St. John Ambulance of Malaysia
State of Penang

Lesson Plan Samples
for
First Aid Training

13 April 2008

Collected by:
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ST JOHN AMBULANS MALAYSIA

Trainers Assessment

Instruction to Assessors

1. The purpose of the Training the Trainers Course is to train SJAM Trainers, who shall be responsible for conducting classes on either First Aid or Home Nursing for members of the Organisation, public and corporate bodies.

2. It is the practice of the Organisation to have the candidates for SJAM Trainers assessed by independent assessors, generally, Nursing Tutors and Doctors, who have not been involved with their training.

3. The Nursing Tutors shall assess the candidates' proficiency in preparing lesson plans and conducting a lesson that comprises of both First Aid theory and skill.

4. The Doctors shall assess the candidates' knowledge and understanding of First Aid. The candidates' understanding and competency in carrying out the assigned skills shall also be assessed.

5. The candidates for the assessment are qualified in First Aid (have undergone First Aid examination and at least one re-examination) and in Advanced First Aid, if they are to be trainers in First Aid, or are qualified Staff Nurses, if they are to be trainers in Home Nursing.

6. The candidates have undergone the Training the Trainers Course, generally, conducted by the SJAM Tutors. In this course they are instructed on how to prepare and teach both knowledge and skill lessons. They would also have practised the preparation and presentation of knowledge and skill lessons in workshop sessions.

7. Each candidate has to prepare a lesson on a given topic and present it within the allocated time.

8. The time allocated for each lesson is 30 minutes.

9. Each lesson comprises of First Aid knowledge and a related skill.

10. The candidate will be assessed on his/her knowledge and understanding of First Aid and the teaching methods adopted for effective training of students in First Aid.

11. The candidate shall assume the audience as a group of young people or adults that have no formal training in First Aid.

12. The assessors shall complete the Trainer's Assessment Form for each candidate and state their recommendations. The assessors shall also give their comments on the lesson plan prepared by the candidates.

13. The two assessors (minimum) for each candidate shall in consultation decide whether the candidate be recommended as a trainer.

14. A candidate should be recommended for accreditation as a trainer only when he/she has demonstrated good knowledge in First Aid, proficiency in the First Aid skill tested, and satisfactory skills teaching knowledge and skills.

15. The individual assessment forms and the lesson plan shall be forwarded to the National Headquarters by the organiser of the Trainers Course/Assessment.

16. The National Headquarters, based on the comments and the Organisation's required standards, shall decide on the accreditation of the candidates as SJAM Trainers.

LESSONS FOR TRAINERS' ASSESSMENT TOPICS			
LESSON 1 First Aid Priority			
	Level	K / S	
1.1	C	K	Definition and purpose of first aid.
1.2	A	K	Identifying danger and ensuring safety.
1.3	A	S	Initial assessment of casualty
1.4	A	S	Secondary examination of casualty
1.5	A	K	Calling for help
1.6	A	K	Principles of diagnosis
1.7	A	K	Principles of treatment
LESSON 2 Cardiopulmonary Resuscitation (CPR)			
	Level	K / S	
2.1	A	K	Importance of oxygen and urgency of resuscitation.
2.2	A	K	Signs of life.
2.3	A	S	CPR for adult (one rescuer)
2.4	A	K	Purpose, when and how long to perform
LESSON 3 Management of Choking Casualty			
	Level	K / S	
3.1	B	K	Basic anatomy of respiratory system
3.2	C	K	Mechanism of respiration
3.3	A	K	Respiration rate
3.4	A	K	Explanation of choking
3.5	B	K	Signs & symptoms of choking
3.6	A	S	Management of choking casualty
LESSON 4 Management of Unconscious Casualty			
	Level	K / S	
4.1	B	K	Definition of unconsciousness
4.2	B	K	Causes of unconsciousness
4.3	A	K	Assessment of consciousness
4.4	A	K	Levels of unconsciousness
4.5	A	S	Management of unconscious casualty
LESSON 5 Recording of Pulse			
	Level	K / S	
5.1	C	K	Basic anatomy of circulatory system
5.2	B	K	Mechanism of circulatory
5.3	B	K	Function of circulatory system
5.4	A	K	Average heartbeat in adult, child and infant
5.5	A	K	Factors that affect the rate
5.6	B	K	Definition of pulse
5.7	A	S	Recording of pulse
5.8	A	K	Pulse rate - rate, rhythm and strength

LESSON 6 Management of Wound			
	Level	K / S	
6.1	C	K	Definition of wound
6.2	B	K	Types of wounds
6.3	A	K	Methods of controlling bleeding
6.4	A	S	Management of wound with minor bleeding
6.5	A	S	Management of wound with severe bleeding
6.6	A	K	Prevention of cross infection
LESSON 7 Management of Wound with Embedded Foreign Body			
	Level	K / S	
7.1	A	S	Management of wound with embedded foreign body
7.2	B	K	Types of dressing
7.3	B	K	Functions and properties of dressing
7.4	B	K	Functions of bandage
7.5	A	K	General rules for applying a bandage
7.6	A	K	Signs & symptoms that indicate that a bandage is too tight
LESSON 8 Management of Casualty in Shock			
	Level	K / S	
8.1	B	K	Definition of internal bleeding
8.2	B	K	Seriousness of internal bleeding
8.3	B	K	Causes of internal bleeding
8.4	B	K	Definition of shock
8.5	B	K	Causes of shock
8.6	A	K	Signs and symptoms
8.7	A	S	Management of a casualty in shock
LESSON 9 Management of Fracture of Forearm			
	Level	K / S	
9.1	B	K	Definition of fracture
9.2	C	K	Causes of fracture
9.3	B	K	Types of fracture
9.4	A	K	Signs & symptoms
9.5	A	K	General rules of management
9.6	A	S	Management of close fracture of forearm
LESSON 10 Management of Soft Tissue Injuries and Cramp			
	Level	K / S	
10.1	A	K	Definition & recognition features of strain
10.2	A	K	Definition & recognition features of sprain
10.3	A	K	Management of soft tissue injury
10.4	B	K	Definition of cramp
10.5	B	K	Causes of cramp
10.6	A	S	Management of cramp in foot, calf and thigh

LESSON 11 Management of Burns			
	Level	K / S	
11.1	C	K	Causes of burns
11.2	B	K	Factors determining seriousness of burn
11.3	A	K	Signs & symptoms
11.4	A	K	General management of burns & scalds caused by heat
11.5	A	S	Management of heat burn of hand
11.6	A	K	General management of burns caused by corrosive chemicals

NAME: Khor Sin Wah

LESSON PLAN ONE TOPIC: First Aid Priority

PREPARATION Check background of the class participants Check the facilities:- Seminar Room Layout Visual Aid – Computer and LCD Equipment – Power Point + Stands	
LESSON BEGINNING	**T/AID**
INTRODUCTION - to learn the of Introduction of First Aid - relate an incident where first aid is required and ask them whether they wish how they can help during the incident	
SUBJECT: - Definition of First Aid - Purposes of First Aid - First Aider's Responsibilities - Assessing the Situation & Casualty - DRABC and secondary examination - Principles of Diagnosis - Principles of Treatment - Principles of disposal Skill to be taught is: - Examination of Unconscious Casualty	
OBJECTIVES At the end of this lesson, the participants will be able - to know the purposes of First Aid - to know the responsibilities of the First Aider - able to know how to assess the situation and the casualty - know the principles of diagnosis, treatment and disposal of the casualty - able to of examination of an unconscious casualty.	
BENEFITS - able to save lives of their immediate family who sustain serious injuries or life threatening situations - able to help others who are injuries	

LESSON BODY – STAGE	T/AID
KEY POINTS To teach the following fact:- - What is First Aid? - What is expected fo a First Aider - First Aid in Action – Incident management - Five point of action plan for managing an incident 1. Assess the situation 2. Make the area safe 3. Assess all casualties, give emergency aid 4. Get Help 5. deal with the aftermath	
CONFIRMATION - Clear doubts – Invite Questions from the class Test- Questions to class - Ask questions to recapitulate what they have learnt and to test whether they understand the knowledge they have learnt so far. Questions such as the following may be asked: - What is First Aid? - What are the aims or purposes of first Aid? - What are the responsibilities of First Aider?	
Stage 2 To teach the following facts:- a. Casualty Management – initial Assessment (Explaining the topic "Assessing the Situation and Casualty") b. Thre different types of Recognition Features (Explaining the topic "Principles of diagnosis, signs, symptoms, history amd external clues) c. The DRABC of Recsu d. The Principles of disposal – arranging aftercare of casualty, care of casualty's belongings, making a report.	

CONFIRMATION - Clear doubts – Invite Questions from the class Test- Questions to class - Ask questions to recapitulate what they have learnt and to test whether they understand the knowledge they have learnt so far. Questions such as the following may be asked: - What is DRABC? - What is "signs"? - What is "symptoms"? - What does "ABC" stand for: - Give a few examples of "external clus" - What is top-to-foe survey?	

SKILL	**T/AID**
INTRODUCTION - Tell the class what they are going to learn from the skill lesson - Show how to examine the unconscious casualty	
EXPLANATION - explain the skill of Examining unconscious casualty's Airway, Breathing and Circulation - explain how to plane unconscious casualty in Recovery Position	
DEMONSTRATION **Key steps:** - stresses the importance of examining unconscious casualty's Airway, Breathing and circulation and placing unconscious casualty in Recovery Position.	
IMITATION - requests one of the student to initate the skill demonstrated and the rest of them will observe and make comments. - If time permits, lets one or two more to come out to imitate the skills learnt.	

PRACTICE - whole class will practice the skills in pairs of two - instructor will go round to check whether the skills are correctly done.	

LESSON ENDING	**T/AID**
CONFIRMATION - invite questions to clear their doubts if any	
TEST UNDERSTANDING - simple test questions pertaining to the lesson to be done orally - find out whether the class has learnt the knowledge taught	
SUMMARY - state the key points taught in this lesson again	
LINK FORWARD - inform the class the next lesson will be Respiration and Choking - they will also learn how to do CPR	

LESSON PLAN 2 TOPIC: CPR

By: Mr. Leong Khai Seong

PREPARATION Power Point Slides Laptop, LCD Projector & screen Training Room, U shaped sitting arrangement Little Ann, cleaned with alcohol swab Manikin Face Shield Participants: 10 newly recruited members without first aid knowledge Reference: Penang CPR Society (2006) Basic Life Support Guideline 2005 - Handbook for Healthcare Providers 3rd Edition, PCPRS	
LESSON BEGINING	T/AID
INTRODUCTION Introduce myself Number of years as first aid trainer Position held in SJAM Tell the participants: today's topic is CPR	
REVISION Ask questions: 1. What is first aid? 2. How to perform initial assessment of a casualty? DRABC 3. How to perform secondary assessment?	
OBJECTIVES At the end pf the lesson, participants will be able to: 1. state the importance of oxygen and urgency of resuscitation 2. describe the sign of life 3. perform CPR correctly 4. explain the purpose of CPR 5. explain when and how long to perform CPR	Power Point Slides
BENEFITS CPR can be used to help victims with the following conditions: 1. heart attack 2. electrocutions 3. drowning 4. poisoning/drug overdose 5. suffocation/choking 6. insect stings/allergy 7. trauma 8. stroke Providing CPR to victims above will double or triple their chances of survival. Without CPR, their chances of survival decrease rapidly with each passing minute.	Power Point Slides

LESSON BODY - STAGE	T/AID
KEY POINTS The importance of Oxygen: - in order to maintain life, our body must received a constant supply of oxygen. Atmospheric air contains 21% oxygen. Exhaled air from our lungs contains 16% oxygen - with every breath, air is carried into the lungs and it is here that oxygen is absorbed into the blood and carbon dioxide4 is excreted - the heart works as a pump. It pumps blood that contains oxygen from the lungs to the rest of our body - our brain is the major part o our central nervous system, has the most sensitive cells in our body. If brain cells are deprived of oxygen for 4 – 6 minutes they will begin to die. After the 10 minutes brain death is certain Levels of Death - clinical death: this is the first stage of death, minutes after the heart and lungs have failed. Here even without new oxygen supply, the brain cells are still alive with the "left over oxygen" supply. However, this supply of oxygen can only last between 4 – 6 minutes after the breathing and heart beat stop. - biological death: after 4 – 6 minutes the minutes, the brain cells begin to die and by 10 minutes, all the brain cells are dead. CPR - Cardio Pulmonary Resuscitation (CPR) is the procedure that maintains breathing and circulation artificially – manually performing the normal functions of the victim's lungs and heart. When CPR is performed during clinical death, brain cells will be kept alive with the continuous supply of oxygen. The Chain of Survival - successful rescuer actions are time-critical; the Chain of Survival is used to illustrate these important time sensitive actions. The Chain consists of 4 vital links: - early recognition and early action - early CPR - early Defibrillation - early Advanced Care and Post-Resuscitation Care Signs of life - spontaneous breathing - movement/response to stimulus - coughing How long to perform CPR - signs of life appear - ambulance personnel takes over - another trainer rescuer takes over - totally exhausted	Power Point Slides
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. Why oxygen is important to our body? 2. When do the brain cells begin to die if they are deprived of oxygen? 3. What is CPR? 4. Name the 3 signs of life.	

SKILL	T/AID
Cardio Pulmonary Resuscitation (CPR) for adult – 1 rescuer	
EXPLANTION 1. Danger – assess the scene of incident for any possible danger. If possible, remove the scene of danger. Only remove the victim as a last resort. 2. Response – Check for responses, if unconscious, get help. 3. Airway – Head tilt-chin lift (in suspected trauma, use jaw trust). The tongue of an unconscious casualty will fall back and block the airway. 4. Breaths – Look, listen and feel for breathing for not more than 10 seconds. Initial breath: 2 breath at 1 second per breath. If unsuccessful, reposition head and try again. 5. Circulation – identify signs of life. Compression landmarks: center of the chest, between nipples Compression method: Push hard and fast. 2 hands, heel of 1 hand, other hand on top. Compression depth: 1 ½ - 2 inches (3 – 5 cm) Compression rate: approx. 110 times per minute Compression – ventilation ratio 30: 2	Power Point Slides & Little Ann
DEMONSTRATION Key steps: Emergency Response Principles; D – Danger • Ensure you own safety • Remove the source of danger from the casualty R – Response • Check for responsiveness. Tap the casualty's shoulders and ask: "What's you name?", "Are You OK?", "Can you open your eyes?" • If no respond, shout HELP and get somebody to call for ambulance A – Airway • Open airway. Do head tilt-chin lift (Jaw trust if spinal injury is suspected). B – Breathing • Look: for chest rise and fall of movement • Listen for breath sounds • Fell for air fro the victim's mouth or nose brushing past your cheek • If no breathing, give 2 rescue breaths slowly. • If breathing, place the casualty in recover position if cervical spine injury is not suspected. C – Circulation • identify signs of circulation for not more than 10 seconds (Breathing, movements, coughing)	Little Ann

• If no, begins chest compression for 30 times followed with 2 rescue breaths (30:2 compression to ventilation ration equals to 1 cycle). 5 cycles of 30:2 takes 2 minutes. • Check signs of circulation after 5 cycles. Repeat if the above signs are absent. Note: Do not give up until - signs of life appear - ambulance personnel takes over - another trainer rescuer takes over - totally exhausted	
IMMITATION Select a participant to demonstrate. Assist at the side.	Little Ann
PRACTICE Every participant takes turn to practice in front of the class.	Little Ann
LESSON ENDING	
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. Explain how to perform CPR for adult with 1 rescuer. 2. How many cycles of CPR do you perform before checking for sign of life? 3. When do you stop performing CPR? 4. If the casualty is breathing normally but is still unconscious, what should you do?	
SUMMARY Today you have learnt: 1. The importance of oxygen and urgency of resuscitation 2. signs of life 3. Technique of CPR for Adult (one rescuer) 4. Purpose of CPR 5. When and how long to perform CPR	
LINK FORWARD The next lesson, you are going to learn Management of Choking Casualty.	

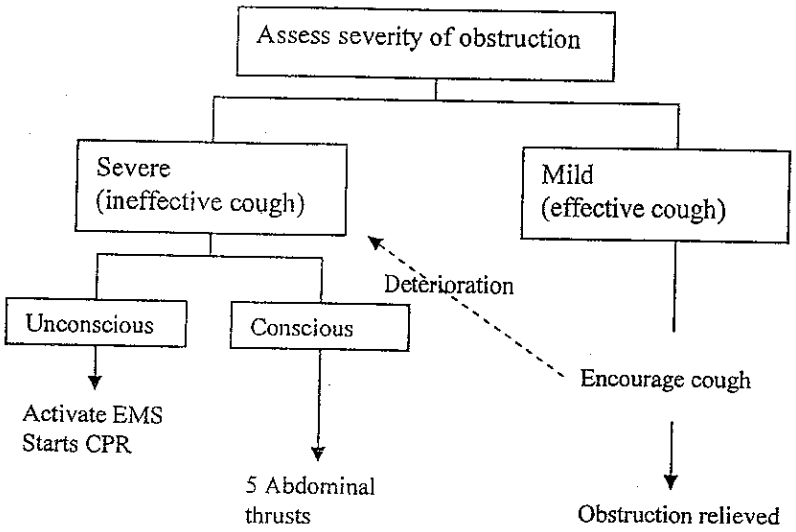
LESSON PLAN 3 TOPIC: Management of Choking Casualty

By: Mr. Tew Choong Wei

PREPARATION Power Point Slides Laptop, LCD Projector & screen Class arrangement: U formation Choking Charlie Participants: 12 cadet members Reference: Penang CPR Society (2006) Basic Life Support Guideline 2005 - Handbook for Healthcare Providers 3rd Edition, PCPRS	
LESSON BEGINING	T/AID
INTRODUCTION Self introduction & teaching experience Tell the participants, today's topics: • Basic anatomy of respiratory system (knowledge) • Mechanism of respiration (knowledge) • Respiration rate (knowledge) • Explanation of choking (knowledge) • Signs & symptoms of choking (knowledge) • Management of choking casualty (skill)	
REVISION Ask questions: 1. What is CPR? 2. Explain do you perform CPR for adult with 1 rescuer. 3. How many cycles of CPR do you perform before checking for sign of life? 4. When do you stop performing CPR?	
OBJECTIVES At the end pf the lesson, participants will be able to: 1. name the basic anatomy of respiratory system 2. describe the mechanism of respiration 3. give respiration rate accurately 4. state the signs & symptoms of choking 5. explain who to manage a choking casualty	Power Point Slides
BENEFITS My people die from respiratory impairment. After today's lesson, you will have the knowledge to perform the skill of abdominal thrusts and save the life of a choking casualty, which may be your own family members and friends.	Power Point Slides

LESSON BODY - STAGE	T/AID
KEY POINTS Definition of Respiration - Respiration is the way we take oxygen from the air into our bodies, transfer some of that oxygen into the blood, and remove waste carbon dioxide from our bodies. Basic Anatomy of Respiratory System - The respiratory system consists of the following organs: nose, mouth, throat (Pharynx), epiglottis, voice box (Larynx), windpipe (Trachea), bronchi, lungs (bronchioles, alveoli) Mechanism of Respiration - The respiratory centre in the brain controls the respiratory process. The respiratory process consists of breathing in, breathing out and a pause. When we breathe in, muscles in the chest work to expand the volume, drawing air into lungs. When we breathe out, the elastic chest wall regains its resting position, and the air is pushed out. Some air is always left in the lungs so that oxygen is constantly available to the blood. - The air we breathe in contains 21% of oxygen. Our body uses about 5% of that oxygen - Therefore, the air we breathe out is still contains 16% of oxygen which is enough to help a person to breathe by performing mouth to mouth resuscitation Respiratory Rate - The respiratory rate for an adult at rest is 16 – 18 times per minute. This rate can be counted by watching the rising and falling of a person's chest. The rate and depth may vary if more oxygen is needed. Children breathe 20 – 30 times per minute - The respiratory rate may be altered (usually increased) by the respiratory centre as a response to exercise, stress, injury or illness	Power Point Slides
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. What is respiration? 2. What are the organs in the respiratory system? 3. Describe the process of respiration. 4. What is the normal rate of respiration of an adult? 5. Name 3 factors affecting the respiratory rate. 6. Why is mouth to mouth resuscitation able to help a person to breathe?	

SKILL	T/AID
Choking (Adult Foreign-Body Airway Obstruction)	
EXPLANTION Foreign bodies may cause either mild or severe airway obstruction. The rescuer should intervene if the choking victim has sign of severe airway obstruction. These include signs of poor air exchange and increased breathing difficulty, such as a silent cough, cyanosis, or inability to speak or breathe. **A. Conscious victim** Death from Choking is preventable. The rescuer must act quickly to relieve the obstruction. The victims may clutch the neck, demonstrating the "Universal Choking sign". Quickly approach the victim and ask are you Choking? If the victim indicates YES by nodding his head without speaking, this will verify the victim has severe obstruction. ***Management of Choking Casualty*** Mild Obstruction If mild obstruction is present and the victim is coughing forcefully, do not interfere with the victim's spontaneous coughing and breathing effort. Severe Obstruction If severe obstruction develops the cough becomes silent, respiratory difficulty increases or the victim becomes unresponsiveness. 1. Activate Emergency Medical Service system quickly. If more than one rescuer is present, one rescuer should phone 999. 2. Attempt to relieve obstruction. Apply 5 abdominal thrusts. If the obstruction is still not relieved, continue another 5 abdominal thrust. 3. Abdominal Thrust. Stand behind the victims and wrap your arms around the victim's waiste. Press your fist into the abdomen with wuick inward and upward thrusts. Chest thrust Chest thrust should be used for obese or advanced pregnancy victim. Stand behind the victim and place your arms under the victim's armpits to encircle the chest. Press with quick backward thrusts. **B. Unconscious victim** If the victim becomes unresponsiveness: 1. The rescuer should carefully support the victim to the ground 2. Immediately activate EMS. 3. Begin CPR (30:2) 4. During CPR, each time the airway is opened, the victims mouth should be quickly checked for foreign-body that has bee partly expelled. 5. Do a finger sweep only one can see solid material obstructing the airway of an adult unresponsive victim.	Power Point Slides & Choking Charlie

DEMONSTRATION Key steps: Algorithm for Adult FBAO  	Choking Charlie
IMMITATION Select a participant to demonstrate. Assist at the side.	Choking Charlie
PRACTICE Every participant takes turn to practice in front of the class.	Choking Charlie
LESSON ENDING	
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. How do you know the casualty is sustaining a severe choking or a mild choking? 2. What are the universal signs of choking? 3. Explain how to manage a choking victim if the victim is conscious 4. Explain how to manage a choking victim if the victim is unconscious	
SUMMARY Today you have learnt: • Basic anatomy of respiratory system (knowledge) • Mechanism of respiration (knowledge) • Respiration rate (knowledge) • Explanation of choking (knowledge) • Signs & symptoms of choking (knowledge) • Management of choking casualty (skill)	
LINK FORWARD The next lesson, you are going to learn Management of Unconscious Casualty.	

RAMASAMY A/L SUPPIAH
FA TRAINER, SJAM PENANG

4.

LESSON PLAN FOR A KNOWLEDGE CLASS – LOSS OF CONSCIOUSNESS

Time (minutes)	Category	Content
	BEGINNING	
	REVISION	Link back and test knowledge • What are the aims of first aid?
	INTRODUCTION	Framework of lesson • Basic anatomy of the nervous system • Definition and causes of unconsciousness • Assessment of unconsciousness - AVPU • Levels of unconsciousness • General rules of management of unconsciousness • Definition, causes, signs, symptoms & management of fainting
	OBJECTIVES	What students will be able to do • Manage an unconscious casualty • Manage a fainted casualty
	BENEFIT	Why students should listen • Important to prevent an unconscious casualty from self-choking
	MIDDLE	
	STAGE 1	Basic anatomy of the nervous system
	CONFIRMATION	Clear doubts – questions from class
	STAGE 2	Definition and causes of unconsciousness
	CONFIRMATION	Clear doubts – questions from class
	STAGE 3	Assessment of unconsciousness - AVPU
	CONFIRMATION	Clear doubts – questions from class
	STAGE 4	Levels of unconsciousness
	CONFIRMATION	Clear doubts – questions from class

	STAGE 5	General rules of management of unconsciousness
	CONFIRMATION	Clear doubts – questions from class
	STAGE 6	Definition, causes, signs, symptoms & management of fainting
	CONFIRMATION	Clear doubts – questions from class
	END	
	CONFIRM LESSON	Clear doubts – questions from class
	TEST LESSON	Time permitting
	SUMMARISE	State key points again • Basic anatomy of the nervous system • Definition and causes of unconsciousness • Assessment of unconsciousness - AVPU • Levels of unconsciousness • General rules of management of unconsciousness • Definition, causes, signs, symptoms & management of fainting
	LINK FORWARD	Inform participants : Next topic

Lesson plan for a skill class – **RECOVERY POSITION**

Time (minutes)	**Category**	**Content**
5	**Explain**	• When to put casualty in this position • Importance of this position • How often to check breathing
5	**Demonstrate**	Get a participant to act as the casualty while I demonstrate the technique
5	**Imitate**	Get another participant to demonstrate what I have shown
1	**Practice**	Done after class if lack of time

KUMARADEVAN A/L SAMINATHAN
FA TRAINER, SJAM PENANG

5.

LESSON PLAN FOR A KNOWLEDGE CLASS – RECORDING PULSE RATE

Time (minutes)	Category	Content
	BEGINNING	
2	REVISION	Link back and test knowledge • What are the common causes of unconsciousness?
	INTRODUCTION	Framework of lesson • Basic anatomy of circulatory system • Mechanism of circulation • Heartbeat and pulse in adults, child and infant • Rate, factors that increase the rate, sites when pulse is taken • Pulse rate – rate, rhythm and strength
	OBJECTIVES	What students will be able to do • Understand the circulatory system and its mechanism • Know the different pulse rates for an adult, child and infant
	BENEFIT	Why students should listen • Pulse can be used to monitor an unconscious casualty.
10	**MIDDLE**	
	STAGE 1	Basic anatomy of circulatory system
	CONFIRMATION	Clear doubts – questions from class
	STAGE 2	Mechanism of circulation
	CONFIRMATION	Clear doubts – questions from class
	STAGE 3	Heartbeat and pulse in adults, child and infant
	CONFIRMATION	Clear doubts – questions from class

	STAGE 4	Rate, factors that increase the rate, sites when pulse is taken
	CONFIRMATION	Clear doubts – questions from class
	STAGE 5	Pulse rate – rate, rhythm and strength
	CONFIRMATION	Clear doubts – questions from class
2	**END**	
	CONFIRM LESSON	Clear doubts – questions from class
	TEST LESSON	Time permitting
	SUMMARISE	State key points again • Basic anatomy of circulatory system • Mechanism of circulation • Heartbeat and pulse in adults, child and infant • Rate, factors that increase the rate, sites when pulse is taken • Pulse rate – rate, rhythm and strength
	LINK FORWARD	• Sites when pulse is taken can be used as pressure points to control bleeding

Lesson plan for a skill class – **RECORDING PULSE RATE**

Time (minutes)	**Category**	**Content**
5	**Explain**	• Site where pulse can be felt/take • Technique – how many fingers, timing, etc. • What to feel for – rate, rhythm and strength
5	**Demonstrate**	Get a participant to act as the casualty while I demonstrate the technique
5	**Imitate**	Get another participant to demonstrate what I have shown
1	**Practice**	Get the rest of the participants the record their friend's pulse

LESSON PLAN 8 TOPIC: Management of Wound

By: Mr. Teh Kwan Liek

PREPARATION	
Computer Notebook, Screen & LCD Projector & electrical cord Class arrangement: U formation Dressings & Bandages Water & pail Participants: 15 new cadets Reference: Dorling Kindersley, (2002) First Aid Manual 8th Edition, London	
LESSON BEGINNING	T/AID
INTRODUCTION Self introduction & teaching experience. Topics of today: Management of Wound Theory: • Definition of wound • Types of Wound • Methods of controlling bleeding • Prevention of cross infection Skills: • Management of wound with minor bleeding • Management of wound with major bleeding	
REVISION Previous lesson "Recording of Pulse", ask the following questions: 1. What are the components of circulatory system? 2. What is the function of circulatory system? 3. What is the average heartbeat in adult? 4. What is the average heartbeat in child? 5. What is the average heartbeat in infant? 6. What are the factors that affect the rate?	
OBJECTIVES After the lesson, the cadets will be able to: 1. define a wound 2. name the types of wound and the causes 3. state the methods to control bleeding 4. explain how to prevent cross infection 5. manage wound with minor bleeding and major bleeding	Power Point Slides
BENEFITS Accidents happen at anytime and anywhere. In most cases, there will be injuries involving bleeding. After this lesson, participants will be able to help casualty with severe bleeding to prevent the casualty from losing too much blood. In addition the participants will prevent from getting or spreading of cross infection.	Power Point Slides

LESSON BODY – STAGE	T/AID
KEY POINTS **Stage 1** Definition of Wound - a wound is a break in the skin or tissues, permitting blood to escape externally or internally, and may allow germs to enter causing infection. Types of Wounds 1. contusion wound o any blunt blow can rupture capillaries o blood leaks into tissues o severe contusion may indicates deeper, hidden damage 2. abrasion wound o caused by a sliding fall of a friction burn o top layers of skin are scrapped off leaving a raw tender area o often contain embedded foreign particles 3. incised wound o a clean cut from a sharp edge o blood vessels are cut straight across, profuse bleeding o at limb, may injured underlying structure such as tendons 4. laceration wound o rough tear by crushing or ripping forces o bleed less profusely than clean-cut wounds o more tissue damage & bruising than incised wounds o often contaminated by germs o the risk of infection is high 5. punctured wound o standing on a nail, being jabbed with a needle or being stabbed o small site of entry but a deep track of internal damage o dirt & germs can be carried far into body 6. gunshot wound o caused by bullet or missile o serious internal injury and sucking in contaminants o entry may be small, exit may be large and ragged	Power Point Slides
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. Define a wound. 2. Name the 6 types of wound. 3. What type of wound is caused by a nail?	

LESSON BODY – STAGE	T/AID
KEY POINTS **Stage 2** Methods of controlling bleeding 1. direct pressure o applying pressure direct at the wound, helps blood to clot 2. indirect pressure o apply to a pressure point above the bleeding artery o do not apply for longer than 10 minutes except femoral artery 3. elevation o raise the injured limb above the level of heart Prevention of cross infection - wear gloves - wash hand thoroughly - avoid touching wound or any part of the dressing - try not to talk, sneeze or cough over the wound - place dirty or used dressings and first aid material in marked bag - dealing with blood or fluid, wear apron and goggles	Power Point Slides
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. How many methods are there to control bleeding? 2. Name the 3 methods of controlling bleeding. 3. List out some of the ways to prevent cross infection	

Stage 3

SKILL	T/AID
Management of wound with minor bleeding	
EXPLANTION Management of wound with minor bleeding 1. aim – minimize infection 2. wear gloves 3. rinse wound with running water 4. clean surrounding (wipe side to side or circular out technique) 5. apply adhesive dressing	Power Point Slides
DEMONSTRATION Key steps: Management of wound with minor bleeding 1. wear gloves 2. rinse wound with running water 3. clean surrounding (wipe side to side or circular out technique) 4. apply adhesive dressing	Power Point Slides Water and pail Adhesive dressings
IMMITATION Select a cadet to demonstrate management of minor bleeding.	
PRACTICE Every participant takes turn to practice. Facilitate at the side.	

Stage 4

SKILL	T/AID
Management of wound with severe bleeding	
EXPLANTION Management of wound with severe bleeding 1. aim – control bleeding 2. wear gloves 3. check for foreign body 4. apply direct pressure over the sterile dressing 5. lay casualty down 6. elevate and support the injured part 7. if still bleeding, apply another dressing on top 8. treat for shock 9. call for medical aid	Power Point Slides
DEMONSTRATION Key steps: Management of wound with severe bleeding 1. wear gloves 2. check for foreign body 3. apply direct pressure over the sterile dressing 4. lay casualty down 5. elevate and support the injured part 6. if still bleeding, apply another dressing on top 7. treat for shock 8. call for medical aid	Power Point Slides Dressings and bandages
IMMITATION Select a cadet to demonstrate management of severe bleeding.	
PRACTICE Every participant takes turn to practice. Facilitate at the side.	

LESSON ENDING	
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. Explain how to manage a wound with minor bleeding. 2. Explain how to manage a wound with severe bleeding.	
SUMMARY Today you have learnt the topic of Management of Wound, which includes: • Definition of wound • Types of Wound • Methods of controlling bleeding, and • Prevention of cross infection You have also learnt the skills of: • Management of wound with minor bleeding, and • Management of wound with major bleeding	Power Point Slides
LINK FORWARD In the next lesson, you are going to learn Management of Wound with Embedded Foreign Bodies. You will also learn the functions of dressings and bandaging. These lessons will enhance your knowledge on today's topic. Hope you will enjoy the lessons.	

LESSON PLAN 7

Topic: Management of Wound with Embedded Foreign Body

By: Mr. Khoo Teng Giap

PREPARATION Power Point Slides Laptop, LCD Projector & screen Classroom layout Classification of audience, profession, age Material needed: Casualty Simulation Kit (Wound with Embedded Foreign Body) and make-up blood Gauze, plaster, cotton wool, gloves, triangular bandage, roller bandage Reference: Dorling Kindersley, (2002) First Aid Manual 8th Edition, London	
LESSON BEGINING	T/AID
INTRODUCTION Self introduction & greet the class Introduction of the topics: • Types of dressing • Functions and properties of dressing • Functions of bandages • General rules for applying a bandage • Signs & symptoms that indicate that a bandage is too tight • Management of wound with embedded foreign body	
REVISION Ask questions: 1. What are the types of wound? Incision, Laceration, Contusion, Abrasion, Puncture, Gunshot 2. How to arrest bleeding? Direct pressure, elevation, indirect pressure	
OBJECTIVES At the end pf the lesson, participants will be able to: 1. name the types of dressing 2. compare and contrast the functions of dressing & bandages 3. state the general rules for applying a bandage 4. identify the signs & symptoms that indicate a bandage is too tight 5. explain how to manage a wound with embedded foreign body	Power Point Slides
BENEFITS You Will be able to : • help someone who is wounded • loosen a over tight bandage – prevent worsening of an injury	Power Point Slides

LESSON BODY - STAGE	T/AID
KEY POINTS (Stage 1 - Dressing) What is dressing? - A covering applied to a wound or an injured part. Types of dressing - Sterile Dressing - Sterile: completely clean and free from microorganism, include spore - Gauze Dressing: If sterilize dressing is not available - Adhesive Dressing: for small wound, commonly known as plaster - Improvised Dressing Its functions - To assist in controlling bleeding - To protect a wound from further injury - To minimize the risk of infection Its properties - Larger than the wound - Absorbent & thick - Soft - Non-fluffy - Clean - *Do not remove dressing if soaked, add on another one	Power Point Slides Gauze, plaster, cotton wool, gloves
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. Name the types of dressings. 2. What are the functions of dressing?	

LESSON BODY - STAGE	T/AID
KEY POINTS (Stage 2 – Bandages) Types of bandages - Triangular bandage: point, end, base - Roller bandage Its functions - To hold a dressing - To retain splints in position in immobilization of fracture - To apply pressure – control bleeding, reduce swelling - To restrict movement & support a limb - To assist in the lifting and carrying of casualties - To use as a fan General rules for applying a bandage - Before applying, reassure the casualty and explain clearly to the casualty - Make the casualty comfort – suitable sitting or lying position - While applying, keep the injured part supported – ask the casualty or helpers to do - Always work at the front of the casualty, and from the injured side where possible - If the casualty is lying down, past the bandages under the body's natural hollows - Apply bandages firmly, but not too tight that they interfere with circulation - Leave the fingers or toes on a bandaged limb exposed – circulation checking - Use reef knots to tie – ensure the knots do not cause discomfort, e.g. knot over a bony area - Regularly check the circulation Signs & symptoms that indicate a bandage is too tight - Pile or even cyanosed distal end - Not warm to touch - Tingling sensation - Numbness - Inability to move Check for distal pulse/circulation before and after bandaging - Press nail bed, release - Pulse What to do???? - Loosen tight bandage - Reapply	Power Point Slides Triangular bandage, roller bandage
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. What are the functions of bandages? 2. What are the signs and symptoms that indicate a bandage is too tight?	

SKILL	T/AID
Management of wound with embedded foreign body	
EXPLANTION Wound with embedded Foreign body • Aim – to prevent further injury to surrounding tissue • Do not remove foreign body, why? • Stabilize the foreign body • Precaution for infection • Demonstrate skill	Power Point Slides
DEMONSTRATION Key steps: • Wear gloves • Tell casualty what you are going to do • Ask him to support injured limb • Make 2 crescent bandages around the foreign body (ask casualty help to hold them in place) • Cover the wound with dressing • Use a roller bandage to secure the crescent bandages and dressing • Never remove the embedded body from the wound in order to prevent further injuries.	Power Point Slides Casualty Simulation Kit (Wound with Embed Foreign Body) and make-up blood
IMMITATION Select a participant to demonstrate. Assist at the side.	Power Point Slides
PRACTICE Every participant takes turn to practice in front of the class.	Power Point Slides
LESSON ENDING	
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING Why are we not removing the foreign body embedded to wounds?	
SUMMARY Today you have learnt: 1. Types of dressing 2. Functions and properties of dressing 3. Functions of bandage 4. General rules for applying a bandage 5. Signs & symptoms that indicate that a bandage is too tight 6. Management of wound with embedded foreign body	Power Point Slides
LINK FORWARD Now you have learnt how to manage a wound with embedded body. The next lesson, you will be taught on how to deal with casualty in shock.	

LAW YEAN KOK

12-4-08

LESSON PLAN 8 **TOPIC:** MANAGEMENT OF SHOCK CASUALTY

PREPARATION	
Training staff copy. Tentative programme. Training aids (not applicable) eg bandages. Notebook & projector.	
LESSON BEGINNING	**T/AID**
INTRODUCTION The title of this lecture "Basic First Aid" The 2 days course & topics.	Slide 1
REVISION Question: ① The basic knowledge in bleeding and the management. ② link back external bleeding.	
OBJECTIVES Students will be able to: - To define shock & internal bleeding - The causes is known - To know the sign and symptoms - How to manage shock and internal bleeding	Slide 2
BENEFITS To ensure that person in shock will be managed so as not to become worse until help arrive.	Slide 3

LESSON BODY - STAGE	T/AID
KEY POINTS	
① Stage 1 Definition of internal bleeding. Bleeding inside body cavities may follow an injury, Confirmation. Questions from class	Slide 4
② Stage 2 Causes of internal bleeding Question and answer	Slide 5
③ Stage 3 Definition of shock. Question and answer Stage 4 cause of shock. Question and answer Stage 5 Signs and symptoms of internal bleeding and shock. Question and answer. Stage Body reaction to shock.	
CONFIRMATION clear doubt. questions from class	
TEST UNDERSTANDING - What is internal bleeding? - What is shock. - What are causes of internal bleeding - What are causes of shock & - What are signs and symptoms of shock?	

SKILL:	T/AID
Management of a casualty in shock.	
EXPLANATION - Show slides on the steps in treatment of shock. - Explain why the steps of doing it. ① Treat any cause of shock ② Lay casualty down in blanket, head low ③ Reassure the casualty ④ raise and support legs ⑤ Loosen tight clothing. ⑥ Protect casualty from cold ⑦ Check breathing, pulse rate and response regular interval	Slide 6
DEMONSTRATION **Key steps:** - Show slide for video. step by step. with pictures step by step.	Slide 7
IMITATION Repeat the slide show.	
PRACTICE Participant to practise one by one.	

LESSON ENDING	T/AID
CONFIRMATION	
TEST UNDERSTANDING - Steps in management of shocks.	
SUMMARY - Definition of internal bleeding - causes of internal bleeding - Definition of shock - Causes of shock - Signs and symptoms of internal bleeding and shock. - Treatment of shock.	Slide 8
LINK FORWARD If the person in shock has become unconscious, the next lesson will be CPR and recovery position.	

LESSON PLAN (Lesson No: 9)

MANAGEMENT OF FRACTURE OF FOREARM

Preparation 1. Confirm duration of time I will be allotted 2. Confirm size of class and type of students 3. Confirm venue and how to get there 4.Confirm availability of PA system, LCD projection & screen, OHP (back up), whiteboard 5. Prepare pendrive, transparencies (back up), marker pens, triangular bandages	*Teaching Aid*
LESSON BEGINNING *Introduction* - Good afternoon, class - My name is Aliena Cheah. I am a trainer of the St John Ambulance of Malaysia, Penang. - I have been invited by your school/organization to give a lecture on First Aid. - Before I start, do you get a good unobstructed view and seated comfortably? *Revision* (previous lesson: "Shock") Q1. State a few causes of shock Q2. State the signs and symptoms of shock *Objectives* - Today's lesson is "Management of Fracture of Forearm" - By the end of the lesson you will be able 1. To diagnose fractures 2 To treat fracture of the forearm *Benefits* 1. Most people have sustained a fracture at sometime especially during sporting activities 2. With this additional knowledge, you will be able to provide rapid treatment and thus help ease pain and reduce shock.	Pendrive/slides Pendrive/slides

LESSON BODY	
SKELETON & ITS FUNCTION - supports tissues of the body - works with muscles to enable body to move - protects the vital organs	Pendrive/slides
DEFINITION - a break, split or crack in a bone	Pendrive/slides
CAUSES - direct force - indirect force	Pendrive/slides
TYPES - simple fracture - complicated fracture - greenstick fracture	Pendrive/slides
DISLOCATIONS - definition - treatment similar to fractures	Pendrive/slides
SIGNS AND SYMPTOMS - pain - tenderness - swelling - redness - loss of function - deformity - crepitus	Pendrive/slides
GENERAL RULES FOR TREATMENT OF FRACTURES - support injured part - control bleeding, if any - immobilised injured part - call for medical aid - treat for shock	Pendrive/slides
CONF IRMATION Invite questions	
TEST UNDERSTANDING Q1. What is a fracture? Q2. Name the types of fracture.	

SKILL APPLYING AN ARM SLING EXPLANATION - explain the steps of applying an arm sling to a casualty 1 . Introduce yourself 2. Ask if he has injured his hand 3. Place arm across chest 4. Elevate and support injured hand 5. Apply an sling DEMONSTRATION Apply the arm sling IMITATION Invite a volunteer or select PRACTICE Whole class to practice	Pendrive/slides Triangular bandages Triangular bandages Triangular bandages

LESSON ENDING CONFIRMATION Invite questions TEST UNDERSTANDING Q1. What are the signs and symptoms of a fracture? Q2. What are the general rules for the treatment of fractures? SUMMARY - definition - causes - types - signs and symptoms - general treatment LINK FORWARD Announce next lesson: *"Management of Soft Tissue Injuries and Cramp"* GOOD-BYE	Pendrive/slides

By Aliena Cheah
13/04/08

1.

FRACTURES

St. John Ambulance Malaysia, Kawasan Perak Selatan

2.

OBJECTIVES

- to be able to diagnose fractures
- to be able to treat a fracture of the forearm

3.

BENEFITS

- Most people have sustained a fracture at sometime especially during sporting activities
- With this additional knowledge, you will be able to provide rapid treatment and thus help ease pain, suffering and reduce shock

4.

Skeleton is a framework of bones which:

- **Supports the tissues of the body .**
- **Works with the muscles to enable the body to move.**
- **Protects the vital organs.**

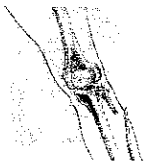
St. John Ambulance Malaysia, Kawasan Perak Selatan

5.

FRACTURES

A BREAK, SPLIT or CRACK in a bone.

Closed Fracture



Open Fracture

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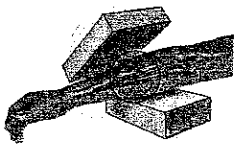
6.

CAUSE OF FRACTURES



Direct Force

Indirect Force

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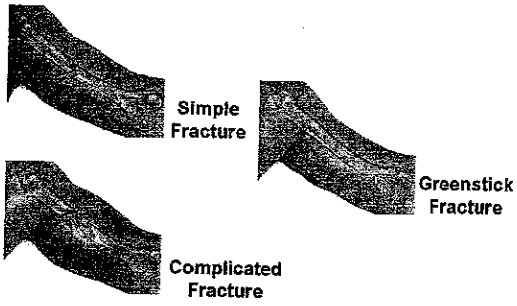
TYPES OF FRACTURES



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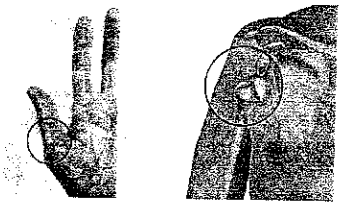
7.

8.

DISLOCATIONS

DISPLACEMENT OF BONES AT A JOINT.



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ASSESSMENT OF BONE & JOINT INJURIES

- Note as many features as possible without moving the injured part unnecessarily.
- Try to visualise how the injury was caused.
- Compare the shape, position, and appearance of the injured part with the uninjured side.
- If in doubt about the severity of an injury, treat it as a fracture.

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9.

10.

ASSESSMENT OF BONE & JOINT INJURIES

Recognition of Fracture

- Pain at or near the site of injury.
- Tenderness at or near site of fracture.
- Swelling.
- Redness.
- Loss of function.
- Deformity.
- Casualty feels or hears the break occur.
- Coarse grating sound is heard or felt (crepitus) – DO NOT try to produce this deliberately.

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ASSESSMENT OF BONE & JOINT INJURIES

Recognition of Dislocations

- Pain at or near the site of injury.
- Difficult or impossible normal movement.
- Loss of power.
- Deformity or abnormal mobility.
- Tenderness.
- Swelling.
- Discolouration and bruising.

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11.

12.

CLOSED FRACTURES AND DISLOCATIONS

Recognition

- Pain, increased by movement.
- Shortening, or unnatural shape to the limb.
- Tenderness, swelling, and bruising at the site.

There will have been a violent blow or fall, and there may have been a snapping sound on impact.

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13.

CLOSED FRACTURES AND DISLOCATIONS

Treatment

- Carefully steady and support the injured part with your hands, holding above and below the injury.
- If necessary, gently straighten a bent limb so you can immobilise it. Always pull straight and steadily in the natural line of the bone. Stop if pain is too great.

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14.

CLOSED FRACTURES AND DISLOCATIONS

Treatment

- Use towels and bandages to immobilise the injured limb.
- Immobilise lower limb fractures against the sound leg, with padding between them.
- Immobilise upper limb fracture against the trunk in a sling.

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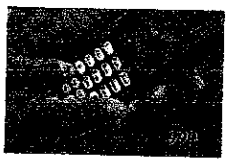
15.

CLOSED FRACTURES AND DISLOCATIONS

Treatment



- Call for an Ambulance.
- Treat for shock. Raise the injured limb if possible without causing pain or further injury.
- Every 10 minutes, check circulation beyond the bandages and loosen them if necessary.
- DO NOT move the casualty until the injury is supported and immobilised (unless it is dangerous to stay where he is).
- DO NOT let the casualty have anything to eat or drink.

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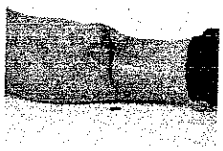
16.

OPEN FRACTURES

Recognition



- Pain, increased by movement.
- Shortening, or unnatural shape to the limb.
- Wound, with broken end of bone visible.

There will have been a violent blow or fall, and there may have been a snapping sound on impact.

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17.

OPEN FRACTURES

Treatment

- Working from the uninjured side, cover the wound with a sterile dressing.
- Apply pressure around the bone to control bleeding

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18.

OPEN FRACTURES

Treatment

- Place cotton wool or padding over and around the dressing.
- If bone protrudes from wound, treat as an embedded object.
- Build up non-fluffy padding around the bone until it is higher than the bone.

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19.

OPEN FRACTURES

Treatment

- Bandage dressing and padding securely to control bleeding, but without restricting circulation.
- Immobilise the injured part, as for a closed fracture.

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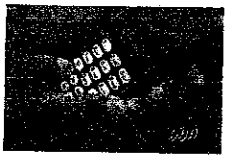
20.

OPEN FRACTURES

Treatment



- Call for an Ambulance.
- Treat for shock.
- Every 10 minutes, check circulation beyond the bandages and loosen them if necessary.
- DO NOT move the casualty until the injury is supported and immobilised (unless it is dangerous to stay where he is).
- DO NOT let the casualty have anything to eat or drink.
- DO NOT press directly on a protruding bone end.

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21.

Do you have

any questions ?

22.

Testing Understanding

- What is a Fracture ?
- Name the types of Fractures

23.

SKILL

APPLYING AN ARM SLING

24.

INJURY TO THE FOREARM

Recognition

- Pain, increased by movement.
- Tenderness over the fracture site.
- Possible swelling and bruising.

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25.

INJURY TO THE FOREARM

Treatment

- Sit the casualty down.
- Gently steady and support the injured forearm across his chest.
- If necessary, carefully expose and treat any wound.
- Place a triangular bandage between the chest and the injured arm, as for an arm sling.
- Gently surround the forearm in soft padding.

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26.

INJURY TO THE FOREARM

Treatment

- Tie the arm and its padding in an arm sling to support it.
- If necessary, secure the limb to the chest, using a broad bandage. Tie it over the sling, positioning it close to the elbow.
- Send casualty to hospital and keeping him seated.

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27.

INJURY TO THE FOREARM

Treatment

- Can also use a splint to support the injured forearm

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28.

DEMONSTRATION

APPLYING AN ARM SLING

29.

IMITATION

Be a Volunteer or
be selected !

30.

PRACTICE

APPLYING AN ARM SLING

Do you have
any questions ?

31. 32.

TEST UNDERSTANDING

- What are the signs and symptoms of a fracture ?
- What are the general rules for the treatment of fractures ?

SUMMARY

- definition of a fracture
- the causes of a fracture
- the types of fractures
- the signs and symptoms of a fracture
- the general rules for the treatment of fractures

33. 34.

THE NEXT LESSON

"Management of
Soft Tissue injuries and Cramps"

Lesson Plan for Lesson 10 - Soft Tissue Injury

PREPARATION

BEGINNING

INTRODUCTION

- Greet to class
- Introduction of myself
- Topic for lesson 11: Soft Tissue Injury

REVISION (LINK BACK)

Lesson 10: Fracture

- What are the types of fractures? (open, closed)
- What causes fracture? (direct force, indirect force, muscle pull)

OBJECTIVES

- We will learn:
    - Definition & recognition of Strain
    - Definition & recognition of Sprain
    - Management of soft tissue injury
    - Cramp
    - Causes of cramp
    - Management of cramp

BENEFITS

- Soft Tissue Injury, a very common injury to happen in our life. Learn and know the treatments, you will be able to help your love one and friends when there is an emergency, because accidents are often happening at anytime, anywhere.

LESSON BODY

KEY POINTS(STAGE 1)

- What is Strain?
    - A stretching injury to a muscle (Rupture)
    - Causes:
        - Lifting heavy objects without bending the knees
        - Sudden movements
    - Sign & Symptoms:
        - Pain
        - Swelling
        - Stiffness.

- What is Sprain?
    - Injury to a ligament.
    - Overstretch / tear to the ligament.
    - May be incompletely or completely torn.

- Sign & Symptoms:
  - Pain
  - Swelling
  - Motion increases the joint pain

- Treatment
  - RICE (Rest, Ice, Compression, Elevation)
    - Rest the injured extremity
    - Apply ice to the injured area.
    - Apply a compression dressing,
    - Elevate the extremity above the heart.

CONFIRMATION

TEST UNDERSTANDING

- **Question 1**
  - What are the difference between Sprain and Strain?
  - (Sprain -> Ligament; Strain -> Muscle)
- **Question 2**
  - What is the treatment for Sprain and Strain?
  - (RICE)

MAIN (STAGE 2)

- What is Cramp?
  - A sudden, involuntary, and painful muscle spasm.
  - Causes:
    - After exercise, excessive loss of salt and fluid through profuse sweating.
  - Relieved by stretching

CONFIRMATION

TEST UNDERSTANDING

- Question
  - What causes cramp?
  - (Excessive loss of salt & fluid through profuse sweating)

SKILL

Management of Cramp

- To relieve cramp in the calf:
    - Straighten the casualty's knee, and draw her foot firmly and steadily upwards towards the shin.

DEMONSTRATION

- As photo attached.

IMITATION

PRACTICE

END

CONFIRMATION

TEST UNDERSTANDING

- What is RICE? (rest, ice, compression, elevation)

SUMMARY

- A Stain is an injury to the muscle
- A Sprain is an injury to the ligament
- To treat Sprain & Strain - RICE
- Cramp is sudden, involuntary, painful muscle spasm
- Stretching relieves cramp

LINK FORWARD

- What to do if there is a fire and some body gets burned? (That's what next lecture will tell you)

LESSON PLAN 11 TOPIC: MANAGEMENT OF BURNS S.K. Koay

PREPARATION: 1. To arrange seating position of participants 2. To see to lighting, air-con, fans, whiteboard, whiteboard markers etc. 3. OHP, extension cables etc.	
LESSION BEGINNING	**T/AID**
INTRODUCTION: 1. Self introduction 2. Topics to be covered during session.	
REVISION: 1. Enquire participants of the previous session and topics covered. 2. Ask 2 to 3 questions regarding the important topics of the previous session to evaluate the knowledge of participants and as revision	
OBJECTIVES: 1. To ensure that participants will be able to handle patient suffering from burns and scalds 2. To share with participants the correct method of treating burn and scald wounds	
BENEFITS: 1. Participants will be able to treat confidently patients with burns and scalds 2. Participants will be recognized as qualified first-aiders	
LESSON BODY – STAGE	
KEY POINTS: **1. Definition of Burns and Scalds** - Exposure to extreme temperatures (very high or very low temperature) **2. Types of burns (causes)** **a. Dry burn** – in direct contact with fire, hot objects such as electric iron or exhaust pipe etc. **b. Wet burns** – in contact with hot water, oil or steam. **c. Electrical burns** – in contact with exposed electric wire, high tension cables or struck by lightning **d. Chemical burns** – burns caused by acid, alkaline or other corrosive substances **e. Radiation burns** – caused by radioactive substances, sunburns etc. **f. Cold burns** – frostbites, liquefied gases (Attn: workers in cold room)	OHP & transparency

3. **Factors determining seriousness of burns**
   a. **Superficial burns**
      - involved only the outer skin (redness, swelling and tenderness such as mild sunburns or scald caused by splash of hot tea or coffee.

   b. Partial thickness burns
      - skin will look raw and with blisters
      - required medical treatment
      - 50% of body surface burn can be fatal

   c. Full thickness burns
      - involved all layers of skin and may extend to nerves, muscle and fat
      - skin may appear pale, waxy and sometimes charred.
      - required medical attention with delay

4. **General management of burns & scalds caused by heat**
   a. Cool down injured part with running water or dip the injured part into cold water for at least 15 to 20 minutes
   b. Pad dry injured part (Do not rub)
   c. **Do not break the blisters**
   d. Remove clothing if necessary, ring, wrist watch etc (for swelling may develop and difficult to remove later)
   e. **Do not apply any lotion, cream etc.**
   f. Cover injured part with a clean linen, kitchen wrapper or plaster beg
   g. **Do not used plaster on injured part**
   h. Arrange for removal to hospital

5. **General management of burns caused by corrosive chemicals**
   a. Wash injured part with running water for at least 15 to 20 minutes to remove remnant of chemicals (Be careful not to splash yourself)
   b. Pad dry injured part (Do not rub)
   c. **Do not break the blisters**
   d. Remove clothing if necessary, ring, wrist watch etc (for swelling may develop and difficult to remove later)
   e. **Do not apply any lotion, cream etc.**
   f. Cover injured part with a clean linen, kitchen wrapper or plastic beg
   g. **Do not used plaster on injured part**
   h. Arrange for removal to hospital

Note: Always ensure patient while giving treatment.

CONFIRMATION:	
TEST UNDERSTANDING: 1. How long do you cool down a burn caused by splash of boiling water? 2. What are the things that you do not do when you are treating a patient with burns?	
SKILL: MANAGEMENT OF HEAT BURN OF HAND	**T/AID**
1. Cool down injured part with running water or dip the injured part into cold water for at least 15 to 20 minutes 2. Pad dry injured part (do not rub) 3. **Do not break the blisters** 4. Remove clothing if necessary, ring, wrist watch etc (for swelling may develop and difficult to remove later) 5. **Do not apply any lotion, cream etc.** 6. Cover injured part with a clean linen, kitchen wrapper or plaster beg 7. **Do not used plaster on injured part** 8. Arrange for removal to hospital	Pail of tap water Dipper Bandages etc
EXPLANATION: As planned for the skill lesson above	Pail of tap water Dipper Bandages etc
DEMONSTRATION: **Keys steps:** - As planned for the skill lesson above - Trainer pick one participant as a model for demonstration	Pail of tap water Dipper Bandages etc
IMITATION: - Trainer will pick two participants to perform what has been demonstrated	Pail of tap water Dipper Bandages etc
PRACTICE - All participants will repeat what has been demonstrated in couples.	Pail of tap water Dipper Bandages etc

LESSON ENDING:	
CONFIRMATION:	
TEST UNDERSTANDING: 1. What cares must be taken when giving treatment to a patient having heat burns? 2. Why must you remove clothing, ring or wrist watch etc before treatment is given to a patient? 3. Why must you **not** rub the skin which has a burnt injury? 4. Why plaster **cannot** be used on a burnt injury?	
SUMMARY: - Trainer will go through the main points of the entire lesson - Brief printed notes will be given to participants	
LINK FORWARD: - The next session will be conducted by me at the same training room and the topic will be **POISON and POISONING** - Be punctual for the next session	

LESSON PLAN **TOPIC:** Burns & Scalds

By: Mr. V. Gunasegaran

PREPARATION Classroom setting OHP/Flip Chart/White Board with Marker Pens/LCD Projector/Laptop Triangular bandages Plastic wound for burn and scald First aid kit Reference: Dorling Kindersley, (2002) First Aid Manual 8th Edition, London	
LESSON BEGINNING	**T/AID**
INTRODUCTION Introduce self • My name is Gunasegaran and I am a trainer in First Aid for St. John Ambulance of Malaysia, State of Penang. I have been in this field for the last 15 years and would like to share my knowledge and experience in First Aid while attending to casualty. • Today, we are going to learn about Burns and Scalds. What happen if there is a Burn or Scald? How are we going to identify Burn and Scald? How are we going to treat these two?	
REVISION Before we go to this lesson, lets recap what we have done in the last lesson. We did Medical Emergencies. • What are the most common attacks do people get? • What will you do when you see somebody collapsing?	
OBJECTIVES At the end of this lesson, you will be able to: • define Burn and Scald • classify the types of burn and scald • how it is caused • recognition of sign and symptoms • how to treat burn and scald	Power Point Slides
BENEFITS 1. You become a better person to handle emergency in Burns and Scald with out getting panic 2. People respect you for your skill and knowledge in handling situation. 3. Knowledge and skill remains with you where ever you go 4. You will be an asset to the society where by Service to humanity is service to God.	Power Point Slides

LESSON BODY – STAGE		T/AID
Key Points: BURNS AND SCALDS • Burns are caused by dry heat / friction / radiation / extreme cold / corrosive substance • Scald are caused by hot liquids / vapors		Power Point Slides
TYPES OF BURNS • Dry burn • Scald • Electrical burn • Cold burn • Chemical burn • Radiation burn	CAUSES Flame / hot object / fiction Hot liquid / steam Low-voltage / high voltage /lightning strike Frostbite / contact with freezing metal / freezing vapor Industrial chemical / domestic chemical / strong acids and alkali Over-exposure to ultraviolet rays from sunlamp, exposure to radioactive source like X-ray	Power Point Slides
DEPTH OF BURNS • Superficial burn • Partial-thickness burn • Full thickness burn	 Only the outermost layer of the skin is affected The epidermis is affected All the layers of the skin are affected, e.g. damage to the nerve, fat tissue and blood vessels	Power Point Slides
Take note: • Greater area affected by burn means greater loss of body fluid and higher risk of shock • The "Rules of Nine" divides the body into areas of about nine percent.		Power Point Slides
SIGNS and SYMPTOMS • Reddened skin • There may be pain in the area • Blistering of the affected skin		
TREATMENT FOR MINOR BURNS AND SCALDS Aim: • To stop the burning • To relief pain and swelling • To minimize the risk of infection Action: 1. Cool burn • Make the casualty comfortable • Pour cold water on the burn for at least 10 minutes • Watch for signs and of smoke inhalation, such as difficult in breathing		

2. Remove any constriction • Put on disposal gloves if available • Carefully remove any clothing or jewelry from the area before it stars to swell • Do not try to remove any clothing that is sticking to the burn 3. Cover burn • Cover the burn and the surrounding area with a sterile dressing or clean non fluffy material or cling film or a plastic bag • Reassure the casualty 4. Take or send casualty to hospital • Call for ambulance 999 • Treat the casualty for shock • Monitor and record vital sign – level of response, pulse, breathing Take note: • Do not break blister • Do not apply adhesive dressing • Do not apply lotions / ointments / fats to the injury as they can further damage the tissues and increase of INFECTION	Power Point Slides
TREATMENT FOR MAJOR BURNS AND SCALDS Aim: • To stop burning and relieve pain • To maintain an open airway • To treat associated injuries • To minimize the risk of infection • To arrange for the removal to hospital • To gather relevant information Action: • Lay casualty down • Protect the burned area from contact with the ground if possible • Douse the burn with plenty of cold water liquid for at least 10 minutes • Watch for signs of difficulty in breathing and be prepared to resuscitate • Gently remove any rings, watch, belts, shoes from injured area • Cover the injury with a sterile dressing to protect from germs and infection • Gather and record details of casualty's injuries • Reassure the casualty and treat for shock • Monitor and record breathing, pulse and level of response	Power Point Slides

GENERAL MANAGEMENT OF BURNS CAUSED BY CORROSIVE CHEMICAL • Corrosive Chemical are always serious and casualty may need urgent hospital treatment **OUR AIM** • To make the area safe • To disperse the harmful chemical • To arrange transport to hospital How are we going to treat 1. Flood the burn with water for at least 20 minutes to disperse the chemical 2. gently remove any contaminated clothing while flooding with water 3. make sure the airway is opened if casualty is unconscious 4. monitor vital signs – level of response, pulse and breathing	Power Point Slides
CONFIRMATION Clear doubt – questions from participants.	
TEST UNDERSTANDING 1. Name the 6 types of burns. 2. For each type of burn, give an example of the causes. 3. What are the signs and symptoms of burns 4. What are the "Don'ts" when treating burns and scalds	

SKILL: Management of heat burn of hand	T/AID
EXPLANATION Caused by: • Touching any hot metal plate • Scalded by hot iron while ironing Signs, what we can see • Reddened skin • Blisters Symptoms, what the casualty will tell • Pain • Frightened look Basic Treatment • Let the affected area under running water • Prevent pain and swelling • Cover the area with a sterile dressing	Power Point Slides
DEMONSTRATION Key Steps to treat the heat burn of hand 1. Cool burn by pouring cold liquid on the burn for at least 10 minutes 2. Remove any constriction. Put on gloves and remove watch, ring before it swell 3. Cover burn area with a sterile dressing 4. Reassure casualty 5. Treat casualty for shock 6. Take casualty to hospital	Power Point Slides
IMMITATION Select a participant to do demonstration. Guide the participant.	
PRACTICE Participants take turn to practice. Assist at side.	

LESSON ENDING	T/AID
CONFIRMATION Clear doubt – question from the class	
TEST UNDERSTANDING How do you differentiate burn and scald? Name the three depths of burn. Explain the general management of burns & scalds caused by heat. Explain the general management of burns caused by corrosive chemicals	
SUMMARY Today you have learnt the knowledge of: • Causes of burns • Factors determining seriousness of burn • Signs & symptoms • General management of burns & scalds caused by heat. • General management of burns caused by corrosive chemicals You have also learnt: • Management of heat burn of hand	
LINK FORWARD Our next lesson will be on Poisoning as there are certain poisons that can cause burns when we come in contact with it.	

FIRST AID CLASS LESSON PLAN
TOPIC: BURNS & SCALDS

Presenter: HS Koay

PREPARATION:	
1. Power point presentation softcopy. 2. Bandages, water bottle. 3. First Aid manual 4. Room's physical arrangement. 5. Projector.	
LESSON BEGINNING	**T/AID**
INTRODUCTION: 1. Introduction of presenter - 2. Brief on the topics that to be discuss • The common of burns & daily life • How to recognize a burn • How to management a burn • Practical for participants to learn on the management **REVISION:** Previous lesson – Medical Emergency Ask question on: 1. Sign & Symptoms of Heart Attack 2. Treatment for Heart Attack 3. What is Asthma? 4. How to treat Asthma? **OBJECTIVES :** 1. Participants able to • know what is burns & scalds. • recognize the sign & symptoms. • Know how to access burn 2. Participant able to management cases of thermal burn, electric burn and chemical burns. **BENEFITS:** Participant able to management burn cases theoretical and practically at home and during emergency.	POWER POINT
LESSON BODY – KEY POINT 1	
DEFINITION OF BURNS & SCALDS Skin exposed to high temperature: Burn – caused by dry heat , friction, corrosive substance Scald – caused by liquids & vapors **TYPES OF BURNS** ***Dry burns:*** Direct contact with flames, hot object & friction ***Scald:*** Contact with steam & hot liquids ***Electrical burn:*** Low & high voltage current, lighting strikes,	Power point

Chemical burn: Industrial chemical, domestic chemicals and agents ***Cold injury:*** Frostbite, direct contact with freezing metal, freezing vapors ***Radiation burn:*** Sunburn, exposure to radioactive source. **ASSESSMENT OF A BURN** ***1. Depth of burns*** a. Superficial burn : Outer layer, redness, swelling, tenderness b. Partial – thickness burn : Affected epidermis, skin become red and raw. Blister may form. Required medical treatment 50% of burn area may cause fatal failure. c. Full – thickness burn : All layers of skin had affected. Nerves, fat tissue, muscles and blood vessels may damage. Required medical treatment. ***2. Area involve – rule of 9*** **COMMON SIGN & SYMPTOMS** • Skin redness • Pain at the affected area • Blistering ❖ Note: Extension of burn – Difficulty breathing & sign of shock	
CONFIRMATION – KEY POINT 1	
Briefly repeat on: • The different between burn & scald • Type of burns • 3 depth of burns • Common sign & symptom **Ask the class whether have any question before proceed to next section.**	
TEST UNDERSTANDING – KEY POINT 1	
• Ask the class on the type of burns. • Ask a participant on the depth of burn	
LESSON BODY – KEY POINT 2	
GENERAL MANAGEMENT OF BURNS & SCALD CAUSED BY HEAT 1. Calm down the patient. o Ask the casualty what had happened o If possible, ask the casualty show or point out the area of burn. o If the casualty is a child alone, ask the detail and contact of the parents. o Access the burn and reassure the casualty. 2. Flood the injured part under running water at least 10 minutes. o If no tap found, first aid can get any cold, harmless liquids like milk. 3. Remove any jewellery, watches or any constricting clothing from the injured area.	Power point

○ The area of the burn will begin to swell and will have direct contact to the swell and increase the pain. ○ If can, get a glove 4. Cover the area with a sterile dressing - or clean, non-fluffy pad, plastic bag or kitchen film. ❖ Do not break the blister ❖ Do not apply adhesive dressing. ❖ Do not put ointment or cream	Show a sterile pad and glove from first aid kit.
CONFIRMATION – KEY POINT 2	
Briefly repeat on: • Under running tap water at least 10 minutes • Cover the affected area with sterile pad **Ask the class whether have any question before proceed to next section.**	
TEST UNDERSTANDING – KEY POINT 2	
• Ask the class on what is the first thing to do. • Ask a participant on "How many minutes do we put the burn under running water?" • Ask a participant on "Can we put a plaster on the burn?"	
LESSON BODY – KEY POINT 3	
GENERAL MANAGEMENT OF BURNS CAUSED BY CORROSIVE CHEMICALS 1. Make sure the area is safe. ○ If the area is a lab, ensure you contact with the lab officer. ○ Be careful on any glass broken on the floor. 2. Wear gloves to prevent chemical from getting to first aider's skin. 3. Ventilate the area to disperse fumes, seal the chemical's container (if can) or remove the casualty. 4. Flood the injured part under running water at least 20 minutes. 5. Remove any jewelry, watches or any constricting clothing from the injured area. 6. Cover the area with a sterile dressing - or clean, non-fluffy pad, plastic bag or kitchen film. 7. Arrange to hospital. 8. Monitor the vital sign. 9. Pass the chemical detail to hospital. ❖ Do not try to neutralize the acid or alkali burns. ❖ Do not delay the treatment by searching the antidote.	Power poin Show a pair of safety glove
CONFIRMATION – KEY POINT 3	
Briefly repeat on: • The importance of safety • Minimum 20 minutes under running water. • Arrangement to hospital and the detail of the chemical. **Ask the class whether have any question before proceed to next section.**	
TEST UNDERSTANDING – KEY POINT 3	
• Ask participant on the types of chemical can be found at home, 2 types is enough.	

• Ask a participant on what are the details that we need to pass to hospital. • Ask a participant on what to monitor when we send the casualty to hospital.	
SKILL 1 : MANAGEMENT OF HEAT BURN OF HAND	
EXPLANATION:: The purpose of the treatment is to: • Stop burning • Relieve pain and swelling • Minimized the risk of infection Chose a participant to become the casualty and showed the skill to the class. Explain the details of the step while demonstrating. **TREATMENT:** 1. ***Reassure the casualty to calm down.*** o Show the class how to identify our own self to the casualty. *"Hi, Mr/Mdm, I am Koay, and I am a qualified first aider, what had happened? Can I have a look at your hand?"* o What to reassure the casualty. *"Don't worry, let me look at the burn", It will be ok, let me help you".* o How to ask other questions on the details that we need. *"What caused your hand became injured?"* 2. ***Flood the injured part with running cold water at least 10 minutes. If no tap available, any cold, harmless liquids can be used.*** o Show the class how to gently handling the burn area, no direct hand contact to the burn area. o Simulate to the class on cooling down the burn under running water by pouring water slowly from a bottle of drinking water. 3. ***Put a disposable glove and remove any jewelry, watches from the injured area. If the cloth had stickled to the skin, do not try to remove it.*** 4. ***Cover the area with sterile pad.*** o Demonstrate – put a sterile pad on the burn area; adjust the pad size to the size of the burn area. o Demonstrate – Cover the pad and the burn area with a clean dressing.	A casualty from class volunteer A bottle of clean water. Gauze and wool bandage.
IMITATION OF SKILL 1 : MANAGEMENT OF HEAT BURN OF HAND	
1. Ask the class whether have any question on the skill demonstrated. If yes, short Q&A session. If no proceed with the imitation. 2. Ask 2 persons to be the volunteer to show what had taught just now. In case of no volunteer, choose a pair of participant to come out, one to be the casualty and one to be the first aider. 3. While they are showing, observe whether is correct or not. ***If the mistake is minor, let them continue until finish. If serious mistake done, stop and re-demonstrate.***	5 sets of gauze, wool bandage and cup.

4. After their showed the skill, ask the class "Any thing wrong with the imitation?" If the class able to point out and explain why, just repeat the key point again. If the class unable to tell or keep quiet, point out the mistake and explain.	
PRACTICE OF SKILL 1 : MANAGEMENT OF HEAT BURN OF HAND	
o Direct the class to 4 a group. 2 become the casualty and first aider and 2 become the observer. And the practice begins. o Go the group and ask the 2 observers what is the outcome and change the role of the group member.	
LESSON ENDING	
CONFIRMATION: o Ask the class whether they have any question on the topic or ton the skill.	Power point
TEST UNDERSTANDING: Ask question on (by random pick a participant): o What is a scald? o Tell the class 2 type of burn. o What to do when there is a chemical burn. o Show how to pour water on a burn and how long?	
SUMMARY : Tell the class that what we learn in this session – 1. What is a burn and what is scald. The different. 2. Type of burn and causes (pick dry burn, & electrical burn) 2. The sign & symptom – skin redness, pain, blister 3. Treatment o Under running water a. burn(10 minutes) b. chemical burns (20 minutes) o Cover the burn with sterile and not adhesive pad. o Chemical details and vital sign check when dealing with chemical burn.	Power point
LINK FORWARD: o Inform the class that the next lesson will be poisoning. o Create the interest on poisoning by telling the class on the poison ➢ Swallow by children and ask the class - "What should you do?" ➢ Snake bite - "Do you panic?" o Tell the class that the poison lesson will explain the type of poison and the management. Learning on poison will be benefiting all the participants.	Power point

- End -

Acknowledgment:

Lesson Plan 1: Mr. Khor Sin Wah

Lesson Plan 2: Mr. Leong Khai Seong

Lesson Plan 3: Mr. Tew Choong Wei

Lesson Plan 4: Mr. Ramasamy a/l Suppiah

Lesson Plan 5: Mr. Kumaradevan a/l Saminathan

Lesson Plan 6: Mr. Teh Kwam Liek

Lesson Plan 7: Mr. Khoo Teng Giap

Lesson Plan 8: Dr.Law Yean Kok

Lesson Plan 9: Aliena Cheah

Lesson Plan 10: anonymous

Lesson Plan 11: Mr. Koay Seng Kie

Lesson Plan 12: Mr. V. Gunasegaran

Lesson Plan 13: Mr. Koay Hean Seng