

# 3. Rescue and Recovery



## Introduction

Search is an emergency; missing people nearly always require some degree of medical care and the longer they are lost, the less likely they are to survive.

## Activities

### Ages 10 ½ - 14 ½ years (e.g. Scouts and Guides)

When you find casualties, you are responsible until help arrives:

- Show how to open an airway, give CPR and put someone in the recovery position.
- Demonstrate wound care for a range of minor and major cuts.
- Identify hypothermia; know how to prevent and treat it.

### Ages 14 ½ years + (e.g. Senior Section, Explorers and Network)

When you find a casualty, you are responsible until help arrives:

- Show how to open an airway, give CPR and put someone in the recovery position. Demonstrate a log role and explain when it's used.
- Deal with major bleeding.
- Identify hypothermia; know how to prevent and treat it.
- Carry out a secondary survey.
- If possible practice these skills in a rural environment and transport the casualty by stretcher, improvise if needed.



From Hill to High Water™



## Equipment

Basic training first aid kit (equipment can have been previously used for training or be out of date for practice sessions) – bandages, pads, tape, plasters, triangular bandages, space blanket, pen and paper. Resusi Annie. A stretcher or materials to improvise.

First aid knowledge –if you are already trained, **below are refresher notes only**, we recommend using Scout and Guide resources, a first aid manual or

getting a qualified first aider to assist you.

## Setup

Easily managed in patrol sized groups with people working in 2s or 3s within that group. Patrols could move around bases for each activity or could be faced collectively with a scenario where two or three 'casualties' are found and need to be treated. One of the casualties could be a Resusi Annie doll. If time allows, both methods could be used; learning sessions followed immediately or later by a scenario to test what's been learnt.

## Further information

### You're on your own

Rescue often happens in locations inaccessible by road. There can be delay for ambulance services to reach you. Search teams are responsible for providing initial first aid and then managing the ongoing situation until hand over can be made.

Recovery may require rescuers to move casualties by stretcher to prevent exhaustion or deterioration.

### Primary survey

Aim: to detect and treat immediately life threatening problems.

Check for danger. Check for a response. If there's a response get help and treat any injuries.

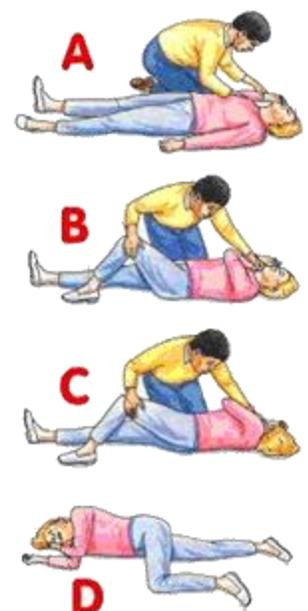
If there is no response, open the airway by placing one hand on the casualty's forehead and gently tilting the head back, then lift the chin using 2 fingers only to move the casualty's tongue away from the back of the mouth.

Check for breathing by looking to see if the chest rises and falls, by feeling for breath on your cheek and by listening for breathing sounds. If there is breathing, use the recovery position. If there is no breathing get help and carry out CPR. Ideally you should use a face mask when giving rescue breaths to prevent any cross-infection. If for any reason you are unable to carry out rescue breaths, perform chest compressions continually instead.

From time-to-time guidance on the best ratios for rescue breaths to chest compression changes; always look for the most up-to-date information and ensure you get training support from qualified people.

### Recovery position

Turn casualty onto their side. Lift chin forward in open airway position and



adjust hand under the cheek as necessary to maintain the position.

Check they cannot roll forwards or backwards. Monitor vital signs continuously. If injuries allow, roll to the other side after 30 minutes.

### **CPR on people aged 8+**

Without oxygen brain cells start to die within a few minutes. We can breathe for and pump oxygen around the body by using a combination of chest compressions and rescue breaths.

In cases of sudden cardiac arrest the oxygen level in the blood remains high for a few minutes so initially chest compressions will be more important than rescue breaths.

If you are alone and unconsciousness is due to drowning, give five initial rescue breaths then perform CPR for one minute before breaking to call 999.

- Complete 30 compressions at a rate of 100-120 per minute (about the speed of 'Nelly the Elephant' or 'Staying Alive'):
  - Place heel of your hand in the centre of the chest.
  - Place other hand on top and interlock fingers.
  - Keeping your arms straight and your fingers off the chest, press down by four to five centimetres then release the pressure, keeping your hands in place.
- Complete 2 rescue breaths:
  - Ensure the airway is open.
  - Pinch nose firmly closed.
  - Take a deep breath and seal your lips around their mouth.
  - Blow into the mouth until the chest rises.
  - Remove your mouth and allow the chest to fall.
- Repeat until help arrives or you physically cannot continue.

You're not dead till you're warm and dead! CPR is only not attempted when there's only a skeleton, the head is no longer attached to the body or there's severe decomposition.

### **CPR on children approximately 1-10 years**

- Complete 5 rescue breaths:
  - Ensure the airway is open.
  - Fill your cheeks with air, seal your lips around the mouth and nose.
  - Blow gently until the chest rises.
  - Remove your mouth and allow the chest to fall.
- Complete 30 compressions at a rate of 100-120 per minute (about the speed of 'Nelly the Elephant'):
  - Place the heel of one hand in the centre of the chest.

- Keeping your arms straight and your fingers off the chest, press down to around one-third the depth of the chest. Release the pressure, keeping your hand in place.
- After 30 compressions give 2 rescue breaths; repeat until help arrives or you physically cannot continue.

### **CPR on infants**

- Complete 5 rescue breaths:
  - Ensure the airway is open.
  - Fill your cheeks with air, seal your lips around the mouth and nose.
  - Blow gently until the chest rises.
  - Remove your mouth and allow the chest to fall.
- Complete 30 compressions at a rate of 100-120 per minute (about the speed of 'Nelly the Elephant'):
  - Place two fingers in the centre of the chest.
  - Press down sharply to around one-third the depth of the chest. Release the pressure, keeping your hand in place.
- After 30 compressions give 2 rescue breaths; repeat until help arrives.

### **Secondary survey**

Aim: to detect and treat 'everything else'. Three main elements:

- 1) Vital signs monitoring
- 2) Top-to-toe survey
- 3) Medical history (AMPLE)

AMPLE = Allergies (especially to any medication), Medication (over the counter, prescribed, 'recreational'), Past medical history (health problems, previous surgery), Last food and drink and Events leading up to the situation ("How have you been recently?"). This information is important for the casualty's later care by medical staff.

### **Wound care**

Types of cut: Puncture, laceration, gunshot, stab/penetration and abrasion/graze.

Always wear disposable gloves.

Clean minor wounds to reduce risk of infection. Cover the cut with a sterile dressing, clean lint free material or a plaster.

To stop more severe bleeding, cover the wound and apply direct pressure; encourage the casualty to apply pressure themselves if appropriate. Where possible, elevate the bleeding site above the level of the heart for gravity's assistance. Most bleeding will stop within 10 minutes then dress the wound.

If blood soaks through the dressing add another dressing on top. DO NOT remove the first dressing.

Learn as much as possible about the circumstances of the injury to decide how dirty the wound might be, and whether there are any potential underlying injuries. This information will be useful in the handover to medical personnel.

If there is a large object in the wound do not remove it. Stop bleeding by applying firm pressure on either side of the object and raising above the heart if possible. Build up padding around the object until the padding is higher than the object, then bandage over the object without pressing on it.

Treat for shock if necessary.

## **Shock**

Life threatening condition occurring when vital organs, such as the brain and heart, are deprived of oxygen due to a problem affecting the circulatory system – usually extensive bleeding.

Symptoms: Pale face, cold and clammy skin, fast and shallow breathing, rapid and weak pulse, yawning, sighing and in extreme cases unconsciousness.

Treat by lying the casualty down, raising their legs, loosening tight clothing and keeping them warm.

## **Hypothermia**

When body temperature drops below 35C.

Symptoms: shivering, pale and cold and dry skin, disorientation, apathy or irrational behaviour, impaired consciousness, slow and shallow breathing and a slow and weakening pulse.

Treatment: replace wet clothes with dry. Re-warm slowly. If there are no other injuries, give warm (not hot) drinks and high energy foods such as chocolate.

If there has been prolonged exposure keep the casualty still until they return to normal temperature – they may need to be moved by stretcher – to avoid shock. In hypothermia warm blood is kept to the body's core and the limbs get cold. Movement encourages cold blood to circulate and may cause trauma in essential organs.

## **Stretcher carrying**

You usually require at least six people, ideally with another six to swap regularly. Swap before you feel you need to so you remain fresh.

Casualty should be securely restrained before moving. Use blankets, clothing, or other material to pad the stretcher, protect the casualty from exposure and avoid further injury.

Unless absolutely necessary, lie casualties on their backs. It is preferable to walk with the casualty 'feet first'. The team medic should always be at the head end to monitor the patient. They are also in control of stretcher movement; it is on their command the stretcher is lifted or lowered.