

INSTRUCTORS NOTES		
SUBJECT	Basic first aid – 3 hours – 24 attendees	
STORES/AIDS	Pens, paper, prizes (pill key rings x 12 and 19 frisbees), need to get 2 x identical first aid kits or print outs	
PRELIM	During this training we will be working in teams or pairs. Pairs Teams of 4	
BEGINNING		
INTRODUCTION	<p>Crew specialise in reducing harm caused by alcohol and other drugs and we provide welfare in our drop-in and at events throughout Scotland.</p> <p>First aid is an essential skill with the overall aim of preserving life.</p> <p>Even if qualified there is no mandatory requirement to help in an emergency (unless it is specifically set out in your contract) and even just getting help may make all the difference.</p> <p>In our roles as PINS peers first aid is an essential skills. Not only will the skills help when providing interventions but we must also know the difference between someone who needs welfare and someone who is in a medical emergency.</p>	
MIDDLE		
STAGE	METHOD	REMARKS
Possible incidents	Group discussion Paper, pen, prize	Names as many incidents as possible in your teams in 2 minutes.
Qualities of a good first aider	Group discussion Paper, pen, prize	Names as many qualities as possible in your teams in 2 minutes. Keep calm! Same as welfare
First aid kit contents	Game, 2 x identical first aid kits, prize	<p>Name contents, race to get contents, discuss what contents are – don't use any potions or lotions – possible allergies.</p> <p>1x Guidance Leaflet Pair of Hypoallergenic Vinyl Gloves 1x Conforming Bandage 7.5cm 2x Sterile Dressing 5cm x 5cm 1x Sterile Dressing 7.5cm x 7.5cm 1x Sterile Dressing 12cm x 12cm 20x Plasters Waterproof Assorted 1x Triangular Bandage</p>

		<p>1x Microporous Tape 1.25cm 10x Antiseptic alcohol wipes 1x First Aid Scissors</p> <p>Other items include foil blankets, saline etc</p> <p>All dressings are sealed for safety and hygiene.</p>
<p>Responsive Casualty</p>		<p>PRIMARY SURVEY</p> <p>D – check for DANGER – before helping ensure the area is safe for you, the casualty and other. Remove any danger (such as sharp objects) away from the area and think about personal protection (do you need to wear gloves?). Do not touch the casualty if it is suspected that electricity is involved.</p> <p>R - check for RESPONSE – start by gently talking to the person, softly touch their shoulder and ask “<i>are you okay</i>”; if there is no response then more forcefully squeeze shoulders and ask “<i>can you hear me, what is your name?</i>” It may also be helpful to give them a command such as “<i>can you open your eyes?</i>” If they do respond, be clear, calm and confident. Explain what you are doing and who you are. Some people may be confused or startled. Ask if they know what has happened, “<i>are you okay, what happened?</i>”, “<i>I’m here to help</i>”. If they just need some rest then help get them to the chill out zone. If they are unresponsive, dazed or confused then continue following the first aid approach below.</p> <p>Remember drugs interfere with thought processes; there may be a delay in responding so be patient and rephrase the question if it is not understood. Their abilities to feel pain may also be affected so if they are obviously injured you may have to calmly explain why they need help.</p> <p>Psychosis</p> <p>Psychosis will cause someone to interpret things around them differently to other people. It can involve hallucinations or “delusional” thoughts where people will see things that might not be there or believe things that aren’t true. Hearing voices is very common.</p> <p>It is a common symptom of mental illnesses or can happen because of too little sleep or drug use. It can be worrying but in the cases of sleep or drug induced psychosis it will usually pass with time.</p> <p>People with psychosis can be hard to communicate with but are usually more at risk of harming themselves than anyone else. They might be suspicious of you so don’t take it personally.</p> <p>If you think someone is experiencing psychosis it is important:</p>

- You don't go along with their hallucinations or delusions- don't lie to them and pretend you can see things too if you cannot. Avoid arguing with them or shouting
- Stay calm, reassure them and respect their boundaries
- Be aware of close physical contact- this might be uncomfortable or worrying
- Don't force eye contact- that can be intense!
- Avoid physically restraining them
- Keep them and yourself safe

S – SHOUT – ask the people around you to help. Nominate someone to go and get medical help. If there is no one around you shout loud and clear *“help, help, help”* - call for medics or ambulance on 111. If there are bystanders get them to call. Tell them your location and the age and condition of the casualty. Familiarise yourself with site layout and where medical services are.

A – check the AIRWAY - tilt head by lifting chin and open the mouth.

If foreign material is present, only clear it if it very easy to do so.

If choking, ask them *“are you choking, can you cough?”* If they are choking they will not be able to talk. With a flat palm firmly strike them between the shoulder blades. Do this 5 times; checking between each blow to see if the object has been dislodged. If this doesn't work, wrap your arms around their waist and tilt them forward. Clench your fist and place this above their bellybutton. Place your other hand on your fist and pull upwards and backwards into the stomach in a smooth hard movement. Check between thrusts to see if the object has been dislodged. If this doesn't work give another 5 back blows followed by 5 abdominal thrusts.

B - Check for BREATHING - look, listen and feel.

If not breathing normally (and not choking) start CPR – see unresponsive casualty below.

If normal breathing: place in the recovery position (or on their side), monitor breathing, manage injuries and treat for shock (see below).

C – check CIRCULATION – are they pale, in pain, bleeding, or too hot/cold?

What drugs can cause bleeds? Any that are snorted or affect coordination or pain response

Bleeds – if bleeding, raise the affected area above the level of the heart and apply pressure (you can use the casualties hand, clothing or bandages). For nose bleeds, pinch the nostrils for 10 minutes – do not lie down or lean back.

		<p>Breaks – if a break is suspected: do not move the body part but support gently using blankets and clothing.</p> <p>Bumps – check for bumps and bruises especially on the head and neck. Someone who has bumped their head may appear intoxicated. Symptoms include slurred or delayed speech, crying, loss of memory and a lack of coordination. Seek medical help immediately if they have blacked out, have uneven pupils or are bleeding from the ears.</p>
<p>BREAK – 15 minutes</p>		
<p>Heat related injury/illness</p>		<p>What drugs cause it? Stimulants, empathogens, alcohol</p> <p>Dehydration – sit in shade, rehydrate using small sips of water or isotonic drink.</p> <p>Burns (including sun burn) – cool the area under running water for at least 10 minutes then wrap in cling film or clean plastic. If the burn is bad or blistered get medical help.</p> <p>Use of solvents may cause burning in the mouth, lips and airway. Give them small sips of cool water. If possible sooth the lips using cool running water.</p> <p>Heat Exhaustion – Symptoms include head ache, nausea, cramps and dizziness. Get them into the shade and give them regular sips of cool water or isotonic drink.</p> <p>Overheating (hyperthermia) – Treat like heat exhaustion but the person needs to be cooled down rapidly. Additional symptoms can include agitation, confusion and dry skin. Remove tight clothing, give regular sips of cool water or isotonic drink, and cool down skin by fanning and wrapping them in cool damp sheets soaked with water or ice.</p>
<p>Shock</p>		<p>ALWAYS TREAT FOR SHOCK: lie the person down and raise legs above the level of the heart, comfortable and reassured. Make conversation, for example:</p> <p>A – “Do you have any allergies?”</p> <p>M – “Have you taken, or do you need medicine?”</p> <p>P – “Do you have any past or current medical conditions?”</p> <p>L – “When was your last drink/meal?”</p> <p>E – Ask them about their days events. “What did you do today?”</p>

		<p>Panic attacks and anxiety</p> <p>Panic attacks are not dangerous but can be scary and often you might not know how to deal with one that you or someone else is having. Panic attacks are a fight or flight reaction that your brain has when it sees, rightly or wrongly, that something is a threat. They can be over quickly or last for a long time.</p> <p>The symptoms can be physical things like breathlessness, dizziness, nausea or a rapid heartbeat. It can also make you feel disoriented, confused and worried.</p> <p>Stimulant drugs (including caffeine) can make these feelings worse. So can comedowns and hangovers.</p> <p>Some things to remember that can help include:</p> <p>Managing your breathing- Breathe in slowly through your nose for four seconds...pause and hold your breath for a few seconds...breathe out through your mouth- slowly.</p> <p>Grounding yourself- look around you and try to find five things you can see, four things you can touch, three things you can hear, two things you can smell and one thing you can taste. This will help take your mind off the feelings of panic.</p> <p>The symptoms can feel or look very similar to other medical problems. If you aren't sure if someone is having a panic attack or it gets worse ALWAYS seek medical help.</p>
<p>Unresponsive Casualty</p>		<p>If the casualty is unresponsive we follow the approach above –DRSA</p> <p>This time the ‘B’ stands for breathing.</p> <p>If the casualty if unresponsive but breathing and is rigid, shaking and/or foaming at the mouth they may be having a seizure.</p> <p>Seizures – These can be brought about through epilepsy or can be a severe side effect of drug use. If someone is having a seizure; shout for medical help, check for danger (the person may move about so clear the immediate area), you may gently support their head, or try to place a pillow or blanket underneath the head to stop them hurting themselves. Time how long the seizure takes and never try to restrain the person.</p> <p>If the person is unresponsive and breathing place them in the recovery position.</p> <ol style="list-style-type: none"> 1. With the person lying on their back, kneel on the floor at their side 2. Place the arm nearest you at a right angle to their body with their hand upwards, towards the head 3. Tuck their other hand under the side of their head, so that the back of

		<p>their hand is touching their cheek</p> <ol style="list-style-type: none"> 4. Bend the knee farthest from you to a right angle 5. Carefully roll the person onto their side by pulling on the bent knee 6. The top arm should be supporting the head and the bottom arm will stop you rolling them too far 7. Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway 8. Stay with the person and monitor their condition until help arrives <p>What drugs depress breathing? Depressants, benzos, heroin, ketamine.</p> <p>If the person is unresponsive and not breathing start CPR. If trained use rescue breaths, if not trained use compressions only. Apply a defibrillator asap and follow voice prompts.</p> <p>If there are people to help get one person to raise their legs. If the casualty has drowned give two rescue breathes before starting compressions.</p> <ol style="list-style-type: none"> 1. Place the heel of your hand on the centre of the person's chest, then place the other hand on top and press down by 5-6cm at a steady rate of 100 to 120 compressions per minute. 2. After every 30 chest compressions, give two rescue breaths. 3. Tilt the casualty's head gently and lift the chin up with two fingers. Pinch the person's nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth for about one second. Check that their chest rises. Give two rescue breaths. 4. Continue with cycles of 30 chest compressions and two rescue breaths until they begin to recover or emergency help arrives.
<p>When to get help</p>		<p>What are the differences? Remember is it better to get the person help if you are in doubt. Signs of overdose include: Hyperthermia Unconscious Seizures Blue or pale tinging Serotonin syndrome</p>
<p>END</p>		
<p>QUESTION & ANSWER</p>		
<p>EVALUTION</p>		
<p>PACK UP</p>		
<p>SUMMARY</p>	<p>Important to know the difference between a medical emergency and someone needing support. Think, are they overheating, rapid breathing, unconscious, bleeding or in pain?</p>	

LOOK FORWARD

KOSMICARE training tomorrow morning at 10am which will cover NPS and psychedelic emergencies.

INSTRUCTORS NOTES