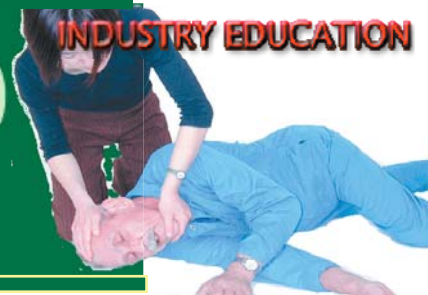


FIRST AID

Would you know what to do?



As Martial Artists, it is not uncommon to find ourselves in a First Aid situation every now and then. Whether it is a bruise, sprained ankle, blood nose or even a stubbed toe, First Aid is something that should be part of every style's system. Whether it is ensuring that the instructor is qualified, or that there is a qualified First Aider always present during training, it is a skill that cannot be overlooked.

Across every industry, First Aid is implemented in some way. Most organisations, parent associations or governing bodies require a minimum level of training and/or qualification in First Aid...and the Martial Arts industry is no different.

It would be hard to find any system now that does not require First Aid training on some level in order to obtain a rank or qualification of 'teacher'. This makes clear sense as the potential teacher will be responsible for others and therefore should be trained in how to act in an emergency situation, or a situation which requires care of some kind. The only problem with First Aid in Australia is that it is not regulated. Most training organisations such as Red Cross, St. Johns and various RTO's take their minimum standards from the Australian Resuscitation Council which is headed by a governing board of the Australian and New Zealand College of Surgeons. Long title, but it is this organisation that sets standards down for methods of resuscitation and basic First Aid skills. This means that most First Aid courses that are taught are within the scope of standard set down and therefore you can ensure you are getting the best quality training.

However, just like driving licenses, First Aid qualification is not required to be renewed by law, therefore most people who have First Aid skills do not re-study and therefore allow them to be forgotten.

In the workplace, it is a different story. The Occupational Health & Safety Act governs minimum requirements for First Aid procedures in the workplace. This is a fantastic position because it has rules for training, re-training, first aid kits, first aid rooms and so on. Unfortunately, whether or not your Martial Arts practice/hall comes under these workplace regulations is somewhat of a grey area. What with regulation and qualification issues in the Martial Arts industry, there is no set standard as to minimum training for First Aid in Martial Arts. It is left up to the individual Martial Artist to ensure they are trained and that their skills are current.

One step in the right direction is membership-based organisations often require **current** First Aid qualification for applicants. Also, obtaining Martial Arts accreditation, such as that through the MAIA, and qualification through RTO's such as Kenshusei, require their trainees to be qualified in First Aid practices.

As far as re-training is concerned, and keeping skills current, it is still up to the individual. It is advised (and sometimes required) that First Aid training be updated. CPR is to be 'refreshed' every 12 months and Emergency Life Support skills to be updated every 3 years. Following this recommendation, the IMA eMag will publish First Aid articles every issue keeping the readers up-to-date and informed on First Aid methods as well as refreshing knowledge of life-support techniques such as CPR.

The following is a breakdown of the DRABC action plan. DRABC (also known as Dr. ABC) is used throughout all kinds of First Aid training and is the accepted method of assessing the situation and dealing with an unconscious casualty.

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Danger

This is also known as the Primary Survey. When entering a situation, you must make sure that it is safe. When checking for dangers, make sure you use all senses.

Look - for oil, water, broken objects etc.

Smell - for possible smoke or gas

Taste - sometimes you can taste foreign substances in the air including smoke

Listen - for gas or electricity, also for other people

Feel - pay attention to the temperature as well as your intuition

Make sure that you also speak to the crowd, anyone who can help you determine what happened to the person laying on the ground.

Response

When looking for Danger, call out to the casualty. Use their name if you know it. Anything to stir a response out of them. At this stage, you should also introduce yourself, let it be known you are a First Aider and ask if they require assistance. This may sound silly, talking to an unconscious person, but the law recognises that if they do not respond, then they have given you implied consent to approach and touch them. If you cannot get a verbal response, gently squeeze an ankle, or ask if they can squeeze your hand, trying to get a physical response. If unable to get a physical response either, the person may be considered unconscious and in need of medical attention.

IMPORTANT

At this point, you have established that it is an emergency situation. You should make efforts to do 4 important things.

- Send for an Ambulance (do not go yourself if you are alone or the only First Aider)
- Get someone to keep the crowd back (if there is one)
- Put on your gloves (to protect yourself from potential disease)
- Get someone to get a First Aid kit

Airway

Taking care not to move the casualty if possible, slightly tilt their head and check the airway. You may have to clear the airway by scooping anything (vomit, saliva, food etc.) from the mouth. It is important to not that it something is secured in the mouth (eg. false teeth) to leave them in. Only remove loose objects and matter.

Breathing

Keeping them in this same position, check to see whether or not they are breathing. One method is known as LLF (or Look, Listen & Feel) where you place your hand on the casualty's chest/abdomen and put your cheek next to their mouth/nose. This way you are using 3 senses to detect breathing. If they are not breathing, begin EAR (Expired Air Resuscitation/Mouth-to-Mouth). We will cover in detail CPR (including EAR) in the next issue.

IMPORTANT

If the person is breathing, you must now place them into the recovery position. This position will allow better access to the rest of the body plus provide a clear passage should the casualty vomit. This is also known as the side, lateral and foetal position.

Circulation

Now check for a pulse. This is best done on the side of the neck, but a secondary point can be located on the wrist. N.B. At this point you do not have to count how many beats per minute, the only thing that is important right now is that they DO have a pulse.

Part of circulation is to also check for bleeding. As this is seen as a life-threatening area, it is important that you ensure you are thorough in your search.

- Start at the head, running your fingers through the hair and paying particular attention to the eyes, ears, nose and mouth.
- Check the ABC's.
- Move on to the torso, making sure you cover as much body area as possible. Occasionally look at your hands as you may not be able to feel blood if the injury is small.
- Check the ABC's
- Move down to the feet and check the legs. Work your way up from the feet to the hips and make sure you include the groin. Starting from the bottom allows you to keep your gaze on the casualties shoulders/head and therefore notice if they begin to regain consciousness.
- Check the ABC's
- Move to the arms, being sure to include the armpits.
- Check the ABC's

As you can see, it is always important to keep checking the Airway, the Breathing and the Circulation.

Remember:

A+B+C = LIFE

If one is not working, the others will soon follow and the casualty will not survive.

If you have been by yourself, and you do not have a mobile phone, you should now call for an ambulance. Try not to leave the casualty unless absolutely necessary.



What to know more or refresh your knowledge?
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