

Camp Catoctin – BSA

Scouts BSA

Francis Scot Key District / National Capital Area Council

2024 First Aid Requirements

Wmscoutsafety.org	REQUIREMENT
<div data-bbox="92 252 292 289" data-label="Section-Header"> <h2>Scene Safety</h2> </div> <ul style="list-style-type: none"> Is the Scene safe for you to work in? <ul style="list-style-type: none"> Vehicle Traffic, Aggressive / Wild / Dangerous Animals, Electrical Hazards, Natural Gas/Fuel Hazards, Fire / Smoke / Hazardous Materials, Overhead Hazards / Building Collapse / Loose Ground Material, Infectious Exposure Hazards, Intentional Incident / Active Shooter / Terrorist Bio-Hazard Exposure <ul style="list-style-type: none"> If you get blood or body fluids on you, you should also report the incident to your Scout leader and Parents. Seek medical care. Where possible, use disposable equipment and dispose of properly To clean non-disposable equipment, soak in a 10% bleach water solution for ten minutes and allow to air dry. Personal Protective Equipment (PPE) <ul style="list-style-type: none"> Reflective Traffic Safety Vests Hard Hats / Helmets Eye and Hearing Protection Work Gloves Body Substance Isolation (BSI) <ul style="list-style-type: none"> Medical Gloves (non-latex) Eye/Face Protection CPR Barriers <div data-bbox="844 709 1091 890" data-label="Image"> </div> <div data-bbox="860 903 1096 930" data-label="Caption"> <p>Think Six-Sided Box</p> </div>	<div data-bbox="1242 653 1523 749" data-label="Text"> <p>MB 4. Discuss ways to protect yourself while administering first aid</p> </div>
<div data-bbox="92 1020 911 1060" data-label="Section-Header"> <h2>Initial (Rapid) Patient Assessment and Intervention</h2> </div> <ul style="list-style-type: none"> Five for You <ol style="list-style-type: none"> Scene Safety / Establish Control of the Scene BSI / PPE Scene Size Up / Number of Patients General Impression of Patients Condition Mechanism of Injury or Nature of Illness Additional Resources Needed / 911 Calling Emergency Services <ul style="list-style-type: none"> When calling 911 – Give exact location, nature of injuries or illness, time incident occurred if known, and number of patients. <ul style="list-style-type: none"> Give a CAN report: <ul style="list-style-type: none"> <u>C</u>urrent <u>C</u>onditions <u>A</u>ctions being taken on Scene <u>N</u>eed Five for Them - Rapid Initial Assessment <ol style="list-style-type: none"> Open Airway – Check for Breathing Check for major <u>B</u>leeding – Stop the Bleed If not breathing – Start <u>C</u>PR (30:2) If breathing – <u>D</u>etermine other injuries Protect from <u>E</u>nvironment <div data-bbox="844 1516 1227 1749" data-label="Text"> <p><i>Determining the Mechanism of Injury (MOI) (how the person got hurt) can help you quickly suspect the potential of serious injury, especially to</i></p> </div> <ul style="list-style-type: none"> <u>Correct Immediate Threats to Life (Bleeding Control, Open Airway and CPR)</u> If you suspect Spinal Cord Damage- Cervical (Neck) and Back Stabilization/Protection Care for other Obvious Significant or Environmental Injuries Go to Secondary Assessment (Unless Multiple Patient Situation – do triage) 	<div data-bbox="1242 1117 1536 1278" data-label="Text"> <p>MB 2. How would you obtain emergency assistance from: - Home -Remote or Wilderness</p> </div>

Secondary (Focused) Patient Assessment – Injured Person

- *Locates other problems that require first aid*
- Focused Hands On Exam - DOTS
 - Deformities
 - Open Injuries
 - Tenderness
 - Swelling
- Circulation, Sensation, and Motion
- Skin Color, Temperature, Moisture

Suspected Spinal Injury

Based on MECHANISM OF INJURY and Circulation, Sensation, and Motion assessment

- If Spinal damage is suspected:
 - Manual stabilization of the neck – Leave helmets on unless necessary to open airway
 - Place victim in neutral or straight alignment if necessary

Triage – Multiple Patients

- When you have multiple patients, you need to assess each patient to determine how your resources will be allocated. Resources include first aid supplies and first aid providers. You must consider how long it will take adequate resources to arrive on Scene.
- Triage is a system of rapidly evaluating victim's injuries and prioritizing treatment. In a mass casualty situation, you need to do the most good for the most people. This is with the understanding that you may have more patients than you have resources, and you may not have enough resources to save everyone.

Triage Procedures

- Establish Command Structure – Must have an overall leader (Incident Commander), treatment area leaders, and patient assessors / transporters
- Establish Triage and Treatment Areas with assigned leaders

Rapid Assessment

- Airway
- Breathing
- Check for major Bleeding
- Is patient Conscious

Then – MARCH

- Massive Bleeding
- Airway Management
- Respirations (assist)
- Circulation
- Hypothermia (prevent)

TRIAGE TREATMENT AREAS

PRIORITY 1 – RED: Impaired Breathing or Circulation, or other obvious life threatening injury such as uncontrolled bleeding or severe head injury

PRIORITY 2 – YELLOW: Not Walking – Unimpaired Breathing and Circulation

PRIORITY 3 – GREEN: Walking Wounded

PRIORITY 4 – BLACK: Not Breathing / NO Pulse

MB 12. Describe the signs, symptoms, and possible complications and demonstrate care for someone with a suspected injury to the neck or back.

MB 3 Define the term triage.

(b) Explain the steps necessary to assess and handle a medical emergency until help arrives.

<div>Bleeding</div> <ul style="list-style-type: none"> Arterial Bleeding <ul style="list-style-type: none"> Life Threatening Spurts Venous Bleeding <ul style="list-style-type: none"> Flows Capillary <ul style="list-style-type: none"> Oozing Bruises <ul style="list-style-type: none"> Bleeding - Treatment <ul style="list-style-type: none"> Expose Wound Direct Pressure Clean Wound Sterile Dressing <ul style="list-style-type: none"> Bulky if necessary Bandage Monitor Patient's Breathing <p>Consider Shock and Hypothermia</p>	<p>MB 8. (a & b) Open Wounds</p> <p>MB 13 (d) Bruises TFOOT 4a.</p> <ul style="list-style-type: none"> Simple cuts and scrapes Blisters on the hand and foot <p>2nd Class 6a Puncture Wound</p> <p>1st Class 7a Bandage Upper Arm and Head</p>
<div>Severe Bleeding</div> <p>BLEEDING CONTROL (BCON) - STOP THE BLEED INITIATIVE</p> <p>Major Trauma Bleeding / Life Threatening Bleeding</p> <ul style="list-style-type: none"> Arm or Leg <ul style="list-style-type: none"> Tourniquet Direct Pressure Dress and Bandage Shoulder, Neck, Groin <ul style="list-style-type: none"> Pack Wound Direct Pressure Dress and Bandage Treat for Shock and Hypothermia Monitor Patient if Possible Seek Immediate Emergency Care <div> www.bleedingcontrol.org </div> <div> <p>Tourniquets</p> <ul style="list-style-type: none"> Major Life-Threatening Bleeding on Extremities Apply High and Tight or at least two inches above wound Never Over Joint Recheck / Re-tighten Once on – Stays On May Need Second Tourniquet Document time of application and location of tourniquet <u>on patient</u> Never cover the tourniquet Seek Immediate Emergency Care </div> <div> <p>Wound Packing</p> <ul style="list-style-type: none"> Where You Can't Use a Tourniquet Groin, Axilla (armpits), Shoulders <u>NOT in Chest or Abdomen!</u> Roller Gauze or Zee Fold Gauze Seek Immediate Emergency Care <div> <p>Hemostatic works best but not necessary</p> <p><i>In extreme situations, use whatever you have</i></p> </div> </div>	<p>2nd Class 6b Severe Bleeding</p> <p>MB 8 (c) Explain the appropriate use of a tourniquet / Tell the dangers in the use of a tourniquet and the conditions under which its use is justified.</p>

Burns			MB 13 (h) Burns
<div><div>Superficial</div><div>1st degree</div><div>Red, Painful</div></div> <div><ul style="list-style-type: none">HeatChemicalElectricalRadiation</div> <div><div>General Care for Burns</div><div><ul style="list-style-type: none">Remove patient from source of burnDo not remove melted on materialsBrush off dry chemicalsCool with WaterGently clean injury siteDo not break blistersRemove anything that binds (Jewelry, rings, watches, silly bands)General Care for BurnsDress with dry dressingConsider using Mylar emergency blanket for dressingMonitor Patient’s BreathingIf conscious – keep patient hydratedWatch for and treat for shock as necessaryRe-dress injury twice each day</div></div> <div><div>Chemical Injuries</div><div>or chemical burns: Brush product off patient. Do not flush with water until you have read the warning label on the product</div></div>	<div><div>Partial Thickness</div><div>2nd degree</div><div>Red, Painful, Swollen Blisters</div></div>	<div><div>Full Thickness</div><div>3rd degree</div><div>Pain only towards edges</div><div>Charred skin</div></div>	
Shock			MB 6. (a) Shock 2nd 6a Shock
<div><ul style="list-style-type: none">Shock is a condition that results when the cardiovascular system is challenged, causing the persons brain and other body cells to receive an insufficient flow of oxygenated blood.<ul style="list-style-type: none">AKA: Inadequate ProfusionUsually caused by Loss of Necessary Fluids in Body<ul style="list-style-type: none">Blood LossDehydration<div>Early Signs / Symptoms of Shock</div><ul style="list-style-type: none">Patient Anxious, Restless, DisorientatedHeart Rate – Rapid and WeakRespiratory Rate – Rapid and ShallowSkin – Pale, Cool, ClammyNausea<div>Later Stages of Shock</div><ul style="list-style-type: none">Decreased Level of ResponsivenessHeart Rate – Rapid and Weak, will eventually disappear at extremitiesShock that is not managed can lead to Death</div>			

<ul style="list-style-type: none"> • Care for Shock <ul style="list-style-type: none"> – Treat Bleeding / Dehydration Issues – Keep patient Calm, Lying Down in Position of Comfort – Maintain Patients Body Temperature – Elevate Patients Legs – Maintain Airway - Monitor Patient's Breathing – <i>Get to Immediate Emergency Care</i> 	
<p>Life Threatening Emergencies</p> <p>ALLERGIES AND ANAPHYLAXIS</p> <ul style="list-style-type: none"> • Anaphylactic Shock is a severe allergic reaction and is very life threatening • Signs and Symptoms of Allergic Reaction <ul style="list-style-type: none"> • Stuffy nose / Congestion • Flushed – itchy skin • Sneezing • Nasal Discharge – Runny nose • Itchy / watery eyes • Swelling (insect sting / bite) • Hives • Care for Allergic Reaction <ul style="list-style-type: none"> • Remove allergen from patient or patient from allergen • Wash allergens off area off patient (where applicable) • Consider topical or oral Antihistamine • Signs and Symptoms of Anaphylaxis <ul style="list-style-type: none"> • Patient may advise prior history • Trouble Breathing / wheezing • Redness / hives • Inability to speak • Swelling of stung/bitten area <ul style="list-style-type: none"> – Swelling of face, lips, tongue, sometimes hands and feet • Medical Alert Tags • Care for Anaphylaxis <ul style="list-style-type: none"> • Remove allergen from patient or patient from allergen • Help patient self-administer Epinephrine Auto-injector <ul style="list-style-type: none"> – Epi-Pen • Keep patient hydrated – if alert • Patient in a position of comfort (shade) / MONITOR PATIENT / Call 911 	<p>MB 9. Explain when a bee sting could be life threatening and what action should be taken for prevention and for first aid.</p> <p>MB 13 (b) Anaphylaxis/allergic reactions</p>

<p>ASTHMA</p> <p>An asthma attack is a sudden worsening of asthma symptoms caused by the tightening of muscles around your airways.</p> <ul style="list-style-type: none"> Common asthma symptoms include: <ul style="list-style-type: none"> Coughing, especially at night Wheezing Shortness of breath Chest tightness, pain, or pressure Give asthma first aid. <ul style="list-style-type: none"> Sit them upright comfortably and loosen tight clothing. If the person has asthma medication, such as an inhaler, help them take it If no inhaler or inhaler does not provide relief, Call 911 <p>CHOKING</p> <ul style="list-style-type: none"> Stand behind patients with their legs slightly spread – your knee between their legs Put your arms around patient’s waist – under their arms – give repeated abdominal thrusts¹ If the person passes out – gently guide them to the floor and begin CPR <p>HEART ATTACK</p> <p>Signs and Symptom</p> <ul style="list-style-type: none"> <i>Pain, Pressure and Chest Discomfort</i> Pain – Predominantly on Left Side, <ul style="list-style-type: none"> Radiating to Shoulder, Arm, Jaw Radiating pain may not present in all patients Nausea, Sweating Shortness of Breath General Weakness Denial <p>Care</p> <ul style="list-style-type: none"> Keep Patient Calm, in Position of Comfort <ul style="list-style-type: none"> Usually NOT Lying Down Do Not Allow patient to Walk Help Patient Self Administer Prescribed Nitroglycerin or Non-Coated Aspirin (325 mg) Maintain Airway - Monitor Patient’s Breathing Get to Immediate Emergency Care Be Prepared to Administer CPR / AED 	<p>MB 13 (c) Asthma</p> <p>TFOOT 4a Choking</p> <p>MB 6. (b) Heart attack</p> <p>2nd class CPR</p> <p>1st Class 7c Signs of a Heart Attack How to do CPR</p> <p>MB 7. (a) Describe the conditions that must exist before performing CPR on a person. (b) Then demonstrate proper CPR technique using a training device approved by your counselor. (c & d) Explain and demonstrate the use of an automated external defibrillator (AED). (e) identify where AEDs are located</p>
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¹ The 2017 (13th) edition BSA Handbook and 2016 First Aid Merit Badge book still calls for giving five back blows. This is no longer medically advised.

STROKE

- Suspect Possible Stroke if:
Sudden Loss or Blurring of Vision
Sudden Balance Impairment or
- Facial Droop
Arm Drift
Impaired Speech

IMPORTANT:
Time Last Seen Well

MB 6(c) Stroke

2nd Class 6b Stroke

Muscle, Joint, and Bone Injury

Injuries to the musculoskeletal system – bones, ligaments, muscles, tendons, and cartilage – are the most common wilderness injuries

- Strains: Over stretching of the muscles or tendons
- Sprains: Injuries to the ligaments
- Fractures: Break, chip, or crack in the bone
 - Closed Fracture: no break in skin
 - Open Fracture: Open wound in the skin over the fracture, sometimes the bone is visible
- Dislocation: Movement of the bone away from its normal position of function
- Because these injuries will look alike, they are all treated in same way
- How do you find them?
 - Remember DOTS:
 - Deformities
 - Open Injuries
 - Tenderness
 - Swelling
 - Circulation, Sensation, and Motion

Care for Bone and Joint Injuries

- Fully assess the injury
 - Carefully remove clothing from patient
 - Circulation, Sensation, and Motion
 - Can patient move injured limb
 - Determine Mechanism of Injury
 - Visually compare two sides of body
 - Observe if patient is “guarding” one part of body
- Specific Fractures
 - Jaw Fracture – hold in place with wide wrap around head. Be able to remove quickly if patient vomits.
 - Collarbone (Clavicle) – secure with sling and swath
 - Lower Arm (Radius or Ulna) – secured with well-padded splint, sling and swath
 - Fingers – secured to next uninjured finger with tape
 - Upper Arm (Humerus) – place in sling and swath with elbow free. Splint not always necessary
 - Hip and Pelvis – secure the entire on a rigid litter
 - Leg (Femur, Tibia, and/or Fibula) secure with well-padded rigid support

MB 10 . Describe the signs and symptoms suspected closed and open fractures or dislocations

MB 11 demonstrate the proper procedures for handling and immobilizing

- (a) Finger
- (b) Forearm
- (c) Wrist
- (d) Upper leg
- (e) Lower leg
- (f) Ankle

Rest

Immobilize

Cold

Elevate

<ul style="list-style-type: none"> • Splinting – <ul style="list-style-type: none"> – Splint in position of function – Splint must be long enough to restrict movement between joints – Pad for comfort and fill voids – Sling and Swath as appropriate – Monitor Patient - Check Circulation, Sensation, and Motion below the injury site – Don't cause more pain (Do no harm) – Remove anything that binds (Jewelry, rings, watches, silly bands) – Determine resources for making splint – Angulated fractures (angles in bones) need to be straightened. Pull traction along the line in which it lies. Once aligned, splint as normal. – Splint in the position found – Compartment Syndrome <ul style="list-style-type: none"> • Significant damage to muscular system due to lack of perfusion and increased pressure <p>Strains and Sprains</p> <ul style="list-style-type: none"> – Evaluate injury – – Can the patient move the injured area with little, some, or much pain? – Can the injured area support weight? – General Care begins with RICE – Re-evaluate after rest – When in doubt, Splint 	<p>1st Class 7a Sprained Ankle Collar Bone</p> <p>MB 13 (e)</p>
<p>Cold Related Emergencies</p> <ul style="list-style-type: none"> • Hypothermia - Lowering of the core body temperature to a point where function is impaired <p>Preventing Hypothermia / Prevent Heat Loss</p> <ul style="list-style-type: none"> • Proper clothing • Insulate Patients from ground • Limit Exposure / Proper shelter • Detect warning signs early • Proper care • Large volume Blood Loss will cause Hypothermia <p>Onset of Hypothermia</p> <ul style="list-style-type: none"> • Shivering • Fumbling, grumbling, mumbling, stumbling • Complaints of being cold <p>Moderate Hypothermia</p> <ul style="list-style-type: none"> • Violent Shivering • Confused / unusual behavior / Impaired judgment <p>Care for Hypothermia</p> <ul style="list-style-type: none"> • Change Environment – get them out of the cold and wind, • Get them into dry clothes – cover all – leave no skin exposed • Insulate patient from ground • Give patient something warm to drink / eat Only if fully conscious and alert • Avoid caffeine and never give alcoholic beverages • Use warm water bottles or heat packs over arteries to warm patient 	<p>MB 13. (f) Hypothermia</p> <p>2nd Class 6 a Hypothermia</p>

<p>Frost Bite - Freezing of body parts exposed to cold</p> <ul style="list-style-type: none"> • Signs and Symptoms <ul style="list-style-type: none"> ○ Numbness or lack of feeling unaffected areas ○ Skin appears “waxy” / cold to touch ○ Discolored • Care <ul style="list-style-type: none"> ○ Handle patient and affected area gently ○ Never rub affected area ○ If possible – <i>re warm affected area by soaking in warm – not hot – water</i> ○ Do not attempt to re warm if patient cannot be protected from exposure and potentially re freezing ○ Loosely dress and bandage (separate fingers/toes) ○ Monitor Patient’s Breathing ○ Evacuate to Immediate Emergency Care 	<p>MB 13 (e) Frostbite</p> <p>TFOOT 4a Frostbite</p>
<p>Moving a Patient</p> <ul style="list-style-type: none"> • When to move a patient <ul style="list-style-type: none"> ○ When the scene becomes unsafe and movement to a safe area is necessary ○ When necessary to protect the patient from further environmental harm • When moving a patient, determine: <ul style="list-style-type: none"> ○ How far you need to go and how rapidly? ○ Does the patient have a suspect spinal or other injury that could be complicated by movement? ○ What supplies do you have? • Move the patient the shortest distance possible providing support for suspect spinal or musculoskeletal injuries. There are several patient carries detailed in the Scout Handbook. • Consider Hypothermia Wrap as a patient stretcher 	<p>MB 14 (a) Describe the conditions under which an injured person should be moved. (b) If a sick or an injured person must be moved, tell how you would determine the best method. Demonstrate this method. (c) With helpers under your supervision, improvise a stretcher and move a presumably unconscious person.</p>
<p>Heat Related Emergencies</p> <ul style="list-style-type: none"> • Prevention <ul style="list-style-type: none"> – Stay Hydrated <ul style="list-style-type: none"> • Before / After exertion – 20 oz. every 2 hours • During exertion – 12 oz. every 20 minutes • Remember, if your Urine is dark, you’re missing the mark. • Avoid Diuretic drinks and drugs • Diuretics increase the excretion of water from bodies including soft drinks, teas, sweetened juices, some natural juices, anything with caffeine – Be fit enough for task – Pace yourself – rest often – Avoid being in direct sunlight <ul style="list-style-type: none"> • Keep Head and Face shaded • Sunglasses and Sunscreen 	<p>1st Class 7b Patient Move</p> <p>2nd Class 6a Heat Exhaustion, Heat Stroke, Dehydration</p> <p>MB 13. (i) Dehydration</p>

Other Illnesses and Emergencies

ABDOMINAL ILLNESS

Abdominal Illness - Prevention

- Good group and individual hygiene
- Proper treatment of drinking water - *Filtration and Disinfection*
- Proper food preparation
 - Proper storage of food (Sealed and Temperature), Proper sanitation while preparing meals including separation and thorough cleaning of utensils and prep areas, no cross contamination between not cooked and cooked food, and proper after meal clean up.
 - Cooking food to proper temperature, Proper personal hygiene

General Care for abdominal illness

- Consider over the counter stomach / Diarrhea meds
- Keep patient hydrated
- Consider Hydration mix
- If simple stomachache is suspected and patient is not vomiting, patient should eat some bland food such as rice, grains, and breads. Avoid dairy products or products with caffeine.

MB 13. (n) Abdominal pain

BITES AND STINGS

Animal (Mammal) Bites

- Clean wound site with soap and water
- Control Bleeding and dress and bandage
- Seek medical care – Report bite to local animal control or public health authorities

2nd Class 6a Bite from Warm Blooded Animal

Insects and Spiders

Spider Bites

- For “harmless” spider – wash area with soap and water, apply antibiotic, cover with dressing, and apply cold pack if you have one. Monitor for allergic reaction
- For Venomous- Spider, same as above plus elevate the bite area and seek emergency medical attention

Ticks

- *Prevention:*
 - Use insect repellent that contains 20 to 30 percent of the chemical **deet**. Spray this on your skin as well as your clothing.
 - Cover up. Wear long a long sleeve shirt, long pants and tuck your pants into your socks or boots. Light-colored clothing is also a good idea because it allows you to spot ticks more easily.

Always check yourself for ticks after you have spent time outdoors

- Removing a Tick
 - Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.

TFOOT 4a Bites or stings of insects and ticks

- Pull upward with steady, even pressure. ...
- After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol, an iodine scrub, or soap and water.

When you remove the tick, stick it to a piece of tape, and fold the tape over. This suffocates the tick after it has been pulled off, and you will be able to keep the tapped tick so that if you have any flu-like symptoms, bruises, or rashes over the next month, you can bring the tick with you when you go to see the doctor. Different ticks carry different diseases, and your doctor will be able to identify the tick in question.

Snake Bites

- Make sure the scene is safe
- BSI
- Patient assessment
 - Look for fang marks
 - Assess Swelling, tingling, numbness
 - Patient may have nausea, vomiting
 - Advanced patients may display shock, paralysis, necrosis
- Care for Snake Bites
 - Keep the patient physically and emotionally calm
 - Control Bleeding
 - Keep bite site below level of heart
 - DO NOT Irrigate wound
 - DO NOT USE Antibiotic ointment
 - DO NOT Cut or try to suck venom out
 - DO NOT apply constricting bands for Pit Vipers
 - Remove any jewelry or other items that may restrict swelling

TFOOT 4a Venomous snakebite

CONCUSSION

Signs and Symptoms

- Possible short-term Loss of Consciousness
- Short term memory loss
- Briefly blurred vision
- Short term loss of concentration or orientation
- Nausea, headache, dizziness, lethargy
- Less than 12% of people with concussions lose consciousness

Concussion - Treatment

- Keep patient calm – Allow Patient to Rest
- Control bleeding but do not attempt to stop drainage of cerebrospinal (clear) fluid
- Protect patient from aspirating
- Limit noise and light (out of bright light)
- Evacuate patient
- If immediate evacuation is not available and time has elapsed since the incident, allow patient to sleep but monitor and re-assess vitals and cognitive activities frequently

MB 13 (a) Concussion

DENTAL INJURY

- Rinse mouth with clean ambient (room) temperature water
- Save tooth is loose or out
- Cold packs may relieve pain if available / Consider Ora-Jell

EARACHE

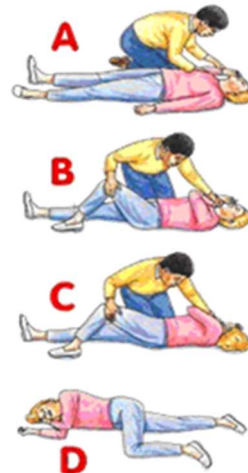
- If something is lodged in the ear, do not use force to remove. Try rinsing ear with water as long as you believe ear drum is intact. If an insect is in the ear, use room temperature cooking oil to rinse the insect out.
- Outer ear infection or swimmers' ear (pain increases when you pull earlobe) – rinse ear with 50% water/50% vinegar or alcohol. If pain persists, seek medical attention.
- Inner ear infection and/or vertigo (pulling ear lobe does not increase pain) – seek medical attention

FOREIGN OBJECT IN EYE

- Instruct patient NOT TO RUB EYES
- Encourage “blinking” to stimulate tearing
- If that does not work – flush eyes with clean water
- If that doesn't work – bandage eyes and seek medical care

FAINING / LOSS OF CONSCIOUSNESS

- Conduct Rapid Assessment to determine life threatening injury
- If not breathing – Begin CPR
- If breathing – protect airway and conduct secondary assessment – looking for Medical Alert Bracelets
- Put patient in Recovery Position and Call 911
- care



Recovery Position

NOSEBLEED

- BSI / Have the patient Sit Down, lean forward and pinch the meaty part of the nose.
- This may take 10 to 20 minutes until bleeding stops
- If bleeding persists, pack nostrils gently with gauze soaked with antibiotic ointment
- If caused by blow to the nose, consider use of cold packs
- Blood running down the throat when the patient is leaning forward may indicate a more serious injury. Seek Immediate Emergency Care

MB 13. (o) Broken, chipped, or loosened tooth

2nd Class 6a Object in Eye

MB 12 (j) Loss of Consciousness

TFOOT 4a Nosebleed

SEIZURES

- During a seizure:
 - Protect the person from injury.
 - Keep him or her from falling if you can or try to guide the person gently to the floor.
 - Try to move furniture or other objects that might injure the person during the seizure.
 - Do not force anything, including your fingers, into the person's mouth. Putting something in the person's mouth may cause injuries to him or her, such as chipped teeth or a fractured jaw. You could also get bitten.
 - Do not try to hold down or move the person. This can cause injury.
- After a seizure:
 - Check the person for injuries.
 - If unconscious, place the person in the Recovery Position. If conscious, assist into a position of comfort.
 - If the person is having trouble breathing, use your finger to gently clear his or her mouth of any vomit or saliva.
 - Loosen tight clothing around the person's neck and waist.
 - Provide a safe area where the person can rest.
 - Do not give anything to eat or drink until the person is fully awake and alert.
 - Stay with the person until he or she is awake and familiar with the surroundings. Most people will be sleepy or confused after a seizure.
 - Prolonged seizure (> 2 Minutes) - Seek Immediate Emergency Care

POISONOUS PLANTS - RASH CAUSING PLANTS

- Recognizing and avoiding Rash Causing Plants is the best prevention
- Calamine Lotion or Hydrocortisone cream is best topical first aid to reduce itching. Consider topical antihistamine
- Monitor for more serious allergic reaction
- Consider oral antihistamine
- Get to emergency medical care if severe reaction or rash involves face or groin
- Burning plants are extremely dangerous

SWALLOWED POISONS

- If an ingested poison is suspected, - Seek Immediate Emergency Care (911) and Contact Local Poison Control
 - If the chemical or poison can be identified, check the material Safety Data Sheet or product label for first aid instructions.
 - Do Not Give Anything by Mouth. Do not try to induce vomiting
 - Monitor Patient's Breathing
- If the patient vomits, attempt to collect vomitus for analysis if chemical or poison is not identified.

POISON CONTROL NUMBER:

1-800-222-1222

MB 13. (i)Seizures

TFOOT 4b

2nd Class 6b Poisoning

BEHAVIORAL EMERGENCIES

- Implement SAFER Model
 - Stabilize the situation
 - Contain and lower stimuli i.e.: Calm the situation
 - Assess and Acknowledge Crisis
 - Facilitate resources (family, Chaplains, Councilor)
 - Encourage patient to use resources and take actions in his/her best interest
 - Recovery or Referral
- Warning Signs**
 - Withdrawal / Depression / Unusual Lack of Eye Contact / Frequent Self Criticism or Blame / Unusual Indecisiveness / Avoidance / Obsessive Behavior / Crying Spells / Panic Attack / Onset of Substance Abuse
- Assess for Risk of Suicide or Harm**
 - Listen Non-Judgmentally
 - Give Reassurance
 - Encourage Appropriate Professional Help
 - - **Ask Directly** - Are you planning to hurt yourself or someone else?
 - **Care** - SAFER Model (above)
 - **Escort** - Do Not Leave this person alone. Stay with him/her until relieved by public safety or medical professional

MB 5. Describe the following: (a) The indications that someone might be a danger to themselves or others. (b) What action you should take if you suspect that someone might be a danger to themselves or others.

MB 5. Do the following:

- (a) Prepare a first-aid kit for your home.
Display and discuss its contents with your counselor.
- (b) With an adult leader, inspect your troop's first-aid kit.
Evaluate it for completeness.
Report your findings to your counselor and Scout leader.

MB 16. Teach another Scout a first-aid skill

First Aid Instructor/Merit Badge Councilors:

Alan Caho, EMT (NCAC Troop 476) email: KA3DYL@gmail.com
 Steven Caho, NREMT-P (NCAC Troop 476) email: KB3ISK@gmail.com

WESTERN MARYLAND CENTER FOR SCOUT SAFETY

is an independent volunteer HSI/ASHI authorized training center.
 We specialized in providing First Aid and Cardio-Pulmonary Resuscitation training to Scouting and other non-profit or faith-based organizations in Western Maryland.

We provide Wilderness First Aid Classes
 Visit our website at: WMScoutSafety.org

Basic Back Country First Aid Kit

- Assorted Self Adhesive Bandages
- Sterile Gauze Pads
- Roller Gauze
- Triangular Bandage
- Adhesive Bandage Tape
- Moleskin
- Antibiotic Ointment
- Israeli style Bandage
- Alcohol Based Sanitizer
- Trauma Scissors
- Non-Latex Disposable Gloves
- CPR Mask
- Tweezers
- SAM Splint
- Space Blanket
- Tourniquet - CAT or tactical/military style