Section 3.12
First Aid


The Duke of Edinburgh's Award places great emphasis on first aid within the programme. As a result, it is imperative that first aid training within the Award should only be given by one of the following:

a) An instructor in first aid recognised by one of the voluntary aid societies, the Armed Services or the Health and Safety Executive.
b) A qualified teacher or youth leader who holds a valid first aid certificate.
c) A State Registered Nurse or Health Visitor.
d) An instructor approved by the Operating Authority.

First aid procedures and terminology are always undergoing a slow, but steady change and it is vital that participants receive up to date training from instructors with current qualifications and using the current edition of the *Combined First Aid Manual* of St. Andrew's Ambulance Association, St. John Ambulance and the British Red Cross Society. This *First Aid Manual* is essential reading for participants taking part in the Award. It is detailed and comprehensive and covers all situations likely to be encountered.

The instructor in first aid has an important role in preventing two dangerous conditions – hypothermia and heatstroke – by ensuring that all participants are familiar with the early symptoms of these conditions so that they can be recognised at the outset when preventative action will be most effective. The principles of first aid are the same whether in the hills, on water, the highway or in the home but, on an expedition where the team may be remote from immediate help, extra responsibilities will be placed on the first aider and the patient may suffer more anxiety.

The recommendation is that each individual should carry their own first aid kit rather than there being communal kit for the whole team. This has the advantage that anyone becoming separated will have a first aid kit to hand. When individual kits are combined, they will provide sufficient resources to deal with major emergencies. An even greater advantage is that participants can customise the kits to their own particular needs. Each kit must include any medicines or treatments which the individual needs for conditions such as asthma or diabetes, together with antihistamines and painkillers, as it is unlikely that these will be available from any other source. It is the policy that

first aid boxes in factories, schools, public service vehicles etc. do not contain medicines or drugs. Participants should know if they have any allergic reactions. An antihistamine may be important and the only effective remedy for dealing with stings and bites. **If participants are allergic to an antibiotic such as penicillin, or any other medicine or drug, they should make this known to the supervisor, the other members of the team and the assessor.**

The possibility of encountering the HIV and hepatitis B viruses cannot be ignored. While the probability must not be exaggerated, precautions must always be taken. Disposable plastic gloves are now vital additions to all first aid kits and every effort must be made to avoid contact with body fluids in general and blood in particular. Supervisors and assessors may wish to carry the more durable latex gloves in their first aid kit.

Many of the problems which afflict those on expeditions are the same as those experienced on holiday or everyday life. They may be annoying and very painful, but they are usually of a minor and temporary nature. The afflictions which are most likely to be encountered on expeditions are, in order of frequency:

- Blisters.
- Minor cuts and abrasions.
- Minor burns and scalds.
- Insect bites.
- Sunburn.
- Minor sprains and strains.

The first aid kit should contain items to help deal with these conditions as well as for the more serious injuries which might occur. The contents of a first aid kit are not only limited by weight but by the skill and understanding of the user. The most important items for serious injuries consist of a large, and/or medium, individually wrapped sterile wound dressing, a triangular bandage and a couple of large Melolin squares.

Recommendations for a suitable personal first aid kit are listed below:

- A large individually wrapped sterile unmedicated wound dressing.
- A medium-sized individually wrapped sterile unmedicated wound dressing.
- An individually wrapped triangular bandage.
- An assortment of individually wrapped sterile adhesive dressings.
- Two or three individually wrapped antiseptic wipes.
- Melolin squares (or similar) 10x10cm or 5x5cm.
- Crêpe bandage.
- Adhesive dressing strip 30cm x 6cm for blisters and cuts.
- Chiropody felt or moleskin.
- Sun blocker or high factor sunscreen.
- Zinc oxide plaster.
- Large safety pins.
- Small pair of scissors.
- A pair of tweezers.
- A few pairs of disposable latex, allergy-free, gloves.

The pooling of resources will usually overcome any individual shortage and the ability to improvise with such items as belts and straps is an important aspect of expedition training. The mode of travel will influence first aid treatment and the contents of the first aid kit.

For expeditions outside western Europe, in addition to the personal first aid kit, a larger and more comprehensive communal kit will be needed containing appropriate medicines, drugs and equipment.

Blisters

Blisters are an ever-recurring problem and prevention is better than cure for, within the limitations of an expedition, it may only be possible to alleviate the condition. The chances of blistering can be reduced by ensuring that footwear is well broken-in before the expedition and that socks are free from darns. Care should be taken to ensure that there are no wrinkles in the socks when they are put on. Boots worn with two pairs of socks will cushion the feet and keep them warm but, in hot weather, will soften the feet. In hot, dry conditions walking in trainers with one pair of socks will do much to keep blisters at bay, if the terrain is suitable. On arrival at the camp site boots should be removed and, where possible, participants should move around without shoes and socks to allow the feet to harden, but make sure that your feet are not in danger from splinters or cuts or you will only exchange one problem for another. At the first signs of discomfort footwear should be removed, even though it will bring the whole team to a halt. The affected and surrounding area should be covered with thin chiropody felt or moleskin to reduce friction.

Minor cuts and abrasions

Minor cuts and abrasions usually require little more than cleaning and an adhesive dressing.

Exposure to sun and heat

The effects of sun and heat have to be anticipated well in advance as they are more easily prevented than cured.

Sunburn

The short-term effects of over-exposure to the sun are so well known that it is surprising that so many participants suffer from sunburn through a failure to cover the skin. Even more serious are the long-term effects. Skin cancer is one of the most rapidly growing killers of young people in this country. Protection must be provided against the harmful effects of ultraviolet radiation (UVA and UVB). The harmful effects of the third form (UVC) are filtered out by the earth's atmosphere. The amount of ultraviolet radiation is increased with altitude and by reflection from water. Where the skin is exposed, a sun blocker or a high factor sunscreen should be used and, hypo-allergenic versions should be considered depending on the individual's needs.

For teams on the move, especially when there is a breeze, the burning takes place unnoticed until it is too late and the damage done. The body, arms and legs must be protected with loose-fitting light clothing, preferably of cotton which does not impede sweating. If shorts are worn, the calves are particularly vulnerable; the legs must be protected at frequent intervals with one of the high factor blocking agents. The head and neck deserve special attention and a hat with a wide, stiff brim provides the best protection. Protection for the neck may be improvised by pinning a handkerchief, a triangular bandage or towel to the back of any hat with safety pins from the first aid kit.

Fainting and exercise-induced heat exhaustion

During the hard, physical efforts of an expedition in hot conditions, the body temperature can only be kept within safe limits by the process of sweating which leads to an excessive loss of body fluid, this, in turn, places considerable demands on the circulatory system. A frequent and adequate fluid intake must be maintained throughout the day. Salt is lost in sweating and must be replaced. See Chapter 3.3 - Catering for Expeditions. Fainting is the most common heat disorder and is brought on by fatigue or over-exertion. A short rest, lying with the head down and the legs up, and drinking will usually remedy the situation.

Accident procedures

The procedure after an accident is just the same on an expedition as it is in everyday life and the treatment of the casualty and the detail of the procedures are set out in the authorised *First Aid Manual*. This must be supported by the mandatory first aid instruction which is a requirement of Award conditions. The first aider on an Award expedition is more likely to be remote from outside help and may have to take action and make decisions which would not normally have to be made in the home, school or workplace, where assistance may be to hand or at the end of a telephone.