

Basic BSA First Aid

Simple cuts and scratches:

Small cuts - Wash small cuts and scratches with soap and water. Apply antiseptic to prevent infection. Keep wound clean by applying an adhesive dressing. Clean and rebandage the wound daily until healed.

Large cuts - Apply direct pressure until bleeding stops. Keep wound as clean as possible to prevent infection. Cover an open wound with a sterile gauze pad (nonstick preferred) or a clean cloth folded into a pad. Fix the pad in position with tape, cravat bandage or other binder. Anyone suffering a serious wound should be treated for shock and seen by a physician.

Blisters on the hand and foot:

Prevention by wearing shoes or boots that fit properly, changing sweaty or wet socks and paying attention to how your hands and feet feel are the best forms of treatment.

Hot spots are a warning that a blister is forming. Make a 'doughnut' of moleskin and place it around the area. If necessary, stack the moleskin in layers. Secondly, a gel pad like that used to treat burns can be placed over the blister to reduce friction and speed healing. As possible, avoid breaking the blister as it provides a protective physiologic dressing.

Minor burns and scalds;

Get the victim away from the source of the heat that caused the burn.

First degree burns: a burn that causes the skin to become tender and possibly red. Treat immediately by placing the burn under cold water or applying cool, wet compresses until there is little or no pain.

Bites or stings of insects and ticks:

Bee and wasp stings - Scrape away the stinger with the edge of a knife blade or credit card. Squeezing it out puts more venom into the skin from the sac attached to the stinger. Ice may reduce pain and swelling.

Ticks - The best treatment is to wear long pants and a long sleeved shirt in tick areas. Button your collar and tuck your pant cuffs into the top of your boots or socks. Inspect yourself daily, especially hairy areas. Remove any ticks immediately by grasping it with a tweezers close to the skin and gently pull it until it comes loose. Don't twist, squeeze forcefully or jerk the tick, as it could leave mouth parts in the skin. Wash the wound with soap and water and apply antiseptic. Thoroughly wash you hands.

Chigger bites (no see-ums) - These are almost invisible. They burrow into skin pores, causing itching and small welts. Don't scratch them. Use calamine lotion or apply clear fingernail polish.

Spider bites - Treat for shock and see a physician as soon as possible. The bite of a female black widow can cause redness and sharp pain at the site. Sweating, nausea, vomiting, stomach pain, cramps, severe muscle pain, spasms and shock may follow. Breathing might become difficult. Brown recluse spider bites don't always hurt immediately. Within 2-8 hours there can be pain, swelling and redness at the site. An open sore can develop at the site. There may be fever, chills, nausea, vomiting joint pain and an overall body rash. They should be seen by a physician.

Snake bites:

Nonpoisonous snakebites should be scrubbed with soap and water and an antiseptic applied.

Poisonous snakebites:

- 1) Get the victim to medical care as soon as possible so the venom can be neutralized.
- 2) Remove rings and other jewelry that might cause problems if the area around the bite swells.
- 3) If there is a delay have the victim lie down with the bitten part lower than the rest of the body. Encourage calmness and reassure the victim that they are being cared for.
- 4) Treat for shock.
- 5) DO NOT apply a venom extractor (recent medical studies show they do no good and may cause harm).
- 6) DO NOT apply ice. It can damage the skin and surrounding tissue.

Nosebleeds:

Have the victim sit up and lean forward to keep blood from draining into the throat. Have him/her softly blow out any clots. Pinch the soft part of the nostrils together to prevent the flow. Apply a cool wet cloth or ice to the nose and adjacent parts of the face.

If the bleeding is severe or if there are other injuries to the face and head, position the victim to keep blood out of the airway, treat for shock and call for help.

Frostbite: Get indoors then warm the injury and keep it warm. For an ear or cheek remove a glove and warm the injury with the palm of your hand. You may slip a frostbitten hand under your clothing and tuck it beneath an armpit. Treat frozen toes by putting the victim's bare feet against the warm skin of your belly. Avoid rubbing frostbitten flesh, as that can damage tissue and skin.

You can also warm a frozen part by holding it in warm **-not hot-** running water. Or, wrap it in a dry blanket. Have the victim exercise injured toes or fingers and don't let the injured area freeze again. Get the victim to a doctor.

Burns:

Sunburn: This is a common injury. repeated burns can lead to long term skin damage and potentiate cancer. Lighter skin people are more susceptible.

Second-degree burns: If blisters form place the injury in cool water until the pain goes away. Let the burn dry, then protect it with a sterile nonstick bandage. Do not break the blisters. Do not apply butter, creams, ointments or sprays.

Third degree burns: There is damage to all layers of the skin and charring is evident. The victim may or may not feel pain. Do not try to remove any clothing. Do not apply creams, ointments or sprays. Wrap a clean sheet around the victim, treat for shock and get immediate medical attention. A gel burn pad may be applied. Prevention is the key: Use adequate sunblock on all exposed areas of an spf 36 or greater. Reapply after swimming or perspiring. A broad brimmed hat, long-sleeved shirt and long pants provide good protection. Treat as for a first degree burn or second degree if it blisters.

Stopped Breathing: If someone appears to be unconscious, make sure the area is safe, shake a shoulder and ask if they are all right. If no response, place your ear near the mouth and nose where you can hear and feel air movement. Watch for the chest to rise and fall.

Next, check for a pulse in the neck artery (carotid) beneath the ear and under the jawbone.

Call (911) or send someone for help and an AED (Automatic External Difibrillator) device.

1) Open the airway. Place the victim on their back. Press down on their forehead with one hand and lift their chin with the other (head tilt, chin lift). If there is a possibility of a neck injury keep the head still and perform a jaw thrust. Look in their mouth for a foreign body or other possible obstruction. Remove it by sweeping it out with your index finger.

If the victim begins to vomit turn them on their side so that the vomit comes out of their mouth rather than into the lungs.

2) If the airway seems to open and the victim is still not breathing, begin rescue breathing.

Place a mouth-barrier device over the victim's mouth.

While maintaining the head tilt or jaw thrust position, pinch the nostrils, seal your mouth over the victim's mouth and give a quick breath to fill the victim's lungs. Watch to see if the chest rises. Remove your mouth and look to see if the chest falls.

Repeat rescue breaths every 5 seconds for anyone over 9 years of age or every 3 seconds for anyone under 9 or under. (If you are alone perform rescue

breaths for one minute and go get help, then return to continue rescue breathing).

If the chest does not rise and fall it means no air is reaching the lungs. Reposition the head and jaw so that the tongue does not block the airway. Check again for obstruction in the mouth. Perform an abdominal thrust to remove anything lodged in the throat.

Resume rescue breathing: **Continue until a medical professional assumes care or until you are physically unable to continue.**

Abdominal Thrusts (The Heimlich Maneuver).

Stand behind the victim with one foot between their feet and put your arms around their waist and clasp your hands together. The knuckle of one thumb should be just above the navel but below the sternum. Thrust your clasped hands inwardly and upwardly with enough force to dislodge the obstruction. Repeat the maneuver until the obstruction clears or medical help arrives.

For an unconscious victim: Lay the victim on the floor and straddle the legs. Place the heel of one hand on the victim's upper abdomen, slightly above the navel but below the sternum. Place the other hand on top of the first and press upward with quick thrusts. With your index finger sweep the victim's mouth to remove the obstruction. Repeat the maneuver until the obstruction is dislodged or medical help arrives. Be ready to perform rescue breathing.

Serious Bleeding: Put on latex gloves. With a clean cloth or sterile dressing as a pad use the palm of your hand to apply firm pressure directly over the wound. While pressing on the wound raise the injury above the level of the victim's heart.

Direct pressure is almost always the treatment of choice. Bleeding can sometimes be further slowed, by pressing hard on an arterial pressure point in the arm or groin.

Don't remove a pad that has become soaked with blood. Instead place a fresh pad over the first one and continue applying pressure. When the bleeding has stopped place a cravat bandage or other material around the wound to bind it. Do not place it so tightly that circulation is cut off. Periodically check the limb for a pulse. No pulse is an indication that the bandage is too tight. In all cases of serious bleeding get the victim under medical supervision.

If you have touched any body fluids wash your hands thoroughly with soap and water or an antiseptic as soon as possible. Change any clothing that might be contaminated.

Internal Poisoning: Immediately take any poison containers to a telephone and call the poison control center at 1-800-764-7661 or 911 or an operator and follow the instructions you are given.

Treat the victim for shock and monitor breathing. Do not give anything by mouth unless you are told to do so by a medical professional. Save any vomit. It may help a physician identify the poison.

Object in the eye: Have the person blink the eye. Tears may flush out the object. Failing this, wash your hands with soap and water then gently pull the upper lid down over the lower lid. For an object under the lower lid place your thumb just below the lid and gently pull the lid down. Use the corner of a sterile gauze pad or clean handkerchief to lift out the object. If that fails get the person to medical care.

Bite of a suspected rabid animal: Scrub the bite with soap and water to remove saliva. Cover the wound with a sterile bandage and get the victim to medical care. Do not put yourself at risk by trying to catch the animal. Call professionals to do so.

Puncture wounds: Encourage the wound to bleed to help cleanse the wound. Use tweezers sterilized over a flame or in boiling water to pull out foreign objects you can see. Wash the area with soap and water, apply a sterile bandage and get the victim to a doctor.

Removing a fishhook: Push the hook farther in until the barb comes through the skin. Snip off the barb with pliers, wire cutters or nail clippers. Ease the shank of the hook back out through the point of entry. Wash and bandage the wound.

Heat exhaustion: Move the victim to a cool, shady spot with the feet raised. Remove excess clothing. Cool the victim down any way you can. Sponge with cool water and fan the victim. If the victim is fully alert give sips from a glass of water into which is stirred a pinch of salt. Recovery should be rapid. If symptoms persist, call for medical help.

Shock: Eliminate the cause of shock by restoring breathing and heartbeat, controlling bleeding, relieving severe pain and treating wounds. Make sure the airway remains open for breathing. Have the injured person lay down. Raise the feet ten to twelve inches to move blood from the legs to vital organs. Keep warm by placing plenty of blankets, coats or sleeping bags under and over the victim. Call or send someone for emergency care.

Heatstroke: Move the victim to a cool, shady spot. Cool the victim down any way you can. Remove outer clothing and sponge with cool water. Cover with wet towels, wet clothing and fan the victim. Place in a stream, a bathtub, or in front of an air conditioner. Keep the victim lying down with the head and shoulders slightly raised. Monitor the victim closely. The temperature might rise again or there might be vomiting or rescue breathing might be required. Get emergency medical care right away.

Dehydration: Protect yourself by drinking plenty of fluids. Drink enough so that your urine stays clear.

Hypothermia: Take the victim into a shelter or a building and get the person into warm, dry clothing. Zip the victim into a warm, dry sleeping bag. Offer an alert victim warm fluids. Place warm water bottles into armpits and groin. If hypothermia is advanced helping the victim breathe warm, moist air will aid in rewarming. Be ready to render other first aid as necessary. Seek medical care for the victim.

Hyperventilation: Talk quietly to the victim and encourage calmness and breathing slowly. Having the victim breathe into a paper bag might help restore CO₂ levels to the body. This is sometimes a sign of asthma or diabetes. Dizziness and anxiety can be warning signs of a heart attack. The victim should be examined by a physician.

Sprained ankle: Don't remove your shoe or boot. It will support your ankle and swelling might prevent replacing the boot. Reinforce the ankle by wrapping it with a triangular bandage, neckerchief or some other cloth. As soon as you no longer need to walk, take off your shoe and rest with your leg raised. Reduce swelling with cold, wet towels or an ice pack. The compression of an athletic bandage might also help. Seek medical care.

Head injury: Treat the injury appropriately and wrap with a triangular bandage in the manner described on page 309 of the Scout Handbook.

Upper arm: Tie a splint to the outside of the upper arm. Place the arm in a sling with the forearm raised about three inches above level, then use a cravat bandage to hold the upper arm against the side of the body.

Collarbone: Place the forearm in a sling with the hand raised higher than the elbow, then tie the upper arm against the side of the body with a wide cravat bandage. No splint is necessary.

Rescue from a smoke filled room: With both hands grasp the victim's clothing and drag the victim toward you. Roll the victim onto a coat, blanket, tablecloth or whatever else is handy and drag the victim out of the room.

Assists and carries for a sprained ankle: Walking Assist: Assist the victim by bringing one of the arms over your shoulder and hold onto the victim's wrist. Place your free arm around the victim's waist.

One person carry: Kneel in front of the victim with your back to the victim's stomach. Grasp the victim's hands over your chest and carry the victim piggyback. Keep your back straight and lift with your legs.

Four handed seat carry: Each bearer grasps his own right wrist with his left hand. The two bearers then lock hands with each other. The victim sits on their hands and places his/her arms around their shoulders.

Two-person carry: the bearers kneel on either side of the victim. Each bearer slides one arm under the victim's back and one under his/her thighs. the bearers grasp each other's wrists and shoulders, then rise from the ground with the victim between them.

The five most common signs of a heart attack:

1. Uncomfortable pressure, squeezing, fullness or pain in the center of the chest. The feeling might spread to the shoulders, arms or neck. It can last several minutes or longer and can come and go. It isn't always severe.

2. Unusual sweating.

3. Nausea

4. Shortness of breath.

5. A feeling of weakness. Victims will often be in denial that they are having a heart attack.

Personal First Aid Kit:

Adhesive bandages	6
Sterile gauze pads, 3x3 inch	2
Adhesive tape	1 small role
Moleskin, 3x6 inch	1
Soap	1 small bar
Antiseptic	1 small tube
Scissors	1 pair
Latex gloves	1 pair
Mouth barrier device	1
Plastic goggles	1
Pencil and paper	1 each

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