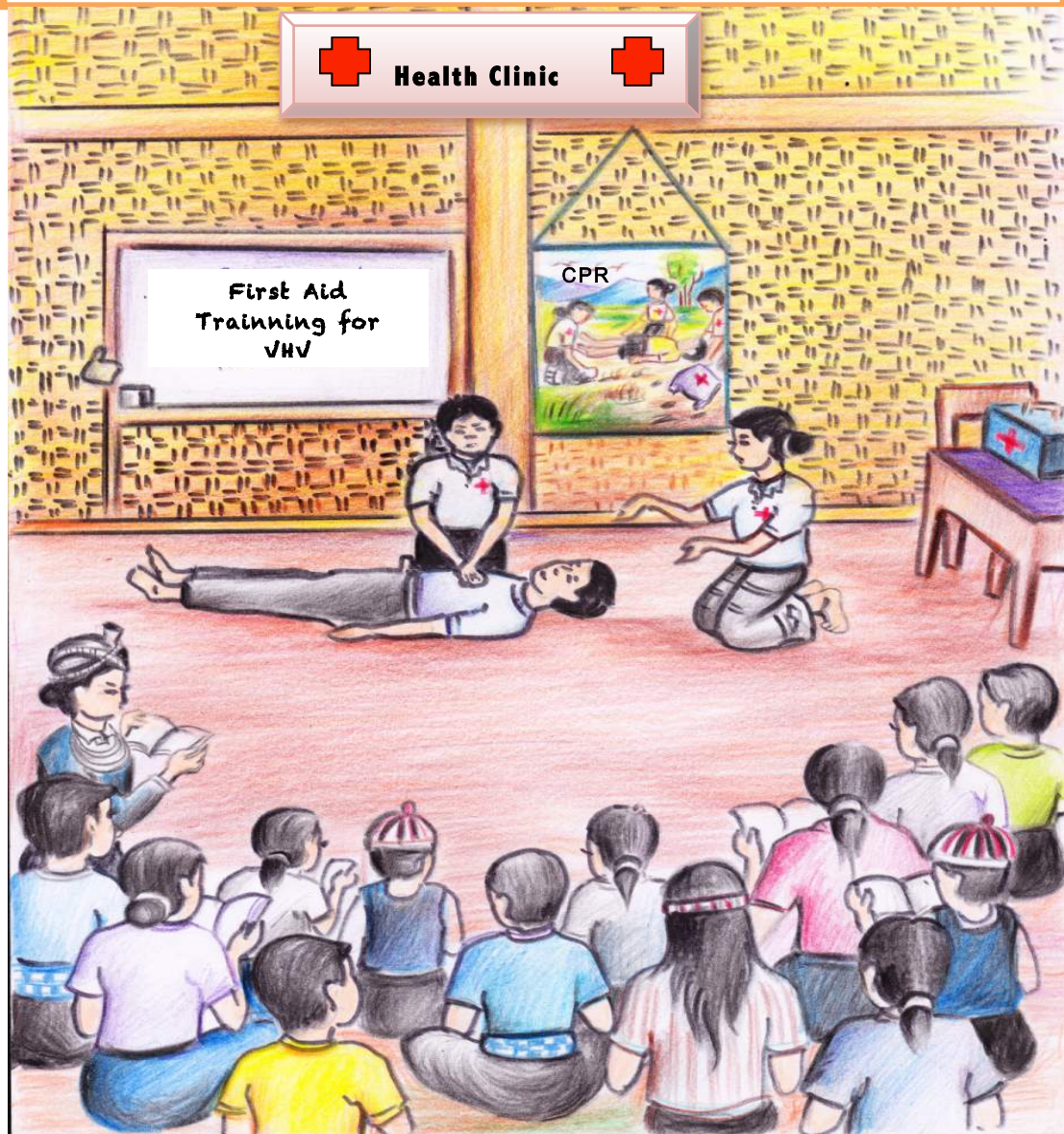


Trainer's Manual



First Aid for National Village Health Volunteers

By: Lao National First Aid Curriculum Development Technical Working Group



Forward

According to the International Federation of Red Cross and Red Crescent Societies, First Aid is defined as “immediate help provided to a sick or injured person until professional help arrives. It is concerned not only with physical injury or illness but also with other initial care, including psychosocial support for people suffering emotional distress from experiencing or witnessing a traumatic event”¹. First Aid is considered a key component of emergency care, as it can help to improve the chance of survival and reduce the effects of all types of injuries, including those caused by natural disasters, motor accidents, and in the case of Lao PDR in particular, those caused by Unexploded Ordnance (UXOs).

Having first responders at the village level who are trained in basic First Aid is an important step towards effective emergency intervention. This is particularly essential in remote areas where sub-district health centers and hospitals are not immediately accessible.

In rural Laos, this first responder role often falls on Village Health Volunteers (VHV) and Village Health Committees. In the past, several government and non-government agencies have worked to create First Aid training materials and provide First Aid trainings for these key community health workers. However, this work was being done in isolation and with little consensus between stakeholders regarding training content. This resulted in varying training materials, training duration, and outcomes connected to First Aid knowledge and skills across Laos.

Therefore, in an effort to create consistency and ensure high quality First Aid training for VHV and other first responders throughout the country, the Center for Medical Rehabilitation has worked in collaboration with World Education, Laos and the First Aid Technical Working Group and with the oversight of the Ministry of Health to identify VHV First Aid competencies and subsequently create the curriculum and training materials provided in this manual. This curriculum was piloted on three separate occasions in Sangthong District, Vientiane Province and Sekong Province during 2014. The pilot results provided a basis on which to revise and adapt contents and activities and create a curriculum to better meet the needs of Laos Village Health Volunteers.

This manual is a resource for First Aid instructors. It is divided into three sections. Section One, “Notes to the Trainer”, provides information and guidelines regarding the implementation of the curriculum in accordance with its intentional design. It also includes training data collection and assessment tools. Section Two consists of lesson plans for 18 Core Sessions based on VHV First Aid competencies and basic First Aid principles. It is designed to be facilitated over a training period of three days. Section Three includes seven Optional Sessions that can be utilized in follow-up trainings. Lesson

¹ IFRC, *IFRC International First Aid and Resuscitation Guidelines 2011*, p. 13.

plans for Core and Optional Sessions include learning objectives, lists of materials needed, estimated duration, key first aid and medical content, learning activities and assessments.

We acknowledge that, while aligned with international standards and intentionally designed for the context, this manual is not without fault or error. As a result, the creators welcome any comments or suggestions on the manual itself that will increase the overall effectiveness of First Aid training in Laos.

We want to thank the Technical First Aid Working Group members, pilot participants in Sangthong and Sekong, and all those who were actively involved in the process of creating this manual. Without a doubt, your support and participation has been a key factor in efforts to ensure consistent and high quality First Aid training for Village Health Volunteers across the country.

Vientiane Capital, Laos
November 2014

Table of Contents

Notes to the Trainer

Training Duration.....	1
Core Topics.....	1
Additional Topics.....	2
Training Agenda.....	3
Organization.....	5
Curriculum Activities.....	6
Assessment.....	7
Adapting the Curriculum.....	9
Do's and Don'ts.....	10
Documentation.....	11

Lesson Plans (Core Topics)

Day 1

1. Introduction to First Aid.....	13
2. First Aid Principles and Action Plan.....	26
3. Trauma and Community Support.....	34
4. Basic Body Functions and Basic Life Support.....	42
5. CPR: Unconscious and Not Breathing.....	51
6. Choking.....	60

Day 2

7. First Aid Kit.....	68
8. Bleeding Control.....	75
9. Wound Care.....	83
10. Bone and Joint Injuries.....	92
11. Head Trauma and Spinal Cord Injuries.....	100
12. Patient Transfer.....	110

Day 3

13. Burns.....	125
14. Animal Bites and Stings.....	132
15. Documenting Care: Introduction to Keeping Log Books.....	145
Final Review Game.....	156
Final Assessment: Post-Test, Simulations.....	165
Final Reflection.....	177

Lesson Plans (Optional Topics)

16. Introduction to UXOs (Awareness and Prevention).....	181
17. UXO Injuries.....	189
18. Near-Drowning.....	197
19. Heart Attack.....	206
20. Foreign Bodies.....	213
21. Fainting and Shock.....	219
22. Strategies for Maintaining First Aid Knowledge and Skills.....	226

Dear Trainer,

The VHV First Aid Trainer's Manual is designed to include all the resources you will need to ensure that your training participants meet the First Aid learning objectives. The following sections highlight key information that will help you know how to best utilize all of the components included in this comprehensive tool.

Duration

The VHV First Aid curriculum has been designed as a **3-day training**. Each day is a full day, with lunch and breaks. It is advised that you do not shorten the training, as it will be difficult to meet all of the learning objectives in a shorter amount of time (See *Core Topics* below)

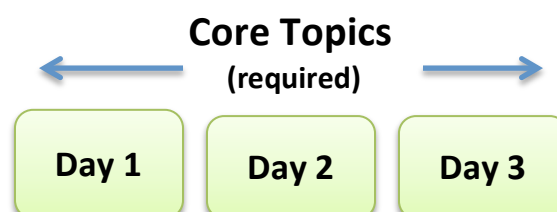
Core Topics (Required)

Core Topics are the primary topics of this curriculum. Village Health Volunteers must know about and be able to follow the first aid procedures connected to these topics.



It is the trainer's responsibility to ensure that all participants of the First Aid training meet the learning objectives related to all of these topics.

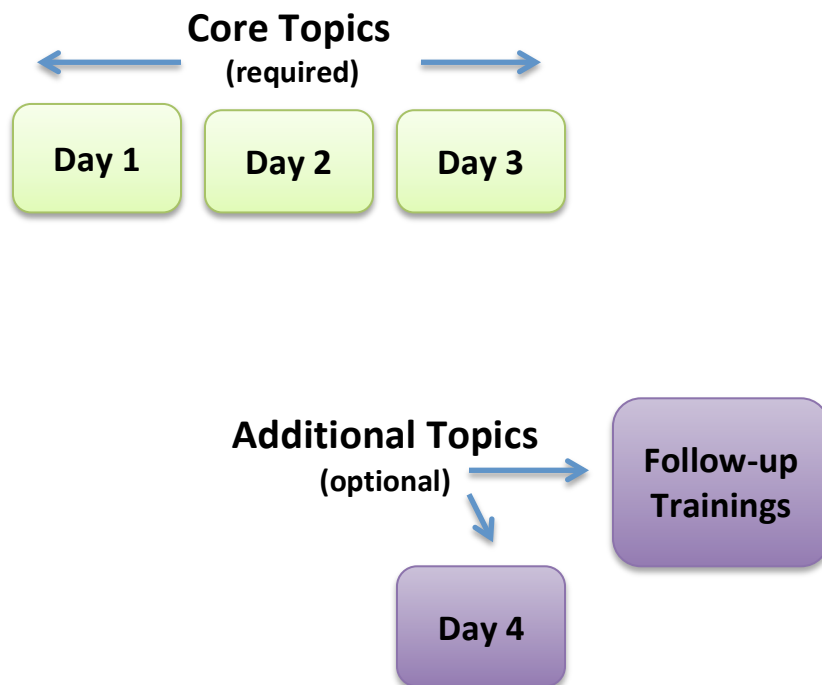
- Definition of First Aid
- VHV Roles and Responsibilities for First Aid
- Use of the First Aid Kit
- First Aid Action Plan
- Psychological First Aid
- Basic Body Functions
- Basic Life Support
- CPR
- Documenting Care
- Bleeding Control
- Wound Cleaning
- Bone and Joint Injuries
- Head Trauma
- Spinal Cord Injuries
- Patient Transfer
- Burns
- Animal Bites and Stings
- Choking



Additional Topics (Optional)

The curriculum includes lesson plans and resources for topics in addition to the core topics identified above. Trainers, organizations and participants can select from these topics in order to better address the needs of a particular community. These topics can be taught in addition to, not in place of the core topics. Therefore, an extra day must be added to the three-day training, or the topics can be taught at a later date in a follow-up or additional training.

- UXOs (2 lessons available)
- Near-Drowning
- Fainting
- Shock
- Foreign objects (in the ear, eye, nose, etc.)
- Heart Attack
- Strategies for Maintaining First Aid Knowledge



Agenda (3 days)

The following is a suggested sequence and estimated duration of the Core Topics of the curriculum. Please note that breaks are not included below. **You can schedule 10-minute breaks** (one in the morning and one in the afternoon) **as they best fit into the schedule each day** (i.e. between two sessions)

Day 1

	Session Topic	Estimated Duration
MORNING (3.5 hours)	1. Introduction to First Aid (<i>including Opening Ceremony, Pre-Test, Training Schedule, VHV roles and responsibilities, definition of First Aid</i>)	2 hours
	2. First Aid Action Plan (<i>Assess the scene, make a plan, implement the plan, evaluate and continued care</i>)	30 minutes
	3. Trauma and Community Support	1 hour
AFTERNOON (3.5 hours)	4. Basic Body Functions and Basic Life Support (including recovery position)	1 hour 25 minutes
	5. CPR: Unconscious and Not Breathing	1 hour 15 minutes
	6. Choking	50 minutes

Day 2

	Session Topic	Estimated Duration
MORNING (3.5 hours)	Morning Review (<i>answer any questions and review any difficult skills and knowledge from Day 1 according to the participants'</i>)	30 minutes
	7. First Aid Kit	30 minutes
	8. Bleeding Control	1 hour
	9. Wound Care	45 minutes
	10. Bone and Joint Injuries (<i>including splinting</i>)	45 minutes
AFTERNOON (3.5 hours)	10 <i>continued</i> : Bone and Joint Injuries (<i>including splinting</i>)	30 minutes
	11. Head Trauma and Spinal Cord Injuries	1.5 hours
	12. Patient Transfer	1.5 hours

Day 3

	Session Topic	Estimated Duration
MORNING (3.5 hours)	13. Burns	1 hour
	14. Animal Bites and Stings	1 hour
	15. Documenting Care: Introduction to Keeping Log Books	1 hour
	Final Review: Team Game	30 minutes
AFTERNOON (3.5 hours)	Final Assessment: Post-Test, Simulations	3 hours
	Final Reflection	30 minutes

Organization

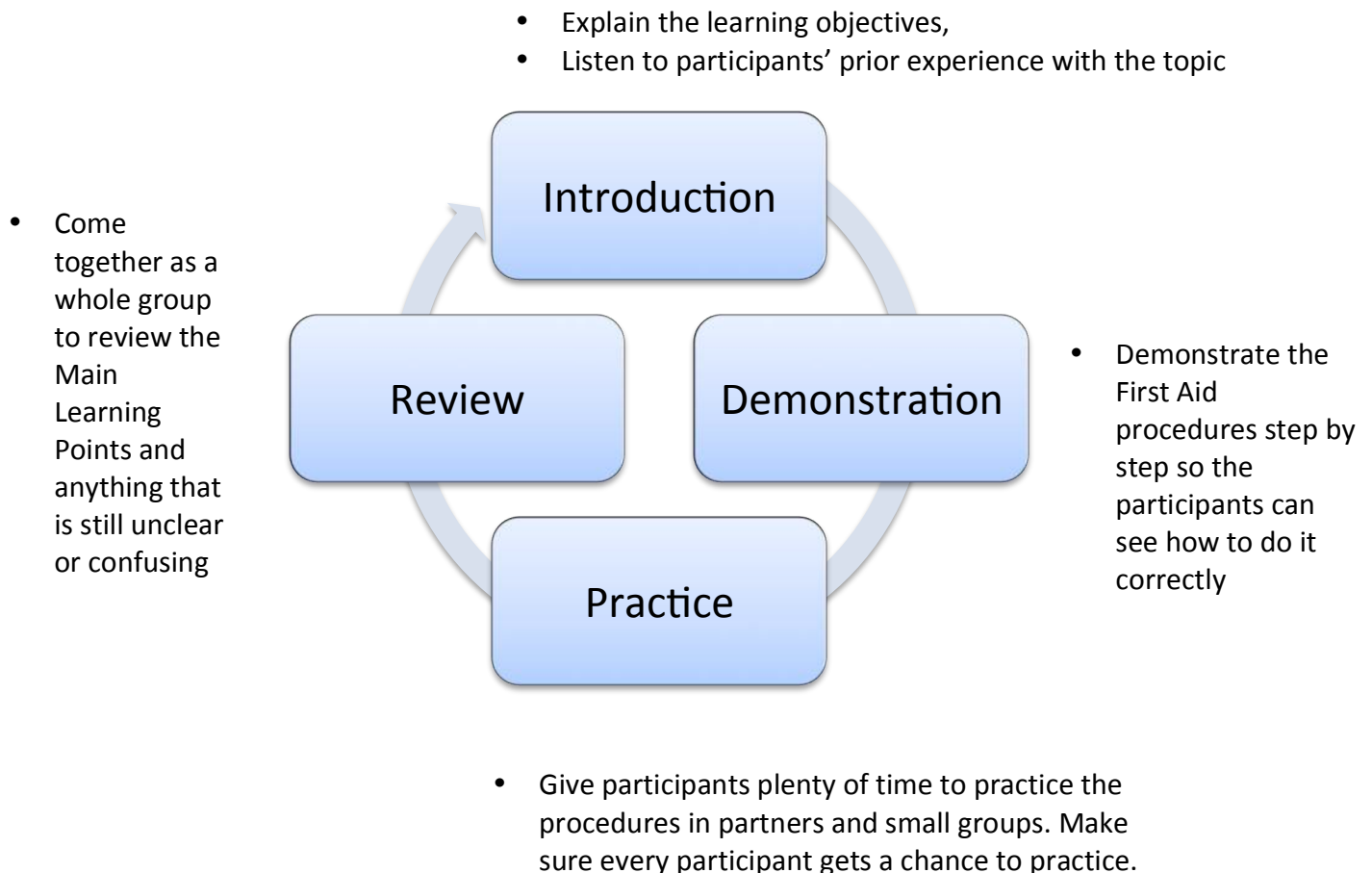
As you can see in the Agenda, the training is divided into sessions. A completed lesson plan is included for each session. (For Morning Reviews and Daily Wrap-Ups, please see the *Morning Reviews and Daily Wrap-Ups Section*). Each lesson plan is divided into 8 sections:

1. **Learning Objectives** – what the participants should know and be able to do by the end of the lesson
2. **Main Learning Points** – the most important information of the lesson. Trainer should emphasize this information and ensure that participants know them and can remember them well beyond the training
3. **Suggested Outline of Activities** – a sequence of activities the trainer can follow in order to help participants meet the learning objectives. These specific activities are not required. The trainer can replace these activities with others as long as the activities allow students to meet the learning objectives.
4. **Materials and Preparation** – all the materials the trainer needs to collect and the things he or she needs to do *before* the session begins.
5. **Topic Summary** – the detailed content of the lesson. This is where you will find step-by-step explanations of First Aid procedures. Trainers should review this section carefully prior to the lesson and, if necessary, refer to it when teaching first aid procedures. This will ensure continuity between First Aid trainings.
6. **Plan of Activities** – a detailed plan of how to facilitate each activity in the lesson. The trainer can feel free to adapt the lessons in order to meet the needs of his or her participants as long as the students are meeting the learning objectives.
7. **Resources** – a list of resources that were used to create the lesson
8. **Supplemental Materials** – additional materials needed to do the lesson. These may include checklists for the trainer or the participants, scenarios or materials for other activities. Check each lesson carefully - you may need to photocopy these items in this section to distribute to the participants.

Curriculum Activities

This is primarily a skills-based curriculum. This means that, while it is important for Village Health Volunteers to know about First Aid, it is vital that they can *do* the First Aid procedures well after the training is finished. Therefore, it is not enough for the trainer to just explain how to do the First Aid procedures in this book. The participants will need time to *practice* the skills related to each new topic presented. While participants are practicing in pairs or small groups, it is the trainer's responsibility to visit each group to provide assistance or correct any mistakes as needed.

To ensure that participants have enough time to perform each skill in each lesson, most lessons follow the following cycle of activities:



See the lesson plans for detailed instructions for each activity within each session.

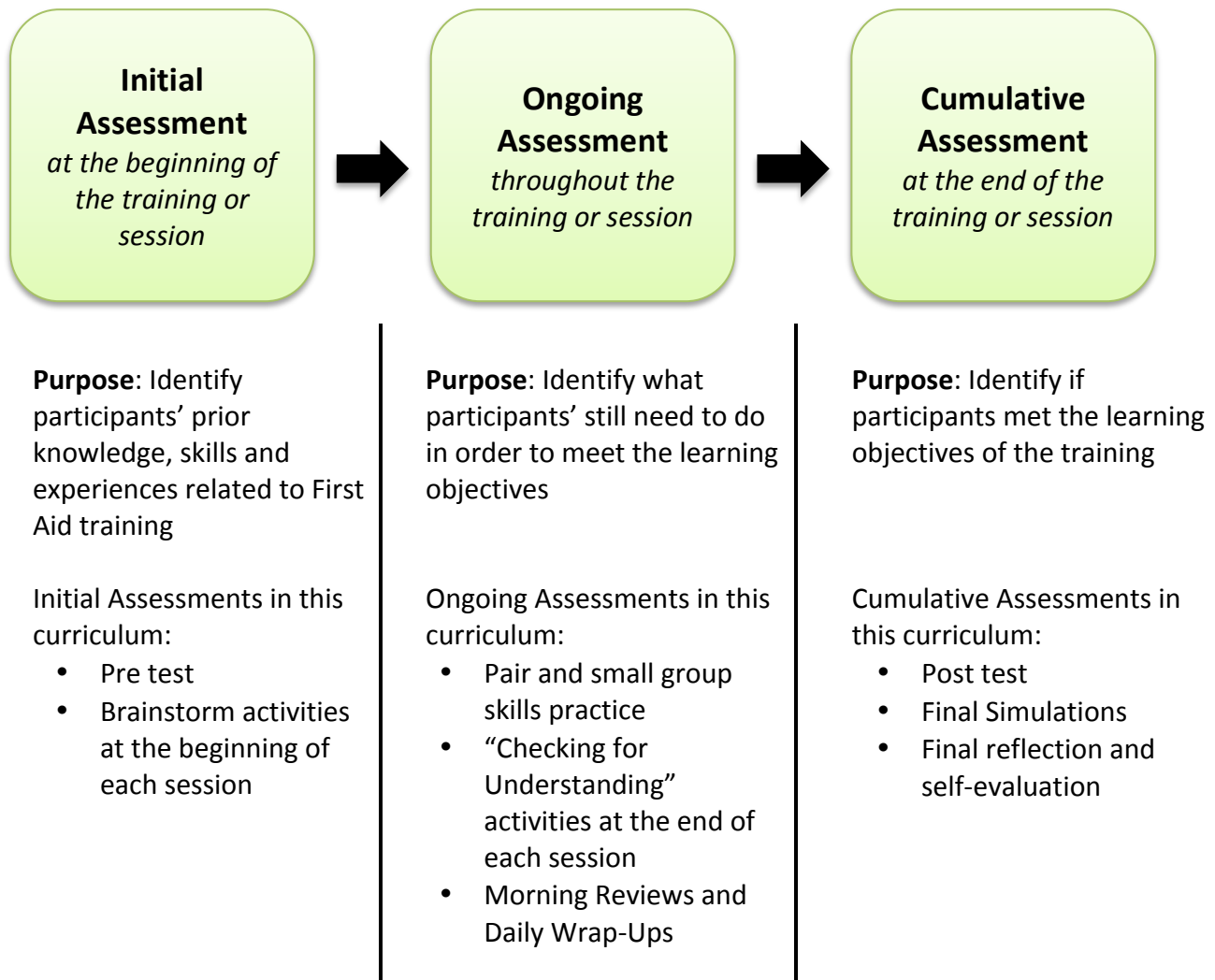
Assessment

In a curriculum, *assessments* provide evidence as to whether or not the learning objectives have been met.

Assessments also provide trainers with important information regarding their participants' knowledge, skills and understandings related to First Aid. Trainers can use the information they gather from assessments to adapt learning to meet the diverse needs of the participants.

In addition, assessments serve as important tools in the long-term monitoring and evaluation of the curriculum. They allow trainers and organizations to gather data over the long-term and adjust the training as needed.

There are three phases of assessments in this curriculum:



The assessments within each phase can be divided into **formal** and **informal** assessments:

- In **formal assessments**, the results are documented or recorded. They often involved giving a score. The formal assessments in this curriculum are:
 - Pre test
 - Post test
 - Final Scenarios
- **Informal assessments** are not necessarily documented. They focus on trainer's observations of participants during the sessions. The informal assessments in this curriculum include:
 - Pair and small group skills practice
 - Initial brainstorm
 - "Checking for Understanding" activities at the end of each session
 - Morning Reviews and Daily Wrap-Ups
 - Final reflection and self-evaluation

Finally, the assessments are completed by the trainer, the participant's peers, or the participant himself.

- In **Trainer Assessments**, the trainer observes, assesses and gives feedback to the participant
- In **Peer Assessments**, the participants assess each other by observing and giving feedback
- In **Self-Assessments**, each participant reflects on his or her skills and knowledge and assesses himself.

Adapting the Curriculum

This curriculum was designed to teach First Aid to Village Health Volunteers throughout Laos. The trainers and participants who use this are quite diverse. Therefore, the curriculum will not be a perfect fit for everyone. It is the trainer's responsibility to adapt the curriculum to fit the specific needs of the communities in which they work.

Here are some ideas for how to adapt the curriculum:

If you have participants who do not read or write:

- Pair them with a participant who can read and write
- Use activities that promote watching, listening and speaking
- Ask support trainers to assist these individuals one-on-one when needed

If the vocabulary is unfamiliar to the participants:

- Use vocabulary appropriate to the community
- Take time to explain new words

If the scenarios or situations included in the lessons are not relevant to the community:

- Replace them with relevant scenarios

If the participants have varied experience and skills:

- Pair participants who have received prior First Aid trainings with those who have not to promote peer support
- Pair the less experienced participants together and spend more time supporting these groups



Remember:

- You know your participants best!
- As long as you are teaching the learning objectives of the core topics, and **giving participants sufficient time to practice**, you can adapt activities to your style and preferences.

Training Do's and Don'ts

Here are some general “do’s” and “don’ts” to keep in mind as you prepare to facilitate First Aid Trainings:

✓ Do...

Before the Training

- Read each lesson plan before the training
- Know the information included in each lesson’s Topic Summary

During the Training

- Refer to the manual throughout the training and use it as a reference to stay on track
- Teach the First Aid steps and procedures included in each lesson’s Topic Summary.
- Teach the core topics included in the manual
- Make sure your participants have a chance to *practice* every skill you teach
- Praise your participants when they do procedures correctly or demonstrate they understand the information
- Encourage your participants to ask questions
- Assess participants by observing them doing the skills and using the checklists provided in the lesson

After the Training

- Collect all materials and resourced
- Make sure all reporting is complete

✗ Don't...

Before the Training

- Forget to bring all of the materials needed for the training

During the Training

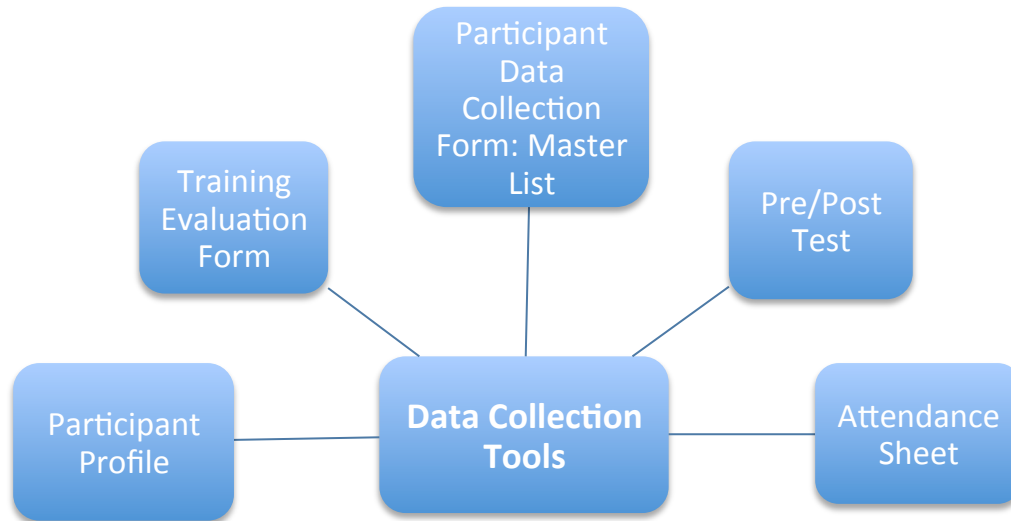
- Read aloud, word by word, from the lesson plan during the lesson
- Teach steps or procedures that are different from those included in this manual
- Teach other topics not included in the manual
- Spend too much time on the lesson introduction
- Spend too much time lecturing

After the Training

- Leave copies of pre or post tests behind

Documentation

It is important for the trainer to document basic information regarding the First Aid training and its participants for reporting, monitoring and evaluation purposes. Attached are five data collection tools:



These tools have been designed to aid the trainer in gathering data about the training date, location, participants and effectiveness. Please make sufficient photocopies of each form **before each training**. Please see below for a description of each tool:

1) **Attendance Sheet** – for participants to sign-in daily

Pass this sheet around on the first day and ask participants to print their name on the line for reporting purposes. Each participant should sign or initial his or her name under each day he or she attends.

2) **Participant Profile** – completed by participants

Each participant should be given one *Participant Profile* sheet to complete on the first day of the training. (If participants cannot read or write, it is the trainer's responsibility to assist him or her by asking the participant the questions verbally and recording his or her answers.)

Data collected through this form will help the trainer gain information about participants' prior knowledge and experience, particularly on First Aid. This information can assist the trainer in adapting instruction to meet the specific needs of a group of participants. In addition, information gathered from the *Participant Profile* will allow organizations implementing the First Aid training to track the

characteristics, needs and backgrounds of the participants and make appropriate changes to the curriculum.

3) Participant Data Collection Form: Master List – completed by trainer

The trainer should use the information collected in the *Attendance Sheet* and *Participant Profile* to record important data on this master list. Pre- and post-test scores are recorded here. Scores should be recorded for each training: they are one way to monitor the training's effectiveness. Record any optional topics taught in addition to the core topics included in the 3-day training (under *Optional Topics Taught*), and any other important notes (under *Trainer's Notes*). Examples of other notes to include in this section are: topics or skills that were particularly difficult for the group, irrelevant topics, or any other ideas shared by the participants, particularly during the final reflection, that would be helpful in monitoring and evaluating the curriculum.

4) Pre and Post Test – completed by participants

The pre/post test should be administered twice during the training: once at the beginning of the training and once at the end. It is important that participants complete this independently, and that trainers do not provide answers during the test. Such support will skew the data and make the test less helpful in determining the overall effectiveness of the training. Make sure participants **do not** take copies of the pre-test home to study before the post-test.

- Pre test: Administer this during Session 1: *Introduction to First Aid*. Do not provide participants with correct answers during or immediately after the pre-test. Participants will learn the correct answers through the various sessions of the training. Record the test results on the Participant Data Collection Form: Master List.
- Post test: Administer this during Session 22: *Final Assessment*. Again, do not provide participants with correct answers during the post test. However, please share the correct answers with the participants after the test. It is important that the trainer uses this opportunity to clarify any misconceptions the participants might have before the end of the training. Do not allow participants to take home copies of the test.

5) First Aid Training Evaluation Form – completed by participants

This form allows participants to both assess their own knowledge and skills gained and give feedback about the effectiveness of the training and suggestions for how it can be improved. Give this form at the end of the training, during the final reflection. Make sure you collect it from each participant.

Day 1 Session 1: *Introduction to First Aid*

Estimated Duration: 2 hours

Estimated Duration: 2 hours

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1. Explain the schedule, time commitments, and topics of the First Aid Training Course
- 1.2. Complete a pre-test to demonstrate prior knowledge of First Aid
- 1.3. Explain the definition of First Aid as used in this training
- 1.4. Identify the roles and responsibilities of VHV on First Aid

2. Main Learning Points

2.1 Definition of First Aid: First aid is basic emergency treatment and immediate assistance given to an injured or sick person when high-level medical care is not available. Sometimes it is enough to resolve the situation, sometimes follow-up medical care is necessary. It includes basic techniques that can be performed in most situations with minimal equipment.

2.2 VHV Roles and Responsibilities: VHV's know how and when to provide First Aid in their communities. *(See Topic Summary 6.2 for a list of 12 roles and responsibilities.)*

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Welcome and Documentation	Participants arrive, sign-in and complete the Participant Profile sheet	15 minutes
2. Opening Ceremony	Opening remarks from appropriate local government officials	10 minutes
3. Ice-Breaker, Training Expectations & Participant's Manuals	Participants introduce themselves and agree on expectations for the training. Trainer distributes copies of the Participant's Manual.	30 minutes
4. Pre-test	Conduct written pre-test	30 minutes
5. Definition of First Aid	Discuss the meaning of First Aid as defined within this curriculum	10 minutes
6. VHV Roles and	Participants brainstorm and learn about VHV roles	15 minutes

Responsibilities	and responsibilities related to First Aid	
7. Checking for Understanding	Participants play the “Yes or No” game to review VHV Roles and Responsibilities.	5 minutes
8. Training Schedule	Brief overview of training schedule	5 minutes

4. Materials and Preparation

- Blank Chart paper
- Markers
- Copy a simple training schedule on chart paper to post during Activity 5
- Pre-test: 1 per participant (see *Supplemental Materials*)
- Attendance sheet: 1 copy (see *Supplemental Materials*)
- Participant Profile Form: 1 per participant (see *Supplemental Materials*)
- Participant Data Collection Form: Master List: 1 copy (see *Supplemental Materials*)

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Welcome and Documentation Duration: 15 minutes Materials & Preparation: <ul style="list-style-type: none"> • Attendance sheet • Participant Profile forms 	<ol style="list-style-type: none"> 1. Welcome participants as they arrive. 2. Ask them to sign in on the Attendance Sheet. 3. Give each participant a Participant Profile Form. 4. Make sure each participant fills out the Participant Profile. Walk around and answer any questions as needed. Make sure that everyone answers every question. 5. Collect the Attendance Sheet and Participant Profile Forms. 	
Activity 2: Opening Ceremony Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • none 	<ol style="list-style-type: none"> 1. Introduce yourself. 2. Welcome everyone to the training. 3. Introduce government officials in attendance. 4. Invite government officials to give opening remarks prior to beginning the training. 	
Activity 3: Ice Breaker, Training	<ol style="list-style-type: none"> 1. Facilitate an “ice-breaker”, or a quick game or activity to allow the trainers and participants to get 	

<p>Expectations and Participant's Manual</p> <p>Duration: 30 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Blank chart paper with the title "Training Rules" at the top • Markers 	<p>to know each other:</p> <ul style="list-style-type: none"> • <i>For example, start with a ball or another object. State your name and 2 other interesting facts about yourself. When you finish, toss the ball to a participant and ask her to do the same. Then she tosses the ball to another participant, who introduces himself. Continue until all participants have shared.</i> <ol style="list-style-type: none"> 2. Explain to the participants that it is important that everyone agree on the training expectations (rules) so that everyone can feel comfortable to learn and participate 3. Quickly brainstorm training expectations as a whole group. Record participants' answers on the chart paper. 4. Be sure to keep expectations simple and short. For example: <ul style="list-style-type: none"> • <i>Be on time</i> • <i>Listen and respect others' ideas</i> • <i>Ask questions when you don't understand</i> • <i>Turn cell phones off, use during breaks only.</i> • <i>Try your best</i> 5. Add any expectations that are important to you as a trainer that the participants do not say. You do not have much time for this activity, so keep expectations simple and basic. 6. Make sure that everyone agrees on the expectations. 7. Post the expectations in the training area. 8. Distribute copies of the Participant's Manual. 9. Explain that participants can use their manuals to follow along during the training and as a reference to take home. 10. Give participants a few minutes to look over the manual. 	
<p>Activity 4: Pre-test</p> <p>Duration: 30 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Copies of pre-test, 1 per participant (see 	<ol style="list-style-type: none"> 1. Administer the included pre-test (see <i>Documentation</i>) 2. Before handing out the test, explain that the purpose of the test is to: <ul style="list-style-type: none"> • Measure the participants' prior knowledge to help the trainer know what to focus on • Measure the effectiveness of the course by comparing the pre-test with the post-test. The results will help to answer the following questions: 	<p>The pre-test will aid in measuring the participants' prior knowledge regarding First Aid.</p>

<p><i>Supplemental Materials)</i></p>	<ul style="list-style-type: none"> ○ <i>Was the training successful?</i> ○ <i>Did the participants meet the learning objectives?</i> ○ <i>How can we improve the training and the curriculum?</i> <ol style="list-style-type: none"> 3. Explain that it is okay if they don't know the answers. It will not affect their completion of the course. 4. Explain the rules of the test: <ol style="list-style-type: none"> a. No talking b. Do not take home extra copies of the test c. You will have about 25 minutes to complete the test d. Ask the trainer if you do not understand a question or word 5. Hand out the test. Give the participants approximately 25 minutes. Walk around to make sure participants are working alone and answer any questions they may have about vocabulary. DO NOT give away any answers. 6. Collect the test. Quickly look over the participants' responses to get an idea of their prior knowledge. 7. During break, lunch and in the evening, correct the tests and record the results on the Pre/Post Test Record Sheet. (see <i>Supplementary Materials</i>) 	
<p>Activity 5: Brainstorm – Definition of First Aid Duration: 10 min. Materials & Preparation:</p> <ul style="list-style-type: none"> • Blank chart paper • Marker 	<ol style="list-style-type: none"> 1. Brainstorm as a whole group: <i>What is First Aid? What things does First Aid include? What First Aid situations have you seen or experienced in your village?</i> Encourage several participants to share. Record ideas on chart paper. 2. Explain the definition of First Aid used in this training. (see <i>Topic Summary</i>). 3. Discuss any similarities and differences between the definitions provided by the participants and the definition included in this training. 4. Answer any questions. 	<p>Participants' answers will help trainer determine what VHV already know and what areas to emphasize in the training</p>
<p>Activity 6: Brainstorm – VHV Roles and Responsibilities Duration: 10 min. Materials & Preparation:</p>	<ol style="list-style-type: none"> 1. Brainstorm as a whole group: Based on your experience, what are the roles and responsibilities of VHV for First Aid? Record participants' ideas on chart paper. 2. Explain the roles and responsibilities of VHV addressed in this training (see <i>Topic Summary</i>). 3. Discuss any similarities and differences between the definitions provided by the participants and the definition included in this training. 	

<ul style="list-style-type: none"> • none 	<p>Trainer's Tip: Participants may share ideas that do not connect to First Aid but may be considered responsibilities of the VHV. Let participants know that, while they may be correct, only topics related to First Aid will be covered in this training.</p>	
<p>Activity 7: Checking for Understanding (Yes or No Game)</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • VHV First Aid Roles and Responsibilities Statements (see <i>Supplemental Materials</i>) 	<ol style="list-style-type: none"> 1. Ask participants to stand up. 2. Designate one side of the training area as "Yes" and one as "No". 3. Read aloud each statement (see <i>Supplemental Materials</i>) and have participants walk to the "yes" side if they think it is a role or responsibility of VHV, and walk to the "no" side if they do not think it is a role or responsibility of VHVs. 4. Ask one participant from "Yes" and one from "No" to explain their answer. 5. Give the participants the correct answer. 6. Clarify any confusion and answer any questions. 	<p>Trainer pays attention to participants who are answering incorrectly and provides correct answers when needed.</p>
<p>Activity 8: Training Schedule Overview</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Simple training schedule copied on chart paper 	<ol style="list-style-type: none"> 1. Briefly present the training schedule (on chart paper) so that participants are aware of what topics will be included and what times they need to be at the training. 2. Post the schedule somewhere in the training space so that it is visible to participants at all times. 3. Ask if there are any questions or concerns. 	

6. Topic Summary

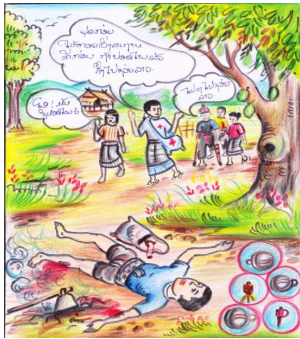
6.1 Definition of First Aid:

- First aid is basic emergency treatment and immediate assistance given to an injured or sick person when high-level medical care is not available. Sometimes it is enough to resolve the situation, sometimes follow-up medical care is necessary. It includes basic techniques that can be performed in most situations with minimal equipment.
- It also includes preparing for and educating about health emergencies in order to prevent them.

- After the accident occurs, first aid is the initial response to injuries, illness, or emergencies and continues **until the situation resolves or until further medical care is sought**.
- It involves assessing the situation, creating and following a care plan to provide first aid and assist the victim, and making sure everyone in the area is safe.
- First aid includes providing initial psychosocial support as necessary.
- Provision of first aid will be different depending on the situation, the context, and what materials or follow-up care are available. First aid providers have to make decisions based on their best judgment and understanding of what is available.

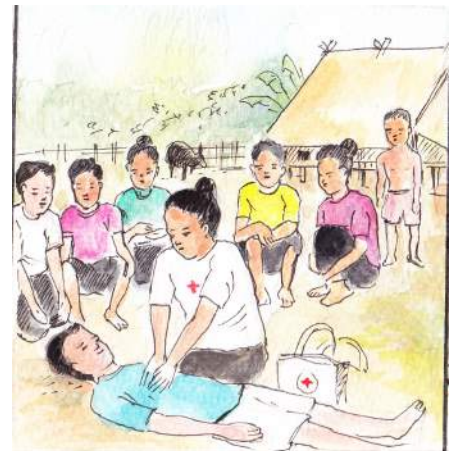
6.2 VHV First Aid Roles and Responsibilities:

1. Be the first care provider to respond to all first aid situations in your village.



2. Adequately assess the scene and make a care plan to ensure the safety and best follow-up care for the injured individual, as well as to ensure his or her own safety and the safety of the family and any observers.

3. Provide emergency first aid care in: CPR, Basic Life Support, Bleeding control, wound cleaning, bone and joint injuries, head trauma, spinal cord injuries, patient transport, burns, animal bites and stings, choking .



4. If necessary, transfer a patient safely for further care

5. Provide emotional support as necessary.





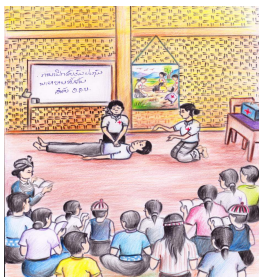
6. Use and replenish the first aid kit as needed.

7. Document first aid care given and report to the relevant government officials.



8. Follow up with the patient to make sure they are doing okay, and make a plan for them to receive further medical attention if necessary.

9. If any problems arise that make it difficult for you to provide first aid, report to the village headman.



10. Participate in follow-up first aid trainings.



11. Review first aid knowledge frequently and practice individually with the scenarios included in your manual so that you remember how to deal with first aid situations.



7. Resources:

- IFRC Facilitator Guide for CBHFA, Volume 2, 2009
- Pre/post test adapted from AAR First Aid Training 2013-2014

8. Supplemental Materials:

Activity 7: Checking for Understanding (Yes or No Game)

List of Statements for VHV Roles and Responsibilities:

Statement #1: A VHV provides emergency first aid care in: CPR/Basic Life Support, Bleeding control, wound cleaning, bone and joint injuries, head trauma, spinal cord injuries, burns, animal bites and stings, choking

Answer: Yes (True)

Statement #2: A VHV's responsibilities end 30 minutes after the injury takes place

Answer: No (False) a VHV must provide first aid until the situation resolves or until further medical care is sought.

Statement #3: A VHV organizes patient transfer to further care

Answer: Yes (True)

Statement #4: A VHV follows-up with a person after the initial injury has been resolved to make sure he/she is healing adequately

Answer: Yes (True)

Statement #5: A VHV assists in providing community support as necessary

Answer: Yes (True)

First Aid Training Attendance Sheet

Participant Name <i>(please print your name clearly on a line below.)</i>		Attendance <i>(please sign or initial for each day you attend)</i>			
		Day 1	Day 2	Day 3	Day 4: (Optional)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

First Aid Training Participant Profile

Please provide the information below to help us in monitoring and evaluating the First Aid training.

I) Background Information

- a. Name: _____
- b. Age: _____
- c. Occupation or Responsibilities: _____

- d. Education level (*What is the highest level of education you have reached?*): _____

- e. Village and District (*Where do you currently live?*):

II) Prior experience with First Aid Training

- a. Have you taken any other First Aid trainings?
(Check one) Yes ____ No ____
- b. If yes, how many? _____
- c. If yes, when was the month and year of the most recent course you took? _____

First Aid Training Participant Profile

Please provide the information below to help us in monitoring and evaluating the First Aid training.

I) Background Information

- a. Name: _____
- b. Age: _____
- c. Occupation or Responsibilities: _____

- d. Education level (*What is the highest level of education you have reached?*): _____

- e. Village and District (*Where do you currently live?*):

II) Prior experience with First Aid Training

- a. Have you taken any other First Aid trainings?
(Check one) Yes ____ No ____
- b. If yes, how many? _____
- c. If yes, when was the month and year of the most recent course you took? _____

Participant Data Collection Form: Master List

Name and Organization of Trainer(s): _____

Dates of Training: _____ Location of Training (*Village, District, Province*): _____

Optional Sessions Taught: _____

[illegible]

Pre/Post Test

Name: _____

___ Pre test	Score
___ Post test	/20

Instructions:

- Begin after the trainer's explanation
- Please read carefully and select the right answer
- Do not discuss questions and answers with others
- If there are any questions, please raise your hand and ask the trainer
- When you finish, check to make sure you have answered all of the questions
- When you finish, raise your hand to give your test to the trainer

- The **4 Main Steps** of any **First Aid Action** are 1) Assess 2) Plan 3) Implement 4) Evaluate.
True / False (circle one)
- What are the **3 Main Points** of **Basic Life Support**? (Write the 3 main points)
 - _____
 - _____
 - _____
- When you are in a situation that requires First Aid, what should you do **first**? (choose only one)
 - Run to the injured person to give First Aid as soon as possible
 - Assess the scene and make sure that you, the injured person and any bystanders are safe.
 - Leave the scene of the accident, because you are not sure that you can give First Aid to the injured person
- What can you do to check the patient if he or she responds (**is conscious**) (choose only one)
 - Ask "are you okay?" and gently tap the patient's shoulder
 - Strongly tap the patient's shoulder
 - Give chest compressions
- How can you check to see if a patient is **breathing or not**? (choose only one)
 - Put him or her in recovery position
 - Look** to see if the chest is moving up and down, **Listen** for sound of breathing at the person's mouth, **Feel** for the breath on your cheek
 - Give chest compressions
- What is the appropriate position for a patient who is **unconscious but breathing**? (choose only one)
 - Lying with legs elevated
 - Lying on the side in the recovery position
 - Sitting up straight
- It is okay for a patient or family member to feel sad or upset after a First Aid incident.
True / False (circle one)

8. How long should you give **chest compressions** for? (*choose only one*)
- A. For 5 minutes
 - B. For 10 minutes
 - C. For 20 minutes
 - D. Until you get outside help to make a decision about further care.
9. What is the **rate of chest compressions**? (*choose only one*)
- A. 50 times per minute
 - B. 100 times per minute
 - C. 200 times per minute
10. If a patient is **choking**, what should you do **first**? (*choose only one*)
- A. Give 5 back blows
 - B. Give 5 abdominal thrusts
 - C. Ask the person, "Can you talk? Are you choking?"
11. What is the best and safest way to **stop bleeding** of a limb? (*choose only one*)
- A. Tie a rope around the limb and tighten it as much as possible
 - B. Use traditional medicine to stop bleeding
 - C. Firmly apply pressure to the wound
12. What should you do if **bleeding seeps through a bandage**? (*choose only one*)
- A. Release the old bandage and put the new one
 - B. Do not release the old bandage but put the new one in addition
 - C. Tie a rope around the limb
13. The best way to treat and immobilize a broken bone is to massage the broken bone.
True / False (*circle one*)

14. What is the best way to treat a burn? (*choose only one*)
- A. Break the blister and dead skin
 - B. Cool the burned area with cool, clean water
 - C. Put ice on the burn
15. What should you do if the patient's condition **gets worse during transportation**? (*choose only one*)
- A. Stop the vehicle and continue to help patient
 - B. Continue to travel until you arrive at the hospital or clinic
16. It is the VHV's responsibility to **document** the First Aid care he or she provides. **True / False** (*circle one*)
17. The VHV should **wash her hands** before and after cleaning a wound.
True / False (*circle one*)
18. If a person has a **snakebite**, you should **suck the wound**.
True / False (*circle one*)
19. It is a good idea to move a patient with a **head or spine injury**.
True / False (*circle one*)
20. What is the best way to open the patient's airway?
- A. Ask a doctor to do it
 - B. Use the head tilt/chin lift
 - C. Put the patient in recovery position

Stop!

**Did you answer every question?
Go back and check**

Day 1 Session 2: First Aid Principles and Action Plan

Estimated Duration: 30 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Explain the principles of First Aid
- 1.2 Explain the four steps of the First Aid Action Plan (assess, plan, implement, evaluate)

2. Main Learning Points

2.1 Principles of First Aid (adapted from IFRC):

- Stay calm and do not risk your own safety, that of the injured person, or of other people in the area (prevent further injury).
- Manage the situation to make sure that there is safe access to the person.
- Manage the person and provide first aid care.
- Do things step by step to avoid making mistakes, getting overwhelmed, or missing important information.

2.2 Four Steps of First Aid (adapted from IFRC):

- **Assess** the situation
- Make a **Plan** for providing first aid
- **Implement** your plan
- Continue to **Evaluate** the patient and your treatment plan, and update as necessary

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Present the First Aid Principles and the four steps of First Aid.	10 minutes
2. Demonstration	Demonstrate four steps of First Aid	15 minutes
3. Checking for understanding	Play “Ball Toss” to check participants’ understanding of the learning objectives	5 minutes

4. Materials and Preparation

- Prepared chart paper with the four principles of First Aid Management
- Prepared chart paper with the four steps of First Aid action: assess, plan, implement and evaluate
- Ball or another soft object to toss

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> ▪ Prepared chart paper with the four principles of First Aid Management ▪ Prepared chart paper with the four steps of First Aid action 	<ol style="list-style-type: none"> 1. Introduce the topic and the learning objectives. 2. Briefly introduce the principles of First Aid using the prepared chart paper (see <i>Topic Summary</i>) 3. Briefly introduce the four steps of First Aid action using the prepared chart paper (see <i>Topic Summary</i>) <div style="background-color: #f0f0f0; padding: 10px; margin-top: 10px;"> <p>Trainer's Tip: Brainstorming is not necessary during this activity. Participants will have a chance to share their ideas during the demonstration in Activity 2.</p> </div>	
Activity 2: First Aid Action Plan Demonstration Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • none 	<ol style="list-style-type: none"> 1. Ask for a volunteer to pretend to be an injured person. Ask him or her to lay down in front of the room. Make sure that all participants can see. 2. Explain the following scenario: <i>You are walking home and find an elderly man lying unconscious at the side of the road.</i> 3. Ask: <i>What should you do first?</i> Accept all answers that have to do with assessing both the scene and the person (i.e. look around to see what might have caused the injury, make sure the scene is safe for you to enter) 4. Demonstrate how you would assess the 	Initial Informal: Listen carefully as participants share ideas and correct ones that are incorrect.

	<p>situation and the person on the volunteer.</p> <p>Trainer's Tip: Go around the circle as you ask individuals to explain the step by step process so that everyone participates, not just the most eager volunteers.</p> <ol style="list-style-type: none"> 5. Explain that you have found that the person is breathing and has no visible injuries. 6. Ask: <i>What would you do next?</i> Accept all answers that have to do with making a plan for providing first aid (i.e. call for help if needed, remove the person from the scene if it is not safe, etc.) <p>Trainer's Tip: At this point participants may not know how to plan for specific First Aid procedures. It is okay to provide general answers at this point. They will learn how to plan for specific injuries throughout the</p> <ol style="list-style-type: none"> 7. Explain that several people have come to help, that the person has not yet woken up. 8. Ask: <i>What do you do next?</i> Accept all have to do with implementing First Aid (i.e. provide immediate First Aid if needed, provide emotional support to the family, arrange for transport) 9. Ask: <i>After the person has been transported to further care, what do you do?</i> Accept all answers that have to do with evaluating their first aid intervention and providing follow up care when the person returns to the village. 10. Answer any additional questions about the process or the 4 steps a VHV must use in order to provide First Aid (Assess, Plan, Implement, Evaluate) 	
<p>Activity 3: Checking for Understanding</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p>	<ol style="list-style-type: none"> 1. Explain that you want to check the participants' understanding about First Aid Principles and Action Plan by playing "Ball Toss". 2. Ask: <i>What is one of the 4 Principles of First Aid?</i> and toss a ball (or another safe object) to one participant. The participant who catches the ball must name 1 principle of First Aid. 	<p>First Aid Principles and Action Plan. Trainer listens carefully to participants'</p>

<ul style="list-style-type: none"> Ball or other small object to toss 	<ol style="list-style-type: none"> Ask this participant to toss the ball to another participant. He or she must name another principle of First Aid. Continue until all 4 principles are shared. Ask: <i>What are the 4 steps of a First Aid Action Plan?</i> Repeat the ball toss game again. Toss the ball to a participant and ask him or her to share Step 1 (Assess) and <u>explain</u> it. Continue the game until all 4 steps have been shared. Congratulate participants for correct responses. Explain that participants will continue to practice the four steps of First Aid throughout the training. Any first aid situation that they practice should include going through the Action Plan steps. 	<p>answers and provides clarification or correct answers when needed.</p>
--	--	---

6. Topic Summary

(adapted from IFRC guidelines)

6.1 Principles of First Aid

There are four main principles of First Aid. In any First Aid situation, it is important for the VHV to follow these principles:

- Stay calm and do not risk your own safety, that of the injured person, or of other people in the area (prevent further injury).
- Manage the situation to make sure that there is safe access to the person.



- Manage the person and provide first aid care (preserve life and promote recovery).



- Do things step by step to avoid making mistakes, getting overwhelmed, or missing important information.



6.2 First Aid Action

There are four main steps for any **First Aid action**:



These steps are important to follow so that we take good care of ourselves, the patient, and the observers. They also help us make sure we don't miss any important information or actions in the care process.

Step 1: Assess

The first step is Assess. You need to assess the situation to make sure it is safe for you and for the injured person. You also need to assess the injured person to determine what kind of First Aid they need.

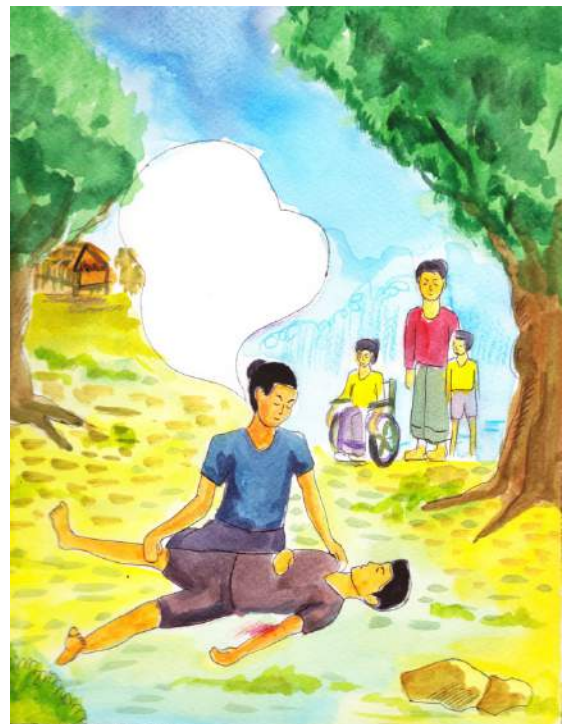
Assess the situation



Make sure that the situation is safe for you and the patient.

- Are there any dangers that still remain from the cause of the accident? Are there any new dangers?
- If there is more than one injured person, determine who you will assist first

Assess the injured person



- Is the person breathing? If not, open the airway. Is he/she conscious? If not, begin basic life support.
- What are the person's injuries? Might he/she have a spinal injury? Avoid moving the person if possible.
- Is the patient in shock or at risk for psychological trauma? You might need to provide psychosocial support.
- If there is more than one patient, make sure you do a brief assessment of each patient and then determine who to assist first based on their injuries. **If you focus on one patient who doesn't have life threatening injuries without assessing the other patient, you might miss a major injury that needs to be addressed first.** Always make sure airways are open first.

Step 2: Plan

The second step is plan. Make a plan for your own actions. If necessary, make a plan to get outside assistance.

- Call for medical help or get help from other community members.
- Plan what steps you will take based on your initial assessment of the injured person (see *Step 1: Assess*).
- Provide First Aid until help arrives or until you can transport the patient to further care.

If you are with more than one injured person:

- **First call for help.**
- **Then start to give first aid in the following order:**

1. Check to make sure airway is clear for patients that are not breathing
2. Patients with major bleeding where their injury might bleed out and die within a few minutes
3. Patients not breathing (CPR)
4. Head trauma
5. Minor bleeding control
6. Splinting broken bones and cleaning minor wounds

- Make sure you also consider your own safety in the plan



Step 3: Implement

The third step is to implement, or *do* your plan.

- Give immediate First Aid if necessary (Basic Life Support or Breathing)
- Give First Aid based on the prioritization of injuries from the initial assessment
- Give support to the patient, family, and bystanders as necessary
 - This includes keeping the patient and family informed of what you are doing and what your medical plan is so that they feel like you have a good process to help them.
- If necessary, prepare the person for transportation

Step 4: Evaluate

The fourth step is to evaluate your First Aid actions:

- If you need outside help, make sure that it is on its way.
- Make sure the scene of the accident is safe. If it becomes unsafe, move the injured person.
- Continue evaluating your patient: Recheck your initial assessment (see *Step 1: Assess*) to make sure that injuries have not changed and new problems have not become apparent
- Check bandages, splinting, etc.
- Keep family informed of any changes in the First Aid action plan.

This First Aid Action Plan process should be followed in every first aid situation.

7. Resources

- IFRC Facilitators Guide for CBHFA, Volume 2, 2009

8. Supplemental Materials:

- None

Day 1 Session 3: *Trauma and Community Support*

Estimated Duration: 60 minutes

2. Learning Objectives

By the end of the session, participants will:

- 2.1. Understand that it is normal for patients, family members and other community members to feel distressed because of a traumatic event.
- 2.2. Understand that patients, family members and other community members may need emotional support during or after a traumatic event.

2. Main Learning Points

- 2.1 Community Support and Trauma is giving supportive and practical help to people who feel mentally or emotionally distressed because of a traumatic event.
- 2.2 Patients, family and community members can all be mentally or emotionally affected by a traumatic event.
- 2.3 Different people react differently to traumatic events. There is no “right” way to react or feel.
- 2.4 VHV can provide support both during and after a traumatic event to help a person who is feeling distressed because of a traumatic event.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction and Discussion	Briefly present the session topic and learning objectives. Facilitate a discussion to define Community Support and Trauma, identify individuals who may be affected by traumatic events, and how people may feel as a result.	20 minutes
2. Guided role play	Participant volunteers role play a story while the trainer reads it. Participants discuss the various ways a VHV can provide community support throughout the story.	30 minutes
3. Checking for Understanding	Participants play the AGREE/DISAGREE game to demonstrate their understanding of the lesson.	10 minutes

4. Materials and Preparation

- Chart paper
- Marker
- Story of Uncle Bounmy and the UXO Accident (see Supplemental Materials)
- Mat (to use during the role play)

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction and Discussion Duration: 20 min. Materials & Preparation: <ul style="list-style-type: none"> • chart paper • marker 	<ol style="list-style-type: none"> 1. Briefly introduce the lesson topic and learning objectives 2. Ask: <i>Have you ever heard of Community Support and Trauma? What does it mean?</i> Encourage participants to share their ideas. 3. Explain the meaning of Community Support and Trauma (see Topic Summary 6.1). Invite participants to turn to Lesson 3 in their participants' manuals and follow along if they choose. 4. Ask: <i>Who might experience mental or emotional distress because of a traumatic event?</i> Encourage participants to share their ideas. 5. Explain that patients, family and community members may experience distress. Explain what may cause these feelings in each of these groups (see Topic Summary 6.2) 6. Ask: <i>How might a person feel after a traumatic event?</i> 7. Record participants' ideas on chart paper. Accept all answers. Add any missing answers included in Topic Summary 6.3. 8. Emphasize that there is no "right" way to feel after an accident. Some people may have mild reactions whereas other people may have very strong reactions (see Topic Summary 6.3). 	<p>Listen carefully to participants' responses to the discussion questions. Add any information participants do not say that is included in the Topic Summary. Correct any misconceptions participants may have (any ideas that are not in line with the Topic Summary).</p>
Activity 2: Guided Role play Duration: 30 min.	<ol style="list-style-type: none"> 1. Say: <i>VHV can do some specific things to help people who experience distress after an accident. In order to get some ideas we will act out a story called "Uncle Bounmy and the UXO accident". During the story I will stop and ask you to share</i> 	<p>Allow students to contribute ideas throughout the story first. If</p>

Materials & Preparation: <ul style="list-style-type: none"> • Story of Uncle Bounmy and the UXO Accident (see Supplemental Materials) • Mat 	<i>your ideas.</i> 2. Turn to the Supplemental Materials section of this lesson. Follow the script for the story of “Uncle Bounmy and the UXO accident”.	they are unsure or provide an incorrect answer, share the correct answers as provided in the script.
Activity 3: Checking for Understanding Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • None 	1. Tell the participants to turn to Lesson 3 in their manuals. 2. Briefly review any “Dos” and “Don’ts” (see Topic Summary) that were not discussed during the role play. 3. Play the agree/disagree game: Designate one side of the room as a AGREE and the other side as DISAGREE . Read the statements below. Ask participants to move to the appropriate side of the room according to what they think the correct answer is. Read the following statements one by one and review the correct answers: <ol style="list-style-type: none"> Only patients can feel distressed after a traumatic event (<i>Answer: DISAGREE. Family and community members may also feel distressed</i>) It is normal for someone to feel sad, angry, anxious and many other feelings after a traumatic event (<i>Answer: AGREE.</i>) Every person reacts the same way after a traumatic event. (<i>Answer: DISAGREE. Everyone reacts differently.</i>) One of the best things a VHV can do to give community support is to listen to a patient without judging. (<i>Answer: AGREE.</i>) 4. Ask if participants have any additional questions.	Allow participants to respond to the statements before giving the correct answer. Make sure all participants walk to the side of the room that represents their answer.

1. Topic Summary

6.1 What is Community Support and Trauma?

We know that traumatic events such as car accidents, UXO accidents, fires, etc. can cause physical pain. They can also cause mental or emotional pain. **Community Support and Trauma** is giving supportive and practical help to people who feel mentally or emotionally distressed because of a traumatic event.

6.2 Who can be affected?

- **Patients** can feel distressed due to...
 - The experience of the accident
 - Loss of a body part
 - Loss of a body function
- **Family** can feel distressed due to...
 - Loss of loved ones
 - Uncertainty in how to help their loved one
 - Concern about their loved one's future
- **Other community members** can feel distressed due to...
 - Witnessing the accident or death

6.3 Distressed Feelings and Reactions

Different people can have different reactions to traumatic events. People might feel:



- Sad
- Afraid
- Confused
- Overwhelmed
- Anxious
- Angry
- Numb
- Detached
- Withdrawn



There is no “right” way to feel after an accident. Some people may feel sad, whereas others may feel angry. Some people may have mild reactions, whereas others may have more severe reactions.

6.4 How can the VHV help?

Most people can recover from these feelings over time and with some support. Here are some ways the VHV can help:

During the Accident

- 1. Provide First Aid.** The main role of the VHV is to provide medical care and get the patient to further care if needed.
- 2. Take charge of the situation.** Sometimes, during an accident, community members want to help but they don't know how. Taking charge and leading others can be very helpful. For example:
 - Direct traffic
 - Give bystanders specific tasks
- 3. Communicate what you are doing and what will happen next**
 - Ask the patient what happened, how they are doing and what they are feeling. Allow them to talk if they want to talk. If they don't want to talk, don't force them.
 - Remind the patient that you are there to help.
 - Explain to the family what is happening and what you are doing when they arrive.
 - If you think someone is very distressed, do not let him or her go home alone. Make sure someone goes with.

After the Accident

It is normal for patients, family and community members to continue to feel distressed even after the accident is over. Some people may even have nightmares, jump at loud noises, get angry easily, or have difficulty concentrating. Some people may feel distressed for many weeks or months.

Here are some ways a VHV can support a person after the accident:

DO

- Visit the person at home after the accident
- Make sure the person has all the materials they need (bandages, medicine, etc.)
- Listen if they want to talk about the accident
- Reassure them that their feelings are normal
- Invite the patient to community events and celebrations
- Encourage the patient to participate in community development projects – encourage the village administration to include the patient and family in any list of names for community campaigns or livelihoods projects.
- Give information on how to access services and things they need
- Ask a medical professional for help if the patient continues to feel distressed
- *If the patient is a child, make sure he/she is going to school – if the child is not going to school, ask the parents and teacher what is the problem and see how the village, school and family can work together to find a solution*

DON'T

- Force a person to share or talk if they do not want to

- Tell a person what to think or how to feel. Saying things like “you should feel lucky to be alive” often may make a person feel worse instead of better.
- Discriminate against, stigmatize or exclude a person because of his or her injuries

2. Resources

- AAR First Aid Training Participant’s Manual for VHV in Laos, 2012IFRC Facilitator Guide for CBHFA, Volume 2, 2009
- WE First Aid Handbook, 2011

Images

- *Image 1:* <http://www.wikihow.com/Image:Express-Your-Emotional-Pain-the-Healthy-Way-Step-4.jpg> (CC BY-NC-SA 3.0)

3. Supplemental Materials

Story of Uncle Bounmy and the UXO Accident

Tell the participants: *I am going to tell you a story. While I tell the story, I need two volunteers - one volunteer to be the VHV and one volunteer to be “Uncle Bounmy”. As you listen to the story, think about what you can do to provide Community Support.* Begin the story:

It is a beautiful day. The air is fresh after the rain and all the farmers are going to the fields to prepare for planting rice. You begin to make your plans for the day. Suddenly you hear an explosion. You run to the sound. When you arrive, you see many villagers gathered around Uncle Bounmy. Uncle Bounmy is lying facedown and there is blood everywhere. Some of the villagers are screaming.

STOP! Invite some volunteers to join the roleplay. Ask them to be the villagers gathering around Uncle Bounmy.

Ask the participants: What should the VHV do? Invite them to look at Lesson 3 in their participant’s manuals for ideas. Encourage them to share their ideas. Then share any correct answers they do not say:

Examples of some correct answers:

1. Provide First Aid. (explain that participants will learn exactly how to do this later.)
2. Take charge of the situation. Tell the villagers what to do. For example:
 - Ask a villager to get a cell phone and call the health clinic
 - Ask a villager to inform Uncle Bounmy's family what is happening
 - If Bounmy landed in an unsafe place like in mud or water, or on a busy road, move him to a safe place. Watch out for animals or for people running around.
3. Communicate what you are doing and what will happen next
 - Ask Uncle Bounmy what happened
 - Ask Uncle Bounmy how he is feeling
 - Tell Uncle Bounmy that you are there to help
 - When Uncle Bounmy's family arrives, explain that you are going to stop the bleeding and then you will need help transferring him to the nearest hospital

Continue telling the story:

You discover that an exploding bomb hit Uncle Bounmy's leg. He is unconscious but not breathing. You give Uncle Bounmy First Aid for bleeding control (you will learn how to do this later). You and Uncle Bounmy's family transfer him to the hospital. On the way to the hospital, Uncle Bounmy's wife is very upset. She is crying and very worried.

Stop! Invite more volunteers to join the roleplay as Uncle Bounmy's family, including his wife.

Ask the participants: *What should the VHV do to support Uncle Bounmy and his wife?*
Encourage them to share their ideas. Then share any correct answers they do not say:

Examples of some correct answers:

- Continue providing First Aid to Uncle Bounmy if needed
- Tell Uncle Bounmy's wife that it is okay to feel sad or scared.
- Listen to Uncle Bounmy's wife if she wants to talk.
- Do NOT force her to talk if she does not want to.
- Do NOT tell her how she should feel.

Continue telling the story:

Uncle Bounmy spends a few weeks in the hospital. The doctors treat him and his condition improves, but he has a very serious wound. When he returns home from the hospital, he has difficulty walking. He is very quiet since the accident. His wife tells you he is not sleeping well and acting strange.

Stop!

Ask the participants: What should the VHV do to support Uncle Bounmy after he returns home from the hospital? Encourage them to share their ideas. Then share any correct answers they do not say:

Examples of some correct answers:

DO

- Visit Uncle Bounmy at home
- Make sure he has everything he needs (i.e. bandages and medicine)
- Ask him how he's feeling
- Listen if he wants to talk. Tell him whatever he is feeling is okay
- Invite the patient to community events and celebrations
- Encourage the patient to participate in community development projects
- Encourage his family to provide him some kind of light work that he can do if he cannot go to farm rice
- Give information on how to access services and things they need
- Ask a medical professional for help if the patient continues to feel distressed

Note: If Uncle Bounmy were a child, it would be important to make sure he continues going to school.

DON'T

- Force Uncle Bounmy to talk if he doesn't want to
- Tell him what to think or how to feel. Don't say "you should feel lucky to be alive".
- Discriminate against, stigmatize or exclude Uncle Bounmy because of his injuries

Thank the participants for their participation.

Day 1 Session 4: *Basic Body Functions & Basic Life Support*

Estimated Duration: 1 hour 25 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Explain the basic function of oxygen in the body and the consequences caused by a lack of oxygen
- 1.2 Define *basic life support*
- 1.3 Demonstrate the steps for basic life support for a person who is unconscious and breathing
- 1.4 Demonstrate the steps to put a person in recovery position

2. Main Learning Points

- 2.5 Oxygen is a gas in the air that our bodies need to function. We get oxygen through the airway, breathing and circulation.
- 2.6 Basic life support is a life-saving technique to maintain the airway, breathing and circulation (ABCs) of an injured person so that he or she can continue to get oxygen.
- 2.7 If the area is not safe for you or the injured person, move the person to a safe location.
- 2.8 If the person is face down and needs basic life support, turn the person face up.
- 2.9 If the person is unconscious, has an open airway, and is breathing, turn the person onto his side (recovery position) with the person's hand in front.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Give a short presentation on the importance of oxygen in our bodies (basic body functions) and basic life support	20 minutes
2. Demonstration	Trainer demonstrates the steps for giving basic life support for a person who is unconscious and breathing, including the recovery position	25 minutes
3. Practice	Participants practice basic life support for an unconscious, breathing adult, including the recovery position in groups of 3	30 minutes
4. Checking for Understanding	Participants play a game to explain how to provide basic life support and place a person in the recovery position.	10 minutes

4. Materials and Preparation

- Prepared short presentation on the basic body functions and basic life support using the Main Learning Points (Section 2).
- Prepared chart paper with the key information regarding basic life support (see *Topic Summary*)
- Basic life support checklist (see *Supplemental Materials*)
- Ball or other object to toss for review game
- Upper respiratory track model

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction Duration: 20 min. Materials & Preparation: <ul style="list-style-type: none"> • Prepared short presentation • Upper Respiratory Track Model 	<ol style="list-style-type: none"> 1. Ask: <i>Have you ever come across someone who is unconscious? If so, what did you do?</i> Encourage a few participants to share. <div> Trainer's Tip: If necessary, describe the meaning of <i>unconscious</i> – <i>not aware of or not responding to the surroundings</i>. </div> <ol style="list-style-type: none"> 2. Explain the learning objectives of the session. 3. Give a brief presentation on the basic body functions and basic life support (see <i>Topic Summary</i>). If available, use the upper respiratory track model in your presentation. 	<p>Listen carefully as participants share prior experience with basic life support. Note any misconceptions and be sure to address them in Activity 2.</p>
Activity 2: Demonstration Duration: 25 min. Materials & Preparation: <ul style="list-style-type: none"> • Review the steps for basic life support provided in 	<ol style="list-style-type: none"> 1. Ask for a volunteer (or another trainer) to come to the front of the group to role play a person who is unconscious and breathing and in need of basic life support. 2. Demonstrate the steps for basic life support for a person who is <i>unconscious and breathing</i>. Demonstrate steps of the recovery position. <div> Trainer's Tip: Be sure to give clear, step-by-step instructions as you demonstrate. Say the steps aloud as you do them and repeat if necessary. </div>	<p>As you demonstrate, ask participants if they need to see a step or a series of steps again and repeat as needed.</p>

the topic summary before facilitating this activity	<ol style="list-style-type: none"> 3. Invite 2 new volunteers to the front. Ask one to be the patient and one to be the VHV. Ask the VHV to demonstrate the steps for basic life support and the recovery position. Provide guidance as needed. 4. Thank the participant and ask if there are any questions. 	
<p>Activity 3: Practice</p> <p>Duration: 30 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Basic life support checklist (see <i>Supplemental Materials</i>) 	<ol style="list-style-type: none"> 1. Explain that participants will have the next 30 minutes (approximately) to practice providing basic life support to a person who is unconscious and breathing. 2. Divide participants into groups of 3 people. Explain that they will rotate playing the following roles: <ul style="list-style-type: none"> • Person who is unconscious and breathing (<i>patient</i>) • Person who will provide basic life support (<i>VHV</i>) • Person watching (<i>observer</i>) 3. Refer to the checklist (see <i>Supplemental Materials</i>) and explain that the observer's responsibility is to use the checklist and check steps off as the VHV does them. Observers can give hints if the VHV cannot remember a step. 4. After each practice, the observer provides feedback to the VHV. 	<p>Trainer walks around to observe each group and provide feedback as needed.</p> <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <p>Trainer's Tip: Be sure to praise participants as they do the steps correctly.</p> </div> <p>Peer Assessment: Participants use the checklist to assess each other as they practice.</p>

	<p>Trainer's Tip: If participants are unclear how to use the checklist, give a short demonstration:</p> <ul style="list-style-type: none"> • Ask participants to turn to the Basic Life Support checklist in their manuals. • Invite a volunteer or the assistant trainer to follow the steps of giving Basic Life Support in front of the whole group. • After each step, ask the whole group: <i>Did the VHV follow Step 1 (Assess the scene to make sure it is safe)?</i> Ask the participants to respond <i>yes</i> or <i>no</i> as a group. • If the volunteer followed the step correctly, continue on to the next step with the participants following the checklist in their manuals. • If the volunteer did not do the step or did it incorrectly, ask him or her to complete it again. • Continue following each step in the checklist. Make sure to stop after each step and ask the whole group: <i>Did the VHV follow the step correctly?</i> Also, make sure participants answer <i>yes</i> or <i>no</i> before continuing to the next step. <p>5. Make sure that each participant has an opportunity to play the role of the VHV (person giving basic life support).</p>	
<p>Activity 4: Checking for Understanding</p> <p>Duration: 10 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • ball or other object to toss 	<ol style="list-style-type: none"> 1. Call participants back together into the whole group. 2. Ask the following questions to review: <ol style="list-style-type: none"> a. <i>What is oxygen? Why do we need it?</i> b. <i>What is Basic Life Support?</i> 3. Ask for a volunteer to come back up to the front of the group to role play a person who is <i>unconscious and breathing</i>. 4. Explain that you need to provide basic life support to this person, but you need the participants to tell you how to do it step by step. 5. Toss a ball (or other object) to one participant. Ask him or her what you should do first. 6. After the participant tells you the correct step, model the step on the volunteer. 	<p>Participants describe the process of providing basic life support step by step. Trainer does not give answers at first, only corrects mistakes. Encourage participants to answer without looking in their manuals. Take</p>

	<p>7. Ask him or her to toss the ball to another participant, who can tell you the next step.</p> <p>8. Continue tossing the ball until all steps have been described, including each step of the recovery position.</p> <p>Trainer's Tip: The more specific you ask the participants to be, the better. Encourage them to be specific. Make some mistakes on purpose – do some procedures incorrectly when the participants do not describe the step clearly. Ask: “Like this?” to see if they can be more specific or correct their own mistake.</p>	<p>note of any participants that are struggling with the content so you can give them additional support, particularly in the CPR lesson.</p>
--	---	---

5. Topic Summary

Oxygen and our Bodies *(adapted from AAR)*

- Oxygen is a gas in the air around us. It has no smell or color.
- Our bodies need oxygen in order to function
- Our bodies get oxygen from the air through the Airway, Breathing and Circulation:

Airway

- The airway is the tube that allows oxygen to get into the lungs
- The airway needs to be open for the oxygen to get to the lungs

Breathing

- When we breath, we are sending oxygen into our lungs
- When we breath in, the lungs expand and the oxygen moves in
- When we breath out, the lungs compress and the waste moves out

Circulation

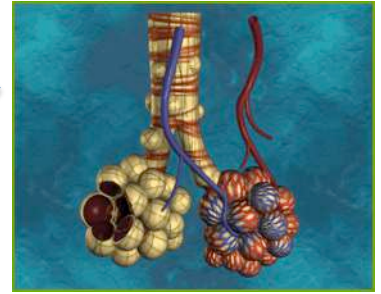
- Blood carries oxygen from the lungs to all parts of the body
- The heart is like a pump. It squeezes blood with oxygen through the blood vessels
- Blood Vessels: Blood is pumped into all parts of the body through tubes called arteries and flows back to the heart through tubes called veins



Airway



Breathing



Circulation

What is Basic Life Support? (adapted from IFRC)

Basic Life Support is a life-saving technique to maintain the Airway, Breathing and Circulation of an injured person so he or she can continue to get oxygen.

- **Airway:** keeping the nose, mouth and throat open and free from obstruction so air can get to the lungs.
- **Breathing:** keeping air flowing in and out of the lungs.
- **Circulation:** keeping the movement of blood through the heart and the body.

a. Steps to check airway and breathing (adapted from IFRC)

Assess:

- Assess the scene to make sure its safe
- Assess the patient to see if he or she responds:
 - Tap or gently shake the patient's shoulders
 - Ask, "Are you alright?"
 - If person responds (is conscious), leave in position you found him or her, unless in danger.
 - If the person is in danger, move him to a safe place.
 - Determine what happened and whether help is needed.



Get help:

- Shout "Help!"



If he or she does not respond (unconscious), turn slowly onto back, while supporting the head and neck.



A. Airway

Open the airway by using the **head tilt** and **chin lift**:

1. Carefully tilt the head back
2. Lift the chin to open the airway



B. Breathing

1. Assessment: determine if the person is breathing (allow ten seconds):
 - **Look** to see if chest is moving up and down
 - **Listen** for sounds of breathing at the person's mouth
 - **Feel** for breath on your cheek
2. If the person is unresponsive, has an open airway, and is breathing, turn the person onto his side (See 6.4: *Recovery Position*) with the person's hand in front. This will prevent choking if the person vomits.
3. If the breathing tube is blocked, clear the airway:
 - Reposition with head tilt and chin lift
 - Check inside the mouth for an obstruction
 - Clear the airway with your finger
4. Continue to check for breathing: **Look**, **Listen** and **Feel**
5. Monitor until help arrives or until you can transport the patient to further care
6. Continue to check for breathing by looking at the chest for rise and fall, feel with your hand in front of the mouth and nose and listen for breathing sounds.



Note: Circulation will be addressed in Session 5: CPR

Recovery position

If the person is unresponsive but has an open airway and is breathing, move him or her into the recovery position:

1. Lift one arm up and out, place the other arm over the chest.
2. Push the foot up towards the chest so that the knee is at a right angle (on the same side as the arm over the chest).
3. Roll the person over on his side towards you by placing your hands on the person's hip and shoulder.
4. Put the person's hand on the upper arm under his chin. Tilt the head backwards and keep the airway open.
5. While the patient is in the recover position, check for breathing using **Look, Listen, Feel** (see 6.3 *Breathing*)



7. Resources

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- IFRC Facilitator Guide for CBHFA, Volume 2, 2009

8. Supplemental Materials

Basic Life Support Practice Checklist		YES	NO
Assess	Assess the scene to make sure it is safe		
	Assess the patient: <ul style="list-style-type: none"> • Check if he is responsive (i.e. tap and say “are you alright?”) • Check if he is in danger. If necessary, move to a safe place • Get help • If face down, turn face up supporting neck and head • If breathing but unconscious, put in recovery position (<i>see below</i>) 		
Airway	Open the airway: <ol style="list-style-type: none"> 1. Tilt head back 2. Lift chin 		
Breathing	Check for breathing (allow 10 seconds): <ul style="list-style-type: none"> • Look to see if chest is rising and falling • Listen for the sound of breathing • Feel for breath against your cheek If the breathing tube is blocked, clear the airway: <ol style="list-style-type: none"> 1. Reposition with head tilt and chin lift 2. Check inside the mouth 3. Clear the airway with your finger 		
	If the patient is breathing normally, put him in the recovery position (<i>see below</i>)		
Recovery Position	Put the patient in recovery position: <ol style="list-style-type: none"> 1. Lift one arm up and out, place the other arm over the chest. 2. Push the foot up towards the chest so that the knee is at a right angle. 3. Roll the person over on his side. 4. Put the person’s hand under his chin. 5. Tilt the head backwards and keep the airway open. 6. Check for breathing 		

Day 1 Session 5: *Cardiopulmonary Resuscitation (CPR)* – *Unconscious and Not Breathing*

Estimated Duration: 1 hour 15 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1** Define Cardiac Arrest and CPR.
- 1.2** Demonstrate the steps of CPR for an adult who is unconscious and not breathing.
- 1.3** Demonstrate the steps of CPR for a child who is unconscious and not breathing.
- 1.4** Demonstrate the steps of CPR for an infant who is unconscious and not breathing.

2. Main Learning Points

- 2.1** If the patient unconscious and is in danger, move him/her to a safe place.
- 2.2** If the patient is face down and needs Basic Life Support, turn him/her face up. (*see Session 4: Basic Body Functions and Basic Life Support*)
- 2.3** If the patient is unconscious, has an open airway and is still breathing, put the patient in the recovery position. (*see Session 4: Basic Body Functions and Basic Life Support*)
- 2.4** If the patient is not breathing, provide CPR immediately by following these steps:
 - Turn the patient on his or her back
 - Open the airway
 - Check for breathing (look, listen, feel)
 - Give 30 chest compressions
 - Open the airway and give 2 breaths
 - Continue until the patient can receive further medical care

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Define Cardiac Arrest and CPR.	5 Minutes
2. Demonstration	Demonstrate the steps of CPR for an adult, child and infant who is not breathing.	15 Minutes
3. Practice	Participants practice CPR for an adult, child and infant in small groups.	45 Minutes
4. Checking for Understanding	Trainer asks participants questions to check their understanding of the topic.	10 Minutes

4. Materials and Preparation:

- Mannequin
- Baby mannequin or doll
- Chest drawing (for participants to practice chest compressions)
- Prepare a short presentation using the information in the Topic Summary (Section 6) by writing the following basic steps of CPR on a chart paper:
 - *Make sure that the injured person and all the supporting people are safe*
 - *Check the injured person's responsiveness by asking "Are you alright?" and tapping or gently shaking his shoulders*
 - *Call for help*
 - *If the injured person does not respond (is unconscious), turn face up*
 - *Check airway, breathing and blood circulation*
 - *Find the pulse by pressing the your fingers on the side of the neck (carotid artery).*
 - *If the victim is not breathing, begin CPR:*
 - *Give 20 chest compressions (about 100 per minute)*
 - *Give 2 rescue breaths*
 - *Continue CPR until further medical care is received or the injured person starts breathing.*

5. Plan of Activities

Activity, Duration, Materials and Preparation	Process	Assessment
Activity 1: Introduction Duration: 5 min.	1. Ask the participants: <i>What do you know about CPR?</i> Allow the participants to share their prior knowledge and experience for 1-2 minutes. 2. Briefly present the learning objectives, define	Trainer listens carefully to participants' ideas. Take

Materials & Preparation: <ul style="list-style-type: none"> • Flip chart with basic CPR steps (see Materials and Preparation) 	<p>cardiac arrest and CPR.</p> <p>3. Briefly present the First Aid steps for CPR</p>	<p>note of any misconceptions or confusions and address them during the presentation and demonstration.</p>
<p>Activity 2: Demonstration</p> <p>Duration: 15 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Mannequin • Baby mannequin or doll • Chest drawing (see Supplemental Materials) 	<p>1. Demonstrate the steps to provide CPR:</p> <ul style="list-style-type: none"> • Ask for a volunteer to roleplay as a person who is unconscious and NOT breathing. • Demonstrate the steps of CPR, beginning with assessing the scene. <p>4. Thank the volunteer and all participants for their participation.</p> <p>5. Demonstrate appropriate compressions and breaths with the mannequin (if available).</p> <p>6. Demonstrate the First Aid steps of CPR for infants and children (<i>see Topic Summary section 6.3</i>).</p> <p>Trainer's Tip: Make sure to demonstrate each step clearly and accurately. Say the step aloud as you do it so the participants understand what you are doing. Do NOT give real compressions to a participant. Use the mannequin to demonstrate the compression technique, and pretend to give compressions when demonstrating on a participant. Clean and sterilize the mannequin after every use.</p>	<p>Trainer asks if participants would like to see the demonstrations again before practicing. Give the demonstration again if necessary.</p>
<p>Activity 3: Practice</p> <p>Duration: 45 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Mannequin • Baby mannequin or doll • Chest drawing (see Supplemental Materials) 	<p>1. Explain that the volunteers will practice the following:</p> <ul style="list-style-type: none"> • Adult unconscious and not breathing • Child unconscious and not breathing • Infant unconscious and not breathing <p>Divide all participants into small groups of 3 members in each group. Explain that they will take turns in the following roles:</p> <ul style="list-style-type: none"> • Patient (injured person) • VHV (person providing Basic Life Support and CPR) • Observer (uses checklist to make sure all steps are followed) 	<p>Trainer's Tip: Praise participants when they do the steps correctly.</p> <p>Trainer walks around to observe each group while they are practicing and</p>

Materials)	<ol style="list-style-type: none"> 3. If possible, rotate the mannequin to each group so that all participants can practice the proper technique of compressions and breaths. Make sure to clean and sterilize the mannequin after every use. 4. Tell the participants to use the chest drawing found in their manuals to practice giving compressions if there are not enough mannequins 5. Remind participants to use the checklist provided (see Supplemental Materials) when roleplaying the observer to assess each other as they follow the steps. 6. Make sure that everyone has enough time to practice. <p>While observed, make sure the checklist has been completed. The observer needs to provide comments after practices.</p>	provides feedback as needed.
Activity 4: Checking for Understanding Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • none 	<ol style="list-style-type: none"> 1. Call the participants back together. 2. Explain that you will ask some questions to review the information from the lesson. 3. Ask: <ul style="list-style-type: none"> ○ What is Cardiac Arrest? (<i>Answer: When the heart suddenly stops working</i>) ○ When do you need to give a patient CPR? (<i>Answer: When the patient is unconscious and NOT breathing</i>) ○ What are the three main techniques of CPR? (<i>Answer: Open the airway, Maintain Breathing, Maintain Circulation</i>) ○ What is the rate of compressions per minute? (<i>Answer: 100</i>) <p>The team with the most correct answers wins.</p>	Trainer listens carefully to answers and provides the correct answer if necessary.

6. Topic Summary

6.1 Overview

Session 4 provides detailed information on Basic Life Support for a person that is unconscious and breathing. However, VHV may also be called to help a person who is unconscious and NOT breathing, or whose heart has stopped beating.

What is Cardiac Arrest?

Cardiac arrest is when a person's heart suddenly stops beating. Cardiac arrest can happen as a result of many accidents, including severe bleeding and heart attacks.

Signs and Symptoms of Cardiac Arrest

- Patient's arms and legs are not moving, cannot speak, difficulty speaking, confused
- Unconscious, not breathing, heart stops beating
- No sign of pulse, no response to surroundings or any type of stimulation.

What is CPR?

Cardiopulmonary Resuscitation (CPR) is a life-saving technique used to help a patient who is experiencing cardiac arrest. By giving CPR, the VHV helps oxygen get to the patient's brain until further medical care is available. CPR consists of 3 important techniques:

Open the airway: keep the nose, mouth and windpipe free from obstruction so that oxygen can reach the lungs

Maintain breathing: keep air flowing to the lungs with the head tilt/chin lift

Maintain blood circulation: keep the blood pumping through the heart and body. Once the patient stops breathing, give compressions.

6.2 First Aid steps for CPR

Assess

- Assess the scene: make sure that the scene is safe for you, the injured person and others.
- Assess the injured persons. Quickly assess the following:
 1. How many injured people are there?
 2. How serious are their injuries?

Help people with these problems first:

1. not breathing
2. unconscious
3. cardiac arrest
4. serious blood loss

Help people with these problems next:

- bone and joint injuries
- paralysis

Plan

- Call for help
- Begin making a plan to get further medical care



Implement

- If unconscious, position on back: Turn the patient slowly onto his or her back while supporting the head and neck



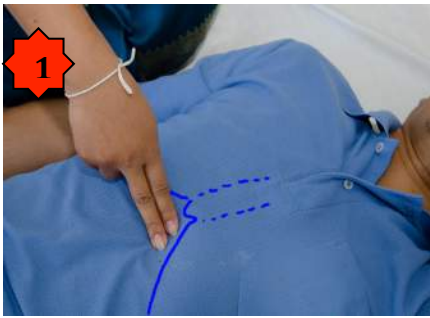
- Airway:
 - Open the airway with the head tilt/chin lift:
 - Carefully tilt the head back
 - Lift the chin to open the airway
 - If the patient is unresponsive, has an open airway and is breathing, put him or her in the recovery position.



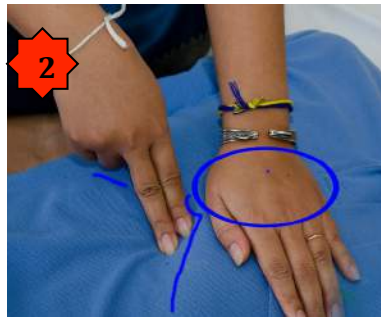
- Breathing:
 - Check to see if the patient is breathing (allow 10 seconds):
 - **Look** to see if the chest is moving up and down
 - **Listen** for the sound of breathing at the person's mouth
 - **Feel** for the victim's breath on your cheek
 - If the airway is obstructed:
 - Reposition the head (head tilt/chin lift)
 - Check for an obstruction and clear the airway with your finger



- Circulation:
 - Give 30 chest compressions (about 100 compressions per minute)
 - Give two rescue breaths



Locate Landmarks



Hand Placement



Chest

Continue giving chest compressions and breaths until further medical care is received or until the victim starts breathing.

6.4 CPR for Infants and Children

- Infant = less than one year old
- Child = between the age of one year and onset of puberty

Give infants and children chest compressions and breaths. However, remember that giving CPR to infants and children is different from giving CPR to adults in these four ways:

1. Chest compressions for children and infants are made over the breast bone, and should be one third of the chest depth.
2. For infants, only use two fingers to give compressions
3. For children, use one or two hands to give compressions
4. Children and especially infants need less air than adults when giving breaths.



Infants: Use 2 fingers to give compressions



Children: Use 1 hand to give compressions

How to give CPR to Infants, Children & Adults

CPR	Infants (less than 1 year old)	Children (1-8 years old)	Children over 8 and Adults
Pulse Location	inner part of the bicep	side of neck	side of neck
Compression Location	2 inches below the nipple line	2 inches above the tip of the breast bone	2 inches above the tip of the breast bone
Compression Method	2 thumbs	1 hand	2 hands
Compression Depth	½ - 1 inch	1 – 1 ½ inches	1 ½ - 2 inches
Rescue Breaths	2 breaths for every 30 compressions	2 breaths for every 30 compressions	2 breaths for every 30 compressions
Compression Rate	100 times per minute	100 times per minute	100 times per minute

7. Resources

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- IFRC Facilitator Guide for CBHFA, Volume 2, 2009
- LRC First Aid Manual, 2010
- Laos Faculty of Nursing Training Manual, 2012-2013
- Wikihow images:
 - <http://www.wikihow.com/Image:Do-CPR-on-a-Baby-Step-7.jpg>
 - <http://www.wikihow.com/Image:Do-CPR-on-a-Child-Step-4.jpg>

8. Supplemental Materials

- See CPR practice checklist attached

CPR Practice Checklist		YES	NO
Assess	Assess the scene to make sure it is safe		
	Assess the patient: <ul style="list-style-type: none"> • Check if he/she is responsive (i.e. tap and say "are you alright?") • Check if he/she is in danger. If necessary, move to a safe place • Get help • If face down, turn face up supporting neck and head • If breathing but unconscious, put in recovery position (<i>see below</i>) 		
Airway	Open the airway: <ol style="list-style-type: none"> 1. Tilt head back 2. Lift chin 		
Breathing	Check for breathing (allow 10 seconds): <ul style="list-style-type: none"> • Look to see if chest is rising and falling • Listen for the sound of breathing • Feel for breath against your cheek 		
	Use your finger to clear the airway of any obstructions.		
	If the patient breaths regularly, place him/her into the recovery position		
Circulation	If not breathing, give 30 compressions		
	Give 2 breaths		
	Continue giving 30 compressions (about 100 time/minute) and 2 breaths until further medical care is available or the patient starts breathing.		

Day 1 Session 8: *Choking*

Estimated Duration: 50 Minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Define choking
- 1.2 Identify the signs of choking
- 1.3 Demonstrate the steps for First Aid for an adult who is choking
- 1.4 Demonstrate the steps for First Aid for a pregnant or obese adult who is choking
- 1.5 Demonstrate the steps for First Aid for an infant who is choking

2. Main Learning Points

- 2.1 Choking can be life threatening.
- 2.2 Choking is when a person struggles to breathe because something is blocking his/her airway
- 2.3 When someone is choking, he/she:
 - Is speechless/gagging
 - Grabs his/her throat
 - Has bluish lips
- 2.4 Death can occur if the blockage is not removed
- 2.5 Provide First Aid for a patient who is choking:
 - Assess the patient
 - Encourage the patient to cough
 - If the patient cannot cough, perform back blows
 - Give 5 abdomen thrusts
 - Give Basic Life Support or CPR if the person who is choking becomes unconscious

3...Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Facilitate a discussion on the signs of choking.	5 minutes
2. Demonstration	Trainer demonstrates the First Aid steps for a patient who is choking	15 minutes

3. Practice	Participants practice the First Aid steps for choking in small groups.	25 minutes
4. Checking for Understanding	Trainer asks participants review questions to check their understanding of the session.	5 minutes

4. Materials and Preparation

- Prepare a short presentation using the Main Learning Points (Section 2)
- Mannequin (to demonstrate hand positioning for back blows and chest thrusts)
- Baby Mannequin or doll (to demonstrate choking First Aid for babies)

5. Plan of Activities

Activity, Duration, Materials and Preparation	Process	Assessment
Activity 1: Introduction Duration: 5 min. Materials & Preparation: <ul style="list-style-type: none"> • Flip chart with Main Learning Points (optional) 	1. Introduce the learning objectives. Ask: <i>What is choking? What are the signs that someone is choking?</i> 2. Add missing information as needed (see Topic Summary)	Trainer listens carefully to participants' answers and corrects any misconceptions or adds missing information as needed.
Activity 2: Demonstration Duration: 15 min. Materials & preparation: <ul style="list-style-type: none"> • Mannequin • Baby Mannequin 	1. Ask for a volunteer to roleplay a patient who is choking. 2. Demonstrate the steps of First Aid for choking for an adult (see Topic Summary) <div style="background-color: #f0f0f0; padding: 10px; border: 1px solid #ccc;"> <p>Trainer's Tip: Demonstrate the appropriate way to do back blows and chest thrusts but do NOT do these with full force on the volunteer. It could cause pain or unintentional vomiting.</p> </div> 3. Ask if there are any questions.. 4. Demonstrate First Aid for pregnant women and obese patients as explained in the Topic Summary. <ul style="list-style-type: none"> • Make sure that all techniques are the same except for the chest thrust, which should be above the 	Trainer asks if participants would like to see the demonstrations again before practicing. Give the demonstrations again if necessary.

	<p>waist.)</p> <ol style="list-style-type: none"> Use a mannequin to demonstrate First Aid for choking in an infant (see Topic Summary) Make sure that all techniques are the same, except: <ul style="list-style-type: none"> Turn the infant face down Give gentle back blows Use two fingers to perform the breast bone thrust instead of abdominal thrusts Ask if there are any questions. 	
<p>Activity 3: Practice</p> <p>Duration: 25 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> Mannequin Baby mannequin 	<ol style="list-style-type: none"> Divide participants into small groups of 3 members each (1 patient, 1 VHV and 1 observer). Allow each team member to practice each role by rotating within each group. Each participant should practice providing First Aid for: <ul style="list-style-type: none"> Choking in adults Choking in pregnant and obese people Choking in infants If possible, rotate the Mannequin to each team, so that every team will have a chance to perform real chest thrusts. <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <p>Trainer's Tip: Remind the participants not to give full powered chest thrusts while practicing. Since the patient is not really choking, it could cause unintentional vomiting.</p> </div> <ol style="list-style-type: none"> Remind the observers to use the checklist while observing to make sure the VHV are following the First Aid steps correctly. Make sure that all participants have a chance to practice the role of the VHV. 	<p>Trainers should walk through the classroom to observe, provide comments and make corrections as needed.</p>
<p>Activity 4: Checking for Understanding</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> none 	<ol style="list-style-type: none"> Call everyone back together. Ask the following review questions: <ul style="list-style-type: none"> How do you know if someone is choking? (<i>Answer: cannot speak, is holding throat, bluish lips</i>) If you think someone is choking, what should the VHV do? (<i>Answer: ask if they are choking, give 5 back blows, give 5 abdominal thrusts</i>) How do you give chest thrusts to a baby? (<i>Answer: with your two fingers</i>) Thank participants for their participation. 	<p>Allow participants to answer questions . Encourage participation from quieter individuals. Provide the correct answer when necessary.</p>

6. Topic Summary

6.1 Overview

- Choking is when a person cannot breathe properly because something is blocking the airway.
- Choking happens to both children and adults.. A child may play with a toy and accidentally place it into his/her mouth while learning to chew. Choking in adults is often caused by not chewing food properly.

6.2 Signs of choking

- Patient holds his/her neck
- Inability to talk, cry or make any sound
- Difficulty breathing
- Inability to cough
- Lips and tongue turn blue
- Loss of consciousness if blockage is not cleared



6.3 First Aid steps for choking

Assess

- Assess the scene to make sure it is safe
- Ask the patient: “Are you choking? Can you speak?”

Plan

- If the patient cannot speak, call for help
- Begin to make a plan to transport him or her to further medical care

Implement

If the victim can speak, cough or breathe:

- Encourage the patient to cough. Say: “Keep coughing.” A strong cough can often dislodge objects.
- If the victim can not speak, cough or breathe, follow the 5 and 5 approach:

Give up to 5 back blows between the person’s shoulder blade with the heel of your hand



Check to see if the object is dislodged after every back blow. If the object is not dislodged:

Give up to 5 abdominal thrusts:

1. Stand behind the patient and wrap your arms around his/her waist. Gently tip him/her forward.



2. Make a fist with one hand. Place the thumb side of your fist just above the patient's navel.



3. Grasp your fist with the other hand.



4. Make quick, upward and inward thrusts with your fist.



- Repeat back blows and abdominal thrusts until the object is dislodged



5 back blows



5 abdominal thrusts

- Transfer the patient to the nearest health center if his/her condition does not improve
- If the victim becomes unconscious, Follow the First Aid steps for CPR

Evaluate

- Make sure you are using the correct technique for back blows and abdominal thrusts
- Monitor the patient closely until he/she receives further care

6.4 First Aid Steps for choking patients who are pregnant or obese

- Position your hands at the base of the breast bone
- Quickly pull inward and upward
- Repeat until the object is dislodged
- If the patient becomes unconscious, begin CPR instructions

6.5 First Aid Steps for choking babies (under 1 year)

The assess and plan steps for a choking baby are the same as those for adults. However, a baby under 1 year may not be able to tell you if he/she cannot speak.

Symptoms of choking in a baby:

- Inability to cry or make much sound
- Bluish face
- Difficulty breathing

Implement

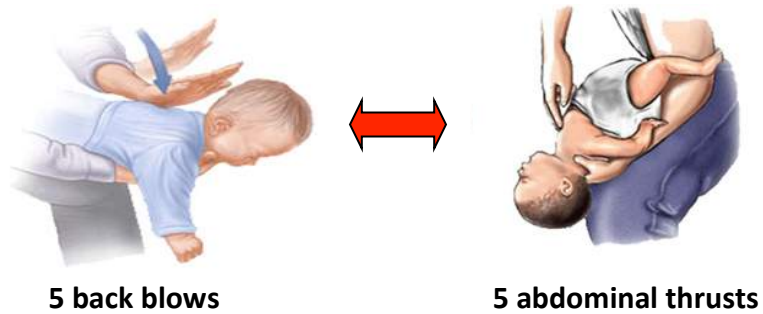


- Lay the baby face down, lower the baby's head, give **5 back blows** to help dislodge the blockage



- If the blockage does not come out, turn the baby face up, lower the baby's head. Use your two fingers to perform **5 chest thrusts**.

- Repeat back blows and chest thrust if the baby does not start breathing.



- If the baby becomes unconscious, begin CPR.

7. Resources:

- IFRC Facilitators Guide for CBHFA, Volume 2, 2009
- Lao Faculty of Nursing Training Manual, 2012-2013

8. Supplemental Materials

- See choking practice checklist attached

Choking Practice Checklist		YES	NO
Assess	Assess the scene to make sure it is safe		
	Assess the patient's condition: ask "can you speak?"; "Are you choking?"		
Plan	Call for help.		
	Begin a plan for further medical care		
Implement	Perform 5 back blows		
	Perform 5 abdominal thrusts <ul style="list-style-type: none"> • Stand behind the patient. • Wrap your arms around the patient's waist. • Gently tip the person forward • Make a fist with one hand, place the thumb side of your fist just above the person's navel. • Grasp your fist with your other hand. • Make quick, upward and inward thrusts with your fists 		
	If the patient becomes unconscious, begin CPR instructions		
Evaluate	Check your technique and accuracy of back blows and abdominal thrusts.		
	Monitor the patient until he/she receives further care.		

Day 2 Session 7: *First Aid Kit*

Estimated Duration: 30 Minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Identify the items in the First Aid Kit
- 1.2 Discuss the proper use of each item in the First Aid Kit
- 1.3 Identify where the items in the First Aid Kit can be obtained

2. Main Learning Points

- 2.1 Keep the First Aid Kit nearby.
- 2.2 Keep the First Aid Kit stocked.
- 2.3 Keep the First Aid Kit well-organized.
- 2.4 Know how to use all of the items in the First Aid Kit.

3. Suggested Outline of Activities

Activities	Description	Estimated duration
1. Introduction and Game	Briefly introduce of the session topic and learning objectives. Participants demonstrate their prior knowledge by playing a game to guess what items are included in the First Aid Kit.	15 Minutes
2. Discussion	Brief discussion on the uses of each item, where the items can be obtained and how to best maintain the First Aid Kit.	10 Minutes
3. Checking for Understanding	Participants play a game to review the items found in the First Aid Kit.	5 Minutes

4. Materials and Preparation

- Chart paper
- Markers
- Tape
- Fully stocked First Aid Kit that includes all the materials from the contents list
- Prize for the winning group
- Optional: Make a poster showing all the items in the First Aid Kit

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction and Game Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Chart paper (1 per group) • Markers (1 per group) • Tape • Fully Stocked First Aid Kit 	<ol style="list-style-type: none"> 1. Briefly introduce the session topic and learning objectives. 2. Tell the participants that they will play a game to guess what items are in the First Aid Kit. 3. Divide participants into teams of 4-6 people. Give each team a piece of chart paper and a marker. 4. Explain that each team will have 5 minutes to list all the items they think are inside the First Aid Kit. 5. Begin the game. 6. After 5 minutes, ask each team to stop. 7. Take each item out of the First Aid Kit one by one. 8. As you show each item, ask each team to put a check next to each item you show. 9. The group with the highest number of correct answers wins the prize. 	Trainer walks around and observes participants during the game to assess their prior knowledge about items in the First Aid Kit.
Activity 2: Demonstration and discussion Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • Blank Flip Chart Paper • Marker • First Aid Kit 	<ol style="list-style-type: none"> 1. Present each First Aid Kit item one by one and ask: <i>What do you think this is used for?</i> As the participants share their ideas, pass the items around so the participants can touch and see them. <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> Trainer's Tip: Do not demonstrate how to use each item at this time. Explain that you will demonstrate and give them time to practice using all of the items in the following lessons. </div> 2. As the participants look at and touch the items, ask the following questions: <ul style="list-style-type: none"> • <i>Where is the best place to keep your First Kit?</i> • <i>Why is it important to keep the items inside well-organized?</i> • <i>Why is it important to keep the First Aid Kit fully stocked at all times?</i> 3. Accept all answers found in the Topic Summary. Add any missing content. 4. Ask: <i>Where can you get these items in or near</i> 	Listen carefully to participants' responses. Provide additional explanations when needed. (See the table First Aid Kit Items and their Purposes)

6.3 How can I get the items in a First Aid Kit?

VHV can get or purchase the First Aid Kit items locally in places such as the district hospital or clinic, sub-district health center or pharmacy.

6.4 Checking and replenishing a First Aid Kit




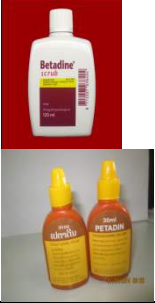


VHV should check the First Aid Kit regularly. It is important to replace items as they are used or become expired or outdated in order to be ready to provide First Aid at all times.












The first aid kit is running low on bandages. I will go to town to buy more this afternoon.

6.5 First Aid Kit Items and their Uses

VHV need to know how and when to use all of the First Aid Kit items. He/she should also know how many of each item is included. See the table on the next page:

No.	Item Name and Description	Image	Quantity	Purpose and Use
1	Gauze roll bandage		5	A piece of fabric used to wrap wounds and other injuries to protect from infection.
2	Adhesive Elastic Bandage. Size: 10 cm		7	To apply pressure to control bleeding or to stabilize the spine, animal or insect bites
3	Adhesive Elastic Bandage. Size: 15 cm		2	
4	Betadine or Decondine 30ml		2	To disinfect small cuts
5	70% Alcohol solution		1 bottle	To disinfect cuts
6	Scissors No. 2-027		1 pair	To cut bandages, tape, or the patient's clothes and other fabrics
7	Tweezers or surgical clamps. Size: 16 cm		1	To pick up objects as required

8	Triangular bandages		2	To make arm slings, compression bandages, and various dressings or coverings. <i>(If triangle bandages are not available, use cloth cut or folded into triangle shapes)</i>
9	Cotton pads		1 pack	To clean wounds
10	absorbent compress dressings		2 packs	To wipe, cover and apply pressure to the wound.
11	adhesive bandages		2 packs	To cover and protect small cuts
12	adhesive cloth tape		1 roll	To stick bandages to the patient's skin
13	Latex gloves		10 pairs	To protect the VHV from infection and help him/her to avoid direct contact with the patient's blood, waste, or any form of liquid when providing First Aid.
14	Flashlight and batteries		1	To provide light while giving First Aid at night or in the dark.
15	Cloth pieces		4	To make slings, for tying patients to board to keep them stable
16	List of First Aid Kit Materials		1	To check and monitor materials (is it full or missing)
17	Log Book		1	To document all First Aid care

7. Resources:

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- IFRC Facilitator Guide for CBHFA, Volume 2, 2009
- WE First Aid Handbook, 2011

8. Supplemental Materials:

- none

Day 2 Session 8: *Bleeding Control*

Estimated Duration: 1 hour

Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Explain the importance of bleeding control
- 1.2 Explain the difference between internal and external bleeding
- 1.3 Identify the symptoms of bleeding/hemorrhage
- 1.4 Demonstrate the steps of First Aid for bleeding control

2. Main Learning Points

- 2.1 Bleeding can be dangerous and life-threatening
- 2.2 Signs and symptoms of bleeding include: paleness, faintness, dizziness, sweating, shaking, agitation and rapid pulse.
- 2.3 Follow the First Aid steps for bleeding control
- 2.4 Never use any unsterilized objects to stop bleeding
- 2.5 Transfer the injured person to a health center after providing First Aid

3. Suggested Outline and Activities

Activity	Description	Estimated Duration
1. Introduction	Briefly introduce of the session topic and learning objectives. Facilitate a discussion about the importance of bleeding control and different types of bleeding.	5 Minutes
2. Demonstration	Trainer demonstrates the First Aid steps for bleeding.	15 Minutes
3. Practice	The participants practice the First Aid steps for bleeding in small groups.	30 Minutes
4. Checking for Understanding	Participants play the AGREE/DISAGREE game to demonstrate their understanding of the session	10 Minutes

4. Materials and Preparation

- Prepared brief presentation using the information from the Topic Summary
- First Aid Kit items necessary for bleeding control: cloth, clean dressings, bandages, bandage rolls, etc.

5. Plan of Activities

Activity, Duration, Materials and Preparation	Process	Assessment
Activity 1: Introduction Duration: 5 min. Materials & Preparation: <ul style="list-style-type: none"> • Presentation 	<ol style="list-style-type: none"> 1. Introduce the session topic and learning objectives. 2. Ask the participants: <i>Why is it important to stop bleeding? What are the different types of bleeding?</i> 3. Listen carefully to participant's answers. Add any key information from Topic Summary Section 6.1 and 6.2 that the participants do not say. 4. Respond to any question 	Trainer listens carefully to participants' answers and corrects any misconceptions or adds missing information as needed.
Activity 2: Demonstration Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • First Aid Kit Items: cloth, dressing, bandages, etc. 	<ol style="list-style-type: none"> 5. Ask for a volunteer to come to the front of the room to role play a patient who is bleeding severely from injuries on the leg, arm and abdomen. 6. Describe the symptoms of bleeding. 7. Demonstrate the First Aid steps for bleeding control. Be sure to explain the "DONTs" when treating bleeding (especially the use of tourniquets) as outlined in the Topic Summary. 8. Follow the steps in the Topic Summary Section 6.3. Speak loudly and say the steps as you do them to ensure that everyone can hear. 9. Respond to any questions. 10. Thank the volunteer for his/her participation. 11. Ask the participants: <i>How would you assess a patient who is conscious and bleeding internally? What First Aid steps would you follow?</i> Refer to the Topic Summary for possible answers. 	
Activity 3: Practice Duration: 30 min. Materials & Preparation:	<ol style="list-style-type: none"> 1. Divide all participants into small groups 3 members each (1 patient, 1 VHV and 1 observer). 2. Explain that for each scenario they will take turns playing one of the roles. 3. Present the following scenarios for each group to practice: <ul style="list-style-type: none"> • A person has been working with a sharp instrument and has accidentally cut his/her 	Trainers should walk through the classroom to observe, provide comments and make

<ul style="list-style-type: none"> First Aid Kit Items: cloth, dressing, bandages, etc. 	<p>left arm. The cut is deep.</p> <ul style="list-style-type: none"> A person has a traffic accident. He/she has many open cuts on his body and extreme abdominal pains A child has a bleeding nose and asks for help. <p>4. Remind the observers in each group to use the practice checklist to check of each step as it is completed. Observers can give hints and feedback to make sure the VHV follows each step.</p> <p>Trainer's Tip: Walk around from group to group to observe, comment and correct any First Aid actions as needed.</p> <p>5. Allow sufficient time for everyone to practice</p>	<p>corrections as needed.</p> <p>Peer Assessment: Participants use the checklist to assess each other as they practice.</p>
<p>Activity 4: Checking for Understanding</p> <p>Duration: 10 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> none 	<p>1. Ask the volunteers to come back together and to stand up.</p> <p>2. Play the agree/disagree game: Designate one side of the room as a AGREE and the other side as DISAGREE. Read the statements below. Ask participants to move to the appropriate side of the room according to what they think the correct answer is. Read the following statements one by one and review the correct answers:</p> <ol style="list-style-type: none"> Bleeding is life threatening (<i>Answer: DISAGREE. Not all types of bleeding are life threatening. Only severe bleeding with massive blood loss is life-threatening.</i>) A person who has severe bleeding can go into shock (<i>Answer: AGREE.</i>) Applying pressure to the wound with a clean cloth or dressing will help to stop the bleeding. (<i>Answer: AGREE.</i>) A tourniquet should be used for legs and arms only. (<i>Answer: DISAGREE. Tourniquets should NOT be used for any part of the body.</i>) <p>3. Encourage the volunteers to share what they have learned in this session with their families.</p>	<p>Allow participants to respond to the statements before giving the correct answer. Make sure all participants walk to the side of the room that represents their answer.</p>

6. Topic Summary

6.1 Overview

The Purpose of Bleeding Control

Bleeding control is important because it can prevent a patient from losing massive amounts of blood. It can also prevent the patient from going into shock or possibly dying as a result of bleeding.

6.2 Types of bleeding

Bleeding can be external or internal.

External bleeding is obvious bleeding through the skin.



Bleeding from large blood vessels



Bleeding from small blood vessels

Internal bleeding is bleeding inside the body and that is not visible. Internal bleeding can be detected by checking a patient's temperature, pulse, breathing and blood pressure.



Internal Bleeding

6.3 Symptoms of bleeding

A patient who is bleeding may show the following symptoms:

1. Paleness around the lips, nails and eyes
2. Sweating, feeling cold, extreme thirst
3. Faintness, dizziness, hearing loss, weakness
4. Low blood pressure (if a pulse oximeter is accessible), rapid pulse
5. Rapid breathing, gasping
6. Quick heart rate, moderate pulse
7. Dilated pupils
8. Unconsciousness – continued bleeding may lead to death

First Aid steps for severe bleeding

Follow the 4 steps below to stop bleeding:

1. Use a **clean** dressing or cloth to apply direct pressure to the wound
2. Elevate the bleeding area as high as possible (If there are no broken bones suspected and if necessary)
3. Maintain pressure
4. Wrap the wound with an elastic bandage

Bleeding control for an arm wound



1. Apply pressure to the wound with a clean cloth.



2. Wrap the arm with a triangular bandage.



3. Maintain pressure.



4. Wrap the wound tightly with an elastic bandage.

Bleeding control for a leg wound



1. Apply pressure to the wound with a clean cloth.



2. Elevate the leg and wrap it with a triangular bandage.



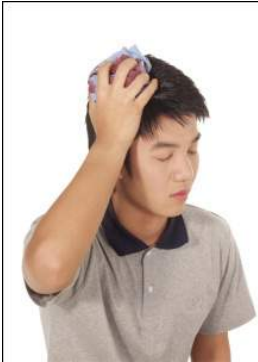
3. Maintain pressure.



4. Wrap the wound tightly with an elastic bandage.

Bleeding control for a head wound

1. Apply pressure with a clean cloth.



2. Wrap the head with a triangular bandage.



3. Pull the two ends and cross them at the back of the head.



4. Cross the two ends at the forehead.



5. Tuck the ends into the folds at the back of the head.



6. The bleeding control is complete.



Bleeding control for the nose



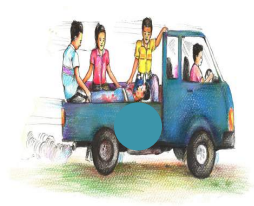
1. Ask the patient to sit down, tip his/her head slightly forward and gently pinch the bridge of the nose.



2. If available, apply an ice pack to the forehead.



3. If bleeding stops, ask patient to remain seated for a few minutes.



4. If bleeding does not stop, send the patient to the hospital.

Bleeding control DON'TS

1. If bleeding seeps through the bandage, do not remove it. Add another dressing over the first bandage.
2. Do not use a tourniquet (rope or elastic bandage tied tightly near the wound). Tourniquets can damage the area below the wound. Only skilled health professionals should use tourniquets. The tourniquet should be released every 15 minutes for 1 minute, then retightened.
3. Do not use traditional medicine to stop bleeding.



**Do NOT use a
tourniquet!**

7 Resources:

- IFRC Facilitator Guide for CBHFA, Volume 2, 2009
- LRC First Aid Manual, 2010
- Wikihow Photos:
 - <http://www.wikihow.com/Image:Stop-a-Nose-Bleed-Step-2.jpg>
 - <http://www.wikihow.com/Image:Stop-a-Nose-Bleed-Step-3.jpg>
 - <http://www.wikihow.com/Image:Stop-a-Nose-Bleed-Step-6.jpg>

8 Supplemental Materials

- See Bleeding Control practice checklist attached

Bleeding Control Practice Checklist		YES	NO
Assess	Assess the scene to make sure it is safe		
	Introduce yourself to the patient and explain that you are there to help.		
	Assess the patient's condition		
	Assess for signs of shock (hypoperfusion) as a result of bleeding or hemorrhage.		
Plan	For severe bleeding, call for help and arrange for transportation to the nearest health center		
	Look for some type of material to protect your hands from the patient's blood such as gloves or a plastic bag		
Implement	Help the patient lie down		
	Use a cloth or dressing to apply pressure to the wound		
	Wrap an elastic bandage tightly around the wound.		
	Provide trauma and community support		
	If necessary transfer to the nearest health center		
	If the patient becomes unconscious, begin basic life support		
Evaluate	Check to see if the bleeding has stopped		
	If still bleeding, continue to apply pressure and apply additional dressings		
	Stay with the patient until he/she receives further medical attention or is transferred to the health center		

Day 2 Session 9: Wound Care

Estimated Duration: 45 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Differentiate between different types of wounds
- 1.2 Demonstrate the steps of First Aid for wounds

2. Main Learning Points

- 2.1 There are many kinds of wounds. They vary by size, depth and cause.
- 2.2 Always wash your hands before and after treating a wound.
- 2.3 Providing First Aid for wounds is important because it can help wounds to heal faster and prevent them from infection.
- 2.4 For severe wounds, transfer the patient to the nearest health center.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Facilitate a discussion about the purpose of wound care.	5 Minutes
2. Demonstration	Demonstrate the First Aid steps for providing wound care.	15 Minutes
3. Practice	Participants practice providing First Aid for various types of wounds in small groups	20 Minutes
4. Checking for Understanding	Play the AGREE/DISAGREE game to review the session content.	5 Minutes

4. Materials and Preparation

- Prepared presentation using the information from the Main Learning Points/Topic Summary
- Wound Care Materials from the First Aid Kit: Latex gloves, absorbent compress dressings, gauze roll bandages, adhesive elastic bandages, tape, Betadine/Decodine, alcohol solution, cotton pads
- Clean water (i.e. bottled water) for cleaning hands and wounds
- Soap for cleaning hands and wounds
- Marker for drawing “fake wounds” on volunteers’ bodies during the demonstration

5. Plan of Activities

Activity, Duration, Materials and Preparation	Process	Assessment
Activity 1: Introduction Duration: 5 min. Materials & Preparation: <ul style="list-style-type: none"> • Prepared presentation 	<ol style="list-style-type: none"> 1. Briefly introduce the session topic and learning objectives 2. Ask participants: <i>Why is it important to care for wounds? What are the different causes or types of wounds?</i> Add any information from Topic Summary sections 6.1 and 6.2 that the participants do not say. 3. Briefly present key information from the Topic Summary. 	<p>Listen carefully to participants’ responses. Add any information they do not say that is included in the Topic Summary.</p>
Activity 2: Demonstration Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Marker to make “fake wounds” • First Aid Kit Materials • Clean water • Soap 	<ol style="list-style-type: none"> 1. Ask for 3 separate volunteers to role play: one of the following situations each: wounded leg, wounded arm wounded abdomen. 2. For each volunteer, select a type of wound (i.e. laceration, incision, gunshot). 3. Demonstrate the First Aid steps for each of the three wounds. (See Topic Summary Section 6.3) <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <p>Trainer’s Tip: Refer to Topic Summary Section 6.3 as needed. Be sure to speak loudly and explain each step as you do it so that everyone can hear.</p> </div> <ol style="list-style-type: none"> 4. Respond to any questions. 5. Thanks the volunteers for their participation. 6. Ask: <i>How can you assess a wound? How can you</i> 	

	<i>provide First Aid for a wound? (See Topic Summary.)</i>	
<p>Activity 3: Practice</p> <p>Duration: 30 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> First Aid Kit Materials Clean water Soap 	<ol style="list-style-type: none"> 1. Divide participants into small groups of 3 members each (1 patient, 1 VHV and 1 observer) 2. Allow each group member to do each roll by rotating among themselves. Have each group practice the following scenarios: <ul style="list-style-type: none"> The patient is working with a sharp object while working and gets a deep cut in his left hand. The patient had a motorbike accident. He is yelling that his abdomen hurts. 3. Remind the observers in each group to use the checklist every time for monitoring and mentoring. Observers can provide feedback to their group members as necessary. <p>Trainer's Tip: Trainer should walk around the classroom to monitor and give feedback to each team. Making sure that everyone is following the First Aid steps appropriately.</p> <ol style="list-style-type: none"> 4. Allow enough time for everyone to practice being the VHV. 	<p>Trainer walks around the classroom to observe and monitor each team. Provide feedback about the proper First Aid procedures as necessary.</p>
<p>Activity 4: Checking for Understanding</p> <p>Duration: 5 Min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> none 	<ol style="list-style-type: none"> 1. Ask the participants to come back together and stand up. 2. Play the agree/disagree game: Designate one side of the room as a AGREE and the other side as DISAGREE. Read the statements below. Ask participants to move to the appropriate side of the room according to what they think the correct answer is. Read the following statements one by one and review the correct answers: <ol style="list-style-type: none"> a. Washing your hands before and after cleaning wounds can help to prevent spreading infections. (<i>Answer: AGREE</i>) b. Closed wounds and open wounds are the same. (<i>Answer: DISAGREE. In closed wounds, the skin does not break. In open wounds the skin does break.</i>) c. Always try to remove a knife or sharp object from a wound. (<i>Answer: DISAGREE. Keep knife</i> 	<p>Allow participants to respond to the checking for understanding statements before giving the correct answer. Make sure all participants walk to the side of the room that represents their answer.</p>

	<p><i>in but cover the wound with a dressing. Transfer the patient to the health center and they will remove the object there.)</i></p> <p>3. Encourage the volunteers to share what they have learned about wound care with their family members.</p>	
--	--	--

6. Topic Summary

6.1 Overview

Providing First Aid for wounds can help wounds to heal faster and prevent them from infection.

6.2 Types of wounds

Wounds can generally be divided into two groups – closed wounds and open wounds.

Closed wounds are usually caused by direct trauma from falling down or being hit with something. In closed wounds, the skin does not break, but the underlying tissue or blood vessels are damaged, which causes bleeding under the skin, causing swelling and redness. Bumps on the head are closed wounds. The bump or bruise forms because blood and fluid leaks from the injured blood vessels into the body tissue.



Open wounds occur when the breaks due to a blow or some other object. There are many types of open wounds:

1. **Abrasion:** A shallow scrape caused by the top layer of skin rubbing against another surface such as the ground or road. Abrasions may result in minor bleeding and usually dry and form a scab within 24 hours if there is no infection.



2. **Incision:** Clean, smooth cut caused by a sharp object. Deep incisions can cause severe bleeding.



3. **Laceration:** A tear in the skin often caused by blunt objects. Lacerations are usually jagged and uneven.



4. **Stab:** A deep puncture: the wound is deeper than it is wide.



5. **Gunshot:** a wound caused by a bullet that penetrates the body. The wound caused by the bullet entering the body is small and round. If the bullet passes all the way through the body, the exit wound will be larger than the entrance wound.



Burns include wounds caused by fire or flames, scalding from hot liquids, chemical burns, electrical burns or sun burns. See Burn Session 13 for more information. .

6.3 First Aid Steps for Wounds

Assess

- Assess the scene to make sure it is safe, assess the patient's condition
- Identify the type and severity of the wound. A wound that is larger than a person's palm is considered a severe wound.
- Assess for signs of shock

Plan

- For severe wounds, call for help and arrange for transportation to the health center

Implement

First Aid for Cleaning Wounds



3. Wash your hands and, if available, apply gloves before cleaning the wound.



2. Put Betadine onto a gauze or cotton pad.



3. Gently dab the wound starting from the inside and moving outwards in a circle

4. Cover the wound with a bandage as appropriate



For very small wounds, cover with a plaster or Band-Aid.



For slightly larger wounds, with gauze and wrap with roll bandage or secure with tape.

First Aid for closed wounds

1. The first day (within 24 hours), apply a cold compress to the wound for 15-20 minutes every 1-2 hours so that the blood coagulates (turns to a solid).
2. The following day (after 24 hours), apply heat to the wound to reduce swelling.

First Aid for Abrasions

1. Wash the wound with soap and running water to reduce infection and speed-up the healing process.
2. If necessary apply ointment and cover the wound with a bandage.

First Aid for Incisions

1. Follow the First Aid steps for bleeding control (see Bleeding Control Session)
2. Follow the steps above to clean the wound

First Aid for Amputations (if the limb is cut completely off)



1. Apply pressure with a clean cloth.



2. Wrap in an elastic bandage.



3. Wrap the wound in a figure 8 all the way to the wrist



4. Secure the bandage.



5. Put the amputated organ in a plastic bag and bring it to the health center with the patient.

First Aid for lacerations

1. Clean the wound with soap and running water
2. Remove all dirt and debris from the wound
3. If bleeding, follow the First Aid steps for bleeding control
4. Apply antibiotic ointment
5. For severe lacerations, perform bleeding control, clean the wound, cover with a bandage and transfer the patient to the health center.

First Aid for stab wounds

1. Perform bleeding control immediately
2. Cover the wound with a clean cloth and transfer to the health center immediately
3. DO NOT remove any objects still in the wound. Cover the wound with a clean dressing and transfer to a health center immediately.



First Aid for gunshot wounds

1. Perform bleeding control
2. Clean the wound
3. Cover the wound with a clean dressing
4. Transfer to the hospital immediately because the person is losing massive amount of blood.

Evaluate

- If necessary, stay with the patient until further medical attention is available or until the patient is transferred to the hospital

7. Resources

- IFRC First Aid Facilitator Guide for CBHFA, 2009
- LRC First Aid Manual, 2010

8. Supplemental Materials

- See wound care practice checklist attached

Wound Care Practice Checklist (for open wounds)		YES	NO
Assess	Assess the scene to make sure it is safe		
	Introduce yourself to the patient and explain that you are there to help		
	Assess the patient's condition and wound.		
	Identify the type and severity of the wound.		
	Assess for signs of shock (hypoperfusion)		
Plan	For severe wounds, call for help and arrange for transportation to the health center.		
Implement	Wash your hands before cleaning the wound		
	If bleeding, follow the steps for bleeding control		
	Put Betadine or Decodine onto a roll bandage.		
	Gently dab the wound starting from the inside and moving outwards in a circle		
	If there is an object sticking out of the wound, do NOT remove it. Leave it there.		
	Cover the wound with a bandage as appropriate		
	Transfer to health center		
	If the patient becomes unconscious, begin Basic Life Support		
Evaluate	If necessary, stay with the patient until further medical attention is available or until the patient is transferred to the health center.		

Day 2 Session 10: *Bone and Joint Injuries*

Estimated Duration: 1 hour 15 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Define fracture.
- 1.2 List the signs and symptoms of a fracture.
- 1.3 Assess the victim for injuries to bones and joints.
- 1.4 Demonstrate the use of splinting techniques for fractures
- 1.5 Describe the long- term care for injuries to bones and joints.

2. Main Learning Points

- 2.1 To diagnose a joint problem, look for swelling or abnormal positioning of injured limb, muscle or joint.
- 2.2 To prevent further injury, treat bleeding, splint if necessary, and give emotional support.
- 2.3 Seek further medical attention for bones that are in abnormal positions
- 2.4 Avoid bearing weight on an injured lower limb
- 2.5 Rest, immobilize, and keep cold if possible

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Facilitate a discussion about how to provide First Aid for bone and joint injuries.	5 minutes
2. Definitions	Presentation on signs and symptoms and types of joint injuries	10 minutes
3. Demonstration	Facilitator demonstrates the steps of assessing a bone injury and splinting injuries of different body parts	15 minutes
4. Practice	Trainees practice the steps of splinting and assess their partner's ability to splint correctly	30 minutes
5. Checking for Understanding	Trainees discuss their answers to a question and then present the question to the whole group	15 minutes

4. Materials and Preparation

- Presentation on fractures using photos
- Materials for making splints (clothing, sticks, bandages, etc.)
- Checking for understanding questions written on paper before lesson (1 question per paper, see *Activity 5: Checking for Understanding* for questions)
- Checklist for splint making process

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction Duration: 5 min. Materials & Preparation: <ul style="list-style-type: none"> • Photos of fractures/ manual 	<ol style="list-style-type: none"> 1. Introduce the session topic and learning objectives 2. Refer to the image of a fracture in the manual. 3. Ask participants: <i>What would you do if a patient had a broken bone? How do you treat broken bones in your community?</i> 4. Listen carefully to participants' responses. 	<p>Listens carefully to participant's answers and note any misconceptions. Be sure to address them in Activity 2 and 3.</p>
Activity 2: Definitions Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • Photos/manual 	<ol style="list-style-type: none"> 1. Explain what a fracture is and the difference between a fracture and other forms of bone and joint injuries (i.e sprain) – use photos to help illustrate. <ul style="list-style-type: none"> • <i>Fractures are injuries where the bone is actually broken, not just bruised, strained, stretched, or painful.</i> • <i>Broken bones can be closed (no wound at the site of the break), or open (has a wound at the site or the bone is sticking out of the skin).</i> 	
Activity 3: Demonstration Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Splinting materials (clothing, sticks, bandages, etc.) 	<ol style="list-style-type: none"> 1. Ask for a volunteer to role play a person who has a broken leg bone. 2. Demonstrate how to assess the injury. State the steps for first aid out loud as you demonstrate the process. <ul style="list-style-type: none"> • Assess the situation • Make a plan • Implement your plan • Evaluate and follow-up 3. Demonstrate how to immobilize the leg with a splint. Discuss what you would do differently if it were an arm (include photos of splints for the 	<p>Assess participants' understanding during discussion and based on the questions they ask.</p>

	<p>trainers)</p> <ol style="list-style-type: none"> Briefly discuss long-term care for injuries to bones and joints Answer any questions participants may have 	
<p>Activity 4: Practice</p> <p>Duration: 30 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> materials for splinting checklist for students to check peers 	<ol style="list-style-type: none"> Make pairs Let each pair to choose different part of the body Have possible materials spread out around the room. Let participants walk around the room and try to find materials for a splint Within a pair, practice assessing the scene, then splinting fractures on each other, giving feedback to each other as they go Have each partner use the checklist to make sure that each step is being completed. While they are doing this, the trainer will walk around the pairs and give feedback on splinting techniques If there is an especially good splint, show it to the whole group Afterwards, have a short debrief discussion (10 minutes) – Trainer ask some questions: what was challenging about splinting a bone? What strategies did you use that worked well? What materials did you find that worked well? What materials didn't work well? Allow the students to ask questions as well. 	<p>This activity will serve as the assessment for this topic. Peer assessment during the simulations – have each pair use the checklist to check their partner. Trainer will also assess as he/she walks around during the activity to check quality of splints and assess understanding</p>
<p>Activity 5: Checking for Understanding</p> <p>Duration: 15 min.</p> <p>Materials & Preparation: Papers with questions written on them</p>	<ol style="list-style-type: none"> Have the "Checking for Understanding" questions below ready to go on pieces of paper. <ul style="list-style-type: none"> What are three signs of a fracture? How is a fracture different from a sprain or other joint injury? What should you do after you splint a fracture? Describe the steps to assess a victim that you think might have a fracture Describe the long-term care for injuries to bones and joints. Tell participants to get in pairs or small groups. Ask each group to take a question, but not open it yet. Once every group has a question, ask groups to open their questions and discuss the answer for 5 minutes. Invite each group to present their question and answer to the whole class. Answer any questions participants may have. 	<p>While small groups are discussing, rotate around the room to assist as needed. Provide additional information or corrections as needed during large group share.</p>

6. Topic Summary

6.1 Difference between fractures and sprains: Fractures are injuries where a bone is actually broken. Sprains are when a bone is bruised, strained, stretched, or painful. Broken bones can be closed (no wound at the site of the break), or open (has a wound at the site or the bone is sticking out of the skin).

Types of Fractures



Closed Fracture

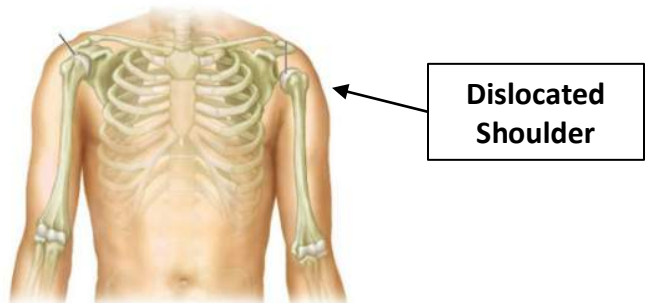


Open Fracture



Dislocation

Dislocation means tearing of the tissue around the joint because it has been stretched (or pulled) more than usual, so that the end of the bone is pulled out of its normal position.



6.2 First Aid Steps for Fractures

Assess

- Assess the scene to make sure it is safe.
- Assess the patient's condition – look, listen, and feel

Look

- If there is an obvious injury to a bone, muscle or joint, the patient will NOT be able to move the injured part.
- In some cases, there may be swelling at the site of the injury.
- Sometimes the limb or joint will be in an abnormal position compared to the one on the other side of the body.
- There may be bleeding from the injury.

Listen

- The person will complain of pain.
- Let the person explain what happened.

Feel

- In some cases, injury may not be obvious to see. Gentle touching of the area may identify the problem.

Plan

- Call for help if necessary.
- If the patient is in a lot of pain and/or there is an obvious injury ,arrange for transportation to the nearest health center.
- If the person is in immediate danger, move or drag them to safety as quickly and carefully as possible

Implement

Attend to immediate life-threatening problems first (ie bleeding, breathing problems)

- Provide community support and trauma – reassure the patient and explain what is happening
- Cool the injury if possible and avoid movement and weight-bearing activities

For arm injuries, do one of the following:

- Ask the patient to support the injured arm against his/her body with the other arm, **OR**
- Splint the limb (see photos below)

Stabilizing a broken forearm:



1. Make a splint. Place a board or something rigid under the forearm. Make sure it is long enough to reach from the elbow to the wrist. Use strips of cloth to tie the arm to the board just below the elbow and just above the wrist.



2. Make a forearm sling. Place the injured arm in a piece of fabric in the shape of a triangle. Gently pull the ends of the triangle around the shoulders and tie them at the back of the neck.

Stabilizing a broken upper arm:



1. Ask the patient to stabilize the injured arm.



2. Make a sling.



2. Tie another piece of cloth around the upper arm and the rib cage for extra stability.

For lower limb and pelvis injuries, do **one of the following:**



Find a piece of wood, rolled-up hard paper or other rigid material to use as a splint. Tie the leg to the splint using strips of cloth.

OR



If you cannot find a board or something rigid to make a splint, tie the injured leg to the other leg with strips of cloth.

Or if you have a board and a towel or thick piece of cloth:



1. Splint the injured leg to the board.



2. Place the rolled towel or cloth between the two legs.



3. Tie the injured leg to the other leg with strips of fabric.

Evaluate

- Continue to evaluate the patient's condition
- If the patient becomes unconscious, follow the First Aid steps for basic life support

7. Resources

- IFRC Facilitator Guide for CBHFA, Volume 2, 2009
- LRC First Aid Manual, 2010
- Lao Faculty of Nursing Manual, 2012-2013

8. Supplemental Materials

- See bone and joint injuries practice checklist attached

Bone and Joint Injuries Practice Checklist		YES	NO
Assess	Assess the scene to make sure it is safe		
	Assess the patient's condition – look, listen, and feel		
Plan	Call for help if necessary.		
	If the patient is in a lot of pain and/or there is an obvious injury arrange for transportation to the nearest health center.		
	If the person is in immediate danger, move or drag them to safety as quickly and carefully as possible		
Implement	Attend to immediate life-threatening problems first (ie bleeding, breathing problems)		
	Provide community support and trauma – reassure the patient and explain what is happening		
	Cool the injury if possible and avoid movement and weight-bearing activities		
	Splint the limb		
Evaluate	Continue to evaluate the patient's condition		
	If the patient becomes unconscious, follow the First Aid steps for basic life support		

Day 2 Session 11: *Head and Spinal Cord Injuries*

Estimated Duration: 1.5 hours

1. Learning Objectives:

By the end of this session, participants will be able to:

- 1.1 List the symptoms of head, neck and spinal cord injuries
- 1.2 Demonstrate how to assess a patient with a head, neck or spinal cord injury
- 1.3 Demonstrate how to stabilize a patient with a head, neck or spinal cord injury.
- 1.4 Demonstrate how to safely transfer a patient with a head, neck or spinal cord injury

2. Main Learning Points:

- 2.1 Head, neck or spinal cord injuries are very dangerous. They can cause nerve damage and lead to unconsciousness, paralysis or death.
- 2.2 Signs and symptoms of head, neck and spinal cord injuries include:
 - Signs and symptoms of head injuries:
 - Headache
 - Dizziness
 - Vomiting
 - Signs and symptoms of spinal cord injuries:
 - Back pain
 - Numbness, tingling or lack of alertness (unconsciousness)
- 2.3 Assess the patient for possible head, neck or spinal cord injuries
- 2.4 Provide First Aid for head, neck and spinal cord injuries:
 - Do not allow the patient to touch his head and neck
 - Call for help
 - Keep the spine stable
 - Open the airway if choking
 - If the patient becomes unconscious, begin basic life support
- 2.5 Transfer the patient to the health center

3. Suggested Outline of Activities:

Activities	Description	Estimated Duration
1. Introduction	Briefly Introduce, the session topic and learning objectives. Give a short presentation using key information from the Topic Summary.	20 Minutes
2. Demonstration	Trainer demonstrates how to stabilize and transfer a patient with a suspected head, neck or spinal cord injury.	30 Minutes
3. Practice	Participants divide into small groups to practice how to stabilize and transfer a patient with a suspected head, neck or spinal cord injury.	30 Minutes
4. Checking for Understanding	Trainer asks participants review questions to check their understanding of the session.	10 minutes

4. Materials and Preparation:

- Prepared brief presentation using key information from the Topic Summary
- 3 sets of the following First Aid materials:, a piece of wood or board to transfer the patient, 4 strips of cloth, materials to stabilize the head such as newspapers bandages, or water bottles.
- Photographs or posters (if available)

5. Plan of Activities:

Activity, Duration, Materials and Preparation	Process	Assessment
Activity 1: Introduction Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Brief presentation of Topic Summary 	<ol style="list-style-type: none"> 1. Briefly introduce the lesson topic and learning objectives. 2. Ask participants: <i>What do you know about head, neck and spinal cord injuries?</i> Encourage participants to share their prior knowledge and experience with head, neck and spinal cord injuries. 3. Give a short presentation of the information provided in Sections 6.1 and 6.2 of the Topic Summary. 4. Invite participants to refer to the session in their Participant's Manuals. 	

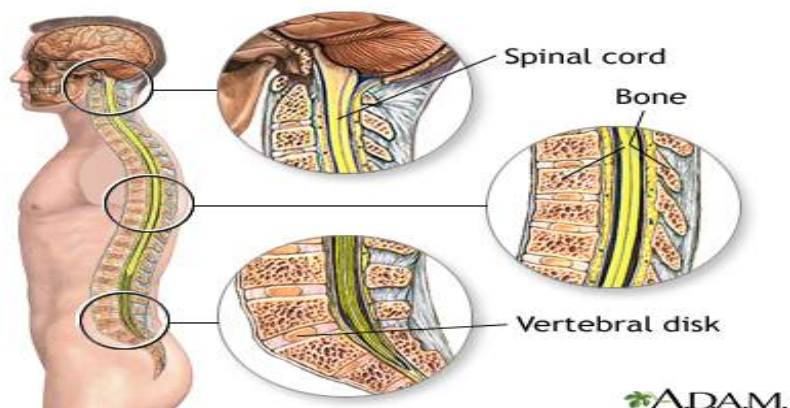
<p>Activity 2: Demonstration</p> <p>Duration: 40 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> First Aid materials needed for stabilizing and transfer 	<ol style="list-style-type: none"> 1. Explain that you will need 5 volunteers to help you demonstrate how to stabilize and transfer a patient with a suspected head, neck or spinal cord injury. 2. Ask one of the volunteers to be the patient and the other four to assist in stabilizing and transferring the patient. 3. Position yourself at the head of the patient. Demonstrate how to stabilize the patient and transfer him/her to a backboard with the help of the volunteers. 4. Follow the step by step instructions included in Topic Summary section 6.3. <p>Trainer's Tip: Be sure to say the steps aloud as you do them and repeat if necessary. Give the four volunteers specific instructions as well.</p> <ol style="list-style-type: none"> 5. Ask the participants if they would like to see the demonstration again. Repeat the demonstration again from start to finish if necessary. 	<p>As you demonstrate, ask participants if they need to see a step or a series of steps again and repeat as needed.</p>
<p>Activity 3: Practice</p> <p>Duration: 30 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> First Aid materials needed for stabilizing and transfer (1 set per group) 	<ol style="list-style-type: none"> 1. Divide participants into groups of 7 people. Explain that within each group, participants will take turns to practice the following roles: <ul style="list-style-type: none"> • 1 main rescuer stabilizing the patient's head • 4 assistant rescuers • 1 patient • 1 observer 2. Walk around the classroom to observe each group as they practice and ensure that the steps are followed correctly. If you have more than 1 trainer, have 1 trainer assist each group. 3. Give feedback to each team based on your observations. 4. Praise all participants for their active participation. 	<p>Trainer walks around to observe each group and provide feedback as needed.</p> <p>Peer Assessment: Participants use the checklist to assess each other as they practice.</p>
<p>Activity 4: Checking for Understanding</p> <p>Duration: 10 min.</p>	<ol style="list-style-type: none"> 1. Call all of the participants back together. 2. Ask the following review questions: 	<p>Allow participants to answer questions first. Encourage</p>

Materials & Preparation: <ul style="list-style-type: none"> • None 		participation from quieter individuals. Provide the correct answer when necessary.
--	--	--

6. Topic Summary:

6.1 Overview

- Head, neck and spinal cord injuries can be very serious because they can cause loss of movement (paralysis), unconsciousness and death. Spinal cord injuries can cause nerve damage and make breathing difficult.
- Patients with head, neck and spinal cord injuries need to be transferred with extreme caution. Any movement can cause additional injuries such as arm or leg paralysis. If the patient is unconscious, follow the steps for basic life support.



Spinal Cord

6.2 Signs and Symptoms of Head, Neck and Spinal Cord injuries

Signs and Symptoms of a suspected head injury

- Headache
- Dizziness
- Nausea and vomiting

Signs and Symptoms of suspected spinal cord injury

- Back pain
- Numbness, tingling or lack of alertness (unconsciousness)

Other common signs and symptoms of head, neck and spinal cord injuries:

- Drowsiness or unconsciousness
- Memory loss or loss of bowel and bladder function and movement
- Convulsions
- Pain in the head, neck and spinal regions

6.3 First Aid steps for Head, Neck and Spinal Cord Injuries

Assess

- Assess the scene to make sure it is safe
- Assess the patient's condition

Plan

- If you are alone, call for help
- Arrange for a truck to transfer the patient to the health center
- Contact the health center to inform them of the patient's situation

Implement

- Provide emotional support – if the patient is conscious, talk to the patient and explain what is happening
- If the patient has a head injury that is bleeding, follow the First Aid steps for bleeding control
- If the patient is not bleeding, carefully adjust the patient's body so that he/she is lying face-up on his/her back. Once in this position, keep the patient immobilized.
- Stabilize the head and spine by following these steps:

1. **Stabilize the head.**

The main rescuer (VHV) kneels down behind the patient's head so that the patient's head is between the VHV's knees. With two hands on each side of the head, raise the patient's head carefully.



Stabilize the Head

DO NOT RELEASE THE PATIENT'S HEAD. If you need to change positions, ask an assistant to kneel down at the shoulders of the patient so he/she can stabilize the head by following these steps:

- A) Insert one hand under the patient's neck, between the ground and the patient.
- B) Press the length of your other forearm along the patient's chest so that your elbow is between the breast bone and your hand is at the chin. Cup the patient's chin with your hand.
- C) Once the assistant is in position, the VHV can release his/her hands.



Make sure that a helper stabilizes the patient's head before releasing your hands.

- 2. **Call for 3 helpers.** Ask the three helpers to kneel down in a line alongside the patient's body: one helper near the chest, one near the waist, and one near the knees. They will help to transfer the patient to the rescue board.
- 3. **Get a temporary rescue board and other materials:** Ask a 4th helper to get a large board or flat piece of wood; rope, bandages or strips of cloth to secure the patient to the board; and a bags of sand or cloth to keep the head stable.
- 4. **Work together to transfer the patient VERY CAREFULLY to the rescue board.**

VHV:

- 1) Keep the head stabilized at all times.
- 2) Communicate step-by-step instructions clearly to the helpers.

Helpers will reach across the patient's body to place their hands securely along the patient's side opposite from where they are kneeling. Helpers' hands will crisscross:



Place hands along patient's side

Helper #1: Place one hand on under the patient's shoulder and the other under the waist.

Helper #2: Place one hand under the patient's rib cage and the other under the top of the legs.

Helper #3: Place one hand under the patient's thighs and the other under the ankles.

VHV:

- Keep the head stable.
- Count to three and have everyone pull the patient gently towards them so that the patient is on his/her side.



Gently pull the patient up on his/her side

Helper 2: Lift the hand from the top of the legs and run it down the patient's spinal cord to check for any abnormal objects.



Check the patient's spine for abnormal objects.

Helper 4: Carefully push the rescue board towards the patient so that the side is touching the patient.



Position the rescue board

VHV: Keep the head stable, count to three and have everyone lay the patient on his/her back on the rescue board.



Lower the patient onto the rescue board

Work together to gently push the patient onto the rescue board:

Helpers: place forearms on the floor along the patient's body

VHV:

- Count to three and have everyone use the side of their forearm to gently push the patient to the middle of the rescue board.
- Keep the patient's head stable and gently move it as the helpers are pushing the body.



Slide the patient to the middle of the board

5. Secure the patient to the rescue board

Secure the patient's head

VHV: Tell Helper #4 to place the sand or cloth bags on either side of the patient's head. Hold the bags in place until they are secured using strips of cloth—one across the patient's head and one across the patient's chin.

Secure the patient's body

Use the rest of the cloth strips to tie the patient securely to the rescue board: one at the chest, one at the hips, one near the knees and one at the ankles.



Secure the patient's body

If possible, find a towel or other object to insert between the legs for more stabilization.

Work together to lift the patient and the board carefully.

Open the airway of the patient begins to choke

If the patient becomes unconscious, follow the steps for basic life support



Evaluate

- Monitor the patient's condition
- Provide First Aid and emotional support as needed

7 Resources:

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- LRC First Aid Manual, 2010
- Lao Faculty of Nursing Manual, 2012-2013
- WE First Aid Training Manual, 2011

8 Supplemental Materials:

- See head and spinal cord injuries practice checklist attached

Head and Spinal Cord Injuries <i>Practice Checklist</i>		YES	NO
Assess	Assess the scene to make sure it is safe		
	Assess the patient's condition.		
Plan	If you are alone, call for help		
	Contact the health center and Arrange for a truck to transfer the patient to the hospital.		
Implement	Provide emotional support		
	Provide bleeding control		
	Reposition the injured person to face up and lay still		
	Stabilize the head and neck		
	Stabilize the body		
	Open the airway if choking		
	If unconscious, follow the steps for basic life support		
Evaluate	Transfer the injured person to hospital		
	Monitor the patient's condition		
	Provide First Aid and emotional support as needed		

Day 2 Session 12: *Patient Transfer*

Estimated Duration: 1.5 hours

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Demonstrate how to move a patient with only one rescuer using various techniques.
- 1.2 Demonstrate how to move a patient with two or more rescuers using various techniques.
- 1.3 Select the best moving technique for the situation.
- 1.4 Explain how to transfer a patient to the health center in a vehicle.
- 1.5 Explain how to assess the patient's condition during transfer.

2. Main Learning Points

- 2.1 Always check to make sure the scene is safe
- 2.2 If possible, give the patient any emergency First Aid they need before moving them.
- 2.3 *If you think the patient has a severe neck or spinal cord injury, use the transfer technique that we learned in Lesson 11: Head and Spinal Cord Injuries*
- 2.4 If you need to move the patient, use the technique that is best for the situation
- 2.5 Before travelling to the health center, make sure you prepare everything needed for the journey
- 2.6 If the patient stops breathing on the way to the health center, STOP THE VEHICLE and follow the steps for CPR. Continue CPR until the patient begins breathing or until medical assistance is available.

3. Suggested Outline of Activities

Activities	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Facilitate a discussion on the different ways to move a patient safely from the scene of the accident	15 Minutes

2.Demonstration	Trainer and volunteers demonstrate the emergency and non-emergency moves.	30 Minutes
3. Practice	Participants form 2 groups to practice all of the transfer techniques.	30 minutes
4. Discussion	Facilitate a discussion on the process for transferring the patient to the health center by vehicle.	10 Minutes
5. Checking for Understanding	Trainer asks review questions about the lesson content to check participants' understanding.	5 minutes

4. Materials and Preparation

- Chart paper with key information from the Topic Summary Section X
- Moving materials: blanket, sheet and chair
- Photographs of moving techniques (in Participant's Manual)

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • None 	<ol style="list-style-type: none"> 1. Briefly introduce the session topic and learning objectives. 2. Invite the participants to respond to the following questions and write their ideas on chart paper: <ul style="list-style-type: none"> • <i>Have you ever had to carry a patient because he/she couldn't walk by him/herself?</i> • <i>How did you do it?</i> 3. Ask the participants the following questions and record their ideas on chart paper: <ul style="list-style-type: none"> • <i>What are the important things you need to remember when carrying a patient?</i> • <i>What materials can you use to help carry a patient?</i> • <i>What are the different ways or methods you can use to carry a patient?</i> • <i>What do you do if you need to help the patient get to a health center?</i> 4. Summarize the information from the Topic Summary and add any missing information that the participants did not say. 5. Ask if there are any questions and invite the 	Listen carefully to participants' ideas. Pay careful attention to any misconceptions or information gaps. Be sure to address these during Activity 2: Demonstration.

	participants to share any additional ideas connected to the topic.	
Activity 2: Demonstration Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Moving materials (blanket, sheet, chair) • Photos of moving techniques (Participant's Manual) 	1. Demonstrate moves with 1 rescuer: <ul style="list-style-type: none"> • Invite 12 volunteers to the front. Divide them into pairs (6 groups, 2 people each group). • Guide each pair to demonstrate one method for transferring a patient with one rescuer: human crutch, one-person lift, pack strap carry, firefighter carry, shoulder pull, blanket pull (one pair per one topic). • Ask the participants: <i>Which technique would be best for which situation?</i> 2. Demonstrate moves with 2 rescuers: <ul style="list-style-type: none"> • Invite 12 new volunteers to the front. Divide them into groups of three (4 groups, 3 people each group.) • Guide each group of 3 to demonstrate the patient transfer techniques with 2 rescuers: chair carry, four-handed seat, 3-handed seat, 2-handed seat (one group per topic). 3. Demonstrate moves with more than 2 rescuers <ul style="list-style-type: none"> • Divide participants into groups of about 7 people (1 patient, 6 rescuers). • Guide each group to the front one by one to demonstrate the patient transfer techniques with more than two rescuers: horizontal carry, transfer without equipment for suspected spinal cord injuries, and improvised stretcher. • Remind the other participants to observe the demonstrations carefully. 4. Answer any questions participants may have.	
Activity 3: Practice Duration: 30 min. Materials & Preparation: <ul style="list-style-type: none"> • Moving 	1. Divide participants into 2 large groups. Divide trainers between the two groups. 2. Have each group practice the various moving techniques. 3. Observe participants as they practice and	Observe participants as they practice and provide support as needed.

<p>materials</p> <ul style="list-style-type: none"> • Photos of moving techniques 	<p>provide support as needed.</p>	
<p>Activity 4: Discussion: Patient Transfer to Hospital</p> <p>Duration: 10 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Chart paper with key information from Topic Summary Section X 	<ol style="list-style-type: none"> 1. Leads a discussion to answer the following questions: <i>What do you need to do <u>before travelling</u> to the health center with the patient? How should you prepare? What should you bring?</i> 2. Make sure to discuss every single step, including preparations and assessing the patient (see Topic Summary). 3. Continue the discussion by asking: <i>What do you need to do <u>while traveling</u> with the patient?</i> 4. Make sure to discuss all of the component of monitoring the patient (see Topic Summary) 5. Answer any questions participants may have about patient transfer. 	<p>Listen carefully to participants' ideas during discussion. Provide additional information and correct any misconceptions as necessary.</p>
<p>Activity 5: Checking for Understanding</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • None 	<ol style="list-style-type: none"> 1. Ask the following questions to check participants' understanding: <ul style="list-style-type: none"> • <i>How many different types of patient moves are there? What are they?</i> • <i>What are the most important things to remember when moving a patient?</i> • <i>What are different methods of moving a patient are there? What are they?</i> • <i>How do you transfer a patient to the health center?</i> • <i>What should you do if the patient stops breathing while you are traveling?</i> 2. Answer any final questions participants may have. 	<p>Listen carefully to participants' answers and make sure they are in line with the information in the Topic Summary. Give quieter participants a chance to answer so that you can assess their learning.</p>

6. Topic Summary

6.1 Overview

It is important to know how to safely move a patient who cannot walk due to an injury. Not following the proper and appropriate techniques can cause additional harm to the patient, possibly resulting in disability or death. It can also be dangerous for the rescuers. This session contains multiple ways to move a patient safely.

6.2 Two Types of Moves: Emergency and Non-emergency

Moves can be divided into two types: those that are best to use during an emergency and those that are best to use during a non-emergency.

1. Emergency Moves are for when the patient is in immediate danger and needs to be moved as quickly as possible from the scene of the accident. Such situations include a fire or an accident on a busy road with a lot of traffic.



2. Non-Emergency Moves are for when a patient is not in immediate danger and there is no need to rush to move him or her from the scene of the accident. Non-emergency moves can be done with or without additional materials.



6.3 Guidelines for Moving Patients

To keep the rescuer safe:



1. Never lift the patient by yourself, especially if he/she is heavier than you.



2. Keep your back straight and bend at the knees while lifting.



3. Keep the injured person's body close to your body while lifting.



4. If more than 1 person is moving the patient, ensure that communication is clear between all rescuers.



5. Always assess the patient's condition. Is he/she unconscious? bleeding? If so, provide First Aid accordingly.



6. Contact and coordinate with local health professionals or a health center so that the patient can receive the necessary follow-up care.

To keep the patient safe:



1. Avoid making the patient's injury worse while moving him/her.



2. If possible, provide the necessary First Aid before moving the patient. Exceptional cases include emergency situations such as fires and flooding.



3. Try to keep the patient's body as still as possible while moving, especially for serious injuries.

6.4 Moving Techniques

Non-emergency Moves for 1 Rescuer



1. Human crutch:
Patient is conscious and
can walk with help.



2. One person lift:
Patient has a minor injury, cannot
walk and is lightweight.



3. Pack strap carry:
Patient has a leg injury, cannot
walk and is lightweight.



4. Firefighter carry
Patient is unconscious or choking from
smoke, does not have a fracture or
spinal cord injury and is lightweight.

Emergency Moves for 1 Rescuer



5. Shoulder pull

The patient is unconscious at the scene of an accident, does not have a fracture or spinal cord injury and is light weight



6. Blanket pull

The patient is unconscious at the scene of the accident, does not have a fracture or spinal cord injury and is light weight

Moves for 2 Rescuers

1. Chair Carry: The injury is not serious, but the patient cannot walk



Without a chair



With a chair

2. **Four-handed seat.** The injury is not serious and the patient is conscious but cannot walk



Hold all four hands at the wrists



Kneel on one knee and have the patient sit on your hands



Stand up carefully

3. **Three-handed seat.** The injury is not serious and the patient is conscious but cannot walk



Hold 3 hands at the wrists



Kneel on one knee and balance your hands on your knees



Use the free hand to support the patient's back. Stand up carefully

4. **Two-handed seat.** The injury is not serious and the patient is conscious but cannot walk



Hold 2 hands at the wrists



Kneel on one knee and balance your hands on your knees



Use your two free hands to support the patient's back. Stand up carefully

Moves for more than 2 rescuers

1. Sleeping-position transfer



2. Spinal injury transfer when a rescue board is not available



Spinal injury transfer requires more rescuers, and must be done extremely carefully to keep the patient's head, neck and spine stable.

3. Transfer by homemade stretcher



Make a stretcher from a floor mat by rolling the sides towards the middle. There are two transfer methods when using the floor mat stretcher:



Method 1:

Roll pieces of bamboo in the mat. Use the bamboo handles to carry the patient.



Method 2:

Roll the bamboo mat towards the center. Hold onto the rolled sides to carry the patient.



Do NOT use a homemade stretcher for patient transfer. Use a rescue board whenever possible to keep the head, neck and spine stable.

6.3 Transferring the patient to the health center by vehicle

Before Traveling

1. **Prepare what you will need.** Collect and organize all the materials you will need for the journey:
 - Vehicle and driver
 - First Aid Kit
 - Blanket
 - Hot water bottles
 - Towels
 - Food and drinks (plan ahead for both the journey and if the patient will need to stay at the health center or hospital)



2. **Contact** the health center to let them know that you are coming (if you have access to a phone).

3. **Assess the patient's condition**

- Check the airway. Is it clear? Is there anything blocking the mouth or nose? Clear if necessary.
- Check breathing. Is the patient breathing normally?
- If unconscious but breathing or vomiting: place patient in recovery position
- If conscious and not vomiting: have the patient sit up
- Check for bleeding. Provide bleeding control if necessary
- Give the patient a blanket to stay warm



Provide emotional support to the patient and the family at all times.

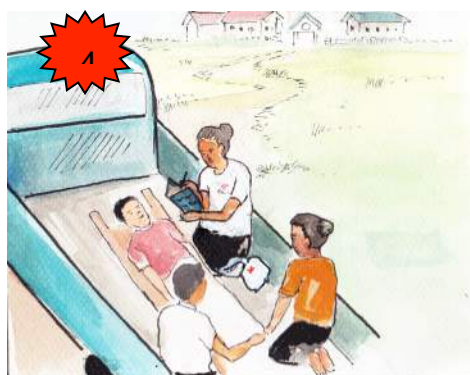
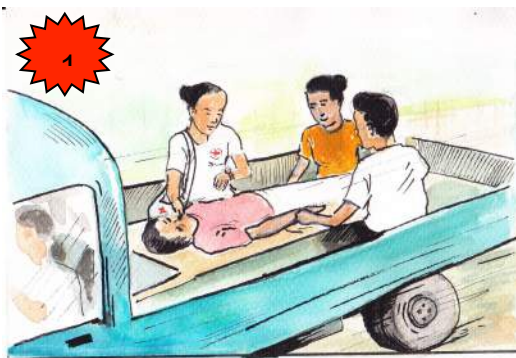
While Traveling

- Talk to the patient if he/she is conscious, provide emotional support
- Provide emotional support to any family members traveling with the patient
- Record important information about the patient's condition during the journey. Share the information with the medical professionals when you arrive to the health center.
- **Monitor the patient's condition:**
 - Maintain good position and open airway
 - Assess the patient at least every 30 minutesExamine the injuries. (Is a wound bleeding? If so, provide bleeding control. Are there any other signs or symptoms? If so, provide first aid accordingly.)



If the patient stops breathing on the way to the health center, STOP the vehicle and perform CPR immediately until the patient becomes conscious or until a medical professional can arrive to help.





7. Resources

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- LRC First Aid Manual, 2010
- Lao Faculty of Nursing Manual, 2012-2013
- WE First Aid Handbook, 2011

8. Supplemental Materials

- None

Day 3 Session 13: *Burns and Scalds*

Estimated Duration: 1 hour

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Identify the causes of burns
- 1.2 Differentiate between first, second and third-degree burns.
- 1.3 Demonstrate the steps of First Aid for burns and scalds

2. Main Learning Points

- 2.1 A burn is an injury to skin and body tissue caused by heat, electricity or chemicals.
- 2.2 There are three types of burns: first-degree, second-degree and third-degree burns.
- 2.3 Assess the burn to determine how serious it is
- 2.4 Transfer the patient to the hospital for second and third degree burns

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1.Introduction	Briefly introduce the session topic, learning objectives, and key information from the Topic Summary.	15 Minutes
2. Role plays	Trainers and participants present 3 role plays to demonstrate the steps of first aid for burns	35 minutes
3. Checking for Understanding	Ask participants the review questions provided to check their understanding of the topic.	10 minutes

4. Materials and Preparation

- Prepared short presentation using information from the Main Learning Points/Topic Summary
- First Aid items needed to treat burns: dressings, cloth, ointment, clean water (i.e. bottled water)
- Photographs and posters of types of burns and First Aid steps (if available)

5. Plan of Activities

Activity, Duration, Materials and Preparation	Process	Assessment
Activity 1: Introduction Duration: 10 min Materials & Preparation: <ul style="list-style-type: none"> Prepared short presentation Photographs and posters (if available) 	<ol style="list-style-type: none"> Briefly introduce the lesson topic and learning objectives. Ask participants: <i>What are some common causes of burns in your community? What do you know about treating burns?</i> Encourage participants to share their prior knowledge and experience with burns. Explain the causes and types of burns and their symptoms (Topic Summary 6.1 and 6.2). Explain the First Aid steps for first, second and third degree burns. <p>Trainer's Tip: Be sure to discuss the “don'ts” for treating burns (see Topic Summary section 6.3)</p>	<p>Listen carefully to participants' responses. Add any information they do not say that is included in the Topic Summary.</p>
Activity 2: Role plays Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> First Aid items needed to treat burns: dressings, cloth, ointment, clean water 	<ol style="list-style-type: none"> Ask for volunteers to do 3 separate role plays: the scenes for the three role plays are: <ul style="list-style-type: none"> <i>Scald from hot water on the hand</i> <i>Burn from fire</i> <i>Scald from acid</i> For each scene, the trainer will be the VHV/rescuer. Read each scene aloud to the participants. After reading, invite the volunteers to act out the patients for the role play. After each scene, encourage participants to ask questions and answer any they may have. <ul style="list-style-type: none"> <i>Scene 1: Scald from hot water</i> A woman is boiling water. When she lifts the lid, the steam has scalded her hand. The VHV passes by and provides First Aid. <i>Scene 2: Burn from fire</i> A mother and a daughter are making a wood fire. While the daughter is putting a pot of soup on the fire, she falls and burns her arm. The VHV provides First Aid. (Note: Treat this burn with clean water.) 	<p>After each role play, answer any questions participants may have.</p>

	<ul style="list-style-type: none"> • <i>Scene 3: Scald from acid</i> A couple is arguing. The girlfriend is very upset and decides to throw acid on her boyfriend. The acid falls into his chest and burns his skin. A VHV passes by, provides First Aid and assists in transferring the boyfriend to the hospital. 	
Activity 3: Checking for Understanding Duration: 10 Min Materials & Preparation: <ul style="list-style-type: none"> • none 	<ol style="list-style-type: none"> 1. Call everyone back together. 2. Ask the following review questions: <ul style="list-style-type: none"> • What are the three types of burns? (<i>Answer: first-degree, second-degree, third-degree</i>) • How should you treat a third-degree burn? (<i>Answer: cover with a clean dressing and transport patient to the hospital.</i>) • Is it a good idea to pop burn blisters? (<i>Answer: No. popping blisters can prevent the burn from healing properly. Allow them to pop on their own.</i>) 3. Thank everyone for their participation. 	Allow participants to answer questions first. Encourage participation from quieter individuals. Provide the correct answer when necessary.

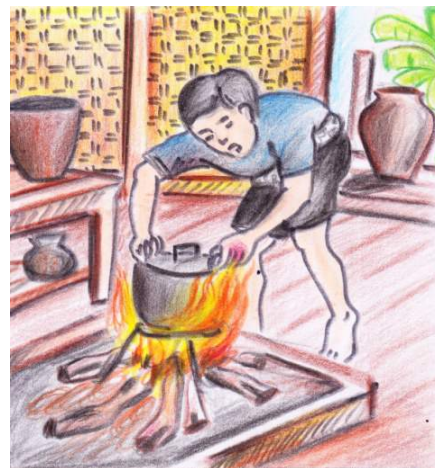
6. Topic Summary

6.1 Overview

A burn is an injury to the skin and body tissue caused by heat, electricity or chemicals. Scalds are caused by hot liquids. Serious burns can become infected and dangerous if not treated properly. Burns are classified into three groups: first-degree, second-degree and third-degree.



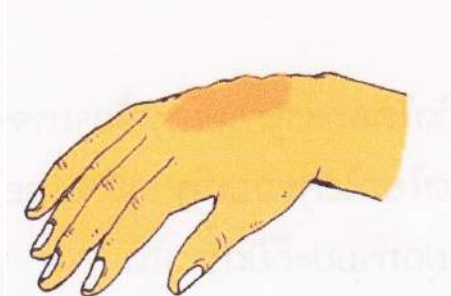
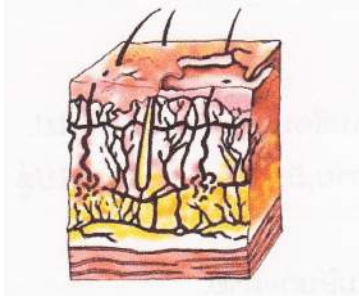
Hot water scalds



Burns from flames or fire

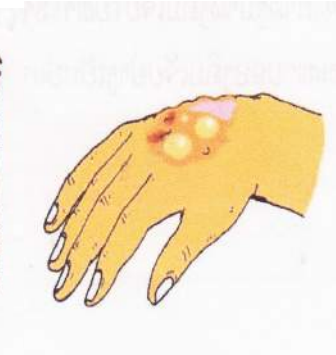
6.2 Types of Burns

First-Degree Burns



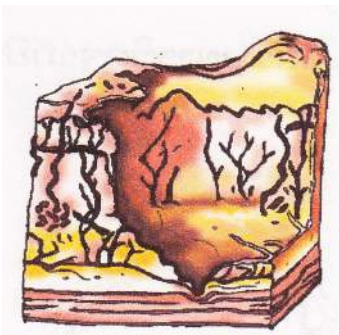
First-degree burns are minor burns that only damage the outer layer of the skin. They result in redness, minor swelling and pain. As the burn heals, the skin may become dry and begin to peel.

Second-Degree burns



Second-degree burns are more serious than first-degree burns because the damage is deeper. The skin appears intensely red and splotchy. Blisters form and can pop open, giving the burn a wet appearance. Often blood vessels are damaged.

Third-Degree burns



Third-degree burns are more serious than second-degree burns. They cause the skin to look charred, black, or dry and white. The burn extends through all layers of the skin, causing damage to the nerves. The patient may feel numbness and only minor pain due to the nerve damage.

6.3 First Aid Steps for Burns

Assess

- Assess the scene to make sure it is safe
- Assess the patient's condition for severity of burns based on the depth and width of the burned area.

Plan

- For First Degree Burns: Begin First Aid and encourage the patient to return home to rest
- For Second and Third Degree Burns: Begin First Aid and make a plan to transfer the patient to the hospital

Implement:

1. Remove clothes and jewelry such as rings, necklaces and watches that are around burned area. DO NOT remove burned clothes.
2. Clean the burned area with running water or by immersing it in cold water for 10 to 20 minutes.



Rinse with running water



Immerse in cold water

3. For first degree burns: apply ointment and encourage the patient to rest at home.
4. For second and third degree burns, cover the burned area with a clean dressing and transfer the patient to a health center.



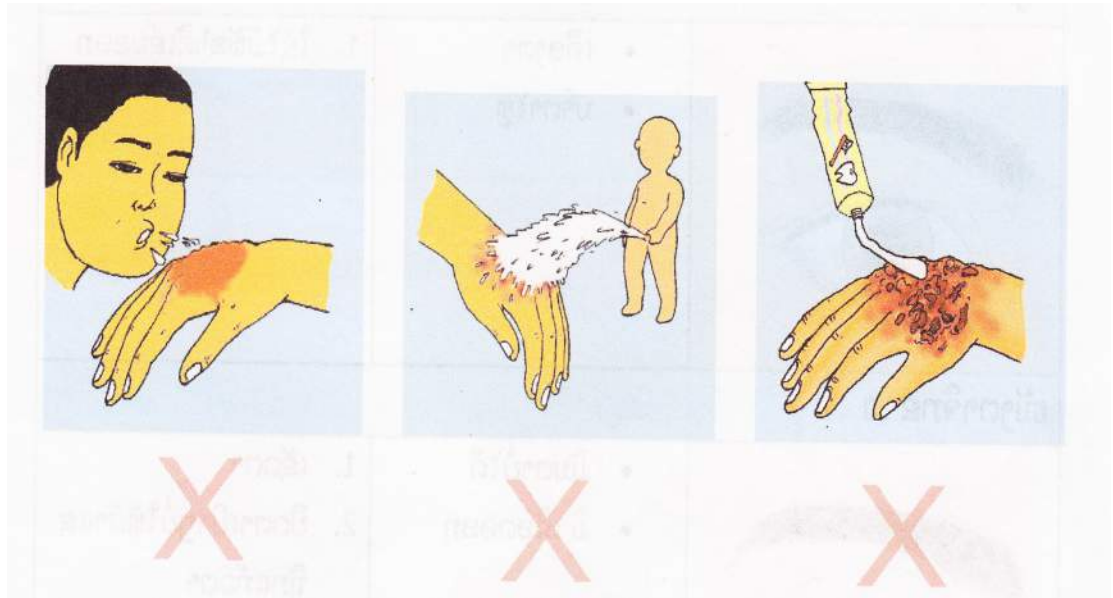
Cover with a clean dressing



Transfer to the health center



DO NOT break blisters. DO NOT remove burned clothes. DO NOT apply ointments, saliva, ice, toothpaste, animal skin, urine, etc. This can be harmful to the burn.



Evaluate

- Monitor the patient's condition and provide support as needed.
- Stay with the patient until he/she is transferred to a health center.

7. Resources

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- LRC First Aid Manual, 2010
- Lao Faculty of Nursing First Aid Manual, 2012-2013

8. Supplemental Materials

- See the burn practice checklist attached

Burns Practice Checklist		YES	NO
Assess	Assess the scene to make sure it is safe		
	Assess the injured patient's condition: how severe are the burns?		
Plan	<ul style="list-style-type: none"> • For first degree burns: begin First Aid and encourage the patient to return home to rest • For second and third degree burns: begin First Aid and make a plan to transfer the patient to a health center. 		
Implement	Remove clothes and jewelry such as rings, necklaces and watches that are around burned area. DO NOT remove burned clothes		
	Clean the burned area with running water or by immersing it in cold water for 10 to 20 minutes.		
	For first degree burns: apply ointment and encourage the patient to rest at home.		
	For second and third degree burns, cover the burned area with a clean dressing and transfer the patient to a health center.		
Evaluate	Monitor the patient's condition and provide support as needed.		
	Stay with the patient until he/she is transferred to a health center.		

Day 3 Session 14: *Animal and Insect Bites and Stings*

Estimated Duration: 50 Minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Explain the dangers of animal and insect bites
- 1.2 Demonstrate the steps of First Aid for animal and insect bites and stings
- 1.3 Explain how to prevent animal and insect bites and stings

2 Main Learning Points

- 2.1 Animal and insect bites or stings can be dangerous
- 2.2 Assess the scene for safety
- 2.3 Do **NOT** suck the venom out of the wound. You may get an infection.
- 2.4 For animal bites, gently clean with soap and water, then transfer the patient to the health center.
- 2.5 For bee stings, take out the stinger and apply a cold compress
- 2.6 For snake bites, do not panic. Tie a cloth or string around the limb one hand-length from the bite. Release the string every 15 minutes so that blood can circulate. Clean the bite area with soap and water.
- 2.7 For scorpion and other insect bites, apply a cold compress
- 2.8 Help your family and community to prevent animal and insect bites and stings by sharing what you learned with them after this session.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1.Introduction	Briefly introduce the session topic and learning objectives. Facilitate a discussion about participants' prior knowledge and experience with animal and insect bites and stings.	10 minutes
2. Role play	Participants create and present role plays on providing First Aid for animal and insect bites and stings	30 minutes
3. Discussion	Trainer facilitates a discussion on how to prevent for animal and insect bites and stings	10 minutes

4. Materials and Preparation

- Prepared chart paper with key information from the Topic Summary.
- First Aid Kit
- Pictures of animals and insects found in Laos (if available)
- Photographs or posters on animal and insect bites, and First Aid steps (if available)

5. Plan of Activities

Activity, Duration, Materials and Preparation	Process	Assessment
Activity 1: Introduction Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • Prepared chart paper with key information from Topic Summary • Blank chart paper with participant's comments 	<ol style="list-style-type: none"> 1. Briefly present the lesson topic and learning objectives. 2. Ask participants: <i>What are the most common types of animal and insect bites in your community?</i> Make a list on the chart paper. 3. Present the information in the Topic Summary by briefly presenting how to provide First Aid for animal and insect bites and stings. 4. Ask the participants: <i>Are there any questions?</i> Trainer can briefly respond to the questions, keeping in mind that they will learn more about the lesson information during Activity 2. 	Trainer asks participants: Is there anything that is unclear or confusing to allow the participants to self-assess their understanding of the topic.
Activity 2: Role play Duration: 30 min. Materials & Preparation: <ul style="list-style-type: none"> • 3 small pieces of scrap paper 	<ol style="list-style-type: none"> 1. Select 3 types of bites or stings from the lesson (i.e. dog bites, snake bites, bee stings). Refer to the list of common bites and stings in the community made by the participants in Activity 1 to select three types from the list. 2. Write the three chosen bites/stings on small pieces of scrap paper (1 topic per paper). Fold the papers. 3. Divide participants into groups of 3. 4. Ask a team leader to come to the front to chose 1 piece of paper. 5. Explain that each group will prepare a role play of how to provide First Aid for the bite or sting listed on their paper. 	Trainer carefully observes the role plays of each team and makes note of what is done correctly and incorrectly. After each role play, participants comment on what was done

	6. Allow each group to plan and practice their role play. 7. Invite the teams to present their role plays to the whole group. 8. After each role play, encourage all participants to give comments. Did they do everything correctly? Did they miss any steps? 9. If time permits, the trainer should demonstrate or describe the First Aid steps for scorpion, spider and fish bites.	correctly and incorrectly. Trainer provides additional corrections and comments as needed.
Activity 3: Prevention Discussion Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • none 	1. Trainer leads a discussion using the information provided in Topic Summary Section 6.3 on the ways to prevent various types of bites and stings, including: <ul style="list-style-type: none"> • Dog bites and rabies • Snake bites • Bee stings • Scorpion and spider bites 2. Answer any questions participants may have 3. Encourage participants to share prevention idea with their family and community.	

6. Topic Summary

6.1 Overview

- Animal and insect bites can be dangerous. Bites and stings can cause infection, pain, shock, allergic reaction, and, in some cases, death. Babies and children are the most vulnerable. Some animal and insect bites can be poisonous and lead to unconsciousness.
- Animal bites, especially from dogs, can carry many germs, including rabies. If a person has been bitten by a dog, it is important to observe the dog's behavior to know if it has rabies. Signs of rabies include foaming at the mouth, loss of appetite, and fear of water (hydrophobia).
- Some people have allergic reactions to bee stings. Signs of allergic reaction include redness and difficulty breathing. It can sometimes lead to death. For allergic reactions, get immediate medical attention and transfer the patient to the clinic or hospital.
- To prevent animal bites, especially in children, avoid contact with snakes, dogs, cats, etc.

6.2 First Aid steps for Animal and Insect Bites and Stings

Assess

- Assess the scene for safety, assess the patient's condition
- Assess the bite areas, ask the patient about symptoms and causes

Plan

- Call for help. Protect yourself from the animal or insect

Implement

- Provide First Aid based on the signs and symptoms:

Animal Bites



Follow these First Aid steps:

1. Clean with soap and water for least for 5 minutes
2. Stop the bleeding. Do NOT stitch the wound.
3. Apply Betadine and antibiotic ointment
4. Transfer to the hospital for a tetanus shot

Signs of Rabies (in people and in dogs)

- If a person becomes infected with rabies, he or she may feel discomfort or unusual itching at the bite wound. **If he/she is not immediately taken to be vaccinated, survival is unlikely.**
- Humans infected with rabies will experience *Hydrophobia*, or "fear of water".
- Dogs get rabies when they are bitten by other dogs or animals with rabies. Rabid dogs may have bite marks or open wounds, act "mad", are prone to attack, show their teeth as if ready to bite, and foam around the mouth. If the dog has "furious" rabies, he will likely be ready to attack and foaming at the mouth, and will likely die within 4-7 days after biting a person. If the dog has "paralytic" rabies, he is likely to hide in the dark and die within 1-3 days after biting a person.

For Rabid Dog Bites:



Clean the bite area with soap and water for at least 5 minutes.



Apply Betadine and antibiotic ointment.



Transfer the patient to the nearest health center.

For Non-rabid Dog Bites:



Clean the bite area with soap and water for at least 5 minutes.



Apply Betadine and antibiotic ointment.

Bee Stings



1. Remove the stinger



2. Apply Betadine.



3. Apply a cold compress.



4. If the patient is in pain, give him/her a pain reliever.



5. For an allergic reaction, transfer the patient to the nearest health center immediately.

Snake Bites

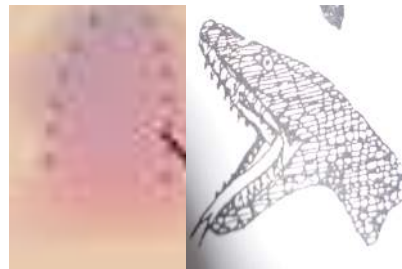


How to tell the difference between venomous and non-venomous snake bites:

The bite marks from venomous snakes generally have one or two punctures that are deeper than the others, which are from the snakes' fangs. The bite marks from non-venomous snakes are usually abrasions, with no punctures that are deeper than the others. See the pictures below:



Bite marks from a
venomous snake



Bite marks from a
non-venomous snake

First Aid Steps for Venomous Snake Bites:

1. Help the patient stay calm. Help him/her move to a safe place.



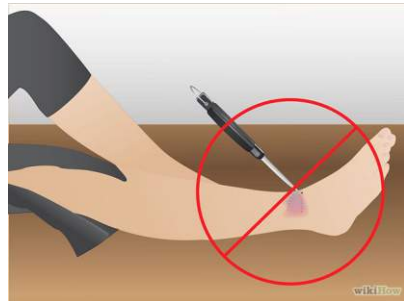
2. Have the patient lie down and stay still. Movement can cause the venom to spread more quickly throughout the body.



3. Wash with soap and water. Do NOT suck the venom from the wound. It may cause the infection to spread to the rescuer.



4. **DON'Ts:** do NOT use a knife, fire or hot metal to try to stop the bleeding. It is dangerous and can cause severe bleeding and infection. Do not give the patient alcohol or other stimulants.

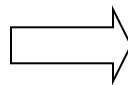


5. Tie an elastic roll bandage tightly around the wound. Keep the bandage on until the patient is transferred to the health center. **If you do not have an elastic roll bandage**, tie a strip of rope , fabric, rubber band around the limb, about 10 cm (1 hand's length) above the wound. The band should be tight to prevent the venom from spreading to other organs. Loosen or untie the band every 15 minutes, and leave it loosened for about 30 seconds to 1 minute to allow the blood to circulate to other organs. Then retie the band. **(Only use a band if it is absolutely necessary. Make sure a skilled person is present to tie the band. If it is not done properly, it could cause the patient to die before he/she reaches the hospital.)** See the photos below:

If you have an elastic roll bandage:

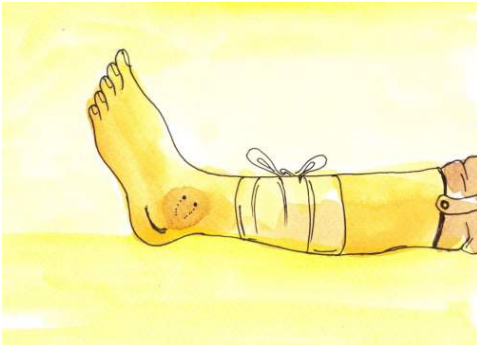


Wrap the bandage around the wound area.

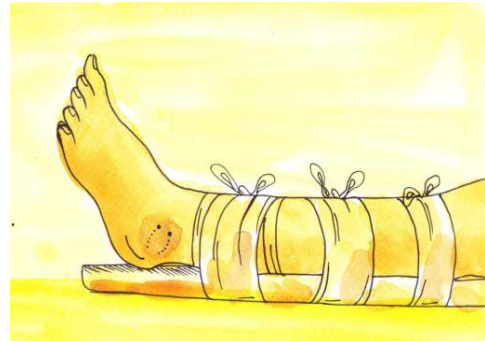
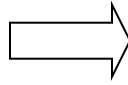


Make a splint with a piece of flat wood to immobilize the wound area.

If you do not have an elastic roll bandage and need to use a band:



Tie the band tightly about 1 hand's length above the bite.



Make a splint with a piece of flat wood and bands or strips of cloth to immobilize the wound area.

6. Transfer the patient to the nearest health center.



First Aid Steps for Non Venomous Snake Bites



1. Clean with soap and water



2. Apply Betadine.



3. Give the patient a pain reliever

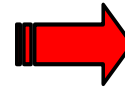
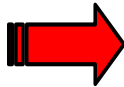
Scorpion and Spider Bites



First Aid Steps for Scorpion and Spider Bites:

1. Clean with soap and water or Betadine
2. Apply a cold compress
3. If the patient is in pain, give a pain reliever and encourage him/her to rest at home
4. If the patient is in a lot of pain, or was bitten by an extremely venomous insect, immobilize the wound area.
5. Transport the patient to the nearest health center.

For a non-venomous scorpion or spider bite with minor pain:



1. Clean with soap and water or apply Betadine

2. Apply a cold compress

3. Give the patient a pain reliever

For a venomous scorpion or spider bite with severe pain:



1. Clean with soap and water or Betadine.

2. Apply a cold compress

3. If pain, give a pain reliever or tie a band above the

4. Immobilize the wound area.

5. Transfer to the nearest health center.

First Aid Steps for Fish Bites and Cuts:

1. Clean off any blood, clean with soap and water
2. Immerse the bite area into warm water (about 60° C) for 30-90 minutes. Fish venom is a type of protein that is destroyed by heat.
3. If painful, provide a pain reliever
4. If the wound is bleeding, provide First Aid for bleeding control and transfer the patient to the nearest health center.



1. Clean with soap and water.



2. Immerse into warm water for 30-90 minutes.



3. Give the patient a pain reliever.



4. Transfer to the nearest health center.

Evaluate

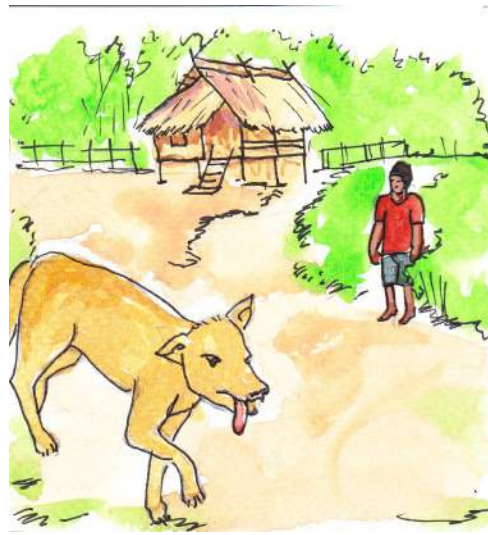
- Monitor the patient's condition
- If the patient becomes unconscious, begin basic life support

6.3 Preventing Animal and Insect Bites and Stings

To prevent dog bites:



Avoid physical contact with dogs you don't know.



Do not get close to dogs that are behaving strangely or aggressively

If you have a pet dog, make sure the dog gets a rabies vaccination. Coordinate with your nearest veterinarian or village authorities for information on how and where to get the vaccination.



If a dog is going to bite you, throw something at it.



VHV can coordinate with local authorities to promote rabies vaccinations and coordinate with veterinarians for services.

To prevent Snake Bites:



Maintain short grass by cutting it regularly.



Use a long stick to probe the ground while walking in rice fields.



If you see a snake, stop or back away slowly. Do not approach or handle wild snakes.

To prevent bee stings:



Do not disturb the bees.



Stay still. Do not bat at them with your hands.



Run to a safe place.

To prevent scorpion and spider bites:



Shake out your shoes and clothes before wearing them.



Check your bed before getting into it.



Avoid touching or killing insects.

7. Resources

- IFRC Facilitator Guide for CBHFA, Volume 2, 2009
- Lao Faculty of Nursing First Aid Manual, 2012-2013
- LRC First Aid Manual, 2010

8. Supplemental Materials

Animal Bites and Stings Practice Checklist		YES	NO
Assess	Assess the scene to make sure it is safe		
	Assess the patient's condition: Look for symptoms to determine the type of bite or signs of the insect or animal.		
Plan	If the bite is rabid or venomous, begin first aid and make a plan to transfer the patient to the nearest health center.		
Implement	For venomous snake bites: <ul style="list-style-type: none"> • Move the injured person to a safe place • Have an injured person lie down and stay still • If bleeding, provide First Aid for bleeding control • Clean the wound • Do NOT attempt to suck the venom out with your mouth • Wrap the wound area with an elastic roll bandage 		
	For rabid dog bites: <ul style="list-style-type: none"> • Clean with soap and water for at least 5 minutes • Transfer to clinic or hospital 		
	For bee stings: <ul style="list-style-type: none"> • If there is a stinger, remove it • Apply Decondine and Betadine • Apply a cold compress • Provide a pain reliever • If serious, transfer to clinic or hospital 		
Evaluate	Monitor the patient's condition. Provide emotional support and additional First Aid if needed.		
	If necessary, stay with the patient until he/she receives adequate medical attention or until transferred to a clinic or hospital.		

Day 3 Session 15: *Documenting Care - Introduction to Keeping Log Books*

Estimated Duration: 50 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Document First Aid incidents as appropriate and in a timely manner by recording relevant facts in the First Aid log book.

2. Main Learning Points

- 2.1 A logbook is a book for documenting incidents related to First Aid. It is a place where the VHV writes down First Aid incidents, and how he or she treated the patient.
- 2.2 It is the VHV's responsibility to write in the logbook.
- 2.3 Logbooks are a valuable source of information for the VHV, the Village Health Committee, District and Provincial Clinics, and any other individuals or organizations working in health.
- 2.4 VHV should document all First Aid incidents *immediately after* providing First Aid care.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction and Discussion	Brifely introduce the session topic learning objectives. Facilitate a discussion to identify which important facts should be documented immediately after providing First Aid.	10 minutes
2. Log Book Entries: Guided Practice	Trainer demonstrates how to record a First Aid incident in the Log Book	15 minutes
3. Log Book Entries: Small Group Work	Participants work in small groups to record First Aid incidents in the Log Book	15 minutes
4. Checking for Understanding	Review game: Ball Toss	10 minutes

4. Materials and Preparation

- Incident Scenarios (see *Supplemental Materials*)
- Ball or small object to toss (For Activity 4: Checking for Understanding)
- Sample log book (see *Supplemental Materials*)
- Chart paper with sample log book chart

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Brainstorm & Introduction Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • Review Topic Summary before teaching this activity 	<ol style="list-style-type: none"> 1. Introduce the learning objectives. 2. Ask: <i>What is a logbook? Why do we use one?</i> See Topic Summary Sections 6.1 and 6.2 for appropriate answers. 3. Ask: <i>What are the benefits of writing down First Aid incidents as they happen?</i> See Topic Summary Section 6.3 for appropriate answers. 4. Briefly explain any missing information about why it is important to keep log books and why it is important to document incidents immediately. (Refer to the Topic Summary.) 	Pay careful attention to participants' answers to #1 and #3 to get a sense of their prior knowledge and know what to emphasize during #5.
Activity 2: Log Book Entries: Guided Practice Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Scenarios (see <i>Supplemental Materials</i>) • Chart paper with sample log book chart 	<ol style="list-style-type: none"> 1. Present Scenario #1 (See <i>Supplemental Materials</i>). <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <i>Trainer's Tip: You can present the scenario through role-play, explanation or reading aloud while participants follow along in their manuals.</i> </div> 2. Explain each entry in the logbook for the scenario. 3. Present Scenario #2 (See <i>Supplemental Materials</i>). 4. Have participants get in partners to discuss how they would document the incident in the logbook. To help guide the discussion, ask: <i>What would you write for each section of the Logbook?</i> (Note: Do not write yet! Participants are discussing only) 5. As a whole group, discuss and record the entry for the incident in the sample logbook on the chart paper (See <i>Supplemental Materials</i>). Encourage participants to tell you what to write in each 	Trainer circulates around the room during pair discussions. Trainer circulates around the room as participants are recording scenario #2 in their participant's manuals.

	<p>section.</p> <p>Trainer's Tip: <i>If a participant cannot read or write, be sure that he/she is paired with someone who can. Encourage them to share ideas verbally.</i></p> <p>6. Tell participants to complete the entry in the practice logbook found in their participants' manuals.</p> <p>Trainer's Tip: <i>If possible, create a large sample log book on chart paper and fill in the correct answers for Scenario #2 so that all participants can see and record the correct answers in their trainer's manual</i></p>	
<p>Activity 3: Log Book Entries: Small Group Work</p> <p>Duration: 15 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Scenarios (see <i>Supplementary Materials</i>) • Chart paper with sample log book chart 	<ol style="list-style-type: none"> 1. Ask participants to get into small groups (3-4 participants). 2. Read aloud or explain scenario #3 (see <i>Supplemental Materials</i>) to the group. Encourage participants to follow along in their Participants' Manual. 3. Ask groups to work together to decide how to record the incident in their log books. As they agree on what to write, they should record it in their sample log books. 4. After each group is finished, invite one group to share their answers with the whole group. Make sure the other groups agree with their entry and discuss any differences. Provide feedback as necessary. 5. If time allows, continue with the remaining scenarios (#4 & 5). <p>Trainer's Tip: <i>If you do not have enough time to do Scenarios #4 & #5 together, encourage participants to try recording them in their free time or as homework.</i></p>	<p>Trainer circulates from group to group to answer questions and provide feedback as needed.</p>
<p>Activity 4: Checking for Understanding</p> <p>Duration: 10 min.</p> <p>Materials &</p>	<ol style="list-style-type: none"> 1. Call groups back together. Ask participants if they have any additional questions 2. Explain that you want to check the participants' understanding about Log Books by playing "Ball Toss". 3. Toss a ball (or another small object) to one participant. Ask the participant one of the following 	<p>Trainer listens carefully to make sure that participants answer according to</p>

Preparation: <ul style="list-style-type: none"> Ball (or other small object) 	review questions: <ol style="list-style-type: none"> <i>What is a log book?</i> <i>Who is responsible for writing in a log book?</i> <i>Why do we keep log books?</i> <i>How do keep a log book?</i> <ol style="list-style-type: none"> After a person answers a question, ask the other participants: <i>Is he/she correct?</i> Invite others to share or add as well. Make sure participants' answers match the information provided in the Topic Summary. Toss the ball to another participant and ask him or her another review question. Continue until you have asked all questions or until time runs out. 	the information in the Topic Summary and corrects or adds information as necessary.
--	--	---

6. Topic Summary

6.1 What is a logbook? (See *Supplemental Materials* for a sample logbook).

- A logbook is a book for documenting incidents related to First Aid. In the log book the VHV writes down First Aid incidents, and how he or she treated or helped the patient. It is a place to record all of the important details related to the incident.
- Logbooks are written in tables so that the information is easy to read.
- It is the VHV's responsibility to record all First Aid incidents he or she responds to in the log book.



A logbook is for documenting First Aid incidents.

If a VHV cannot read or write...

It is possible that some VHV may not know how to read or write. It is still important that he or she find a way to document incidents. Here are some possible strategies you can share with them:

- Explain the details of the incident to someone you trust that can read and write and ask them to record it in the log book
- Make regular visits to the nearest Health Clinic to report incidents to the staff and ask them to assist you in completing the log book.

6.2 Why do we use logbooks?

We use logbooks to have a record of all the incidents that the VHV has seen related to First Aid in his or her community. This record is a valuable source of information for the VHV, the Village Health Committee, District and Provincial Clinics, and any other individuals or organizations working in health. The information kept in a log book can help health professionals plan and improve health care in a variety of ways. Here are two examples of how log books can be useful:

A VHV has been recording First Aid incidents in her log book. After one year, she has recorded 10 incidents. 7 of the 10 incidents have been motorbike accidents. She shares this information with the Village Health Committee. She is able to show them the information because it is written in her log book. As a result, the Village Health Committee decides to work with the Village Headman to think of ways to improve motorbike safety in the community.

A nurse from a nearby Clinic visits a VHV in his community. The nurse is planning a First Aid follow-up training, and she wants to know what skills and knowledge will be most useful for the VHV to review. She asks the VHV two questions: 1) What types of First Aid incidents are happening in the village? and 2) What First Aid care have you provided? Luckily, he has written everything in the log book. He shows it to the nurse, and she uses it to help plan the follow-up training.

6.3 How do I keep a logbook? (See *Supplementary Materials* for an example)

There are three main things to remember when keeping a logbook:

1. Record each incident immediately after it happens.

- It is easiest to remember all the details of an incident immediately after it occurs. Often we think we will always remember important events, but as time passes, some of the details become difficult to remember.



Record each incident immediately after it happens.

- *Provide First Aid to the patient first.* Wait until the patient is either safe or receiving further care (i.e. has been transported successfully to a clinic). Then record the incident in the logbook.
- Document follow-up care. This may include follow-up care you provide a few days or even weeks after the incident. Make sure to update the “Follow-up” care column immediately after you provide it.

2. If possible, complete every column of the logbook for every incident.

- The logbooks will be most useful to you and other health professionals if they are complete.

3. Be concise and specific.

- There is no need to write a lot for each section. Be as concise and specific as you can. Include the important facts only.

4. Resources

- WE original resource 2014

5. Supplemental Materials

Activity 2 and 3: Scenarios

Nang is a VHV. She lives Ban Noi Village, Houaphan Province. Read the scenarios below about her experiences as a Village Health Volunteer. Record the important information from each scenario in the Practice Log Book.

Scenario #1

On December 18th, 2013, Nang's neighbors call her to their house at lunchtime because Grandfather Keo is choking. In the house are Grandfather's son, daughter-in-law and granddaughter. Nang follows the First Aid procedures for choking by encouraging coughing and then giving 5 back blows. While she is giving back blows, a fish bone comes out of Grandfather Keo's mouth and he starts to breathe normally. Grandfather Keo is a little scared, but feels okay and has no pain. Nang visits Grandfather the next day. He is okay and breathing normally. See Sample Log Book Entry #1 for appropriate documentation of this scenario.



Scenario #2



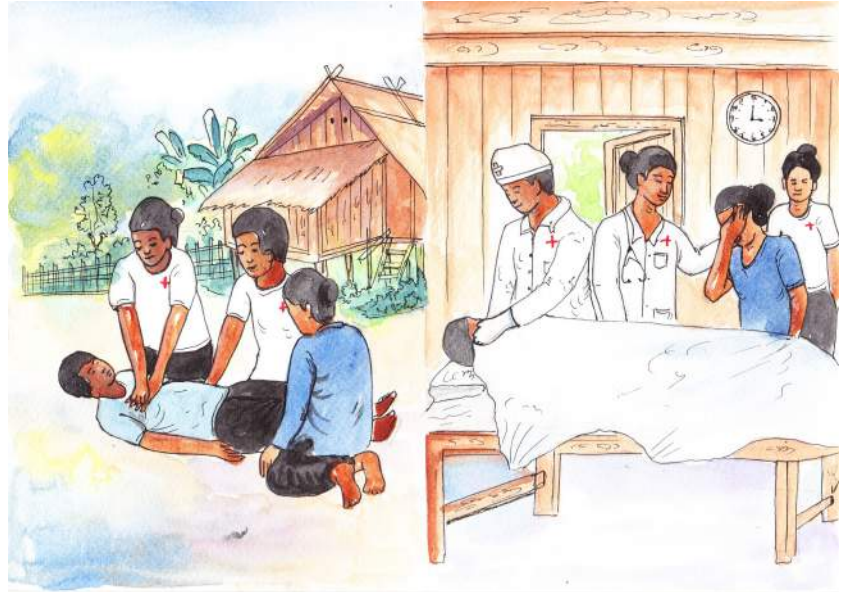
On the morning of January 3rd, 2014 there is a motorbike accident on the main road in Ban Noi. A shop owner named Dao runs to get Nang and she arrives to the scene. Two motorbike drivers (Nok and Xai) were injured. Nang does an initial assessment, discovers that both are conscious and breathing, and moves them from danger. Nok has a large cut on her left leg and is bleeding heavily. Xai is holding his right arm in pain. Nang calls for help and gets a witness to

help control Nok's bleeding while Nang splints the other patient's arm. Transportation is arranged. At the clinic, Nok receives stitches and Xai is diagnosed with a broken arm and put in a cast.

See Sample Log Book Entries #2 and #3 for appropriate documentation of this scenario.

Scenario #3

At 7:00 am January 17th, 2014 Manivone finds Nang to tell her that Pon has fallen while working in the field. Nang arrives to the field and does an initial assessment. She discovers that Pon is unconscious and not breathing. She makes sure that help is on the way. She opens the airway and checks again, but he is still not breathing. She begins chest compressions, and continues until she is exhausted. Pon's family arrives to take him to the nearest clinic. The medical staff discovers that he has passed away from a heart attack.



See Sample Log Book Entry #4 for appropriate documentation of this scenario.

Scenario #4



On April 1st, 2014 Mother is cooking dinner on a gas stove. Her two-year-old son Koi is playing near the stove, falls on the stove and burns his right hand. When Nang arrives, Koi is crying. Nang does an initial assessment and discovers that the burn is not swollen or blistered. She cools the burn and covers it with a clean bandage. She returns the following days to check on the wound and help Mother change the bandage until it heals.

See Sample Log Book Entry #5 for appropriate documentation of this scenario.

Scenario #5

Around 3:00 pm May 12th, 2014 Nang is called to the primary school because Teacher Bounmy has fainted. Some of the teachers and students saw it happen. By the time Nang arrives to the school, the Teacher Bounmy is conscious and breathing but has a small cut on her forehead from falling. Nang tells the patient to remain lying down and cleans the wound using the tools in the First Aid Kit. The family arranges transportation to the clinic. At the clinic, the medical staff diagnoses Teacher Bounmy with dehydration and gives her fluids. He returns home later that day to rest and continue drinking fluids.

See Sample Log Book Entry #6 for appropriate documentation of this scenario.

Sample First Aid Log Book (left side)

Entry No.	Name of VHV or First Aid Provider	Name of Patient	Date of Injury <i>Day, Month, Year</i>	Time of Injury	Location <i>Where did the incident happen?</i>	Witnesses <i>Who saw the incident?</i>
1	Nang	Grandfather Keo	December 18 th , 2013	noon	Grandfather's home, Ban Noi	Son, Daughter-in-law, Granddaughter
2	Nang	Nok	January 3 rd , 2014	Morning	Main road, Ban Noi	Dao (shop owner)
3	Nang	Xai	January 3 rd , 2014	Morning	Main road, Ban Noi	Dao (shop owner)
4	Nang	Pon	January 17 th , 2014	7:00 am	Field, Ban Noi	Manivone
5	Nang	Koi	April 1 st 2014	Dinner time	Home, Ban Noi	Koi's mother
6	Nang	Teacher Bounmy	May 12 th , 2014	3:00 pm	Ban Noi Primary School	Other teachers, students
7						

Sample First Aid Log Book (right side)

Event <i>What is the injury?</i>	Treatment <i>What did you do?</i>	Results of Treatment <i>What happened to the patient after your treatment?</i>	Follow-up (yes or no)	If yes, what?	Entry No.
Choked on a fish bone	Encouraged coughing, 5 back blows	Bone released, patient breathing and stable	yes	visited patient the next day, breathing normally	1
Motorbike accident, severe bleeding on left leg	Applied pressure to stop bleeding	Bleeding slowed, did not stop	yes	Went to clinic. Wound was treated there.	2
Motorbike accident, possible fracture on right arm	Put arm in sling	Still in pain	yes	Went to clinic. Broken arm, put in cast.	3
Collapsed, unconscious, not breathing	Opened airway, chest compressions	None – patient still not breathing	yes	Went to clinic. Passed away from Heart Attack.	4
Fell near stove, burn on right hand.	Cooled with water, covered with clean bandage	Burn cleaned and covered	yes	Changed bandage	5
Fainted, conscious and breathing, cut on forehead	Cleaned and bandaged cut.	Cut cleaned and covered.	yes	Went to clinic. Diagnosed with dehydration. Treated with fluids.	6
					7

Day 3 Final Review Game

Estimated Duration: 30 minutes

1. Learning Objectives

By the end of this session, participants will:

- 1.1 Know the correct answers to the questions included in the First Aid pre/post test.

2. Main Learning Points

There are no new Main Learning Points for this lesson. All information included on the test reflects the information provided in the Main Learning Points and Topic Summaries of prior lessons.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Trainer describes how to play the Final Review Game.	5 minutes
2. Review Game	Participants play the game to review First Aid knowledge in preparation for the post-test.	20 minutes
3. Checking for Understanding	Trainer facilitates review of any unanswered game questions and addresses any final questions from participants.	5 minutes

4. Materials and Preparation

- Before the lesson, photocopy and cut out Final Review Game Question Cards and Point Cards (See *Supplemental Materials*). (Note: If necessary, shade the back of the cards so they are not see-through.)
- Answer Key (See *Supplemental Materials*).
- *Optional*: Small prize for the winning team

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
<p>Activity 1: Introduction</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> Review Game Question Cards (photocopied and cut) Point Cards (photocopied and cut) Answer Key 	<ol style="list-style-type: none"> Divide participants into two equal teams. Ask one group to sit on one side of the training area and another group to sit on the other side. Put the Question Cards face-down in one pile and the Point Cards face-down in another pile. Explain the game as outlined below: <ol style="list-style-type: none"> Invite a volunteer from Team 1 to draw a question card and read it aloud. Give Team 1 a set amount of time to discuss as a group before they answer (i.e. 20 seconds). After the time is up, ask Team 1 to share their answer. Check the answer using the answer key (see Supplemental Materials). If Team 1 is correct, invite a volunteer to draw a point card. Award the number of points listed on the card to the team. For example, if the point card says “5 points”, record 5 points for the team on chart paper. If Team 1 is incorrect, invite Team 2 to answer the question. If they are correct, invite a Team 2 volunteer to draw a point card and award them the appropriate number of points. Invite a volunteer from Team 2 to draw a question card. 	
<p>Activity 2: Review Game</p> <p>Duration: 20 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> Review Game Question Cards Point Cards 	<ol style="list-style-type: none"> Start playing the game (as outlined above). <div> <p>Trainer’s Tip: <i>Restate the correct answer loudly and clearly after the teams have attempted to answer. Remember: the purpose of the game is to review the correct answers to the test. It is the trainer’s job to ensure that everyone knows the correct answer.</i></p> </div> Add the number of points earned after each question to the chart paper. After a Question or Point Card has been used, put it in a discard pile. 	<p>Trainer pays careful attention to participants’ answers. If participants are struggling to answer questions correctly during the</p>

<ul style="list-style-type: none"> • Answer Key • Prize 	<p>4. Continue playing until time runs out or until all questions have been answered.</p> <p><i>Trainer's Tip:</i> <i>Make sure you play the game for the full 20 minutes. The more test questions that can be reviewed during the game, the better prepared the participants will be to take the post test.</i></p> <p>5. Add the total number of points for each team. Give the team with the most points the prize.</p> <p>6. Thank everyone for their participation in the game.</p>	<p>game, make sure that everyone understands the correct answer included in the answer key before moving on to the next question.</p>
<p>Activity 3: Checking for Understanding</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Review Game Question Cards • Answer Key 	<p>1. If any questions are left unanswered, read these questions aloud one by one to the group. Give the participants the opportunity to share their answers. Share the correct answer as written in the answer key.</p> <p>2. Encourage participants to ask any final questions and clarify any confusions related to the test.</p>	

6. Topic Summary

There is no new Topic Summary information for this lesson. All information included on the test reflects the information provided in the Main Learning Points and Topic Summaries of prior lessons.

4. Resources

- Pre/post test questions adapted from AAR First Aid Training 2013-2014

5. Supplemental Materials:

- *See game materials attached*

Final Review Game Question Cards (Page 1)

Photocopy and cut out the cards below.

Shuffle them and place them face down to play the game.

1. What are the 4 Main Steps of any First Aid Action	2. What is the appropriate position for a patient who is unconscious but breathing ?
3. When you are in a situation that requires First Aid, what should you do first ?	4. What can you do to check the patient to see if he or she responds (is conscious)?
5. How can you check to see if a patient is breathing or not ?	6. What is the best way to open a patient's airway?
7. What is the appropriate position for a patient who is unconscious but breathing ?	8. True or False: it is okay for a patient or family member to feel sad or upset after a First Aid accident.
9. How long should you give chest compressions for?	10. What is the rate of chest compressions ?

Final Review Game Question Cards (Page 2)

Photocopy and cut out the cards below.

Shuffle them and place them face down to play the game.

11. If a patient is choking , what should you do first ?	12. What is the best and safest way to stop bleeding of a limb?
13. What should you do if bleeding seeps through a bandage ?	14. What is the best way to treat and immobilize a broken bone?
15. What is the best way to treat a burn?	16. What should you do if the patient's condition gets worse during transportation ?
17. True or False: It is the VHV's responsibility to document the First Aid care he or she provides.	18. True or False: The VHV should wash her hands before and after cleaning a wound.
19. True or False: If a person has a snakebite , you should suck the wound .	20. True or False: It is a good idea to move a patient with a head or spine injury .

Final Review Game – Point Cards (Page 1)

Photocopy and cut out the cards below.

Shuffle them and place them face down to play the game.

10	100
1	50
100	1
10	50
1	10

Final Review Game – Point Cards (Page 2)

Photocopy and cut out the cards below.

Shuffle them and place them face down to play the game.

10	100
1	50
100	1
10	50
1	10

Final Review Game – Answer Key

Check participants' answers using the answer key below.

Share the correct answer when necessary.

1. What are the **4 Main Steps** of any **First Aid Action**?

Answer: 1) Assess 2) Plan 3) Implement 4) Evaluate

2. What are the **3 Main Points** of **Basic Life Support**?

Answer: Airway, Breathing, Circulation

3. When you are in a situation that requires First Aid, what should you do **first**?

Answer: Assess the scene and make sure that you, the injured person and any bystanders are safe.

4. What can you do to check the patient to see if he or she responds (**is conscious**)?

Answer: Ask "are you okay?" and gently tap the patient's shoulder.

5. How can you check to see if a patient is **breathing or not**?

Answer: **Look** to see if the chest is moving up and down, **Listen** for sounds of breathing at the person's mouth, **Feel** for the breath on your cheek

6. What is the best way to open a patient's airway?

Answer: Use the head tilt/chin lift

7. What is the appropriate position for a patient who is **unconscious but breathing**?

Answer: Lying on the side in the recovery position

8. it is okay for a patient or family member to feel sad or upset after a First Aid accident.

Answer: True

9. How long should you give **chest compressions** for?

Answer: Until you get outside help to make a decision about further care.

10. What is the **rate of chest compressions**?

Answer: 100 times per minute

11. If a patient is **choking**, what should you do **first**?

Answer: Ask the person, "Can you talk? Are you choking?"

12. What is the best and safest way to **stop bleeding** of a limb?

Answer: Firmly apply pressure to the wound

13. What should you do if **bleeding seeps through a bandage**?

Answer: Do not release the old bandage but add a new one in addition.

14. What is the best way to treat and immobilize a broken bone?

Answer: Wrap the bone with something that gives firm support.

15. What is the best way to treat a burn?

Answer: Cool the burned area with cool, clean water.

16. What should you do if the patient's condition **gets worse during transportation**?

Answer: Stop the vehicle and continue to help patient.

17. It is the VHV's responsibility to **document** the First Aid care he or she provides.

Answer: True

18. The VHV should **wash her hands** before and after cleaning a wound.

Answer: True

19. If a person has a **snakebite**, you should **suck the wound**.

Answer: False

20. It is a good idea to move a patient with a **head or spine injury**.

Answer: False

Day 3 *Final Assessment*

Estimated Duration: 3 hours

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Demonstrate understanding of First Aid skills and knowledge taught in this training through simulations and a written post-test.

2. Main Learning Points

The main learning points for this topic include all the main learning points from all the topics of the past few days (this is a review activity).

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Final Scenarios	Final practice scenarios for each participant with trainer observation and comments	2 hours
2. Break	Brief break before the post-test	10 minutes
3. Post-test	All participants will complete the post test and review correct answers	40 minutes
4. Checking for Understanding	Answer any final questions related to First Aid	10 minutes

4. Materials and Preparation

- Final Scenarios sheet
- Post-test (1 per participant, see *Supplemental Materials*)
- Post-test answer key (see *Supplemental Materials*)
- Pens/pencils (1 per participant)

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
<p>Activity 1: Final Scenarios</p> <p>Duration: 2 hours</p> <p>Materials & Preparation: scenario sheets. Make sure you understand each scenario so that you can explain it to the acting VHV and the patient and so that you can make sure that all the first aid processes that are used are correct.</p>	<ol style="list-style-type: none"> 1. Explain the final assessment to the participants. Say: <i>Now we will do a final assessment. For the assessment you will demonstrate the First Aid skills by acting out scenarios. Then you will take the post-test. During the final scenarios you will have to use the First Aid knowledge and skills you have learned to decide what to do step by step. We will not give you the answers.</i> 2. Explain the final scenarios. Say: <i>For the final scenarios, we will tell you a story with a First Aid accident and you will act it out. One of you will be a VHV. You will have to follow the 4 Steps of First Aid (Assess, Plan, Implement, Evaluate) step by step according to the situation.</i> 3. Split participants into two groups, 1 trainer per group. If possible, separate the two groups so they cannot watch or hear each other. 4. Each trainer will complete this activity with his/her group: <ul style="list-style-type: none"> • Read Scenario 1 according to the steps. (see Supplemental Materials). • Ask for volunteers to act out Scenario 1. • Invite the other participants to observe carefully to make sure the volunteer VHV does the correct First Aid steps. • Use the scenario checklist (see Supplemental Materials) while they are acting it out to make sure the VHV follows all of the necessary steps. 5. After Scenario 1, call up a new group of volunteers to the front. 6. Continue until you have done all 4 scenarios and everyone has had a chance to demonstrate their First Aid skills and knowledge. 7. If you have enough time, make your own scenarios to have participants practice additional skills not included in scenarios 1-4 	<p>Participants demonstrate their First Aid skills without the assistance of the trainer or their peers.</p>

	(i.e. choking, transfer, splinting).	
Activity 2: Post test Duration: 40 min. Materials & Preparation: <ul style="list-style-type: none"> print one copy of the post test for each participant 1 pen or pencil per participant 	<ol style="list-style-type: none"> Hand out the post test and have each participant complete it individually. Explain that this information is important for us as trainers to know how the course went so that we can make it better in the future. Tell them to do their best, but that the results will not affect whether they continue to be a VHV. Make sure that participants DO NOT look at their notes or talk or ask each other questions. After everyone is finished, collect post tests. Share the correct answer to each question. This is very important to make sure that every VHV knows all of the correct information about First Aid before leaving the training. After the training, correct the tests and record the results on the Pre/Post Test Record Sheet 	Trainer will compare the post test results with the pre test results to measure participants' First Aid knowledge gained as a result of the training
Activity 3: Checking for Understanding Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> none 	<ol style="list-style-type: none"> Bring the whole group back together. Review any First Aid steps or skills that were difficult for participants during the scenarios. Ask: <i>Are there any questions about scenarios we just did?</i> Ask: <i>Is there anything you would like me to explain or demonstrate again?</i> Briefly explain or demonstrate anything from the scenarios as necessary. Thank everyone for their participation! 	Participants self-assess and ask trainer to explain or demonstrate as needed.

6. Topic Summary

The Topic Summary for this session includes all the information from all the topic summaries of the previous lessons.

7. Resources

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- IFRC Facilitator Guide for CBHFA, Volume 2, 2009
- St John Ambulance: <http://www.sja.org.uk/sja/support-us/the-difference/test-your-first-aid-knowledge.aspx>
- ABC: <http://www.abc.net.au/health/quizzestools/quizzes/2009/09/03/2671625.htm>
- Dordt College: <http://center.dordt.edu/266.543units/warriors/scenarios.html>

8. Supplemental Materials

Scenario Sheet and Instructions

First Aid Final Scenarios: Final Assessment

General Instructions:

For the first aid scenarios below, the VHV will need to act out the whole first aid process step by step. He/she should say out loud what he is doing and explain why he is doing it so that everyone knows what his thought process is. The VHV will need to assess the scene and the patient to decide what first aid is needed.

ANSWER CHECKLISTS: Each scenario has a checklist. The checklist is for the trainer only. Do not tell the VHV the information in these checklists ahead of time. These are the first aid processes that the VHV should follow. Do not tell them what step to do next. If they miss an important step tell them they missed a step but let them figure out what step they forgot. If they can't remember what step to do next, you can tell them.

After each scenario, have a short discussion. Provide any feedback. Review missing steps and/or appropriate techniques. Remind VHVs that making a plan helps to approach scary or overwhelming situations.

Scenario 1: Unconscious and Breathing *(do NOT tell the VHV the title of the scenario.)*

1. Call one volunteer VHV and one volunteer patient to the front of the group. Explain that they will roleplay the story below.
2. **Share this story to the whole group:** *A VHV is walking home and sees a man lying on the ground next to a motorbike. He is bleeding a lot from his arm*
3. **Say secretly to the volunteer patient (so that the others cannot hear):** *You are unconscious. Do not answer any questions that the VHV asks and do not respond to anything that he/she does. Ask the volunteer to lay down and pretend to be the patient.*
4. Tell the volunteer VHV to begin First Aid. Do not tell him/her that the patient is unconscious and breathing. Wait until he/she checks for breathing. As he/she is checking, say: *the patient is breathing.*
5. Make sure that the volunteer VHV follows every step in the checklist below. Let him/her try to do it independently without support. Only give suggestions and feedback if they are doing something incorrectly.

SCENARIO 1 CHECKLIST

		YES	NO
ASSESS	1. Assess the scene and make sure it is safe for both the patient and the VHV.		
	2. If necessary, move the patients out of danger (
	3. Check for consciousness and breathing using look, listen, feel. (NOTE: in this scenario, the patient is breathing but is unconscious).		
	4. Assess the patient for other injuries. The VHV should do a full, quick physical exam. After he checks, the trainer can tell him whether or not each body part is injured (the VHV should note that the patient is bleeding heavily from his arm, but other than that doesn't have any obvious injuries. NOTE: when the VHV does the assessment, you can remind him that the patient is bleeding since in real life they would be able to see the blood).		
PLAN	5. Call for help and send someone to alert the family and community leaders.		
	6. Make a plan: VHV explains to the trainer and observers what First Aid procedures he/she will do. (Answer: 1. Bleeding Control 2. Recovery Position)		
IMPLEMENT	7. Start the first aid processes. a. First aid processes for bleeding control		
	8. Recheck the rest of the patient's body for further injuries that the VHV might have missed on the first assessment.		
	9. Put the patient in recovery position.		
	10. Make a plan for transportation to a hospital in case the patient does not wake up.		
EVALUATE	11. Continue to monitor the patient and check the symptoms.		
	12. Wait to see if the patient wakes up. Keep the family informed.		
	13. If he doesn't wake up, transport him to a hospital.		
	14. Document your first aid processes in your log book.		

Scenario 2:

1. Call one volunteer VHV and 2 volunteer patients to the front of the group. Explain that they will roleplay the story below.
2. **Share this story to the whole group:** *While working in a field far from home, the VHV hears an explosion. The VHV runs to the scene and sees two people lying on the ground from a UXO explosion.*
3. **Say secretly to the 2 volunteer patients (so that the others cannot hear):**

To patient 1: *You are a 25 year old man. You are conscious, and breathing. You have small cuts all over your arms and legs, but none of them are bleeding very badly. You have a piece of shrapnel in your left eye and it really hurts when you try to open it (you cannot open it and cannot see).*

To patient 2: You are the mother of the other patient. Your right leg was amputated when the explosion happened. You are bleeding heavily from that leg. You are awake and are able to think clearly.

4. Make sure that the volunteer VHV follows every step in the checklist below. Let him/her try to do it independently without support. Only give suggestions and feedback if they are doing something incorrectly.

NOTE TO TRAINER: This will be a difficult scenario because there are 2 patients. The VHV will have to assess the scene and then prioritize injuries and decide who to help first. They will need to do bleeding control, provide support, make a plan for transportation. Do not give the VHV any of the patient information at the beginning, but as they do their patient assessments you can provide the necessary information.

SCENARIO 2 CHECKLIST

		YES	NO
ASSESS	1. Assess the scene and make sure it is safe for both the patients and the VHV.		
	2. If necessary, move the patients out of danger		
	3. Check both patients for consciousness and breathing (look, listen, feel) (NOTE: both patients are conscious and breathing)		
	4. Quickly assess both patients for other injuries. The VHV should do a full, quick physical exam.		
PLAN	5. Call for help and send someone to alert the family and community leaders.		
	6. Make a plan: VHV explains to the trainer and observers what First Aid procedures he/she will do. Since there are two patients the VHV needs to prioritize the injuries. The prioritization should be: <ol style="list-style-type: none"> a. Amputated leg: bleeding control b. Shrapnel in eye c. Plan for transport 		
IMPLEMENT	7. Start the first aid processes. <ol style="list-style-type: none"> a. Bleeding control for the leg b. Foreign objects in eye (however, the VHV should not try to remove the shrapnel. They should make a plan to get the patient to the hospital for further treatment) c. Transport (remember that one of the patients cannot see) 		
	8. Recheck the rest of the patient's body for further injuries that the VHV might have missed on the first assessment.		
	9. Make a plan for transportation to a hospital for both patients (for patient 1's eye and patient 2's leg)		
EVALUATE	10. Transport to hospital (have the VHV describe how they will do this, what they will use for a stretcher, what things they need to think about, etc)		
	11. Continue to monitor the patients and check the symptoms.		
	12. Document your first aid processes in your log book.		

Scenario 3:

1. Call one volunteer VHV and 2 volunteer patients to the front of the group. Explain that they will roleplay the story below.
2. **Share this story to the whole group:** *There is a fire in the village. Several houses partially burn down and two completely burn down with people trapped inside. Some people are focusing on putting out the fire. The VHV is responsible for dealing with the injured people. There is a young girl with burns on her arms and a small cut on her head and a man with an injured leg and burns.*
3. **Say secretly to the 2 volunteer patients (so that the others cannot heard):**
To patient 1: You are a 10 year old girl. You have severe burns on both of your arms. You hit your head and are bleeding from a small wound on your head (however, it is not severe bleeding).
To patient 2: You are a 40 year old man. You are awake and sitting outside the house. Your leg hurts, but it is just a bruise. Nothing is broken. You also have burns on your arms. You do not have any other obvious injuries.
4. Make sure that the volunteer VHV follows every step in the checklist below. Let him/her try to do it independently without support. Only give suggestions and feedback if they are doing something incorrectly.

SCENARIO 3 CHECKLIST

		YES	NO
ASSESS	1. Assess the scene and make sure it is safe for both the patients and the VHV.		
	2. If necessary, move the patients out of danger		
	3. Check both patients for consciousness and breathing (NOTE: all patients are conscious and breathing)		
	4. Quickly assess both patients for other injuries. The VHV should do a full, quick physical exam.		
PLAN	5. Call for help and send someone to alert the family and community leaders.		
	6. Make a plan: VHV explains to the trainer and observers what First Aid procedures he/she will do. Since there are two patients the VHV needs to prioritize the injuries. The prioritization should be: <ol style="list-style-type: none"> a. Assess the leg on patient 2. This is just a bruise, not broken, so once the VHV realizes that, he/she can move onto the next injury b. Clean the head wound on patient 1 c. Treating burns on patient 1 and then 2 		
IMPLEMENT	7. Start the first aid processes: <ol style="list-style-type: none"> a. Wound cleaning b. Burns c. Support for trauma (from Lesson 3: Community Trauma and Support) 		
	8. Recheck the rest of the patients' body for further injuries that the VHV might have missed on the first assessment.		
EVALUATE	9. Continue to monitor the patients for a few hours		
	10. Follow up with the patients over the next few days to re-clean the wounds and burns		
	11. Document your first aid processes in your log book.		

Scenario 4:

1. Call one volunteer VHV and 1 volunteer patient to the front of the group. Explain that they will roleplay the story below.
2. **Share this story to the whole group:** *The VHV sees a car accident. A 30-year-old female driver is still in her seat but not moving.*
3. **Say secretly to the volunteer patient (so that the others cannot hear):** You are a 30-year-old female driver. You are unconscious and not breathing.
4. Make sure that the volunteer VHV follows every step in the checklist below. Let him/her try to do it independently without support. Only give suggestions and feedback if they are doing something incorrectly.

SCENARIO 4 CHECKLIST

		YES	NO
ASSESS	1. Assess the scene and make sure it is safe for both the patient and the VHV.		
	2. If necessary, move the patient out of danger.		
	3. Check patient for consciousness and breathing (look, listen, feel). (NOTE: at this point the trainer say that the patient is not breathing)		
	4. Quickly assess the patient for other injuries. Check for severe bleeding (Answer: there no severe bleeding visible.)		
PLAN	5. Call for help and send someone to alert the family and community leaders.		
	6. Make a plan: VHV explains to the trainer and observers what First Aid procedures he/she will do. (Answer: Begin CPR immediately.)		
IMPLEMENT	7. Start the first aid process: a. Provide CPR.		
	8. Ask another villager to organize transportation to a hospital.		
EVALUATE	9. Continue to monitor the patient to see if she wakes up (look, listen, feel). She does not wake up. Continue CPR.		
	10. Transport patient to the hospital. (have the VHV describe how they will transport the patients, what they will use for a stretcher, what things they need to think about, etc.)		
	11. Follow up with patient in the hospital to monitor her progress		
	12. Document your first aid processes in your log book.		

Pre/Post Test

Name: _____

___ Pre test	Score
___ Post test	/20

Instructions:

- Begin after the trainer's explanation
- Please read carefully and select the right answer
- Do not discuss questions and answers with others
- If there are any questions, please raise your hand and ask the trainer
- When you finish, check to make sure you have answered all of the questions
- When you finish, raise your hand to give your test to the trainer

1. The **4 Main Steps** of any **First Aid Action** are 1) Assess 2) Plan 3) Implement 4) Evaluate.
True / False (circle one)

2. What are the **3 Main Points of Basic Life Support**? (Write the 3 main points)

- _____
- _____
- _____

3. When you are in a situation that requires First Aid, what should you do **first**? (choose only one)
- Run to the injured person to give First Aid as soon as possible
 - Assess the scene and make sure that you, the injured person and any bystanders are safe.
 - Leave the scene of the accident, because you are not sure that you can give First Aid to the injured person

4. What can you do to check the patient to see if he or she responds (**is conscious**)? (choose only one)
- Ask "are you okay?" and gently tap the patient's shoulder
 - Strongly tap the patient's shoulder
 - Give chest compressions

5. How can you check to see if a patient is **breathing or not**? (choose only one)
- Put him or her in recovery position
 - Look** to see if the chest is moving up and down, **Listen** for sounds of breathing at the person's mouth, **Feel** for the breath on your cheek
 - Give chest compressions
6. What is the appropriate position for a patient who is **unconscious but breathing**? (choose only one)
- Lying with legs elevated
 - Lying on the side in the recovery position
 - Sitting up straight
7. It is okay for a patient or family member to feel sad or upset after a First Aid incident.
True / False (circle one)
8. How long should you give **chest compressions** for? (choose only one)
- For 5 minutes
 - For 10 minutes
 - For 20 minutes
 - Until you get outside help to make a decision about further care.
9. What is the **rate of chest compressions**? (choose only one)
- 50 times per minute
 - 100 times per minute
 - 200 times per minute

10. If a patient is **choking**, what should you do **first**?
(choose only one)

- a. Give 5 back blows
- b. Give 5 abdominal thrusts
- c. Ask the person, "Can you talk? Are you choking?"

11. What is the best and safest way to **stop bleeding** of a limb? (choose only one)

- a. Tie a rope around the limb and tighten it as much as possible
- b. Use traditional medicine to stop bleeding
- c. Firmly apply pressure to the wound

12. What should you do if **bleeding seeps through a bandage**? (choose only one)

- a. Release the old bandage and put the new one
- b. Do not release the old bandage but put the new one in addition
- c. Tie a rope around the limb

13. The best way to treat and immobilize a broken bone is to massage the broken bone.

True / False (circle one)

14. What is the best way to treat a burn? (choose only one)

- a. Break the blister and dead skin
- b. Cool the burned area with cool, clean water
- c. Put ice on the burn

15. What should you do if the patient's condition **gets worse during transportation**? (choose only one)

- a. Stop the vehicle and continue to help patient
- b. Continue to travel until you arrive at the hospital or clinic

16. It is the VHV's responsibility to **document** the First Aid care he or she provides.

True / False (circle one)

17. The VHV should **wash her hands** before and after cleaning a wound.

True / False (circle one)

18. If a person has a **snakebite**, you should **suck the wound**.

True / False (circle one)

19. It is a good idea to move a patient with a **head or spine injury**.

True / False (circle one)

20. What is the best way to open the patient's airway?

- a. Ask a doctor to do it
- b. Use the head tilt/chin lift
- c. Put the patient in recovery position

Stop!

Did you answer every question?

Go back and check

VHV First Aid Training

Pre/Post Test **ANSWER KEY**

(for trainers only)

- | | |
|--|---|
| <p>1. The 4 Main Steps of any First Aid Action are 1) Assess 2) Plan 3) Implement 4) Evaluate.
True / False (circle one)</p> <p>2. What are the 3 Main Points of Basic Life Support? (Write the 3 main points)</p> <ul style="list-style-type: none">a. Airwayb. Breathingc. Circulation <p>3. When you are in a situation that requires First Aid, what should you do first? (choose only one)</p> <ul style="list-style-type: none">a. Run to the injured person to give First Aid as soon as possibleb. <u>Assess the scene and make sure that you, the injured person and any bystanders are safe.</u>c. Leave the scene of the accident, because you are not sure that you can give First Aid to the injured person <p>4. What can you do to check the patient to see if he or she responds (is conscious)? (choose only one)</p> <ul style="list-style-type: none">a. <u>Ask "are you okay?" and gently tap the patient's shoulder</u>b. Strongly tap the patient's shoulderc. Give chest compressions | <p>5. How can you check to see if a patient is breathing or not? (choose only one)</p> <ul style="list-style-type: none">a. Put him or her in recovery positionb. <u>Look to see if the chest is moving up and down, Listen for sounds of breathing at the person's mouth, Feel for the breath on your cheek</u>c. Give chest compressions <p>6. What is the appropriate position for a patient who is unconscious but breathing? (choose only one)</p> <ul style="list-style-type: none">a. Lying with legs elevatedb. <u>Lying on the side in the recovery position</u>c. Sitting up straight <p>7. It is okay for a patient or family member to feel sad or upset after a First Aid incident.
True / False (circle one)</p> <p>8. How long should you give chest compressions for? (choose only one)</p> <ul style="list-style-type: none">a. For 5 minutesb. For 10 minutesc. For 20 minutesd. <u>Until you get outside help to make a decision about further care.</u> <p>9. What is the rate of chest compressions? (choose only one)</p> <ul style="list-style-type: none">a. 50 times per minuteb. <u>100 times per minute</u>c. 200 times per minute |
|--|---|

10. If a patient is **choking**, what should you do **first**? (*choose only one*)
- a. Give 5 back blows
 - b. Give 5 abdominal thrusts
 - c. **Ask the person, "Can you talk? Are you choking?"**
11. What is the best and safest way to **stop bleeding** of a limb? (*choose only one*)
- a. Tie a rope around the limb and tighten it as much as possible
 - b. Use traditional medicine to stop bleeding
 - c. **Firmly apply pressure to the wound**
12. What should you do if **bleeding seeps through a bandage**? (*choose only one*)
- a. Release the old bandage and put the new one
 - b. **Do not release the old bandage but put the new one in addition**
 - c. Tie a rope around the limb
13. The best way to treat and immobilize a broken bone is to massage the broken bone.
True / False (*circle one*)
14. What is the best way to treat a burn? (*choose only one*)
- a. Break the blister and dead skin
 - b. **Cool the burned area with cool, clean water**
 - c. Put ice on the burn
15. What should you do if the patient's condition **gets worse during transportation**? (*choose only one*)
- a. **Stop the vehicle and continue to help patient**
 - b. Continue to travel until you arrive at the hospital or clinic

16. It is the VHV's responsibility to **document** the First Aid care he or she provides. **True / False** (*circle one*)
17. The VHV should **wash her hands** before and after cleaning a wound.
True / False (*circle one*)
18. If a person has a **snakebite**, you should **suck the wound**.
True / False (*circle one*)
19. It is a good idea to move a patient with a **head or spine injury**.
True / False (*circle one*)
20. What is the best way to open the patient's airway?
- a. Ask a doctor to do it
 - b. **Use the head tilt/chin lift**
 - c. Put the patient in recovery position

Day 3 *Final Reflection*

Estimated Duration: 30 minutes

1. Learning Objectives

By the end of this session, participants will:

- 1.1 Reflect on First Aid skills and knowledge gained from the training
- 1.2 Identify ways to maintain First Aid knowledge and skills after the First Aid course
- 1.3 Identify suggestions for how to improve the training

2. Main Learning Points

None – Participants share what they have learned during this session

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Reflection and Group Discussion	Briefly introduce the session topic and learning objectives. Facilitate a discussion to identify what participants have learned during the First Aid training and what they will do after the First Aid Training	15 minutes
2. Written Evaluation	Participants complete written evaluations of the First Aid Training	15 minutes

4. Materials and Preparation

- Chart paper with reflection questions written on it before the session
- Copies of First Aid Course Evaluation forms – one per participant (see *Supplemental Materials*)
 - *When you make photocopies, you can photocopy 1 evaluation form, complete the top section, and then photocopy enough forms for each participant so that each person does not have to fill out the top section (to save time during the session).*

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
<p>Activity 1: Group Discussion</p> <p>Duration: 15 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> Chart paper with reflection questions 	<ol style="list-style-type: none"> Present the following questions on chart paper: <ol style="list-style-type: none"> <i>What is the most important thing you learned about in this training? Why is it the most important?</i> <i>What was difficult to learn?</i> <i>Now that you have new First Aid Skills and Knowledge, what should you do when you return to your village?</i> Ask the participants to think silently for one minute about the answers to the questions above. Ask all members to share their ideas connected to the above questions. Make sure that each participant has a chance to share. <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <p>Trainer Tip: If participants are hesitant to share, play the ball toss game. Toss a ball or soft object to one participant and ask him/her to share about the above questions. When he or she finishes, ask him/her to toss the object to another participant so he/she can share. Continue until all participants have had a chance to share.</p> </div> <ol style="list-style-type: none"> For questions a, b and c, accept all answers as correct. For question c, add the answers below if the participants do not say them: What you can do when you return to your village: <ul style="list-style-type: none"> Read your participants manual Practice what you learned every month or two months by yourself or with others Share what you learned with others Tell the village leaders about your First Aid course 	<p>Participants reflect and share their own opinions to identify what they have learned and what they can do now that they have new First Aid Knowledge and Skills. Pay careful attention to participant's answers to question c and share the answers provided in Step 4 if the participants do not say them.</p>
<p>Activity 2: Written Evaluations</p>	<ol style="list-style-type: none"> Pass out the evaluation forms to participants. Explain that the purpose of the evaluation is to determine whether or not the training was successful and gather participants' ideas about 	<p>Participants assess their own knowledge and skills by</p>

<p>Duration: 15 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> Copies of First Aid Training Evaluation forms – one per participant (see <i>Documentation</i>) 	<p>how to improve it. Remind participants that the more honest they are, the better we can evaluate the training. We are interested in knowing their opinions.</p> <ol style="list-style-type: none"> 3. Explain that the forms will be anonymous – participants do not need to write their names. 4. Explain how to complete the form and ask participants if they have any questions. 5. Remind participants they should work independently and answer according to their own opinions. Encourage them to ask questions if there is any confusion. 6. Walk around the room and answer any questions as needed <p>Trainer Tip: As you collect the evaluation forms, quickly check to make sure that each participant answered all the questions and filled out the form correctly. Provide any additional assistance or clarification as needed.</p> <ol style="list-style-type: none"> 7. Collect forms when participants are finished. 8. Tell the participants that the training is complete and thank them for their participation! 	<p>completing the evaluation form. Trainers use the form to know how to improve their teaching in future trainings.</p>
---	--	---

6. Topic Summary

None – *Participants share what they have learned throughout the training during this session*

7. Resources

- AAR First Aid Training Facilitator's Manual 2013-2014
- WE First Aid Manual For Village Health Volunteers

8. Supplemental Materials

- See the *First Aid Course Evaluation* attached.

First Aid Course Evaluation

Your feedback is very valuable for improving the First Aid course. Please complete the form below.

Date of Training: _____ Location of Training: _____

Name of Trainer: _____

1. I think that what I learned in this training will be useful in my life. *(Circle one)*

strongly agree agree neutral disagree strongly disagree

2. I had enough time to learn and practice all of the First Aid topics in this course. *(Circle one)*

strongly agree agree neutral disagree strongly disagree

3. The course content is *(Circle one)*

very easy easy appropriate level difficult very difficult

4. I think the training should be *(Circle one)*

longer shorter the same amount of time

5. Is there any topic you think needs to be added to this training? *(Circle one)*

yes no *If yes, list additional topics here: _____

6. The easiest activity was _____

7. The most difficult activity was _____

8. The most useful thing I learned in this course was _____

9. The least useful thing I learned in this course was _____

Additional Comments:

Session 16 (Optional): *Introduction to UXOs – Awareness & Prevention of UXO-related Accidents*

Estimated Duration: 60 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Define UXO and briefly explain the background of UXO in Laos
- 1.2 Identify different types of UXO found in Laos
- 1.3 List common locations of UXO in Laos
- 1.4 Identify high-risk behaviors that may result in UXO accidents
- 1.5 Identify strategies to prevent UXO accidents

2. Main Learning Points

- 2.1 UXO – or Unexploded Ordnance – is an explosive weapon that did not explode when it was originally released.
- 2.2 Many unexploded cluster bomblets, big bombs, mortar shells, artillery shells are still buried in the ground in Laos and can be dangerous if moved or touched.
- 2.3 UXO are often found in common areas under or above the ground such as villages, forests, rice fields, lakes and streams.
- 2.4 It is dangerous to build a fire directly on the ground and use a regular hoe. Take precautions such as building a fire pit and use a spade when digging in the ground
- 2.5 Warn children of the dangers of UXO
- 2.6 Never dismantle or watch anyone else dismantle a UXO

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Lead a discussion about participants' prior experience with UXO, present topic and learning objectives	5 minutes
2. Brainstorm	Brainstorm as a whole group to collect participants' prior knowledge connected to UXO.	10 minutes
3. Role plays	Participants work in small groups to prepare and present role plays about preventing UXO-related accidents	30 minutes
5. Checking for Understanding	Revisit original UXO brainstorm to address information gaps and clarify misconceptions.	15 minutes

4. Materials and Preparation

- Print and cut apart the role-plays (see *Supplemental Materials*) or copy them down on separate pieces of paper.
- Photos of UXOs(see *Topic Summary*)
- Write UXO questions (see *Activity 2*) on chart paper (1 per question) before the lesson
- Blank chart paper, marker

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction Duration: 5 min. Materials & Preparation: <ul style="list-style-type: none"> • None 	<ol style="list-style-type: none"> 1. Have the participants look at the photos of different types of UXOs in their manuals. 2. Ask: <i>Have you ever seen a UXO before? If so, where and when?</i> Invite participants to share their experiences. 3. Present the session topic and learning objectives of the session. 	Listen carefully and take note of participants' level of knowledge and experience with UXOs
Activity 2: Brainstorm Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • Blank chart paper (2 – one for each question, write questions on the top) • Marker 	<ol style="list-style-type: none"> 1. Explain that you'd like to find out what the participants already know about UXO. 2. Facilitate a brainstorm about the definition, background and location of UXO in Laos. Ask: <ol style="list-style-type: none"> a. <i>What is a UXO? Where do they come from? (definition and background)</i> b. <i>Where are UXO located? Are there any near your village? Where?</i> 3. Record participants' answers on the corresponding chart paper. 4. Add any important information the participants missed to the chart (see <i>Topic Summary: Definition of UXO, Background of UXO in Laos, Location of UXO in Laos</i>) 	While participants are sharing, pay careful attention to any information gaps or misconceptions. Direct students to correct information in the manual when necessary.
Activity 3: Role plays Duration: 30 min. Materials & Preparation: <ul style="list-style-type: none"> • Blank chart 	<ol style="list-style-type: none"> 1. Facilitate a brainstorm about high-risk behaviors and prevention of UXO accidents. Ask: <ol style="list-style-type: none"> a. <i>What are high-risk behaviors that may result in UXO accidents?</i> b. <i>How can we protect ourselves from UXO accidents?</i> 2. Record participants' answers on the corresponding chart paper. Take note of any information gaps or 	Visit each group to check for understanding and answer any questions they may have about their role-play. Make sure each

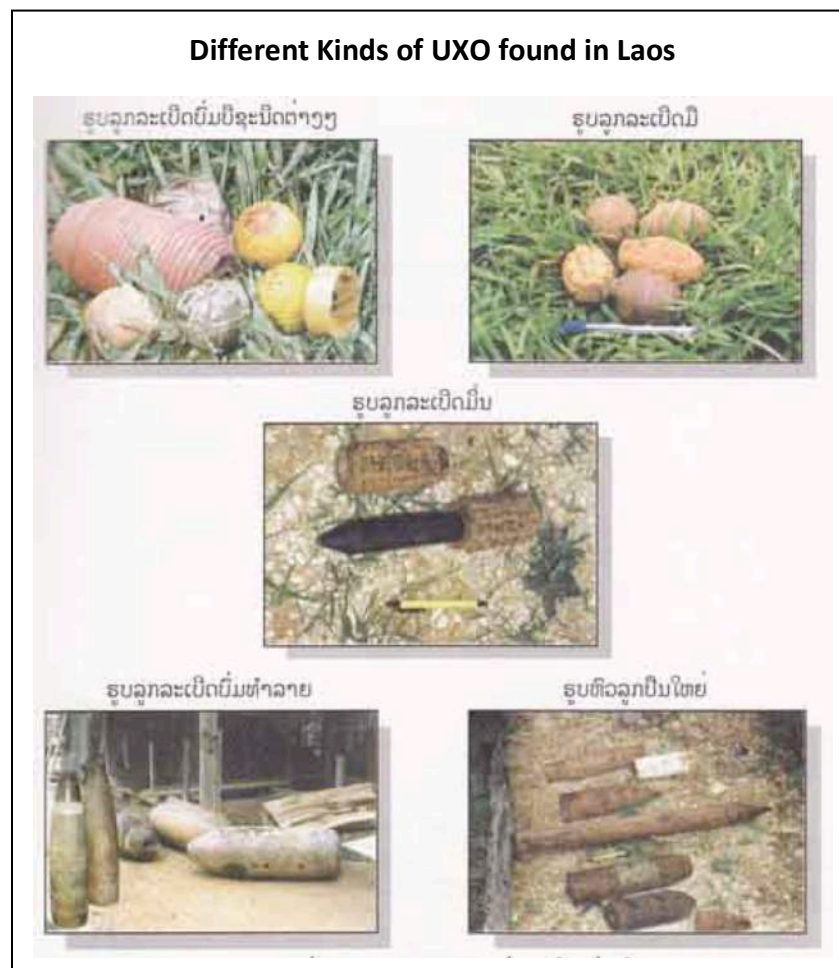
<p>paper (2 – one for each question, write questions on the top)</p> <ul style="list-style-type: none"> • Role-play cards (see <i>Supplemental Materials</i>) 	<p>misconceptions, but do not correct them or add missing information yet – there will be time for this at the end of the activity.</p> <ol style="list-style-type: none"> 3. Divide participants into three groups. 4. Explain that each group will get a role play to prepare and act out. The only rule is that everyone in the group must be included in the role play. Encourage participants to use items around the classroom as props. 5. Distribute the role play cards (see <i>Supplemental Materials</i>) 6. Give participants 10-15 minutes to discuss, prepare and practice. 7. Call the groups back together and explain that they will present their role plays. 8. While they are watching each other, ask participants to think about what they learn about UXO from each role play. After each group presents, ask the following questions to check the audience’s understanding: <p>Role play #1</p> <ul style="list-style-type: none"> • <i>What should children do if they see an unmarked UXO?</i> • <i>What should adults do?</i> <p>Role play #2</p> <ul style="list-style-type: none"> • <i>Why is it dangerous to build a fire directly in the ground?</i> • <i>What is a safe way to build a fire pit? (copy the steps on chart paper or refer students to their manuals to see the written steps)</i> <p>Role play #3</p> <ul style="list-style-type: none"> • <i>Why is it dangerous to use a hoe?</i> • <i>What can you use instead of hoe? How do you use it?</i> 	<p>group is preparing the role-play according to the instructions.</p> <p>Ask participants the corresponding follow-up questions after each role-play to check for understanding (see <i>Step #8</i>).</p>
<p>Activity 4: Checking for Understanding</p> <p>Duration: 15 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Chart paper 	<ol style="list-style-type: none"> 1. Refer to participants’ ideas shared during the brainstorm at the beginning of Activities 2 and 3. 2. Ask: <i>What new things have you learned about UXO? What information do we need to add after watching the role plays?</i> Encourage several different participants to share. 3. Add new information to the web as participants share. Add any key missing information or correct any misconceptions, particularly in connection to 	<p>Make sure that participants say the key information provided in the Main Learning Points and Topic Summary. Add</p>

with UXO brainstorm from Activity 1	the brainstorming questions.	information or correct misconceptions as necessary.
-------------------------------------	------------------------------	---

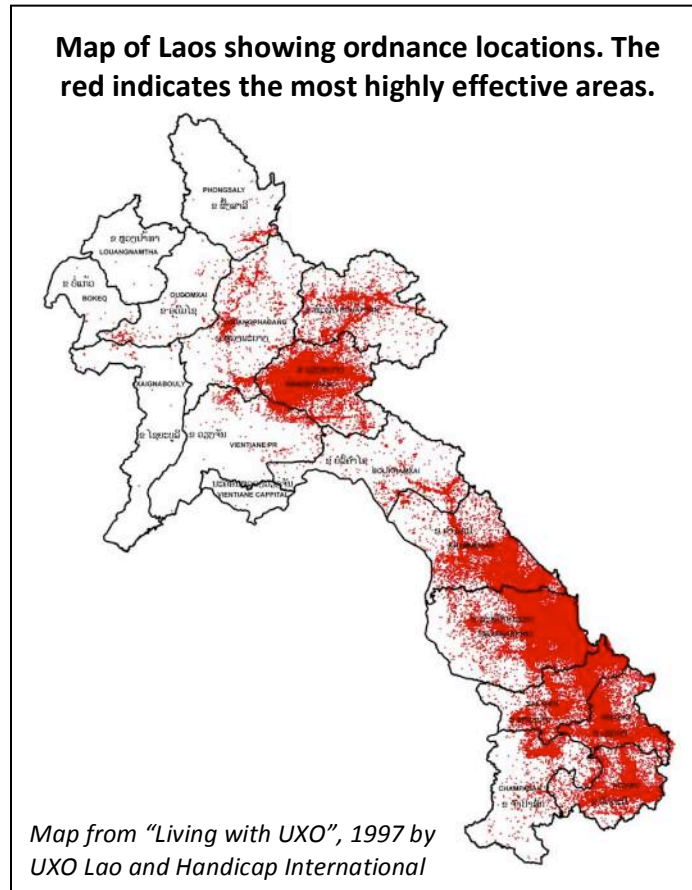
6. Topic Summary *(adapted from World Education VHV First Aid Training Manual)*

6.1 Definition of UXO: A UXO – or Unexploded Ordnance – is an explosive weapon that did not explode when it was originally released. UXO can still explode, and when they do, they can cause many different types of injuries, both minor and severe. UXO injuries include head and eye injuries, severe bleeding, loss of limbs, etc.

6.2 Background of UXO in Laos: From 1964 to 1973, Laos suffered war on the ground and bombing from the air. More than 2 million tons of ordnance were used in Lao PDR. Many unexploded cluster bomblets, big bombs, mortar shells, artillery shells are still buried in the ground and can be dangerous if moved or touched. About 300 people are injured or killed every year.



6.3 Location of UXO in Laos: Some provinces have more UXO than other provinces.



UXO can be found in common places, such as:

- in the village
- in places where children play
- on the surface of the ground
- under the ground
- in forests
- in rice fields
- in lakes and streams

6.4 UXO High-Risk Behaviors

Certain behaviors put us at a higher risk of becoming injured by a UXO. Examples include:

- **Building a fire directly on the ground.** This can ignite a UXO that may be buried under the ground where you build the fire. Burning fields is dangerous for the same reason.
- **Using a regular hoe.** A regular hoe hits the ground with a strong force, which can make a bomb explode.

Remember, A UXO can be hidden under the ground in UXO contaminated areas, even in places that we think are safe.

6.5 Strategies to Prevent UXO accidents

- Do not build a fire directly on the ground. Make a fire pit.

How to make a safe fire pit

- 1. Decide where you would like the pit for cooking and burning trash.*
 - 2. Use a spade to dig in the earth; loosen the dirt with water first.*
 - 3. If you see a UXO, stop digging and tell the village authorities.*
 - 4. Mark the pit and tell people it is for cooking or burning trash.*
- If clearing land or burning trash, stay far away from the fire.
 - Use a spade to dig in the earth. Loosen the dirt with water first. Use a spade or *siiam* carefully. Don't use a lot of force to hit the ground.
 - Do not dismantle UXO or watch trained individuals dismantle UXO.
 - Children should never handle or play with UXO. Tell your children to report any UXO they find.
 - Remind others in your village about the danger of UXO:
 - Review the lessons that your children are learning in the UXO Education and Curriculum in the primary schools
 - Remind people in the village about UXO danger and to report any UXO they see to the village chief.
 - Talk to people who dismantle UXO and advise them about how dangerous it is.
 - Mark UXO you see in the village and tell people to avoid that area
 - Put up UXO safety posters

7. Resources

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- WE First Aid Handbook, 2011

8. Supplemental Materials

- See role plays attached

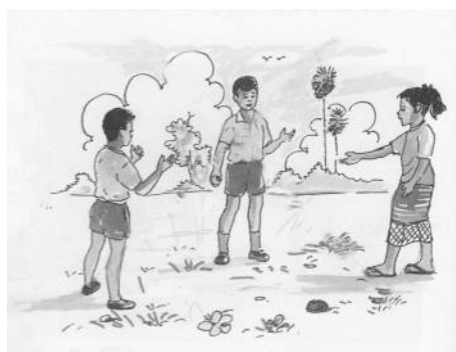
Please do not cut the role plays directly out of the manual. Make a photocopy first.

Activity 3: Role plays

Role play #1: Some children are playing and they find a UXO. What should they do? Create a role-play and present it to the other participants.

Be sure to demonstrate in your role-play that:

- 1) the children should not touch it
- 2) they should tell an adult



Role play #2: A villager is building a fire directly in the ground. Another villager comes by to explain to him that building a fire directly in the ground is dangerous because it can ignite UXOs under the ground. He/she teaches him how to make a safe fire pit:

- 1.) Decide where you would like the pit for cooking and burning trash
- 2.) Use a spade to dig in the earth, loosen the dirt up with water first
- 3.) If you see a UXO, stop digging and tell the village authorities
- 4.) Mark the pit and tell people it is for cooking or burning trash



Image from WEI



Role play #3: Some villagers are working in the field using a regular hoe. Another villager explains that regular hoes are dangerous because they hit the ground with a strong force that can make a bomb explode. He or she shows the villagers how to use a spade to dig in the dirt and loosen the dirt up with water first. He or she reminds them not to use a lot of force to hit the ground.



Image from WEI



Session 17 (Optional): *First Aid and Continuing Care for UXO Injuries*

Estimated Duration: 50 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Demonstrate how to provide First Aid to UXO victims
- 1.2 Explain how to provide ongoing support to a UXO survivor after he/she returns home
- 1.3 Explain how to access resources for those who have been affected by UXO

2. Main Learning Points

- 2.1 Providing First Aid to UXO victims before transferring them to a health center can reduce injuries and save lives.
- 2.2 If there is more than one UXO victim, prioritize injuries and provide First Aid in the following order: assess, give CPR, control bleeding, treat wounds, treat fractures, transfer to the health center
- 2.3 Provide ongoing support to the UXO survivor after he/she returns home
 - Provide emotional support, visit the patient, share information about medical funds and resources available for UXO survivors with the patient and the family
 - Assist the patient in his/her physical recovery by managing wound care, prescriptions, etc.
 - Help the patient connect with organizations that provide skills and capacity development to improve his/her quality of life.

3. Suggested Outline of Activities

Activities	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Facilitate a discussion using the information in the Topic Summary.	15 Minutes
2. Demonstration	Trainer demonstrates how to provide emergency assistance for multiple UXO victims.	30 Minutes
3. Role play	Trainers and volunteer participants present a role play about what to do after UXO victims return home.	15 Minutes

3. Materials and Preparation

- Prepared brief presentation using the information from the Topic Summary
- First Aid Kit, including materials needed for bleeding control, wound care and fractures
- Chart paper, Markers

4. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Chart paper • Marker 	<ol style="list-style-type: none"> 1. Briefly present the session topic and learning objectives 2. Ask: <i>Has anyone ever helped someone who has had a UXO accident? If yes, what did you do?</i> Record participants' comments on chart paper 3. Briefly present the key information in the topic summary. 4. Respond to participants' comments and questions. 	Trainer listens carefully to participants' answers and corrects any misconceptions or adds missing information as needed
Activity 2: Demonstration (Emergency Care) Duration: 30 min. Materials & Preparation: <ul style="list-style-type: none"> • First Aid Kit, in equipment for bone support. hammock • Demonstration scenario (see Supplemental Materials) 	<ol style="list-style-type: none"> 1. Invite 3 volunteers to help you demonstrate how to provide emergency assistance for UXO accidents. 2. Bring the volunteers outside the classroom (so that the other participants cannot hear). 3. Explain the UXO scenario (see Supplemental Materials). Ask each volunteer to role play one of the UXO victims. The trainer will play the role of the VHV. 4. Return to the classroom with the 3 volunteers. 5. Ask the other participants to observe while you demonstrate the emergency care steps for the 3 UXO victims. 6. After the role play, ask: <i>What did you observe? What do you think? Are there any questions or suggestions?</i> 	Trainer encourages participants to give comments about their observations of the role play to assess their understanding of the content.
Activity 3: Role play (follow-up care)	<ol style="list-style-type: none"> 1. Ask the 3 volunteers from Activity 2 to do the role play for this activity. Explain that they will act as the UXO victims returning home from the hospital. The trainer acts as the VHV. 	Trainer encourages participants to give comments

Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Role play script (see Supplemental Materials) 	2. Present the role play with the 3 volunteers while the other participants observe. 3. After the role play, invites the participants/observers to comment. Respond to any questions.	about their observations of the role play to assess their understanding of the content.
---	--	---

6. Topic Summary

6.1 Assess

- Assess the scene for safety
 - What happened?
 - How dangerous is it? Is it safe for the rescuer, patient, and others?
- Assess the patient's condition
 - Where and what is the injury?
 - What are the signs and symptoms?

6.2 Plan

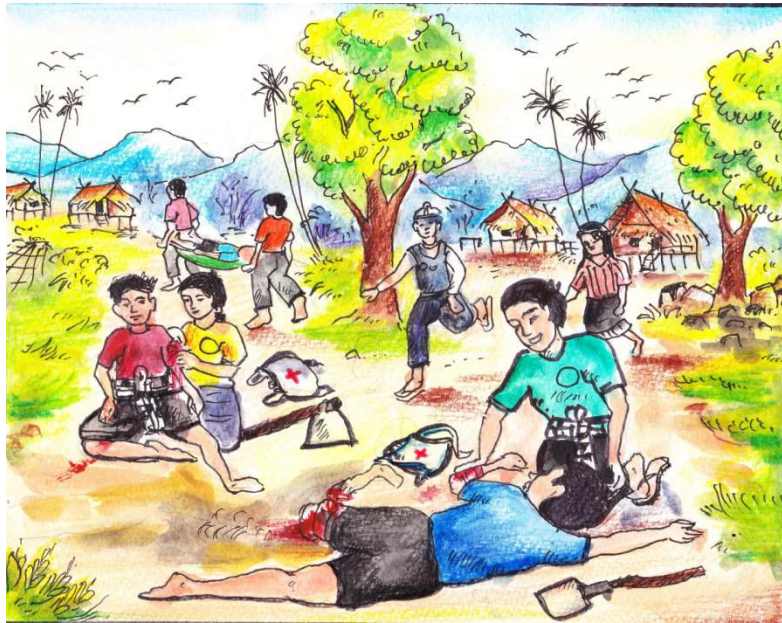
For Emergency Assistance

- Call for help
- Coordinate with the health center, village leaders, etc.
- Prioritize care and plan which First Aid steps you will follow
- Coordinate how you will transfer the patient to the health center

For Follow-Up Assistance:

- Make a plan to visit the UXO victim at home to provide support to him/her and the family
- Collect information about possible capacity and livelihood development opportunities and access to financial support to share with the victim

6.3 Implement



- If alone, call for help and coordinate with the village leaders, headman, etc.
- If the patient is unconscious, provide basic life support until consciousness resumes. Oxygen is necessary for survival. Oxygen deficiency for 5 minutes can cause brain damage and death. Therefore, basic life support and CPR is the first priority.
- If the patient is bleeding, follow the First Aid steps for bleeding control. Severe bleeding is life threatening and can result in shock. Preventing infection is the second priority.
- If the patient has a fracture, check for other injuries because he/she may have a spinal cord injury. Carefully reposition the patient on his/her back while stabilizing the head and neck to reduce further injury and avoid paralysis.
- Use a safe method to move the patient in order to avoid further injury
- Assess the patient's condition and provide emotional support as needed before and during transfer to a health care center.

Support the patient after he/she returns home

Psychosocial Support

Provide emotional support to the victims by asking questions and showing empathy. Share information on how to access resources for medical treatment, disability support and overall increase in quality of life for UXO victims.



Visit the UXO victim at home. Talk to him/her and provide support.

Physical Support

Help UXO victims with their physical recovery after they return home from the hospital. For example, help the victim in managing wounds, taking medication, following prescriptions and attending follow-up appointments with doctors.



Help the UXO victim's with any medicine or prescriptions.



Check the wound regularly and provide any additional treatment as needed.

Accessing Services and Resources

Help the patient get access to services and resources. Work with organizations that assist UXO survivors in the following:

- Conduct a needs assessment to identify how to best support the UXO survivor.
- Provide ongoing support in accessing resources for medical treatment, disability support, skills and vocational trainings and overall quality of life improvement.
- Monitor and supervise the implementation of any services or programs

- Help the patient connect with other UXO survivors to form support groups and exchange experiences and points of view.

6.4 Evaluate

- Monitor and evaluate the patient at every stage
- Provide First Aid and support as needed
- Assess the patient's needs in order to access appropriate resources

7. Resources

- AAR First Aid Training Participant's Manual for VHV in Laos, 2012
- WE First Aid Handbook, 2011

8. Supplemental Materials

Activity 2

Demonstration Scenario

While some villagers are clearing land for planting, a bomb explodes and causes three people to get injured:

- 1 man has head injury. He has a large bump on his head but it is not bleeding. He is conscious, breathing and able to talk, but confused.
- 1 pregnant woman is unconscious and not breathing with small cuts on her arms and legs.
- 1 man has an amputated arm and is bleeding severely. He is conscious and breathing but in a lot of pain.

Prioritization of Care

Help the UXO victims in the following order:

1. Assess all of the victims quickly. Determine who is unconscious and not breathing and who has severe bleeding.
2. Call for help
3. Begin CPR for the pregnant woman. Continue until she begins breathing or until further medical assistance is available.
4. Provide bleeding control for the man with the amputated arm.
 - If you have helpers, ask someone else to provide bleeding control so you can continue giving CPR.
 - If you are alone:
 - Ask the victim to apply pressure to his arm himself to stop the bleeding (if he is responsive)
 - Ask the man with the head injury to provide bleeding control for the man with the amputated arm
5. Transfer all of the patients to the health center

Activity 3: Role Play Script

Characters: 1 VHV, 3 UXO Survivors

In a village, there are 3 UXO survivors named Ms. Kor, Mr. Khor and Mr. Thor who have just returned home from the hospital. After they arrive to their houses, a VHV named Ms. Joh (played by the trainer) visits them:

VHV: Sabaidee everyone! How are you? How are your injuries?

3 UXO survivors: We are a bit better, but still feeling some pain.

VHV: *(Assesses the injuries and gives advice for treatment.)*

Did the doctor give you any medicine? May I have a look? What instructions, information or suggestions did he/she give you?

3 UXO survivors: *(Show their medicine to the VHV.)*

Actually, the doctor did give us some instructions, but we can't remember. Could you tell us one more time?

VHV: *(Looks at the medicine and gives instructions for how to take each type of medicine.)*

If the medicine runs out, please go back to see the doctor for further instructions and treatment.

(VHV continues to visit the UXO survivors every day and provides support. One month later, while the 3 survivors are sitting and talking, the VHV drops by to join the discussion about how to access resources such as medical assistance and skills trainings.)

VHV: How are you? Do you feel better?

UXO Survivor: Much better now.

VHV: Yesterday, I attended a meeting at the District Health Office. They talked about where you can get artificial limbs and have access to skills and vocational trainings. Would you be interested?

UXO Survivor with disability: Of course. How?

VHV: I will make a request for you at the District Health Office so that they can coordinate with the organizations that provide artificial limbs.

Other UXO Survivor: What about the livelihoods trainings? I am interested in this. What should I do?

VHV: Tell me more about what your needs are and what types skills you are interested in. I will compile all of these comments and submit a request to some organizations that focus on helping UXO survivors. They can conduct a needs assessment to see which skills and vocational training, income generation projects, etc. would be best for you.

(After the visit, the VHV submitted the requests to the appropriate organizations. The organizations have conducted the needs assessment and identified possible ways to assist in the survivors in training, financial support (if available), and will continue to support the UXO survivors to enhance their high quality of life.)

Session 18 (Optional): *Drowning*

Estimated Duration: 1 hour

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Describe briefly the general sequence of events during a drowning incident.
- 1.2 Describe the safest and most efficient means of removing a submersion victim from the water.
- 1.3 Demonstrate the First Aid steps for a person who is drowning

2. Main Learning Points

2.1 Near-drowning occurs when one cannot breathe because of being under water

2.2 To rescue a person who is drowning:

- If possible, do not enter the water (you might put yourself in more danger if you are not trained in swimming rescues).
- Extend your body over the water, make sure you have a strong foothold, grab the person's wrists and pull them to safety
- Extend a pole, branch, or object to the person if they are conscious and able to grab it
- Once out of the water, assess the patient's condition.
- If unconscious, give basic life support (see Basic Life Support and CPR Lessons)
- Provide psychological first aid if necessary (see Psychological First Aid lesson)

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Introduction to near-drowning; signs and symptoms, dangers	10 minutes
2. Demonstration	Guided discussion about rescue processes, including review of CPR	15 minutes
3. Practice	Role-play scenarios practice	25 minutes
4. Checking for Understanding	Ask questions of participants to make sure they understand	10 minutes

4. Materials and Preparation

- Prepared brief presentation using the information from the Topic Summary
- Role play scenarios, practice checklist and checking for understanding questions (see *Supplemental Materials*)
- Markers, Chart paper

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction and Brainstorm Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • Markers • Chart paper 	<ol style="list-style-type: none"> 1. Introduce the topic and learning objectives. Explain the meaning of drowning. 2. Ask participants: <i>What are some places near your village where people might drown?</i> 3. Ask participants: <i>What might be some signs that someone is in danger in the water or might be drowning?</i> Discuss the signs and symptoms of drowning. 4. Correct participant's ideas as necessary and add information to make sure all key points from the Topic Summary are covered. 	<p>Trainer listens carefully to participants' answers and corrects any misconceptions or adds missing information as needed.</p>
Activity 2: Guided Scenario Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • none 	<ol style="list-style-type: none"> 1. Give the following scenario to the whole group: <i>You see a person face down in the water. The person is not moving. What do you do?</i> 2. Go through the First Aid steps of near-drowning. Ask participants to decide what to do next and correct them if necessary. Use the steps from the topic summary. 3. When you talk about getting the patient out of the water, explain the potential dangers. 4. Ask: <i>What types of materials you could use to help get someone out of the water? (branch, cloth, etc.)</i> 5. Briefly review the steps for Basic Life Support and CPR to make sure that participants understand what to do if they get someone out of the water who is unresponsive or unconscious. 6. Have one person demonstrate CPR (to review). 7. Briefly mention follow-up care 8. Briefly discuss prevention 9. Answer any questions participants may have. 	<p>Trainers walk through the classroom to observe, provide comments and make corrections as needed.</p> <p>Peer Assessment: Participants use the checklist to assess each other as they practice.</p>

<p>Activity 3: Practice</p> <p>Duration: 25 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Role play scenarios (see <i>Supplemental Materials</i>) 	<ol style="list-style-type: none"> 1. Divide all participants into groups of three. (1 patient, 1 VHV and 1 observer). 2. Explain that for each scenario they will take turns playing one of the roles. 3. Tell the patients the information from the role play (see <i>Supplemental Materials</i>) so that they know how to act. 4. Explain the situation to the VHV. 5. Remind participants to make sure they discuss how they would rescue the person from the water (ie what materials they would use, what things they would check for before they attempt the rescue, etc). 6. Make sure they demonstrate each First Aid step. 7. Remind participants to ask questions if anything is unclear. Remind them that this is a learning exercise, not a test, so it is encouraged to ask questions. 	
<p>Activity 4: Checking for Understanding</p> <p>Duration: 10 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Checking for Understanding questions (See <i>Supplemental Materials</i>) 	<ol style="list-style-type: none"> 1. Ask participants the questions from the attached activity sheet. 2. Give participants a chance to answer before sharing the correct answer. 3. If necessary call on quieter students to answer so you can assess their understanding of the topic. 4. If there is any confusion, re-explain as necessary. 5. Answer any other questions participants have 	<p>Ask participants the “Checking for Understanding” questions provided in the Supplemental Materials.</p>

6. Topic Summary

6.1 Overview

- Drowning is when water stops air from entering a person's nose and mouth. Drowning is possible in deep water or in shallow water if the person's face is submerged and he/she is unable to move
- Small children are at a high risk of drowning because they often cannot swim, are not strong enough to get out of dangerous water, or can't tell how deep the water is. Watch children carefully.
- Even good swimmers can drown if they become exhausted, get a cramp, have a seizure or heart attack, have been drinking excessive amounts of alcohol, or have some other accident while in the water.



Often someone who is drowning cannot shout for help.

6.2 Signs of Drowning

Signs that a person may be drowning:

- Uneven swimming motions means a swimmer is tired
- Body sinks and only head shows above the water
- Wild thrashing of the body is also a sign that someone is in danger

Signs and Symptoms that a person has drowned:

- Bloated stomach
- Blue skin, especially around the lips
- Cold and pale skin
- Cough pink and bubbly liquid
- Confusion or irritability
- Unconscious
- Shallow breathing or hard to breath
- Not breathing and in or near water

6.3 First Aid steps for drowning:

Assess

- Check the scene for to make sure it is safe
- Check the patient's condition (Is he/she conscious?)

Plan

- Send for help if necessary. Ask for a good swimmer to help if he/she is close by.
- Look for some nearby materials that the patient could grab onto, such as a rope, pole, branch, or something that floats such as a life jacket, old tire, plastic jug, etc.

Implement

1. If there is a strong current, environmental dangers, or if you don't know how to swim, do not get in the water. Plan your feel firmly on the ground and extend your arms or one of the materials below to the patient:



Option 1: A rope



Option 2: A bamboo pole or another type of branch



Option 3: An old tire

2. Dry off the patient and keep him/her warm.



Keep the patient warm

Evaluate

- Continue to monitor the patient and provide First Aid as necessary. Make sure the airway stays clear and breathing continues
- If follow-up care is necessary, stay with the patient until he/she receives further medical attention or is transferred to the health center.

7. Resources

- IFRC Facilitator Guide for CBHFA, Volume 2, 2009

8. Supplemental Materials

- Please see attached role play scenarios, practice checklist and checking for understanding questions

Activity 3: Role Play Scenarios

1. **Tell the patient:** *You are a young child that has fallen into a lake. After the rescuer takes you to shore and checks for breathing, tell the rescuer that you are **not** breathing.*

Tell the VHV: *A young child has fallen into a lake and is floating face down about 10 feet from shore. What will you do?*

2. **Tell the patient:** *You are a woman who has fallen into a river. When the VHV gets you out of the water, you are not breathing.*

Tell the VHV: *You see a young woman fall into a river. She is swept downstream.*

Ask the VHV what things he/she needs to think about when planning the rescue. After discussing the safety concerns and how to make sure that the VHV stays safe, tell him/her that she sees the woman caught in some branches along the side of the river.

Ask the VHV: *What will you do and how will you rescue her?*

Drowning Practice Checklist		Yes	No
Assess	Assess the scene to make sure it is safe		
	Assess the patient's condition: <i>Is he/she showing any signs of drowning?</i>		
Plan	Call for help if necessary		
	Look for some nearby materials you can use to get the patient out of the water.		
	Plan a way to get the patient out of the water while also keeping yourself safe.		
Implement	Do not go into the water unless it is safe and you know how to swim. Find some material for the patient to grab onto.		
	Get the patient to safety and make sure his/her head is out of the water.		
	Assess the patient's condition: <ul style="list-style-type: none"> • If unconscious and breathing, provide basic life support and put in recovery position • If unconscious and not breathing begin CPR 		
	Keep the patient warm.		
Evaluate	Continue to monitor the patient and provide First Aid as necessary.		
	Stay with the patient until he/she receives further medical attention or is transferred to the hospital		

Activity 4: Checking for Understanding Questions

1. What are three of the symptoms of someone who has drowned?

Answer – Any of these:

- a. Bloated stomach
- b. Blue skin, especially around the lips
- c. Cold and pale skin
- d. Cough pink and bubbly liquid
- e. Confusion or irritability
- f. Tiredness
- g. Unconscious
- h. Shallow breathing or hard to breath
- i. Not breathing and in or near water

2. Why is it dangerous to go into the water to get someone who has drowned?

3. Who is at most risk for drowning?

Answer: Young children because they often don't know how to swim or can't tell how deep the water is or if it is dangerous

4. Can good swimmers drown?

Answer: Yes. If a swimmer is injured or gets tired he can still drown.

5. What are three signs that someone is in trouble in the water and might drown?

Answer – Any of these:

- a. Shouting for help (although sometimes people cannot yell if they are drowning)
- b. Uneven swimming motions means a swimmer is tired
- c. Body sinks and only head shows above the water
- d. Wild thrashing of the body is also a sign that someone is in danger

6. What are three items that can be used to remove someone from the water?

Answer – Any of these: (or others that you think make sense)

- a. Branch
- b. Towel or cloth
- c. Anything that can float (ie a sealed, empty plastic container)
- d. Rope

7. Do we always give CPR to people that have drowned?

Answer: No, only if they are not breathing and we have already tried to open their airway

Session 19 (Optional): *Heart Attack*

Estimated Duration: 50 minutes

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Define heart attack
- 1.2 List the signs and symptoms of a heart attack
- 1.3 Demonstrate the emergency treatment of a heart attack
- 1.4 Describe the long-term care for a patient who has had a heart attack

2. Main Learning Points

- 2.1 A heart attack is when there is a blockage in the arteries of the heart so parts of the heart do not get oxygen.
- 2.2 Symptoms include: chest pain or discomfort, pain in other upper body areas (ie arms, neck, back, jaw), nausea, shortness of breath, anxiety, exhaustion
- 2.3 **Heart attacks must be treated in a hospital by a medical professional, so get the person to medical care as fast as possible.**
- 2.4 Long-term care might include medications and lifestyle changes.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Briefly introduce the session topic and learning objectives. Facilitate a discussion about the key information provided in the Topic Summary.	15 minutes
2. Demonstration	Trainer A guided process of what to do when someone has a heart attack	10 minutes
3. Practice	Participants work in small groups to identify signs and symptoms of heart attacks and practice First Aid steps.	15 minutes
4. Checking for understanding	Participants play the ball toss game to check their understanding of the topic.	10 minutes

4. Materials and Preparation

- Prepared brief presentation highlighting the key information from the Topic Summary
- Practice scenarios (see Supplemental Materials)
- Practice Checklist (see Supplemental Materials)
- Ball or small object to toss for Activity 4: Checking for Understanding

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction Duration: 15 min. Materials & Preparation: <ul style="list-style-type: none"> • Prepared chart paper with key information from Topic Summary section 	<ol style="list-style-type: none"> 1. Introduce the session topic and the learning objectives. 2. Ask: <i>What is a heart attack?</i> 3. Ask: <i>Why is it so important to get immediate care for someone that is having a heart attack?</i> After participants answer, explain the correct information. 4. Ask: What are the signs and symptoms of heart attacks? Add additional information and correct any misconceptions. 5. Discuss what a patient might do or how they might act if they are having these symptoms and are having a heart attack 	Listen carefully as participants share prior knowledge and experience about heart attacks. Add any missing information as provided in the Topic Summary
Activity 2: Demonstration Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • none 	<ol style="list-style-type: none"> 1. Ask for a volunteer to role play someone having a heart attack, using several of the symptoms. 2. Review the signs and symptoms of a heart attack 3. Ask: <i>If this person appears to be having a heart attack, what should we do?</i> 4. Explain the procedures step by step, demonstrating with your volunteer. 5. Make sure to explain follow-up care for individuals after a heart attack 6. Answer any questions 	
Activity 3: Practice Duration: 15 min.	<ol style="list-style-type: none"> 1. Divide participants into groups of three, with one patient, one VHV (First Aid provider), and one observer. 2. Call the “patients” from each group together. Tell them what symptoms they will have using 	Trainer walks around to observe each group and provide feedback as needed.

<p>Materials & Preparation:</p> <ul style="list-style-type: none"> Practice Scenarios (see <i>Supplemental Materials</i>) Practice Checklist (see <i>Supplemental Materials</i>) 	<p>the ones listed on the Scenario Sheet (See <i>Supplemental Materials</i>). They may or may not actually be having a heart attack in the scenario). Explain that they will need to act out the symptoms and also answer the VHV's questions. Send the patients back to their groups.</p> <ol style="list-style-type: none"> Explain to the VHV that they will need to <ul style="list-style-type: none"> <i>Observe the symptoms and ask questions of the patient in order to discover what their other symptoms are</i> <i>Decide if the victim is having a heart attack.</i> <i>Make a plan for how to assist the individual.</i> Trainer: At the end of the scenarios discuss as a whole group whether each patient was or was not having a heart attack (go through Scenario #1, #2, and #3). Explain anything that is confusing or where people had different answers and answer any questions. 	<div data-bbox="1177 254 1414 468" data-label="Text"> <p>Trainer's Tip: Be sure to praise participants as they do the steps correctly.</p> </div> <div data-bbox="1177 552 1414 741" data-label="Text"> <p>Peer Assessment: Participants use the checklist to assess each other as they practice.</p> </div>
<p>Activity 4: Checking for Understanding</p> <p>Duration: 10 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> ball (or other small object to toss) 	<ol style="list-style-type: none"> Explain that you want to check the participants' understanding about Heart Attacks by playing "Ball Toss". Ask: <i>What are signs and symptoms that someone is having a heart attack?</i> And toss a ball (or another safe object) to one participant. The participant who catches the ball must name 1 sign. Ask this participant to toss the ball to another participant. He or she must name another sign. Continue until participants run out of signs. Ask: <i>What are steps for treating a heart attack?</i> Repeat the ball toss game again. Toss the ball to a participant and ask him or her to share Step 1 and <u>explain</u> it. Continue the game until all the steps have been shared. Congratulate participants for correct responses. Ask if there are any remaining questions or anything that is unclear. 	<p>Give participants a chance to share answers before providing the correct ones. Toss the ball to quieter participants so that you can assess their understanding as well.</p>

6. Topic Summary

6.1 What is a heart attack? (Definition)

A heart attack occurs when there is a blockage in one's heart's arteries. This means that the blood cannot flow how it is supposed to. Part of the heart does not receive blood, which means that it does not receive the oxygen it needs to survive. The heart muscle begins to be damaged. The longer the heart attack, the larger the part of the heart that does not get oxygen and that is damaged.



Heart attacks are an emergency and can cause death, so they must be treated IMMEDIATELY by a medical professional.

6.2 Heart Attack Signs and Symptoms

Heart Attack Symptoms are different for different people. Some people don't have symptoms. They might be sudden and intense or they might start more slowly and come and go over hours.

Symptoms include:

- Extreme chest pain
- Mild chest discomfort. (This might feel like pressure or a squeezing pain. It can last for a long time or come and go.)
- Pain and discomfort in other parts of the upper body (i.e. arms, back, neck, stomach, teeth, jaw)
- Unexplained shortness of breath
- Cold sweats
- Nausea or vomiting
- Lightheadedness
- Anxiety
- Indigestion
- Unexplained fatigue



6.3 First Aid Response for a Heart Attack

If you think someone is having a heart attack, get professional medical help at a hospital **RIGHT AWAY**. Heart attacks cannot be treated by anyone outside of a hospital.

DO NOT DELAY TREATMENT.



While you wait for medical assistance or transport the patient to further care:

- Have the patient sit down and rest. More exercise increases the damage the heart attack will do, so if the person needs to be transported, try to carry them rather than have them walk.
- Begin CPR if the person is unconscious.



6.4 Long-term care

After leaving the hospital, the patient might need to continue taking medications. They also might need to make lifestyle changes (i.e. exercise more, quit smoking, diet changes) so that they don't have another heart attack.

7. Resources

- Mayo Clinic: <http://www.mayoclinic.org/diseases-conditions/heart-attack/basics/symptoms/con-20019520>
- National Institute of Health (NIH): <http://www.nhlbi.nih.gov/health/health-topics/topics/heartattack/signs.html>
<http://www.nhlbi.nih.gov/health/health-topics/topics/heartattack/treatment.html>
- American Heart Association: http://www.heart.org/HEARTORG/Conditions/HeartAttack/WarningSignsofaHeartAttack/Heart-Attack-Symptoms-in-Women_UCM_436448_Article.jsp

8. Supplemental Materials

- See Practice Scenarios and Practice Checklist attached

Activity 3 Practice Scenarios:

1. An elderly man has chest pain and arm pain. When the VHV asks him to describe it, he should describe it as a crushing pain that feels like it is squeezing his chest tight. As the scenario progresses, the patient should begin to have trouble breathing and get nauseous.

NOTE: this patient is having a heart attack. The VHV should make a plan to transport the individual to care as soon as possible.

2. The patient is having trouble breathing and is sweating. When you ask him what is wrong he sways and can't answer because he can't speak since he is having trouble breathing.

NOTE: this patient is NOT having a heart attack. He has something stuck in his windpipe and is choking. Make sure the VHV rescuer looks inside his throat to check to see if anything is stuck as a first step. When the VHV checks, have the patient tell him/her that there is something stuck inside. The VHV's care plan should then be to treat the patient as someone who is choking.

3. A middle-aged woman is complaining of chest pain and is nauseous. She feels lightheaded and has pain in her back and jaw. The pain started suddenly and before this she did not do any unusual actions or work that might have caused her to have muscle soreness or pains.

NOTE: this patient is having a heart attack. The VHV should make a plan to transport the individual to care as soon as possible.

Heart Attack Practice Checklist		Yes	No
Assess	Check the scene to make sure it is safe. Decide if the patient needs to be moved to another location.		
	Assess the patient's condition: What are the symptoms? Decide if this person is having a heart attack.		
Plan	Send for help		
	Make a plan of how to transport the patient		
Implement	Implement the plan that you made.		
	Tell the person to stay still as much as possible (do not do physical activity, sit down).		
	Prepare the person for transportation		
	Keep the family updated of the plan		
Evaluate	Transport the patient.		
	Keep checking on the person and make sure you are aware of their symptoms.		

Session 20 (Optional): *Foreign Bodies (Ears, Eyes, Nose and Throat)*

Estimated Duration: 1 hour

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Define foreign objects
- 1.2 Demonstrate the steps of First Aid for foreign objects in the ears, eyes, nose and throat

2. Main Learning Points

- 2.1 A foreign body is an object that gets stuck in a person's, eyes, ears, nose or throat that is not supposed to be there and can cause pain or damage to the body.
- 2.2 Follow the First Aid steps included in the Topic Summary to remove foreign bodies
- 2.3 If the object does not come out, transfer the patient to the health center.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Introduction	Brainstorm of prior knowledge and experience related to the topic, introduce topic summary	20 minutes
2. Practice	Participants get into small groups to practice providing First Aid procedures related to foreign objects in the ears, eyes, nose etc.	30 minutes
3. Checking for Understanding	Trainer and participant role play First Aid situations related to the topic with guidance from the other participants	10 minutes

4. Materials and Preparation

- Review Topic Summary before the activity
- Foreign Bodies Checklist (see *Supplemental Materials*)

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Brainstorm & Introduction Duration: 20 minutes Materials & Preparation: <ul style="list-style-type: none"> Review Topic Summary before the activity 	<ol style="list-style-type: none"> Introduce topic and learning objectives Ask: <i>Have you or anyone you know ever gotten something stuck in their ear, eye, nose, etc.? If so, what happened? What did you do?</i> Give a brief presentation of the information provided in the topic summary. Ask if there are any questions. 	Pay attention to participants' ideas in the brainstorm to so you can add in additional information from the topic summary
Activity 2: Role Play Duration: 30 minutes Materials & Preparation: <ul style="list-style-type: none"> none 	<ol style="list-style-type: none"> Divide participants into groups of 3 people. Explain that they will practice what to do when a person has a foreign object in the eyes, ears, nose, etc. They will rotate playing the following roles: <ul style="list-style-type: none"> Person with a foreign object (<i>patient</i>) Person who will provide First Aid (VHV) Person watching (<i>observer</i>) Refer to the checklist (see <i>Supplemental Materials</i>) and explain that the observer's responsibility is to use the checklist and check steps off as the VHV does them. Observers can give hints if the VHV cannot remember a step. After each practice, the observer provides feedback to the VHV. Make sure that each participant has an opportunity to play the role of the VHV (person giving First Aid). 	Trainer walks around to observe each group and provide feedback as needed. Trainer's Tip: Be sure to praise participants as they do the steps correctly. Peer Assessment: Participants use the checklist to assess each other as they practice.
Activity 3: Checking for Understanding Duration: 10 minutes	<ol style="list-style-type: none"> Call participants back together. Role play a patient with a foreign body injury or problem (see Topic Summary). Invite a volunteer to come up to role play the VHV and provide the appropriate First Aid care. 	Trainer pays careful attention to volunteer VHVs and

Materials & Preparation: <ul style="list-style-type: none"> • none 	<p>Trainer's Tip: If they are willing, invite the participants who were less confident or struggled during the small group practice (Activity 2). This will give them an additional opportunity to practice and get feedback from their peers.</p> <ol style="list-style-type: none"> 3. If the volunteer is unsure about what to do, invite the other participants to give him or her suggestions. 4. After the volunteer is finished, ask the group: <i>What procedures were followed? Was any step missing? If so, what?</i> 5. Continue role playing a variety of scenarios connected to the topic summary (i.e. one for ear, one for eye, one for nose). Repeat steps 2-4 6. Ask if there are any questions. 	<p>Peer Assessment: Participants give feedback to volunteer</p>
--	--	--

6. Topic Summary

6.1 Overview

What is a foreign body?

A foreign body is an object that gets stuck in a person's, eyes, ears, nose or through that is not supposed to be there and can cause pain or damage to the body.

6.2 Foreign body in the eye

Common foreign bodies in the eye include dust, eyelashes, and insects

First Aid Steps

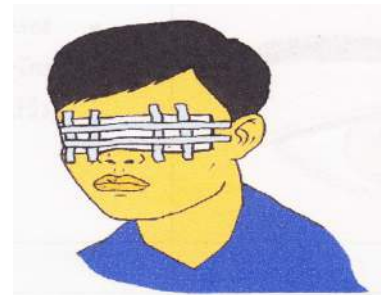
1. Do not rub the eye. Keep the eye closed so that tears can wash out the object naturally.



2. If the object does not come out, ask the patient to open his/her eye. Ask the patient to look up and down while you rinse the eye with clean tap water.



3. **If it is a fragment or a piece of metal**, cover the eye with a clean cloth and transfer the patient to the health center immediately.



4. **If it is acid**, rinse the eye with clean water and transfer the patient to the health center immediately.



6.3 Foreign body in the ear

Common foreign bodies in the ear include cotton buds, insects and rice.

First Aid Steps

1. For insects, insert a droplet of warm water into the ear so that the insect will climb out on its own.



2. If it is a fragment or a piece of metal, tilt the patient's head so that the ear with the object in it is closer to the floor. Give a gentle blow to the other side of the head to see if the object comes out.



3. If the above do not work, transfer the patient to the health center immediately.

6.4 Foreign body in the nose

Common foreign bodies in the nose include fluids and rice.

First Aid Steps

- **For Children:** have a child seat and turn their face down (do not spit up the nose), provide moral support and then transfer to hospital
- **For Adults:** Have the patient squeeze the bridge of his/her nose and blow strongly through the nose. If the object does not come out, transfer the patient to the health center.

6.5 Foreign body in the throat

- **Fish bones:** If the fish bone is not very deep and visible, remove it with a clamp. If it is deep and not visible, transfer the patient to the health center
- **Coin:** Transfer the patient to the health center

7. Resources

8. Supplemental Materials

See foreign bodies practice checklist attached

Foreign Bodies Practice Checklist		Yes	No
Assess	Assess the scene to make sure it is safe		
	Assess the patient's condition		
Plan	Call for help if needed		
	If the injury is serious, make a plan to transfer the patient to the nearest health center		
Implement	Eye: <ul style="list-style-type: none"> • Keep the eye closed so that tears can wash out the object. • If the object does not come out, rinse the eye with water • For metal or acid, cover the eye with a clean cloth and transfer the patient to the health center immediately. • 		
	Ear: <ul style="list-style-type: none"> • For insects, insert a droplet of warm water into the ear. • For other objects, give a gentle blow to the patient's head 		
	Nose: <ul style="list-style-type: none"> • For Children: have the child sit with his/her face down (do not spit up the nose) • For Adults: squeeze the bridge of the nose and blow strongly through the nose. 		
	Throat: <ul style="list-style-type: none"> • Fish bones: If it is shallow and visible, remove it with a clamp. If it is deep and not visible, transfer the patient to the health center • Coin: Transfer the patient to the health center 		
Evaluate	Monitor the patient's condition and provide First Aid as needed.		
	If the patient's condition does not improve, transfer to the nearest health center.		

Session 21 (Optional): *Fainting and Shock*

Estimated Duration: 1 hour

1. Learning Objectives

By the end of this session, participants will be able to:

- 1.1 Define both fainting and shock and differentiate between the two
- 1.2 Identify the causes, signs and symptoms of fainting and shock
- 1.3 Demonstrate the First Aid Steps for fainting and shock

2. Main Learning Points

- 2.1 **Fainting** is when a person becomes unconscious for a short time because he or she is not getting enough blood to the brain. Fainting can be caused by exhaustion, hunger, lack of sleep, heat stroke, lack of fresh air, poor air circulation, being surrounded by a crowd of people, extreme excitement, panic, fear or stress.
- 2.2 **Shock** is when body organs begin to shut down because they are not getting enough blood or oxygen. Shock can happen when a large amount of fluid such as blood or water is lost from the body.
- 2.3 The First Aid steps for fainting and shock are very similar. Have the patient lie down with his/her feet elevated.
- 2.4 If the patient becomes unconscious, follow the steps of basic life support.
- 2.5 Transfer the patient to the health center if necessary.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
Introduction	Briefly introduce the key information provided in the Topic Summary	10 minutes
Demonstration	Trainer demonstrates the First Aid Steps for fainting and shock	20 minutes
Practice	Participants get in small group to practice the First Aid Steps for fainting and shock	25 minutes
Checking for Understanding	Trainer asks questions to check participants' understanding of the topic and provides information as necessary	5 minutes

4. Materials and Preparation

- Flip chart
- Markers
- Blanket
- Warm water bag

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
Activity 1: Introduction Duration: 10 min. Materials & Preparation: <ul style="list-style-type: none"> • Chart paper • Markers • Chart paper with key information from Topic Summary 	<ol style="list-style-type: none"> 1. Introduction the session topic and learning objectives. 2. Ask participants: <i>Have you ever seen someone who has fainted? What happened? What did you do to help? Have you ever seen someone who is in shock? What happened? What did you do to help?</i> <div> Trainer's Tip: Record participants' answers on chart paper as they share. </div> 3. Define fainting and shock and explain the difference between the two (see Topic Summary 6.1) 4. Encourage participants to share comments related to the topic and respond to any questions and inquiries. 	<p>Trainers ask questions to the participants for motivating participation, and to observe the quiet person to share comments regardless it is right or wrong, because this is a learning exchange session.</p>
Activity 2: Demonstration Duration: 20 min. Materials & Preparation: <ul style="list-style-type: none"> • Blanket • Hot water bottle 	<ol style="list-style-type: none"> 1. Ask for a volunteer to come to the front of the group to role play a person who has fainted. Review the signs and symptoms of fainting. 2. Give a demonstration of the steps for first aid for a person who is fainted (see <i>Topic Summary</i>). 3. Answer the participants' questions if any. 4. Thank the participant for his/her participation. 5. Ask for another volunteer to come to the front of the group to role play a person who is in shock. Review the signs and symptoms of shock. 6. Give a demonstration of the steps for first aid for a person who is in shock (see <i>Topic Summary</i>). 	<p>Suggest participants to pay attention on observation for first aid-shock, asking questions. If not, trainer asks questions to ensure comprehension.</p>

	<ol style="list-style-type: none"> 7. Answer the participants' questions if any. 8. Thank the participant for his/her participation 	
<p>Activity 3: Practice</p> <p>Duration: 25 min.</p> <p>Materials & Preparation:</p>	<ol style="list-style-type: none"> 1. Explain that participants will have the next 20 minutes to practice the first aid steps for fainting and shock. 2. Divide participants into small groups of 3 people. Explain that they will rotate playing the following roles: <i>patient</i>, person who will provide first aid (VHV), and person watching (observer). 3. Explain that the observer's responsibility is to use the checklist and check steps off as the VHV does them. Observers can give hints if the VHV cannot remember a step (refer to the checklist). 4. Trainers ask each group to start practicing. After each practice, the observer provides feedback to the VHV. 	Trainer observes each group while practicing. After each group is finished trainer provides feedback and suggests a demonstration of first aid one more time.
<p>Activity 4: Checking for Understanding</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p>	<ol style="list-style-type: none"> 1. Ask participants to stand up 2. Designate one side of the training area as "Yes" and one as "No". 3. Read aloud each statement (see Supplemental Materials) and have participants walk to the "yes" side if they think the statement is true, and walk to the "no" side if they think the statement is false. 4. Ask one participant from "Yes" and one from "No" to explain their answer. 5. Trainers give the participants the correct answer 	Trainer pays attention to participants' comments and provides correct answers when needed.

6. Topic Summary

6.1 Overview

It can be difficult to tell the difference between fainting and shock. **Fainting** is when a person loses consciousness for a short time, whereas a person who is in **shock** can be conscious or unconscious. ***Shock can be very serious and, if untreated, can result in permanent organ damage or death.***

	Fainting	Shock
Definition	Loss of consciousness for a short time because the brain is temporarily not getting enough oxygen. (Remember, blood carries oxygen throughout the body.) People who faint usually revive quickly.	The body is losing massive amounts of fluids (i.e. blood or water). This causes the body organs to begin to shut down because they are not getting enough oxygen carried through the blood. Shock can cause serious organ damage if left untreated.
Causes	<ul style="list-style-type: none"> • Exhaustion, hunger, lack of sleep • Heat stroke • Lack of fresh air, poor air circulation, being surrounded by a crowd of people • Extreme excitement, panic, fear or stress. 	<ul style="list-style-type: none"> • Severe bleeding • Dehydration caused by severe diarrhea or severe vomiting • Heart failure • Severe infections • Burns, severe pain, poisoning, heat stroke, fear

6.2 Signs and Symptoms

See the chart below for signs and symptoms of fainting and shock.

Fainting	Shock
<ul style="list-style-type: none"> • Dizziness, • Cold hands/ feet • Clammy skin, sweating on the face, hands and feet • Blurred vision or seeing spots • Shortness of breath • Loss of energy • Pale face and lips • Collapse, but no convulsions 	<ul style="list-style-type: none"> • Fast breathing with small, shallow breaths • Pale skin • Skin feels cold, and clammy from sweat • Patient feels weak, dizzy or faint • Vomiting • Thirst (patient has dry lips) • May become unconscious and die if untreated.

6.3 Steps of First Aid

Assess

1. Assess the scene for safety
2. Assess the patient's condition.
3. Introduce yourself and explain that you will provide First Aid
4. Provide emotional support
5. Check for severe bleeding. This could result in shock.

Plan

1. Call for help if necessary
2. Provide crowd control, particularly in the case of fainting. If you are in a group of people, ask people to back away so the patient can get fresh air and so that you can provide First Aid.

Implement

1. Have the patient lie down on his or her back. Turn his/her face to the side. Place a pillow or box under the patient's feet to so that they are 15-30 cm higher than the head (1-1.5 hand lengths). This will help the blood to circulate to the brain. Make sure that the patient does not have a head, neck or spinal cord injury.



Have the person lie down on his or her and gently turn his/her head to the side.

2. If the patient is bleeding, follow the first aid steps for bleeding control (Especially in the case of shock).
3. Loosen any tight clothes such as belts and undergarments to allow blood to circulate.
4. Turn the patient's face to the side, particularly if there is any vomit or saliva.
5. **If the patient is in shock**, cover the patient with a blanket and hug the warm water bag. **If the patient has fainted**, put smelling salts or lemon and orange peel under his/her nose.



6. If the patient becomes unconscious, begin basic life support.
7. **DO** provide emotional support to the patient
DO NOT give the patient any food or drink
DO NOT leave the patient alone

Evaluate

1. Assess the patient's condition: Is he/she improving?
2. Check the patient's skin color: Has it returned to normal? Is it dry?
3. If the patient's condition does not improve, make the necessary preparations to transfer the patient to the nearest health center



7. Resources

8. Supplemental Materials

- See fainting and shock practice checklist attached

Fainting and Shock Practice Checklist		YES	NO
Assess	Assess the scene for safety		
	Assess the patient's condition.		
	Introduce yourself and explain that you will provide First Aid		
	Provide emotional support		
	Check for severe bleeding. This could result in shock.		
Plan	Call for help if necessary.		
	Provide crowd control if necessary.		
	Make the necessary preparations to transfer the patient to the nearest health center if the patient's condition does not improve.		
Implement	If severe bleeding, perform bleeding control		
	Have the person lie down on his or her back.		
	Elevate the patient's feet		
	Loosen any tight clothes.		
	Turn the patient's face to the side		
	For shock, keep the patient warm with a blanket and/or hot water bottle		
	If unconscious, begin CPR.		
Evaluate	Monitor the patient's condition		
	If the patient does not improve, arrange to transport him/her to the nearest health center.		

Session 22 (Optional): *Strategies for Maintaining First Aid Knowledge and Skills*

Estimated Duration: 30 minutes

1. Learning Objectives

- 1.1 Identify strategies for maintaining First Aid knowledge and skills
- 1.2 Create an action plan for maintaining First Aid knowledge and skills

2. Main Learning Points

- 2.1 There are many different strategies VHV can use to maintain their First Aid knowledge and skills on their own.
- 2.2 Since we all learn differently, we may use different strategies
- 2.3 VHV need to be pro-active learners by developing an action plan of strategies for maintaining what they've learned throughout the training.

3. Suggested Outline of Activities

Activity	Description	Estimated Duration
1. Discussion	Discuss various strategies for maintaining First Aid knowledge and skills after the training is over.	10 minutes
2. Create Action Plan	Create an action plan for maintaining First Aid knowledge and skills after the training is over.	15 minutes
3. Share Action Plan	Students share their action plan with the whole group.	5 minutes

4. Materials and Preparation

- Read the topic summary before the lesson
- Chart paper
- Marker

5. Plan of Activities

Activity, Duration, Materials & Preparation	Process	Assessment
<p>Activity 1: Strategies Brainstorm</p> <p>Duration: 10 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> • Be sure to read the topic summary before the lesson • Blank chart paper • Marker 	<ol style="list-style-type: none"> 1. Explain that if participants do not continue to practice and review what they've learned First Aid, they will forget easily. One way to avoid forgetting is develop some strategies to maintain new skills and knowledge. Explain that you cannot guarantee when they'll get a follow-up or refresher training, so they'll need to practice on their own. 2. Brainstorm: <i>What are some strategies (things you can do <u>on your own</u>) to maintain your First Aid skills and knowledge?</i> <div style="background-color: #f0f0f0; padding: 10px; margin: 10px 0;"> <p>Trainer's Tip: Participants may say "review what we've learned". Ask follow-up questions so they give more specific answers.</p> </div> <ol style="list-style-type: none"> 3. Record ideas on chart paper. (See <i>Topic Summary</i> for examples of possible answers) 4. After they finish, add any strategies from the <i>Topic Summary</i> that have not been said and any additional ideas you may have. 5. In partners, have participants discuss the following question: <i>Which of these strategies do you think will work best for you? Why? Pick the top 3.</i> 6. Explain that since everyone learns differently, not everyone will have the same answers. Stress that they should select what they feel will work best for them. 7. Ask a few participants to share their top three choices and explain their reasoning. 8. Emphasize that, while different strategies work for different people, since First Aid is something is a skill (something we do) we have to practice doing it to retain it. (That is to say, just reading the manual is not enough!) 	

<p>Activity 2: Create a Plan</p> <p>Duration: 10 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> Action Plan for Maintaining First Aid Knowledge and Skills (see <i>Supplemental Materials</i> and <i>Participant's Manual</i>) 	<ol style="list-style-type: none"> 1. Explain that now that we have some strategies, each participant will make a plan to continue practicing and reviewing First Aid. 2. Show the <i>Action Plan for Maintaining First Aid Knowledge and Skills</i>. (See <i>Supplemental Materials</i>) 3. Explain that each participant must complete the form by selecting and writing in or drawing the strategies that are best for him or her. 4. Allow participants to work in pairs or groups to share ideas as they write. 5. As the students work, walk around to make sure they are completing the form correctly. Make sure they are being as specific as possible. (i.e. if they say they will practice the procedures with a friend, ask: <i>Which friend? For how long? How often?</i>) 	<p>Walk around to each participant and check and make sure they are filling out the plan correctly. Give suggestions and clarifications as needed.</p>
<p>Activity 3: Share</p> <p>Duration: 5 min.</p> <p>Materials & Preparation:</p> <ul style="list-style-type: none"> None 	<ol style="list-style-type: none"> 1. Invite a few students to share their plans with the class. 2. Explain that now that everyone has created an action plan, it is up to each individual to follow it. 	<p>Listen carefully as the participants present their plans. Ask follow-up questions if their strategies are not very specific.</p>

6. Topic Summary

6.1 Introduction

First Aid knowledge and skills are like many other types of knowledge and skills: if we do not practice and review, we will forget. Ideally, VHV will have the opportunity to attend follow-up and refresher trainings to keep their knowledge and skills fresh. However, if these opportunities do not become available, it is extremely important for VHV to have a plan for how they can maintain their skills and knowledge on their own. Trainers can help to facilitate this type of ongoing review by discussing strategies and making a plan with VHV.

6.2 Strategies for Maintaining First Aid Knowledge and Skills

There are many ways for students to continue reviewing and practicing what they have learned in this training on their own. Every learner is different, so some strategies might work better for some than for others. But no matter what the topic, **we learn best by doing**.

Here are some strategies that may help VHV to maintain their FA knowledge and skills after the training is complete:

1. Reread the manual
2. Quiz yourself about the material in the book (Ask yourself questions and then check your answers in the book. For example, *What are the four steps of the First Aid Action Plan?*)
3. Explain the procedures step by step for First Aid topics to a friend
4. Draw pictures of the procedures of First Aid topics
5. Practice **doing** the First Aid procedures for various topics on your own (Use a bag or another object as a dummy.)
6. Meet with a fellow participant from this training to practice **doing** the First Aid procedures for various topics. (Remember not to fully do the procedures – be safe and only simulate!)
7. Practice the scenarios provided in the participant's manual with a fellow participant

6.3 Creating an Action Plan

Merely thinking of strategies for how to maintain what we learn is not enough. We need to actually use them. As trainers you will not be able to see your participants regularly to know if they've continued practicing. However, you can set them up for success by helping them create a plan for using the strategies. By completing the action plan (see *Supplemental Materials*) included in this session, participants will leave the training not only knowing what they can do on their own to maintain what they've learned, but how and when they will do it. Hopefully this tool will empower them to be pro-active about their own learning.

The action plans can also be used as a tool for checking in with VHV. Once completed, on a follow-up visit you can refer to their plan and ask if they have been using it.

7. Resources

- original material created by WE team

8. Supplemental Materials

- *see Action Plan chart attached*

My Action Plan

for maintaining First Aid Knowledge and Skills

What are some things you can do on your own to make sure you remember everything you have learned in this First Aid Training? Draw or Write 2 strategies below. Be specific! Answer the following questions:

1. What will you do?
2. How often?
3. When?
4. With who?

	What will you do?	How often?	When?	With whom?
Example:	<i>I will explain the First Aid steps for a topic I have learned about.</i>	<i>Once a week</i>	<i>After dinner</i>	<i>My younger sister.</i>
Strategy #1				
Strategy #2				