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| **AIRCRAFT FIRST AID KIT REQUIREMENTS** | | | |
| QUANTITY | PRODUCT |  |  |
| 4 | First aid dressings 150mm x 2m |  |  |
| 4 | First aid dressings 50mm x 1.5m |  |  |
| 4 | First aid dressings 50mm x 1.2m |  |  |
| 4 | Conforming bandages 75mm x 4m |  |  |
| 4 | Conforming bandages 50mm x 4m |  |  |
| 1 | Crepe bandage 50mm |  |  |
| 1 | Crepe bandage 25mm |  |  |
| 1 | Triangular bandages |  |  |
| 1 | Jelonet 100mm x 100mm | Exp date: |  |
| 1 | Sterile gauze swabs |  |  |
| 15 | Plasters |  |  |
| 1 | Scissor |  |  |
| 1 | Tweezer |  |  |
| 10 | Safety pins |  |  |
| 1 | CPR mouth piece |  |  |
| 2 | Surgical gloves |  |  |
| 1 | Eye bath |  |  |
| 1 | Eye pad |  |  |
| 1 | Surgical tape |  |  |
| 1 | Povidine - antiseptic ointment | Exp date: |  |
| 10 | Paracetamol – headaches | Exp date: |  |
| 2 | Emergency blankets |  |  |
| 1 | Plaster strip |  |  |
| 1 | Cottonwool |  |  |
| 5 | Alcohol swabs |  |  |
| 1 | Wound pad |  |  |
| 1 | Waterproof plaster |  |  |
| 3 | Earbuds |  |  |
| 6 | Rennies – indigestion | Exp date: |  |
| 1 | Hydrogen Peroxide | Exp date: |  |
| 1 | Thermometer |  |  |
| 1 | Fire starting kit |  |  |
| 1 | Nasal drops | Exp date: |  |

Checked Date : \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

Checked by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY SIGNALS

NEED MEDICAL HELP NEED HELP

GOING THIS WAY

YES NO

**CUT EMERGENCY BLANKET TO MAKE STRIPS**

**IN HALF FOR TWO STRIPS**

**USES OF FIRST AID BAG**

**Surgical**

**Bandages:**

**Conform:** General use bandage for applying dressings and keeping wounds clean

**Crepe:** Elastic bandage for support of muscle injuries

**Triangular:** Use as a sling, to immobilize a limb with splints, general use for covering wounds

**Eye pad:** To cover eyes in the case of injury

**CPR mouth piece:** For mouth to mouth resuscitation. It has a one way valve and a protective mask to protect first aider from body fluids and the transfer of HIV and Hepatitis B

**Dressings:**

**Burnshield :** Tea tree gel to use on any open burn wound, for cooling and to prevent infection

**Dressing bandages:** Pressure bandages to stop bleeding

**Emergency blanket:** To cover patient in cases of exposure to cold temperatures and can be used as emergency strips.

**Tweezers:** For removing splinters

**Latex Gloves:** Use as protection against body fluids of injured person

**Plaster adhesive:** Elastic adhesive for general use eg to keep splints in place.

**Paper tape:** Hypoallergenic tape for use on sensitive skin

**Safety pins:** To fasten bandages or anything else

**Splints:** For immobilizing broken arms or legs

**Thermometer:** To take a patient’s temperature

**Medicine**

Hydrogen Peroxide: Disinfectant for cleaning wounds before dressing

Paracetamol tabs: For pain and fever. Read attached insert

Iodine ointment: Antiseptic ointment. Read attached insert

Nasal Spray: Opens sinuses. Read attached insert

Rennie tablets: For heartburn & indigestion. Read attached insert

**SITUATIONS IN WHICH FIRST AID SHOULD BE GIVEN**

**BLEEDING: Severe:** Stop the bleeding immediately by applying pressure with a bandage or other pad, directly on the wound. If possible and there is no fracture, elevate the bleeding area. Avoid using a tourniquet as far as possible. If it becomes inevitable to use one, the pressure should be released every 15 minutes for five minutes. If the bleeding has stopped, do not re-apply the tourniquet. If the patient is to be transported to hospital, make sure that the ambulance personnel are aware of the tourniquet. **Nose:** Apply pressure to the nose below hard part of the nose. Apply pressure for as long as required. Cold compression to nose and neck may assist. Patient should breathe through mouth rather than nose. The patient should not blow the nose for a while after bleeding has ceased.

**BONES AND JOINTS BROKEN:** In open fractures bones pierce through the skin and with closed fractures the skin is unbroken. A joint may be dislocated and or a ligament may be stretched or torn. The aim of first aid is to prevent further tissue damage and to reduce pain. The injury should be supported, wounds covered and if necessary, limbs immobilized with splints. Unless the patient’s life is in immediate danger, do not move the patient before immobilizing the fracture. Treat for shock. Call a doctor.

**BURNS:** The first object is to cool the burnt area by immersing in cold water, pouring cold water over or covering it with cloth soaked in cool water. Do not apply anything but cold water or a burn shield to the burnt area. Do not puncture blisters and do not remove clothing stuck to the skin. **Chemical burn:** Chemical must be removed from the skin by constant flushing with clean water for 15 – 20 minutes. After the burn has been cooled, cover loosely with a clean dressing and bandage, while patient is transported to medical care. **Minor burns:** Toothpaste, essential tea tree or lavender oil can be used.

**CHOKING:** It is advisable to learn the techniqueY for dislodging objects in the airway in adults and children.

**CARDIO VASCULAR DISEASE:** A good knowledge and practiced use of CPR could save a heart attack victim’s life.

**DIARRHEA:** Avoid all foods containing fat and milk from the diet. Drink ample quantities of clean water with electrolytes to replace the lost fluids and prevent dehydration.

**INSECT BITES AND STINGS:** Apply an antihistamine cream or the juice of an onion for relief of itching. In case of severe allergy and no available medical help, drink soda water or use paper bag for breathing.

**UNCONSCIOUSNESS:** Check whether breathing is normal. To prevent asphyxiation, make sure that the airway to the patient’s throat is unblocked. Look and feel for foreign objects in the mouth or throat. If the person has had a fit, do not put your finger in his mouth, as he is liable to bite. If you are not able to monitor the patients breathing continuously, place him in the **Recovery Position:** Lay the patient on his back and place the arm nearest to you straight out at 90 degrees to his body and the far arm with the back of the hand on the near cheek. Bend and take hold of the far knee, roll the patient towards you by pulling the far knee towards you and downward. Be careful not to exacerbate other injuries in the process. Support the head during the rolling over.

**SHOCK:** Present with most injuries and sometimes allergies. Patient in shock is pale, cold and clammy. Patient must be calmed. Do not keep patient warn, even though he seems cold. Do not give stimulants or smelling salts. Use paper bag to breath in.

**SUNSTROKE:** Symptoms are severe headache and vomiting. Keep patient cool by removing excess clothing and sponging with tepid water.