

Setting up a First Aid Clinic

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This handout is to provide ideas for people wanting to set up a first aid station. The focus here is on setting up in an outdoor site (i.e., away from public conveniences and utilities) but much of the information is also pertinent for setting up a first aid clinic at a city event, such as a protest.

Whatever health modality you are trained in, once you arrive at the clinic it is advantageous to work with people practicing different systems of the healing arts. First aid predicaments run the span from traumatic injuries to emotional crises, and it is useful to learn from a wide range of people.

It is important to understand that as a first aid worker you have a responsibility to take care of yourself and also your fellow health-care givers. You may find yourself in some dodgy situations and be potentially exposed to contagious diseases, unbalanced individuals, unpleasant authorities and inclement weather. At the same time you may be hungry and sorely lacking sleep. You can minimize a few of these dilemmas by taking immune supporting medicines eating well, and getting enough rest. This will also give you the strength needed to make important decisions that may come your way. When the caregiver is sick, tired or just plain cranky, it then falls upon the other workers to have to pick up the pieces and take care of ol' grouchy as well. So it is imperative to rest, and learn preventative techniques to help avoid some of the vexations that may befall you. There is a tendency to become too involved and feel the need to be available all the time. Resist. The stronger and more centered you are, the better the quality of care that you can give.

Many of the fundamental aspects of running a first aid station are the same no matter what type they are (i.e., conventional or non-conventional). They include sanitation, preventive techniques (such as using disposable gloves), diagnosis, counseling skills and taking care of yourself. Improvisation is important in setting up and running a freestanding clinic. Generally choices are limited such as where you can physically set up the station as well as a horde of other small and large details that will emerge and test your ingenuity. Other skills that are helpful for outdoor encampments include building such outdoorsy things as latrines, hand-washing station, kitchen, foot wash area, and other places that are only tangential to practicing medicine and yet these areas contribute greatly to the foundation and smooth running of the clinic.

A lexiconal aside. I find that there are few good words to describe the people we treat. I generally fall back on 'patient', though client is another choice. I'm not particularly fond of either word, but they do describe whom I am discussing without getting too wordy such as 'the person in need' or 'the pain-challenged individual'.

Conditions You May Encounter

These are some first aid situations that may arise. Study the ones that seem pertinent to circumstances you find yourself in most often.

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|---------------------------|---------------------------|----------------------------------|
| 1) Allergies | 17)Dysentery | 34)Parasites |
| 2) Altitude sickness | 18)Earache | 35)Pet problems |
| 3) Anaphylaxis | 19)Emotional crises | 36)Plant dermatitises |
| 4) Animal bites/scratches | 20)Eye irritation | 37) Prescription drugs forgotten |
| 5) Asthma | 21)Fever/Chills | 38)Rashes |
| 6) Bleeding | 22)Food poisoning | 39)Respiratory disorders |
| 7) Broken bones | 23)Headache | 40)Scabies |
| 8) Burns | 24)Heat exhaustion | 41)Seizures |
| 9) Chiggers | 25)Hypochondria | 42)Shock |
| 10)Constipation | 26)Hypothermia | 43)Staph infections |
| 11)Contagious diseases | 27)Infections | 44)Sunburn |
| 12)Coughs | 28)Injuries | 45)Ticks |
| 13)Dental | 29)Insect bites/stings | 46)Toothaches |
| 14)Diarrhea | 30)Lethargy | 47)Water-born pathogens |
| 15)Drug overdose | 31)Menstrual disharmonies | 48)Wounds |
| 16) Drug use-“too high” | 32)Nausea/Vomiting | |
| | 33)Pain | |

Ideas for Setting up a First Aid Clinic

Below are a number of suggestions to ponder before setting up a clinic. Some of these are covered more fully further in this handout. They are loosely divided up in before, during and after the clinic.

Before

1. Developing a crew. Who will you be working with? Will you be joining up with others or starting your own clinic?
2. Trolling for donations. Finding creative ways to find resources and money to help finance your first aid venture.
3. Group dynamics- Will decisions be made by consensus, majority or other methods?
4. Preparing and organizing medicines and supplies- this can take a long time, start early
5. Have a well-organized checklist of all the medicines you are bringing.
6. Bring personal medicines and comforts
7. Preparing oneself emotionally and physically
8. Getting there-transportation and carpooling
9. Transportation- getting the supplies on site
10. Which materials need to be brought in and out?
11. What local materials can be used to build the clinic?
12. If you are planning to wildcraft, bring the necessary tools

During

13. Location- finding a suitable site
14. Water-where is your water source, how will you keep yourselves and patients hydrated? Filters may be necessary
15. Can one of your vehicles be used as a makeshift ambulance to transport patients to a more formal ambulance or treatment facility?
16. Scout, learn and collect local medicinal plants. Note locations so others can be sent to gather plants
17. Setting up first aid zones
18. Do you need to set up shifts and duties?
19. When members go on housecalls, it is advantageous to go in pairs (the buddy system)
20. Cleaning the site- it is everyone's duty to pick up trash and keep it organized and as clean as possible. Especially true in the morning after the night shift
21. Setting up jobs- who handles what; money, supplies, communications, etc?
22. Have all teammates occasionally check their pockets for medicines they may have put in there and forgot
23. Set-up- building, digging, tarping
24. Latrines and wash-stations-building and maintaining
25. Setting up camp-a place to sleep and relax in nearby.
26. Daily meetings and other ways of people sharing information.
27. Communication among crew members – will you be using radios, cell phones (often ineffective) or walkie-talkies. Do people know how to use these?
28. Cooperating with local health and other authorities, and the local hospital
29. What to do with people who are mentally unbalanced, either 'too high' or off their regular psychiatric medications and are now unstable
30. Emergency back-up- what to do when it's over your head
31. Sanitation- practicing and teaching others good ways to stop infection from spreading
32. Disposing of waste safely
33. How to keep and hold the crew together
34. How to help sleepy, cranky staff get to sleep

After

35. Cleaning up- leaving the area as clean (or cleaner) than you found it. This usually takes longer than anticipated, make sure you are not left alone to do it.
36. Staying in touch after working together. Checking in and seeing how people are doing.

Sanitation

One of the most important aspects of practicing first aid is employing proper sanitation, that is, ways of halting the transmission of trouble-causing organisms (pathogens). This includes conscientious cleanliness protocols for both patient and practitioner, to stop them from infecting themselves and others. In places with

running water, this job is much more easily achieved, but difficulties arise in backwoods and other water-poor situations.

When setting up a first aid station remote from a water source, consider how this issue will be dealt with. Options include setting up a pipe system, or transporting and carrying the water in. You may need a filter system, so scrounge around ahead of time to try and procure an inexpensive (but functional) one.

There are a number of ways of setting up a wash station. Keep in mind that it is easy to re-infect yourself each time you handle something handled by someone else (or yourself) that may have been contaminated such as a bottle of bleach water. One way around this is to set up a foot operated station. An inexpensive option is to use a simple foot-pump and bucket operation (see below).

Good sanitary practices greatly reduce infections from spreading. As you treat one person to the next, consider whether there is some way you could be transmitting pathogens. And just as important, be mindful to not become infected yourself. It is common for first aid workers to get sick.

A common way for infection to spread is from the aptly named fecal-oral route. This happens when people do not wash their hands properly after a bowel movement. It is important to make sure sanitation facilities are adequate at the first aid station, latrines and anywhere where people are preparing and serving food. One could easily feel 'cop-ish' when inspecting kitchens, but it is important work. It is possible for a major contamination to spread quickly if food preparers are lax about microbes. Think about this inspection work as a community service.

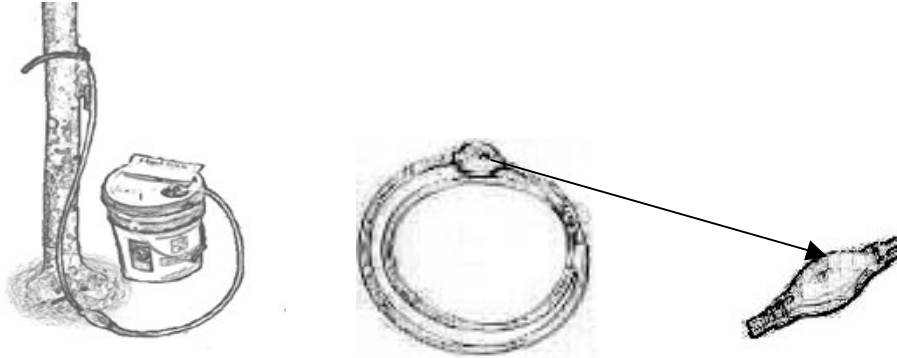
The self-treatment first aid area is a place where unsanitary practices may occur. One common problem is people putting their finger into salve jars (salves are oil-based and can grow bacteria), and putting the salve on a wound and re-dipping their fingers in the jar. Provide tongue depressors, Q-tips or other tools to put in the container rather than fingers. An obvious sign can help teach people safe protocols.

Lab tests are generally the most accurate way to identify infectious organisms, though they have their drawbacks such as price, access and are not always reliable. Fortunately, many of the herbal treatments are similar for a variety of these pathogens. You can usually begin treatment immediately while awaiting lab reports.

Some Basic Rules of Sanitation

- 1) Use disposable gloves whenever touching an open wound. This protects you and them from passing infectious organisms back and forth.
- 2) Dispose of all infectious medical waste properly.
- 3) Wash hands regularly, especially after a bowel movement, touching open wounds, or handling anything (i.e., foot basins) that may be contaminated.
- 4) Use soap and occasionally an antiseptic wash such as bleach water.
- 5) Use Povidine-iodine (Betadine) if you have clearly touched something frankly or seemingly infectious.
- 6) Learn the signs and symptoms of infections such as pus, slow healing wounds and the look of a staph (staphylococcus aureus) infection.

- 7) Learn about common infectious agents such as water and food-borne pathogens including giardia, shigella, E. coli, and Salmonella.
- 8) Learn the early symptoms of the above, this can do a lot to prevent the spreading of infection
- 9) Develop and maintain a serviceable hand-washing station
- 10) Have a sanitary washing area for bowls, cups and utensils
- 11) Limit the sharing of items that have been touched by mouths such as water bottles, bowls and utensils
- 12) Teach others how to take care of themselves and their community.



Simple foot operated hand-wash station with bucket, tubing and siphon bulb

The Crew- Peopling the First Aid Station

The people who make up the crew at a first aid station have a strong impact on how well it functions. How people are individually treated and the quality of the care given keenly affects patients, which in turn will influence whether they come back for follow-ups and recommend you to their friends. It can be helpful to place people into positions where their natural abilities lie. It is also important to learn as many skills as possible to have an all-around competency in working at a clinic. But some people excel in areas such as triage or diagnosis or treating major traumatic injury, and they generally take on these roles spontaneously. Again, it is good for all to have at least some competency in all arenas, especially if one plans to continue to learn and use these skills.

There are some basic social skills involved in doing this work that are appreciated and useful. Personally I find a sense of humor to be very helpful to myself and the people that I treat. Humor helps to shrug off the constant pain and trauma that you see in this field. It is easy to get psychically exhausted after being around a lot of physical and emotional pain. It is important to not take it on personally. And mistakes will be made, it is a reflection that you are trying. So after pouring an antiseptic wash on someone's leg wound that makes them howl with pain, you may need to remind yourself that you mean well (hopefully) and that you will continue to learn through the long arduous process of practicing and learning from others. Pain exists and no one is going to stop it, we can only try to make situations more bearable. If you come in with an "I'm going to help everyone's problems' attitude, you will most likely get crushed by your expectations.

Other valuable interpersonal skills include being able to let people know the seriousness of their injury (if it is serious) without increasing their anxiety level too dramatically. This is important as stress often increases the sense of pain. So by making them comfortable (in a realistic way) some of their anxiety and pain may ease a bit, and it will be easier to work with them

People's feelings about what's wrong with them can go two ways, some people may feel that they have "just a scratch" but they have a frank staph infection, or another person may they think they have giardia, but it is a temporary case of diarrhea from slightly rotten food. In both above situations it is important to educate the patient. In the first scenario, it is imperative to let them know they have a highly contagious infection, and how to avoid transmitting it. It is also important, by the tone of your voice and words, to let them know that they are not a 'bad person' as many people with staph infections often feel. This also makes it more likely that they come back for the continual treatments they will need. In the 'giardia scenario', let the person know that they do not have giardia, otherwise rumors will fly and people will make assumptions that are better laid to rest early.

I find it very useful to introduce myself to the people that I'm working with, and learning (and unfortunately, quickly forgetting) their names. This helps personalize the contact from both sides, so that they are not just another giardia case, and you are not a nameless herbalist, and they can re-contact you if they need to.

Crews

Different situations require differing first aid stations and the jobs necessary to help it function. This is a list of potential staff jobs.

- 1) **Apothecary person**- dispenses and organizes the medicines
- 2) **Banking**- helps collect and distributes funds. Often a committee
- 3) **Carpenters/handyperson**- builds shelves, put up tarps, build furniture, sets up and maintains the physical space
- 4) **Communications**- usually uses some kind of radio to distribute information
- 5) **Fire tenders**- build and maintain the fire pit
- 6) **Go-fers/ helpers**- help with the assorted odd jobs
- 7) **Kitchen crew**- feed the hungry staff
- 8) **Entertainers**- anyone wishing to bring levity to the house of pain
- 9) **Night shift**- folks willing to work from night till morning
- 10) **Practitioners**- medical work
- 11) **Runners**- willing to relay information; fetch and deliver supplies
- 12) **Triage**- prioritizing incoming patients and also to match up clients with practitioner's skills and expertise. Also they can help them be comfortable if they have to wait (which is common). They may send them to the self-treatment area
- 13) **Vibes keepers**- maintaining a positive energetic character to the first aid station and helping to keep it running smoothly
- 14) **Water carriers**- hauling water if necessary

Teamwork

1. Each individual should know basics, such as useful common plants, important medicines, safety protocols, teamwork strategies.
2. It is useful to have groups of people working together, with each individual knowing basic protocols and some individuals having more experience and knowledge.
3. These teams work and coordinate together, and generally have meetings to form strategies and share information.

Location

Location can be an important aspect of your first aid clinic though in many scenarios you are given little choice. These below questions are geared towards a wilderness first aid station, but some questions are more universal.

- ☒ Accessibility to patients is important. Can people who are injured or weak from sickness get to you easily?
- ☒ Can supplies easily be brought to the site by car, wagon or by carrying them in?
- ☒ Will it be centrally located, and if so, will it be very noisy?
- ☒ Is the ground level without a lot of obstacles to trip people up?
- ☒ Are you near any ground transportation, such as an ambulance? Could you get a vehicle in and out for an emergency evacuation?
- ☒ Is there shade and protection from the sun and elements?
- ☒ Are the trees there spaced so that you can put up an overhanging tarp and close enough to build shelving in between them?
- ☒ How are the insects there? Are you near a swamp or standing water, and are there any wasp or hornet nests nearby?
- ☒ Are there a lot of allergy-causing plants around?
- ☒ Are there clear well-marked paths (and signs) guiding people there?
- ☒ Is the area large enough to meet your needs, and to have a number of different areas for diagnosis, treatment, recovery, and the other areas listed below?
- ☒ Does the area feel good to a majority of the people who will be working there?
- ☒ Is there a water supply nearby?
- ☒ Will you be having satellite clinics? How will you communicate?

First Aid Zones

Each first aid clinic will have different needs. These are some of the common 'zones'. Often they are not distinct from each other, and may overlap. This can work well for areas such as triage and treatment, but areas such as the kitchen are good to be distinct, as it is often where first aid workers take a break and relax.

- 1) **Apothecary**- where the medicines are situated. These medicines are for the practitioners use only. There may be a separate area for people visiting to help themselves to medicines
- 2) **Compost pit**- kitchen and food wastes
- 3) **Fire pit**- to keep warm and hang out at night

- 4) **Foot-wash area-** to treat foot cuts and sores. A place to use foot wash basins and an open pit to work over so waste-water doesn't lie on the ground
- 5) **Gray-water pit-** to dump out non-infectious waste water away from treatment
- 6) **Hand-washing station-** accessibly placed, but away from treatment
- 7) **Kitchen-** a place for cooking and eating food
- 8) **Latrine-** nearby for people who are sick
- 9) **Latrine-**further away for those who can walk there
- 10) **Quarantine-** for patients with strongly communicable diseases
- 11) **Recovery area-** an area for patients to lay around as they recover from their various ailments. Useful to have this area covered and have cots and blankets.
- 12) **Recycling-** for recyclable goods
- 13) **Rest & Relaxation for staff-** a dedicated area for the staff to take a break. This could also be a place for staff meetings (councils)
- 14) **Self-treatment first aid area-** where people can treat themselves for minor problems such as sunburns, and cuts. Keep this area stocked with basics.
- 15) **Supply tent-** a place for stored medicines. It needs to be continually organized.
- 16) **Tea-making area-**separate from the kitchen to cook up medicinal teas
- 17) **Treatment-** general- where most medical work is performed
- 18) **Treatment-**specialized. Some treatments need privacy or cover from the elements such as acupuncture and massage. May be in a dedicated tent
- 19) **Triage-**area to prioritize patients. They may be sent to the self-treatment area
- 20) **Waiting area-** a place to wait if treatment is busy. A few logs and blankets are helpful. They may also wait around the fire pit

Equipment

There is a ton of gear one could purchase and bring to a first aid station. It may be prudent to not purchase or bring too much equipment for a number of reasons.

First, it is expensive. Start searching for the gear way before you will need to set up. This will give you time to see if you can find more inexpensive and/or used equipment. A good place to search on the internet is Craigslist.org, especially if you live near a participatory area. There are also other places to post 'wish lists' to see if others have what you want. You can also fund-raise and ask for donations.

The more equipment you have the more you have to lose. And while Security or Gear watcher were not listed under 'Crews', it is important for everyone to make sure equipment doesn't 'walk'. Or get borrowed and not returned, especially for pricey items such as stretchers. Equipment can also get mangled and there is the consideration of where to store it between first aid events. The bulk and weight of the equipment can also be an impediment if you have to haul it into the woods, or somewhere distant from a road.

That said, much of the gear is very useful and hard to improvise on the spot, such as a stretcher, or oxygen tanks. The gear will reflect your medical skills. If you are not trained in using an oxygen tank, then they are just a liability.

This is a very generalized equipment list and does not cover herbal medicines. For an extended list on these, there is one on my website at 7Song.com. It is called First Aid Checklist, and it is under the Handouts button.

Equipment- basic gear to set up a first aid station.

- **Barricade tape-** to close off an area
- **Buckets-** 5-gallon. For hauling water and for foot and animal baths.
- **Cell phone-** for reaching the outside world, though often these places do not have coverage.
- **Communication equipment-** radios and walkie-talkies. These are very useful
- **Cots-** very useful for sick folks and tired personnel
- **Duct tape-** everybody's favorite
- **Knives-** it is helpful to carry a personal knife
- **Money-** to purchase needed items (and hedonistic snacks)
- **Paper and pen-** to take notes, and write instructions for patients and labels
- **Plywood-**to build shelves
- **Recorder, pocketsize-** to record observations
- **Shovels (rugged-type)-** dig latrines, foot-wash ditch, compost, gray-water and fire pit
- **Sign making materials-** for around the clinic and to help people find it
- **Stretcher-** There are a number of types, research which one would work best for you within budget constraints
- **Tarps-** for shade and protection.
- **Tools-** Hammer, screwdrivers, cordless power drills, rope, string, saw, etc.
- **Wheelbarrow-** to haul gear around.

Logistics

These are some ideas to play around with. There may be unforeseen concerns that can be helpful to brainstorm about before setting up camp.

- **Egos-** when different practitioners have different ideas on how to treat someone, what model do you use to decide on which way to go? This could be about differences amongst the same discipline (say, herbalists) or differing disciplines (herbal or allopathic approach)
- **The 'proper authorities'.** There is often the opportunity (like it or not) to work with various health care workers and officials, such as local health authorities or the Center for Disease Control and Prevention (CDC). This can be elucidating, as they may know pertinent information that can help the clinic out. In my experience the CDC comes to collect data and they often have interesting tidbits that are useful. Local health authorities are sometimes supportive and contribute medical supplies and other times disdainful. It is a good idea to foster a cooperative spirit when possible, this helps out all parties involved. Police presence may also be strong. Since first aid stations may be seen as 'abetting the enemy' (protesters, tree-sitters, Rainbow family), you might find yourselves under scrutiny.

- **Working with local hospitals.** When people are sick or mangled badly enough, they are generally transported to the local hospital. In rural areas, these may be small, lightly staffed places. It is a good idea to have a good working relationship with them. It is also useful if the person who interacts with them from your group is a western-trained medical person, particularly a MD. I realize this sounds patronizing, but it often helps to bridge the gap that they see. If your crewmate works at a hospital, this is even better as they will understand the nuances and duties of the people they come into contact with. Hospitals must treat anyone who comes into their emergency room, despite any lack of funds. This is mandated by federal and state law. Of course if people are covered by insurance, or have enough money, you can ignore much of this section. What happens after indigent folks are treated in the emergency room is a case-by-case decision. So, if many people are using a small hospital, we could be eating up some of their resources. We can be respectful of this by doing all we can at the clinic to prevent the flow of patients to the hospital. This may seem obvious, but some people are prone to wanting to go to the hospital as a first recourse. We can help dissuade them and provide an alternative. Also, if there is infectious medical waste to dispose of, legally and ethically it should be disposed of in a non-endangering manner. Hospitals routinely do this but they may charge money for outside sources of waste, though there may be ways around this.

The Medicines

While this paper is not meant to cover specific medicines to bring, below are some general considerations when supplying medicines to a first aid station.

1. Where do these medicines come from, and who pays for them?
2. How to organize the medicines, so they can be efficiently found when needed
3. Who gets to handle the medicines? The more hands in the bag, the more likely that they will disappear or be misplaced (often in someone's pocket)
4. How to transport the medicines from home to clinic? It could weigh a lot
5. Do you have a 'house-call' (also called a run) bag. This is a way to take some of the medicines from the clinic to those in need. It is helpful to have a separately supplied run bag, so the medicines won't be missed at the clinic.
6. If you use toxic herbs such as Aconite or Belladonna, do you have a way to keep people from poisoning themselves or others?
7. When thinking about which medicines to bring, think about the circumstances you will be in. Will it be cold and wet? Then you may want to bring immune supportive herbs. Or if it is hot and dry, consider mucilaginous herbs.

Thank you for taking the time to read this and to do first aid work. It is incredibly rewarding and your skills will flourish as you get experience. Don't worry too much about messing up, 'cause it will happen. Study and ask knowledgeable people for information and about their clinical experience. The above skills come into play and are much more useful than just while working at a first aid station. They can be helpful to your family, friends and community. Share them.