



DIFFERENT ISSUES FOR TREATMENTS OF FIRST AUXILIES AND PRACTICAL TIPS ON BOARD

A. TREATMENT OF WOUNDS

1. Stop Bleeding
2. Prevent Infection

STERILE WOUND DRESSINGS are provided for this purpose.

PROCEDURE

1. Expose Wound

In nearly every case bleeding can be arrested with sterile compression bandage on the wound area by a suitable dressing. Make sure all the wound is covered by the dressing. Unless a tourniquet is correctly applied it does more harm than good, and, it may increase the bleeding. Torrential bleeding from a large artery requiring a tourniquet is very rare. Firm pressure over the bleeding point with elevation of the wounded limb will often stop bleeding. Add further dressings if necessary but do not disturb original dressing.

2. Unwrap a standard dressing

Without touching the sterile pad of the dressing apply it firmly to the wound and fix in place with the bandage. Firm bandaging will stop the bleeding but watch must be kept for swelling of the limb, in which case the bandage must be loosened. The dressing may be reinforced with roller bandages provided.

3. Sterile adhesive sutures

In case of deep cut we connect firmly the edges and we stamp the sterile adhesive sutures. If the wound is obviously dirty or contains foreign matter some ANTISEPTIC CREAM (cetavlon) may be applied to the dressing pad before it is used. Leave the dressing in place until medical attention is available. Loosen bandage if it becomes too tight. Keep the wounded part at rest as much as possible. Wound causing severe pain and loss of blood give rise to Shock.

B. TREATMENT OF SHOCK

Shock is a state of collapse which may occur following severe wounds, burns, scalds, blast, broken bones, extensive bruises or any serious injury.

PROCEDURE

- a. Lay the person as flat as possible
- b. Keep him warm (but avoid overheating)
- c. Give frequent drinks of water.

C. TREATMENT OF BURNS

If burns are severe treat for shock (Section C)

1. A fresh burn is a clean wound. The aim is to prevent infection from contamination by germs.
2. Do not prick or remove blisters.
3. Take out one Burnshield dressing and apply gently to any raw areas. Cover the whole burnt area lightly with loosely applied bandages.
4. If all bandages have been used cover the burnt area with clean handkerchiefs or other clean material.
5. Burn of the hand or arm should, after dressing, be supported in a broad sling using an adhesive elastic bandage.
6. Do not disturb dressings until proper medical attention is available. If swelling or constriction should occur bandages should be loosened.



D. TREATMENT OF FRACTURES

1. Do not remove clothing unless there is a wound nearby.
2. Do not try to set the broken limb.
3. Immobilize the affected limb as far as possible. This should be done by applying slings or improvised splints. Folded, adhesive elastic bandage can be used for binding fractured limbs to splints.
4. For breaks at the collar bone, shoulder, arm or wrist a sling should be applied using an adhesive elastic bandage.
5. Broken thigh. Bandage limb to a long splint if available or bandage both legs together using folded adhesive elastic bandage.
6. Broken knee or lower leg. Bandage limb to a long splint if available or bandage both legs together.
7. Broken foot or ankle. Bandage lightly and keep as still as possible.
8. Bandages which become too tight MUST be loosened.

E. FROSTBITE

The skin becomes pale and yellowish-white, looks opaque and becomes wooden-hard. The actual freezing occurs quite suddenly. Once frozen the skin remains unchanged until it thaws when it becomes inflamed.

PREVENTION. Avoid cramped positions. Keep moving as much as possible. Wear all available clothing. Keep socks dry. Protect ears, hands and all other exposed parts. Do not touch metals with bare skin. Be watchful for first signs of patches of frostbite. Wrinkling the face will detect areas of stiffness.

TREATMENT. Small frozen areas can be thawed by applying a bare warm hand. Larger areas, such as a foot, can be thawed by being placed inside companions clothing. On thawing the skin will soften and become pink or red. Wrap in clean material if blistered.

Cool the affected part a little with cold water if pain is severe. Keep body warm but the affected part cool.

F. IMMERSION FOOT

Occurs when feet are immersed in cold water for many hours. Feet become swollen white and numb and the skin may become broken and ulcerate.

PREVENTION. Keep out of contact with water. Wear seaboots. If socks become wet empty the boots, wring out socks and replace them rapidly. Keep moving feet and toes.

TREATMENT

1. Dry feet very gently, DO NOT rub skin.
2. Apply Antiseptic cream (cetavlon) to any area where skin is broken.
3. Protect with loosely applied turns of bandages.
4. Keep patient warm but allow feet to warm up as slowly as possible. Keep limb elevated if possible.

G. SEASICKNESS

Seasickness Tablets are provided in a separate emergency pack. Three may be taken in twenty-four hours. Swallow and wash down with water. Sucking of Glucose sweets may also give relief.



H. SEMI-DROWNING

Act Quickly (Seconds Count) (Air is the vital need)

Ventilate the lungs at once by blowing air into them. Use the "Mouth to Mouth" method (kiss of life).

1. **Clear mouth and air passage**
 - 1a. The airway between the mouth and lungs must be open and clear before air can enter the lungs.
 - 2a. Clear the mouth of any obstruction, i.e. weed etc.
 - 3a. Extend the head backwards supporting the nape of the neck.
 - 4a. Lift the lower jaw forward by pressing forward behind the angle of the jaw below the ear.
 - 5a. This maneuver lifts the tongue forward to open the airway into the lungs.
 - 6a. Once the airway is clear the patient may gasp and draw breath spontaneously. If this does not happen the following procedure should be followed at once.
2. **Kiss of life WITH THE MOUTH AIRWAY – RESCUE MASK.**

PULSE CHECK

Check pulse in patient's neck. If no pulse can be felt and the patient becomes blue-grey in color with dilated pupils then the heart has stopped.

Strike the chest smartly once or twice the breast bone. This stimulus may sometimes restart the heart beat. If there is no response then

External Cardiac Compression may be attempted by a trained First Aider. Continue ventilation of the lungs using mouth respiration.

DURING RECOVERY

Vomiting may occur. Turn the patient on his side so that any vomited material is not inhaled. Keep a close check on breathing.