Check the level of consciousness (LOC), by talking to the casualty in a loud voice. If the casualty is unresponsive, immediately begin the Priority Action Approach.

(A) Airway and Cervical Spine. Check the airway. Is it open? Is there anything blocking the airway (eg, packed snow or blood)? Clear it. Is the tongue falling back blocking the airway? To open the airway, move the lower jaw upward without moving the neck.

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Figure 6 Chin Lift

If there is a possibility of neck injury, immobilize the neck with a cervical or improvised collar. Ensure airway is open.

(B) Breathing. Be sure the casualty is breathing. Remember, they can only live for minutes without air. Press an ear next to their lips. Listen for breathing, feel for their breath on the ear or cheek and watch for the chest to rise and fall. If the casualty is not breathing, start rescue breathing immediately.

Rescue Breathing

With the chin lifted, as illustrated in Figure 18-17-6, place the mouth over the casualty's mouth and establish a seal. Close the nostrils and breathe into the casualty's mouth. Then lift the mouth away, permitting the casualty to exhale. The rescuer breathes 12 times each minute (15 times for a child and 20 for an infant) into the casualty's mouth.



Rescue breathing and cardiopulmonary resuscitation (CPR) are very different in purpose. Rescue breathing only addresses the casualty's breathing problems. CPR addresses both breathing and circulatory problems. CPR requires extensive practice and will not be covered in this lesson.

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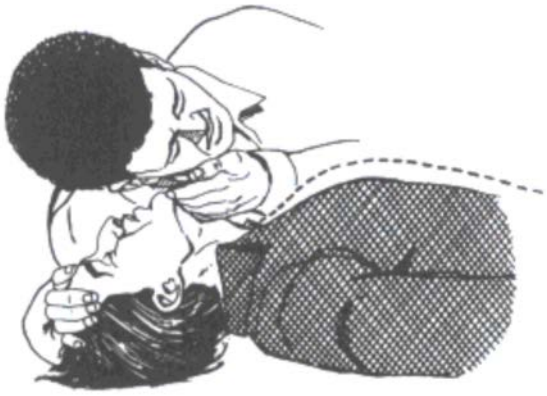

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Figure 7 Breathing

(C) Circulation. Check the circulation. Is there a pulse? The pulse in the neck (carotid pulse) is the easiest to check, because it is strongest. Fingers can be slipped onto the neck without removing clothing and risking frostbite. If there is no pulse and the first-aider has CPR training, start CPR.

Breathing and circulation go hand in hand and a casualty cannot survive without either. If there is no pulse, chances are unlikely that the casualty will be breathing. They can still have a heartbeat and not be breathing if the injuries are recent. Start rescue breathing in this situation.



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Figure 8 Pulse

(D) Deadly Bleeds. Make sure that the casualty is not bleeding severely from somewhere unseen. While wearing latex or surgical gloves, slide a hand gently beneath the casualty then remove and look for blood on the gloves. If the casualty is bleeding severely, try to stop it. Next, feel carefully underneath the casualty for any obvious bumps, irregularities or tenderness in the spine indicating damage.

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Figure 9 Bleeding

(S) Shock. Shock is a life-threatening disability. If the casualty shows or is likely to show the signs of shock, begin treatment immediately.



Shock is covered in TP 1.

Completing the Priority Action Approach should only take a couple of minutes.

First-aiders should wear latex gloves whenever they may be exposed to bodily fluids because of the increasing danger of HIV (the AIDS virus), hepatitis (A, B, C, D, and E) and other diseases. Every first aid kit should include one or more pairs of gloves. They can be obtained at a drug store, nursing station or hospital. After use, the contaminated gloves should be carefully removed and burned. Any blood that accidentally spatters onto skin must be washed off immediately with soap and water.

CONFIRMATION OF TEACHING POINT 2

The cadets' participation in completing the Priority Action Approach will serve as the confirmation of this TP.

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Teaching point 3 **Demonstrate and Have the Cadets Move a Casualty to Shelter**

Time: 30 min Method: Demonstration and Performance



For this skill lesson, it is recommended that the instructor take the following format:

(1) Explain and demonstrate each carry while the cadets observe.

(2) Explain and demonstrate each step required to complete the skill. Monitor the cadets as they imitate each step in groups of two or three.

(3) Monitor the cadets' performance as they practice the complete skill.

Note: Assistant instructors may be used to assist with carries and monitor the cadets' performance.

MOVING AND CARRYING OVER SHORT DISTANCES

Many wilderness emergencies require moving or carrying a casualty a short distance, with usually only one or two rescuers. It is difficult to carry an adult for any distance and it is easy to injure them further while carrying.

Drags

A casualty should be dragged only if they must be moved quickly out of danger, severe cold, strong winds, blowing snow or water. It is important to assess the casualty before attempting a drag because some injuries, if not yet stabilized, may be aggravated by premature movement. If there is only one rescuer, dragging may be the only means of moving a casualty.

When dragging a casualty, observe the following rules:

- Drag a casualty headfirst. This allows the head and neck to be supported and keeps the body straight.
- Keep the body in-line. The casualty's body must not twist or bend. Avoid major bumps.
- The neck should not bend sharply, nor should the head fall forward or to the side.

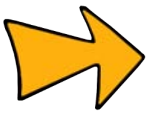
Steps to drag a person:

1. If possible, secure the casualty's hands before beginning the drag.

2. Reach under the casualty's body and grip their clothing just below their shoulder on either side while supporting the head and neck using the forearms.

3. Crouch or kneel and walk backwards (as illustrated in Figure 18-17-10).

4. Stop when the casualty is out of danger.



This drag is hard on the rescuer's back, so be careful.

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Figure 10 Drag

5. If the casualty's clothing pulls up too much or tears, place a shirt or jacket over their chest and bring the sleeves under their back to provide a firm grip (as illustrated in Figure 18-17-11).

The first-aider can use cuff buttons or Velcro, mitten ties or a piece of cord to assist in this drag.



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Figure 11 Modified Drag

Tarp Drag Method

Rarely should lifts or carries be done on snow because of the possibility of the rescuer slipping; it is safer and easier to drag a casualty on a tarp or sled.

The tarp drag method works well on snow. A rescuer may make a ramp of snow and slide a casualty onto a sled. This drag is also a good way to move a casualty onto insulating material to protect them from the cold ground or snow.

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One may wish to leave the tarp under the casualty to aid in another lift. Always put the casualty into a basket stretcher with a backboard, blanket or tarp under them, as it is otherwise difficult to remove them without excessive movement.

Be careful when using the tarp drag method on sloping snow as control may be lost on a downhill slope.

Dragging a casualty on a tarp, blanket, sail, tent or large hide can be accomplished by following these steps:

1. Place the tarp next to the casualty.

2. Fold the tarp into accordion folds of about 1 m (3 feet) wide.

3. Log-roll the casualty toward the first-aider and brace them there with your knees while the first-aider use one hand to slide the folds close against their back.

4. Roll the casualty gently back onto the accordion folds.

5. Reach under the casualty and pull the folds out straight.



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Figure 12 Rolling Onto a Tarp

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6. Grip the tarp and hold the casualty's head and shoulders off the ground and drag carefully.



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Figure 13 Tarp Drag

Single-Rescue Carries

Most single-rescue carries are for short distances and cannot be used to transport a casualty with major injuries. All are extremely strenuous. They are often used to transport casualties with injuries of the lower extremities but care must be taken as it is easy to cause further injuries.

Packstrap Carry

This is a quick, easy carry for very short distances. The casualty must be able to stand to get into position with their arms across the shoulders like packstraps. Bring the casualties arms across the shoulders, crossing

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their wrists in front. Hold their wrists while bending forward and lift the casualty's feet off the ground. Be sure their arms are bent at the elbow.



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Figure 14 Packstrap Carry

Pickaback Carry

This familiar carry is good for short-distance transport of conscious casualties with minor injuries and may be used to carry children for long distances.

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Figure 15 Pickaback Carry

Carrying Seat

A quick and easy backpack seat to assist the pickaback system may be made with a simple loop of wide strap. It may be necessary to adjust the length once or twice for maximum comfort. This seat is best used if the casualty is lighter than the rescuer, otherwise it may put pressure on the rescuer's neck and shoulders.

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Figure 16 Carrying Seat With Wide Strap

CARRYING OVER LONG DISTANCES USING TWO-PERSON CARRIES

Lifting is half as strenuous if there are two rescuers; however carrying for any distance is usually not easier because two carriers must compensate for each other's movements to keep balanced. The chance of error is multiplied with each added person in a lifting team and injury to the casualty often occurs if lifts are poor. Whenever more than one person lifts, observe the following rules:

- One person must be clearly designated as the leader and be responsible for giving all of the commands.
- The partner(s) must be told exactly what is to be done and what the commands will be.
- The lift should first be practiced without the casualty or on an uninjured person.
- Rescuers should maintain eye contact while lifting.

The Fore-and-Aft Lift and Carry

This should be used only if the casualty has minor injuries. On uneven terrain, it may be the easiest method of lifting a casualty onto a stretcher or another means of transport. As it produces some pressure against the chest, it will restrict the casualty's air flow. Follow these steps:

1. If the casualty is conscious, help them sit up. If the casualty is unconscious, have a partner take the casualty's hands and pull them into the sitting position.

2. Cross the casualty's arms on their chest.

3. Crouch behind them, reach under their arms and grasp the opposite wrists.

4. Have your partner crouch between the casualty's knees, facing the casualty's feet and take a leg under each arm.

5. At the leader's signal, rise, keeping your back straight.

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Figure 17 Fore-and-Aft Lift and Carry

Two-Hand Seat

This two-person lift and carry is good for casualties who cannot hold onto the rescuer's shoulders for support, or who are not fully alert.

1. Rescuers crouch on either side of the casualty.

2. Each rescuer will slide one hand under the casualty's thighs and lock fingers over a pad or while wearing mittens or gloves so that fingernails do not dig into each other (as illustrated in Figure 18-17-18).



W. Merry, St. John Ambulance: The Official First Aid Guide, McClelland & Stewart Inc. (p. 26)

Figure 18 Hand Grip

3. Reach across the casualty's back and grip their belt and pants at the opposite hip; the rescuers' arms are crossed (as illustrated in Figure 18-17-19).

4. Rise on command and step off with the inside foot. This supports the casualty's back; however, the fingers of the gripping hands will tire quickly.

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Figure 19 Two-Person Lift

For longer carries, try gripping your partner's wrists rather than their fingers. If wearing mittens, gripping the wrist will be more secure than gripping the hand. If the casualty is unconscious, they may be lifted easily to a sitting position. One rescuer pulls on the casualty's hands while the other lifts and supports their head; then the rescuers move into position while supporting the casualty's head and back.



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Figure 20 Two-Person Carry

CONFIRMATION OF TEACHING POINT 3

The cadets' participation in completing all the carries will serve as the confirmation of this TP.

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Teaching point 4 **Have the Cadets Identify Minor Wounds and Types of Burns**

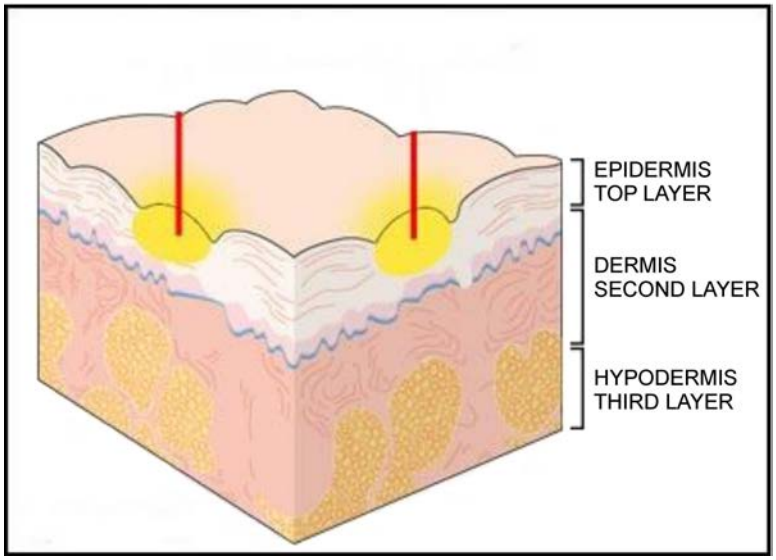
Time: 10 min Method: Interactive Lecture

MINOR WOUNDS

Minor wounds are those that do not have severe bleeding; bleeding wounds can be internal (inside the body) or external (outside the body). Common external bleeding wounds are:

- abrasions and scrapes, and
- nicks and cuts.

There is always a risk of infection when the skin's top layer is broken. Knowing how to identify and treat minor wounds can reduce the risk of infection or aggravation.



Irishhealth.com, Copyright 2007 by Irishhealth.com. Retrieved March 17, 2007, from http://irishhealth.com/index.html?level=4&con=467

Figure 21 Layers of Skin

Abrasions and Scrapes. These occur on the top layer of the skin, when the skin is scraped or rubbed away. They are often painful and may bleed in small amounts.

Nicks and Cuts. Cuts are breaks in the top or second layer of the skin; there is often minor bleeding involved.

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Figure 22 Leg Scrape

TYPES OF BURNS

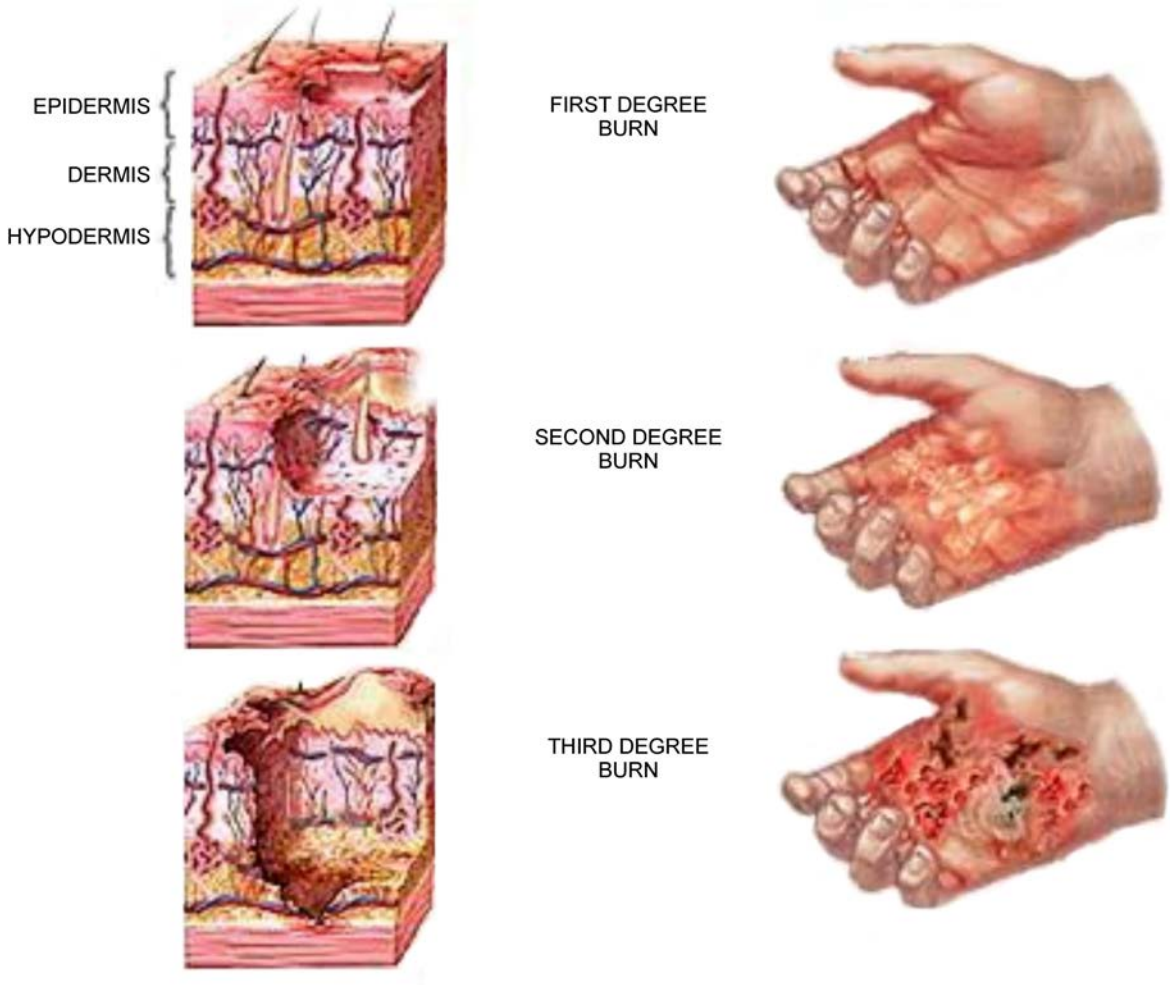

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Figure 23 Types of Burns

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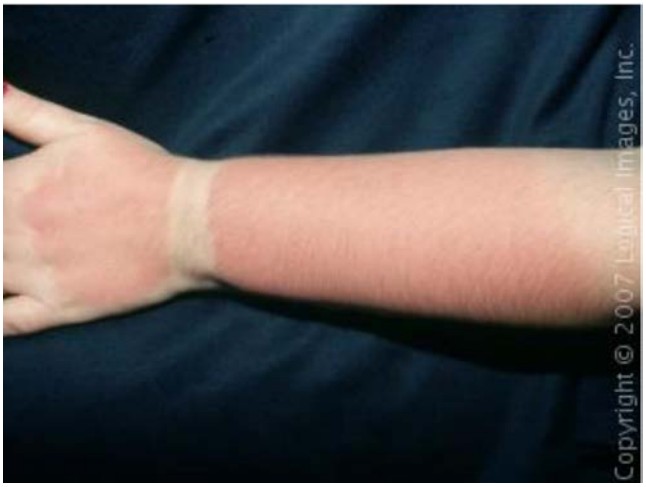
First-Degree Burns. Called superficial burns and only affect the top layer of skin. Hot liquids, heat, and the sun are the main causes of these burns.

Signs and symptoms of a first-degree burn include:

- pinkish-reddish skin,
- slight swelling of the area,
- mild to moderate pain in the area, and
- sore, dry skin.



VisualDxHealth, 2006-2008, Sunburn, Copyright 2007 by Logical Images, Inc. Retrieved March 17, 2008, from http://www.visualdxhealth.com/images/dx/webChild/sunburn_43305_lg.jpg

Figure 24 First-Degree Burn

Sunburns are first-degree burns.

Second-Degree Burns. Affect the second layer of skin. Hot liquids, the sun, chemicals, and fire are the main causes of these burns.

Signs and symptoms of a second-degree burn include:

- raw-looking, moist skin,
- skin colouring that may range from white to cherry red,
- blisters containing clear fluid, and
- extreme pain in the area.

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Figure 25 Second-Degree Burn

Third-Degree Burns. Affect the third layer of skin and can extend into the muscle. Contact with extreme heat sources (eg, hot liquids and solids, direct flame, chemicals) and electricity are the main causes of these burns.

Signs and symptoms of a third-degree burn include:

- dry, leathery skin,
- pearly white, tan, grey, or charred black skin,
- blood vessels or bone may be visible,
- little or no pain (nerves are destroyed),
- breathing problems, and
- shock.

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Figure 26 Third-Degree Burn

CONFIRMATION OF TEACHING POINT 4

QUESTIONS

Q1. Where do abrasions and scrapes occur?

Q2. What layer of the skin does first-degree burn affect and what are the main causes?

Q3. What are the main causes of third-degree burns?

ANTICIPATED ANSWERS

A1. They occur on the top layer of the skin, when the skin is scraped or rubbed away. They are often painful and may bleed in small amounts.

A2. Called superficial burns and only affect the top layer of skin. Hot liquids, heat and the sun are the main causes of these burns.

A3. Contact with extreme heat sources (eg, hot liquids and solids, direct flame, chemicals) and electricity are the main causes of these burns.

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Teaching point 5 **Demonstrate and Have the Cadets Treat Minor Wounds and First-Degree Burns**

Time: 150 min Method: Demonstration and Performance



For this skill lesson, it is recommended that the instructor take the following format:

(1) Explain and demonstrate treating minor wounds and first-degree burns while the cadets observe.

(2) Explain and demonstrate each step required to complete the skill. Monitor the cadets as they imitate each step.

(3) Monitor the cadets' performance as they practice the complete skill.

Note: Assistant instructors may be used to assist with carries and to monitor the cadets' performance.

TREATMENT FOR MINOR WOUNDS

There are three basic objectives when treating abrasions, scrapes, nicks and cuts:

- to control bleeding;
- to prevent further injury; and
- to reduce the risk of infection.



Have cadets, in pairs, practice the principles of cleaning and treating a wound, using the following resources:

- gauze,
- gloves,
- scissors,
- sterile dressing, and
- tape.

Principles of cleaning and treating a minor wound to avoid infection:

1. Wash hands with soap and water and put gloves on. Do not cough or breathe directly over the wound.

2. Fully expose the wound, without touching it.

3. Gently wash loose material from the surface of the wound. Wash and dry the surrounding skin with clean dressings, cleaning the wound with clean gauze wiping from the centre of the wound to the edge of the wound (an antibiotic cream can be used on surface wounds and abrasions).

4. Cover the wound promptly with a sterile dressing.

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Figure 27 Washing the Wound

5. Tape the dressing in place.

6. Remove and dispose of the gloves and wash your hands and any other skin area that may have been in contact with the casualty's blood.



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Figure 28 Dressing and Taping the Wound

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TREATMENT FOR FIRST-DEGREE BURNS



Have cadets, in pairs, practice the principles of cleaning and treating heat and radiation burns, using the following resources:

- gauze,
- gloves,
- scissors,
- sterile dressing, and
- tape.

Heat Burns. The most common types of burns; caused by sources of heat such as flames from stoves, lanterns, and fires. A scald is a heat burn caused by hot liquid or steam.

To treat a heat burn:

1. Immerse the burn in cool water until the pain is reduced. If it is not possible to immerse the burn in cool water, flush the burn with cool water and cover it with a clean, wet cloth.



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Figure 29 Cooling the Burn

2. Cover the burn with a clean, lint-free dressing.
3. Seek further medical attention, if necessary.

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Figure 30 Dressing the Burn

Radiation Burns (Sunburns). These are caused by over-exposure to sunlight and can be prevented by wearing sunscreen of a high sun protection factor (SPF), long sleeves, and wide-brimmed hats. Sunburns range from mild to serious.

SPF indicates the time a person using sunscreen can be exposed to sunlight before getting sunburn. For example, a person who would normally burn after 12 minutes in the sun would expect to burn after 120 minutes if protected by a sunscreen with SPF 10. The higher the SPF, the more protection sunscreen offers against ultraviolet radiation (UV).

To treat radiation burns:

1. Seek shade.
2. Gently sponge the area with cool water.
3. Cover the area with a cool wet towel.
4. Repeat as needed to relieve pain.
5. Pat the skin dry.
6. Apply medicated sunburn lotion (ointment).
7. Seek medical attention, if necessary.

Blisters caused by sunburns should not be broken. Fevers and vomiting indicate a serious sunburn and medical attention should be sought immediately.

CONFIRMATION OF TEACHING POINT 5

The cadets' participation in treating minor wounds and first-degree burns will serve as the confirmation of this TP.

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END OF LESSON CONFIRMATION

The cadets' participation in placing a casualty in the recovery position, practicing the Priority Action Approach, moving a casualty to shelter and treating minor wounds and first-degree burns will serve as the confirmation of this lesson.

CONCLUSION

HOMEWORK/READING/PRACTICE

N/A.

METHOD OF EVALUATION

N/A.

CLOSING STATEMENT

It is important for the cadets to be able to perform the selected minor first aid skills as injuries are a common occurrence in field settings. Having a basic understanding of minor first aid will allow the cadets to take action in an emergency situation.

INSTRUCTOR NOTES/REMARKS

There is no requirement for a qualified first aid instructor to teach the material contained in this lesson, as the cadets are not required to qualify in first aid; however, the instructor should be a qualified first-aider.

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