

# *Claremont's Emergency First Aid Guide*

***Purpose:*** The Purpose of this First Aid Guide is to assist Claremont residents in the administration of emergency medical assistance (First Aid) when state and local emergency services are **NOT** available.

It is not intended to be a primary First Aid instructional tool, nor is it designed to replace professionally led First Aid or CPR training, similar to the courses periodically sponsored by the Emergency Preparedness Committee. **If available, residents need to first rely on our Local Communities 911 Emergency Services.**

This guide is fashioned after similar guides used in other retirement communities (Sun City and Tiburon are examples where Community Emergency Preparedness volunteers created their Community First Aid Guide). It focuses on injuries we could expect if a disaster were to strike our community and normal community services were unavailable.

*Thank you Community  
Emergency Responders:*

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*February 3, 2020*

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## 1. Introduction

**First Aid Guide Availability:** Residents may obtain a copy from the Claremont Civic Association's Office Manager.

**Acknowledgment:** Our Emergency Responder authors received information from a number of sources. We recognize them below:

- Sun City Emergency Preparedness Committee, Sun City, Palm Desert, CA.
- The City of Beaverton's CERT Basic Training Manuals

### **Disclaimer:**

The information provided in this guide is designed to provide helpful information on the subjects discussed. The purpose of this book is to provide interested individuals with a higher level of understanding about first aid potentially administered during an emergency. The information in this book is designed to supplement the recommendations provided by the Federal Emergency Management Agency (FEMA) and the American Red Cross. While every effort has been made to ensure that the guide is as complete and accurate as possible, there may be mistakes, either typographical or in content. Therefore, this text should be used as a general guide only, and not as an ultimate source of such information. If any of the information or instructions in this book conflicts with statements made in the FEMA/Red Cross document, the user should follow the information provided in the FEMA/Red Cross document. Opinions expressed and information are subject to change without notice. The author, editors, and distributors shall not be held liable, nor be responsible to any person or entity with respect to any loss or damage caused, or alleged to be caused, directly or indirectly by the information contained in this book and the website.

### **State of Oregon Good Samaritan Law:**

#### **30.800 Liability for emergency medical assistance.**

(1) As used in this section, "emergency medical assistance" means:

(a) Medical or dental care not provided in a place where emergency medical or dental care is regularly available, including but not limited to a hospital, industrial first-aid station or a physician's or dentist's office, given voluntarily and without the expectation of compensation to an injured person who is in need of immediate medical or dental care and under emergency circumstances that suggest that the giving of assistance is the only alternative to death or serious physical after effects; or

(b) Medical care provided voluntarily in good faith and without expectation of compensation by a physician licensed by the Board of Medical Examiners for the State of Oregon in the physician's professional capacity as a team physician at a public or private school or college athletic event or as a volunteer physician at other athletic events.

(2) No person may maintain an action for damages for injury, death or loss that results from acts or omissions of a person while rendering emergency medical assistance unless it is alleged and proved by the complaining party that the person was grossly negligent in rendering the emergency medical assistance.

(3) The giving of emergency medical assistance by a person does not, of itself, establish the relationship of physician and patient, dentist and patient or nurse and patient between the person giving the assistance and the person receiving the assistance insofar as the relationship carries with it any duty to provide or arrange for further medical care for the injured person after the giving of emergency medical assistance. [1967 c.266 §§1,2; 1973 c.635 §1; 1979 c.576 §1; 1979 c.731 §1; 1983 c.771 §1; 1983 c.779 §1; 1985 c.428 §1; 1989 c.782 §35; 1997 c.242 §1; 1997 c.751 §11]

## 2. A Few Basics:

### Assessing the Situation:

- ❑ Stop, Look, Listen, think, and make a quick plan.
- ❑ Ensure treatment location is safe. If not, carefully relocate the victim.

***Conduct voice triage. ALWAYS request permission to treat an individual. If the individual is unconscious, he or she is assumed to have given “implied consent,” and you may treat him or her. Ask a parent or guardian for permission to treat a child, if possible.***

- ❑ Begin where you stand and work systematically.
- ❑ Evaluate and tag all victims using the Claremont First Aid Treatment & Evacuation Tag.
- ❑ Report the victim status to the nearest Zone Leader or Regional Coordinator.
- ❑ Continue to treat, monitor, and update the victim’s status.

### Triage:

Triage is a system for rapidly evaluating survivors’ injuries and prioritizing them for treatment. The Claremont Emergency Preparedness Network follows the following four recognized triage categories:

1. Immediate
2. Delayed
3. Minor
4. Dead

### Claremont Emergency Medical Reporting:

Claremont’s Emergency Network is organized into three Emergency Medical Areas (Red, Blue, & Green) and has over 18 Medical Responder Volunteers. Casualties will be treated; prioritized in terms of care and possible evacuation; and tagged with a Claremont First Aid Treatment & Evacuation Tag. All casualties will be reported through the Emergency Preparedness Network to the Emergency Operation Center (EOC). Casualties will be continuously treated, monitored, and attended to based on medical priority and available resources.

The EOC will report casualties to the Beaverton EOC and assist in evacuation as community resources become available.

### First Call for Emergency Services by dialing 911.

If Emergency Services are available, call them immediately. If you have two or more responders, have one responder administer first aid while the other responder calls for emergency services. Stay as calm as possible while waiting for help.

### 3. Abrasions:

Most commonly the result of an injury which abrades or opens the surface of the skin such as a knife, razor, broken glass or a fall on a hard surface like road or sidewalk.

#### **Signs and Symptoms:**

- ❑ Pain and/or a burning sensation.
- ❑ Bruising or bleeding
- ❑ Skin surface is usually broken, but not deep into the underlying tissue
- ❑ Lacerations may include injuries to deeper structures.
- ❑ Check for feeling and movement distal to the cut.

#### **First Aid Action:**

- ❑ If there is bleeding use pressure and a clean dressing to cover the area
- ❑ If it occurred from a scrape on a hard surface such as cement or asphalt it should be gently cleaned with warm water and soap to remove any foreign material
- ❑ Hydrogen peroxide may help clean the area of foreign material
- ❑ Once the area has been cleaned and bleeding stopped, cover the area with sterile Vaseline or an antibiotic ointment such as Bacitracin and apply a clean non-stick dressing such as Telfa pad.
- ❑ The dressing should be changed daily. After removing the dressing wash the area gently with soap and running water or shower and reapply the dressing.

Created/Revised By: JS

Date: 20/1/6

## 4. Lacerations:

These may occur from sharp objects such as a knife or glass, but can also occur when there is severe trauma from a blunt object

### **Signs and Symptoms:**

- ❑ The skin will be broken exposing underlying tissue such as fat, muscle or deeper structures like tendons, bones and joints
- ❑ There will be bleeding, and the severity will depend on how deep the laceration is and underlying tissues such as major blood vessels if the wound is deep enough

### **First Aid Action:**

- ❑ Cover the area with a clean dressing (if no dressing available you can use a clean piece of cloth, napkin, paper towel or even Kleenex) and place pressure to stop the bleeding (If severe see section on severe bleeding for treatment)
- ❑ Once the bleeding is controlled (hold pressure for at least 5 minutes) carefully remove the dressing to determine depth and extent of laceration
- ❑ If the laceration is superficial and not large it may be enough to bring the edges together and cover with some ointment and a Band-Aid. It should have daily dressing changes as for an abrasion.
- ❑ Most lacerations will need to be sutured by a professional who will check for damage to underlying tissues, nerves, blood vessels etc.
- ❑ The patient will need to be transported to a facility where this can be done. The wound should be covered with a clean dressing and continued pressure, protecting the wound from further damage and controlling any bleeding.
- ❑ In an emergency with no facilities available, clean the laceration with soap and water. If possible wrap the wound after applying a clean dressing trying to bring the edges as close together as possible. It will require daily dressing changes as above.

### Resources

- ❑ Boy Scout First Aid Merit Badge Pamphlet 35897.docx
- ❑ Video for Abrasion: <https://youtu.be/vlf7sFIPWcE>
- ❑ Video for treating a laceration: <https://youtu.be/NPf9PWJJzoo>

Created/Revised By: JS

Date: 19/12/28

## 5. Burns:

A burn is tissue damage that results from scalding, overexposure to the sun or other radiation, contact with flames, chemicals or electricity, or smoke inhalation. A major burn requires immediate attention by medical professionals. A minor burn does not require immediate attention by medical professionals.

### A. Major Burns

#### **Signs and Symptoms:**

- ❑ Are deep
- ❑ Cause the skin to be dry and leathery
- ❑ May appear charred or have patches of white, brown or black
- ❑ Are larger than 3 inches (about 8 centimeters) in diameter or cover the hands, feet, face, groin, buttocks or a major joint

#### **First Aid for Major Burns:**

- ❑ **Protect the burned person from further harm.** If you can do so safely, make sure the person you're helping is not in contact with the source of the burn. For electrical burns, make sure the power source is off before you approach the burned person.
- ❑ **Make certain that the person burned is breathing.** If needed, begin rescue breathing if you know how.
- ❑ **Remove jewelry, belts and other restrictive items,** especially from around burned areas and the neck. Burned areas swell rapidly.
- ❑ **Cover the area of the burn.** Use a cool, moist bandage or a clean cloth.
- ❑ **Don't immerse large severe burns in water.** Doing so could cause a serious loss of body heat (hypothermia).
- ❑ **Elevate the burned area.** Raise the wound above heart level, if possible.
- ❑ **Watch for signs of shock.** Signs and symptoms include fainting, pale complexion or breathing in a notably shallow fashion.

### B. Minor Burns

#### **Signs and Symptoms**

- ❑ Are Superficial and color similar to a sunburn
- ❑ May be Painful
- ❑ Can Blister
- ❑ Cover an area no larger than 3 inches (about 8 centimeters) in diameter

#### **First Aid for Minor Burns:**

- ❑ **Cool the burn.** Hold the burned area under cool (not cold) running water or apply a cool, wet compress until the pain eases.
- ❑ **Remove rings or other tight items from the burned area.** Try to do this quickly and gently, before the area swells.
- ❑ **Don't break blisters.** Fluid-filled blisters protect against infection. If a blister breaks, clean the area with water (mild soap is optional). Apply an antibiotic ointment. But if a rash appears, stop using the ointment.

- ❑ **Apply lotion.** Once a burn is completely cooled, apply a lotion, such as one that contains aloe vera or a moisturizer. This helps prevent drying and provides relief.
- ❑ **Bandage the burn.** Cover the burn with a sterile gauze bandage (not fluffy cotton). Wrap it loosely to avoid putting pressure on burned skin. Bandaging keeps air off the area, reduces pain and protects blistered skin.
- ❑ **If needed, take an over-the-counter pain reliever,** such as ibuprofen (Advil, Motrin IB, others), naproxen sodium (Aleve) or acetaminophen (Tylenol, others).

**Video:** Treatment of burns <https://youtu.be/urz37O73UpE>

### **Resources-**

<https://www.healthline.com/health/first-aid-with-burns>

<https://www.medicinenet.com/burns/article.htm>

<http://www.journalagent.com/travma/pdfs/UTD-88261-REVIEW-YASTI.pdf> (Priority triage for medical professionals)

Created/Revised By: LR

Date: 20/1/6



## 6. Eye Injuries:

A. **Chemical splash and burns:** Immediate first aid is necessary to prevent permanent damage from the chemical burn to the eyes.

**Signs and symptoms:** unknown liquid or material gets into eye area with burning, stinging or scratchy sensation.

**First aid action:**

- ❑ Wash eye area for 15-20 minutes with clean water, sterile saline solution or sterile lubricating eye drops.
- ❑ Identify product that splashed into eye and seek advice from a medical professional.
- ❑ If you have access to a shower, have patient use shower head to provide a steady stream of clean water to irrigate the eye(s) for the prescribed time before seeking medical attention.

B. **Foreign objects in or around eyes:** Eyes often clean themselves from debris and foreign matter by tearing so no first aid is recommended until you are certain the eye cannot remove the object by itself.

**Signs and symptoms:** Scratchy feeling when blinking or eye movement, may or may not be associated with burning or stinging

**First aid:** Irrigate with clean water, sterile saline solution or sterile lubricating eye drops underneath upper and lower eye lids, by lifting upper eye lid and have person gaze downward, and by pulling downward lower eye lid and have person gaze upward. Repeat until foreign object is washed away from eye or no longer felt by person. If you see the foreign object embedded into the eye, do not remove it, simply cover the eye with shield and seek advice from a medical professional.

C. **Blows or blunt trauma in or around eyes:** Minor blows can often be treated without a medical professional. More serious blunt trauma to the eye area can lead to vision loss or infection and needs immediate medical attention.

**Signs and symptoms:** Bruising in or around the eye area, sudden onset of double vision with both eyes open, swelling in or around eye area, persistent pain with eye movement, drainage from affected eye.

**First Aid:** Gently place a cool compress over the affected eye area in intervals of 5-10 minutes. Do not place ice directly on the skin, instead use a cloth in between ice and skin. After 24 hours, switch to warm compresses to speed up resolution of bruising. Seek advice from a medical professional if trauma is significant for immediate evaluation.

#### D. Cuts and wounds in or around eyes:

These types of injuries require the immediate attention of a medical professional. Seek advice as soon as possible. Do not attempt to wash injured area or removal anything stuck in eye.

**Signs and symptoms:** bleeding in or around eye with visible laceration

**First Aid:** Avoid rubbing the eye or surrounding skin, protect the eye by covering it with a rigid circular object ( i.e., cutting out the bottom of a paper cup works well for this protector ). Secure the protector shield over the eye using a piece of paper tape. Seek medical advice as soon as possible.

**Video:** How to give first aid to eye problems <https://youtu.be/zULuu4QwX4s>

#### **References:**

<https://www.healthline.com/health/first-aid/eye-care#blows-to-the-eye>

Created/Revised By: LR

Date: 20/1/6

## 7. Fractures/Broken Bone Injuries:

### **Signs and Symptoms:**

- ❑ Pain, tenderness and swelling at the site.
- ❑ There may be deformity of the affected limb.



### **First Aid Actions:**

- ❑ For compound fractures (bone sticking out of the skin) do NOT attempt to push it back.
- ❑ For bleeding cover with a sterile or clean bandage and apply gentle pressure.
- ❑ Do NOT attempt to straighten out any deformity.
- ❑ Splint the limb with materials available. Place splinting material either along or on each side of the injured limb. Place the splint so the joints both above and below the site of injury are immobilized if possible. Blankets or pillows wrapped with a torn sheet work nicely. Other materials include magazines, ski poles, boards-pad them with clothing.
- ❑ After the splint is in place, check circulation by squeezing the nail beds and looking for the pink color under the nails to return quickly after pressure is released. If color does not return in two seconds or less, loosen the bandage and rewrap.
- ❑ Collar bone, shoulder, and elbow fractures should be supported with a sling and a wrap around the torso.
- ❑ Hip and pelvis injuries: Treat as fracture. Use the unaffected leg as a splint by wrapping together with padding between.
- ❑ Elevate the affected limb. If ice is available, wrap in a towel or cloth and place over the fracture.

### **Watch How to Give First Aid videos:**

<https://www.health.harvard.edu/pain/emergencies-and-first-aid-how-to-make-a-sling>

### **Triage Categories**

- ❑ Compound fractures: Immediate
- ❑ Hip and pelvis injuries: Immediate
- ❑ Simple fractures: Delayed

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Created/Revised By: MG

Date: 19/12/16

## 8. Head Injury:

Any blow to the head can cause a head injury from minor to life threatening

**Signs and Symptoms:** These symptoms may occur with the injury or develop a day or two later

- ❑ Change in level of consciousness, confusion,
- ❑ Drowsy, difficult to arouse, slurred speech
- ❑ Breathing may stop
- ❑ Weakness or inability to move the arms or legs
- ❑ Severe cut with bleeding, bruise or deformity of scalp
- ❑ Severe headache
- ❑ Stiff neck

**First Aid Actions:** It is important to check the patient frequently

- ❑ If unconscious: keep the airway open and check breathing
- ❑ Look for signs of bleeding, apply direct pressure with sterile gauze
- ❑ If there is swelling, apply an ice pack for 20 minutes every hour
- ❑ Watch for changes in breathing and alertness
- ❑ Neck or back injury present, immobilize neck with rolled towels on each side of the head
- ❑ Keep the person from getting chilled or overheated

### **Moving or Repositioning Someone with a Head Injury**

- ❑ Do not move the person unless necessary; avoid moving the neck
- ❑ Minimize any movement of the person's head, neck and spine
- ❑ If the head is sharply turned to one side, do **NOT** move it
- ❑ Any moving or repositioning should involve 2 or 3 persons with medical supervision
- ❑ Gently hold the head in line with the body in the position in which you found it

### Watch How to Give First Aid videos:

- ❑ <https://www.youtube.com/watch?v=VhabvzSndOE>
- ❑ [https://ecprcertification.com/index.php/page/firstaid\\_course/36](https://ecprcertification.com/index.php/page/firstaid_course/36)
- ❑ <https://www.youtube.com/watch?v=QOuuvmJARiY>
- ❑ <https://www.youtube.com/watch?v=BVij7f6Brgo>
- ❑ <https://www.fema.gov/media-library/assets/documents/27403>

Created/Revised By: MG

Date: 19/12/15

## 9. Neck Injuries:

### **Signs and Symptoms:**

- ❑ Stiff and painful neck
- ❑ There's evidence of a head injury with an ongoing change in the person's level of consciousness. Head injuries are often accompanied by neck injuries.
- ❑ Unable to move or weakness of the arms or legs
- ❑ Loss of feeling in arms or legs
- ❑ Loss of bladder/bowel control
- ❑ The neck is twisted or positioned oddly

### **First Aid Actions:**

- ❑ **Keep the person still.** Place heavy towels or rolled sheets on both sides of the neck or hold the head and neck to prevent movement.
- ❑ **Avoid moving the head or neck.** Provide as much first aid as possible without moving the person's head or neck.
- ❑ Do not move the person except in life threatening situations.
- ❑ **Don't roll alone.** If you must roll the person because he or she is vomiting, choking on blood or because you have to make sure the person is still breathing, you need at least one other person. With one of you at the head and another along the side of the injured person, work together to keep the person's head, neck and back aligned while rolling the person onto one side.
- ❑ The person may become confused, drowsy, or unconscious. Breathing may stop. The person may be bleeding. If the person is unconscious, keep the airway open and check breathing. Do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward.
- ❑ Keep the person from getting chilled or overheated.

### **Triage status:**

- ❑ Loss of feeling, paralysis, neck at odd angle-**immediate**
- ❑ Unconscious-**immediate**
- ❑ Sore neck, conscious, ambulatory-delayed, minor

### **Watch How to Give First Aid videos:**

[https://www.profirstaid.com/training\\_video/head-neck-and-back-injuries](https://www.profirstaid.com/training_video/head-neck-and-back-injuries)

## 10. Spinal & Back Injuries:

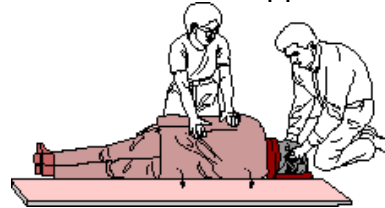
### Signs and Symptoms:

- ❑ Stiff and painful back
- ❑ Unable to move or weakness of the arms or legs
- ❑ Loss of feeling in arms or legs
- ❑ Loss of bladder/bowel control
- ❑ The back is twisted or positioned oddly
- ❑ Fall from a height especially on buttocks

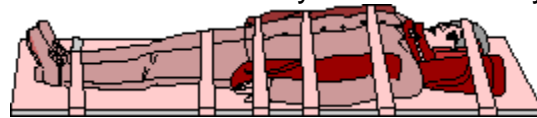
### First Aid Actions:

ALWAYS request permission to treat an individual. If the individual is unconscious, he or she is assumed to have given “implied consent,” and you may treat him or her. Ask a parent or guardian for permission to treat a child, if possible.

- ❑ **Keep the person still.**
- ❑ **Avoid moving the head or neck.**
- ❑ Place a board, such as a **door or table leaf**, next to the person. The board should extend below the buttocks (ideally to the feet) and above the head. Keeping the head aligned with the rest of the body, gently logroll the person toward you. Best done with 2 or more people. Move the board under the person and ease him or her onto it. If the person is vomiting, lay him or her on one side and continue to support the head.



- ❑ To immobilize the person, tie the person to the board with a rope, shirt, belt, or strips of cloth at the ankles, legs, chest, and across the forehead. Tie tightly enough so the person cannot move, but not so tightly that you cut off circulation or inhibit breathing. Place towels, sweaters, or pillows snugly around the person, especially alongside the head and neck. Once immobilized, the person can be carefully moved to safety.



- ❑ The person may become confused, drowsy, or unconscious. Breathing may stop. The person may be bleeding. If the person is unconscious, keep the airway open and check breathing. Do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward.
- ❑ Keep the person from getting chilled or overheated.

### Triage status:

- ❑ Loss of feeling, paralysis, neck at odd angle-**immediate**
- ❑ Unconscious-**immediate**
- ❑ Sore back, conscious, ambulatory-delayed, minor

### Watch How to Give First Aid videos:

- ❑ [https://www.profirstaid.com/training\\_video/head-neck-and-back-injuries](https://www.profirstaid.com/training_video/head-neck-and-back-injuries)

## 11. Hyperventilation and Anxiety:

This may be caused by severe pain, infection, severe bleeding, heart attack, cold water immersion, diabetic coma, poisoning, or conditions such as anxiety attacks.

### Signs and Symptoms:

- ❑ Anxious
- ❑ Rapid breathing (more than 40/minute)
- ❑ Feeling short of breath or like they can't breathe
- ❑ Numb feeling and/or tingling in fingers, toes and around the mouth
- ❑ Dizzy feeling or light headedness
- ❑ Feeling that things are closing in on them

### First Aid Action:

- ❑ Reassurance and calming voice using words like "You are doing fine" or "You will be okay". Use a calm and relaxed tone.
- ❑ Encourage the patient to slow down their breathing, breath through their nose holding the full inhalation for several seconds and then breath out slowly. Breathe using abdominal muscles.
- ❑ Remove from stressful or dangerous surroundings
- ❑ Have them lie down and try to relax
- ❑ If numbness or tingling in fingers, toes or around mouth, in the past it has been recommended that a patient breath slowly into a paper sack, but this is no longer a recommendation. It can still be tried if the patient is not improving, but if you do so make sure they do not continue doing this for more than 2-3 minutes.

### Additional Resources:

- ❑ Boy Scout First Aid Merit Badge Pamphlet 35897.docx
- ❑ Video on controlling hyperventilation: <https://youtu.be/5tQTfspjPJ4>

Created/Revised By: JS

Date: 20/1/6

## 12. Unconsciousness:

### **Signs, Symptoms, Causes and providing assistance:**

Unconsciousness may be brought on or complications from by a major illness, injury or the misuse of drugs or alcohol. Common causes of unconsciousness include:

- ❑ Low blood sugar
- ❑ Low blood pressure
- ❑ Syncope (loss of consciousness due to lack of blood flow to the brain)
- ❑ Seizure, stroke or transient ischemic attack (TIA)
- ❑ Dehydration
- ❑ Heart arrhythmia
- ❑ Hyperventilating
- ❑ Blow to the head

**Symptoms** that may indicate that unconsciousness is about to occur include:

- ❑ sudden inability to respond
- ❑ slurred speech
- ❑ a rapid heartbeat
- ❑ confusion
- ❑ dizziness or lightheadedness

### **First Aid Action:**

- ❑ Check to see if the person is breathing. If not begin CPR and notify Zone Leader.
- ❑ Raise legs on support.
- ❑ Loosen any restrictive clothing or belts.
- ❑ Check airway to be sure no obstruction.
- ❑ Check again to see if they are breathing, coughing, moving or responding to pain. If no, perform CPR.
- ❑ If there is **MAJOR** bleeding, place direct pressure on the bleeding area or apply tourniquet above the bleeding area until expert help arrives (last resort!)
- ❑ If person revives and tells you they are diabetic, give a sugar laden drink (fruit juice will suffice).



### 13. Severe bleeding:

This may occur after a severe injury with a deep laceration or puncture wound, gunshot wounds, open fractures etc.

#### **Signs and Symptoms:**

- ❑ Profuse bleeding, especially if spurting with each heartbeat
- ❑ Pain
- ❑ Open laceration
- ❑ If the skin is intact there may be a rapidly expanding mass under the skin which can be painful or if in the neck cause breathing problems

#### **First Aid Action:**

- ❑ Goal is to stop bleeding and prevent infection as best possible
- ❑ With the palm of your hand place immediate heavy pressure on the bleeding site using a sterile dressing or at least clean clothing, cloth or paper towel to absorb blood and fluid.
- ❑ Apply additional dressings and bandages if blood soaks through.
- ❑ Do not remove blood-soaked bandage as this may disrupt clot formation
- ❑ Maintain pressure until the bleeding stops
- ❑ Elevate injured part unless it causes more pain
- ❑ Monitor ABCs (Airway, Breathing, Circulation)
- ❑ Keep the patient lying down, resting comfortably and quiet, preventing them from being chilled or overheated. Keeping the head and chest lower may help prevent shock when there is a large amount of blood loss
- ❑ Consider pressure on major blood vessels leading to the area (Groin, Armpit)
- ❑ Consider a tourniquet if the injury is on an arm or leg, but if you use one make sure to check for feeling, warmth and color of the area below the injury or tourniquet
- ❑ Call for immediate help from emergency personnel
- ❑ If there is an embedded object in the wound such as a stick or metal object do not remove the embedded object. Place a dressing around the object to stabilize it and keep it from moving
- ❑ If the skin is intact with an expanding bruised or swollen area, an ice pack may help
- ❑ For your protection, wash your hands immediately after giving care

#### **Additional Resources**

- ❑ Boy Scout First Aid Merit Badge Pamphlet 35897.docx
- ❑ Video on treating bleeding: <https://youtu.be/NxO5LvgqZe0>
- ❑ Video of tourniquet use: <https://youtu.be/BVij7f6Brgo>


## 14. Shock:

Shock is a critical condition brought on by the sudden drop in blood flow through the body. Shock may result from trauma, heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes. When a person is in shock, his or her organs aren't getting enough blood or oxygen. If untreated, this can lead to permanent organ damage or even death.

### **Signs and Symptoms:**

- ❑ Cool, clammy skin
- ❑ Pale or ashen skin
- ❑ Bluish tinge to lips or fingernails (or gray in the case of dark complexions)
- ❑ Rapid pulse
- ❑ Rapid breathing
- ❑ Nausea or vomiting
- ❑ Enlarged pupils
- ❑ Weakness or fatigue
- ❑ Dizziness or fainting
- ❑ Changes in mental status or behavior, such as anxiousness or agitation

### **First Aid Actions:**

- ❑ Lay the person down and elevate the legs and feet slightly, unless you think this may cause pain or further injury.
  - ❑ Changes in mental status or behavior, such as anxiousness or agitation
  - ❑ Keep the person still and don't move him or her unless necessary.
- 
- ❑ Begin CPR if the person shows no signs of life, such as not breathing, coughing or moving.
  - ❑ Loosen tight clothing and, if needed, cover the person with a blanket to prevent chilling.
  - ❑ Don't let the person eat or drink anything.
  - ❑ If the person vomits or begins bleeding from the mouth, and **no spinal injury is suspected**, turn him or her onto a side to prevent choking.

### **Triage status:**

- ❑ Heavy bleeding, unconscious-immediate
- ❑ Oriented and rational-delayed or minor

Created/Revised By: MG

Date: 19.12.19

## 15. Stroke:

### **Signs and Symptoms:**

Depending on the severity of the stroke, symptoms may be subtle or severe. Before you can help, you need to know what to watch for. Check for warning signs of a stroke; use the FAST acronym, which stands for:

- ❑ **Face:** Is the face numb or does it droop on one side?
- ❑ **Arms:** Is one arm numb or weaker than the other? Does one arm stay lower than the other when trying to raise both arms?
- ❑ **Speech:** Is speech slurred or garbled?
- ❑ **Time:** If you answered yes to any of the above, it's time to call emergency services immediately.

Other stroke symptoms include:

- ❑ blurred vision, dim vision, or loss of vision, especially in one eye
- ❑ tingling, weakness, or numbness on one side of the body
- ❑ [nausea](#)
- ❑ loss of bladder or bowel control
- ❑ [headache](#)
- ❑ [dizziness](#) or [lightheadedness](#)
- ❑ loss of balance or consciousness

*If you or someone else has stroke symptoms, don't take a wait-and-see approach.*

### **First Aid Actions:**

- ❑ **Triage immediately.**
- ❑ If you're caring for someone else having a stroke, make sure they're in a safe, comfortable position. Preferably, this should be lying on one side with their head slightly raised and supported in case they vomit.
- ❑ Check to see if they're breathing. If they're not breathing, perform CPR. If they're having difficulty breathing, loosen any constrictive clothing, such as a tie or scarf.
- ❑ Talk in a calm, reassuring manner.
- ❑ Cover them with a blanket to keep them warm.
- ❑ Don't give them anything to eat or drink.
- ❑ If the person is showing any weakness in a limb, avoid moving them.
- ❑ Observe the person carefully for any change in condition. Be prepared to tell the emergency operator about their symptoms and when they started. Be sure to mention if the person fell or hit their head.

**Video:** <https://youtu.be/q5XHH1XfAbM>

### **References:**

<https://www.healthline.com/health/stroke/stroke-first-aid>

<https://www.mayoclinic.org/first-aid/first-aid-stroke/basics/art-20056602>

## 16. Dementia/Cognitive Impairment:

In emergency situations, there is seldom any effective treatment of cognitive impairment. The priority is prompt evaluation of mental status and ensuring the individual is directed and accompanied to a safe and quiet environment preferably with family or acquaintances. Persons with no history of mental impairment exposed to traumatic or disruptive events may become acutely confused. Those with existing mental conditions may experience an exacerbation of their condition.

### **Signs and Symptoms:**

- ❑ Behavior: irrational or violent; uncoordinated movements.
- ❑ Speech; incoherent or garbled expletives, shouting.
- ❑ Wandering; Disoriented
- ❑ Known history from family or acquaintance.
- ❑ Head Injury: Question whether there has been a head injury.
- ❑ Look for signs of bruising, lacerations or abrasions.

### **OBJECTIVE ASSESSMENT QUESTIONS**

- ❑ Can you tell me your name?
- ❑ Do you know your address? Can you tell me what it is or take me to it?
- ❑ Do you know what year this is? Can you tell me?
- ❑ Can you repeat these three words for me? (Three unrelated words. i.e. tree; road; screwdriver.
- ❑ If I say 5,6,7 can you repeat the numbers backwards

### **First Aid Action:**

- ❑ The priority is prompt evaluation of mental status and ensuring the individual is directed and accompanied to a safe and quiet environment preferably with family or acquaintances.
- ❑ If access to any previously prescribed medications is available they should be obtained and administered as prescribed, particularly sedatives/anxiolytics to those exhibiting extreme agitation.
- ❑ RESTRAINT or PHYSICAL GUIDANCE: If required for an individual's safety all attempts should be made to accomplish this with gentle persuasion. Forcible restraint should be a last resort.