

FIRST AID



Faculty of Traditional Medicine
Menjong Sorig Spa and Wellness

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Note

This instructor/trainer manual on First Aid does not cover all the topics and injuries where provision of first aid is relevant. This covers a basic intervention on common injuries and incidents and the contents are context based which will help as a guide for the instructors to train the trainers.

Further references and information are needed for extensive and detailed training.

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First Aid

I. Objectives

- Attend and help people in distress by providing first aid before the arrival/provision of medical care
- Preserve life, prevent further injury and promote recovery

II. Learning outcome

On completion of the module, trainees will be able to:

- Provide immediate help (first aid) to the people in distress
- Provide necessary arrangement and treat or transfer the casualties for further management
- Save life
- Preserve limb
- Prevent injury
- Promote recovery

III. Teaching and Learning approaches

Lecture, Demonstration, Practice and Scenario based learning

IV. Key modalities for instructors

- a. Ask questions WHAT WHY and HOW
- b. Demonstration followed by EVERY STUDENT practicing the basic technique
- c. Simulations – ‘real life’ – Instructor becomes coach, different participants respond

V. All topics to include

- a. Safety and security (First Aider, victim and bystanders) and reassurance
- b. Rehydration when the victim is conscious and able to safely drink fluids.
- c. Continuum of care – transport/transfer to hospital
- d. Emphasis on practical. Keep messages simple and basic

VI. Instructor to ask students and cover the following elements

- a. First help for someone who is sick or injured
- b. Lifesaving, stabilisation, transportation

- c. No medicine/drugs or medical diagnosis (as lay first aider)
- d. FA has limits – cannot save everyone all the time
- e. Instructor to question/engage with students: visually show, verbally discuss, let students practice (context based)

A. What is First Aid?

Introduction: Discuss on students' knowledge and experience.

First aid is the immediate assistance provided to a sick or injured person until professional help arrives. It concerns not only with physical injury or illness but also with other initial care, including psychosocial support for people suffering from emotional distress caused by experiencing or witnessing a traumatic event.

Research has shown that, if a victim is provided with proper first aid, besides the objectives of providing the first aid, it also helps in providing easy management in the hospital and reduces the duration of hospital stay.

B. Aims and objective in providing first aid.

1. To preserve life and limb
2. To prevent worsening of the condition
3. To promote recovery

First aid interventions seek to “preserve life, alleviate suffering, prevent further illness or injury and promote recovery”

Skills of a First Aider: Reassurance, communication, situational awareness, critical thinking

Safety and security

Golden rules in providing first aid:

1. **Safety first**
2. **Do no harm**
3. **Call for help**

Safety First

- First Aider
- Victim
- Bystanders

C. Topics

1. Management of unconscious with breathing
2. Management of unconscious without breathing
3. Choking

4. Bleeding
5. Fracture, dislocation, sprain and strain
6. Minor cuts, wounds and bites
7. Heat and cold injury: Burn, heat stroke, hypothermia and frost bite
8. Medical conditions: Stroke, Hypoglycaemia, poisoning and high-altitude sickness
9. Transportation or moving of the victim

1. General approach to the victim

The following steps should be observed when approaching a casualty

Assessment

- a. Scene survey: Safety, personal protection, accident mechanism
- b. Casualty survey: airway, breathing, circulation, disability, exposure (ABCDE)

Primary survey: Quick way to find out if someone has any injuries or conditions which are life-threatening

Identify each life-threatening condition and deal with it in order of priority

If necessary, start immediate life-saving interventions: open the airway, support breathing, give CPR and control serious bleeding.

Call for help: HHC/112 or further help if not already done during primary assessment

Call fast – emergency service, once assessment has been made

The common mnemonic: **ABCDE**

A: Airway

B: Breathing

C: Circulation: check for any external bleeding

D: Disability: mental status and peripheral nervous system

E: Expose the casualty for further assessment and treatment

DR. ABC

Danger

Response

Airway

Breathing

Circulation

Secondary survey: After the patient has been stabilised thorough head-to-toe examination is done. The aim is to detect other significant but not immediately life-threatening injuries.

History and vital signs, depending on training level of the first aider.

2. Management of unconscious person with breathing

Introduction: Discuss on students' knowledge and experience and what can result in such casualty?

A person can be unconscious but breathing due to various conditions like, injuries and accidents, substances or drug over dose, choking, medical and environmental conditions, etc.

How to provide First Aid?

Key Points

- ABC
- Recovery Position
Comfortable positioning of the body
Improve and maintain airway

The victim is placed and positioned on either side of his/her body to keep the airway open and clear, and to ensure that any vomitus or fluid won't cause choking.

Approach the casualty following the steps of general approach to the casualty.

- Airway /Breathing: Checking airway first then breathing. Look for signs of life/normal breathing
- Recovery position: Why, how, what (opening the airway, protecting airway, vomiting)
- Safety: Check for sharp objects before turning, bleeding and other injuries
- Consider environmental affects and transport of the casualty.

How to put the casualty in recovery position

<p>01 Place the nearest arm at a right angle</p> 	<p>02 Place the other arm across chest with hand under the head and against the cheek</p> 
<p>01 Lift leg furthest away till the foot is flat on the ground</p> 	<p>02 Use the bent leg to roll the casualty over toward you</p>  <p>Head tilted to keep the airway open</p> <p>Knee stops body from rolling onto stomach</p> <p>Hand supports head and mouth is toward the ground</p>
<p>Recovery position for an infant</p> <p>Cradle the infant in your arms with their head tilted downwards</p> 	<p>Use the same 4 step process for a child & in pregnancy</p>   <p>Perform on the LEFT-HAND side for someone heavily pregnant. If injury to the left side prevents this then perform on the right side and wedge a cushion or towel under the belly</p>

Figure 1: How to put a victim in recovery position; source: Australia wide first aid. <https://www.australiawidefirstaid.com.au/resources/charts/recovery-position>

Demonstration and practice on recovery position

Scenario base learning

1. Someone lying unconscious in a corner of a room or elsewhere
2. Seizure/Epileptic fits

Seizure/Epilepsy (discuss on Dos and Don'ts)

During the seizure:

- Remove nearby objects that might cause injury
- Protect the person's head by placing a thinly folded towel or clothing beneath it. Do not restrict the airway while doing so
- Do not hold or restrain the person
- Do not place anything between the person's teeth or put anything in his or her mouth. The person will not swallow his or her tongue.
- Do not pour water in the mouth or face, this will not help instead can result in choking
- Do not let the person smell the shoes or socks

Call 112 immediately if:

- A seizure lasts longer than five minutes or is repeated
- The person does not regain consciousness after five to ten minutes
- The person has diabetes or is injured
- The person has never had a seizure before
- Any life-threatening condition is found

3. Management of unconscious person without breathing or abnormal breathing (too fast/too slow)

What can result in such casualty?

Any conditions mentioned above can cause person to be unconscious and not breathing.

How to provide first aid.

Approach the casualty as in the general approach and check for ABC.

Key Points

- ABC
- CPR

Once the person is identified as unconscious and not breathing or abnormal-

ly breathing, **immediately call for help (112)** and then provide first aid.CPR: Cardio Pulmonary Resuscitation (Chest compression and rescue breathing)

CPR in adult

a. Chest compression

Stand on the knees beside the person’s upper chest, keeping the arms and elbows as straight as possible so that the shoulders are directly over the hands.

Compress the chest with the heel of the palm keeping other palm on top with fingers interlaced and let the chest recoil in between every compression.

Hand position: Center of chest on the lower half of chest bone

Rhythm: 30 compressions for every 2 breaths (30:2)

Depth: 5-6 cm/2 inches (push hard)

Rate: 100 – 120 compressions per minute

Minimize interruptions, press hard and fast and check breathing (sign of life) after 2 minutes

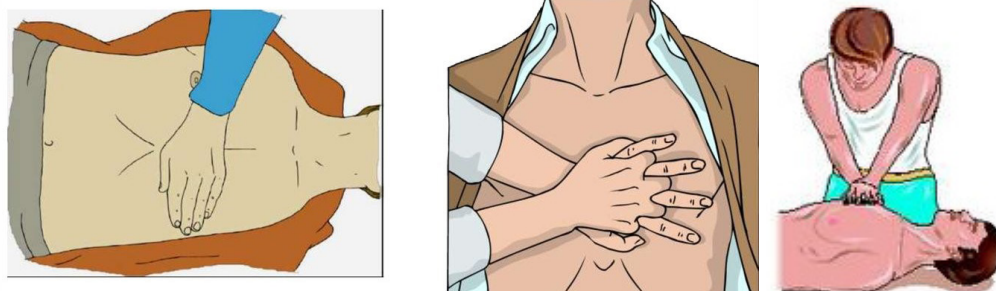


Figure 2: Position of hand for chest compression

b. Rescue Breath

Right after 30 chest compressions, two rescue breaths are given. The following steps are followed to give the rescue breath.

- Open the airway by head tilt chin lift
- Pinch the nose
- Take a normal breath
- Place lips over the mouth with proper sealing



Figure 3: Providing rescue breath

- Blow for one second to see the chest rise
- Then allow chest to fall back
- Repeat second breath
- Continue chest compression

CPR in child and infant

(Child: age above one year old; Infant; age one year and below)

The procedure is same as in the adult except for the chest compression. Use only one hand to compress the chest in child and two fingers to compress the chest in infant. Compress 1.5 inches deep.

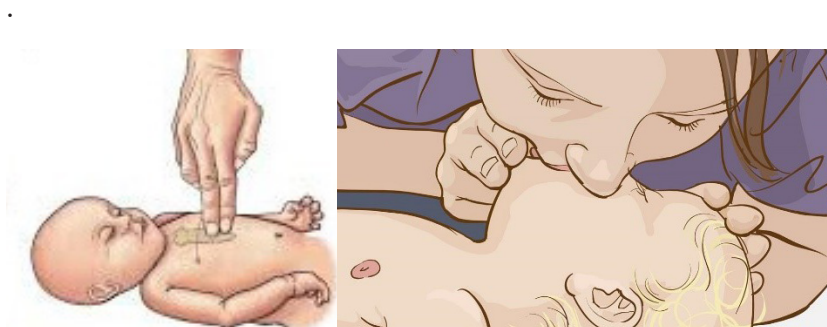
Call 112 or ask a bystander to call 112, if you're alone with the child or infant, administer 2 minutes of CPR and then call 112.

Open the airway. With the child lying on his or her back, tilt the head back slightly and lift the chin.

Listen carefully, for no more than 10 seconds, for sounds of breathing. (Occasional gasps aren't breathing.) Infants typically have periodic breathing, so changes in breathing pattern are normal.

Deliver 2 rescue breaths if the child or infant isn't breathing. With the head tilted back slightly and the chin lifted, pinch the child's nose shut, make a complete seal by placing your mouth over the child's mouth and breathe into the child's mouth twice.

For infants, use your mouth to make a complete seal over the infant's mouth and nose, then blow in for one second to make the chest clearly rise. Let the chest fall back between the two blows. This should not take more than five seconds.



*Figure 4:
CPR in baby*

Providing CPR in suspected respiratory infectious diseases

- Use Personal Protective Equipment (PPE) if available
- Compression-only CPR should be initiated
- Compression-only CPR saves lives compared to no CPR

When to stop CPR

- Medical help arrives
- Rescuer is exhausted
- Signs of life seen
- Scene becomes unsafe

Demonstration and practice on CPR (everyone to practice 2 cycles of CPR)

Scenario base learning

- Drowning
- Unconscious infant

4. Choking

Introduction: Students' knowledge; causes and how to identify.

Choking occurs when breathing is impeded by a constricted or obstructed throat or windpipe

Types: Incomplete and complete choking

- Key points: Clear the airway and let the person breath
- Choking and coughing: Reassure and let cough
- Choking and not coughing: Airway completely blocked

5 back blows and 5 abdominal thrusts (5:5)



Figure 5: First Aid in choking; Source: American Red Cross

Demonstration and practice

Every one practices

- Adult
- Child
- Baby

Adult: 2 hands 5:5

Child: 1 hand 5:5

Baby: 2 fingers mid chest 5:5

Pregnant /Obese: 5:5 chest thrust

Coughing: What does that mean for airway?

Scenario based learning

- Someone choking while eating

5. Bleeding

Key points: This is life threatening and needs to be stopped safely by applying direct pressure on the bleeding site. Reduction in risk of infection through contact with blood should be considered.

Imbedded object: Stopping bleeding remains priority apply indirect pressure

Don't focus on making a special bandage until after bleeding is controlled

Immobilize/stabilize object to prevent further injury

Reassure, Transport

Nose bleeding: Pinch the nose by the thumb and index/middle finger at the soft part of the nose to apply direct pressure on the bleeding point.

Keep the person in a comfortable position with head bend forward and breathing through the mouth.

Pinch for 10 – 15 minute and check the bleeding.

Repeat if not stopped. Call 112/send to hospital if the bleeding is not stopping.



Figure 6: Direct and indirect pressure

Demonstration and practice on bleeding and embedded object injury

Scenario based learning

- Bleeding from cut by glass
- Arrow injury

6. Fracture, Sprain, Strain, Dislocation

Introduction: Discuss on students' knowledge and experience

What can result in such injuries?

Fracture is a break in bone either complete or incomplete.

Sprain is a sudden or violent twist or wrench of a joint with stretching or tearing of ligament.

Strain is the excessive stretching of muscles and ligaments.

Dislocation is when the bones are displaced out of the normal position in the joints.

Signs: Swelling, pain, loss of movement, deformed limbs

Key points

Immobilise limbs and joints to reduce pain and further injury. Check for consequences like too tight or too loose.



Figure 7: Immobilization of fracture with arm sling and leg splint

First aid mnemonic for sprain

RICE: Rest; Ice; Compression; Elevation



*Figure 8: RICE application;
source: wiki how*

Demonstration and practice on triangular arm sling

Scenario based learning

- Fall injury with leg fracture
- Jaw fracture

Spinal Injury demonstration and practice

Key points: Mechanism of injury, immobilize and maintain the airway, manage the head to avoid movement

Log roll for vomiting and check for other injuries

Demonstration and practice in groups



Figure 9: Log rolling position

7. Minor cuts, wounds and bites

Introduction: Students' knowledge

A break in the skin which can be bleeding or not.

Key points: Discuss in infection.

Clean and Cover

If bleeding, stop the bleeding.

Demonstration: Bite on hand

Scenario based learning

- Dog bite
- Snake bite

Snake bite

Safety, reassurance, act fast, call 112.

Dos and don'ts

- Wash and irrigate the bite area if water is available
- Suction should NOT be applied because it is ineffective and may be harmful
- Tourniquet should NOT be applied because it is not effective and may result in prolonged hospitalization
- Do not cut and let bleed
- Keep the bite area still as much as possible and immobilize by applying non-elastic bandage
- Specially trained providers may use compression for special situations such as remote locations and wilderness environments
- The casualty should limit physical activity
- Any tight clothing and the ornaments should be removed

Bee or Wasp Stings

Bees have only one stinging barb that is left in the skin after the bite. The venom sac is attached to the barb and continues to inject venom until it is empty. Therefore, the barb should be removed as soon as possible.

Wasps do not leave a detached barb in the skin but inflict multiple stings, thus increasing the amount of venom injected. The danger with bee and wasp stings is that stings around the mouth, throat or face can swell and cause airway obstruction.

Some people shows allergic reaction to bee venom and may collapse within 2 or 3 minutes after a sting, requiring urgent medical treatment.

First aid

1. Remove the barb

- If stung by a bee, immediately brush, pluck or scrape the barb off the skin to stop any more venom being injected. How the barb is removed is less important than removing the barb quickly

2. Apply cold treatment

- Immediately apply a wrapped ice pack and leave it in place for up to 10 minutes. Reapply the ice pack at frequent intervals or whenever pain relief is needed.

3. Raise the bitten area

- Raise the bitten area as high as possible to reduce swelling
- If an arm or hand has been stung, apply an elevation sling to provide comfort and support.

4. Call 112 or send to hospital.

If the patient is known to be allergic

Observe the patient closely for any change in condition. If any of the warning signs of an allergic reaction appear, send for an ambulance urgently.

The warning signs include:

- a fine rash over the trunk
- wheezing or coughing
- swelling around the face, eyes and neck

8. Heat and cold injury

8.1 Burn/scald

Introduction: Students' knowledge? Discuss ways to get burnt.

Sign: Pain and feeling hot

Demonstration: Have water and a piece of cloth. Cool, cover and rehydration

Key points: Stop the burn to stop the pain. Cool with water and cover to stop infection

What if whole body gets burn? Stop and roll.

Run cool water
over area of
burn

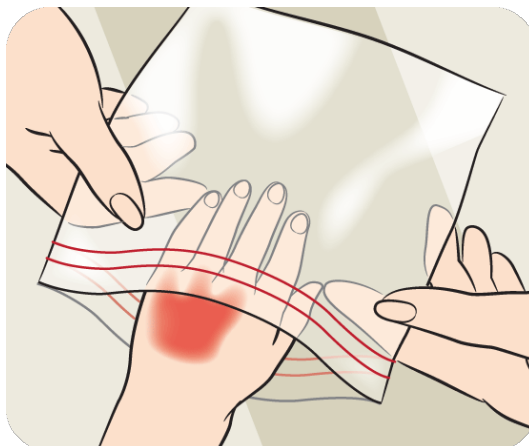


Figure 10: First aid for burn: cool and cover

Demonstration and practice

Scenario based learning

- Hand burnt in kitchen with hot water/oil

8.2 Heat stroke/sun stroke/heat exhaustion

Introduction: Students' knowledge and experience. What causes heat and sun stroke?

Heat illness/injury, where the body overheats and cannot cool down due to prolonged exposure to high temperature (usually in combination with dehydration).

Types:

- Water depletion. Signs include excessive thirst, weakness, headache, fainting, loss of consciousness, etc.
- Salt depletion. Signs include nausea and vomiting, muscle cramps, dizziness, etc.

Risk and causes: Hot and humid weather, dehydration, vigorous activity, prolonged exposure to sun/hot weather, etc.

First aid:

- Get the person into shade or indoors
- Lay down and elevate the foot end
- Remove excess and tight clothing
- Cool the person with whatever means available
- Provide fluids to drink if able to drink



Figure 11: First aid in heat/sun stroke; source: familysurvivalplanning

8.3 Hypothermia

Introduction: Students' knowledge and experience. What causes hypothermia?

When the body's warming mechanisms fail and the body temperature drops below 35°C

Avoid extremely cold, wet or windy weather conditions and dress weather appropriate

Children and the elderly are more vulnerable.

What to do?

- Move the person to a warm and dry place
- Handle the person gently when moving/Avoid excess activity or movement
- Keep the person in a horizontal position
- Remove any wet clothing
- Place the person in a blanket or sleeping bag
- Cover the head to ensure much body warmth is retained
- If conscious give the casualty warm drinks (NOT alcohol) Provide warmth to the person with hot water bottles or heat packs to the neck, armpits and groin. If hypothermia is severe, call 112 and stay with the person until medical aid arrives

CAUTIONS IN FIRST AID FOR HYPOTHERMIA



DO NOT use radiant heat (fire, electric heaters)



DO NOT rub affected area



DO NOT provide person alcohol



Avoid putting person in the bath



8.4 Frost bite

Introduction: Students' knowledge and experience. What causes hypothermia?

Frostbite is an injury caused by freezing of the skin and underlying tissues

Signs of frostbite

- lack of feeling in the affected area
- skin that appears waxy,
- is cold to the touch, or
- is discoloured (flushed, white or gray, yellow or blue)



Figure 12: Frost bite of fingers and toes

First aid.

- Move the person to a warm place.
- Handle the area gently; never rub the affected area.
- Warm gently by soaking the affected area in warm water until it appears red and feels warm.
- Loosely bandage the area with dry, sterile dressings.
- If fingers or toes are frostbitten, place dry, sterile gauze between them to keep them separated.
- Avoid breaking any blisters.
- Do not allow the affected area to refreeze.
- Seek professional medical care as soon as possible

9. Medical conditions

9.1 Stroke

What is stroke?

Stroke is a medical condition where the blood supply to part of your brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients. Brain cells begin to die. Stroke is a medical emergency, and prompt treatment is crucial.

Therefore, person showing stroke signs and symptoms should be immediately send to the hospital.

How to recognise stroke: **FAST** (mnemonic)

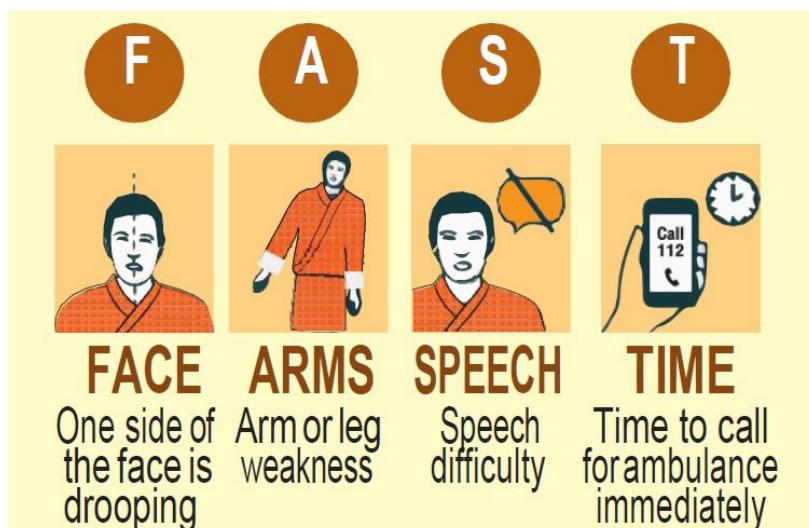


Figure 13: FAST application

Students should be able to identify the person suffering from stroke and refer to hospital immediately

9.2 Hypoglycaemia

Hypoglycemia is a medical condition in which blood sugar (glucose) level is lower than normal. Hypoglycaemia is usually sudden and life-threatening with typical symptoms (appearing frequently in this sequence):

- hunger, headache
- agitation, tremor
- psychotic behaviour
- extreme tiredness and loss of concentration
- severe thirst
- abdominal pain nausea or vomiting
- dizziness and loss of coordination
- erratic or argumentative behaviour
- rapid loss of consciousness if not treated promptly
- persistent headache
- pale or sweaty skin
- can seem drunk
- loss of consciousness
- seizures (eventually)

How to help (first aid)

- o If the person is unconscious, check for ABC and put in recovery position, call 112 for help
- o If conscious and able to swallow, give a sweetened drink, chocolate or glucose sweets or sugar – an improvement usually occurs within minutes
- o When the patient is more alert, offer a more substantial carbohydrate meals or several sweet biscuits
- o Give frequent reassurance during recovery because the patient may be confused until fully recovered

9.3 Poisoning

A poison is a substance that causes injury, illness or death if it enters the body. Poisons may enter the body in the form of liquids, solids, or gas and vapour fumes.

Poisons can enter via:

- the mouth and digestive system

- fumes through the lungs
- absorption of a chemical through the skin

Symptoms and signs – Not all may be present

- nausea or vomiting
- diarrhoea
- abdominal pain
- unconsciousness or deteriorating conscious state
- seizures
- breathing difficulty
- altered or changed behaviour – e.g. hallucination, aggression

First Aid

- 1. Check for dangers before approaching the patient: Safety first**
- 2. Check the patient's level of consciousness**

If unconscious:

- If the person is breathing normally, turn to recovery position and call 112
- If the person is not breathing normally call 112 and start CPR.

If conscious:

- If the mouth has burns from a corrosive poison, wash the poison out as best you can with water.
- 3. Call 112 for an ambulance**
- Call ambulance if the person has difficulty breathing, severe pain, or if the person has an altered (changed) level of consciousness

Special poisoning situations

Inhaled poisons

- 1. Check for safety before approaching the patient**
- Check the patient's level of consciousness and give general care for poisoning after moving to fresh air area
 - Some toxic chemicals can cause serious problems once inhaled so call 112

9.4 High altitude/Mountain sickness

Introduction: Students' knowledge and experience?

High altitude/mountain sickness is a medical condition due to high altitude caused by acute exposure to low partial pressure of oxygen at high altitude.

The collective term altitude illness includes acute mountain sickness (AMS), high altitude pulmonary oedema (HAPE) and high-altitude cerebral oedema (HACE).

The most common altitude illness is acute mountain sickness. It commonly occurs in a person who has recently reached an altitude of around 1,980 metres to 2,440 metres.

Signs and symptoms

- dizziness or light-headedness, fatigue, headache
- nausea or vomiting
- rapid pulse, increased heart rate shortness of breath that worsens with exhaustion
- bluish discoloration of the skin (cyanosis)
- chest tightness or congestion
- cough and coughing up blood
- confusion
- decreased consciousness or withdrawal from social interaction
- cannot walk in straight line or steadily

Casualties of AMS, HACE and HAPE should immediately stop ascent and/or descent.

- For first aid providers trained in its usage, oxygen may be administered to persons experiencing AMS, HACE and HAPE.
- Continuing ascent with symptoms is NOT recommended.
- First aid providers may assist people with their prescribed medication for altitude illness, such as acetazolamide or dexamethasone, based on label instructions
- Specially trained first aid providers, where local laws and regulations permit, may give people suffering altitude illness medications such as acetazolamide or dexamethasone, based on local protocol.
- First aid providers should keep people suffering from altitude illness from getting cold or overheated.

- Descend to Lower Altitude
- Mild acute mountain sickness:
- May be able to stay at current altitude
- See if his or her body adjusts
- If symptoms don't get better in 24 to 48 hours or if they get worse
- Should go down to a lower altitude and seek immediate medical care
- For severe symptoms:
- should immediately descend 1,500 to 2,000 feet with as little exertion as possible
- Keep going down until symptoms go away
- Get medical help right away as waiting could cause serious problems or even death
- Even if symptoms are mild, the person should not go any higher in altitude until symptoms are completely gone

10. Transportation or moving of the victim

- Ankle pull
- Shoulder pull
- Blanket pull
- One person lift
- Firefighter carry
- Pack-strap carry
- Human clutch/two person drag
- Four-handed seat
- Two-handed seat
- Chair carry
- Improvised stretcher
- Blanket stretcher
- Hammock carry
- Three person carry/stretcher lift

References

1. International first aid and resuscitation guidelines 2016, International Federation of Red Cross and Red Crescent Society
2. First aid manual, revised 10th edition, 2016. The Authorised Manual of St John Ambulance, St Andrew's First Aid and the British Red Cross
3. St. John, first aid library <https://www.stjohn.org.nz/first-aid/first-aid-library/>
4. The Community Emergency Response Team, City of Los Angeles, available at <https://www.certla.com/downloads/liftcarry/Liftcarry.pdf>

Appendix

II. Training/teaching materials

The following teaching materials should be available for the demonstration, practice and scenario-based learning.

1. CPR Manikins: Adult, child and infant (numbers as per the availability)
- 2.

Sl. No.	Items	Nos.	Remarks
1	Poplin clothe piece	25	(1mx1m each, like archery dhar when hits the target target)
2	Half Kira/Gho	1	Low quality one and not slippery like nylon
3	Red paint powder	1 pkt	Small pkt to make blood
4	Red Lipstick	2	Low quality blood colour
5	Tarpaulin	2 medium size	Low quality plastic
7	Tarpaulin	2 small size	Low quality plastic
8	Hand sanitizer	1	
9	Improvised stretcher or planks	1	For transfer of victim
10	Small wood pieces, bamboos, sticks, etc		For splinting
11	Broken glasses, knife, arrow		For embedded object injury

III. First aid kit/box

A basic first aid kit may contain:

- plasters in a variety of different sizes and shapes
- small, medium and large sterile gauze dressings
- at least 2 sterile eye dressings
- triangular bandages/clothe pieces
- crêpe rolled bandages
- safety pins
- disposable sterile gloves
- tweezers
- scissors
- alcohol-free cleansing wipes
- sticky tape
- thermometer (preferably digital)
- skin rash cream, such as hydrocortisone or calendula
- cream or spray to relieve insect bites and stings
- antiseptic cream
- clean water for cleaning wounds

It may also be useful to keep a basic first aid manual or instruction booklet with your first aid kit.

Medicines should be checked regularly to make sure they're within their use-by dates.

