First Aid for Boat Skipper

Presented by

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Welcome

A good skipper will know the skills available in the crew in event of an emergency.

- If there is another first aid skilled person on board.
 - Quietly instruct first aider to take charge of the injured person.
 - YOU maintain control of the boat and create calm on the boat.
 - You call for help. Tell the first aider you have called for help.
- If no other first aider on board.
 - Quietly instruct your best boat person to take control of boat. Let them do it. Don't interrupt. Their job now!
 - Your full focus task now is to help the injured person.

Your greatest danger!

Panic! Adrenalin Shock!

As a result of your adrenalin you are likely to do dangerous things.

STOP Now! Control your adrenalin.

- Take deep breaths
- Move quietly looking for dangers
- Show calm, quiet control. Do not shout.

Keep the crew's adrenalin shock under control!

- Calm down the people
- Give them jobs to do
- Approach the victim quietly and in control.

Cover your hands if you can - gloves or a freezer bag - blood is danger

Follow the DRSABCD

- D = Danger. You 1st. Then the others.
 - Delegate control of the boat and call for calm. Stop the Panic
- R = Response Is the casualty talking to you?
 - If Yes. YOU SLOW DOWN. Find the injury and attend to it.
 - If No. Immediate action. You may have 5 minutes before death
- S = Instruct Driver to send for Help. MADAY or 000 if in range
- A = Airway clear? (Anything in the mouth?)
- B = Breathing? (Feel for movement just under the rib cage.)
 - If Yes. YOU SLOW DOWN. Put casualty into recovery position
 - Cover with blanket to reduce shock in casualty
 - Keep checking for breathing. If they talk, keep talking
 - Look for Blood. Pressure, Elevate, Rest.
 - Look for other injuries Prevent movement and hold in position

Continue the DRSABCD CPR

- IF no Breathing in event of potential drowning, turn onto back and start with 2 rescue breaths. You may start a regurgitation – go to recovery Check breathing. Good,
- then, Recovery position, keep warm, keep watch & Chat.
- IF no Breathing (AND Not a potential drowning)
- C = CPR Start pumping chest
 - Place casualty on their back on a hard surface
 - Place hands on top of each other on the chest between nipples and pump hard (one third depth of chest) at about 120 pumps per minute. DO NOT STOP. (Child, Pump faster) DO NOT STOP
- D = Defibrilator (if you have one, open & follow the prompts.
- DO NOT STOP, DO NOT STOP, DO NOT STOP
- Get the boat back to Ambulance meeting point. As fast as you can with safety.

CPR Skills

2 minutes to be pumping chest is the goal



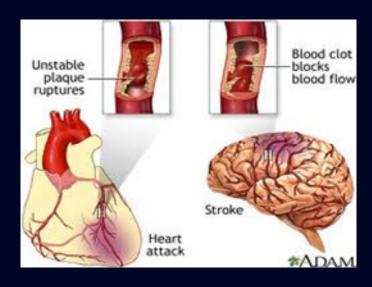


Head tilt & chin lift
Normal Breathing? NO

Chest compressions
30 compressions
+ 2 breaths (if you can)
Maintain airway
(Head tilt & chin lift)
Compressions are most important
Don't waste time getting air in.

Face looks different? Is it a Stroke?

Artery blockage in the brain = stroke.



In the brain = stroke

URGENT → 3hr window for good recovery. Brain cells use oxygen much faster than heart cells.

Brain cells die faster that heart cells.

Must clear the blockage ASAP.

FAST (3 hrs to hospital)

Face

Does it look different?

Arms - Lift them both up.

Do they sag down?

Speech

Does it sound different?

Yes to any one of these?
Time is critical

Call AMBO say "Stroke"

Is it Angina or Heart attack?

Artery blockage in the heart = heart attack

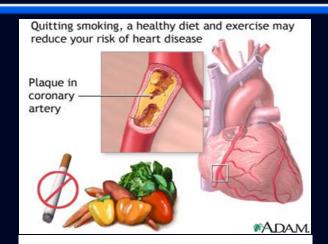
Pain in the chest radiating out from heart. Is it angina? Ask them.

YES → Help with angina pills

Rest in position of comfort,

Calm down, Monitor Response (sleepiness) & Normal breathing

NO → DRSABCD AS ABOVE
GO GO GO





Choking – no normal breathing

- Encourage coughing
 - Continue to check victim until normal breathing returns
- If no normal breathing but conscious
 - Call Ambulance 000
 - Up to 5 back blows between shoulders
 - If not effective
 - Up to 5 chest thrusts
- If victim goes unconscious
 - Call ambulance
 - Start CPR



Blood carries O_2 in pipes inside our body. The pipes can leak outside or inside.



If the pipe leaks fix it. Stop the leak.

You can't turn the tap off.

Pressure on the leaking site

non-adhesive dressing

(plastic bag, chip packet etc)

pad to hold pressure on the leak

bandage to hold it all together

Elevate it to reduce the inside pressure

Rest to form a blood clot. (20+ minutes)



Cut



Graze

Burns – Both hot and cold

20 Minutes. Cold Water tap, shower, in the sea, the pool or in the river with life jacket.

Cold Frost bite



Put in cold moving water for 20 minutes.

Cover with non-adherent Dressing (gladwrap)

Continue cooling

Go to hospital
if blister is
bigger than 20c
or if there is no pain

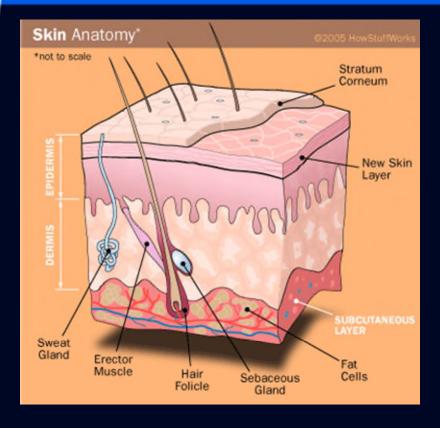
Hot Steam burn







Burns – Chemical, Radiation, Sun 20 Minutes Cold Water







Cold shower
Or into the river,
sea or pool
ASAP

If Blister size = > 20c+

→ Hospital Fast



Physical injuries – broken bone R.I.C.E.R.

Fracture = broken bone



- Rest
- Ice
- Compression
- Elevation
- Refer
 - To a doctor

Physical injuries – Dislocated joint R.I.C.E.R.

Dislocation = joint out of place



- Rest & support
- Ice (NO)
- Compression (NO)
- Elevation (NO)
- Refer
 - To a doctor

Physical injuries – sprain R.I.C.E.R.

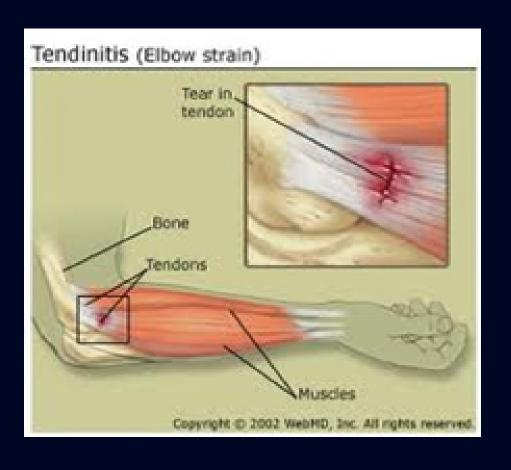
Sprain = stretched or torn ligament



- Rest
- ICE (20 minutes)
- Compression
- Elevation
- Refer
 - To a doctor

Physical injuries – strained muscle R.I.C.E.R.

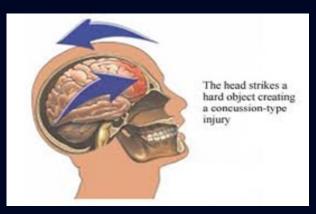
Strain = stretched or torn muscle or tendon



- Rest
- Ce (20 minutes)
- Compression
- Elevation
- Refer
 - To a doctor

Physical injuries – concussion (spinal?) R.I.C.E.R.

Concussion = hit or bump to the head



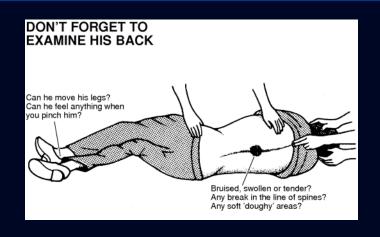




- Rest immediately
 - Observe for change and record vital signs every 20min for 12hrs
- Ice (NO)
- Compression (NO)
- Elevation (NO)
- Refer if getting worse
 - Ambo 000
- Quite for at least a week,19

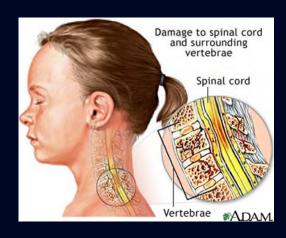
Spinal Injury – Hold neck & spine still

R.I.C.E.R. (Ice to stop swelling - No ice above shoulders)



Looks like concussion
Tingling or numbness in
fingers or toes
Pain or swelling in spine
Visible bruising
Reduced pulse rate
Disorientation
Norm





Hold and Rest the spine with gentle tension until medical help arrives

Maintain airway and monitor breathing

Maintain spinal orientation if it is necessary to roll to recovery in event of vomit

Normal breathing & CPR takes precedence.

Recording vital signs – make notes Responsive victim

Victim has normal breathing & is Just responsive

What is your name? (Long term memory)

What happened? (Short term memory)

Torch beam over eyes = watch pupil movement (Brain control)

Pulse rate (70 beats / min is normal)

Breathing rate (12 – 18 breathes / min is normal)

Core temperature (37C is normal)

Ask the same questions every 20 minutes

And record your observations every time

Venom and allergies Life threats Skin irritations 22

Venom = Life threat bites & stings

Snakes



Blue ringed octopus



Funnel web spider

Do not move
Hang it down
Compression
bandage up all
the way



(Pressure Immobilisation Technique)



Cone shell



Venom = Irritating bites & stings (Land)

Bees



Red back spider









Better get to a doctor



Ice to stop pain

Venom = Irritating bites & stings (Water)

Sting ray

Stone fish

Sea urchin







Hot water to stop pain

Allergies → red skin, sneezing etc. = over-response to allergen invasion

Mast Cells (messengers) send out extra histamine messengers calling for rapid clean up.

The capillaries at the location send extra lymphatic fluid into the tissue spaces to wash away the histamines and the allergens.

Red swelling of tissue, sneezing etc

Antihistamine medicine helps to calm down the mast cells.



Hay fever



Skin allergy

Anaphylaxis is a severe allergy over reaction







Life threat = swollen tongue

Very rapid reaction

Adrenalin needed for rapid stop

Use epipen



SEND for ambo

Asthma = life threat an allergic type reaction in the lungs

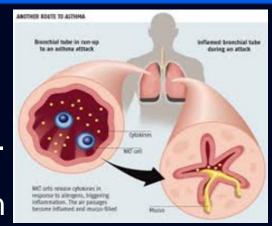
The pipes taking air into our lungs are held open by muscle cylinders.

There are mast cells on the inside the pipes.

When they detect something they think is an invasion they react and fluid flow increases.

The muscles start to swell and the airway becomes constricted

Use the blue puffer with a spacer.
Puff 4 deep breaths, & again, & again





Poisons

If what we eat has a bad effect we call it poison.

Some, like coffee (Caffeine) have a mild effect.

Alcohol has a slightly stronger effect.

Prescription medicines have a much stronger effect.

Illegal drugs have a very bad effect and can kill.

If our body has a very bad reaction to poison Find our what the poison is (if you can).

Note what is happening to the body (Vital signs).

Phone Poisons Information 13 11 26 for help



Heat and cold injury

Always rest for 2 – 3 days to recover

Heat stroke / exhaustion

Nausea disorientation fainting

Headache

Red dry skin - - - dehydration NOT OK

Sweating OK Sip water get out of heat

Oive small sips of water

Give strong sugar drink

35°C

Give strong sugar drink

Shivering OK more clothes Warm shower Max. 39°C Dis-coordinated, fully conscious, violent shivering

Dis-orientated NOT OK

Hypothermia

Not communicating

Not moving

Very Slowly.

Maintain horizontal position.

Warm chest water bottle 39°C

Rescue breathing = 37°C

No sign of breathing (Breath for them)

NB Keep body horizontal. Slow movement. CPR may cause fibrillation.

Seizure

Infantile or febrile seizure – 1 to 3 years old usually

Total event = about 4 - 5 minutes. No after effect.

First Aid = Do not cool until after sweating starts.

Epileptic seizure = Part of the brain doing a reboot

Protect against danger and embarrassment.

Call ambo if it lasts for 5+ minutes.

Diabetes

Insulin controls the amount of fuel entering cells.

If insulin is working properly our blood sugar (glucose) level fluctuates between 3 – 7

If below 3 = Urgent need for sugar

If above 7 = Urgent need for insulin

SHOCK = victim appears drunk (High & Low look the same)

First Aid → give sugar

Victim will either get better in 4-5 minutes OR

NO change → Call ambo 000 & prepare for CPR

