

# FIRST AID FOR RIDING CLUB - 3<sup>rd</sup> February 2011 - Synopsis



**The Course: Scenario based practical and theory sessions relevant to riders. All candidates will be awarded a Basic Life Support Certificate**

- The aims of First Aid – the three P's

**Preserve Life** – deal with dangers, use life saving skills, eg resuscitation

**Prevent Worsening** – do not aggravate injuries eg spinal injuries, embedded objects

**Promote Recovery** – reassure, keep calm, protect from the elements, call ambulance

- **Scenario 1** - Farrier having a heart attack – having centralised chest pains, feeling weak, grey or ashen in appearance, irregular pulse

## Five Quick Facts about Heart Attacks in the UK

- Someone dies from a heart attack every six minutes – that's 10 people every hour.
- In total, 146,000 people have a heart attack every year and 94,000 of them die.
- Over 1.4 million people in the UK over the age of 35 have had a heart attack.
- 179 people lose one of their parents every day to a fatal heart attack.
- One third of people who suffer a fatal heart attack die before they reach hospital.

All types of cardiovascular disease kill 200,000 people in the UK every year. Cardiovascular disease costs the National Health Service in the UK nearly £15 billion annually. Angina is a common form of heart disease affecting around 2 million people in the UK. Angina is a narrowing or constriction of the coronary arteries supplying the heart muscle with blood. Often treated with a GTN spray or patch.

**First Aid** – Use **DRAB** mnemonic **D**anger, **R**esponse, **A**irway, **B**reathing. Consider treatment to be **time critical** (ie the sooner medical attention is received by the farrier the better chance of recovery/survival)

**Danger** – Deal with the horse, turn off vehicle ignition, equipment etc

**Response** – Reassure and talk to farrier, ascertain problem, use any bystanders

**Airway** – Airway is open

**Breathing** - Farrier has shallow rapid breathing

Call 999 for ambulance (or instruct bystander to make the call), place casualty in 'W' position, protect from the elements but do not overheat, monitor constantly, be prepared to resuscitate. Follow any instructions given by the ambulance service – such as giving Aspirin

- **Scenario 2** – Cardio-Pulmonary Resuscitation (CPR) - Casualty has become unconscious and stopped breathing

**First Aid** – Use **DRAB** mnemonic **D**anger, **R**esponse, **A**irway, **B**reathing. Consider treatment to be **time critical** (ie the sooner medical attention is received the better chance of survival)

**Danger** – Deal with any dangers – wear disposable gloves if possible

**Response** – Ask ‘Are you all right?’ Use casualty’s name if known, tap shoulders

**Airway** – Gently tilt casualty’s head back to lift tongue from back of throat, remove any obvious obstructions. Do not hyper-extend neck if neck injury is suspected

**Breathing** - With head in open airway position, look, listen and feel for breathing by placing your cheek and ear next to casualty’s mouth and nose and looking down the chest

Call 999 for ambulance (or instruct bystander to make the call). Place heel of hand in centre of chest, place other hand on top, lock your elbows, have your shoulders in line with the breast bone. Press down 5 to 6 cms into the chest, 30 times at a rate of 100 to 120 beats per minute (the speed of the Bee Gees ‘Staying Alive’ music). Then gently tilt head back, pinch the casualty’s nostrils together and place your mouth over the casualty’s mouth making a good seal. Breathe into the casualty’s mouth for 1 second, lift up for a couple of seconds then breathe again into the casualty. Continue until you see significant signs of life.

- **Scenario 3** - Choking on a bacon sandwich at the gymkhana burger bar

The brain has a constant requirement for oxygen. Damage or death can occur if the brain is starved of its oxygen supply for as little as 3 minutes

**First Aid** – Use **DRAB** mnemonic **D**anger, **R**esponse, **A**irway, **B**reathing. Consider treatment to be **time critical** (ie the sooner the obstruction is removed the better chance of survival)

**Danger** – Deal with any dangers

**Response** – Ask ‘Are you choking?’ Casualty may not be able to speak

**Airway** – Remove any obvious obstruction. If casualty is unable to cough stand at their side ask them to bend over then give them 5 backslaps between the shoulder blades. If airway still obstructed, stand behind casualty, place fist into mid abdomen (half way between base of breast bone and naval), grasp with other hand thrust in and up 5 times. Repeat 5 backslaps and 5 abdominal thrusts. If no improvement after one minute of treatment call for an ambulance.

**Breathing** - If breathing stops, commence CPR

#### **Scenario 4** - Kick to abdomen (casualty winded, internal bleeding?)

Internal bleeding can be just as serious as blood that is lost externally. Blood that is not in circulation is of no further use to the body. Severe blood loss can be life threatening

**First Aid** – Use **DRAB** mnemonic **D**anger, **R**esponse, **A**irway, **B**reathing.

**Danger** – Deal with any dangers (loose horse?)

**Response** – In this case the casualty is responding to you ie they conscious

**Airway** – The airway is open

**Breathing** - Casualty is breathing but is 'winded' due to the blow to the abdomen, able to speak one word per breath.

Casualty has adopted most comfortable position which aids breathing - sitting up, leaning forwards. Encourage them to relax as much as possible. Consider mechanism of injury – blow to abdomen may cause damage to internal organs such as liver, kidneys, spleen, etc. Casualty is now cold and clammy, has beads of sweat on the brow, has a rapid weak pulse – all indications of Shock which could be a sign of internal bleeding.

Call 999 for ambulance, lie casualty down with legs raised up to divert blood from the lower limbs to the brain. Protect from the elements but do not overheat.

- **Scenario 5** - Unconscious casualty

Casualty is no longer responding to you. Unconsciousness can be life threatening due to the airway becoming blocked if casualty is lying on their back. Any casualty who has been unconscious for 3 minutes or longer must be referred to medical aid.

**First Aid** – Use **DRAB** mnemonic **D**anger, **R**esponse, **A**irway, **B**reathing.

**Danger** – Deal with any dangers (worried relatives on scene?)

**Response** – The casualty is not responding to you

**Airway** – The airway is becoming blocked with the tongue – tilt the head back

**Breathing** - Casualty has noisy breathing

Call 999 for ambulance, carry out a top to toe survey and place casualty in Recovery Position. Use the log roll if spinal injury is suspected

- **Scenario 6** - External Bleeding – incorrect use of a hoof pick

Casualty has a deep laceration to their forearm. They are fully conscious and alert. Use DRAB. Apply direct pressure for 10 minutes with a gloved hand to the wound and raise the limb. Sit or lie the casualty down. Apply a prepared sterile dressing from the first aid kit. Treat for Shock. Arrange removal to hospital. Deal with any clinical waste. Record details in the Accident Book.

- **Scenario 7** - Thrown at the horse trials – fracture/dislocation to Spine

**First Aid** – Use **DRAB** mnemonic **D**anger, **R**esponse, **A**irway, **B**reathing.

**Danger** – Deal with any dangers

**Response** – The casualty is responding to you ie conscious – Instruct them not to move

**Airway** – The airway is open – apply immobilisation to the cervical spine by holding the casualty's head. Helmets should not need to be removed immediately unless CPR is to be carried out

**Breathing** - Casualty is breathing

Enlist the help of bystanders to provide immobilisation at shoulders, hips and legs. Call 999 for ambulance. Be prepared to 'log roll' casualty if they become unconscious and to carry out CPR if breathing arrests.

- **Scenario 8** - Suspicion of Meningitis

A youngster in your care is showing signs of the flu. They have a headache, nausea, muscle pain and fever with cold hands and feet. These are also signs and symptoms of meningitis. If you have any suspicion refer urgently to medical aid and be prepared to describe the symptoms carefully and say that you think it could be meningitis.

If treated early there is less chance of meningitis becoming life-threatening or causing serious after-effects.

All candidates have a received a leaflet from the Meningitis Trust.

- **Scenario 9** - Diabetic Emergency at the hunt

A member of the hunt is diabetic. Normally able to manage their condition well, on this occasion riding on a cold, wet and windy day for over 3 hours they have become hypoglycaemic (having low blood sugar). The casualty is adamant to a point of belligerence that they do not need any assistance. They are pale, cold and sweaty and have shallow, rapid breathing and a fast pulse.

Whilst the casualty is still conscious, give sugary drinks (isotonic sports drinks are best), sugar lumps, glucose tablets, or other sweet foods. If the casualty responds quickly, give them more food or drink. If they do not respond to treatment within 10 minutes or they become unmanageable dial 999 for an ambulance.

In the UK there are currently 2.8 million people diagnosed with diabetes, an increase of 150,000 during the last year.

Thank you everyone for such a fantastic evening

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