



THE BOMBAY CITY AMBULANCE CORPS

(FOUNDED 1930)

(Registered under Acts XXI of 1860 and XXXIX of 1950)

BRIGADE GAZETTE

GRATIS

No.684

January 2023

The Bombay City Ambulance Corps wishes Patrons, Life Members and Well-wishers of the Society a very Happy and a Prosperous New Year 2023

PART - I

NOTIFICATION

Results of First Aid Instructors' Examination

The SUPPLEMENTARY Examination of the students of the Specialist Instructors' Course in First Aid to the Injured (Courses No I/249& 248) of Jamsetji Tata Ambulance College was conducted in November/December 2022 by the Board of Examiners appointed by the Medical Board of the Society consisting of (1) Dr. A.H. Kantharia, M.D. (Bom), and (2) Dr. Girish G. Lad, M.S. (Bom.). The Board was assisted by (1) Mr. Nitin S. Lalaji, B.E. (Civil), Dip Amb., Instructor in First Aid and Sanitation and (2) Nitin P. Thaker, B.A., LL.B, Dip Amb., Instructor in First Aid and Home Nursing, as assessors for practical tests. The following students have been declared successful in order of merit:

1. Dr. Ganesh P. Belwalkar, B.H.M.S., (2) Mr. Mohammed Farzan R. Shaikh, (3) Mr. Gurdeep Singh S. Riar, and (4) Ashok D. Padvi M.B.B.S.

Awards

1. Dr. Ganesh P. Belwalkar, B.H.M.S., has been awarded the "First Aid Instructors' Cup" for standing first in the examination.
2. Mr. Mohammed Farzan R. Shaikh, has been awarded the "First Aid Instructors' Prize for standing Second in the examination

Instructors' Course

The next Specialist Instructors' Course in First Aid to the Injured (January-June 2023 term), in English medium, will be inaugurated under the aegis of Jamsetji Tata Ambulance College on Monday, January 9, 2023 for 2 hours in the evening on Mondays and Thursdays in First Aid.

Donations to Service Station Fund

We have received following donation to the Service Station Fund of the Society: -

Date 2022	Amount Rs.	Donations Received from
December 2	9,000.00	Saran Presents
December 4	1,000.00	Madhuri Kansara
December 9	9,000.00	Saran Presents
December 21	6,000.00	Saran Presents

Donation to General Fund

We have received following donations to the General Fund of the Society: -

Date 2022	Amount Rs.	Donations Received from
November 17	12,000.00	Sumukhi Performing Arts Foundation
December 1	21,000.00	Aatmabodh Academy of Yoga
December 10	12,000.00	Sumukhi Performing Arts Foundation

Ambulance Car 13 (MH-01-CV-6683) with trained staff and equipment's such as First Aid box, extra stretcher, oxygen cylinder etc., was posted at:

Organizer	Date 2022	Time
Saran Presents	November 12, 19, 20, 26	9.30 am to 7.00 pm
Saran Presents	December 3, 4, 10, 11	9.00 am to 6.30 pm

SERVICE STATION STATISTICS

Year 2022	November	December
Calls Registered	28	16
Removal Services	44	29
Services for which NO donation were received	31	22
Amount of Donations received on account of :		
Removal Services	10,650.00	Rs.5,700.00
Donation to Station Fund Rs.	Nil	25,000.00
Run of Ambulance Car (Amb. Car No.13)	661 Kms	614 Kms
Total Services rendered till date	81,590	81,619

Obituary

We record with profound grief the passing away on December 28, 2022 of Mr. Chandrakant S. Parmar, past volunteer of the corps and life member of our society. In him, society has lost a well-wisher. We extend sincere condolences to bereaved family.

PART II

BED-SORES

1. **CAUSES** - Pressure sores (commonly called bed-sores) are caused by constant pressure on small blood vessels supplying the skin. The blood vessels become compressed between the weight of the body and the bed surface. The causes can be local (external) and predisposing (internal). The latter includes serious illness, general debility, old age, immobility, muscle weakness and anemia the former (external causes) include friction (damage to the skin), shearing (tearing of the smallest blood vessels) and pressure from an unyielding surface (i.e., bed) against a bony area of the body - head, shoulders, heels, spine, hips, sacrum, elbows, etc. Prolonged contact with moisture (sweat, urine or faeces) is another contributory cause.
2. **Prevention** - This is the responsibility of the nurse. The measures for their prevention are: -
 - i) Stimulate circulation by regular washing and massage of all areas exposed to pressure.
 - ii) Relieve pressure by (a) frequent change of position of the patient, say, every two or four hours, (b) use of ring pads or air rings, and (c) use of pillows to separate parts so that they do not press on one another.
 - iii) Avoid friction by well-made beds free from wrinkles, by using linen free from darns and patches, and by using bed-cradles.
 - iv) Avoid moisture by cleanliness and dryness of the skin, changing of any damp line, and care in attending to the patient's toilet.
 - v) Prevent injury by care in the administration of bed pans so as to avoid scratching the skin and in the use of appliances.
3. The routine care should be carried out every time the patient is washed. In patients more liable to develop bed-sores it should be performed every four hours, or even every two hours if necessary. In some cases of elderly patients confined to bed permanently the doctor may order special barrier creams to be smeared on the skin daily instead of the routine washing and massage. In such cases the pressure area is washed two or three times a week only, or when it becomes soiled by incontinence. To stimulate circulation special drugs may be ordered to dilate the blood vessels in the skin. Frequent change of position is essential.

4. **Treatment** - Good nursing care will ensure that pressure sores do not occur. If, however one should develop, it is treated in the same way as any other wound. Infection is treated; dead tissue is removed using an aseptic technique; and sterile dressings are used to cover the area. Under no circumstances the patient should be allowed to lie on the broken area. Ultraviolet light locally and a high protein diet may be ordered to aid regeneration.

- from Bg 584

THE RECOVERY POSITION IN SPINAL INJURY

If the casualty is unconscious with breathing and pulse present, you must place him in the recovery position in order to protect the airway. With spinal injuries, you should, ideally, modify the recovery position to keep the casualty's head and trunk aligned at all times so that the spine is protected.

You will need at least one helper this successfully; use more helpers if they are available. Even if you are alone with the casualty, the CAB of resuscitation must always be followed, and the casualty must be turned to protect the airway, even if there is some risk of damaging the spine.

Steady and support the casualty's head in the natural position by placing your hands over his ears. Maintain this support until help arrives. Ask your helper to straighten the casualty's legs carefully. He should support the legs, while moving them. While you continue to support the head, tell your helper to kneel beside the casualty and carefully place the nearest arm under the nearest thigh, palm upwards. Your helper should grasp the casualty's opposite thigh, draw up the knee, and then bring the casualty's other arm across his chest and grasp the far shoulder. Your helper is now in the correct position to turn the casualty. Ask your helper to pull the casualty towards him until his body is resting on his knees for support.

Continue controlling the natural position of the casualty's head and neck. Ask your helper to bend the top leg at the knee and place the furthest arm along the back to steady the casualty's body. Your helper should then help to support the casualty at the thigh and shoulder from either side, while you continue to support the head and neck.

If possible, maintain these positions until medical help arrives. If you have to send your helper to summon aid, place rolled blankets, coats, or similar articles on either side of the casualty to keep him in the neutral position. This will keep him steady until help arrives. If the neck is injured, a collar may be applied for further support. This is not a substitute for supporting the neck with the hands. **DO NOT** pull on the neck.

AMBULANCE

The idea of the systematic transportation of wounded and sick people in a specially adapted vehicle was conceived in 1792, by Baron Dominique Jean Larrey and put into practice during the invasion of Italy in 1796-1797.

At the same time Larrey set up a body of ambulance drivers consisting of surgeons and stretcher-bearers. Previously, covered vans, which were badly equipped or hardly equipped at all, had existed for the transportation of the wounded from the battlefield, but neither their number nor their design had guaranteed their efficacy. Larrey's flying ambulances had two or four wheels and were of a unique design. They had a fixed mattress on the floor and padded sides. Each two-wheeled ambulance could take two wounded people, while the four-wheelers could take four. In each ambulance division there were twelve light vehicles, eight two wheelers and four four-wheelers and also four cars, called the pans antes, for carrying the dressings, which were a similar model to that of the arms transportation VANS.

Asepsis

Until well into the 19th century, most doctors and surgeons had absolutely no rules about hygiene in the treatment of patients and the handling of wounds. This was due to the lack of knowledge about the existence and particularly the infectious power of bacteria, one of the most tragic consequences of this ignorance (which could have been voided by studying the four hundred or so observations made on bacteria by the Dutchman Leeuwenhoek) was the high mortality rate due to Puerperal fevers. Authorities such as Licutaud and Broussais were still explaining it during the 1850s as caused by the 'bad flow of milk' . . .

The real progenitor, if not an asepsis, then at least of hygiene, was the Irishman Joseph Clark. During the 1790s in Dublin, he had managed to lower the mortality rate due to puerperal fever by maintaining a certain level of cleanliness in the maternity hospitals; his son-in-law Robert Collins pushed these practices even further by having the hospital rooms disinfected using chlorine, and then by having the bedding itself disinfected, which aroused the anger or the skepticism of his colleagues.

In 1843 the American Oliver Wendell Holmes was the first to understand the infectious nature of the puerperal fever, affirming that even apparently clean hands could transmit the infection. The idea was labelled as ridiculous.

In 1845 the Hungarian Philippe Ignace Semmelweis, a pupil of Skoda and Rokitansky, important professors of the time, realized that the mortality rate was very different at the hospitals of the obstetricians Bartsch and Klin; with Bartsch, where the delivery was carried out by midwives, there were fewer deaths than with Klin, where it was carried out by students.

Ignorance about the most elementary rules of hygiene meant that during the wars in the Crimea and in Turkey, from 1854 to 1856, the number of the wounded who died from infection was almost equal to the number killed on the battlefield. Nevertheless the majority of the people in charge continued to scoff at the theories on asepsis.

- Courtesy Readers' Digest

DONATION APPEAL

The Bombay city ambulance Corps a society and a charitable trust provides free ambulance services and ambulance education. Except for the ambulance staff and a menial staff everybody renders honorary services to the society. The maintenance of the society mainly depends on voluntary donations.

We therefore appeal well-wishers for generous donations. Donations to the society are exempted from payment of Income Tax u/s 80G.

Donations may be paid by Crossed order Cheque in the name of : "THE BOMBAY CITY AMBULANCE CORPS".

THANKS

KINDLY VISIT OUR WEBSITE TO READ BRIGADE GAZETTE - bcac.co.in

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