Camp Catoctin – First Aid Merit Badge

Scouting America

Scene Safety

Is the Scene safe for you to work in?

- 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

- 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)	*Body Substance Isolation (BSI)*
• Reflective (Traffic) Safety Vests • Hard Hats / Helmets • Eye and Hearing Protection • Work Gloves	• Medical Gloves (non-latex) • Eye/Face Protection • CPR Barriers

Initial (Rapid) Patient Assessment and Intervention

Five for You

1. Scene Safety / Establish Control of the Scene
2. BSI / PPE
3. Scene Size Up / Number of Patients
4. General Impression of Patients Condition Mechanism of Injury or Nature of Illness
5. Additional Resources Needed / 911
   - Calling Emergency Services - When calling 911 – Give exact location, nature of injuries or illness, time incident occurred if known, and number of patients.

Calling for Help

- Call the Emergency Number for your area – in United States that is 911. This may be different in other parts of the world.
- If using your own cell phone – put on speaker and stay on the line for instructions – if someone ese is calling – have them stay on the line for further instructions.
- If using cell phones, you may need to move to higher ground or to another location to get a good cell signal.

Think 6 \Sided Box

MB 1

(a) Scene Safety
(c) Bio-Hazards

2nd Class 6e (Initial Interventions)

MB 1 (b) Calling for Help

- When speaking to 911 - Give a CAN report: - Current Conditions (what's happened and weather, terrain, number of patients, or other information that would be helpful to rescuers), Current Action (what are you doing for the patient), Current Needs (what do you need – Ambulance, Police, Fire/Rescue, or other resources needed to handle the emergency.)

2nd Class 6(d)Information for 911

Five for Them - Rapid Initial Assessment

A. Open Airway – Check for Breathing
B. Check for major Bleeding – Stop the Bleed
C. If not breathing – Start CPR (30:2)
D. If breathing – Determine other injuries
E. Protect from Environment

MB 1 (d) Airway

Then -

- Correct Immediate Threats to Life (Bleeding Control, Open Airway and CPR)
- If you suspect Spinal Cord Damage- Cervical (Neck) and Back Stabilization/Protection
- After immediate threats to life have been corrected – Go to Secondary Assessment

MB1(e) Thorough Examination

Secondary (Focused) Assessment

- Focused Hands On Exam - DOTS
  - Deformities
  - Open Injuries
  - Tenderness
  - Swelling
- Circulation, Sensation, and Motion
- Skin Color, Temperature, Moisture
- Look for Medical Alert Tags (Bracelets, Anklets, or Pendants)

Shock

MB 1(f) Shock

2nd Class 6a Shock

- Shock is a condition that results when the cardiovascular system is challenged, causing the person's brain and other body cells to receive an insufficient flow of oxygenated blood.
- AKA: Inadequate Profusion Usually caused by Loss of Necessary Fluids in Body

- Blood Loss
- Dehydration

Early Signs / Symptoms of Shock

- Patient Anxious, Restless, Disorientated
- Heart Rate – Rapid and Weak
- Respiratory Rate – Rapid and Shallow
- Skin – Pale, Cool, Clammy
- Nausea

Later Stages of Shock

- Decreased Level of Responsiveness
- Heart Rate – Rapid and Weak, will eventually disappear at extremities

<u>Shock that is not managed can lead to Death</u>

Care for Shock

- 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
- Get to Immediate Emergency Care

Triage

MB1 (g) Triage

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 victims' 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

Conduct Rapid Assessment of each Patient

- Airway
- Breathing
- Check for major Bleeding
- Conscious / Level of Responsiveness

Then – <u>MARCH</u>

- Massive Bleeding (Stop the Bleed)
- Airway Management (Open Airway)
- Respirations (assist)
- Circulation (Support)
- Hypothermia (prevent)

Then Move – patient to appropriate Treatment Area

TRIAGE TREATMENT AREAS

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

PRIORITY 2 – YELLOW: Serious possibly Life-Threatening injuries with Stable Breathing and Circulation

PRIORITY 3 – GREEN: Walking Wounded – Non-Life-threatening injuries

PRIORITY 4 – BLACK: Not Breathing / NO Pulse

MB 4(b) Bleeding

MB 3

(f) Abrasions
(c)Lacerations
(a) Contusions

(h) Abrasions

(j) Punctures

MB 9 Scalp Injury

TFoot 4a Abrasions & lacerations

2nd Class 6a Puncture Wound

1st Class 7a Bandaging

Bleeding

- Arterial Bleeding
  - Life Threatening
  - Spurts
- Venous Bleeding
  - Flows
- Capillary
  - Oozing
- Bruises
  - Discoloration under skin

- Bleeding – (Open Injury) Treatment
  - Expose Wound
  - Direct Pressure
  - Clean Wound
  - Sterile Dressing
    - Bulky if necessary
  - Bandage
  - Monitor Patient's Breathing

Consider Shock and Hypothermia

Common Type of Wounds

Abrasion Injuries – Scrapes / Road Rash - Treat as any open injury

Contusions – Bruises – Reduce swelling by Rest and cooling (ice pack)

Lacerations – Cuts - Treat as any open injury

Minor Puncture Wounds – Remove the object and treat as any open injury

Nose Bleeds

- 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 a 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

TFoot 4a Nosebleeds

MB 4 (a) Nosebleeds

Severe Traumatic Bleeding – *Bleeding Control / Stop the Bleed*

StopTheBleed.org

Major Trauma Bleeding **/** Life Threatening Bleeding

MB 4

(c) Severe Bleeding

(d) Tourniquet

Tourniquets (Ams and Legs)

- 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 *on patient*
- Never cover the tourniquet

Seek Immediate Emergency Care

Wound Packing (Junctional Areas)

- Groin, Axilla (armpits), Shoulders
- ***NOT in Head, Chest or Abdomen!***
- Roller Gauze or Zee Fold Gauze preferred – otherwise use what is available

Seek Immediate Emergency Care

2nd Class 6b Severe Bleeding

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 muscles or tendons
- Sprains: Injuries to the ligaments
- Fractures:
  - Brake, chip, or crack in the bone
  - Closed Fracture: no break in skin

MB 8 (all)

  - 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 be removed 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.
- Leg (Femur, Tibia, and/or Fibula) secure with well-padded rigid support
- Ankle – Secure with ankle hitch, boot, or SAM Splint

Splinting

- 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

Significant damage to muscular system due to lack of profusion and increased pressure

Strains and Sprains

A muscle tear, also known as a muscle strain or pulled muscle, occurs when muscle fibers are stretched beyond their capacity, causing them to partially or completely tear. This can happen when a muscle is overstretched, overloaded, or subjected to a sudden force.

A tendon rupture is a tear or break in a tendon, which is a tough band of tissue that connects muscles to bones. It can be either a partial or complete tear. Ruptures can occur due to sudden injuries, overuse, or underlying medical conditions that weaken the tendon

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

RICE = *Rest, Ice, Compression, and Elevation*

Life-Threatening Emergencies

Allergies and Anaphylaxis

MB 3 (m) Bee Stings

Anaphylactic Shock is a severe allergic reaction and is very life threatening

Signs and Symptoms of Allergic Reaction

- Stuffy Nose / Congestion
- Flushed – itchy skin
- Sneezing
- Nasal Discharge – Runny nose
- Itchy / Watery Eyes
- Swelling (insect sting / bite)
- Hives

Care for Allergic Reaction

- Remove allergens from patients or patients from allergens
- Wash allergens off area off patient (where applicable)
- Consider topical or oral Antihistamine

Signs and Symptoms of Anaphylaxis

- Patient may advise prior history
- Trouble Breathing / wheezing
- Redness / hives
- Inability to speak
- Swelling of stung/bitten area
  - Swelling of face, lips, tongue, sometimes hands and feet
- Medical Alert Tags

MB 5(c) Anaphylaxis

Care for Anaphylaxis

- Remove allergens from patients or patients from allergens
- Help patient self-administer Epinephrine Auto-injector (Epi-Pen)
- Keep patient hydrated – if alert
- Patient in a position of comfort (shade) / MONITOR PATIENT
- Call 911

Asthma

An asthma attack is a sudden worsening of asthma symptoms caused by the tightening of muscles around your airways.

- Common asthma symptoms include:
  - Coughing, especially at night
  - Wheezing
  - Shortness of breath
  - Chest tightness, pain, or pressure
- Give asthma first aid.
  - 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

MB 5 (b) Asthma

Burns

Superficial	**Partial Thickness**	**Full Thickness**
1st degree	2nd degree	3rd degree
Red, Painful	Red, Painful, Swollen Blisters	Pain only towards edges Charred skin

- Caused by: Heat , Chemical, Electrical, Radiation (Sunburn)

Care for Burns

- Remove patient from source of burn
- Do not remove melted materials
- Brush off dry chemicals
- Cool with Water Gently clean injury site
- Do not break blisters
- Remove anything that binds (Jewelry, rings, watches, rubber bands)
- Dress with dry dressing
- Monitor Patient's Breathing
- If conscious – keep patient hydrated
- Watch for and treat for shock as necessary

MB 3 (c) Chemical

(d) Electrical

(e) Sunburn

TFoot 4a (Burns)

TFoot 4a (Sunburn)

2nd Class 6a (Burns)

- **Chemical Injuries** or chemical burns: Brush product off patient. Do not flush with water until you have read the warning label on the product. Find safety information on any chemical by Googling the name of the chemical followed by the letters SDS or Safety Data Sheet.

Choking

1. Make sure the scene is safe Determine if the person can cough. If the person has an effective cough, encourage them to continue to try to cough up the obstruction and stand by –be prepared to intervene if there cough becomes ineffective	. If the cough is ineffective Call 911 and intervene by: • Strike five separate times between the person's shoulder blades with the heel of your hand. • Give five abdominal thrusts. / If you can not get your arms around the abdomen or patient is pregnant – use chest thrusts • Repeat unit you are successful or the patient become unconscious

MB 5 (a)
Choking

TFoot 4a
(Choking)

Diabetic Emergencies

- Becoming common in general population and in children
- Know your patrol / crew's medical history prior to traveling
- Unknown patient – Look for Medical Alert Tags

Signs and Symptoms

- Light-headedness – dizzy
- Irregular Breathing and Pulse
- Changes in Level of Responsiveness
- Confusing / disorientation / may appear drunk

Hyperglycemia - Too much Sugar / Not enough Insulin	**Hypoglycemia** Too much Insulin / Not enough Food (sugar)
• Onset – Gradual • Skin – Warm/Dry • Thirst – Intense • Hunger – Absent • Breath – Rapid/Deep/ Fruity Odor • Vomiting - Common	• Onset – Rapid • Skin – Pail / Moist • Thirst – Absent • Hunger – Intense • Breath - Normal to Rapid Vomiting - Uncommon

Care for Diabetic Emergencies

- If Hypoglycemia (not enough sugar) is suspected - Provide glucose
- Monitor Vitals
- If patient able – self test for blood sugar levels
  - patient must self-administer insulin
- If Glucose and normal food does not correct problem - Evacuate to Immediate Emergency Care

MB 6 (b)
Diabetic
Emergencies

Heart Attack

Signs and Symptom

- *Painful Pressure and Chest Discomfort*
- Pain – Men usually on the left side - Radiating to Shoulder, Arm, Jaw / Women usually in the back
- Nausea, Sweating
- Shortness of Breath / Trouble Breathing
- General Weakness
- Denial

Care

- Keep Patient Calm, in Position of Comfort
- Usually NOT Lying Down
  - Do Not Allow the patient to Walk
- Maintain Airway - Monitor Patient's Breathing
- **Do not delay calling 911**
- Be Prepared to Administer CPR / AED

Lighting or other Electrical injuries

- Perform full assessment – look for trauma – Entry and Exit Wound
- Treat injurie as how they present – (burn is a burn / open injury is a wound)
- Monitor Vitals
- If patient is not Breathing - perform CPR

Submersion Incidents (including Drowning, Non-Fatal Drowning, and Underwater Hypoxic Blackout)

Follow Safe Swim Defense and Safety Afloat Rules

Reach - Throw - Row - Go

- When safe (patient is out of the water) provide basic care
  - Rapid Assessment
    - Patient Not Breathing - Begin CPR / Call 911
  - If Patient is Breathing - Conduct Secondary Assessment - Treat for other injuries
- All Non-Fatal Drowning or other submersion incident patients-
  Must Be Transported Quickly to EMERGENCY MEDICAL CARE

CPR

Remember Check for Consciousness

Check for Breathing

If not Breathing

30 Compressions / 2 Rescue Breaths or Uninterrupted Chest Compressions (compressions only) at a rate of 110 compressions per minute

MB 7 (all)

1st Class 7c Heart Attack

MB 6 (g) Lighting/Electrical Injury

MB 6 (e &f) Submersion Accidents

MB 13 (e) Stroke

Stroke

Sudden Loss or Blurring of Vision Sudden Balance Impairment or	**F**acial Droop **A**rm Drift Impaired **S**peech	**IMPORTANT:** ***Time Last Seen Well***

MB 6 (d) Overdose

Opioid Overdose

Signs

- Unresponsive Patient with Constricted Pupils
- Pale / Clammy Skin
- Fingernails and/or lips – bluish or purple color
- Difficulty Breathing

CARE

- Administer Narcan / Naloxone if available
- If not breathing – CPR
- Even if patient recovers, immediate evacuation to emergency care is strongly encouraged

Environmental Emergencies

MB 11 (a) Dehydration

Heat Related Emergencies

Prevention

– Stay Hydrated
  - 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 increases the excretion of water from bodies including soft drinks, teas, sweetened juices, some natural juices, anything with caffeine
  - Be fit enough for tasks
  - Pace yourself – rest often
  - Avoid being in direct sunlight
  - Keep Head and Face shaded
  - Sunglasses and Sunscreen

Care for Heat Exhaustion

- Stop / Rest in cool shady area
- Lots of fluids
- Cool patient if necessary
  - Cold water or cold heat packs to over arteries
- Gently massage cramped muscles if necessary
- If drowsy. Allow patient to sleep / rest / Monitor Breathing

Severe Heat Emergency – Heat Stroke

- Core temperature High - *Life Threating Condition*
  - > 104 orally
- Very Confused / Disoriented
  - strange behavior / Irrational judgment
- Hot Red (Possibly Dry) Skin
- Elevated heart and respiratory rate
- Headache
- Seizures
- Unconsciousness

Care for Heat Stroke

- Recognize you have an urgent life-threatening emergency
- Rapidly cool patient
  - Move patient to cool shady place
  - Remove heat-retaining clothing
  - If possible – immerse patient in cold water or pour cold water over patient
  - If nothing else put Cold water or cold packs over arteries
  - Fan patient
- Give patient something cold to drink /Re-hydrate patient
  - Only if fully conscious and alert
- Do not give any drugs, Aspirin, etc.
- Evacuate to Immediate Emergency Care even if patient appears to recover
- Monitor Breathing

Muscle Cramps

- Caused by fatigue and dehydration

  Treatment = Rest, hydration, and gentle muscle massage

MB 11

(c) Heat Exhaustion

2nd Class 6a Heat Exhaustion

MB 11 (d) Heat Stroke

2nd Class 6a Heat Stroke

MB 11 (b) Heat Cramps

MB 11 (a) Over Hydration

Hyponatremia

- Condition occurs when the patient's sodium level fall below what is needed for normal function
- Referred to as "Water Intoxication"
  - Patent has consumed so much water they have diluted their own blood chemistry
- Untreated or treated incorrectly can result in seizures, coma, and death

Care for Hyponatremia

- Have patient rest in shade
  - Do Not Give Fluids
- Only if fully conscious and alert – give patient small amounts of salty snacks
  - Small amounts spaced over time
- Monitor Vitals
- Once patient mental status has returned to normal and the patient develops normal thirst, hunger, and urine output – the emergency has passed, and patient can resume normal activities

- Note: It is easy to confuse a patient with Hyponatremia with a patient with heat exhaustion
  - Giving a Hyponatremia patient more water will kill them
  - The clue for diagnosis is the urine output (amount and color)
- Evacuate if patient does not improve or does not regain normal mental status

Cold Related Emergencies

Hypothermia - Lowering of the core body temperature to a point where function is impaired

MB 11(e&f) cold exposure and hypothermia

Preventing Hypothermia / Prevent Heat Loss

- Proper clothing
- Insulate Patients from ground
- Limit Exposure / Proper shelter
- Detect warning signs early
- Proper care
- Large volume Blood Loss will cause Hypothermia

Onset of Hypothermia

- Shivering

- Fumbling, grumbling, mumbling, stumbling
- Complaints about being cold

Moderate Hypothermia

- Violent Shivering
- Confused / unusual behavior / Impaired judgment

Care for Hypothermia

- 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

Frost Bite **-** Freezing of body parts exposed to cold

- Signs and Symptoms
  - Numbness or lack of feeling unaffected areas
  - Skin appears "waxy" / cold to touch
  - Discolored
- Care for Frostbite
  - Handle patient and affected area gently
  - Never rub affected area
  - If possible – *re warm affected area by soaking in warm – not hot – water*
  - 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

Immersion Foot - **Trench Foot** or Non-Freezing Cold Injury – when feet (or other body parts) have been ex[posed to cold wet environments.

- Swollen, cold, waxy feet
- Peeling skin

The Scouting America recommends the C-O-L-D method to stay warm during winter activities:

C = Clean: Keep your insulating layers clean and fluffy to maintain their effectiveness.

O = Overheating: Avoid sweating by adjusting your clothing layers. Stay hydrated with water or sports drinks.

L = Loose Layers: Wear several loose layers to allow maximum insulation and circulation. Brightly colored clothing is also a good idea for visibility.

D = Dry: Keep dry by brushing off snow before entering a heated area and avoiding moisture-absorbing clothes.

MB 3(g)Immersion Foot / Frostbite

TFoot 4a (Frostbite)

- Reduced sensitivity to touch
- Feet feel like wood
- Delayed capillary refill
- Skin Color, Temperature, Moisture
- Handle patient and affected area gently
- Never rub affected area
- If possible – re warm affected area by soaking in warm – not hot – water

Altitude / Mountain Sickness

Patient exhibits exhaustion, weakness, nausea, and sometimes trouble breathing at altitude over 6500 feet. – a patient with any of the high altitude or mountain sickness needs to be evacuated / descend a minimum of 1500 to 2000 feet. (Decent is mandatory).

Inhalation injuries

Inhalation injuries, such as those from smoke or toxic chemicals, can cause significant damage to the respiratory system. These injuries can range from mild irritation to severe complications like pneumonia and even death.

Immediate Actions: If safe to do so -

- Removal from Exposure: Removing the person from the source of inhalation,
- Open the airway as best as possible,
- Call 911 – immediate emergency care is necessary

Suspected Head or 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 (if wearing football pads, pads have to come off if helmet is removed)
  - Place victim in neutral or straight alignment if necessary – otherwise do not move patient

Snow Blindness is a mild sunburn to the cornea. It will usually heal in several days. Use cold compresses and keep patients in darken area or use sunglasses to reduce pain. Do not let patient rub their eyes. Use proper eye protection to prevent.

MB 5 (e) Altitude

MB 5 (d) inhalation Injuries

MB 9 (all)

Moving a Patient

MB 10 (all)

1st Class 7b Patient Movement

- When to move a patient
  - 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:
  - How far do 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

Other Illnesses and Emergencies

Abdominal Illness

MB 13 (c&d)
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 through 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 bread. Avoid dairy products or products with caffeine.

Bites and Stings

Animal (Mammal) Bites *

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

MB 3(p) Mammal Bites

2nd Class 6a Mammal Bite

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

Mb 3 (n) Spiders

*Scorpion Sting**

- Wash the bite area carefully with soap and water.
- Apply cool compresses or an ice pack to the bite.
- Immobilize affected area and keep the bitten area slightly raised
- Keep patient hydrated
- Seek Emergency Medical Treatment
- DO NOT USE Tourniquet or constricting bands

MB 3(o) Scorpions

*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

MB 3(q) Snake Bites

TFoot 4a (Snake Bites)

- 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

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.
  - 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.

MB 3 (l) Bug Bites

TFoot 4a (Bites & Ticks)

Blisters*

- BSI
- Clean around the site thoroughly
- Sterilize the point of a needle or knife
- Open the Blister and drain
- If possible, leave “roof” of blister intact
- Wash with soap and water
- Antibiotic ointment, dress, and bandage

MB 3(j) Blisters

TFoot 4a (Blisters)

- Replace bandage daily
- Use Moleskin to protect the area

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 reassess
- Check vitals and cognitive activities frequently

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 the 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.

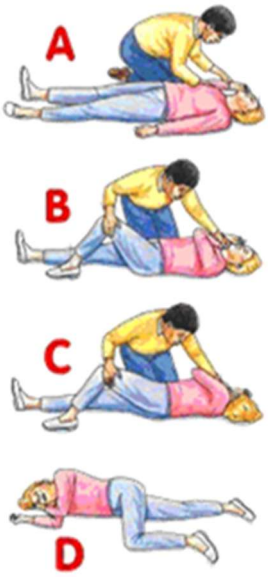
Inner ear infection and/or vertigo (pulling ear lobe does not increase pain) – seek medical care

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 does not work – bandage eyes and seek medical care

Fainting / 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



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

Recovery Position

MB 13 (a) Foreign Object in Eye

2nd Class 6a (Eye)

MB 6 (a) fainting

MB 6 (c) Seizures

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 the best topical first aid to reduce itching. Consider topical antihistamine
- Monitor for more serious allergic reaction
- Consider oral antihistamine
- Get to emergency medical care is severe reaction or rash involves face or groin

MB 3 (k) Poisonous Plants

Swallowed Poisons*

- If an ingested poison is suspected, - Seek Immediate Emergency Care (911) first then contact 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

POISON CONTROL NUMBER: 1-800-222-1222

MB 6 (d) Alcohol Poisoning

*Alcohol Poisoning**

If you suspect sever alcohol intoxication

DO - Assist patient to a safe place

- If possible, place patient in recovery position (on their side with knees bent to avoid choking on vomit)
- Stay with the patient – monitor breathing
- Get emergency medical assistance

Do Not –Give the patient a cold shower, Try to walk them around, or leave them alone

MB 12 (all)

Behavioral Emergencies

- Implement SAFER Model
  - **S**tabilize the situation
    - Contain and lower stimuli i.e.: Calm the situation
  - **A**ssess and Acknowledge Crisis
  - **F**acilitate resources (family, Chaplains, Councilor)
  - **E**ncourage patient to use resources and take actions in his/her best interest
  - **R**ecovery or Referral

Assess for Risk of Suicide or Harm

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 / Suddenly resigning from jobs or organizations that they have previously loved.
- Talking about suicide – NOTE: it is a myth that people who talk about suicide will not do it. This is a call for help, sometimes to see if anyone cares enough to try and stop it.
- A person who is suffering with depression is suddenly happy, like all their troubles have melted away. This is an extreme warning; this person may have come to terms with their own death.

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

Listen **Non-Judgmentally**. Do Not Dismiss or diminish what the patient is telling you

- Give Reassurance – *this person needs to know they are loved, valued, and cared for*
- Encourage Appropriate Professional Help

Preparing for First Aid Emergencies

MB 2 (a) Health Record Review

- *Review Scout Annual Health and Medical Record*
- *Review Scouts First Aid Kit – Compare to suggested first aid equipment list*

MB 2 (B) First Aid Kit Review

Basic Back Country First Aid Kit • Assorted Self Adhesive Bandages • Sterile Gauze Pads (2x3 or 4x4) • Roller Gauze (3 or 4") • Triangular Bandage • Adhesive Bandage Tape • Moleskin • Antibiotic Ointment • Compression Bandage - tactical/military style (optional if space is available)	• Alcohol Based Sanitizer • Trauma Scissors • Non-Latex Disposable Gloves • CPR Mask • Tweezers • Space Blanket • Tourniquet - CAT or tactical/military style • Sam Splint (optional if space is available)

Select a minor emergency in this guidebook and teach it to your classmates (* in Other Illness or Emergencies Section)

MB 14

There are several Emergency Medical Clinicians on camp staff – Speak to one of them about their careers

MB 15

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
Health and Safety Institute CPR, BLS CPR, Wilderness First Aid, and First Aid Instructors

This course meets the 2025 First Aid Merit Badge and 2025 Rank Requirements for Scouting America