

TOUR/DRIVER GUIDES

MODULE 6: HEALTH, SAFETY & FIRST AID

INTRODUCTION

Health, Safety & First Aid are essential topics for any tour guide. Of course, having a general understanding of these issues is advantageous to anybody. However, since tour guides often operate in remote areas with limited access to medical facilities, it is crucial for them to understand how to assess medical problems, how to deal with accidents and how to apply basic first aid.

NB: This module is just a general introduction. It is highly recommended to facilitate this module in collaboration with an expert. If possible, expand the scope of what is covered and conduct a real first aid training specifically designed for remote areas in Africa

OVERVIEW



Learning Goals



Knowledge

- The participants will know about what elements are crucial in terms of protective wear and first aid kits.



Attitude

- The participants will learn to value protective wear and first aid kits.



Skills

- The participants will learn to collect all elements of a first aid kit

SESSION 6A: Protective Wear & First Aid Kits

SESSION 6B: Bush First Aid

SESSION 6C: The Recovery Position & CPR

BEFORE YOU START, YOU NEED...

- Flipcharts
- Large paper
- Marker and pens
- Sticky notes
- First Aid Kits



SESSION 6A: How to Communicate Professionally

AGENDA



Discussion:
Protective Wear
(45 min)



Workshop:
First Aid Kits
(30 min)

INSTRUCTIONS



Discussion: Protective Wear (45 min)

SAY:

- In this workshop you are going to discuss all the protective gear a professional tour guide needs to bring along on a trip.

Instruct:

SAY:

- According to Uganda's Level 1 Tour Guide ATPs, these are the protective gear a tour guide should bring along on a trip:

Tools, Equipment and Materials

Binoculars

Field guide books

Tourist maps

Pens

Papers / note books

Waste disposal facilities

Protective wear

Recorder

First aid kit

Watch

Pocket knife

Sleeping bags



Firefighting equipment	Cameras	Jerry can of water
Portable gas cooker	Tarpaulin	Brake fluid
Spare tyre	Tool box	Blanket
Telescope	Communications equipment	Tents
Panga/ slasher	Cooking utensils/ lighter	Torch /lamp
Jack	Wheel spanners	Spade/shovel/hoe
Pressure pump	Towing rope	Rubber glue
Pointer		

Instructions:



ASK:

- Ask whether the necessity for all of these items is clear. If not, ask the group to find their answers. If the group does not know, elaborate on it yourself.
- After this, you are going to brainstorm collectively on what point number 7 (“protective wear”) entails.

Make sure these items are included as a minimum:

Protective Wear	Use
Rain Clothes	To protect against the rain
Sweater / vest / jacket (in case of cold locations)	To protect against the cold
Gumboots	To be able to stay dry in mud or water
Sturdy shoes	To protect from various risks including snake bites
Hat	To protect against the sun
Sunglasses	To protect against the sun. Make sure there is an UV filter on it, as otherwise it does not help. The need for sunglasses is often underestimated, but it can really prevent a lot of eye problems.





Workshop: First Aid Kits (40 min)

In this exercise you are going to introduce all elements of a first aid kit.



FACILITATOR'S NOTE:

Use an actual first aid kit to show it to the participants. Make sure they get to see all the individual components:

First Aid can be defined as the emergency treatment of illness or injury in order to maintain life, to ease pain and to prevent deterioration of the patient's condition until professional medical help can be obtained.

-  24 x sterile adhesive plasters
-  2 x eye pads
-  1 x conforming bandage 75mm
-  3 x large dressings 180mm x 180mm
-  2 x non-woven triangular bandages
-  1 x pack safety pins
-  10 x individually wrapped wipes
-  2 x pairs disposable gloves
-  10 x blister pds
-  Alcohol swabs



In addition, think of:

-  Sunscreen (light skinned tourists may need a lot of it and it is hard to come by in remote areas)
-  Lip Balm
-  Rehydration sachets
-  Headache tablets
-  Anti-nausea tablets
-  Anti-diarrhoeal
-  Pain killers
-  Insect repellent (it needs to have DEET in it)
-  Antihistamine tablets and cream
-  Antibiotic for Traveller's Diarrhoea
-  Iodine tablets to treat water
-  EpiPen
-  Eyedrops
-  Malaria tests
-  COVID-tests

Two important things to remember:

1. *Make sure to have read the prescription information that comes with any medicine as medicines can have side effects to certain users or can not always be combined. Antibiotics in particular are often given out far too easily. Make sure to ask a patient whether they agree with taking the medicine.*
2. *Sometimes you can buy complete first aid kits. However it is advised to collect all elements individually. Not only is the quality of many all-in-one first aid kits often not good enough, buying them individually also forces you to understand what is in it.*



SESSION 6B: Bush First Aid

Learning Goals



Knowledge

- The participants will have a basic understanding of first aid and how to apply it



Attitude

- The participants are attentive to how to deal with first aid situations professionally.



Skills

- The participants are able to assess medical issues.
- The participants are able to deal with injured people and road accidents safely.

AGENDA



Instruction: How to Assess Medical Issues
(10 min)



Exercise: Common Medical Issues
(30 min)



Lecture: Dealing with Injured People
(45 min)



Lecture: Road Accidents
(45 min)

INSTRUCTIONS

Instruction: How to Assess Medical Issues (10 min)



- Assess the situation quickly and calmly:
 - Safety: Are you or they in any danger? Is it safe for you to go up to them?*
 - Scene: What caused the accident or situation? How many casualties are there?*
 - Situation: What's happened? How many people are involved and how old are they? What do you think the main injuries could be?*
 - Try to discover what the cause of the illness is, the symptoms experienced. Have another visitor write them down as the person speaks to you.*
 - Check for medications and visible medical bracelets or identification. Look also for written medical information/history. Some religions and cultures have peculiar regulations for health – abide by them.*
 - Remain calm!*



2. Protect yourself and them from any danger:
 - *Always protect yourself first – never put yourself at risk.*
 - *Only move them to safety if leaving them would cause them more harm.*
 - *If you can't make an area safe, call 999/112 for emergency help.*
3. Prevent infection between you and them:
 - *Wash your hands or use alcohol gel.*
 - *Wear disposable gloves.*
 - *Don't touch an open wound without gloves on.*
 - *Don't breathe, cough or sneeze over a wound or a casualty.*
4. Comfort and reassure:
 - *Stay calm and take charge of the situation.*
 - *Introduce yourself to them to help gain their trust.*
 - *Explain what's happening and why?*
 - *Say what you're going to do before you do it.*
5. Assess the casualty:
 - *If there's more than one casualty, help those with life-threatening conditions first.*
 - *Start with the Primary Survey and deal with any life-threatening conditions.*
 - *Then, if you've dealt with these successfully, move on to the Secondary Survey.*
6. Give first aid treatment:
 - *Prioritise the most life-threatening conditions.*
 - *Then move on to less serious ones.*
 - *Get help from others if possible.*
7. Arrange for the right kind of help:
 - *Call for an ambulance if you think it's serious.*
 - *Take or send them to hospital if it's a serious condition but is unlikely to get worse.*
 - *Suggest they see their doctor if they're concerned about a less serious condition.*
 - *Advise them to go home to rest, but to seek help if they feel worse.*
 - *Stay with them until you can leave them in the right care.*
 - *Protect personal belonging and valuables.*
 - *Check for medical insurance coverage with other persons on the trip.*
 - *Contact the Tour Operator and have them contact the embassies of consoles.*



Exercise: Common Medical Issues (30 min)



In the following exercise, the participants will be asked to identify common medical issues that are being explained by a client.

? ASK:

Act out the following scenarios with symptoms and ask the participants to identify the cause.

After having identified the right issue, explain what is needed to deal with the situation.

- Sting
- Joint injury
- Surface cut
- Malaria
- Dehydration
- Sun stroke

Issue 1

"I... I... Pff... I'm hot. And colllllllll... I... Sweat."
(Sun stroke)

Issue 2

"Ouch! Aiaiaiai. I just went to the bathroom, and this... this insect... all of a sudden... Ai. Painful. Right on my ear..."
(Sting)



Issue 3

“I feel so hot and feverish! I think I am going to die... Am I? Help me please. It comes and goes. Ahhhhhhh I just want it to be over!”
(Malaria)

Issue 4

“Ahhhhhhh, my knee... It’s so painful. I can’t move it! Please help me.”
(Joint injury)

Issue 5

“Can I just... wait... I can’t... I am so tired. Need to sit down... Can’t... And dizzy. And my head... I... Some water please...”
(Dehydration)

Issue 6

“Ah that hurts... Ai.. Ahhh... It’s so... Huh?! I am bleeding. All over.. My arm! Ah no! This is bad.”
(Surface cut)



Lecture: Dealing with Common Injuries (25 min)



In this lecture you will instruct how to deal with injured people after you have assessed them. Add extra elements or examples if needed.

? ASK:

Respond to visible bleeding, unconsciousness, breathing problems, and shock, and offer psychological support, to enable the injured person to survive whilst awaiting the arrival of the emergency services.

1. Managing a shocked casualty:

- *Treat obvious causes such as bleeding*
- *Help the casualty to lie down*
- *Loosen tight clothing on the neck, chest and wrist*
- *Keep the casualty warm by covering his body and legs with coats and blankets*
- *(If life-threatening conditions are managed or there are none present, move on to the secondary survey to check on further injuries or illness)*

2. Cuts and Wounds:

- *First check for anything that may be in the wound, such as glass. Then, taking care not to press on the object, build up padding on either side of the object. If there is nothing embedded, apply firm pressure over the wound to stem the flow of blood.*
- *As soon as practical, fasten a pad to the wound with a bandage or length of cloth (use the cleanest material available)*
- *If a limb is bleeding but not broken, raise it above the level of the heart to reduce the flow of blood. Any restriction of blood circulation for more than a short time could cause long-term injuries.*
- *It is vital to obtain skilled medical help as soon as possible. Ensure someone dials the emergency number.*

3. Burns:

- *Check the casualty for shock, and if possible, try to cool the burn. Try to find a liquid that is clean, cold and non-toxic with which to use.*
- *It is vital to obtain skilled medical help as soon as possible. Ensure someone dials the emergency number.*

4. Eyes:

- *Eye injuries can include chemical splashes, foreign objects like dirt, a severe blow to the eye or cuts from a sharp object like glass. All eye injuries are potentially serious because they could damage the person's vision.*
- *If chemicals or a foreign object (e.g. dust) get in the eye, wash it out by pouring clean water into the corner of the eye. If the eye still hurts, seek medical attention.*
- *If the eye is bruised or cut, try to keep as still as possible, cover the eye with the cleanest material available and seek medical attention.*





Lecture: Road Accidents (25 min)

As a tour guide, you may encounter road accidents. In the event of an accident the guide should have the basic skills to provide emergency first aid to those in need until more experienced help can be obtained.

1. Protect the scene - to prevent further crashes and minimise the risk to those rendering assistance
2. Park safely – where possible, ensure the vehicle is parked in a safe position so as not to endanger others
3. Set up warning triangles (or use branches) – other traffic must be warned of danger so as to avoid them adding to the situation. Triangles should be placed at the side of the road, facing oncoming traffic at least 20 metres from the hazard. Consideration needs to be given to blind bends and summits where it may be necessary to place the triangles at a greater distance in order to be visible to oncoming drivers in sufficient time for them to react safely
4. Make vehicles safe – switch off the engine (and where possible the electrics) and make sure the parking brake is applied.
5. Stabilise vehicles – some vehicles involved in the crash may have overturned and are unstable. This could pose a danger to anyone assisting the injured in or beside them. Where possible, stabilise them for the duration of the rescue; this may involve propping the vehicle with available materials or several people supporting the overturned vehicle while someone attends
Summon help – If possible to not leave the patient while calling for help; report the crash to the emergency services, and give relevant information:
6. What has happened
 - The location of the incident
 - Site conditions and dangers
 - Quantity of people injured and the severity of injuries
7. Call the emergency services – Make sure to dial the right number for the country in which you are located.
8. If crucial: move the casualty. A casualty should ONLY be moved if there is risk of further injury or death by remaining where they are. By moving them there is risk of causing additional injury, so this should only be done if absolutely necessary.
9. If help is not quickly available you may have to transport the patient to a medical facility. Ask advice from the police or local people about the best place to take the patient.
10. Assess the physical state of the casualty (check vital functions - consciousness, circulation, breathing) as well as the physiological needs of those affected



11. Primary survey: **ABC Check**

- **Airway:** Is the casualty airway open and clear? Conscious: Possible cause of obstruction? Unconscious subject: Head Tilt and Chin lift
- **Breathing:** Is the casualty breathing normally? Look, Listen and Feel for Breaths for 5 sec. Conscious: Possible other causes. Unconscious: Chest compression and rescue breaths (Need CPR training and appropriate conduct for example the use of Pocket mask, gloves etc. Perform Hands-only CPR (Cardiopulmonary Resuscitation) Will this work or must it be standard CPR with the breaths?
- **Circulation:** Are there any signs of severe bleeding? Controlling bleeding: Remove or cut clothing if necessary to expose the wound. Apply direct pressure to the wound. Maintain this pressure on the wound and help the casualty to lie down. Secure the dressing with a bandage, supporting the dressing/applying the second if bleeding goes through the first bandage.
- This could be extended to **DR ABC** - which extends the ABC check to include assessing '**Danger**' for the first aider and continuing danger for the patient followed by '**Response**'. Response is to check if the patient is conscious and responsive on arrival.



SESSION 6C: The Recovery Position & CPR

Learning Goals



Knowledge

- The participants will become familiar with the recovery position and CPR.



Attitude

- The participants will understand the importance of the recovery position and CPR.



Skills

- The participants will be able to place someone in a safe recovery position

AGENDA



Workshop:
The Recovery Position
(30 min)



Instruction:
CPR
(30 min)

INSTRUCTIONS

Workshop: The Recovery Position (30 min)



In this exercise the participants are going to practise the recovery position.

This is a stable position with the casualty on their side, to prevent choking on their tongue or vomit if unconscious. The is slightly tilted back, the lower arm is out at a right angle, the hand of the upper arm is under the cheek, the lower leg is stretched out, and the upper leg bent in a right angle

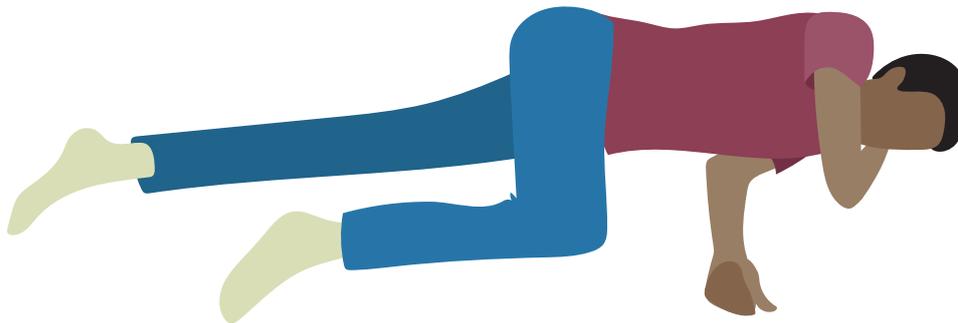


ASK:

Let the participants practise in groups



Recovery position



Instruction: CPR (30 min)



In this activity you are going to look at CPR.

FACILITATOR'S NOTE:

However, never practice CPR in a training environment on a real person – all CPR demonstrations must be performed on a CPR training mannequin. If such a mannequin is not available, watch videos on youtube

Lecture:

? ASK:

Hands-only CPR – Cardiopulmonary Resuscitation, commonly known as CPR, is an emergency procedure performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing. Standard CPR requires a process of chest compressions and mouth-to-mouth resuscitation, but is difficult for someone untrained to conduct. A simpler 'hand-only' CPR can be done by untrained people. The steps for hand-only CPR are as follows:

- e. Call the emergency services or ask someone else to
- f. Kneel beside the casualty's chest and loosen clothing if practical
- g. Place the heel of one hand in the middle of the casualty's chest
- h. Cover the first hand with your other hand, locking fingers
- i. Push down hard and fast. Try to maintain at least 100 pushes per minute. Lock your elbows and push with all your weight, depressing the chest 2 inches (5cm) each pump. Don't worry about hurting the casualty – you're trying to save a life. Continue until medical help arrives.



Hands only CPR

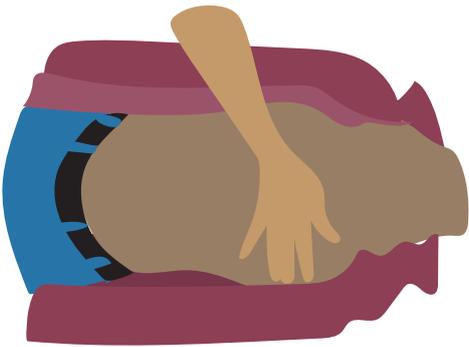
1. Call 911 or ask someone else to.



2. Kneel beside victim's chest. loosen clothing if practical.



3. Place the heel of one hand in the middle of the victim's chest.



4. Cover first hand with your other hand, locking fingers.



5. Push down hard and fast. Try to maintain at least 100 pushes per minute.

Lock your elbows and push with all your weight, depressing the chest 2 inches each pump.

Don't worry about hurting the victim- you're trying to save a life.

Continue until medical help arrives

