

HOME MEDIC

LEARNING OUTCOMES

Having completed this badge members will be able to:

- demonstrate the correct treatment for common conditions and accidents that may occur in and around the home.
- explain the correct use and storage of medication;
- explain how to care for a patient at home.

BADGE REQUIREMENTS

1. Demonstrate the correct treatment for cuts, abrasions and burns, fainting and nose bleeds and vomiting.
2. Demonstrate the correct procedure for checking an individual's temperature and pulse.
3. Demonstrate the correct procedure to remove a foreign object from eyes.
4. Explain the correct use and storage of medication.
5. Demonstrate the correct treatment for poisoning, allergic reactions, electrocution.
6. Explain how to care for a patient at home.

Home Medic is the entry level badge and conditions being treated in this badge are not to be classed as life threatening. Members would use knowledge gained in this badge in their home situations, and not with people that they have no knowledge of underlying or previous conditions.

Members should achieve this badge first and for more advanced learning should then attempt 'Bites, breaks and bandages' and 'CPR'.



GUARDS
RANGERS

home medic

CATEGORY

Skills

TIME FRAME

Minimum
Four - five weeks

AIM

To equip members to effectively care for minor injuries and sickness at home.



THE SALVATION ARMY
SACALA
GUARDING AND
LEGION ACTIVITIES



Teaching ideas

It is important that members are competent and confident in these skills because they are dealing with the lives and health of other people.

The information contained within these teaching ideas is current at the date of this publication. Before teaching this badge, leader should make themselves aware of current procedures and ensure that they are confident in the material or invite a qualified person to instruct. Such instructors include nurses, doctors, St. John's Ambulance personnel, paramedics and others holding current first aid certification and experience.

Leaders should also refer to the **Bites, Breaks and Bandages** and **CPR** badges for comprehensive first aid training.

Before beginning any treatment members should do an assessment of the area and ascertain if there is any danger to themselves. This would include danger from cross infection, electricity, patient negative reaction. In a home situation risk factors are less but should not be disregarded.

1. Demonstrate the correct treatment for cuts, abrasions and burns, fainting and nose bleeds and Vomiting.

◆ **Cuts and Abrasions**

Cuts and abrasions should be treated by gently washing the area of dirt with water or a saline solution. If using a pad wipe from the wound outward to prevent dirt and grit falling onto the wound. It is now recommended that disinfectant not be used. If the wound is still bleeding a pad and bandage should be applied.

Lacerations should be treated by applying a pad on the wound, bandaging firmly and elevating the area. Patient should then be referred for treatment to a doctor or hospital.

◆ **Burns**

Burns should be held under running water close to the tap nozzle for approximately 20 minutes. No cream should be placed on the burn. Members should seek help if they suspect chemical burn or electrocution. If the burn is larger than the hand the patient should be referred to hospital or an ambulance.

◆ **Fainting**

Fainting results from a lack of oxygen to the brain. Typical symptoms progress through dizziness, clamminess of the skin, dimming of vision, possibly tinnitus, complete loss of vision, weakness of limbs to physical collapse.

Recommended treatment involves returning blood to the brain by positioning the patient on the ground, with legs slightly elevated, or leaning forward and the head between the knees. After the symptoms have passed, sleep is recommended. As the heart is not pumping sufficient blood to the brain fainting may be a symptom of a more serious problem and should be investigated further.

◆ **Nose bleeds**

Nose bleeds occur when the small blood vessels in the nose which are close to the surface rupture. This may be caused by a knock to the nose or excessive heat. Place the patient in a sitting position and have them squeeze the top of the nostril. A cold compress may be placed across the neck. Further medical treatment may be required if:

Teaching ideas

- the blood loss is heavy;
- if the nose bleeds often;
- if the injury/trauma is severe;
- the patient is an infant, elderly, has an underlying condition or is already sick.

◆ Vomiting

Vomiting may occur as a side effect of neural imbalance or as a symptom of gastro intestinal trouble, viral infection, food poisoning or other underlying conditions.

Fainting, heat stroke and migraines

- As a side effect of fainting, heat stroke, migraine the cause should be accessed and treated.

Treat headache, fever and heat stroke by cooling the patient with wet washers.

Treat the pain and fever with an acceptable paracetamol. Allow the patient to take their usual paracetamol. Do not administer any thing that the patient is unfamiliar with, prescription medication or if they are not fully conscious.

Concussion

- Concussion results from a blow to the head. It may occur simply when someone falls over or be the result of a car accident. The patient may have:
 - a feeling of light-headedness, be dizzy, dazed or be “seeing stars”;
 - memory loss, such as trouble remembering things that happened right before and after the injury;
 - nausea or vomiting;
 - headaches;
 - blurred vision and sensitivity to light;
 - slurred speech or saying things that don't make sense;
 - difficulty concentrating, thinking, or making decisions;
 - difficulty with coordination or balance;
 - a feeling of anxiety, tiredness or be irritable for no apparent reason.

Injury

- If the patient vomits because of other injury or concussion seek medical advice – monitor and record the symptoms and what may have caused the concussion.

Intestinal imbalance

- For food poisoning and gastro intestinal ‘bugs’ the body is trying to rid itself of the irritant and as such no treatment is needed for the vomiting unless the vomiting continues for an extended period.

Pregnancy

- Morning sickness may be a cause of vomiting and treatment should be referred to a doctor. Some medications may interfere with the normal growth of the baby and must only be taken under doctors’ supervision. Good diet, exercise and rest should be attended to during pregnancy to prevent headaches and help manage morning sickness. Herbal teas may help.

Poisoning

- If you suspect poisoning as the cause of vomiting you should seek medical advice. Vomiting may also occur as a result of drunkenness.





Teaching ideas

Underlying issues

- Always check the patient for signs of underlying conditions such as Diabetes and treat the low blood sugar.

It is wise to know friend's and family member's health issues for example chemotherapy may cause vomiting and the patient will be aware of the right action to take.

Dehydration is a serious concern in recurrent vomiting. Rehydrate with small drinks of water or electrolyte solution.

- ◆ Have small groups of members act out various scenarios, collect a few props for realism and ask remaining members to treat appropriately. **Handout 1** may be used for this.



2. Demonstrate the correct procedure for checking an individual's temperature and pulse.

Temperature

Body heat is measured by taking a temperature with a thermometer. An increase in temperature, called a fever, may be a sign of infection.

The common scale used to measure body temperature is Celsius (C). Temperature is measured using a thermometer orally, by placing it in the mouth, or axillary; by placing it under the arm in the armpit. Take a child's temperature under the arm unless directed otherwise by a doctor.

Oral temperatures may be taken in older children and adults where there is no risk of injury to the patient i.e. do not take oral temperature if a person is likely to have a fit.

Do not put anything hot or cold in the mouth for 15 minutes before taking a temperature. This can affect the reading.

1. Take the thermometer out of its holder.
2. Clean the thermometer with soap and water or rubbing alcohol.
3. Turn the thermometer on and cover with a disposable cover if available.
4. Check that the screen is clear of any earlier readings.
5. Place the tip of the thermometer under the tongue toward the back of the mouth.
6. Close the lips gently around the thermometer. It may need to be held in place with a hand.
7. Keep the thermometer in place until it beeps or for four minutes.
8. Remove the thermometer.
9. Read the temperature and record it and the time.
10. Clean the thermometer with soap and water or rubbing alcohol and replace in its cover.
11. Should the temperature be above 40°C or remains high for more than two days, or there are other concerning issues seek medical help.

Axillary temperature is taken under the armpit. Remove the thermometer from its holder, clean it, and turn it on.

1. Place the end of the thermometer under the dry armpit to take an axillary temperature.
2. Hold the thermometer in place by gently pressing the elbow against the side of the chest.
3. Remove the thermometer after 4 minutes. To ensure accuracy, check the temperature of the opposite armpit.

Teaching ideas

4. Clean the thermometer with soap and water or rubbing alcohol.

Pulse

There are multiple points on the body to take your pulse. However, the two easiest sites are located at the radial artery and the carotid artery. The radial artery is located inside the wrist. The carotid artery is located on the side of the neck.

To locate the radial artery:

- Hold your hand palm side up.
- Turn your hand slightly to look at your thumb.
- Follow the line from your thumb nail past your wrist.
- Keep following this line until you feel a soft indentation. This point is at the radial artery.
- Place the tips of your fingers from your other hand in the indentation.
- You should feel a rebounding sensation which is your pulse.

If you cannot easily feel your pulse, try using the other hand. Usually the dominant hand is easier to feel your pulse in.

To locate the correct point on your carotid artery:

- Follow a line from either your right or left earlobe to the Adam's apple area of your neck.
- Keep following this line until you feel a rebounding sensation which is your pulse. This location is anywhere from 5 to 10 centimetres from your earlobe.

To take your pulse

Remember that your pulse is measuring number of heartbeats per minute. A clock with a secondhand or stopwatch is necessary.

Using two fingers press on either the radial or carotid arteries. Press gently until you feel your heartbeat.

Look at the clock and start counting the number of pulsations. Count for at least 15 seconds and multiply the number by 4. To be more accurate, count for the whole minute.

The final number is your pulse.

Normal pulse is around 72 beats per minute at rest, however anything from 60 beats per minute to 100 beats per minute at rest is also considered normal. A normal resting pulse for an infant-1 year old is 100-160 beats per minute (BPM). 1-6 years old is 65-140 BPM. 7-10 years old 60-110. 11 years old to adult is 50-100.

It is important to note that the average pulse varies from men to women.

Besides the number of beats per minute check the rhythm or regularity of the pulse. Irregular pulse is almost always abnormal this may indicate a heart condition. Pulse may be increased in fever. Athletes may have a pulse as low as the 40s however, that is considered normal.

- ◆ Ask members to take their own and each others pulse and temperature throughout the badge assessment time so that they become proficient with the technique and familiar with their own heart rate and temperature variations.



Teaching ideas



3. Demonstrate the correct procedure to remove a foreign object from eyes.

Foreign bodies might be superficial or they may penetrate the eye. If the object is embedded medical attention is required.

A foreign body in the eye may cause many symptoms such as irritation, itchiness, burning, redness, tearing, light sensitivity, decreased vision and difficulty opening the eye.

- Rinse the eye with a saline solution. Tap water or distilled water may be used if no saline solution is available. Water will effectively flush out the eye.
 - At a sink, stand over the sink, cup hands, and put face into the running water.
 - An eye bath can be used if you have access to one.
 - Hold a glass of water to your eye and tip your head back. Do this many times.
 - If near a shower, have the patient get in the shower and put the eye under the running water.
 - If working outside, a garden hose running at a very modest flow will work.
- If washing out the eye is not successful, the object can usually be removed with the tip of a tissue or a cotton swab.
 - Pull back the eyelid by pulling down on the bottom edge of the lower lid or by pulling up on the upper edge of the upper lid.
 - Look up when evaluating for a foreign body under the lower lid.
 - Look down when evaluating for a foreign body under the upper lid. Be very careful not to scrape the tissue or the cotton swab across the cornea, the clear dome over the iris.
 - For larger foreign bodies or metal pieces, seek medical care.

After the foreign body is removed, the eye may be red and tearing.

Protect the eye by cutting the top part off a Styrofoam or paper cup and placing the cup over the eye. Do not put any pressure on the injured eye as this may cause additional injury.

The cup can be taped in place and will form a cover over the eye.

It is very important not to rub the eye or to apply any pressure. Small children will rub their eyes to try to remove the debris making the injury worse and potentially embedding whatever is in the eye.

- ◆ Have members create procedure flow charts. Have the steps written on the large cardboard or white boards and members lay them out in order. Follow this up with an assessment game where members have to fill in gaps within the procedure or write the whole procedure on the cards provided. A good resource to use is smaller chalk boards or home made white boards using A3 or A2 cardboard covered with white contact.



Teaching ideas



4. Explain the correct use and storage of medication.

- Always check the instructions on the packet and make sure the medicine is taken according to the doctors' prescription.
- Never take medicines prescribed for someone else, even if the medical problem is the same.
- Some medicines – such as antibiotics – must be taken for a specific number of days. Make sure the whole course is taken otherwise the problem may return.
- Always check with the doctor before stopping the medication or considering a new treatment.
- If assisting someone to take their medication, check the instructions and dosage on the packet and with the 'patient'.
- Some medicines are not suitable for children, and there are special children's dosages for many medicines. Only give a child medicine when you are fully awake and alert.
- Do not take medicine in the dark.
- If the prescription medicines are crucial for health and wellbeing, consider carrying a list of dosage instructions in case of an emergency.
- Do not use the medicine if there are signs of tampering. If the product appears tampered with, alert the pharmacist and the manufacturer of the medicine.
- If someone has trouble remembering to take medication the pharmacist may have ideas to help.

storing medicines

- Store medicines in a cool, dark, dry place (unless otherwise instructed). High or low temperatures, as well as light and humidity, can alter the effectiveness of medicines.
- Store medicines on a shelf in a hall or bedroom closet, or in a kitchen cabinet that is not close to the oven or stove, and is out of the reach of children.
- Do not store medicine on windowsills, in the bathroom, near heat-producing surfaces or appliances, or in the car.
- Do not store medicine in the refrigerator unless instructed to do so. Auxiliary labels tell you if refrigeration or other special storage is required.
- Keep medicines in original labelled containers. Medicines are dispensed in containers designed to protect the drug. For example, brown containers are used for light-sensitive medicines, and glass containers are used for medicines which can be absorbed by plastics (for example, nitro-glycerine tablets).
- The label on the original container provides important information. Intact labels ensure everyone knows which medicine is which and in an emergency, that medical personnel can quickly identify them.
- Use the rule of 'keeping medicines in original containers' when travelling. Ask the pharmacist for smaller containers, with labels for medicines.
- Store medicine out of the reach of children and pets. A major cause of accidental poisoning is young children taking a parent's or grandparent's medicine. All medicines should be stored out of children's reach. Childproof safety caps on medicine and a locked cabinet are best. A locking tackle or toolbox works well.



Teaching ideas

- Keep medicine containers tightly closed. Caps on medicine containers are designed to protect against moisture and accidental poisoning.
 - Check medicine storage area regularly. Medicines that are expired, altered in some way, in containers without labels, or no longer needed. Should be returned to the chemist for safe disposal. Throw empty containers, not medicines, into the garbage.
 - Choose a place that is high up and out of sight to keep all of your family's medicines and vitamins, including those products you use every day.
 - Put medicines and vitamins away – out of reach and out of sight – every time after you use them.
 - Remind house guests of safe medicine storage so they don't leave medicines in bags, coats, or other reachable places that small children can get into.
 - Always tell children what medicines are, never referring to them as 'special', sweets or 'just for me'.
 - Keep the national poison control helpline number handy.
- ◆ Collect a variety of medicine bottles, jars and containers. Have members discuss where they would keep each. Ask members to do a home safety audit answering question on **Handout 2** or similar.



5. Demonstrate the correct treatment for poisons, allergic reactions, electrocution

Poisoning

A poison – also sometimes referred to as a toxin – is something which, if taken into the body in a large enough amount, could cause temporary or permanent damage. A poison may be ingested, inhaled, injected or absorbed.

Swallowed Poisons

Many substances are harmful if swallowed, including many common household substances like bleach, dishwasher detergent and paint stripper. Drugs, whether they are prescribed or bought over the counter, can be dangerous if they are taken in large amounts.

Poisonous Plants

Many young children eat plant leaves or brightly coloured berries, some plants can be highly toxic.

Even small amounts of foxglove or wild arum can cause nausea, vomiting, and stomach cramps, and large amounts can be fatal. Laburnum seeds are also especially dangerous and can cause seizures (fits). Some mushrooms also cause nausea, vomiting and occasionally hallucinations, but serious poisoning by these is rare. However, 'death cap mushrooms' cause vomiting and severe watery diarrhoea between six and 12 hours after ingestion and can be fatal.

Symptoms

Depends on the poison, but there may be:

- vomiting, sometimes bloodstained;
- pain or a burning sensation;
- empty containers, bits of plants, or hypodermic needles nearby;
- a history of ingestion or exposure, hazardous situation such as workplace;
- nausea;

Teaching ideas

- diarrhoea;
- seizures;
- impaired consciousness.

Treatment

If the patient is conscious, keep them calm and still. Ask them to sit or lie down, preferably on the floor. Do not let them have anything to drink, and do not try to make the patient sick. Try to ascertain the poison ingested and seek medical help.

If the patient is unconscious make sure they are breathing, and place them into the recovery position. If not breathing, call an ambulance and start CPR. Treat the patient for shock.

**Call the Poisons
Information Centre –
13 11 26 – for specific
advice on the first aid
management required.
Follow all instructions
concerning treatment.**

If the poison is a chemical make sure it has not splashed on the patient's clothes or body. If it is on the clothes, remove them carefully, making sure you don't get the chemical on yourself. If the chemical has splashed onto the patient's skin you may have to treat for burns as well.

Call the ambulance and monitor the patient while you are waiting for any changes to their condition. Make a note of anything the patient says about how much of a substance they have taken, and when.

If you know what poison the patient has taken, tell the doctors. If there is a bottle or box that the poison was contained in, or any of the poison remaining, send that to the hospital with the patient. If he has eaten a poisonous plant try to find out what it was and which part of it has been eaten.

Keep any small pieces of the plant that you have found to show to the doctor.

Similarly, if the patient has swallowed poison and is then sick, collect a sample of the vomit to send to hospital. The doctors can analyse the poison from the sample and decide on a treatment.

If the source of the poisoning is in solid form, such as pills, wrap your finger in a clean cloth and remove any pills or residue that may be in the patient's mouth.

If the poison is a skin corrosive, remove the patient's clothing from the injured area and flush with water for 30 minutes. Discard the clothing to patient further injury to anyone else.

If the poison has come in contact with the patient's eyes, flush the eyes with clean, lukewarm water for a minimum of 15 minutes. Ask the victim to blink a lot but to avoid rubbing their eyes.

Check the product label if the patient has swallowed a household product. There will often be emergency instructions provided on the label.





Teaching ideas

Do not induce vomiting unless you're advised to do so by medical professionals, or poisons information centre.

Do not administer 'syrup of ipecac'. This is no longer advised as an appropriate approach to treating poisoning and can either mask symptoms or interfere with reliable treatment options. Vomiting alone will not remove poisons from a stomach.

Allergic Reaction

- **An Allergic reaction** may result from contact or ingestion of a substance. All precautions should be taken when a person is known to be allergic to a substance. This may mean limiting the rest of the family to safe foods, limiting animal contact and redesigning gardens or removing plants or removing carpets and other such precautions.

Anything can be an allergen. Dust, pollen, plants, detergents, dyes, latex, medication and anaesthesia, foods, insect bites, animal dander, viruses, mould or bacteria are examples of allergens.

Reactions may occur in one spot, such as a small localized skin rash, itchy eyes, face bumps, or all over, as in a whole body rash such as or hives. A reaction may include one or several symptoms.

Most allergic reactions are minor, such as a rash from poison ivy, mosquito or other bug bites, or sneezing from hay fever. The type of reaction depends on the person's immune system response, which is sometimes unpredictable.

Allergic reactions are unique for each person. Reaction time to allergens can vary widely. Some people will have an allergic reaction immediately, for others it will take time to develop.

Most people are aware of their particular allergy triggers and reactions.

Bee stings, fire ant stings, penicillin, and peanuts are known for causing dramatic reactions that can be serious and involve the whole body.

Allergies, and the tendency to have allergic reactions run in some families.

Many people who have one trigger tend to have other triggers as well. People with certain medical conditions are more likely to have allergies.

Allergic reactions can be dangerous. Sudden, severe, widespread reactions require emergency evaluation by a medical professional.

Call an ambulance if you or someone around you has any of the following with an allergic reaction:

- sudden, severe, or rapidly worsening symptoms
- exposure to an allergen that previously caused severe or bad reactions
- swelling of the lips, tongue, or throat
- wheezing, chest tightness, loud breathing, trouble breathing, or hoarseness of voice
- confusion, sweating, nausea, or vomiting
- widespread rash or severe hives
- light-headedness, collapse, or unconsciousness

Teaching ideas

An epinephrine auto-injector (Epi-Pen) may be carried by those people who have severe life-threatening allergies. In such a case a buddy system should be used that the person has a companion who is able to administer the epinephrine.

Mild reactions can be treated with antihistamines which an adult may purchase at the chemist.

For small, localized skin reactions, use a cold, wet cloth or ice pack for relief.

Electrocution

Electrocution is a totally preventable yet extremely common injury.

In the event of electrocution do NOT rush to assist the patient until you are certain that there is no longer contact with electricity. Otherwise the current will pass through the patient directly to you.

- If at all possible, turn off the source of electricity (i.e. light switch, circuit breaker, etc.) If this is not an option, use non-conductive material such as plastic or dry wood to separate the source of electricity from the patient.
- If the injuries appear serious or extensive, dial 000.
- Check the patient's breathing and heart beat. If either one is effected by exposure to electricity or if the patient is unconscious, begin CPR.
- Treat any areas of the patient's body that may have sustained burns.
- If the patient is responsive and does not appear seriously injured but looks pale or faint, they may be at risk of going into shock. Gently lay them down with the head slightly lower than the chest and the feet elevated.

After treatment have the cause of electrocution investigated and any faulty wires fixed by an electrician or electrical appliances replaced.

- ◆ Have members set up examples of what not to do using cut out pictures for example of poisonous flowers on the dining room table, or acting out scenarios with dummy props i.e. a toaster with a very frayed wire. (Do not connect to mains power.)



6. Explain how to care for a patient at home.

When someone is recuperating at home they should be kept clean and warm and their meals should be suitable to their condition and enhance recovery.

Keep the patient clean by assisting them to shower or if necessary give them a sponge bath.

Sponge Bath

Explain the method to the patient. By providing them some information about the procedure, it will be much easier for them to cooperate.

Bring all equipment and set it on an area near the bed. Carefully check that you have several washers, towel, bed protector or extra towels, spare blanket, gloves, basin and jug of warm water – warmer than necessary at first, pure soap may be used, clean change of pyjamas or comfy clothes.

Wash hands thoroughly before starting the procedure.





Teaching ideas

Place the bed protector on the bed to protect bed linens.

Put on your working gloves. This prevents transmission of contaminants and also is more comfortable for the patient covering any rings, finger nails or rough skin.

Carefully remove patient's clothing starting with the top half and place the bath blanket around the patient.

Fill in your basin with water. Make sure to check its temperature. It should be neither too hot nor too cold. Appropriate temperature is 27° to 37° c. A mild soap may be used in the water.

Immerse or dip small towels in the lukewarm water. Squeeze it to avoid dripping, and gently apply on the forehead, face, and then working down the body. Use a separate cloth for the face and private areas; rinse and change cloths frequently. Dry the top half as you go keeping the clean areas warm and covered.

Work on the lower half but allow the patient to wash the more private areas.

Dry and dress without delay and change sheets at this time as well.

Remove wet towels, dirty clothes, sheets and all other equipment.

Sponge baths may also be used to lower temperature when a person is suffering a fever. Generally the areas of the armpits, forehead and groin are the areas used to lower temperature because of the large areas of superficial blood vessels. Sponging the torso arms and legs would not be necessary in this circumstance and patient would remain partially dressed. To lower the core temperature it is necessary to sponge for a period of 20 minutes and then monitor the patient's temperature. Don't leave wet clothes on the patient but sponge the skin therefore helping the transfer of heat away from the body. Patient may easily become cold as a fever often fluctuates between bouts of sweating and shivering. Cover the patient with a light sheet.

Bed Linen

When a patient remains in bed for long periods linen becomes soiled more quickly. It should be changed every second day and this will also make the patient feel more comfortable. The best way to change a bed with your patient in it is with two people so one can hold the patient while the other works with the sheets.

Have your clean sheets and pillow cases ready and within easy reach.

Roll your patient on their side; cover them with a loose blanket or top sheet to maintain warmth and modesty. Have your assistant help you roll the patient and keep them secure and covered while you manipulate the sheets.

Loosen the sheet from the corners then roll the sheet towards the middle of the bed close to the patient's back. Take new sheet and unfold along the length of the bed, fit to corners and roll under the old sheet close to the patient's back. Gently roll the patient onto their other side on top of the clean sheet; remove old sheets and roll the new sheet out pulling taut and tuck in the corners.

Cover the patient with a new top sheet and blanket and tuck in the corners. Change the pillow slip.

Teaching ideas

Meals and Drink

When a person is bedridden ensure that they have plenty of water to drink. If they can manage have a jug and glass handy so that they can reach and help themselves when thirsty. Prepare easily digestible meals, cut or grind the meals so that they are easy for the person to feed themselves and give smaller portions so that the digestive system is not overworked with large meals. Include morning and afternoon tea and supper to maintain blood sugars.

Stimulation

Offer periods of entertainment to keep the individual engaged. Vary between television, books, crafts, games and company to help keep the patient's mind engaged. If a person is bedridden, they can get lonely, depressed and bored without interaction and stimulation with others on a regular basis.

◆ Home Medic Relay

Teams line up ready to perform various tasks of the relay. Have a 'patient' ready for each team lying in their bed (a foam or air mattress on the floor with their bed already made) and the necessary equipment close by.

Each member of the team goes up to the 'patient' and performs one task. When finished they return to the team line and the next team members performs the next task.

1. Feed the patient's warm broth
2. Wipe the patient's face with a warm washer
3. Clean the patient's teeth
4. Take the patient's pulse
5. Take the patient's temperature
6. With a partner change the linen without disturbing the patient
7. Read the newspaper to the patient

Have equipment laid out next to the 'patient'.

1. bowl, spoon, towel and broth. Make it real!
2. warm water, large bowl and wash cloth and towel to dry
3. tooth paste and new toothbrush – (give the brush to the 'patient' to take home), bowl for spittle, washcloth to wipe the face
4. a clock with a second hand should be visible
5. a thermometer, wipe for thermometer
6. new sheets and linen bag or basket
7. newspaper and chair.



Handout 1 - Guard/Rangers

Your Aunty who is pregnant starts vomiting.

After a long day at the cricket mum feels all funny.

While chopping wood a chip flies up and seems to be in dad's eye.

A child is playing in the garden and picks a bunch of flowers for mum. An hour later the child begins vomiting.

A person you know has come to visit. They are a diabetic and they wear an identi-bracelet. They begin to slur their words.

You hear a popping bang and come into the kitchen to find you brother sitting on the floor with the kettle on the floor next to him.

You are allergic to bees and after playing football in the backyard you come in and realise your arm is swelling badly and very, very red.

Your brother was riding a skate board down the drive way. He now has two broken legs and is bedridden for eight weeks.

Your sister is an asthmatic and has just been on an excursion to a farm.

Your dad reaches across the boiling kettle to get the toast.

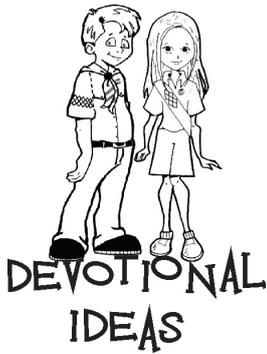
Your grandmother is coming to stay. She has a heart condition and takes many tablets.

Your mum has cut her hand when she was removing the foil lid when opening the Milo tin.

Handout 2 - Guard/Rangers

Home safety Audit

Date:	
Where is medicine kept? Is this out of reach of children?	
Are all medicines in-date?	
How are medicines disposed of?	
Are family members aware of medical conditions and treatment of each other?	
Where is the emergency phone number contact list?	
Do you know the poisons information number? What is it? Is it on your emergency phone number list?	
Are all the electrical appliances in your house in good order?	
Are power points fitted with covers?	
Check all power boards to make sure they have a circuit breaker. Remove all double adaptors.	
Are power points turned off after use?	
Are all poisons stored in original containers? Are they stored out of reach of children and pets?	
Do you knot your plastic bags?	
Are pet products such as worm treatments stored out of reach of children and in their original packet?	
Where are the cleaning products? Are they out of reach of children?	
Does the garden contain poisonous plants?	
Do you have an ice pack ready in the freezer?	
Do you always turn saucepan handles away from the front of the stove to avoid scalds?	
Are knives stored safely in a knife block out of reach of children?	
Do you have a first aid kit, fire blanket and extinguisher?	



Devotional ideas



- 1. Title:** The marvellous human body
Bible: Psalm 139:1; 13 - 16
Supplies: Bible
Thought: The way the human body heals itself is a wonder and testament to God's creation

Ask members to think and share stories when they have been physically hurt –nothing too graphic but skin deep scratches, perhaps even broken bones but without gory details. Be aware of past histories.

Talk with members about how their injuries healed. Are scars still visible? – some members may be quite happy to display their scars and, providing you think that's appropriate (that is, the scars are in appropriate places) you may allow members to do that.

And/or show pictures of people's injuries and of how their injury healed.

Make the point how marvellous the human body is in repairing itself. Many injuries disappear when they are healed, e.g. bruises, scratches; others leave a scar but both demonstrate God's wonderful and amazing creation of the human body. You could also talk about the 'value' of pain – some pain informs us that there is something wrong with a part of our body that requires medical attention, e.g. an inflammation might reveal the presence of a foreign body like a splinter, a pain in our side might be caused by something more important such as appendix, kidney, liver or other problem. All of this – even though we may hurt – is part of God's amazing design of the human body.

Read Psalm 139:1; 13 - 16. The Psalmist talks about being 'woven together' and though he's talking about the miracle of human creation during pregnancy, the idea of 'woven' is also evidenced by a scar which is, in a sense, the skin being woven together again.

Close with prayers of praise and thanks to God for the wonder of our bodies.

Devotional ideas



2. Title:

Made by God

Bible:

Job 10:9 - 12

Thought:

God's creation is marvellous

Supplies:

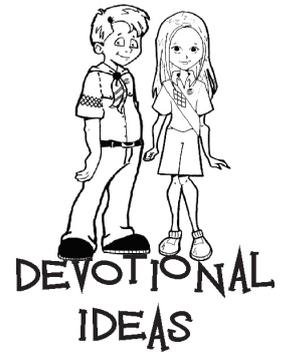
Bible, Modelling clay for all members (e.g. plasticine), flip chart or white board, markers

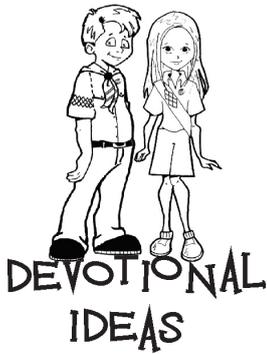
Give each member some modelling clay and instruct them to create a model of themselves.

Read, or ask a member or other leader to read, Job 10:9 - 12. Focus especially on verses 10 and 11 – 'Remember that you moulded me like a piece of clay ... You tied my bones together with muscles and covered them with flesh and skin' (CEV).

Ask members to create a list of the things the human body can do and list these on the flip chart/whiteboard. After creating the list help members to reflect on the amazing capacities of the human body, its delicate yet strong nature, and its ability to heal itself.

Draw their focus to the source of their creation – God. Allow members to pray sentence prayers of praise and thanks for God, and conclude by reading Job 10:12 'You, the source of my life, showered me with kindness and watched over me.'





Devotional ideas



- 3 Title:** Purity
Bible: Romans 12:1 - 2
Thought: Keeping ourselves pure for God
Supplies: Bible, any book from the library

Many of you go to the public library and borrow books. When you borrow a book, it means that you will have to return it. The book does not belong to you. So you must treat that book with care so that when we return the book, it is in good condition.

You will hear people in church say that everything belongs to God, well that is true – including our bodies. And just like you must return your library book back to the library, some day we will return our bodies back to God. God is not only going to ask us on the day of judgement what we did with the things that he gave us, he is going to ask us what we did with the bodies he gave us.

So we must take good care of our bodies such as get enough sleep, eat right, and exercise. But there is another thing God wants us to do to take care of our bodies, it's called 'purity'.

Just like there is junk food that can effect our bodies condition, there is other junk we see and hear that can effect our soul's condition. When we see and hear certain things it effects our mind in the way we think and act. When we hear and see good things, we are more likely to think and act good. When we hear and see bad things, we are more likely to think and act badly.

This kind of junk can be found on the TV, radio, and in books and now that we all have computers in our homes, there is a lot of junk that can be found on computers that is not good for us. Your parents can help you avoid this kind of junk. [Any questions children ask regarding what specific things are you talking about, answer as simply as you can, 'violence', or 'not age appropriate' material.]

Read Bible passage.

Just like you return your books to the library, there will be a day that we return our bodies to God. And we want to return them to God in good condition.

OPTIONAL: Donate a Christian book or video to your Sunday School class or even school Library demonstrating good things that you are trying to convey.