

# First Aid Merit Badge

Produced by the Aurora Medical Team  
[www.auroramedteam.org](http://www.auroramedteam.org)



Revised 12/12/2007

# First Aid Merit Badge

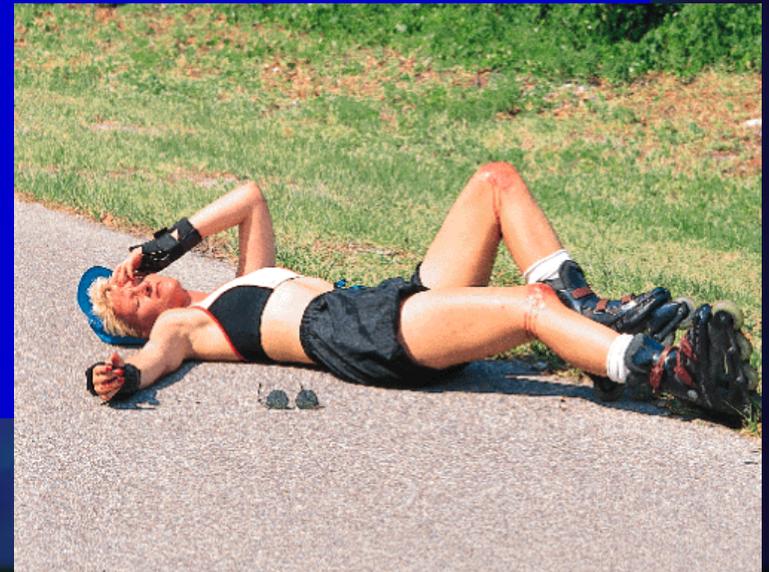
- The requirements for the merit badge are listed in your merit badge book.
- Your troop will process merit badge paperwork.
- This is NOT a “Standard First Aid” or “CPR” certification. If you are interested you can take this training from a variety of sources.

# What is First aid?

- First aid is the immediate care and help given to someone who is hurt or suddenly ill.
- Everyone of any age can render assistance
- Your actions in the first few minutes will make a difference.

# Steps at an emergency

1. Recognize the emergency
2. Decide to be helpful and prepared before an accident happens
3. Call EMS if required
4. Assess the victim
5. Provide care



# Is it safe?

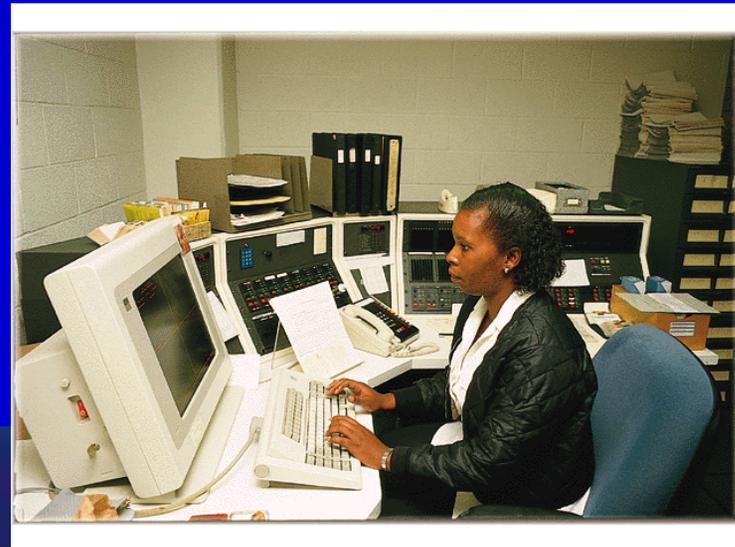
- Take care of you, then your helpers, then the victim.
- Is the scene safe?
- What caused this?
- Is there anything here that can hurt me?



# Calling Emergency Medical Services (EMS)



- Dial 911
- Your name and where you are
- Address and location of the emergency
- What happened
- Victims condition
- Stay on phone if you can



# Calling for Help in a Boating Emergency

This is a special situation!

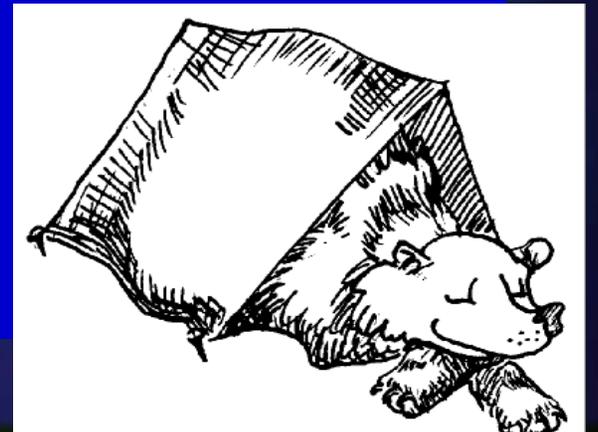
- Carry a whistle to attract attention
- Wave to other boats or shore if in trouble
- Cell phones may not work on the lake – don't depend on them



# Calling for Help in a Camping Emergency

This is a special situation!

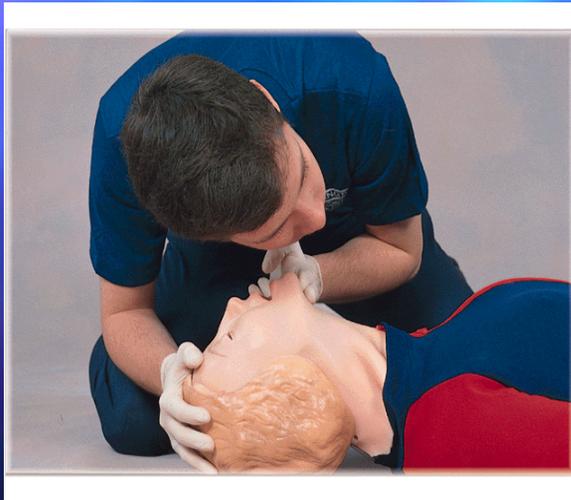
- At all campsites check out cell phone coverage as soon as you arrive
- Always have a backup plan for how to get to the nearest phone
- Be able to describe the location and directions to get there



# Unconscious Victim

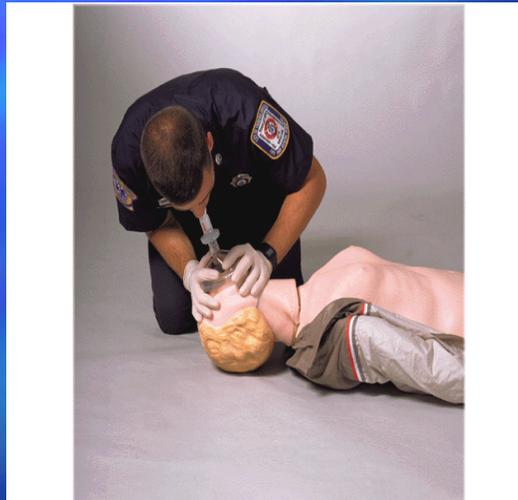
# If You Encounter An Unconscious Victim → Do ABCs

A



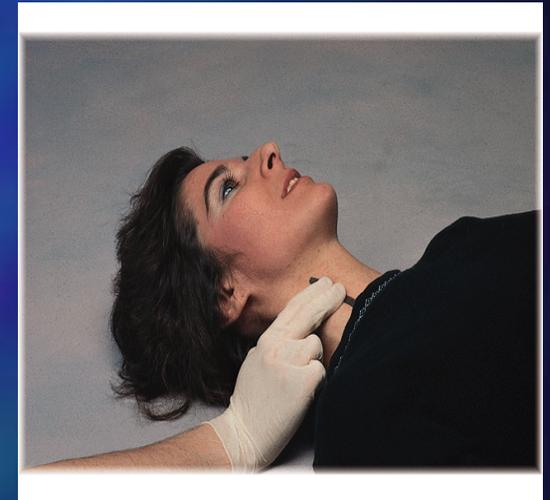
Open  
Airway

B

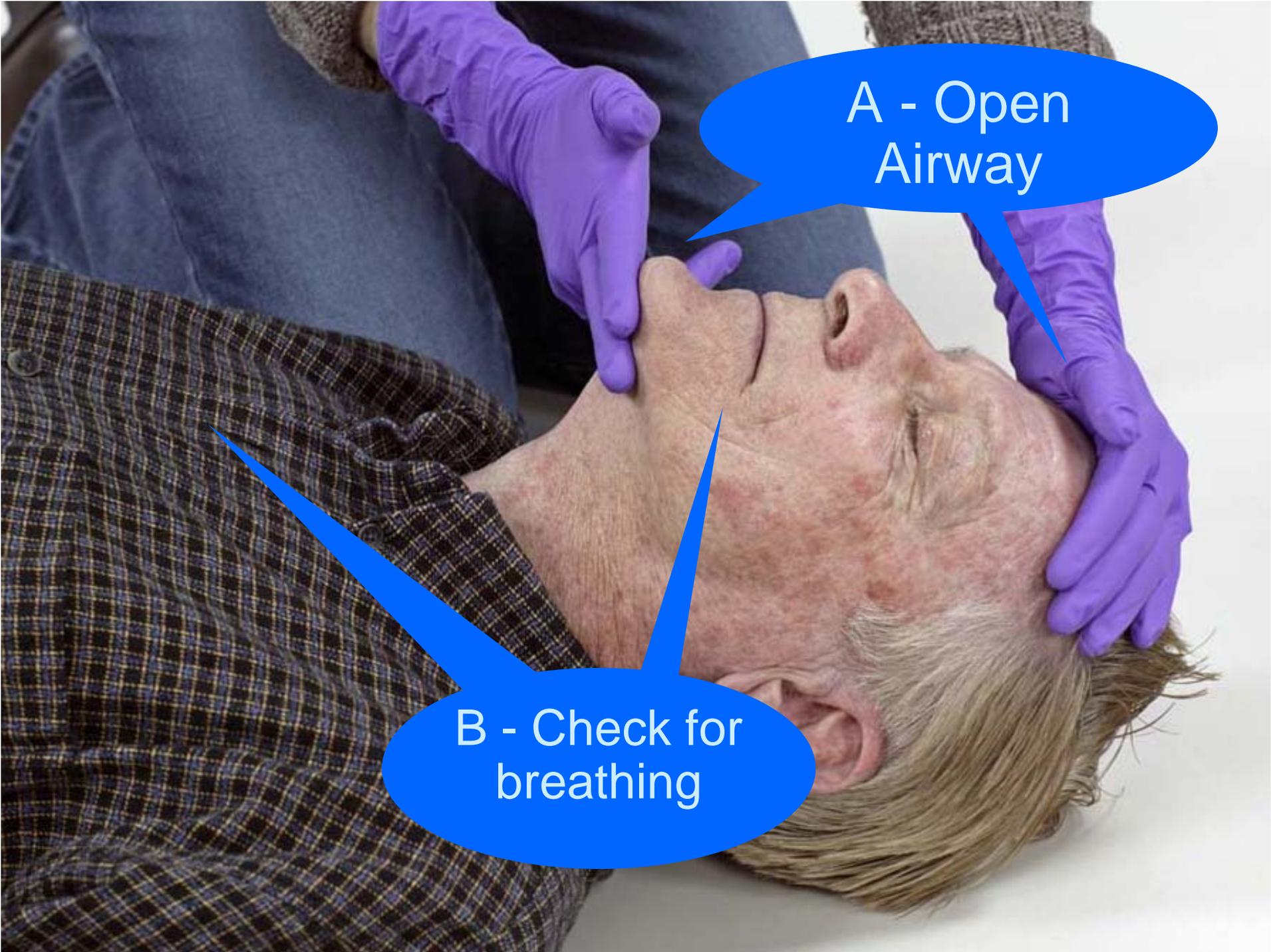


Check For  
Breathing

C



Check  
Circulation

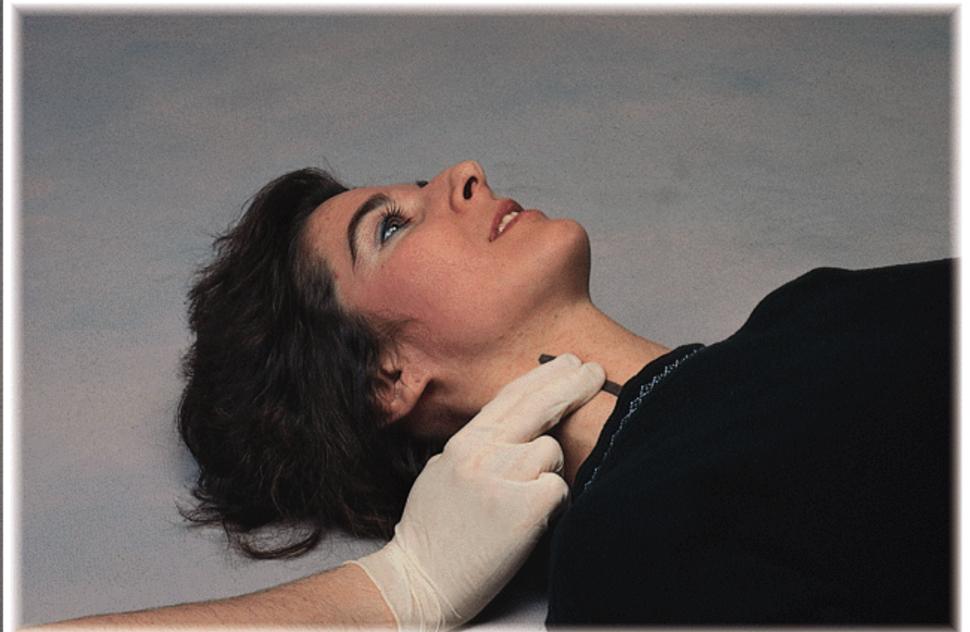
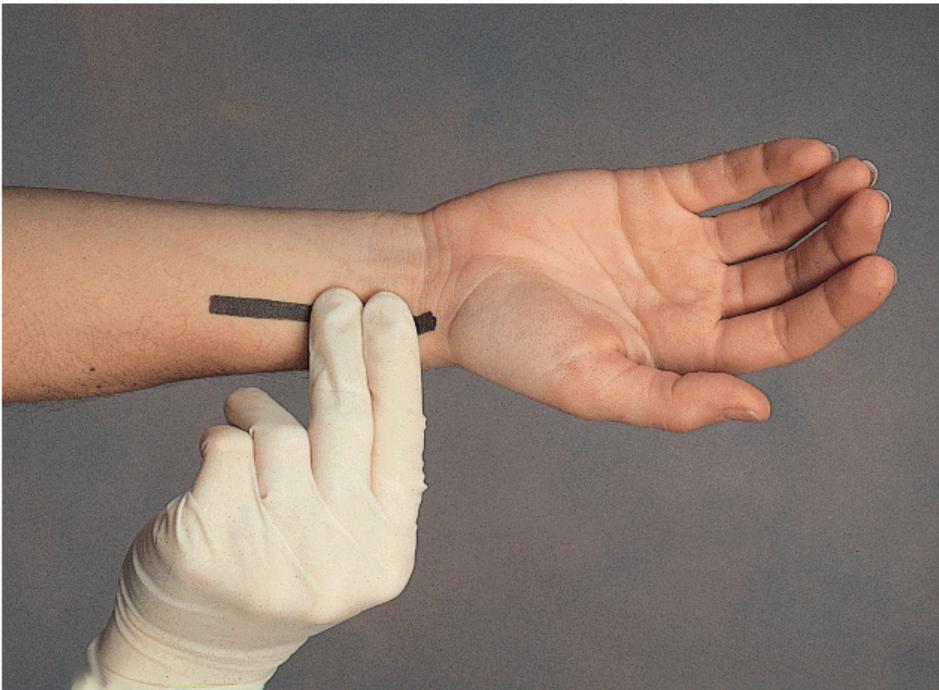


A - Open Airway

B - Check for breathing

# C - Circulation

- Check a pulse – at wrist or throat



Practice

Check Pulses Now

# Rescue Breathing for Non-Breathing Adults

# Include in Your First Aid Kit A “Mouth to Barrier” Device – “MTB”



- Use if you have one available.
- Barrier between rescuer and the victim.



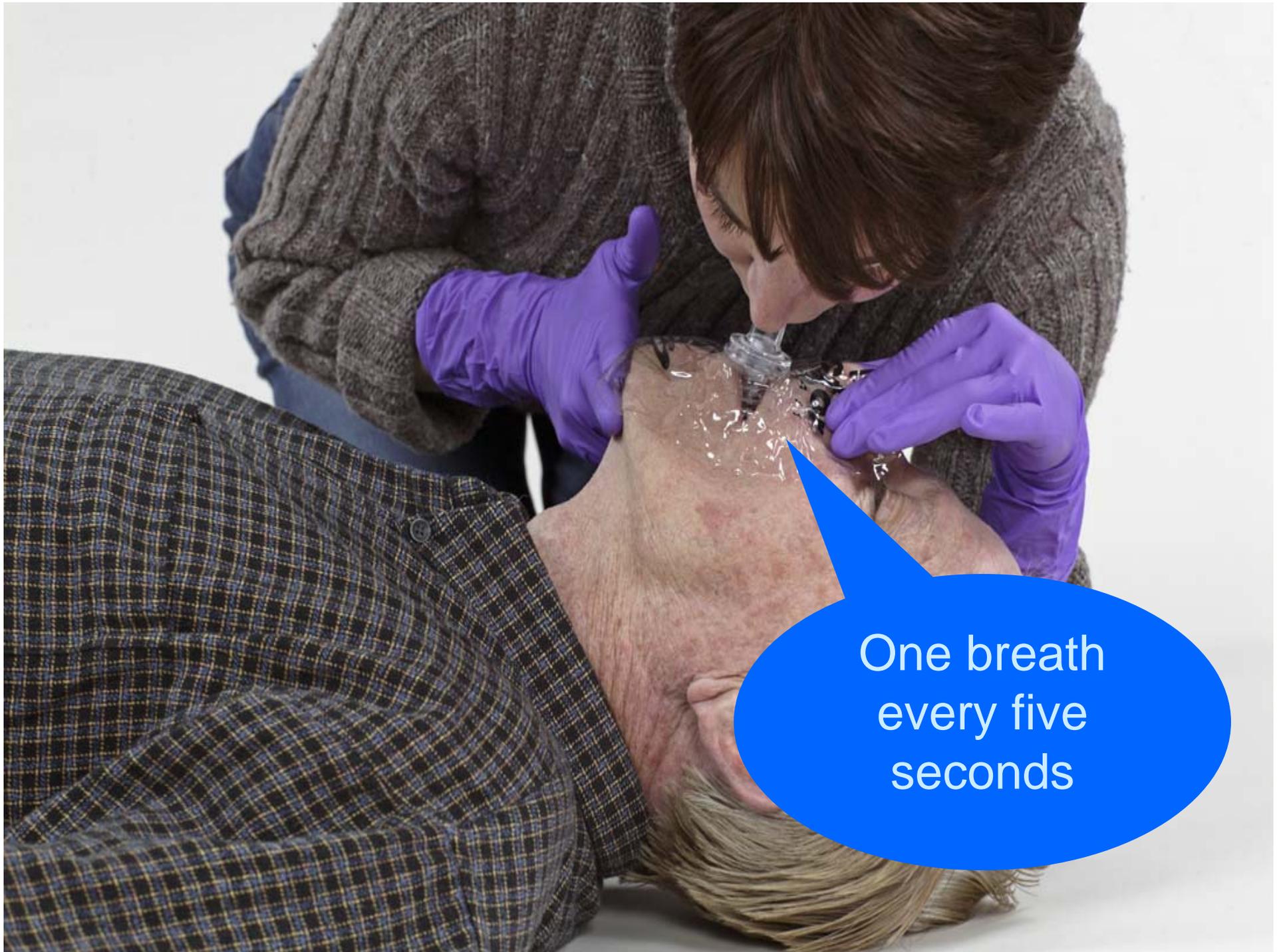
# Rescue Breathing

- Start immediately if victim not breathing
- Don't forget to have someone call 911
- It is possible that heart could still be beating – only rescue breathing needed.

# Rescue Breathing Techniques

1. Position the victim on their back
2. Open the airway
3. Use a barrier device if you have one
4. Watch victim's chest rise





One breath  
every five  
seconds

Practice

Rescue Breathing

# Heart Attack

# What Is A Heart Attack?

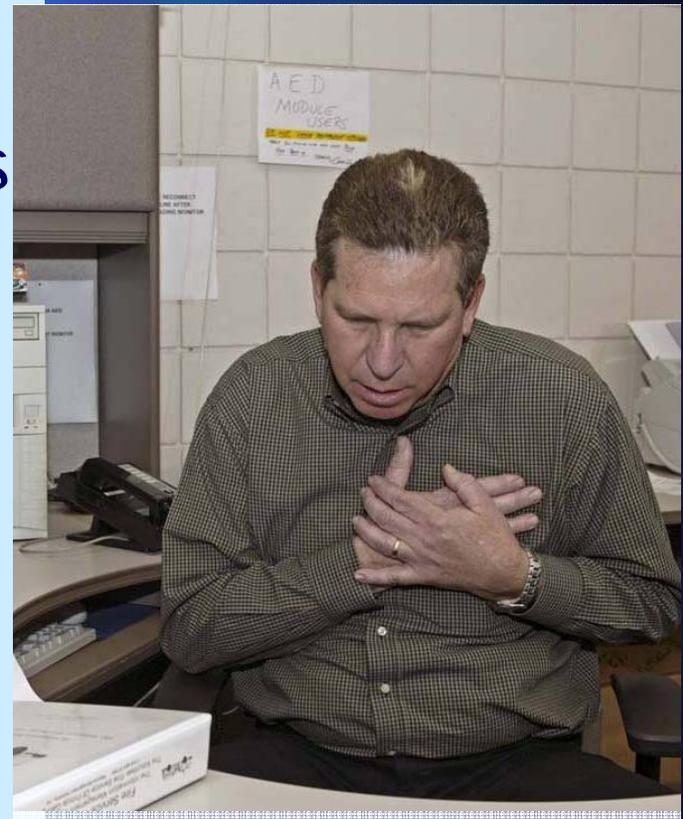


- Sudden reduced blood flow to the heart muscle
- Can lead to cardiac arrest
- Can occur at any age
- Signs and symptoms vary considerably
- May have no signs and symptoms before collapsing suddenly
- Victim may have mild symptoms that come and go for two or three days before

# Heart Attack - What You Might See

Symptoms will be different from person to person.

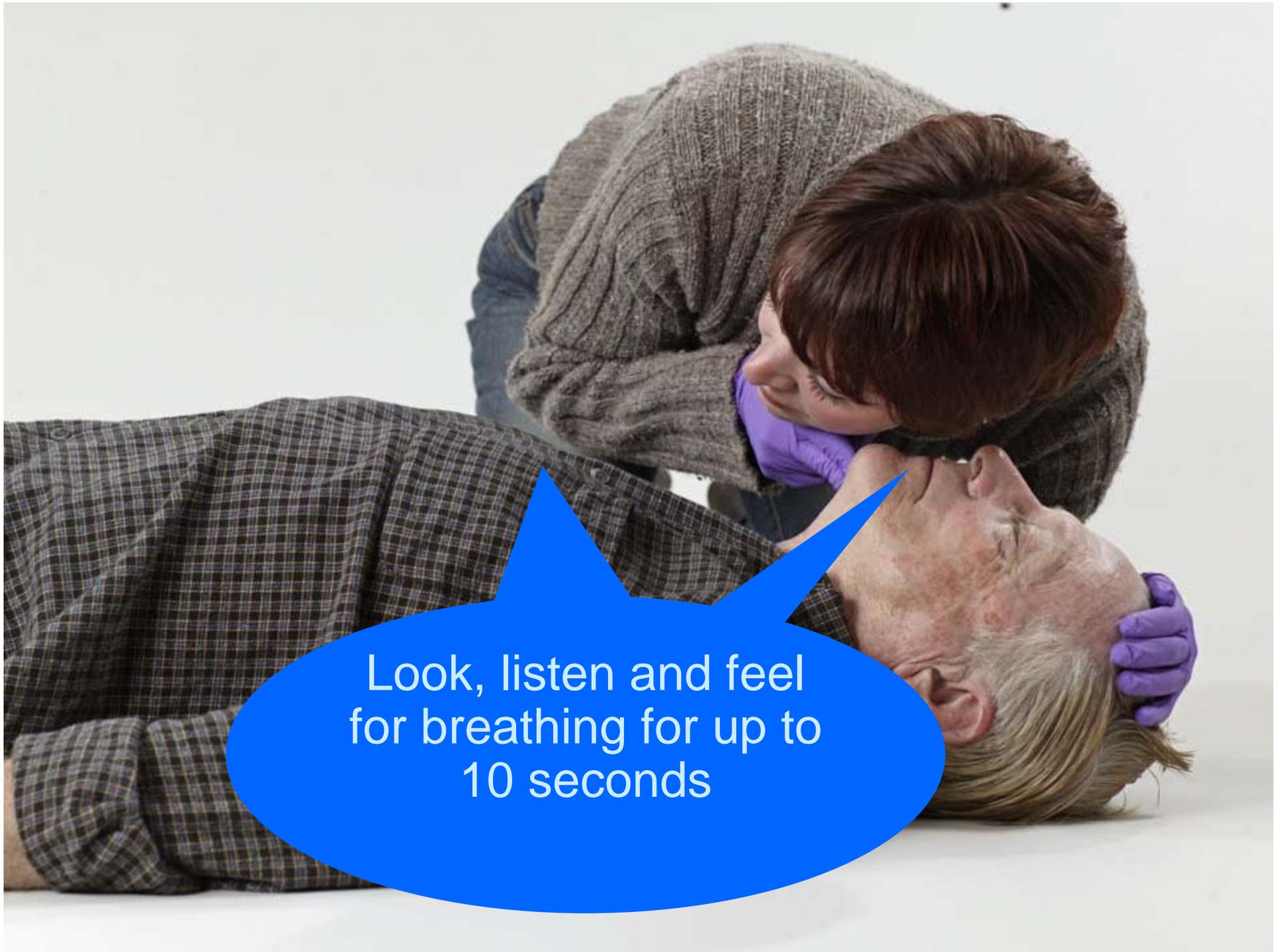
- Persistent pressure, tightness, ache, or pain in chest
- Pain in neck, shoulders, or arms
- Shortness of breath
- Dizziness, lightheadedness, feeling of impending doom
- Pale skin, sweating
- Nausea



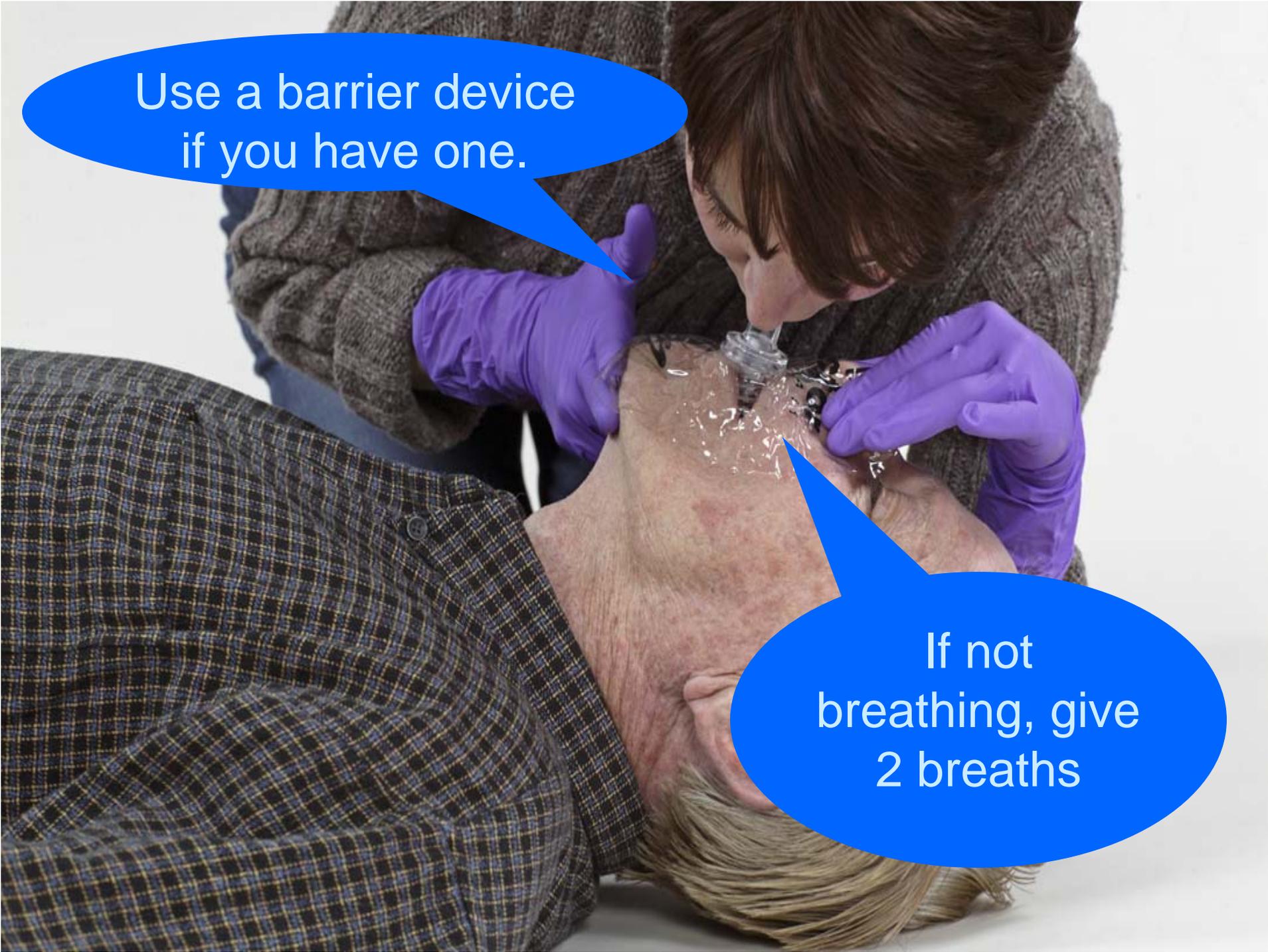
# Performing CPR for Adults



Open airway

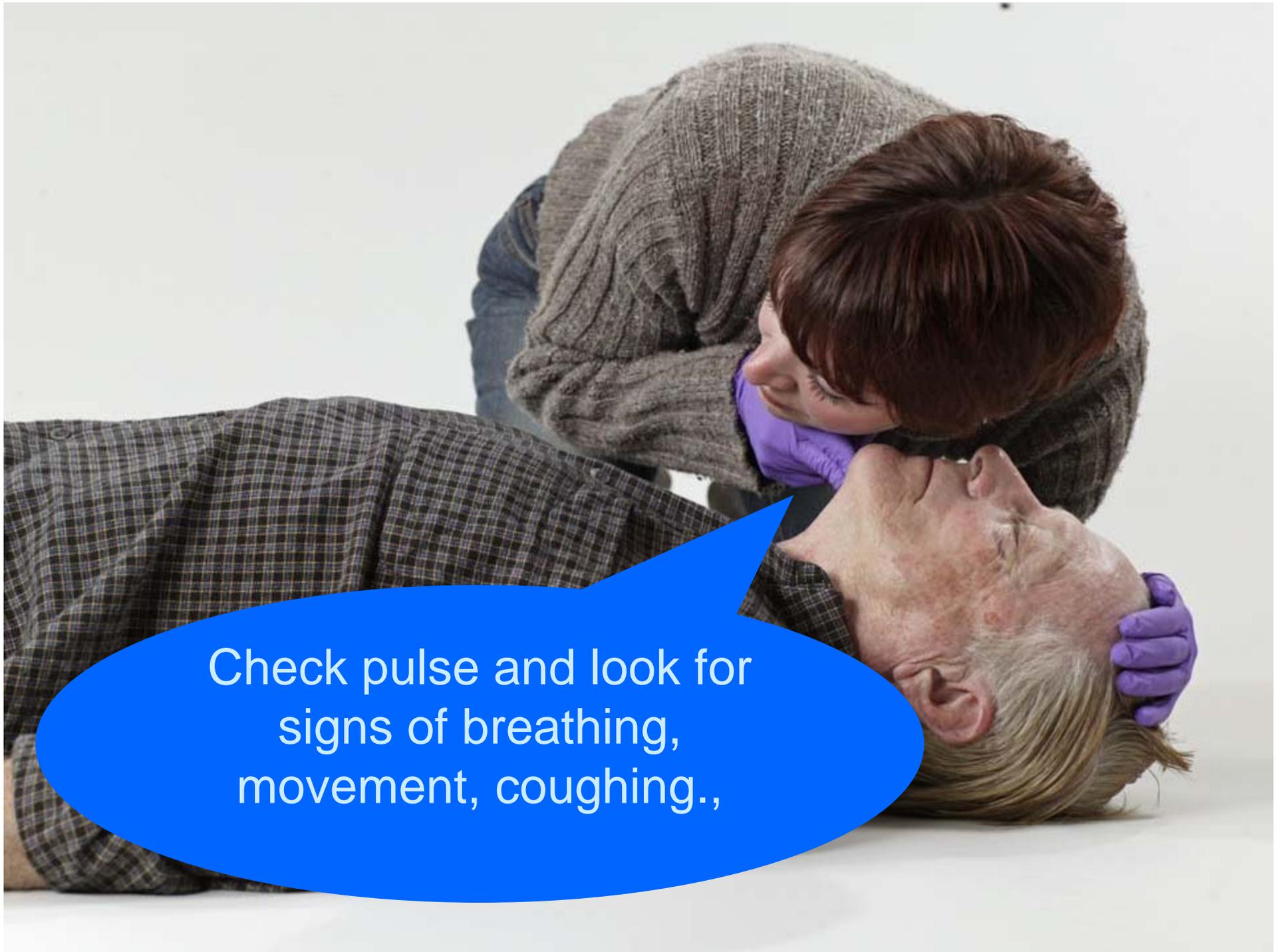


Look, listen and feel  
for breathing for up to  
10 seconds



Use a barrier device  
if you have one.

If not  
breathing, give  
2 breaths



Check pulse and look for  
signs of breathing,  
movement, coughing.,



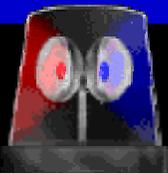
If no signs of  
circulation start  
CPR

Use heels of 2 hands  
and place in between  
nipples

Count:  
one, two,  
three ...

**30**

In 2006  
CPR to  
breath  
ratio  
changed  
to 30:2 !

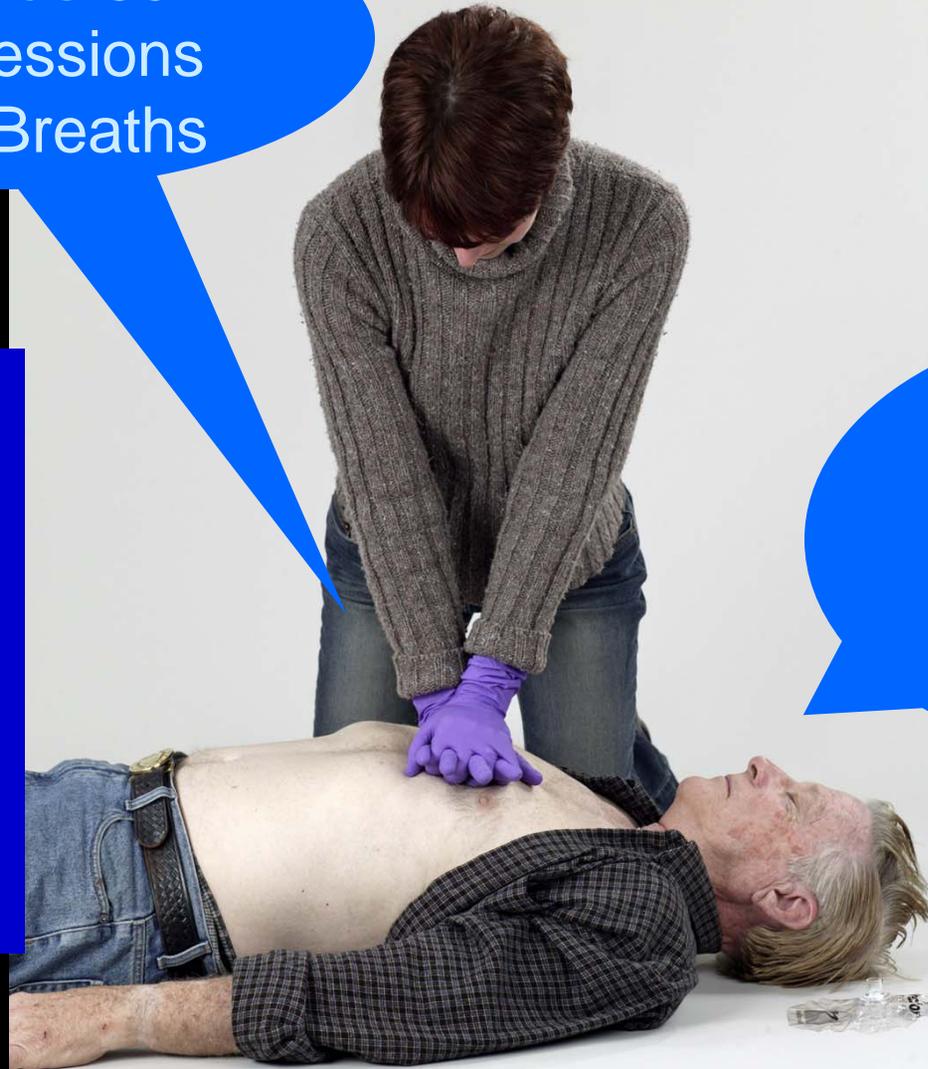


Compressions at  
a rate of 100/min

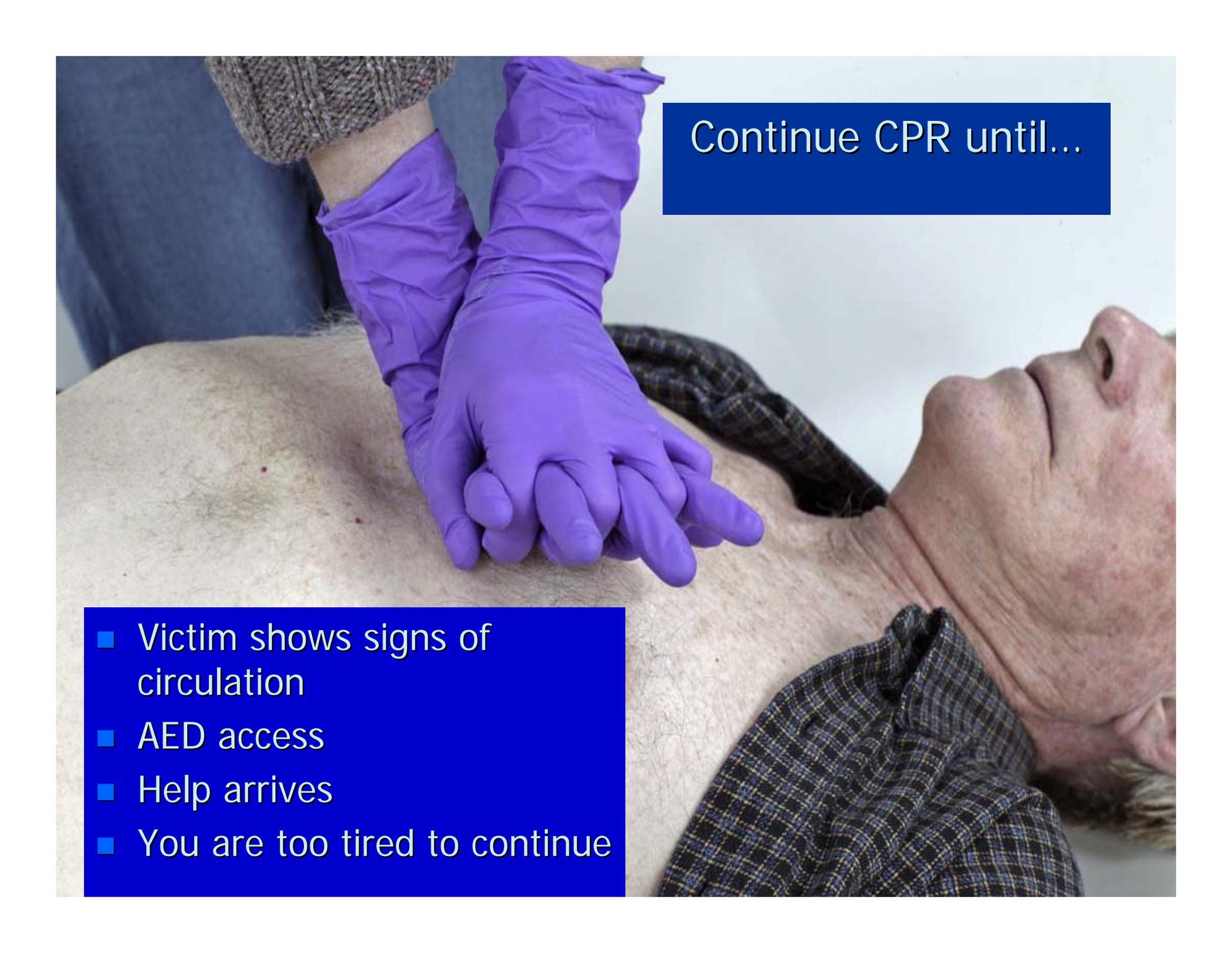
Then give 2  
breaths

Continue 30  
Compressions  
then 2 Breaths

In 2006  
CPR to  
breath  
ratio  
changed  
to 30:2 !



Recheck for  
signs of  
circulation after  
first minute



Continue CPR until...

- Victim shows signs of circulation
- AED access
- Help arrives
- You are too tired to continue

Practice

CPR

# Near Drowning

# Near Drowning

- Use "safe swim" procedures around any water activity.
- If you are involved with the rescue use "reach, throw, row, go".
- Remember: You can start rescue breathing in the water.
- USE ABC's, start CPR if no heartbeat.
- If beating and breathing roll on side and monitor airway. They may yack!

# How to Do a Victim Survey

For conscious victim, or unconscious victim  
who is beating and breathing.

# Assess From Head to Toe

- Start at head
- Look for signs
- Feel everything slowly
- Push on chest, ribs, tummy, hips
- Compare each side of body to the other (what is normal)

# Shock

The background of the slide is an abstract, textured pattern of blue and purple hues, resembling a nebula or a digital data visualization. The word "Shock" is centered in a large, white, sans-serif font with a subtle drop shadow.

# What is Shock?

Not enough blood is getting circulated around the body.

Untreated – it can lead to death.

Can be caused by all kinds of things like:

- Severe bleeding
- Heart problems
- Nervous system injuries
- Dehydration
- Serious infections
- Severe burns
- Allergic reactions



# Shock Looks Like...

- Scared/confusion
- Dizziness
- Pale/bluish skin
- Cold/clammy skin
- Rapid, shallow breathing
- Nausea/vomiting
- Thirst

Shock, if untreated, can lead to death.

# First Aid for Shock

- Have victim lie on back and raise legs 8 to 12 inches (except with spine injury)
- Maintain victim's normal body temperature



# Dealing With Cuts and Bleeding

# Bleeding Control

Best Methods Are:

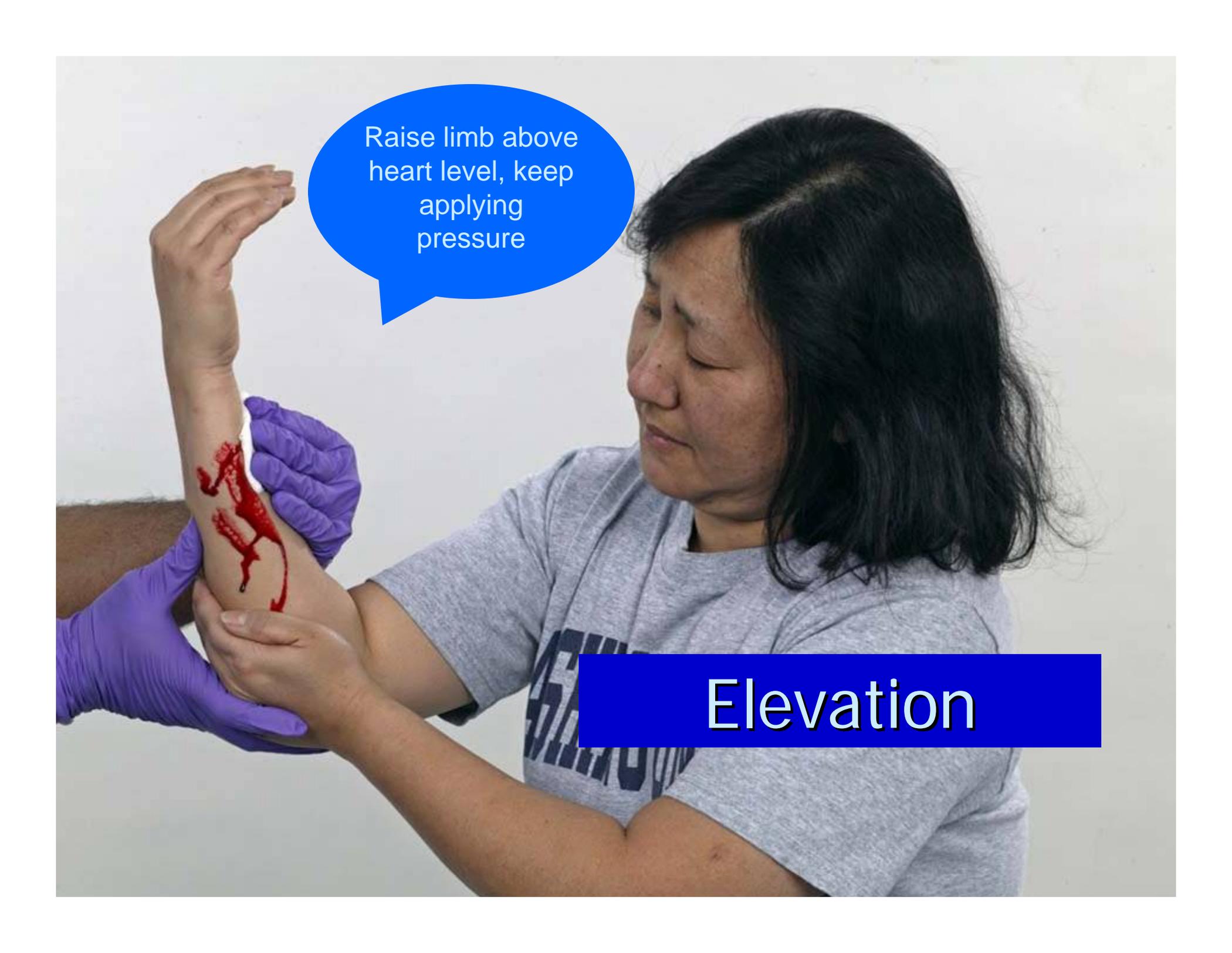
- Direct Pressure
- Elevation



# Direct Pressure

Apply pressure directly to the wound





Raise limb above  
heart level, keep  
applying  
pressure

Elevation

# You Should Clean Most Wounds



- Unless the wound is very large or bleeding seriously, clean the wound to help prevent infection
- Wash your hands first and wear gloves if available

# Signs and Symptoms of Infection

See a health care provider immediately

- Pain
- Pus
- Fever

- Wound area is red, swollen, and warm
- Red streaks or trails on the skin near the wound

# Scrapes / Abrasions

- Will have dirt ground into the skin, so make sure it is clean...you may have to scrub a little!
- Bandage to keep clean and dry.  
Change dressing frequently if wound is seeping moisture.



- Usually form on the foot or the hands.
- Common cause is from rubbing inside shoe or glove.
- Treat as a wound – clean with soap and water.  
Usually don't break deep blister.
- Some superficial blisters can be lanced with a sterile needle, cleaned, and bandaged.
- Keep off pressure by changing socks/gloves, bandage, or using moleskin.

# Bruises

- Caused by force damaging tissue under the skin. Usually will heal themselves.
- The discoloration is caused by blood leaking into tissue.
- You can apply cold pack in first hour. Warm packs after a day will help them go away faster.
- If very large or spreading they are sign that something serious is going on, and medical care is needed.



# Puncture Wounds & Lacerations

- If an object is embedded in the body don't pull it out. Bandage in place and go to emergency room.
- If the object has already been removed wash thoroughly – infection is more likely because germs have been pushed deeper in the body.
- Depending on where and how deep – this may still need a doctor's care – you can't see how deep it went or what is going on inside the body.



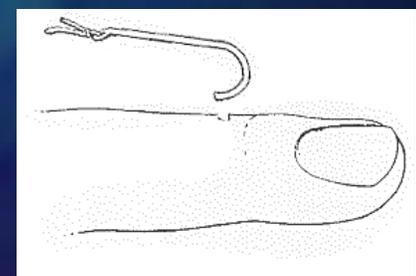
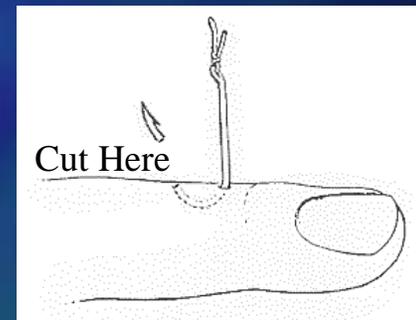
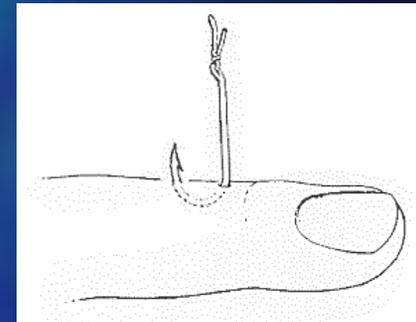
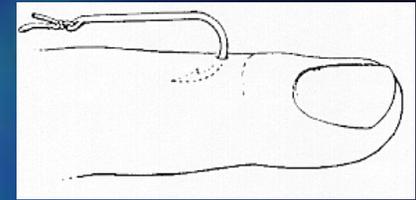
# Fishhooks

- If a fishhook is in a superficial area of the body you can try to remove it.
- If only the point of the hook enters the skin then pull it back out.
- If the barb is embedded it is best to let doctor remove it – but you may be so far from the hospital that you have to remove it yourself.

# Fishhook Removal

If you have to remove a fishhook with barb in the skin:

- Push the hook in a shallow curve until point and barb emerge.
- Use pliers to cut the hook beneath the barb.
- Remove the hook by backing it out.
- Treat as a puncture wound.





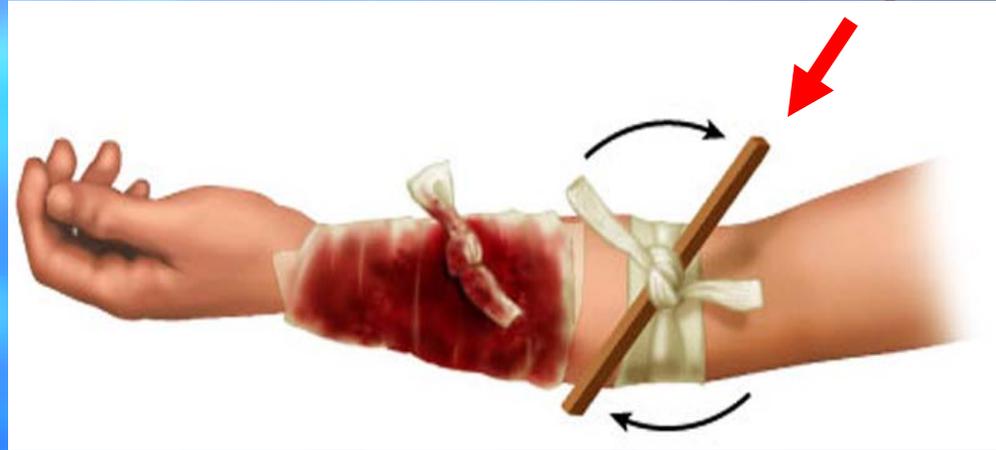
# Amputation



Amputation: a limb, finger, or toe has been cut off

- Control the bleeding
- Treat for shock
- If part is available wrap loosely in gauze and lay on bed of ice (don't cover with ice) and immediately call EMS

# What about tourniquets?



A tourniquet is a band type belt or bandage that is wrapped tightly above an amputation or very severe cut to stop the bleeding.

- Choose a tourniquet only as a last resort. Use elevation and direct pressure first.
- Remember that a tourniquet will probably lead to the loss of the limb.

# Bandaging

# Bandaging Techniques

- There are different techniques for different types of bandages and locations of the wound.
- Let's take a look at using roller bandage – one of the most versatile bandages.





1. Use gauze pad if you have one

2. Hold end in place for first turn of bandage

3. Unroll gauze as you bandage (don't unroll first)

## Technique for Roller Bandage



4. Cover the cut completely with a criss cross pattern

5. Make loop in final turn to tie off

Technique for Roller Bandage

# Technique for Roller Bandage

6. Use ends of bandage in to tie a knot over the cut



## Technique for a Triangular Bandage



- Triangular bandages can also be a dressing...not just a sling.

## Technique for a Self-Adherent Dressing



- Use a gauze pad underneath to cover the wound.

# Practice

Roller gauze bandage for cut on forearm.



# Burns

# How Bad Is the Burn?

- **First-degree burns** (superficial burns) damage only the skin's outer layer
- **Second-degree burns** (partial-thickness burns) damage the skin's deeper layers
  - Large second-degree burns require medical attention
- **Third-degree burns** (full-thickness burns) damage the skin all the way through and may burn muscle or other tissues
  - These are medical emergencies
  - Burns on the face, genitals, or hands or feet are more serious and require medical care

# What to do for burns

- Immerse the area in cool water until it stops burning
- Cover with a dry dressing



# First-Degree Burns

- Skin is red, dry, and painful
- Minimal swelling
- Skin not broken



Bandage if necessary. Skin lotion may be helpful (Aloe).  
911 may not be needed.

# Second-Degree Burns

- Skin is swollen and red, may be blotchy or streaked
- Blisters that may be weeping clear fluid
- Very Painful

Apply a loose dry bandage and call 911

# Third-Degree Burns

- Skin damage, charred skin, or white leathery skin
- May be in shock



# Chemical burns



20-30 minutes of  
gentle flushing with  
cool water

# Electrical burns

There may be damage inside you can't see. Apply loose dry bandage and call 911.



This is an industrial high voltage accident – household current usually won't produce a burn like this – but there could be damage inside you can't see.

# Sunburn is a Burn!

- Severe sunburn can be a significant first aid situation.
- Sunburn is preventable with protective ointments, clothing, or staying out of the sun.
- Long term sunburn has been linked to skin cancers.



# Poisoning



# Swallowed Poisons

Small children love pretty bottles.

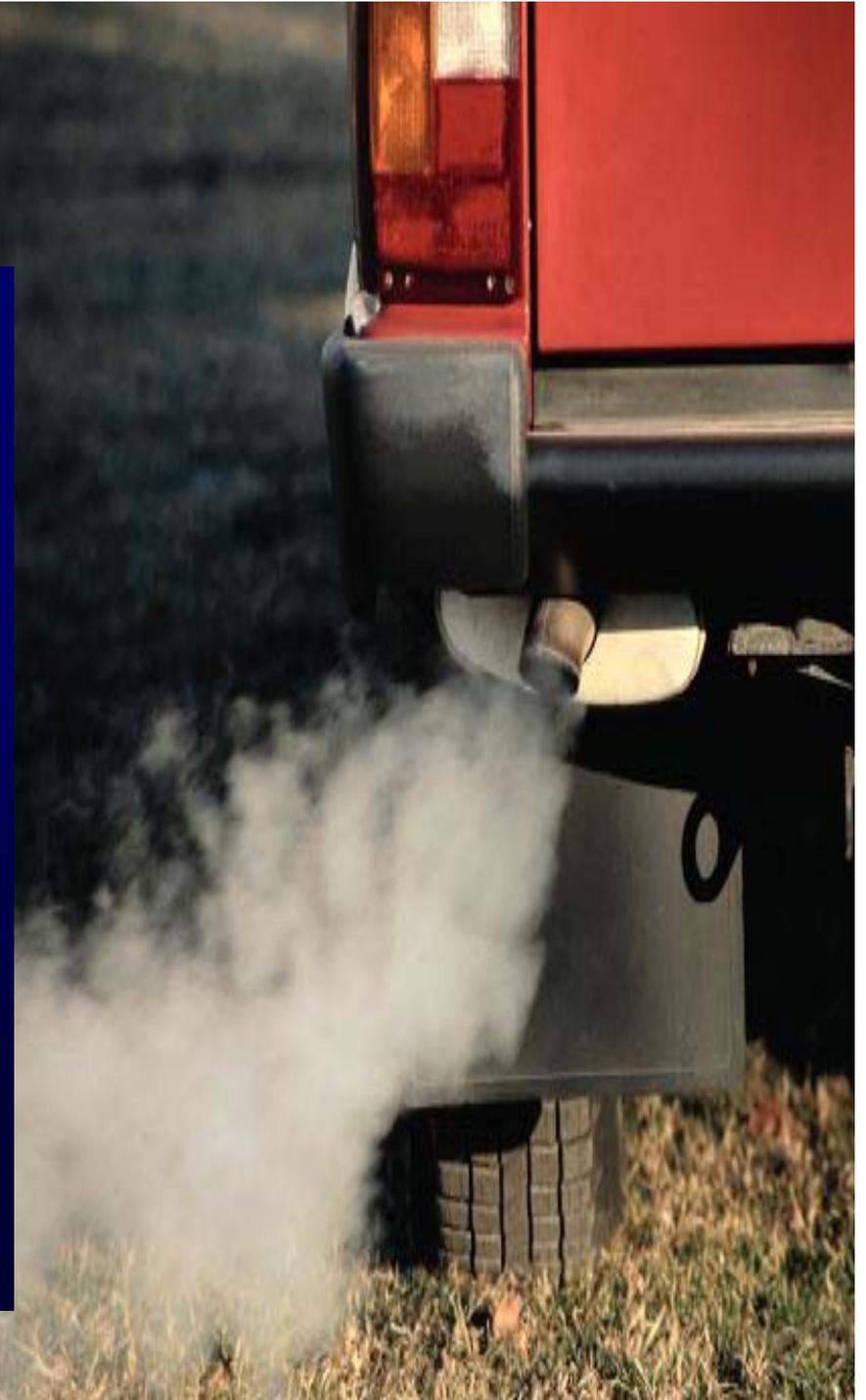
- If someone is poisoned you could see nausea, vomiting, abdominal cramps, drowsiness, dizziness
- Determine (if you can) what was swallowed, when, and how much.
- Call Poison Control Center or 911 and provide CPR if needed.

# Poison Proofing

- If children are in the house use child proof locks on doors with poisons.
- Put poisons up high out of reach.
- Insure everything is in the right container (labeled with contents).
- If a container is leaking dispose of it.
- Medicines can be poisons. Don't leave out and use child proof containers.
- Post the number for poison control.

# Carbon Monoxide

- Invisible, odorless, and tasteless—and very lethal
- May be present from motor vehicle exhaust, a faulty furnace, fires, some camping heaters
- Exposure to large amounts causes an immediate poisoning reaction
- Get victim away from source



# Alcohol Poisoning



For unresponsive intoxicated person:

- Position person in recovery position
- Be prepared for vomiting
- Monitor person and provide airway or CPR if necessary
- Call 911 if breathing is irregular, if seizures occur, or if person cannot be roused
- Can be a serious hurry case – don't let party goers hold up treatment
- Intoxication can make some people hostile and violent – for these victims stay a safe distance away and call for help

# Drug Overdose

- Illegal drugs or an overdose of prescription medication may cause a wide range of behaviors and symptoms
- Do not try to reason with someone on drugs – they may not act reasonably



# First Aid for Drug Overdose



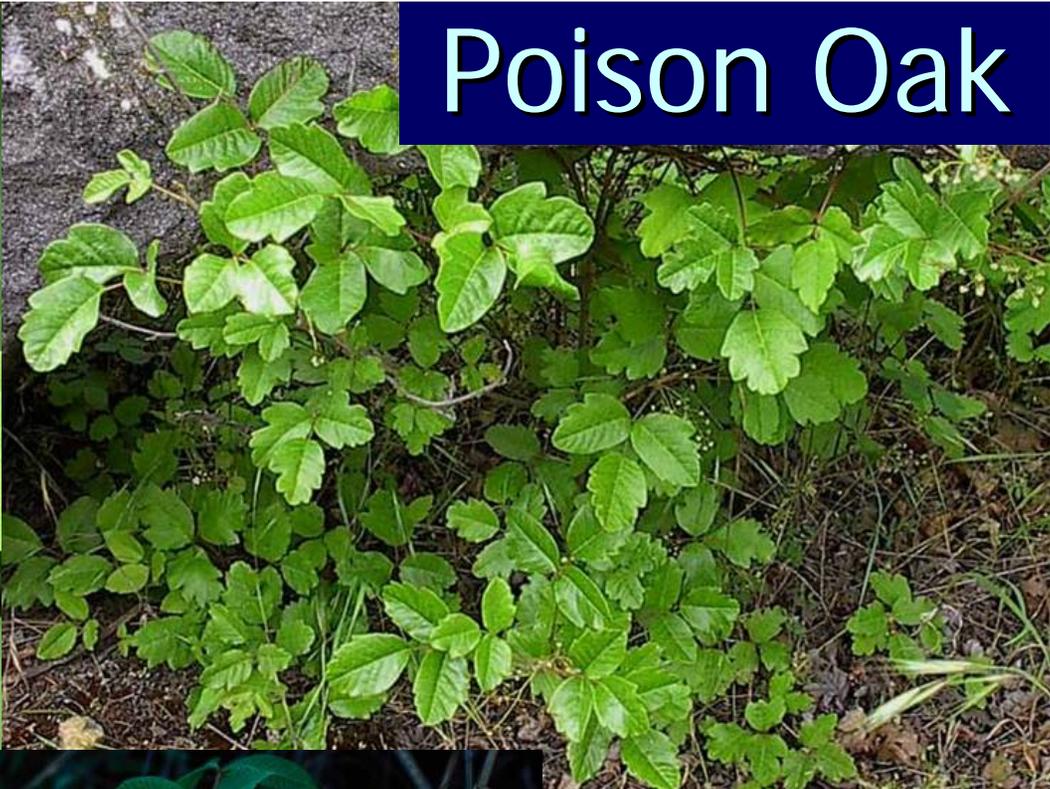
- Put unresponsive victim in recovery position, check ABCs, and call 911
- For responsive victim ensure it is safe to approach
- If behavior is erratic or violent, call 911 and stay away
- Try to find out what drug is involved

# Poison Plants

Poison Ivy



Poison Oak



Poison Sumac



## First Aid for Poison Plants

- Wash area thoroughly with soap and water
- For severe reactions or swelling of face, victim needs medical attention
- Treat itching with calamine lotion, topical hydrocortisone cream, and oral antihistamine
- Wash clothing, shoes and pets

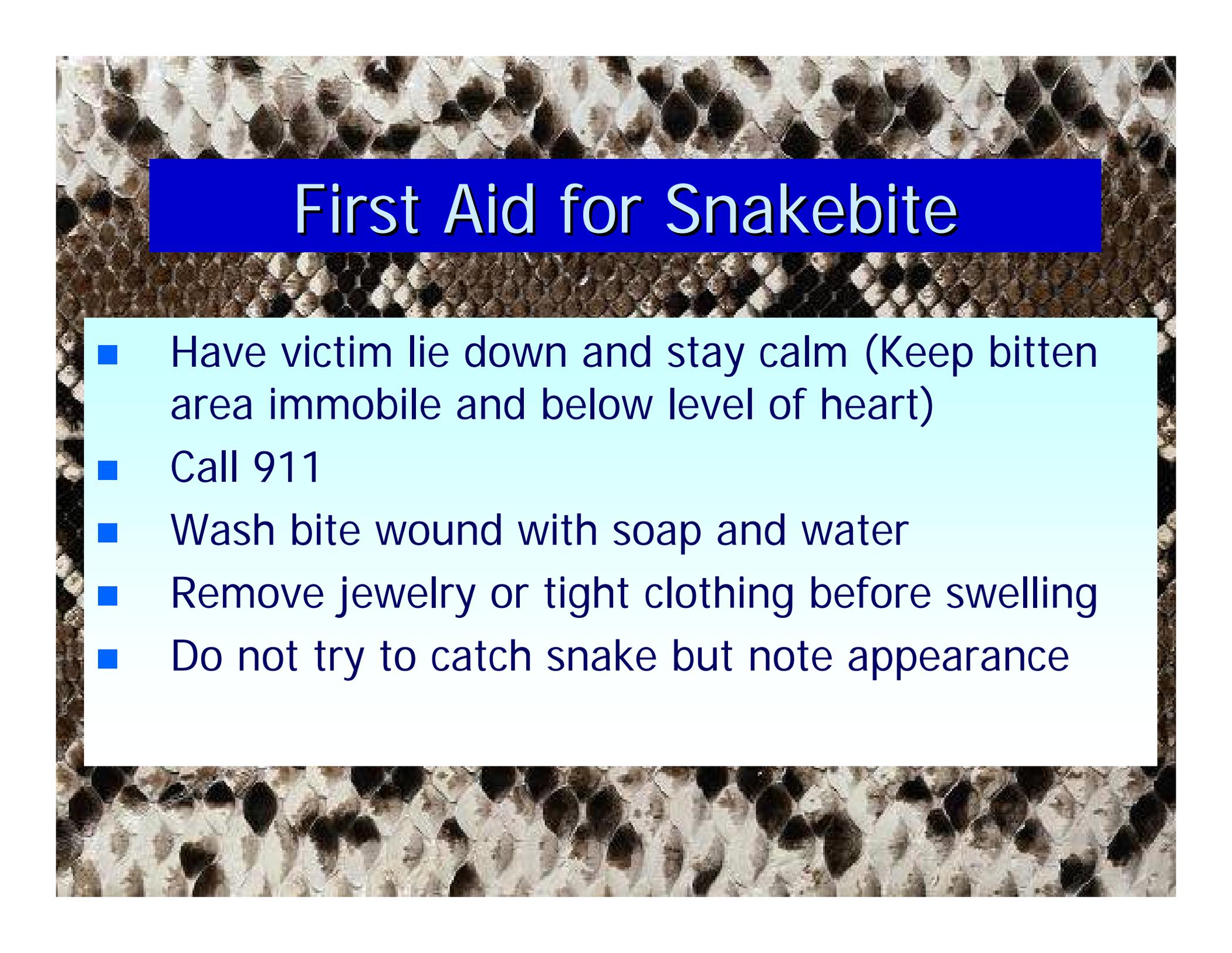
# Bites



# First Aid for Animal Bites



- Clean wound with soap and water, running water over wound for 5+ minutes
- Control any bleeding and cover wound with sterile dressing and bandage
- Victim should see healthcare provider or go to emergency room
- Do NOT try to capture animal

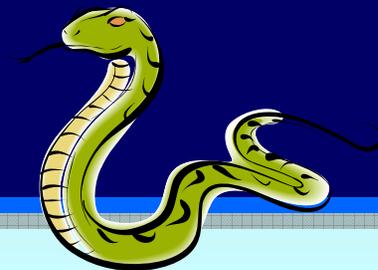
The background of the slide is a close-up photograph of a snake's skin, showing a repeating pattern of light-colored, diamond-shaped scales with dark, irregular spots and blotches. The lighting creates a sense of depth and texture.

# First Aid for Snakebite

- Have victim lie down and stay calm (Keep bitten area immobile and below level of heart)
- Call 911
- Wash bite wound with soap and water
- Remove jewelry or tight clothing before swelling
- Do not try to catch snake but note appearance

## *For Snakebites Do Not:*

- Use tourniquet
- Cut wound open to try to drain venom out
- Try to suck out venom



# Spider Bites

**Black Widow**



**Brown Recluse**

# First Aid for Spider Bite



- If victim has difficulty breathing, call 911 and be prepared to give Rescue Breathing or CPR
- Keep bite area below level of heart
- Wash area with soap and water
- Put ice or cold pack on bite area

# Tick Bites

- Not poisonous
- Can transmit Rocky Mountain spotted fever or Lyme disease
- Tick embeds it's mouth parts in skin and may remain for days



# Engorged Tick

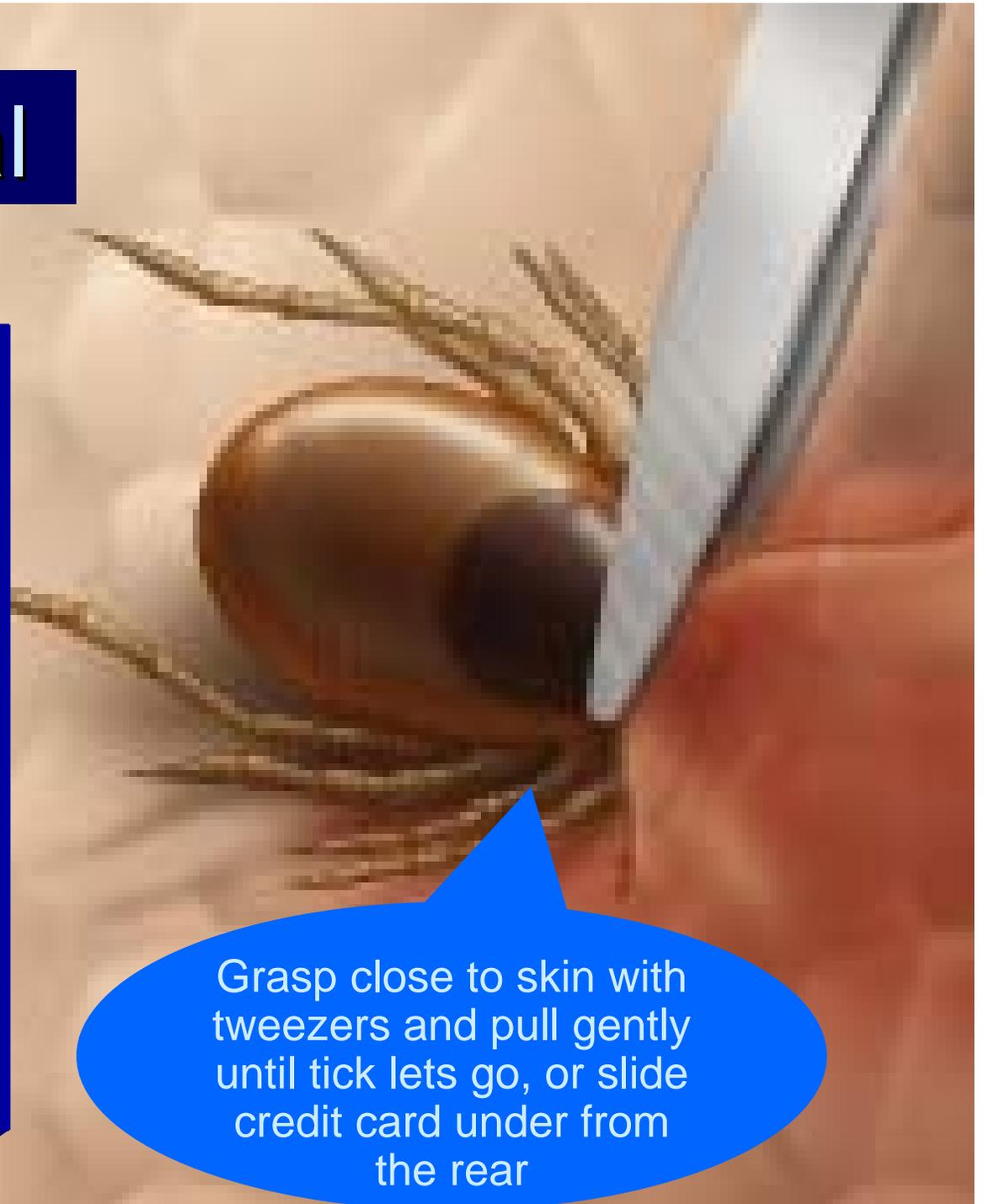


This tick has just finished lunch – you.

# Tick Removal

Do not try to remove an embedded tick by:

- covering it with petroleum jelly
- soaking it with bleach
- burning it away



Grasp close to skin with tweezers and pull gently until tick lets go, or slide credit card under from the rear



# Fire Ants



- Found in mounds (nests) throughout southwest.
- Attack cooperatively if nest is disturbed – so there could be many stings.
- Don't break blisters (if formed). Wash with soap and water, put on wet baking soda paste.
- Monitor for allergic reactions.



# Bee and Wasp Stings

- Insect stings are not poisonous but can cause life-threatening allergic reactions in victims with severe allergies
- Complaints of pain, burning, or itching at sting site
- Redness, swelling
- Scrape away stinger if still in skin



# First Aid for Bee and Wasp Stings

- Remove stinger from skin by scraping it away gently with credit card or knife blade
- Wash area with soap and water
- Put ice pack on sting site
- Watch victim for any signs or symptoms of allergic reaction
- If symptoms occur call 911 and treat for shock



# Allergic Reaction to Bee Sting



## Emergency Epinephrine Kit

- May be carried by people with severe allergies
- Medication can stop the anaphylactic reaction
- Help the victim open and use the kit as needed

# Signs and Symptoms of Allergic Reaction

- Difficulty breathing, wheezing
- Tightness in throat or chest
- Swelling of the face and neck, puffy eyes



# First Aid for Anaphylaxis

- Call 911
- Monitor the victim's breathing and be prepared to give CPR
- Help victim use epinephrine kit
- Help victim sit up in position of easiest breathing



# Scorpions



- Found throughout southwest in desert areas.
- Will crawl into narrow/dark places (shoes, packs, under equipment). Active at night.
- Generally won't sting unless attacked or touched (like putting on a boot with a scorpion inside or stepping on one).
- They don't leave a stinger in wound...they inject a poison.
- Wash with soap and water. Ice pack for swelling
- Monitor for allergic reactions.

# Fractures and Joint Injuries

# Fractures

- Bone may be completely broken or only cracked
- **Closed fracture** - skin is not broken
- **Open fracture** - open wound at the fracture site
- Bleeding can be severe with fractures of large bones



Closed



Open

# First Aid for Fracture

With open fracture, cover wound with dressing and apply gentle pressure around the site if needed to control bleeding

If help may be delayed or if victim is to be transported, immobilize with a splint



# Splinting

Splint the extremity if:

- The victim is at risk for moving injured area (unless help is coming soon)
- Before transporting victim to healthcare provider

Helps prevent further injury, reduces pain, and minimizes bleeding and swelling



# Types of Splints

**Rigid splints** made from a board, a piece of plastic, rolled newspaper, or thick cardboard



**Soft splints** made from a pillow, folded blanket or towel, or a triangular bandage



**Anatomic splints** bandage an injured leg to the uninjured leg or fingers together



# Guidelines for Splinting

- Put dressing on any open wound before splinting area
- Put padding between splint and skin
- Put splints on both sides of fractured bone if possible
- Apply cold pack to injury around splint
- With splinted extremity, check the fingers or toes to make sure circulation is not cut off



# Arm Sling

- Sling keeps arm from moving.
- Sling next to body goes around neck on the finger side of the splint.
- A good sling keeps the hand higher than the elbow.
- Tie the knot on the side of the neck (not behind) for comfort.

# Practice

## Arm Splint and Sling



# Spinal Injuries

- Fracture of the neck or back
- May be life threatening and can cause permanent paralysis



- Do not move the victim any more than necessary
- Support the head and neck to prevent worsening the injury

# Signs of a Spinal Injury

- Inability to move
- Lack of sensation or tingling in hands
- Deformed neck or back
- Breathing problems
- Headache
- Deformed neck or back
- Signs of blow to head or back

# Joint Injuries

## Dislocation

- One or more bones have moved out of normal position

## Sprain

- Injury to ligaments and other structures in a joint

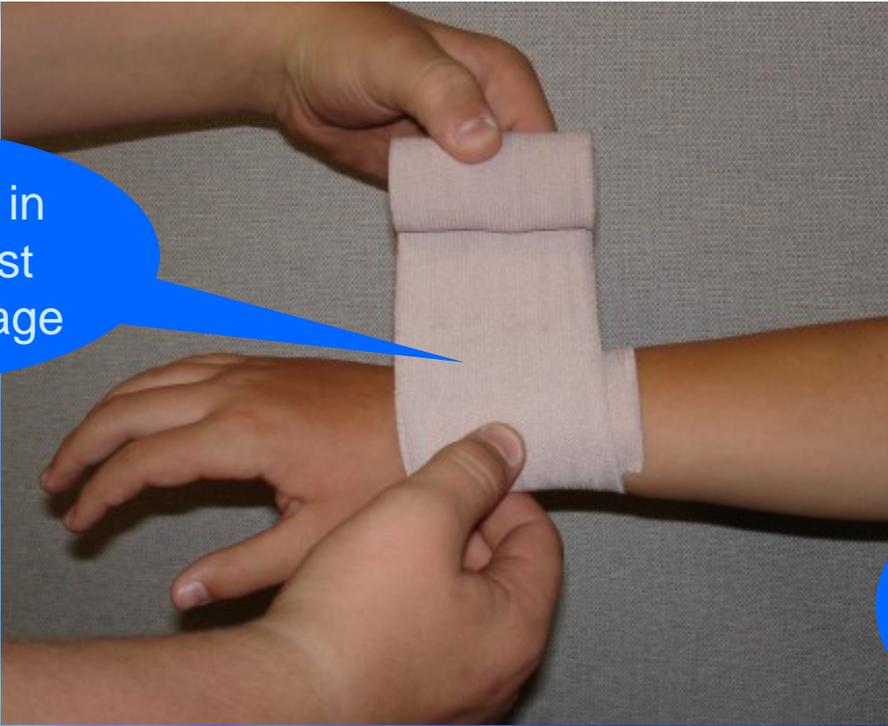
Both injuries may appear like a fracture

# First Aid for Sprains

- Immobilize area in position found
- Put ice or cold pack on area
- Wrap joint with compression bandage
- Use soft splint to immobilize and support joint
- Seek medical attention if appropriate



# Wrapping a Sprain With An Elastic Bandage



1) Hold end in place for first turn of bandage



3) Fasten end of bandage with clips, tape, or safety pins



2) Continue with overlapping turns (overlap by about  $\frac{3}{4}$  of previous turn)



Elbow

Elastic Bandage  
will work at  
any joint.



Ankle



Knee

# Practice



Elastic bandage for sprained wrist.

# Sudden Illness Cases



Stroke

- Stroke is a brain injury – blood supply to part of brain interrupted
- Headache, dizzy, unusual behavior, passes out, forgets things, slurred speech, weak on one side.
  - Monitor victim and be prepared to give Rescue Breathing or CPR
  - Have victim lie down with head and shoulders slightly raised.

- Breathing is difficult, sometimes with a wheezy sound.
- If victim does not know he or she has asthma (first attack...call 911 immediately)
- If they know they have asthma help victim use his or her medication (usually an inhaler)
- Help victim rest and sit in position for easiest breathing

# Asthma



# Hyperventilation

- Rapid breathing, can't catch breath, dizzy, deep fast breathing, may pass out
- Reassure victim and ask him or her to try to breathe slowly
- Call 911 if victim's breathing does not return to normal within a few minutes
- Don't have them breathe into a paper bag

- A temporary reduced blood flow to the brain after a prolonged period of inactivity, or from other causes such as fright, lack of food, or standing with knees locked
- Will usually recover quickly
- Pale, cool skin, sweating
- Lay victim down and raise legs about 12 inches
- Check for possible injuries caused by falling



**Fainting**

# Seizures

A brain disturbance caused by epilepsy, high fever in young children, certain injuries, electric shock, and other causes.

- Can be scary for helpers.
- Move objects away and let victim have seizure – there is nothing you can do to stop it.
- Put something flat and soft under victim's head.
- Gently turn victim onto one side to help keep airway clear if vomiting occurs
- If this is first time call 911 – otherwise do what victim wants.



# Diabetic Emergencies

- Problem maintaining a balance of blood sugar and insulin in body
- Without treatment, can quickly progress to a medical emergency
- Diabetics may carry glucose tablets in case of low blood sugar, insulin for high blood sugar
- Give sugar, sugar drinks, fruit, whatever at hand to provide sugar



# Eye Injuries

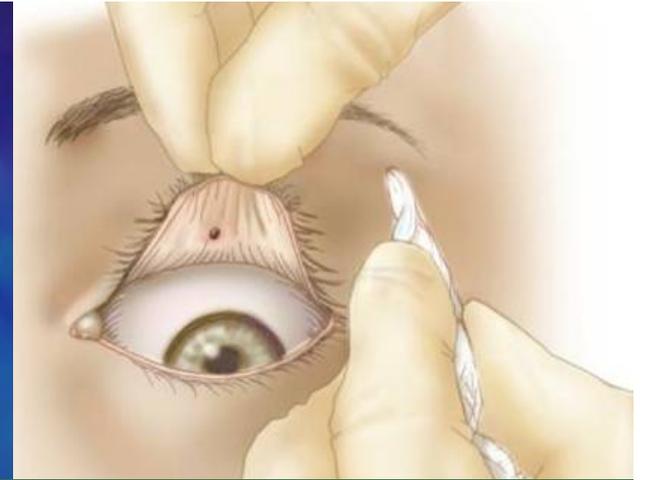


# Blow to Eye

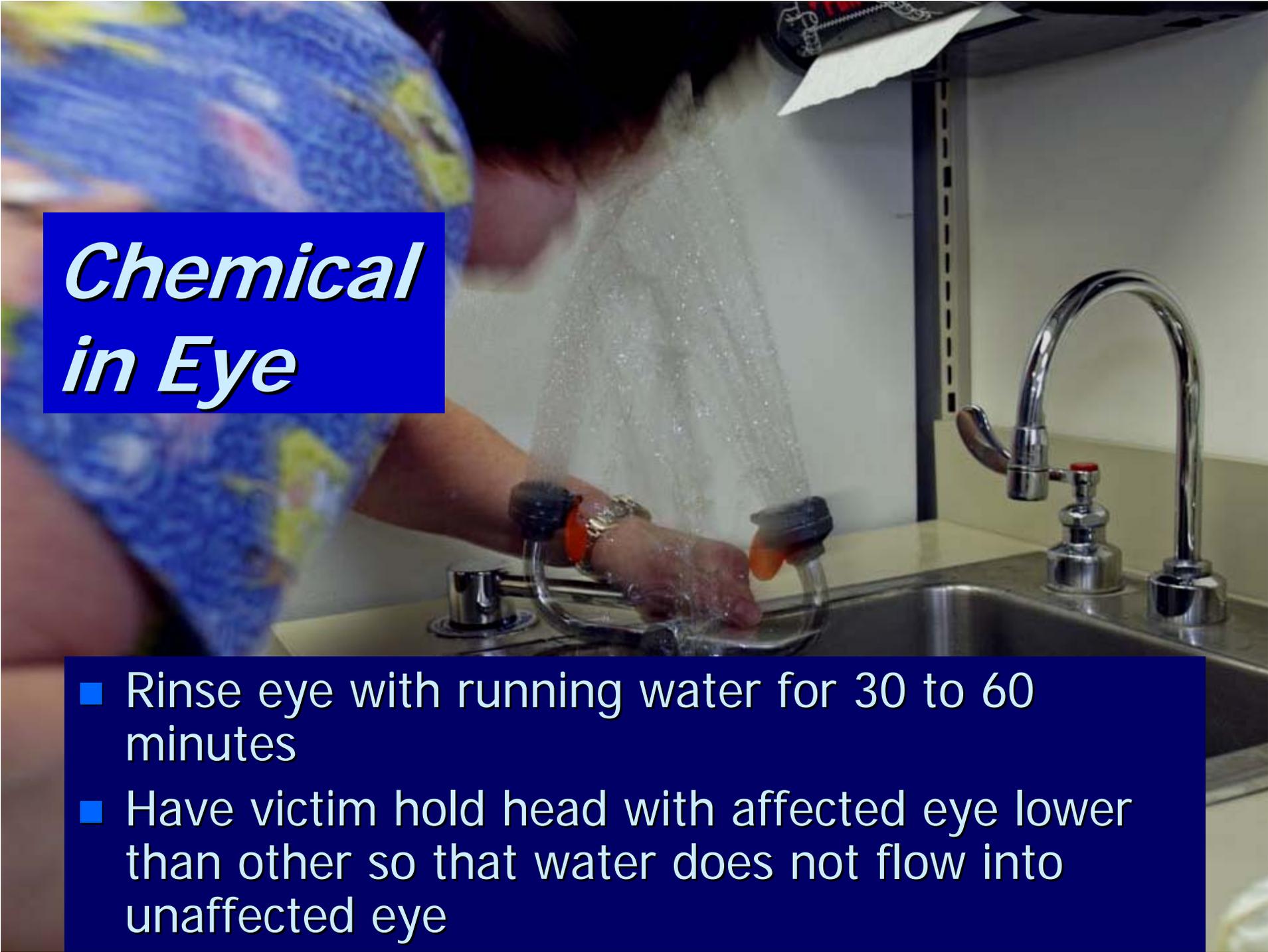
- If the eye is bleeding or leaking fluid, call 911 or get victim to emergency room immediately
- If not, put cold pack over eye for 15 minutes to ease pain and reduce swelling, but do not put pressure on eye
- Have victim lie still and also cover the uninjured eye
- Seek medical attention if pain persists or vision is affected

If the victim is wearing contact lenses, DO NOT remove them

## ***For Dirt or Small Particles in Eye***



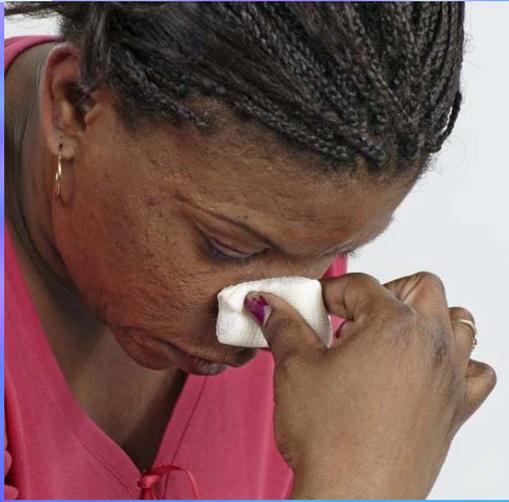
- Do not rub eye
- Gently pull upper eyelid out and down over lower eyelid – this sometimes works
- Gently flush eye with water from medicine dropper or water glass – don't allow water to run into other eye
- If the particle is visible, carefully try to remove it with a clean cloth or clean gauze pad
- If victim has any vision problems or pain, cover eye with sterile dressing and seek medical attention

A person wearing a blue patterned lab coat is using an eyewash station. They are holding a clear plastic eyewash cup under a stream of water from a faucet. The person's head is tilted back, and the water is flowing over their face. The background shows a laboratory setting with a sink and a faucet.

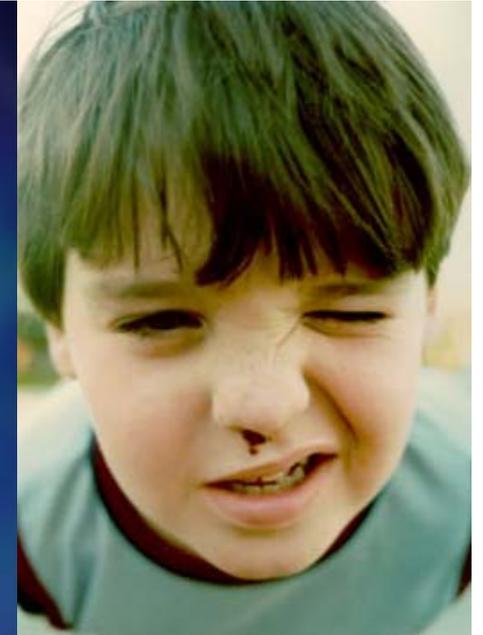
## *Chemical in Eye*

- Rinse eye with running water for 30 to 60 minutes
- Have victim hold head with affected eye lower than other so that water does not flow into unaffected eye

# Common Complaints



# Nosebleed



- Sit the person down with head held well forward
- Do not let their head tip back - blood may run down throat
- Pinch the nose firmly whilst bending forward just below the bridge
- After ten minutes release the pressure
- If there is still bleeding reapply the pressure for further periods of ten minutes
- If the nose bleed persists beyond 30 minutes get help

# Diarrhea



- Many causes – spoiled food, medications, illness, overeating, allergies, infections, even emotional distress.
- Can lead to dehydration.
- Black tarry look means bleeding inside.
- Give clear liquids and broths, with rest.
- Could use Pepto-Bismol remedies (stool turns black – this is not bleeding inside).
- If more than one day seek medical attention.

# Skin Issues

- Pimples / Blackheads – Dirt or infection in sweat pores. Soap and water, watch diet, use commercial Acne remedies. Common in teens. Could lead to serious complications if not cared for or severe.
- Boils – An infection deeper in the skin. It will be a small bump or pocket, maybe red, maybe painful. Use soap and water, warm wet pack, and don't squeeze it or poke it (so infection won't get into your bloodstream).



# Skin Issues

- Rash / Prickly Heat – Red and bumpy. The skin is irritated. Use soap and water, keep dry, and it will heal by itself.
- Athlete's Foot – Usually between toes, on foot, or in body folds. It is a fungus that grows in wet, dark places. Wash frequently, change socks daily, use commercial remedies for the full time recommended on package.



# Dental Emergencies

# Dental Emergencies

- Object wedged between teeth – try to remove with dental floss.
- Chipped or broken tooth – See a dentist if more than superficial – bring pieces with you if possible.



# Dental Emergencies

- Broken jaw – Support with sling under jaw and transport to doctor. If bleeding don't let victim swallow blood.
- Cut on tongue, cheek, or lip – Use gauze to stop bleeding and take person to doctor if there is swelling or cut is large.





# Toothache

- There could be swelling and pain. There could be fluids leaking into the mouth in severe cases.
- Wash mouth in warm water.
- Use cold pack if there is swelling.
- Transport to doctor – this is an infection and won't get better without treatment.
- Good dental hygiene and dentist visits should prevent tooth decay.
- Daily flossing just as important as brushing.

# Braces / Orthodontic Issues

- A blow can damage braces resulting in a wire or sharp piece in the mouth.
- Use gauze or wax to stop bleeding and provide a cushion.
- If rubber bands are coming loose in the mouth remove them (airway issue).
- Take to orthodontist for repairs.

# Knocked Out Tooth



- Have victim sit with head tilted forward to let blood drain
- Fold gauze and place it over tooth socket
- Have victim gently bite down for pressure for 20-30 minutes
- Save the tooth - it may be re-implanted
- Put tooth in a container of milk, the victim's saliva, or cool water
- Get victim and tooth to a dentist

A microscopic view of ice crystals, showing a complex, branching, and fibrous structure. The crystals are light blue and set against a dark blue background. The overall appearance is that of a dense, interconnected network of fine, needle-like or plate-like structures.

# Cold Emergencies



# Frost Nip

- It is the first step on the way to frost bite.
- Skin white or numb.
- Don't rub – hold against a warm body part.
- Change clothing or environment – frost nip is a warning that you are not keeping warm enough!



# Frost Bite

- Skin looks waxy and white, gray, yellow, or bluish
- Area is numb or feels tingly or aching
- Severe frostbite:
  - Area feels hard
  - May become painless
  - After warming, area becomes swollen and may blister



# First Aid for Frostbite

- Move victim to warm environment
- Hold frostbitten area in hands to warm it – do not rub
- Remove any tight clothing or jewelry around area
- Put dry gauze or fluffy cloth between frostbitten fingers or toes
- Do not use fire, heat lamp, fire, heating pad to re-warm
- Seek medical attention





# Hypothermia

- Occurs when body cannot make heat as fast as it loses it
- Internal body temperature drops below 95°F
- Can occur whenever and wherever a person feels cold, including indoors in poorly heated areas

## Symptoms

- Shivering (but stops in severe hypothermia)
- Confusion, or irrational
- Lethargic, drowsiness
- Pale, cool skin
- Changing Levels of responsiveness

# First Aid for Hypothermia



- Check ABCs
- Call 911 for all severe hypothermia victims
- Quickly get victim out of cold, and remove wet clothing
- Have victim lie down and cover with blankets
- Serious cases need immediate medical care

# Heat Emergencies

# Heat Emergencies

- ***Heat cramps*** are least serious and usually first to occur
- ***Heat exhaustion*** develops when body becomes dehydrated in hot environment
- ***Heatstroke*** is a medical emergency and, if untreated, usually causes death

# Heat Cramps

- Activity in a hot environment may cause painful cramps in lower legs or stomach muscles
- May occur along with heat exhaustion or heatstroke
- Signs include muscle pain, cramping, spasms, heavy sweating

# First Aid for Heat Cramps



- Have person stop activity and sit quietly in cool place
- Give sports drink or water
- Massage the cramped muscles.

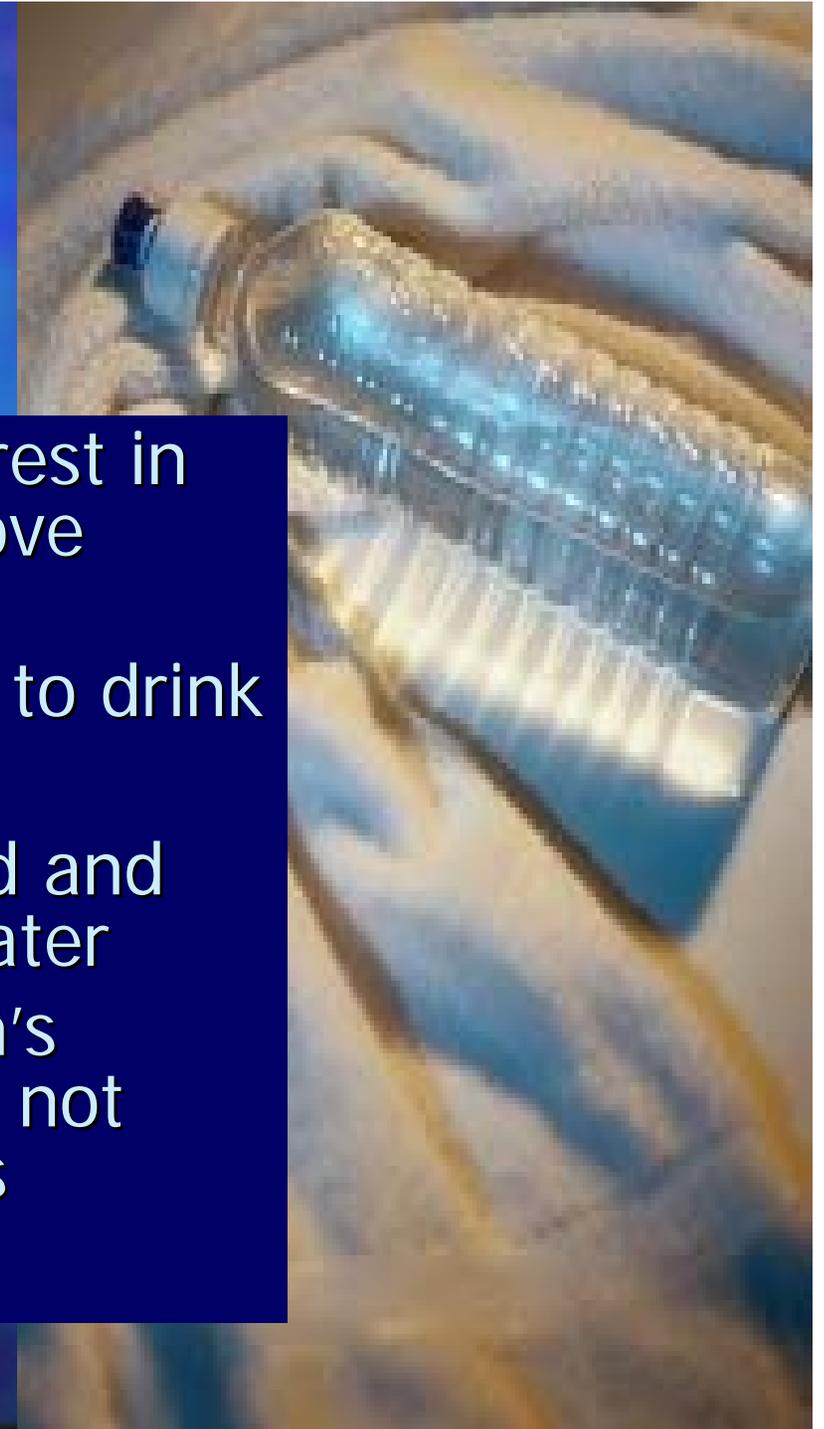
# Heat Exhaustion

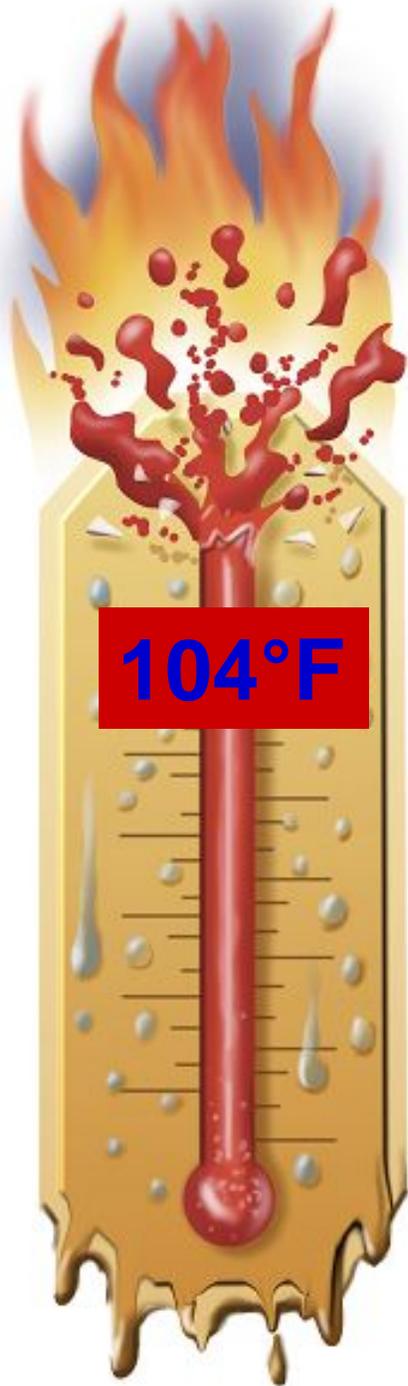
- Heavy sweating
  - Thirst
  - Fatigue
  - Heat cramps
- Then
- Headache,
  - Dizziness
  - Nausea
  - Vomiting



# First Aid for Heat Exhaustion

- Move victim from heat to rest in cool place (loosen or remove unnecessary clothing)
- Give sports drink or water to drink
- Raise feet 8-12 inches
- Put wet cloths on forehead and body or spray skin with water
- Seek medical care if victim's condition worsens or does not improve within 30 minutes



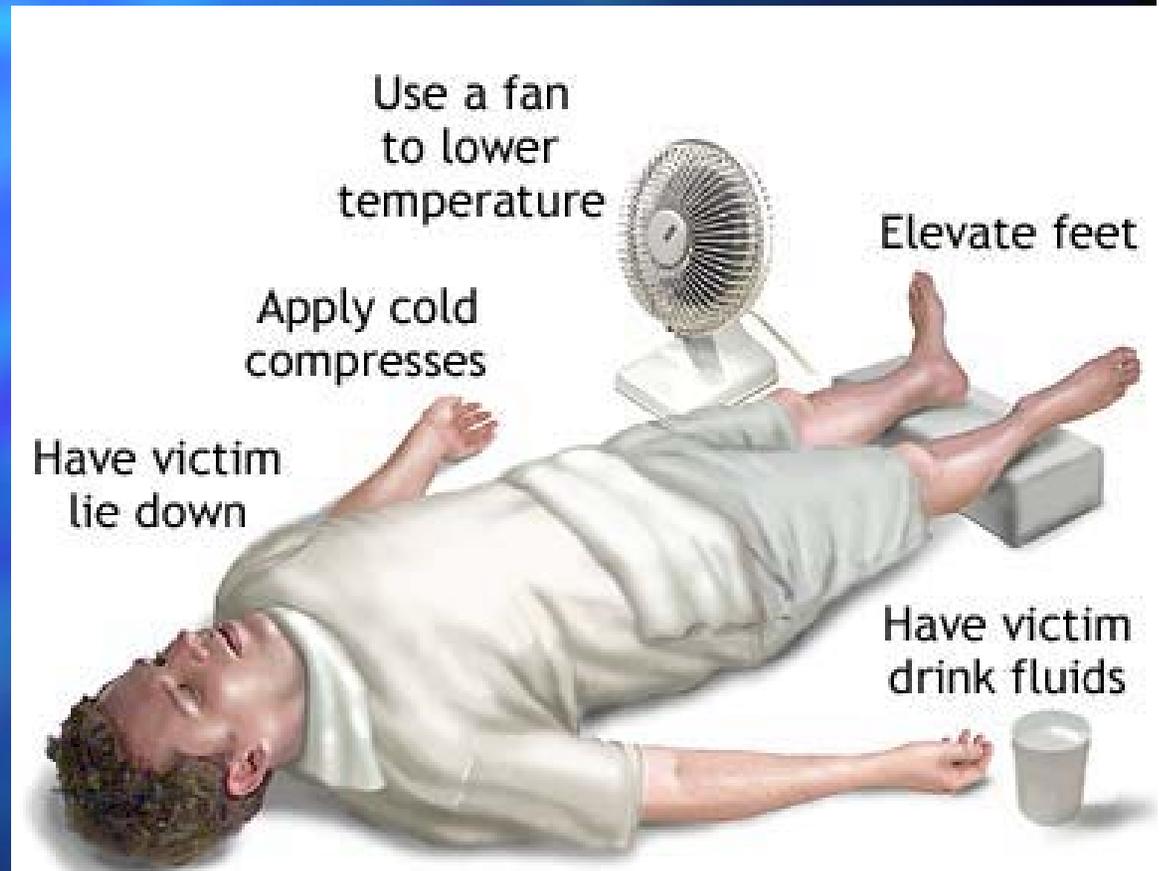


# Heatstroke

- A life-threatening emergency more common during hot summer periods
- May develop slowly over several days or more rapidly with strenuous activity in the heat
- Victim may be dehydrated and not sweating
- Different from heat exhaustion:
  - Skin is flushed and feels very hot and dry to touch; skin may be pale, or may turn red if severe
  - Victim becomes confused, irrational, may become unresponsive or have convulsions

# First Aid for Heatstroke

- Call 911
- Move victim to cool place
- Remove outer clothing
- Wrap victim in wet sheet and sponge with cool water
- Cool victim quickly
- Spray skin with water
- Put ice bags or cold packs beside neck, armpits, and groin



# First Aid For Scouts and Scouters

# First Aid for Troops and Groups

- Use certified first aid courses to qualify first aid merit badge counselors and presenters.
- Not every first aid presentation has to be certified – anyone can present who has the skills and knowledge.
- Keep first aid skills current with practice. Put first aid activities into the regular part of the activities.
- Designate “medics” for activities, including checking the group first aid kit.
- Have both youth and adult members participate in first aid.

# You Can Make Your Own Kit



Design your kit so it has what you will need.

You can use tackle boxes, tool boxes, or nylon camping totes.

Everything is visible and easy to get to.



# Suggested Troop First Aid Kit

## Trauma Items

- Band Aids
- Antibiotic
- Gauze Pads
- Gloves
- Coban (Self-Adhering Bandage)
- Ace Bandages (Elastic Bandage)
- Triangular Bandages
- Roller Gauze
- Wound Wash
- Soap / J&J Shampoo
- Small Splints (Finger Splints / Tongue Depressors)
- SAM Splint
- Mouth Barrier Device
- Tweezers
- Scissors
- NewSkin

## Comfort Items

- Moleskin
- Chapstik
- Pepto Bismol / Antacid
- Tylenol and Ibuprofen
- Benadryl / Claritin
- Sun Screen / Moisturizer
- Throat Lozenges
- Cold/Flu Medicine
- Aspirin (for cardiac)
- Thermometer

## Consider

- Hand Sanitizer
- Soap / Cleanser
- Cold Pack / Plastic Bags
- Small side cutters (fishhooks)

# First Aid Supplies



- [www.allmed.net](http://www.allmed.net) - one recommended source of first aid supplies on the web.
- There are many first aid supply sources on the web – do a web search on “first aid supplies”.
- Unless you are purchasing that one item you have to have – we don’t recommend purchasing locally – expensive and sometimes wrong quantities/sizes.



# Moving Injured Persons

Diagrams and various techniques are shown in the First Aid merit badge book.

# Shoulder Drag

Support the head



Use for short distances

A photograph showing a Scoutmaster in a khaki shirt and blue jeans demonstrating the ankle drag technique to a Scout in a khaki shirt and blue jeans. The Scout is lying on his back on a wooden gymnasium floor with his arms raised. The Scoutmaster is kneeling at the Scout's feet, holding the Scout's ankles. A blue oval with white text is overlaid on the upper left portion of the image.

Use for  
short  
distances

**Ankle Drag**

# One Person Walking Assist



Responsive  
victim who can  
walk with help

# Packstrap Carry

Unresponsive victim  
who cannot safely  
be dragged



# Piggyback Carry



Lighter victim or child

# Blanket Drag

Support  
victim's  
head, use  
for longer  
distances

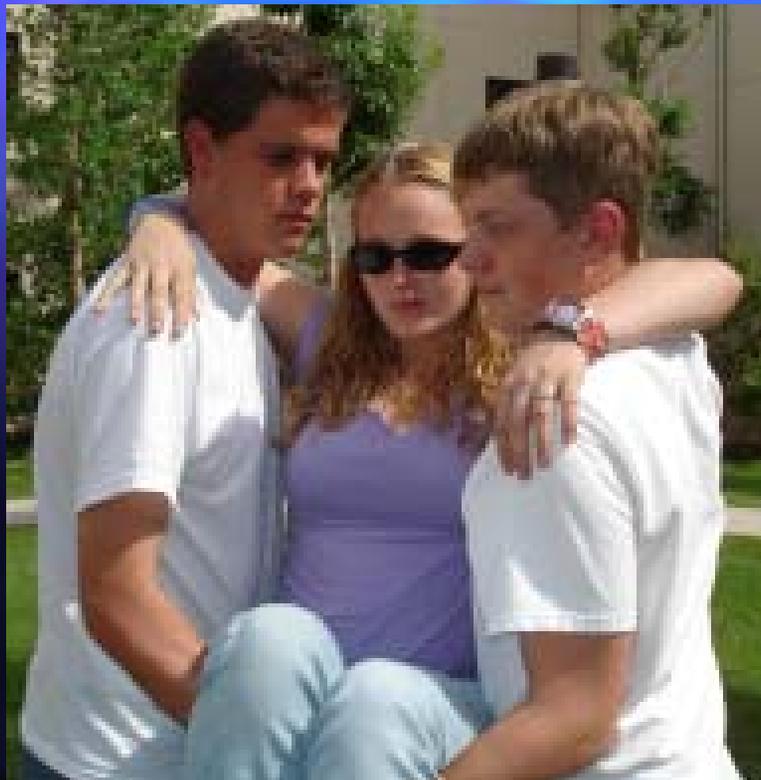


# Two Person Walking Assist

Use this  
with two  
rescuers



# Two-Handed Seat Carry



Use this  
with two  
rescuers

# Hammock Carry

Requires 3-6  
rescuers. Use for  
an unresponsive  
victim



# Hammock Carry

Person at head  
gives commands.  
Lift/lower on “three”  
– “one, two, three”



Practice

Moving Victims



Thanks!  
We hope you enjoyed this  
presentation.

Aurora Medical Team  
[www.auroramedteam.org](http://www.auroramedteam.org)



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