ROYAL CANADIAN AIR CADETS

PROFICIENCY LEVEL FOUR

INSTRUCTIONAL GUIDE

SECTION 8

EO C490.03 – MOVE A CASUALTY TO SHELTER

Total Time: 90 min

PREPARATION

PRE-LESSON INSTRUCTIONS

Resources needed for the delivery of this lesson are listed in the lesson specification located in A-CR-CCP-804/PG-001, *Proficiency Level Four Qualification Standard and Plan*, 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; however, the instructor should be a qualified first-aider.

Samples of improvised stretchers should be fabricated before conducting this lesson to use as examples.

PRE-LESSON ASSIGNMENT

Nil.

APPROACH

A practical activity was chosen for TP 1 as it is an interactive way to allow cadets to experience emergency scene management skills in a safe, controlled environment. This activity contributes to the development of first aid skills and knowledge in a fun and challenging setting.

A demonstration and performance was chosen for TPs 2 and 3 as it allows the instructor to explain and demonstrate moving a casualty to shelter and fabricating an improvised stretcher while providing an opportunity for the cadets to practice and develop these skills under supervision.

An interactive lecture was chosen for TP 4 to introduce the cadets to assessing the situation and caring for a casualty.

INTRODUCTION

REVIEW

Nil.

OBJECTIVES

By the end of this lesson the cadet shall have moved a casualty to shelter.

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IMPORTANCE

It is important for the cadets to be able to perform first aid skills as injuries are a common occurrence in field settings. Having an understanding of moving a casualty to shelter, using proper carrying techniques and improvised stretchers, as well as, performing ongoing care will allow the cadets to take action in an emergency during a survival situation.

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Teaching point 1 **Conduct an activity where the cadets will practice emergency scene management.**

Time: 15 min Method: Practical Activity

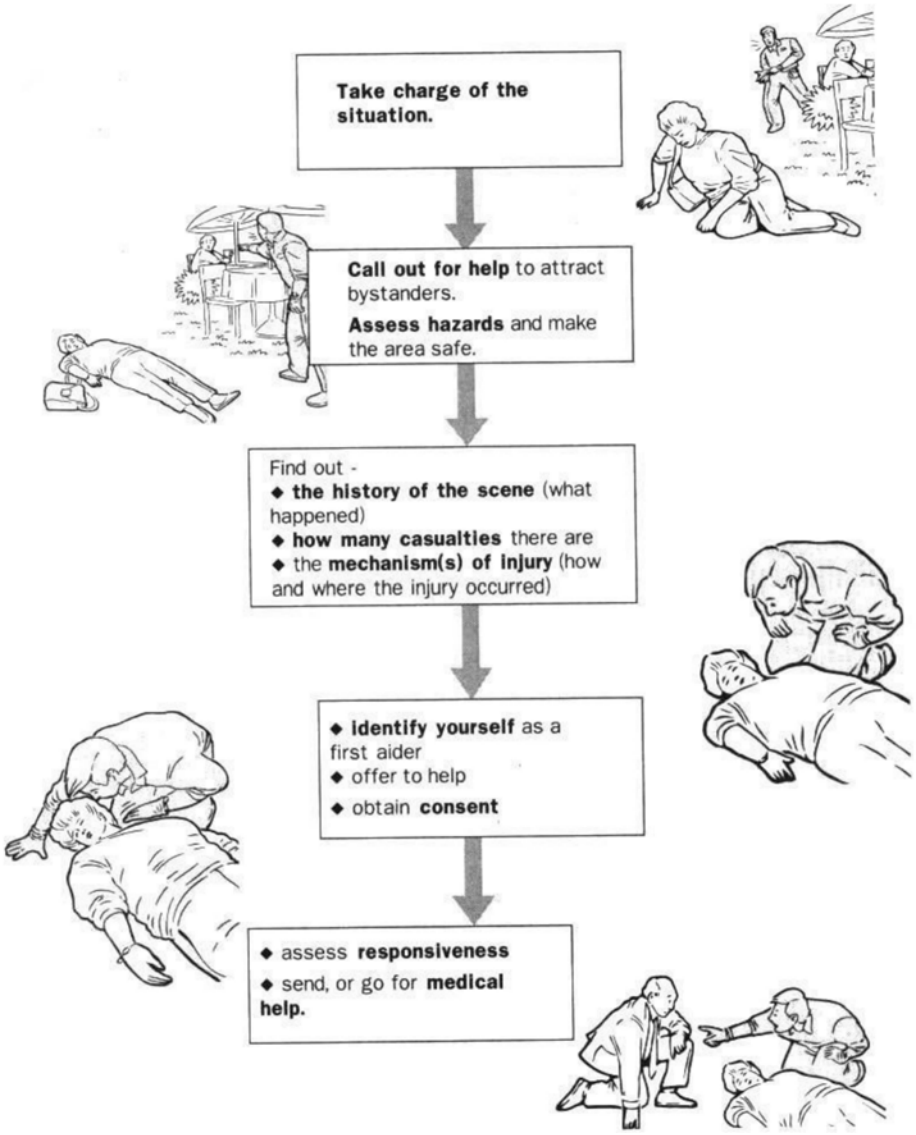


Qualified first-aiders must assist in the conduct of this TP.

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EMERGENCY SCENE MANAGEMENT

Scene Survey

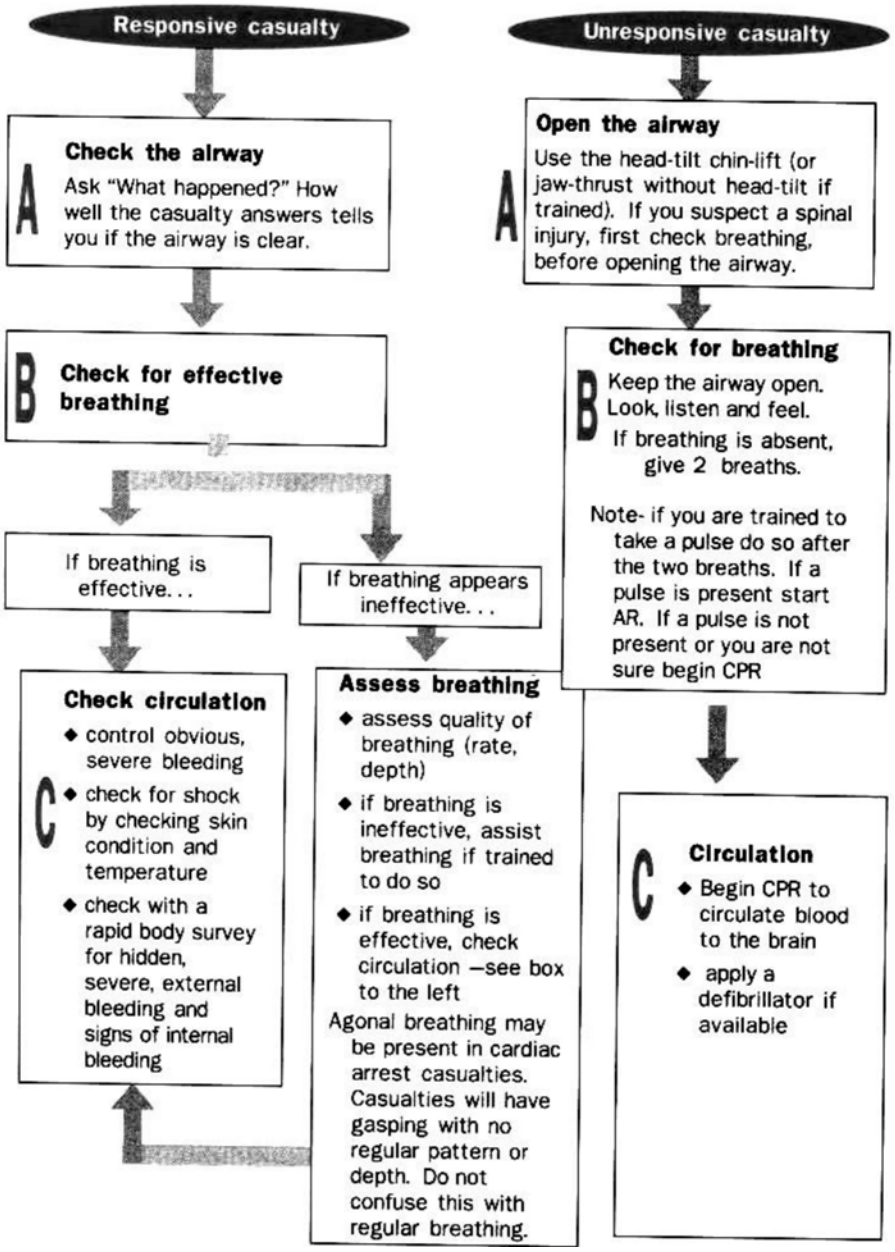


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Figure 1 Scene Survey

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Primary Survey

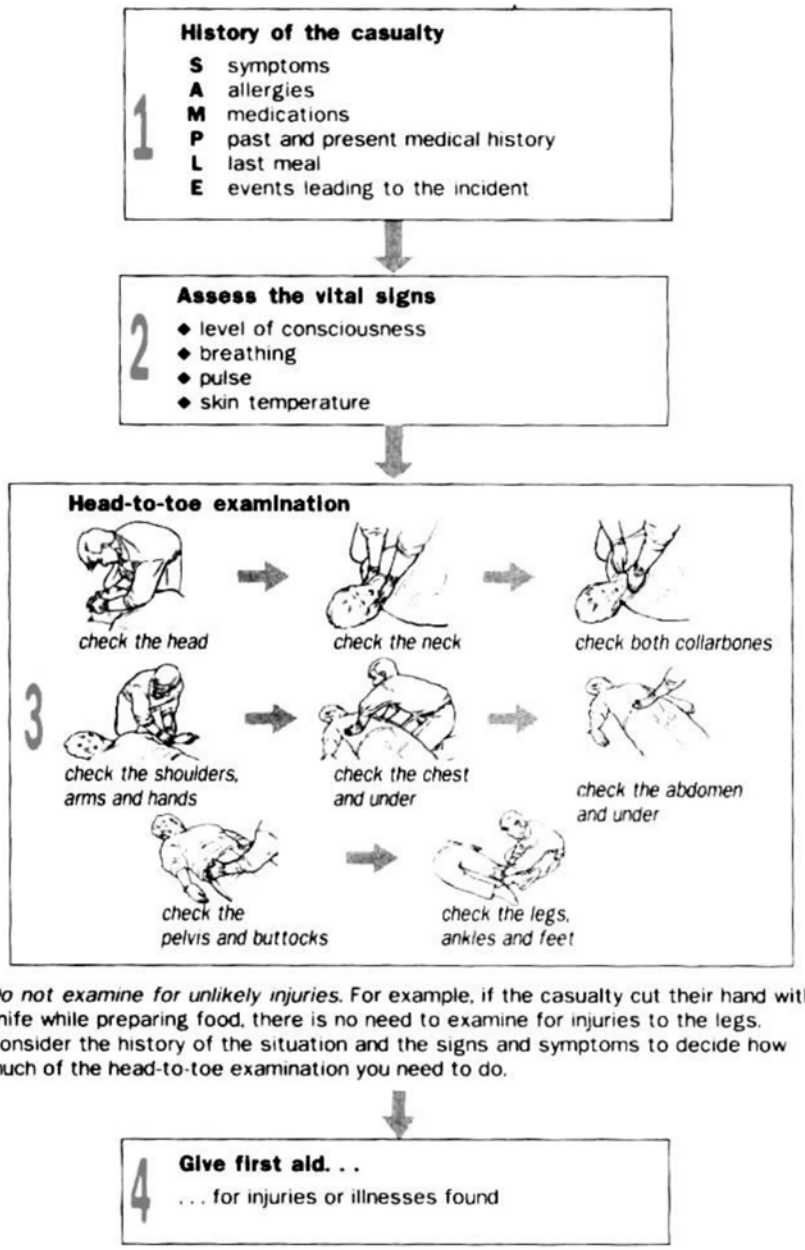


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Figure 2 Primary Survey

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Secondary Survey

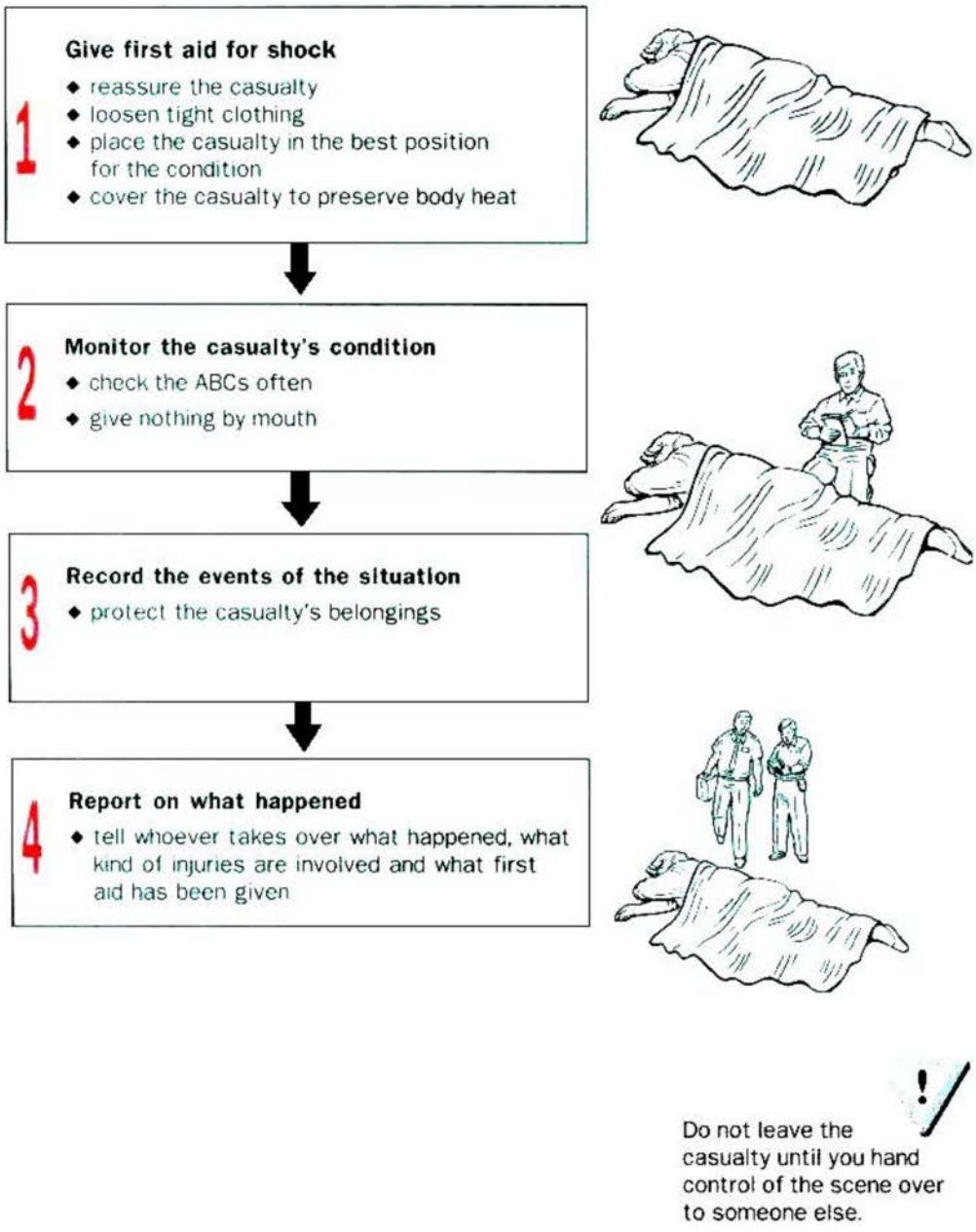


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Figure 3 Secondary Survey

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Ongoing Casualty Care



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Figure 4 Ongoing Casualty Care

ACTIVITY

OBJECTIVE

The objective of this activity is to have the cadets review emergency scene management.

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RESOURCES

Scenarios located at Attachment A.

ACTIVITY LAYOUT

Nil.

ACTIVITY INSTRUCTIONS

1. Divide the cadets into a group of three.
2. Assign a casualty, a first-aider and a bystander for each group.
3. Distribute a scenario to each group.
4. Have the cadets use the steps of emergency scene management to simulate providing first aid to the casualties.
5. Debrief the cadets on their performance during the scenario.



If time allows, cadets may change roles within the group.

SAFETY

Nil.

CONFIRMATION OF TEACHING POINT 1

The cadets' participation in the activity will serve as the confirmation of this TP.

Teaching point 2 **Explain, demonstrate and have the cadets, in pairs / groups of three, move a casualty to shelter.**

Time: 20 min Method: Demonstration and Performance



For this skill TP, it is recommended that the instruction 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 pairs / groups of 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.

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MOVING AND CARRYING OVER SHORT DISTANCES

Many wilderness survival 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. The following methods are used to minimize the chance of causing further injury while moving a casualty to shelter.

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, back or to the side.

Steps to drag a casualty:

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 5).

4. Stop when the casualty is out of danger.



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



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 21), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 5 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 6).

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



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 21), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 6 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.

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 by:
    a. assigning a person to the head, torso, and foot of the casualty;
    b. having the person at the head of the casualty control the roll and signal the start by counting to the three;
    c. having the first-aiders roll the casualty towards the person who is at the torso;

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d. placing half of the tarp underneath the casualty while holding them securely on their side;

e. having the person at the head of the casualty count to three to signal the other first-aiders to roll the casualty back to their back.

4. Take the tarp that has been coiled underneath the casualty and pull it taunt until the tarp is flat.



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 21), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 7 Rolling Onto a Tarp

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



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 21), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 8 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.



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 23), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 9 Packstrap Carry

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Piggyback 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.



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 23), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 10 Piggyback Carry

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Carrying Seat

A quick and easy backpack seat to assist the piggyback 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.



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 23), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 11 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.

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3. Crouch behind them, reach under their arms and grasp the casualty’s wrist.

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.



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 26), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 12 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 13).



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 26), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 13 Hand Grip

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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 14).

4. At the leader's signal, raise and step off with the inside foot. This supports the casualty's back; however, the fingers of the gripping hands will tire quickly.



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 26), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 14 Two-Person Lift

5. 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 15 Two-Person Carry

CONFIRMATION OF TEACHING POINT 2

The cadets' performing the rescue carries will serve as the confirmation of this TP.

Teaching point 3 **Explain, demonstrate and have the cadets, as members of a group, fabricate an improvised stretcher.**

Time: 30 min Method: Demonstration and Performance

FABRICATE AN IMPROVISED STRETCHER

If a person is injured and the situation requires that the casualty be moved, an improvised stretcher may be required. When fabricating an improvised stretcher, follow these steps:

1. **Inventory the available resources.** What materials are available to fabricate a stretcher? Any materials may be used, from natural resources to parts of a downed aircraft. Roots to wiring may be used as cordage and wooden poles to a section of a wing of an aircraft as the frame. Materials that make the casualty comfortable; from spruce boughs to blankets. Examine everything that may be of use.

2. **Fabricate the improvised stretcher.** Once the materials have been gathered, they need to be fabricated into the stretcher. Care should be made to ensure both the strength of the stretcher and the comfort of the casualty.

3. **Test the durability of the stretcher before use.** Before placing the casualty on the stretcher, it should be tested to ensure it is both strong and comfortable. If the stretcher comes apart, dropping the casualty, it may make a bad situation worse. If the stretcher is not comfortable, it may cause further injury or make the casualty move around, trying to get comfortable, making the stretcher more difficult to carry.

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For this skill TP, it is recommended that instruction take the following format:

(1) Explain and demonstrate each type of improvised stretcher 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.

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

Note: Assistant instructors may be used to assist with fabricating of the improvised stretchers and to monitor the cadets' performance.

EXAMPLES OF IMPROVISED STRETCHERS

Pole Stretcher

A very stable stretcher, but the casualty may need to be secured to prevent their sliding off.

RESOURCES

- Two poles approximately 3 m long,
- 10–12 sticks approximately 60 cm long,
- Cordage, and
- Blanket.

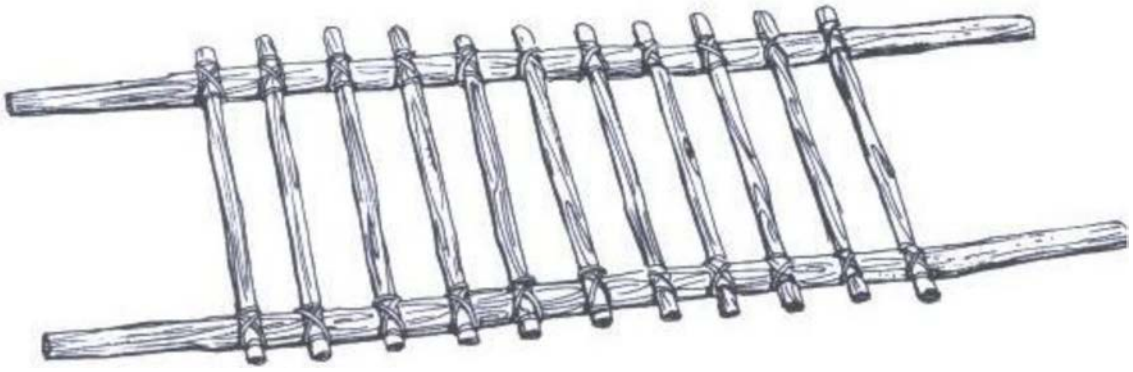
ACTIVITY INSTRUCTIONS

1. Lay the two long poles approximately 50 cm apart.

2. Using the cordage, tie the short sticks across the gap to create a bed approximately 2 m long.

3. Lay the blanket over the stretcher.

4. Test the stretcher by having one cadet at the head and one cadet at the foot of a volunteer, standing between the poles, using their legs (not their backs), in unison, lift the volunteer.



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 31), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 16 Pole Stretcher

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Rolled Pole Stretcher

Easy to fabricate and requires minimal resources. However, there is a possibility of the casualty being compressed within the stretcher, which may cause further injury.

RESOURCES

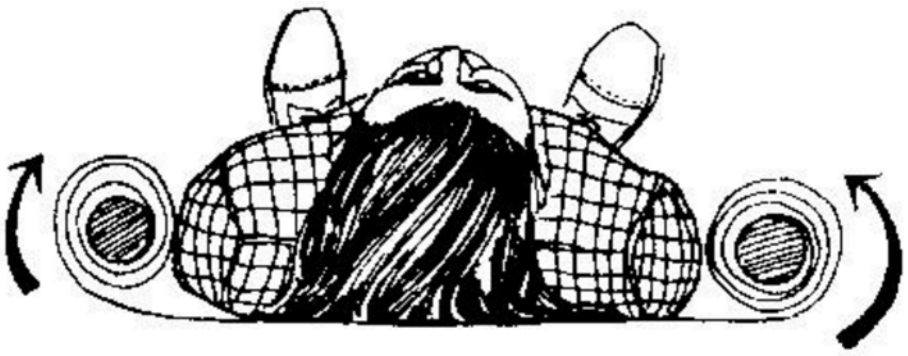
- Two poles approximately 3 m long, and
- One tarp.

ACTIVITY INSTRUCTIONS

1. Lay the casualty on the centre of the tarp.

2. Roll each pole into the tarp, one on each side, parallel to the casualty (see Figure 17).

3. Test the stretcher by having one cadet at the head and one cadet at the foot of a volunteer, standing between the poles, using their legs (not their backs), in unison, lift the volunteer.



Note. From St. John Ambulance: The Official Wilderness First Aid Guide (p. 29), by W. Merry, 1994, Toronto, ON: McClelland & Stewart Inc. Copyright 1997 by St. John Ambulance.

Figure 17 Rolled Pole Stretcher

Shirt Stretcher

Easy to fabricate and requires minimal resources. However, there is a possibility of the casualty being compressed within the stretcher, which may cause further injury. There is also the possibility of the casualty falling between a gap between two shirts.

RESOURCES

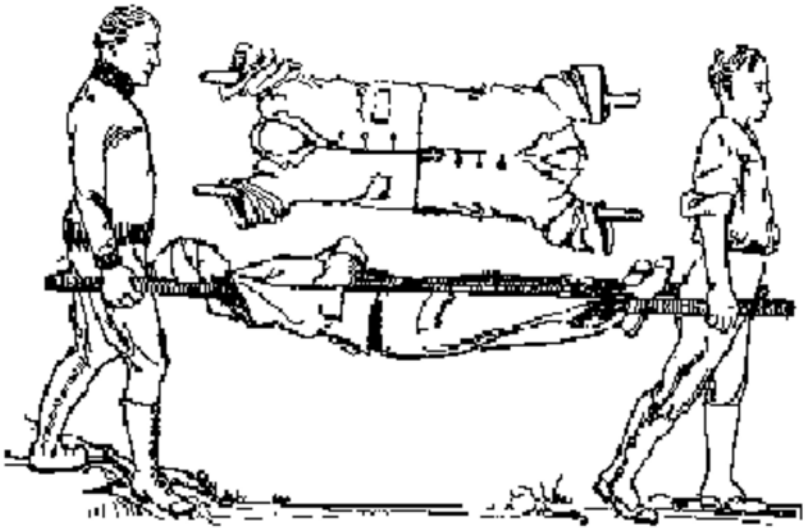
- Two poles approximately 3 m long, and
- Two to four shirts.

ACTIVITY INSTRUCTIONS

1. Insert the poles into the sleeves and bodies of the shirts to create a bed approximately 2 m long. Ensure that any fasteners (eg, buttons, zippers) are fastened.

2. Test the stretcher by having one cadet at the head and one cadet at the foot of a volunteer, standing between the poles, using their legs (not their backs), in unison, lift the volunteer.

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Note. From "Soil and Health Library", by S. Solomon, 2007, First Aid in Accidents. Retrieved March 17, 2009, from http://www.soilandhealth.org/02/0201hyglibcat/020146.lindlahr.nat.therap/Nat.Thera.Pt5.htm

Figure 18 Shirt Stretcher

CONFIRMATION OF TEACHING POINT 3

The cadets' fabricating improvised stretchers will serve as the confirmation of this TP.

Teaching point 4 **Discuss casualty care.**

Time: 15 min Method: Interactive Lecture

DISCUSS CASUALTY CARE

In a survival situation, there may be a long time between administering first aid and getting the casualty to medical help. The first-aider is required to administer ongoing casualty care until rescued / found. The first-aider should to focus on the following:

BREATHING

When someone is inactive deep breaths are rarely, if ever, taken. Shallow breathing may allow fluids and mucus to build up in the lungs. This promotes the growth of bacteria and for the possibility of the casualty catching pneumonia. It is important for the casualty to take deep breaths and to cough, even if it hurts. If the injury permits, place the casualty in a semi-sitting position to make it easier to take deeper breaths / cough. Semi-sitting also makes it easier for the casualty to hold their sides, which may make taking deeper breaths / coughing less painful.

WARMTH

The body, when injured, uses energy to try to heal itself. This results in less energy to maintain body heat which means an injured person can take twice as long to replace lost body heat.



Never assume that because you are warm, a casualty is also warm.

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It is easier to cool a person down than to warm them up, therefore it is better to keep a casualty warm. Keep the casualty dry, if possible wearing layers or in a sleeping bag. Put extra padding / insulation between the casualty's body and the ground. Care must be taken when using clothing that does not breathe as condensation will form from the casualty's body as this will make the inner layers damp, however, it should be used to protect from the rain and the wind.

Rocks warmed by the fire and wrapped in cloth will act as a portable heater; however, ensure that the rock is not as hot as to burn. If the casualty is unconscious, check the casualty often and move / replace the heated rock as required.

Body's Position

Body position may have a profound effect on the casualty. Often, a casualty may want to get into a different position. If the injury is not affected, allow the casualty to get into their own comfortable position. Certain positions will produce specific results, as follows:

- **Recovery position.** This position should be used if the casualty is unconscious, or not fully alert.
- **Semi-sitting position.** This position makes it easier for the casualty to breathe as it reduces the pressure of the abdomen on the lungs.
- **Knees raised position.** This position reduces tension on the chest and abdomen making injuries there less painful.
- **Shock position (on the back with legs slightly raised).** This position is used if the casualty is in shock or faint.
- **Elevation of injured arms / legs.** These positions will help reduce swelling / bleeding to the injured limb.
- **Most comfortable position.** Sometimes it may be necessary to place a casualty into a position that they find to be the most comfortable.

If a casualty maintains the same position for several days, watch out for bedsores. If bedsores develop, treated them the same as an infected wound and do not place the casualty back into the same position. This will only aggravate the treated bedsores.

MORALE

Reassurance is important during every moment of a casualty's care. As in a survival situation, fear greatly reduces a person's will to survive. A survival situation combined with an injury multiplies the effect of fear. Ways to maintain a casualty's morale include:

- Staying cheerful and optimistic even if personally discouraged.
- Reassuring the casualty often.
- Always explaining to the casualty what is being done to them.
- Touching the casualty often in an appropriate, comforting and companionable way. Warm human contact is a major part of reassurance.
- Not discussing the casualty's condition in their hearing unless it is optimistic.
- Involving the casualty in their own care by encouraging them to do as much as possible for themselves.
- Keeping the casualty informed of / part of any plans. For example, if someone is leaving the survival site to gather berries, tell the casualty so they do not worry about the possibility that they are being abandoned.

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REST

Rest promotes healing, reduces tendencies to bleed or swell, and often reduces pain and stress. Sometimes, pain will prevent adequate rest. If pain medications are available and are used as prescribed, they will help the casualty to rest.

Fluid Intake

Maintaining fluid levels is very important, especially for an injured person. Fluids should not be given to a person with internal injuries or who is vomiting. Unfortunately, dehydration over a day or two may cause more damage than small amounts of fluids, even when they are not recommended in normal first aid practice. The following should be considered:

- Give no fluids if the casualty is unconscious, feels nauseated or is vomiting, or has abdominal injuries.
- Give only small amounts at first until it can be determined whether the casualty will vomit or not. Always be ready for vomiting.
- Give small amounts often rather than lots at once. If the casualty can barely swallow, give sips every five or ten minutes.
- If possible, give nutritious fluids. However, do not give alcohol, coffee, tea, hot chocolate or any drinks with caffeine as these are diuretics which increase urine output and increase the possibility of dehydration.
- Give water to any shock, burn or dehydration casualty who can tolerate it.
- Maintain liquid intake of at least five to six litres / day. If there are signs of dehydration, encourage the casualty to drink more.

URINATION

A person normally urinates about one litre per day. If there is less than expected, suspect shock / dehydration. If the urine is bloody, discoloured, or has a strong smell, record this information. If the casualty's injury prevents them from urinating on their own, improvise a bedpan / urinal. Always try to maintain the casualty's dignity.

RECORDING ALL OBSERVATIONS

It is very important to record all observations, including the date and time. Also record what was done (eg, first aid provided, what drunk / eaten, symptoms, vital signs, bowel movements, urination) and when. Be alert to changes as these are signs of changes in the casualty's condition. This information may be of assistance to the medical personnel who will be taking over the care for the casualty.

CONFIRMATION OF TEACHING POINT 4

QUESTIONS:

Q1. Describe three (of the five) body positions discussed.

Q2. What is the importance of rest?

Q3. Why should all observations be recorded?

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ANTICIPATED ANSWERS:

A1. The six positions discussed:

- **Recovery position.** This position should be used if the casualty is unconscious, not fully alert, or is nauseated and may vomit.
- **Semi-sitting position.** This position makes it easier for the casualty to breathe as it reduces the pressure of the abdomen on the lungs.
- **Knees raised position.** This position reduces tension on the chest and abdomen making injuries there less painful.
- **Shock position (on the back with legs slightly raised).** This position if used if the casualty is in shock or faint. However, if the is breathing problems or a chest / abdominal injury, make sure just the legs, and not the whole body, is raised to reduce pressure on the abdomen / lungs.
- **Elevation of injured arms / legs.** These positions will help reduce swelling / bleeding to the injured limb.
- **Most comfortable position.** Sometimes it may be necessary to place a casualty into a position that they find to be the most comfortable.

A2. Rest promotes healing, reduces tendencies to bleed or swell, and often reduces pain and stress.

A3. Alerts the caregiver to changes as these may be signs of changes in the casualty's condition. This information may be of assistance to the medical personnel who will be taking over the care for the casualty.

END OF LESSON CONFIRMATION

The cadets' moving a casualty to shelter will serve as the confirmation of this lesson.

CONCLUSION

HOMEWORK / READING / PRACTICE

Nil.

METHOD OF EVALUATION

Nil.

CLOSING STATEMENT

It is important for the cadets to be able to perform first aid skills as injuries are a common occurrence in field settings. Having an understanding of moving a casualty to shelter, using proper carrying techniques and improvised stretchers, as well as, performing ongoing casualty care will allow the cadets to take action in an emergency during a survival situation.

INSTRUCTOR NOTES / REMARKS

Cadets who are qualified Survival Instructor or qualified first-aiders in Proficiency Level Four may assist in the conduct of this EO.

The assessment of the casualty in order to move the casualty will be conducted by the qualified first-aider.

Samples of improvised stretchers should be fabricated before conducting this lesson to use as examples.

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EMERGENCY SCENE MANAGEMENT SCENARIOS

Scenario 1

A shopper has fallen while slipping on the wet floor and hits his/her head and is unconscious. There is one employee trained in first aid and another shopper is willing to assist until medical help arrives.

Scenario 2

A spectator in an arena falls down a set of stairs. You are a St. John Ambulance volunteer who must respond and perform Emergency Scene Management for the casualty who has suspected head / spinal injuries.

Scenario 3

Three first year cadets are inside of a modular tent during a thunderstorm. The first cadet is leaning against the pole and lightning strikes the tent. The first cadet receives burns to his back. The second cadet is trained in first aid and the third cadet will assist with the casualty until officers and medical help arrives.

Scenario 4

A cadet is using a knife to cut a piece of wood, while the cadet is doing this, another cadet close by bumps into the cadet. The cadet has cut their hand.. A few cadets are in the general area and hear the screams of the two cadets. One of them is trained in first-aid and assists until medical help arrives.

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