

GUIDELINES FOR HELPERS OF INJURED VICTIMS OF VIOLENCE

The purpose of this manual is to teach you to help injured victims of violence as much as possible. Zimbabweans are under daily, vicious assault in overwhelming numbers.

The hospital system cannot cope – and a clinic or hospital is often very far away.

If we can identify and treat some of the people ourselves, we can help free up resources at the hospitals for the seriously ill patients.

As a Helper you will be required, and able, to provide **three vital services**:

- 1) Educate relatives about how to care for an injured person at home, if it is safe.
- 2) Look after and monitor those people who are too sick to return home.
- 3) Identify those people who need transfer to hospital and decide how urgently that needs to be done.

Before going any further it is important to understand two things:

- Firstly, this manual is aimed at people in Zimbabwe right now, with no medical training, to do their best in very difficult situations. It is not going to be perfect but will hopefully help.
- Secondly, you have to think about your own health.
 1. Blood can be infectious. If the blood from someone with HIV or other infections gets into your own blood stream you may get infected too. As long as you don't have any open cuts on your hands and don't get blood in your eyes or mouth this is unlikely. It is up to you however to decide how much risk you want to take. If possible use gloves, plastic bags can be used as a substitute. If you don't have these and have an open wound or are very worried about catching HIV then you can still do a lot of good, but just avoid touching blood. You can direct the patient to clean and dress their own wounds under your guidance. Put bloody clothing in a plastic bag if possible for the injured or their family to deal with later. Try and burn or bury dressings that have been used on wounds.
 2. The people who beat up your patient may come and beat you up too. This is the terrible reality of life in Zimbabwe. It's up to you where and when you treat people. You will know best what your particular security situation is where you are.
 3. Helpers can sometimes become very upset by what they see. This is only natural as a human being. If you find this happening to you, talk to someone else about it. If this doesn't help, then think about helping in some other way rather than treating people at the front line.

1. HOW SERIOUS?

When you see a patient who asks for your help, the first thing you have to do is decide how seriously the person is injured. There are **three grades of injury**:

1) Not Serious

This person is probably going to get better by themselves. They don't have any life threatening injury or any big wounds.

2) Slightly Serious.

These are people who require treatment (either by you or a doctor or a nurse) but are not so sick that they are about to die.

2) Very Serious

These are people at risk of dying. These people need treatment by a doctor in a hospital as quickly as possible.

HOW TO CARE FOR AN UNCONSCIOUS OR SEMI CONSCIOUS PERSON

A person who is not fully awake (semi conscious) or is completely unconscious is very likely to have a Very Serious Injury. Try to get such a person to hospital as soon as possible. In developed countries doctors are often very strict about how a person is transported and insist that the person is not moved except by a team of experts in case there is a break of one of the spine bones. Most unconscious people in Zimbabwe don't have a break to their spine bones and will die if they don't get to hospital. So if you can't get an ambulance then use anything you can to get them to hospital and don't be afraid of moving the person. If they are obviously complaining of a sore bone in their neck or spine then try to keep them lying straight and avoid twisting them. The patient will often do this themselves because moving the broken spine joint is very painful.

While you are waiting to get the person to hospital, or if you can't get them to hospital, then you will have to look after them yourself.

Lie them on their side with their face facing down. This is to stop them choking on their own vomit. If they do vomit do your best to get it out of their mouth so to stop them breathing it in.

Keep them warm but not so hot that they are sweating.

Attend to any wounds or injuries.

Generally it is not a good idea for a semi conscious person to drink anything as they may choke or vomit.. If you are absolutely stuck by yourself and the person has been semi conscious for more than six hours or is very thirsty you can try giving them a table spoon of Oral Rehydration Solution. If they don't choke on this you can give them another tablespoon in 2 minutes. You can keep going like this until they feel their thirst is better or they have become fully conscious. If they start to choke or vomit then stop.

You need to keep an unconscious person clean. This means cleaning their urine and faeces too. Sorry!

HOW DO YOU DECIDE how serious an injury is?

Firstly use commonsense. It is often very easy to see when an injury is Not Serious, like a scratch on someone's hand. Or when it is Very Serious, like someone who has been shot.

But is not always that easy. Here are some suggestions. In every patient you see you **MUST** always do five things:

- 1) Ask what Happened
- 2) Ask the patient the "8 Specific Questions" that might reveal a Very Serious Injury
- 3) Look at the patient in general and look for "The 5 signs" that might reveal a Very Serious Injury
- 4) Look at the injury or injuries
- 5) Decide whether to treat the patient yourself or whether to send them to hospital or a clinic.

1) Ask what happened.

How did the person get injured? Where on the body did the person get injured? How many times? When? Were they injured anywhere else? How is the person feeling now?

2) Always ask the person these "8 Specific Questions" which might reveal a Very Serious Injury

- 1) Are you bleeding anywhere? How much?
- 2) Always ask about bleeding in the vomit or when coughing or in the urine or in the faeces. These are always serious.
- 3) Are you having problems breathing? How much?
- 4) Do you have a headache? How much?
- 5) Are you vomiting because of your injuries? How much?
- 6) Are you having fevers because of your injury?
- 7) Are you feeling dizzy? How much?
- 8) Are you feeling thirsty? How much?

If the patient doesn't have any of the problems listed above they are probably not very seriously injured right now. It is important to make sure that you or the relatives keep looking out for all these problems over the next few days.

3) Always look for "The Five Signs" which might reveal a Very Serious Injury

Examine (look at) the person. **Always examine the person in general before looking at the injury. It is easy to get distracted by the obvious injury while missing a more serious one. For example if you spend an hour cleaning and dressing a painful burn on somebody's arm first you may miss another less obvious injury which might be more serious (like a stabbing in their chest).**

1) Is the person alert and conscious (awake)? If the person the person is not fully awake, how bad is it? Can they talk? A person who is not fully awake may have a Very Serious Injury (See Caring for an unconscious patient)

2) How is the breathing? Count how many breaths the person takes in a minute.

In adults 25 breaths per minute or less is normal. If it is between 25 breaths and 30 breaths the person may have a serious illness so keep a close watch on them. If it is over 35 the person may have a Very Serious Injury

3)How fast is the pulse? How many beats per minute? You can feel a person's pulse on their wrists. Practice on yourself so you know where to feel. Place your palm facing upwards to the sky. Now feel the area where your thumb joins your arm and feel for a beating pulse. Keep moving your fingers around until you find it. Practice on other people too! It is also possible to feel someone's pulse in their groin where the leg joins the abdomen or near the front of the neck.

In adults a pulse of less than 100 is normal. If it is between 100 and 120 keep a close eye on the person and recheck the pulse often. If it stays above 100 the person may have a Very Serious Injury. If it goes above 120 they definitely have a very serious injury.

4)Does pressing your hand gently on the patient's stomach cause a lot of pain? If so the person may have a Very Serious Injury.

5)Is the person shivering or have cold feet and hands? Sometimes this can be a sign of serious injury. It is important to keep a shivering person warm.

NOW EXAMINE THE INJURY (or injuries)

Where is it? Obviously an injury to the throat or face might be more dangerous than a similar injury on the buttocks or legs.

How big is it? There is a big difference between being beaten once on the buttocks and being beaten a hundred times all over the buttocks and back. Some injuries you can measure with a ruler (like cuts or stab wounds) Some you can measure by using the size of a person's hand: eg "There is a burn on his back equal to twice the size of his hand" Others you can measure by how deep they are. Deep wounds are more likely to be serious.

Is it bleeding? How much? If so follow the steps you will be taught to stop it bleeding. If you cannot stop the bleeding and it is bleeding a lot, the person has a Very Serious Injury.

Is it infected? After two or three days any wound can become infected.

The signs of infection include:

There is pus (yellow mucus) in it.

It is warm to touch.

It smells.

It is more painful now than when the injury first happened.

The person has a fever.

Do the bones and joints look normal? Are the joints swollen? A broken bone needs to be seen by a doctor or nurse.

AFTER YOU HAVE DONE ALL THESE THINGS you can identify those people who are **Not Serious** and can go home after you have treated their injuries and educated them.

It is also quite easy to identify those people who are **VERY SICK** and need to get to hospital as soon as possible. During this time you can do your best to treat their injuries. These people include:

Anyone who is not fully awake or anyone who is complaining of a very serious headache.

Anyone breathing faster than 35 breaths per minute or says they are having serious breathing problems.

Anyone with a pulse which is consistently above 100.

Anyone who is still bleeding despite your attempts to stop it.

Anyone who has a deep or large wound. Deep wounds to the neck, chest, abdomen and back are especially serious.

Anyone who has a wound which has become infected and has made them feel sick.

THESE PEOPLE MAY DIE IN THE NEXT FEW HOURS. Try your hardest to get them to a hospital as soon as possible. When you are trying to arrange transport, **explain why you have assessed this person to be very serious and explain that they may die in the next few hours.**

IT IS VERY IMPORTANT THAT YOU OR THE RELATIVES FREQUENTLY RE-ASSESS THE PATIENT. IF A PATIENT IS GETTING WORSE YOU CAN PICK IT UP AND SEND THEM FOR HELP.

For the rest (those who are Slightly Serious) you can treat them the best you can. Send them on to a clinic or hospital later if they do not get better or develop any signs that they have become worse and are becoming Very Serious

2. TREATMENT

We will now learn about how to treat the following injuries:

- 1) Beating/Kicking/Punching
- 2) Stabbing/cutting/chopping
- 3) Burning
- 4) Shooting
- 5) Rape

We will also learn how to do the following things:

- 1) Stop a bleeding wound
- 2) Clean a wound and dress it to remain clean and avoid infection
- 3) Help someone in pain
- 4) Caring for an unconscious person

BEATING/KICKING/PUNCHING

This is the most common injury that First Aiders will see. Although it is very painful many will get better by themselves, as long as there are no worrying features as discussed above.

Be very cautious if:

- Someone has been beaten severely about the head
- Someone is very old or very young
- The area that has been beaten is large. (You can consider the area to be large if it is equal to five times the size of the patient's hand, or larger.)
- The beating has caused a wound which has become infected (see above for signs of infection).
- There is obviously a broken bone or joint.

If you decide that there are no worrying features which might suggest that the person has a serious injury, you can treat these people yourself. To treat these injuries you will need to :

- 1) Help with the pain (see below "Helping someone in pain")
- 2) Make sure that anywhere where the skin has been broken or is blistered is well treated (See below "Cleaning and Dressing a wound")
- 3) Make sure the person drinks enough clean water (so that they urinate as often as a normal person)
- 4) Be kind to the person. These people have suffered severe psychological trauma. Just being kind and helpful is one of the most important things you can do.
- 5) Warn the person and relatives about any worrying symptoms which may develop over time, including:
 - becoming sleepy or confused
 - Vomiting
 - Wounds becoming infected
 - Developing a fever

STABBING/CUTTING/CHOPPING

These injuries are often caused by a knife, but can be done by anything sharp, like an axe or even stones.

In these cases the skin has been broken so there is always a wound that needs to be properly cleaned and dressed.(See "Cleaning and Dressing a wound")

There is always a risk of infection. So warn the patient or relatives about what to look out for (See above "Signs of Infection")

There is often bleeding. **Try and stop this if you can (see "Stopping Bleeding")**. If you can't stop the bleeding, try and get the person to hospital as soon as possible because they may be about to die.

In trying to decide whether a stabbing or cutting is SERIOUS, think about the following things:

If the cut is not very deep and the bleeding can be controlled and it is not infected it is probably not very serious, UNLESS the person has any of the worrying features that makes one think of a Very Serious Injury (fast breathing, vomiting, fever etc).

Be very careful about anyone who has been stabbed in the **chest or neck or abdomen**. These wounds often don't look very serious at first but can become very serious hours or days after the injury. **If possible, try to get all people with stabbings to the neck, chest or abdomen to hospital.** If you can't get them to hospital immediately keep them under constant observation.

For neck and chest stabbings, re-assess the person often. Particularly look out for difficulty breathing, a fast pulse or a fever. If this happens the person needs to go to hospital urgently.

For abdomen (stomach) stabbings reassess the person often. Particularly look out for vomiting, fever or for an abdomen which becomes very sore when you press down on it with your hand. Any of these suggest damage to the organs and infection. These people need to go to hospital urgently.

People who have been cut with an axe often have severe injuries and broken bones. Try to get these people to hospital if you can.

BURNS

Burns are very painful. They can also be very serious, especially if:

- They are big (more than five times the size of the patient's hand)
- They are very deep (the skin looks like a burned steak rather than just red and blistered)
- They involve the face
- They are infected

It is uncommon for burns to kill someone very quickly unless they are very large or are on the face or neck. However they do often become infected. If you can, try to get these people to a nurse or doctor for a professional dressing. If you can't manage this, just do the best you can. (See dressing a wound).

SHOOTING

People who have been shot are often very seriously injured. Try to stop the bleeding and try to get them to hospital as soon as possible.

RAPE

Rape is a very common form of political violence in Zimbabwe now. It is very, very serious. It is one of the forms of violence that you as a Helper can have the most impact on. Although a person who has been raped may look all right on the outside they have suffered a horrific physical and psychological violation. Here are suggestions about how to help someone who has been raped:

- 1) Make them feel safe. Women are often more comfortable being looked after by a woman. Ideally a friend or a relative.
- 2) Listen to them. Never doubt them. Never suggest that it was their own fault. Ask them if they want anything and try to provide it.

- 3) Make sure the person doesn't have any other injuries. (For example beatings or stabbings). Often a woman's genitals can be damaged in a rape. It is uncommon for these injuries to be very serious and it is not recommended that you try and look for injuries in the genitals, especially if you are a male. If the woman has a lot of bleeding from her genitals get her to put some clean cloth there and press on it herself to stop the bleeding. If this is not working and the woman agrees, try to get a female first aider to look at the problem and try and stop the bleeding. If this is not working try to get the woman to hospital.
- 4) If the woman wants to wash and shower, let her. In normal countries this is often discouraged to allow the police and doctors to gather evidence. This is not going to happen in most places in Zimbabwe right now (except in some big hospitals).
- 5) Be kind.
- 6) A woman who is raped is at risk of catching HIV and of becoming pregnant. If it is possible to get the woman to a hospital or clinic in the next 72 hours she might be able to get some ARV drugs and emergency contraception. This is something you will have to identify in your local area. The sooner the woman gets these medicines the more likely they will succeed.
- 7) Understand, and explain to the patient and relatives, that it is quite normal for someone to go a little mad after being raped. This not the patient's fault, it is a result of the rape. During this time it is important to make the person safe and to provide support. If the patient wants to talk about the rape let them, if they don't want to talk then leave them in peace.
- 8) Once the madness in Zimbabwe has settled down, suggest that they contact a professional rape counsellor or doctor for counselling.

HOW TO STOP A BLEEDING WOUND

The first thing to decide is how urgently does it need to be stopped? **If it is bleeding very heavily it needs to be stopped immediately**, so use anything you have (like a shirt or a towel). If it is only bleeding a little bit you have time to do everything in a clean way (see "Cleaning and Dressing a Wound")

The easiest way to stop bleeding is by applying pressure. **Put a clean cloth on the wound and press firmly on it for 6 minutes**. Don't cheat! If you only put pressure on it for 3 minutes and then stop to see if it has stopped bleeding all the good you will have done will become undone when it starts to bleed again and you will have to start from the beginning again!

If the wound is on a part of the body that you can raise higher than the heart (eg arm or leg or face) then **lifting it higher than the heart** will help stop the bleeding.

If after 6 minutes it hasn't stopped bleeding try packing more clean cloth into the wound and, if possible, tying a bandage around the wound. Once again place hard pressure on the wound for six minutes without stopping to look! Although your bandage can be tied firmly it should never be applied so tightly that it actually cuts off the blood supply to that arm or leg. You will know if your bandage is too tight because the arm or leg past the bandage will become sore and the patient will ask for the bandage to be loosened. If this happens always loosen the bandage. You can apply as much pressure as you like to the wound itself but **be careful about tying things too tight around the whole arm or leg or neck**.

If the bleeding doesn't stop or greatly reduce after two rounds of applying pressure then try your hardest to **get the person to hospital**. During this time keep doing your best to stop the bleeding using the above measures. If the person becomes thirsty then you can give them a cup of oral rehydration solution every ten minutes as long as they are not vomiting.

To make Oral Rehydration Solution add 8 teaspoons of sugar and 1 teaspoon of salt to 1 litre of clean (boiled) water. If you don't have sugar or salt you can give them water but it is not as good.

Be aware that with some injuries the person may have stopped bleeding on the outside but is **still bleeding on the inside**. This is common with chest and abdomen and neck injuries. You will know this is happening because the person develops one or more **Worrying Signs** when you re examine them- they develop breathing problems, or develop a fast pulse or become very thirsty or starting to shiver. In this case do your best to get them to help.

HOW TO CLEAN AND DRESS A WOUND

If a First Aider can clean and dress a wound then you will make an enormous difference. It is important to try and get any dirt and germs out of the wound. This is often painful for the patient but unfortunately it is very necessary. If the wound is a clean wound, like someone who has just been cut with a clean knife, then washing the wound under running water (with soap if that is available) is often all that is needed.

If the wound is dirty, or has bits of dirt in it, or is old (happened more than 6 hours ago) or is infected then you will have to give it a good clean.

Firstly boil a whole pot of water, with a teaspoon of salt if possible. You will need two pieces of cloth, one about the size of your palm, the other one will be folded in half and used as the dressing, so look at the wound and think how big your dressing will have to be. Place these cloths in the boiling water. These cloths can be cut from any old shirts or towels or anything as long as they are **clean**. Let them **boil for 5 minutes**. Let the water and cloths cool down to a comfortable temperature (don't burn your patient!). Wash your own hands very carefully. Explain to the patient that the cleaning is going to be a little painful. It is hard for non medical people to do things to people which hurt. Remember it is in the patient's best interest and just has to be done. Once you have cleaned a few wounds you won't be so scared of doing it. With one cloth and water (and soap if you have it) **clean all the dirt or pus out of the wound**. Even when you think you have all the dirt out of the wound pour more water into the wound and clean some more. Once you are sure it is clean still pour lots and lots of clean water into the wound as this will further clean the wound and dilute any germs that are there. Where possible, after a cleaning a wound, you can apply some vaseline with clean hands before applying the dressing - this will help prevent it sticking so much to the wound. Now fold the second cloth in half and place it over the wound as a dressing. You now have to think of a way to keep the dressing in place. If you have clean bandages or strips of clean cloth or a sheet or a towel, you can bandage the dressing in place. If you don't have any of those you will have to think of something yourself! You can use anything, as long as it is clean. You can even use string or a clean sack. It is not a good idea for people to hold it in place because peoples' hands are often dirty and have germs on them. The best way to clean a cloth is to wash it with soap and then boil it in boiling water for 5 minutes.

You will need to gently clean and dress the wound again each day for the first three days. You might find that the piece of cloth has become stuck to the wound. If this is the case then soak the wound and dressing in clean water until the dressing comes off. It is only on the first time that you clean a wound that you need to scrub it with a cloth. After that it is better to just pour some clean water on it and then put a new dressing (which has been boiled) on it. After three days you will find that the wound is starting to heal. You can still put a dressing on it but you only need to change the dressing when it becomes soggy or dirty. Be very careful to look out for infection (see “Signs of Infection”) If an infection happens it is important to clean all the pus out of the wound. If the infection gets worse, or the person starts to feel ill or gets a fever then do your best to get them to hospital.

Traditional medications and dressings for infected wounds (like pawpaw skins), bruises and sprains do work. Still clean the wound first. If it is not getting any better try to get medical help.

HOW TO HELP SOMEONE IN PAIN

There is a lot you can do as a Helper to help someone in pain.

Often if a person has been badly beaten they can't sit on their buttocks or lie on their back or have difficulty moving. If you or a relative can help them with simple stuff like getting food and water then you will save them a lot of pain.

Burns and wounds often feel much less painful when they have been dressed.

If someone obviously has a broken bone then stop that bone from moving (which is painful) by tying it to something. A Broken arm often feels better if it is tied to some rolled up cardboard and put in a sling. A Broken leg can be tied to the other leg or also rolled up cardboard.

Burns often feel better if you run cold, clean water over them and then keep them cool.

If you have access to it you can give any patient over 12 years old 2 tablets of Panadol every six hours. No matter how bad the pain is never give someone more than 8 Panadol tablets in 24 hours. If you do this you may poison them. If Panadol is not enough you can give them Dispirin as well (2 tablets every 4 hours), as long as they are not allergic to Dispirin and do not have ulcers in their stomach. It is good to have Dispirin with a little food.

Even if someone is still in pain, just having a caring listening and positive person caring for them will help a lot.

3. HOW TO WRITE A REPORT

Given the current climate of violence and fear in Zimbabwe, the patient may prefer you not to write anything down. **Always ask for permission from your patient** before writing down anything the patient says or sharing that information with anyone else. If the patient agrees,

however, your report will be a vital piece of evidence in documenting what is going on in Zimbabwe right now and also, hopefully, of holding the perpetrators of violence accountable for what they did.

At the top of your report put the date and your location and the name of your patient.

Write down the story exactly as it is told by the patient. Ask the patient if they know who it was who attacked them and if there were any witnesses. Write down exactly what injuries you can see. Read your report to the patient and see if they agree with what you have said. If you both agree then **both of you sign and put your names at the bottom**. This report is now a very important but dangerous document. If you are caught with it you may be beaten or killed yourself. **Try and get it to someone you trust in a Church or in your party or a relative you trust who can keep it safely**. After the madness ends these reports will be very important.

4. HOW TO BE A BETTER HELPER TO INJURED VICTIMS OF VIOLENCE

Learn more. After seeing a patient re-read this manual and see if you did everything correctly. Learn from your patients. Did you make good decisions? Did the patients get better? Learn from your local nurses and doctors. Ask them for feedback if you transfer someone to hospital. Ask them any questions you might have.

Approach your local clinic and tell them you want to help as first aider in the community. If they understand that you are going to try and reduce the number of people coming to the clinic they will probably be very happy! They might be interested to see this manual or give you some advice about problems in your particular area. Show them how you clean and dress a wound. They might have some better suggestions for your local area and resources. Don't be upset if they won't see or help you- everyone is very afraid in Zimbabwe at the moment. Be prepared. Have some clean cloth and clean water ready. Try to think about what resources you could use if there was a serious emergency and you needed to get someone to hospital urgently. You might know someone with a car, or could approach a church or your party. Approach them before there is an emergency and explain you are a Helper and ask if they have any suggestions how you could get someone to hospital if you thought they were dying. You could even try a Commuter if you have the money.

Don't be too hard on yourself. No one is expecting you to do the same job that a trained doctor or nurse would do. Tragically, patients will still die. Even in the fanciest hospitals in the developed world patients still die. Just do the best you can and be kind.

Good Luck!

This guide was compiled by Dr Alex Stevenson. If you have any questions or concerns about the issues discussed here, please contact him on theparagon@bigpond.com

In particular, please advise what the most common and most serious injuries people are seeing out in the field so that future editions could be more attuned to that.