

AMBULANCE MAN



AMBULANCE MAN

Name of Scout/Guide:

BIODATA

Name:

Troop:

District:

Patrol:

BADGE REQUIREMENTS

Date of Commencement:

Date of Completion:

Court of Honour

Permission to Earn Badge

Date:

Scout / Guide has

been given permission to work on

completing the requirements (as per

APRO Part II) towards earning the

Ambulance Man badge.

Scout Master

Syllabus

(As per APRO Part II)

1. Be able to answer questions from Pratham Sopan, Dwithiya Sopan and Trithiya Sopan on First Aid
2. Know how to deal with bleeding – major and minor
3. Diagnose and bind a broken limb
4. Know how to deal with choking using Heimlich maneuver.
5. Demonstrate mouth to mouth resuscitation
6. Demonstrate how to make a improvised stretcher and apply roller bandage
7. Demonstrate how to send a correct message verbally, written or by telephone.
8. Demonstrate two methods of carrying a casualty with one first aider and two more methods of carrying casualty when there are two first aiders.

Bleeding

Stop Bleeding

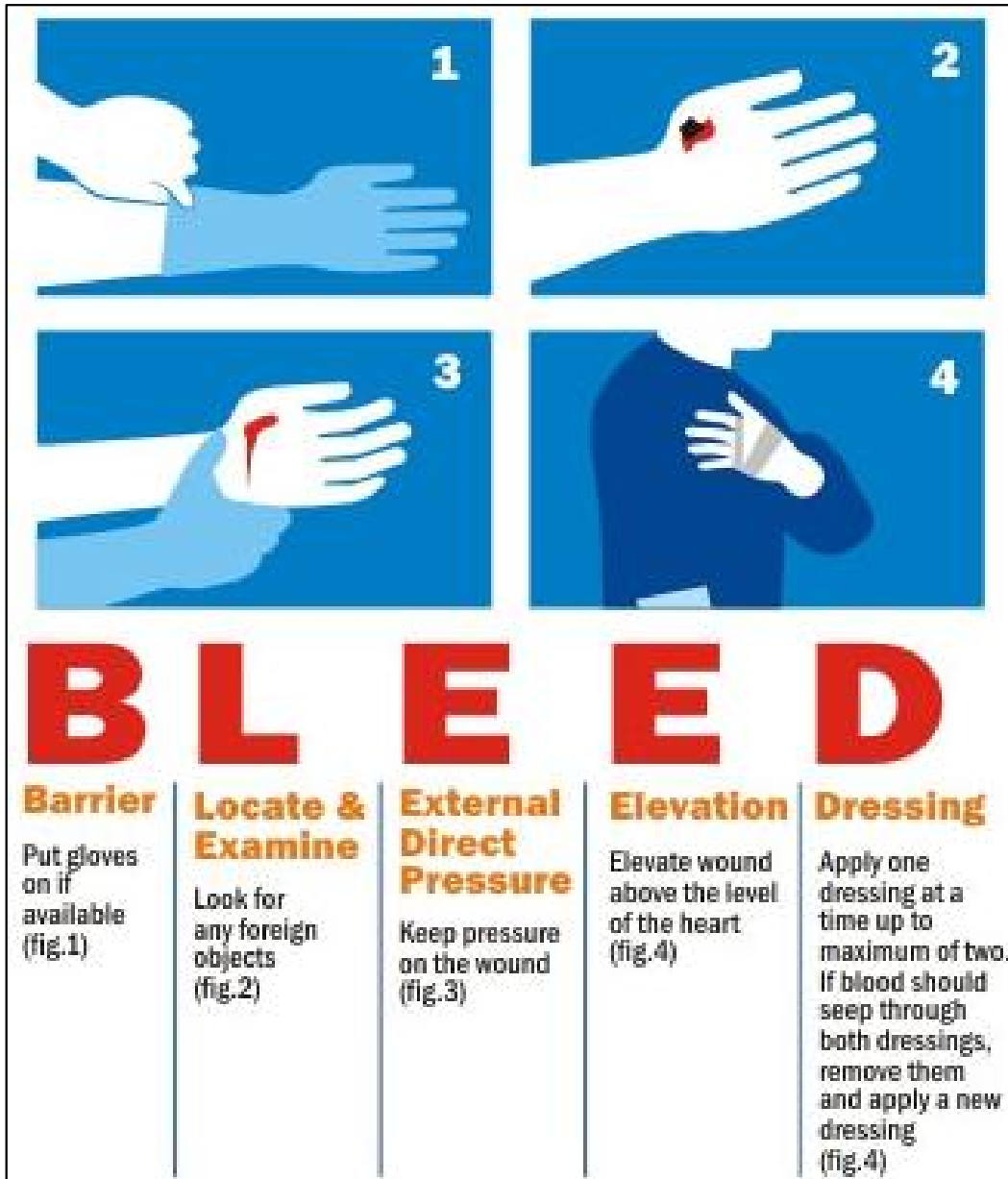
1. Apply direct pressure on the cut or wound with a clean cloth, tissue, or piece of gauze until bleeding stops.
2. If blood soaks through the material, don't remove it. Put more cloth or gauze on top of it and continue to apply pressure.
3. If the wound is on the arm or leg, raise limb above the heart, if possible, to help slow bleeding.
4. Wash your hands again after giving first aid and before cleaning and dressing the wound.
5. Do not apply a tourniquet unless the bleeding is severe and not stopped with direct pressure.

Clean Cut or Wound

1. Gently clean with soap and warm water. Try to rinse soap out of wound to prevent irritation.
2. Don't use hydrogen peroxide or iodine, which can damage tissue.

Protect the Wound

1. Apply antibiotic cream to reduce risk of infection and cover with a sterile bandage.
2. Change the bandage daily to keep the wound clean and dry.



First Aid

for BROKEN BONE

1 **Control the bleeding** by keeping sterile, clothes/ cotton pad with a firm pressure.



4 **A Splint helps to immobilize the bone** before professional medical attention can take over.

2 **Don't try to move the person** only if necessary to avoid further injury.



5 **A Sling can help to stabilize an arm** that is broken.



3 **Apply ice packs** to limit swelling. Never apply ice directly to the fracture. **Wrap in a towel** before applying.

Broken Limb

Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.

Immobilize the injured area. Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and professional help isn't readily available, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce discomfort.

Apply ice packs to limit swelling and help relieve pain. Don't apply ice directly to the skin. Wrap the ice in a towel, piece of cloth or some other material.

Treat for shock. If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

CHOKING



Ask "Are you choking?"



Person is awake

Make a fist.

Place it above the person's belly button, well below the rib cage.



Pull sharply, inward and upward.

Continue until the food comes out or the person can breathe.



Person stops responding

Open the mouth. If food is there, take it out. If food is not visible, tilt the person's head back.



Pinch the person's nose. Place your mouth over the person's mouth and give two breaths.



Push hard repeatedly in chest center for 20 seconds. Check breathing. Repeat from start.

Choking

Universal sign of choking

A choking victim is usually unable to speak, and may not be able to make much sound at all. A universal sign of choking has been designated as a silent indication from a person who is unable to breathe, and consists of placing both hands on one's own throat while trying to attract the attention of others who might assist.

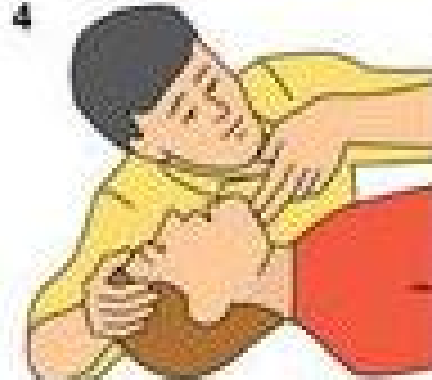
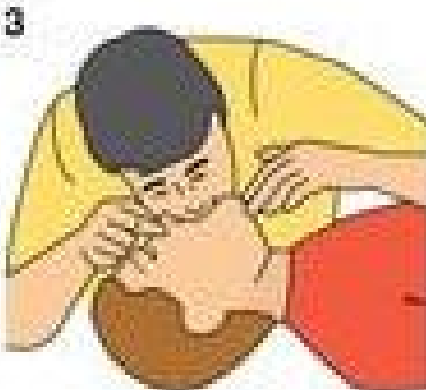
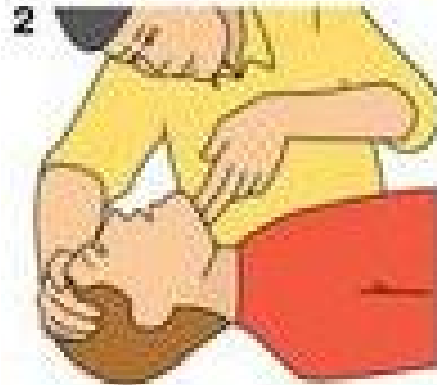
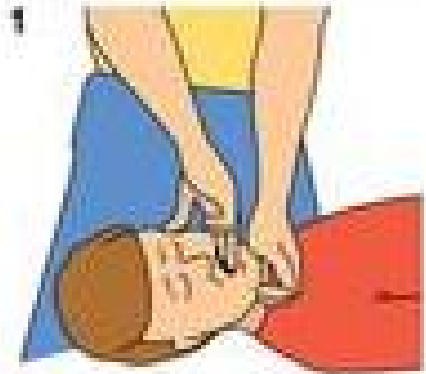
Heimlich Manoeuvre

Abdominal thrusts (also called the Heimlich manoeuvre is a first aid procedure used to treat upper airway obstructions (or choking) by foreign objects. The term Heimlich manoeuvre is named after Dr. Henry Heimlich, who first described it in 1974.

Performing abdominal thrusts involves a rescuer standing behind a patient and using his or her hands to exert pressure on the bottom of the diaphragm. This compresses the lungs and exerts pressure on any object lodged in the trachea, hopefully expelling it.

Mouth to Mouth Resuscitation

Mouth-to-mouth resuscitation, a form of artificial ventilation, is the act of assisting or stimulating respiration, a metabolic process referring to the overall exchange of gases in the body, where a rescuer presses his or her **mouth** against that of the victim and blows air into the person's lungs.



1

The patient should be lying on a hard, flat surface. Turn the patient's head to the side and clear out any debris as quickly as possible.

2

By placing the fingers of one hand under the bony part of the patient's chin and the palm of the other hand on the patient's forehead, tilt the patient's head backward as far as it will go.

3

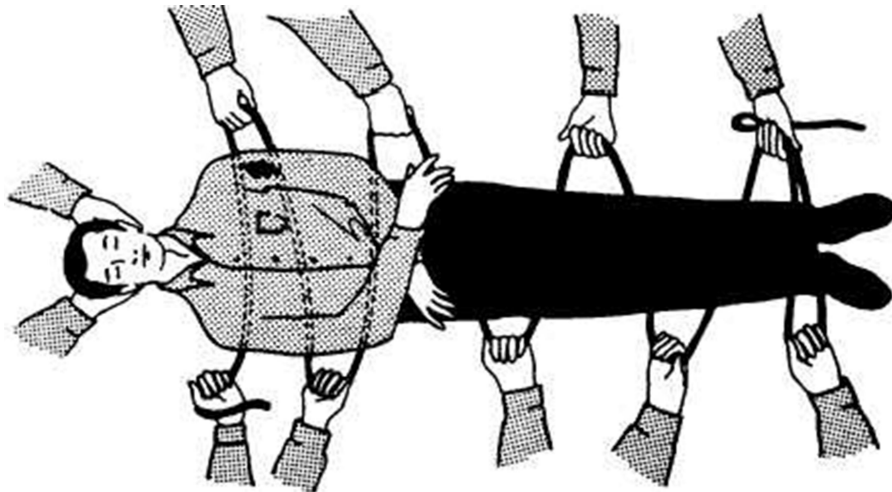
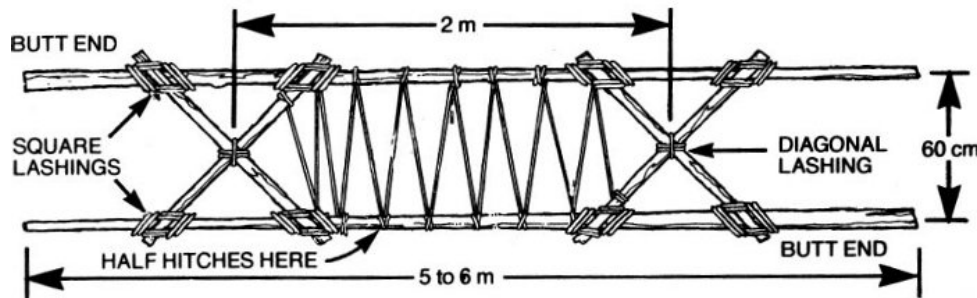
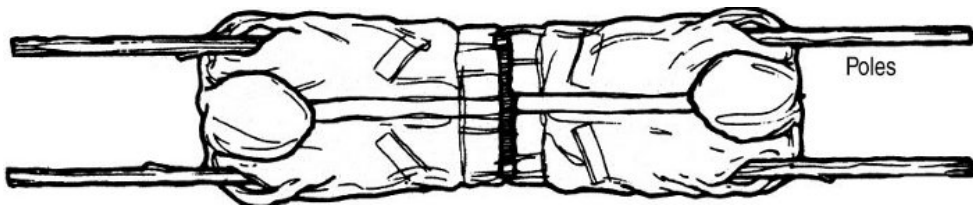
Pinch the patient's nostrils closed with the thumb and index finger of the hand that was holding the patient's forehead. Inhale deeply and place your mouth over the patient's mouth to make a tight seal. (Place your mouth over the mouth and nose, if the patient is an infant or young child.) Exhale twice quickly into the patient's mouth.

4

When the patient's chest expands, stop blowing. Remove your mouth from the patient and turn your head toward the patient's chest so that your ear is over the patient's mouth. Then watch for the patient's chest to fall, while listening for air that may be exhaled. Repeat the procedure from step 3, if necessary.

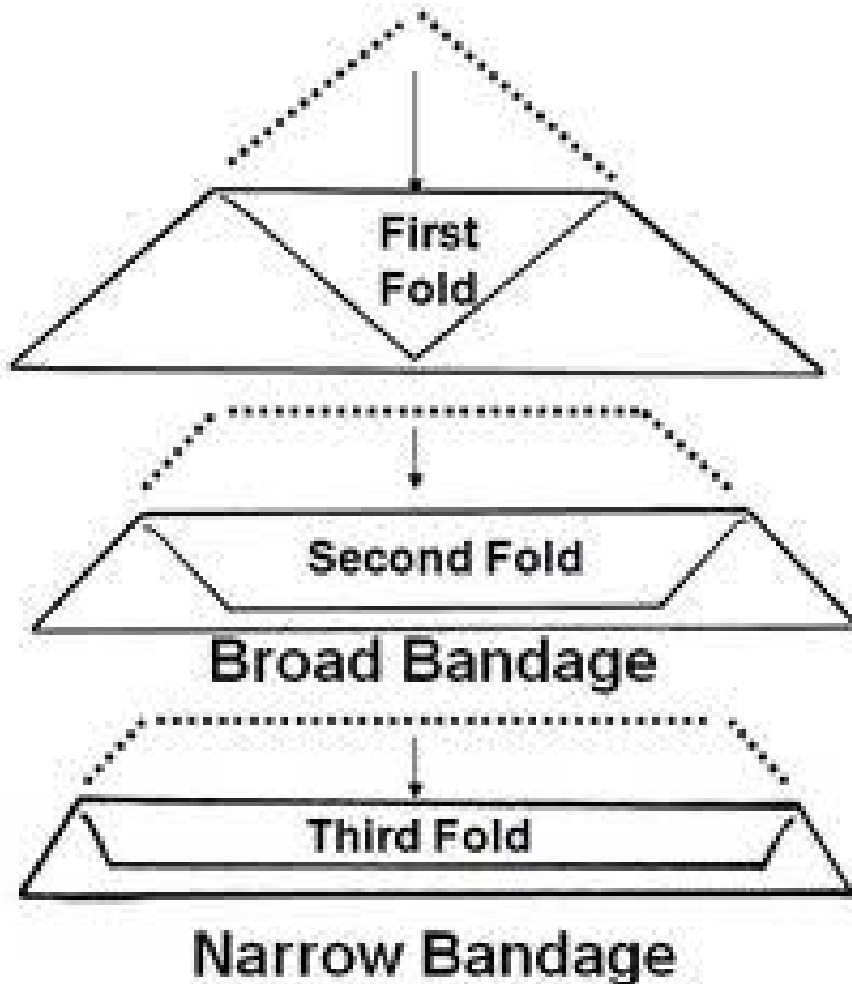
Improvised Stretcher

The decision to move someone who is injured is always a last resort. In most cases, as long as they are in a stable, safe position, it's best to wait for emergency medical teams to arrive and administer treatment, especially when injuries concern the neck or spine. If you must move someone to get them out of danger, such as away from a fire, or if they must be moved to reach medical services, a sturdy stretcher is the best way to keep a person stable and free from further injury. The key to any improvised stretcher is to make it rigid, durable, easy to carry, and as comfortable as possible. Fortunately, stretchers can be made of a wide variety of materials you might be carrying with you or that you can source from the immediate environment. Some ideas are given in the illustrations on the opposite page



Bandaging

Bandages have three key uses: applying pressure to bleeding wounds; covering wounds and burns; and providing support and immobilization for broken bones, sprains, and strains. These includes gauze, triangular, Elastic, and tubular bandage.



A triangular piece of clean cloth (scarf) can be used to prepare bandages of the type

1. **Broad bandage** : Used to tie head bandage or make cuff-collar slings
2. **Narrow bandage**: Used to cover wounds
3. **Roller bandage** : To apply pressure or as a strength splint for fractures

Carrying a Casualty

Evacuate casualties with stretchers

Ensure comfort or minimize the suffering of the casualties

Emergency or Risky Situation

- No stretchers or time to construct improvised stretchers
- The casualty must be removed quickly due to potential dangers
- Do not attempt to rescue if your own life is in danger

The figures illustrate casualty evacuation in the case of single first aider or two first aiders.

