

## *Troop 339 Emergency First Aid Guide (Draft as of March 31, 2009))*

### Order of Priority in an Emergency

#### *Remember the A B C 'S of First Aid*

- A** Assess Scene \* Alert 911 \* Airway Open  
**B** Breathing Check \* Rescue Breathing  
**C** Circulation  
**S** Serious Bleeding Mgmt \* Shock Mgmt \* Spinal Injury Assessment

**IF THE VICTIM IS NOT BREATHING, RESCUE BREATHING IS REQUIRED IMMEDIATELY!**

If an individual is choking - but can speak or cough forcibly - there is an exchange of air (although it might be diminished) and you should encourage the victim to continue coughing while you just stand by! On the other hand, if a victim is choking, but CANNOT speak or cough, an airway obstruction exists which must be treated immediately!

The treatment for an obstructed airway in a conscious victim involves use of the HEIMLICH MANEUVER which is performed as follows:

- Stand behind the victim.
- Wrap your arms around the victim's waist.
- Make a fist with one hand and place the thumb side of the fist against the victim's abdomen just above the navel and well below the lower tip of the breastbone.
- Grasp your fist with your other hand, with elbows out, and press your fist into the victim's abdomen with quick, upward thrusts.

Each thrust is a distinct, separate attempt to dislodge the foreign object. Repeat thrusts until foreign object is cleared.

### Shock

SHOCK is common with many injuries, regardless of their severity. The first hour after an injury is most important because it is during this period that symptoms of shock appear.

**IF NOT TREATED, SHOCK CAN PROGRESS TO CAUSE DEATH! ANY TYPE OF INJURY CAN CAUSE SHOCK.**

Shock is failure of the cardiovascular system to keep adequate blood circulating to the vital organs of the body, namely the heart, lungs and brain.

- SIGNS AND SYMPTOMS OF SHOCK INCLUDE: confused behavior, very fast or very slow pulse rate, very fast or very slow breathing, trembling and weakness in the arms or legs, cool and moist skin, pale or bluish skin, lips and fingernails and enlarged pupils.

### Treatment for Shock

A good rule to follow is to anticipate that shock will follow an injury and to take measures to prevent it before it happens.

- Putting a victim in a lying-down position improves circulation.
- If the victim is not suspected of having head or neck injuries, or leg fractures, elevate the legs.
- If you suspect head or neck injuries, keep the victim lying flat. If the victim vomits, turn on their side.
- If victim is experiencing trouble breathing, place them in a semi-reclining position. Maintain the victim's body temperature, but do not overheat.
- Cover victim with blankets, coats, etc. to keep warm.

## Bleeding

ARTERIAL bleeding is characterized by spurts with each beat of the heart, is bright red in color (although blood darkens when it meets the air) and is usually severe and hard to control. ARTERIAL bleeding requires immediate attention!

VENUS bleeding is characterized by a steady flow and the blood is dark, almost maroon in shade. Venus bleeding is easier to control than Arterial bleeding.

CAPILLARY bleeding is usually slow, oozing in nature and this type of bleeding usually has a higher risk of infection than other types of bleeding.

FIRST AID FOR BLEEDING IS INTENDED TO:

- STOP THE BLEEDING
- PREVENT INFECTION
- PREVENT SHOCK

### How to control bleeding

- Apply DIRECT PRESSURE on the wound using a dressing, if available. If a dressing is not available, use a rag, towel, piece of clothing or your hand alone.

**IMPORTANT: ONCE PRESSURE IS APPLIED, KEEP IT IN PLACE. IF DRESSINGS BECOME SOAKED WITH BLOOD, APPLY NEW DRESSINGS OVER THE OLD DRESSINGS. THE LESS A BLEEDING WOUND IS DISTURBED, THE EASIER IT WILL BE TO STOP THE BLEEDING!**

- If bleeding continues, and you do not suspect a fracture, ELEVATE the wound above the level of the heart and continue to apply direct pressure.
- If the bleeding still cannot be controlled, the next step is to apply PRESSURE AT A PRESSURE POINT. For wounds of the arms or hands, pressure points are located on the inside of the wrist or on the inside of the upper arm. For wounds of the legs, the pressure point is at the crease in the

groin. Steps 1 and 2 should be continued with use of the pressure points.

- The final step to control bleeding is to apply a PRESSURE BANDAGE over the wound. Pressure should be used in applying the bandage. After the bandage is in place, it is important to check the pulse to make sure circulation is not interrupted. When faced with the need to control major bleeding, it is not important that the dressings you will use are sterile; use whatever you have at hand and work fast!

**A SLOW PULSE RATE, OR BLUIISH FINGERTIPS OR TOES SIGNAL A BANDAGE MAY BE IMPEDING CIRCULATION.**

Signs and symptoms of INTERNAL BLEEDING are:

- bruised, swollen, tender or rigid abdomen
- bruises on chest or signs of fractured ribs
- blood in vomit
- wounds that have penetrated the chest or abdomen
- bleeding from the rectum or vagina
- abnormal pulse and difficulty breathing
- cool, moist skin

First aid in the field for internal bleeding is limited. If the injury appears to be a simple bruise, apply cold packs to slow bleeding, relieve pain and reduce swelling. If you suspect more severe internal bleeding, carefully monitor the patient. You should also reassure the victim, control external bleeding, treat for shock, loosen tight-fitting clothing and place victim on side so fluids can drain from the mouth.

## Burns

The severity of a burn depends upon its size, depth and location. Burns are most severe when located on the face, neck, hands, feet and genitals. Also, when they are spread over large parts of the body or when they are combined with other injuries.

- **FIRST DEGREE** burns are the least severe. They are characterized by redness or discoloration, mild swelling and pain. Overexposure to the sun is a common cause of first degree burns.
- **SECOND DEGREE** burns are more serious. They are deeper than first degree burns, look red or mottled and have blisters. They may also involve loss of fluids through the damaged skin. Second degree burns are usually the most painful because nerve ending are usually intact, despite severe tissue damage.
- **THIRD DEGREE** burns are the deepest. They may look white or charred, extend through all skin layers. Victims of third degree burns may have severe pain -- or no pain at all -- if the nerve endings are destroyed.

### **First Aid for Burns**

- **FIRST DEGREE:** Flush with cool running water, Apply moist dressings and bandage loosely.
- **SECOND DEGREE:** Apply dry dressings and bandage loosely Do not use water as it may increase risk of shock.
- **THIRD DEGREE:** Same treatment as second degree.

**ALL VICTIMS OF SERIOUS BURNS  
SHOULD SEEK PROFESSIONAL HELP QUICKLY!**

Burns may also be caused by **CHEMICALS**. In these cases, it is important to remove clothing on which chemicals have spilled and flush the affected area with copious amounts of water for 15 to 30 minutes.

## Nose Injuries

Severe nosebleed can be most frightening. It can also lead to shock if enough blood is lost! Many cases of nosebleed can be controlled simply by having the victim sit down, pinch the nostrils shut and lean forward (to prevent blood from running into the throat).

Once the bleeding has been stopped, talking, walking and blowing the nose may disturb blood clots and allow the bleeding to resume. The victim should rest quietly until it appears the bleeding remains stopped.

If it is suspected that the victim has suffered head, neck or back injuries **DO NOT** attempt to control the blood flow as they may cause increased pressure on injured tissue. All uncontrolled nosebleeds require prompt medical attention!

## Eye Injuries

Floating objects in the eye which can be visualized may be flushed from the eye with water. If the object cannot be removed in this manner, the victim should seek medical attention.

**NEVER ATTEMPT TO REMOVE OBJECTS EMBEDDED IN  
THE EYE!**

First Aid care for these injuries consists of bandaging **BOTH** eyes and seeking professional care promptly! An inverted paper cup covered with a bandage is appropriate for serious eye injuries while the victim is transported to the hospital.

For chemical burns of the eye, wash the eye with copious amounts of water for 15 to 30 minutes. Then wrap a bandage around both eyes and seek professional help.

Eyes are delicate and sight is precious! Prompt professional attention to eye injuries is required to preserve sight!

## Animal Bites

**ANIMAL BITES CARRY A HIGH RISK OF INFECTION AND REQUIRE PROFESSIONAL ATTENTION PROMPTLY!**

Infection may develop hours, or days, after an animal bite. Signs and symptoms of infection are pain & tenderness at the wound site, redness, heat, swelling, pus at the wound site, red streaks in the skin around the wound and possible swollen glands closest to the wound.

First aid care for animal bites includes washing the wound well with soap and water, if there is no heavy bleeding. Then cover the wound and seek professional attention. A serious wound should be cleaned only by trained medical personnel.

## Insect Bites

**INSECT BITES AND STINGS CAN BE LIFE-THREATENING TO PEOPLE WITH SEVERE ALLERGY TO THE INSECT'S VENOM!**

Signs and symptoms of allergic reaction include pain, swelling of the throat, redness or discoloration at the site of the bite, itching, hives, decreased consciousness and difficult or noisy breathing.

First aid calls for being alert for signs of allergic reaction or shock and seeking medical attention as quickly as possible for these victims!

If a stinger remains in the victim, you may try to remove it carefully with a tweezers or by scraping with the edge of a credit card. Be careful not to squeeze the stinger as this will inject more venom.

Once a stinger has been removed, the wound should be washed well with soap and water. Cold compresses will help relieve pain and swelling. The stung area should be kept lower than the heart to slow circulation of the venom.

**REMEMBER, IN ALL CASES OF INSECT BITES, WATCH FOR SIGNS OF ALLERGIC REACTION AND IF THEY APPEAR, SEEK PROFESSIONAL MEDICAL ATTENTION WITHOUT DELAY!**

## Poisoning

Since various poisons cause different symptoms, and because treatments vary depending upon the substance ingested, the first step in the event of poisoning is to call the local POISON CONTROL CENTER!

**DO NOT WAIT FOR SYMPTOMS TO OCCUR! IDENTIFY THE NATURE OF THE POISON AND GET SPECIFIC CARE INSTRUCTIONS FROM THE POISON CONTROL CENTER!**

All poisoning victims need to be monitored carefully for signs of shock or impaired consciousness.

## Embedded Object

If an object lodges in the body, apply direct pressure around the wound to control bleeding. (Wear gloves or use other protection as a barrier between you and any blood.)

Wrap gauze, cloth or a make-shift item around the object to hold it steady. Tape the wrapping in place.

**DON'T** increase the risk of internal bleeding by trying to remove an embedded object.

Treat for bleeding if necessary.

Seek professional assistance.

## Stroke

Stroke occurs when the blood flow to the brain is interrupted long enough to cause damage. This may be caused by a clot formed in an artery in the brain or carried to the brain in the bloodstream, a ruptured artery in the brain or by compression of an artery in the brain, as found with brain tumors. First aid consists primarily of recognizing signs and symptoms and seeking professional attention.

Signs and symptoms of a stroke include:

- Weakness and numbness of the face, arm or leg, often on one side of the body only.
- Dizziness
- Confusion
- Headache
- Ringing in the ears
- A change of mood
- Difficulty speaking
- Unconsciousness
- Pupils of uneven size
- Difficulty in breathing and swallowing
- Loss of bowel and bladder control

**For signs of a stroke, think *F.A.S.T.* :Stroke:**

**Face**-Weakness on one side of the face. *Ask victim to smile.*

**Arm**-Weakness or numbness in one arm. *Ask victim to raise both arms.*

**Speech**-Slurred speech or trouble getting the words out.

**Time**-Note time signals of first observed symptoms and call 911.

**IF YOU SUSPECT A PERSON IS HAVING A STROKE,  
HAVE THEM STOP WHATEVER THEY ARE DOING AND  
REST.**

**PROMPTLY OBTAIN PROFESSIONAL HELP.** Reassure the victim and keep them comfortable. Do not give anything by mouth. If the victim vomits, allow for fluids to drain from the mouth. Observe carefully while awaiting professional help and, if trained to do so, monitor the airway, breathing and circulation and **BE PREPARED TO ADMINISTER RESCUE BREATHING OR CPR, IF REQUIRED!**

## Heart Attack

The most significant sign of a heart attack is chest pain. The victim may describe it as pressure, a feeling of tightness in the chest, aching, crushing, fullness or tightness, constricting or heavy pain. The pain may be located in the center of the chest although it is not uncommon for the pain to radiate to one or both shoulders or arms or to the neck, jaw or back. In addition to pain, victims may experience sweating, nausea or shortness of breath. Many victims deny they may be having a heart attack. Others may have their condition worsened by fear of dying.

**FIRST AID FOR A HEART ATTACK:**

- Recognize the signs & symptoms of a heart attack
- Comfort & reassure the victim
- Have the victim stop whatever they were doing and sit or lie in a comfortable position
- Summon emergency medical help quickly
- If the victim become unconscious, be prepared to perform CPR  
[IF YOU ARE TRAINED TO DO SO]

## Fractures, Sprains, Strains & Dislocations

Fractures, sprains, strains and dislocations may be hard for the lay person to tell apart. For this reason, first aid treatment of any of these conditions is handled as though the injury was a fracture.

Signs and symptoms of the above conditions may include a "grating" sensation of bones rubbing together, pain, tenderness, swelling, bruising and an inability to move the injured part.

First Aid for any of these conditions consists of:

- Control bleeding, if present.
- Care for shock.
- Splint affected area to prevent further movement, but do so only if possible without causing further pain to victim.
- Cold packs may help reduce pain and swelling.

Victims with traumatic injuries, such as those caused by automobile accidents, falls etc. should not be moved except by trained rescue workers. Head, neck and back injuries are serious and require special care for movement and transport of victims with these conditions. In exceptional circumstances, such as when a victim is at risk of further injury unless moved, the victim's head and neck should be stabilized and the body moved with minimal flexing of the head, neck or spinal cord.

**ALL VICTIMS WITH FRACTURES, DISLOCATIONS, SPRAINS AND STRAINS REQUIRE PROFESSIONAL MEDICAL ATTENTION.**

**For Sprains, remember "RICE"**

**Rest  
Ice  
Compression  
Elevation**

## Seizure

SEIZURES are fairly common occurrences, but are very misunderstood! Seizures, per se, are not a specific condition. Rather, they may be caused by many different types of conditions such as insulin shock, high fevers, viral infections of the brain, head injuries or drug reactions.

### **Signs and Symptoms**

Many individuals have a warning AURA (or sensation) before the onset of a seizure. Many times, a person about to have a seizure will physically move themselves from danger (as from the edge of a train platform) before the seizure begins.

Seizures can range from mild to severe. Mild seizures may take place and end in a matter of seconds.

Severe seizures may involve uncontrollable muscle spasms, rigidity, loss of consciousness, loss of bladder and bowel control, and in some cases, breathing that stops temporarily. Many epileptics carry cards or bracelets that identify their condition.

### **First Aid**

Summon professional help. Prevent the person from injuring himself or herself by moving furniture or equipment.

**DO NOT ATTEMPT TO RESTRAIN A PERSON SUFFERING SEIZURE. DO NOT PUT ANYTHING IN THEIR MOUTH!**

Loosen clothing. If they vomit, turn on their side to allow fluids to drain. Stay with the person until they are fully conscious. If trained, administer rescue breathing or CPR, if required.

## Heat Emergencies

### **Heat Stroke**

This is the most serious type of heat emergency. It is LIFE-THREATENING and requires IMMEDIATE and AGGRESSIVE treatment!

Heat stroke occurs when the body's heat regulating mechanism fails. The body temperature rises so high that brain damage -- and death-- may result unless the body is cooled quickly.

#### **SIGNS & SYMPTOMS:**

The victim's skin is HOT, RED and usually DRY. Pupils are very small. The body temperature is VERY HIGH, sometimes as high as 105 degrees.

#### **FIRST AID:**

Remember, Heat Stroke is a life-threatening emergency and requires prompt action! Summon professional help. Get the victim into a cool place.

**COOL THE VICTIM AS QUICKLY AS POSSIBLE IN ANY MANNER POSSIBLE!**

Place the victim into a bathtub of cool water, wrap in wet sheets, and place in an air-conditioned room.

Do not give victim anything by mouth. Treat for shock.

### **Heat Exhaustion**

Heat exhaustion is less dangerous than heat stroke. It is caused by fluid loss that in turn causes blood flow to decrease in vital organs, resulting in a form of shock.

#### **SIGNS AND SYMPTOMS:**

COOL, PALE AND MOIST skin, heavy sweating, dilated pupils (wide), headache, nausea, dizziness and vomiting. Body temperature will be near normal.

#### **FIRST AID:**

Get the victim out of the heat and into a cool place. Place in the shock position, lying on the back with feet raised. Remove

or loosen clothing. Cool by fanning or applying cold packs or wet towels or sheets. If conscious, give water to drink every 15 minutes.

**IMPORTANT: WHILE HEAT EXHAUSTION IS NOT A LIFE- THREATENING EMERGENCY LIKE HEAT STROKE, IT CAN PROGRESS TO HEAT STROKE IF LEFT UNTREATED!**

### **Heat Cramps**

Heat cramps are muscular pain and spasms due to heavy exertion. They usually involve the abdominal muscles or legs. It is generally thought this condition is caused by loss of water and salt through sweating.

#### **FIRST AID:**

Get victim to a cool place. If they can tolerate it, give one-half glass of water every 15 minutes. Heat cramps can usually be avoided by increasing fluid intake when active in hot weather.

## Cold Emergencies

Hypothermia can be life threatening. Signs and symptoms include shivering, dizziness, numbness, confusion, weakness, impaired judgment, impaired vision and drowsiness.

Hypothermia victims pass through 5 stages, with each stage more serious and leading to death!

1. Shivering
2. Apathy
3. Loss of Consciousness
4. Decreasing Pulse and Breathing Rate
5. Death

#### **FIRST AID**

Seek professional help. Get victim out of the cold and into dry clothing. Warm the body SLOWLY! Give nothing to eat or drink unless victim is FULLY CONSCIOUS!

## Legal and Ethical Considerations

- DUTY TO ACT

While in most cases there is no legal responsibility to provide first aid care to another person, there is a very clear responsibility to continue care once you start. You cannot start first aid and then stop unless the victim no longer needs your attention, other first responders take over the responsibility from you or you are physically unable to continue care.

- NEED FOR CONSENT

In every instance where first aid is to be provided, the victim's consent is required. It should be obtained from every conscious, mentally competent adult. The consent may be either oral or written.

Permission to render first aid to an unconscious victim is implied and a first responder should not hesitate to treat an unconscious victim.

Consent of a parent or guardian is required to treat a child, however emergency first aid necessary to maintain life may be provided without such consent.

**IT IS IMPORTANT TO REMEMBER THAT A VICTIM HAS THE RIGHT TO REFUSE FIRST AID CARE AND IF THEY DO YOU MUST RESPECT THE VICTIM'S DECISION. YOU CANNOT FORCE CARE ON A PERSON WHO DOES NOT WANT IT ... REGARDLESS OF THEIR CONDITION!**

- LEGAL CONCERNS

Legislators in almost every state in the country have passed GOOD SAMARITAN LAWS that are intended to protect good people who offer first aid help to others.

Most of the Good Samaritan Acts are very similar in their content and usually provide two basic requirements that must

be met in order for the first responder to be protected by their provisions:

- The first responder must not deliberately cause harm to the victim.

The first responder must provide the level & type of care expected of a reasonable person with the same amount of training & in similar circumstances.

It's also advisable at home and at work to have both a stationary kit, stored in a cabinet or drawer, as well as a compact portable kit that can be taken quickly to the site of an emergency.