

{\rtf1\mac\deff2 {\fonttbl{\f0\fswiss Chicago;}{\f2\froman New York;}{\f3\fswiss Geneva;}{\f4\fmodern Monaco;}{\f11\fnil Cairo;}{\f13\fnil Zapf Dingbats;}{\f15\fnil N Helvetica Narrow;}{\f16\fnil Palatino;}{\f18\fnil Zapf Chancery;}{\f20\froman Times;}{\f21\fswiss Helvetica;}{\f22\fmodern Courier;}{\f23\fttech Symbol;}{\f200\fnil Compton's-Superscript;}{\f201\fnil Mishawaka Bold;}{\f209\fnil Compton's-Subscript;}{\f256\fnil Mishawaka;}{\f257\fnil MissVikki;}{\f1039\fnil Dagger;}{\f1072\fnil Placard SSI;}{\f1132\fnil Unicorn Script SSI;}{\f1214\fnil Signature;}{\f1234\fnil Academia SSI;}{\f1296\fnil Sherwood;}{\f1451\fnil Manual SSI;}{\f1522\fnil Menuetto;}{\f1723\fnil Boulder;}{\f1759\fnil GoodCityModern;}{\f1804\fnil Abrazo Script SSI;}{\f1877\fnil Match Morse;}{\f1878\fnil Match Morse Legend;}{\f1883\fnil MostGeneva;}{\f1984\fnil Bazooka;}{\f2000\fnil Skia;}{\f2013\fnil Hoefler Text;}{\f2018\fnil Hoefler Text Ornaments;}{\f2327\fnil Adrielle-Light;}{\f2354\fnil Chaucer;}{\f2468\fnil FunkyFresh;}{\f2502\fnil Tango Script SSI;}{\f2515\fnil MT Extra;}{\f2630\fnil Tycoon OldStyle SSI;}{\f3060\fnil Jennifer;}{\f3225\fnil PalatiaBold;}{\f3365\fnil Stylus;}{\f3998\fnil Librarian;}{\f4323\fnil PalatialItalic;}{\f4767\fnil Moderne;}{\f6468\fnil Palatia;}{\f8234\fnil Tubular;}{\f8237\fnil Heather;}{\f8366\fnil Muriel;}{\f8411\fnil Standout;}{\f8433\fnil Steamer;}{\f8477\fnil Jester;}{\f8482\fnil Calligrapher;}{\f8487\fnil Scribble;}{\f8709\fnil Tribune;}{\f9840\fnil Espi Sans;}{\f10241\fnil QuickType Mono;}{\f10386\fnil QuickType Pi;}{\f10486\fnil QuickType;}{\f10496\fnil QuickType Condensed;}{\f11846\fnil Gallaudet;}{\f12955\fnil Logger;}{\f14383\fnil ParamountItalic;}{\f14592\fnil OCR-A;}{\f15340\fnil Embassy BT;}}{\colortbl\red0\green0\blue0;\red0\green0\blue255;\red0\green255\blue255;\red0\green255\blue0;\red255\green0\blue255;\red255\green0\blue0;\red255\green255\blue0;\red255\green255\blue255;}{\stylesheet{\sbasedon222\snext0 Normal;}{\s1\qlj\tx1440\tqr\tx9180\tqr\tx9900 \f21 \sbasedon0\snext1 toc helv10;}}\margl1440\margr1440\facingsp\enddoc \sectd \linemod0\linex0\cols1 \pard\plain \qc\tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\b\fs72 \par } \pard \qc\li720\ri720\box\brdrsh\brsp40\brdrdb \tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\b\fs72 SCOUTS-L\par -----\par FIRST AID\par AND\line SAFETY\par } \pard \tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\fs22 \page } Date: Sat, 3 Jun 1995 19:30:56 -0400 (EDT)\par From: Lisa Varner <lvarner@freenet.columbus.oh.us>\par Subject: Re: Tenderfoot poisonous plant requirement\par To: "Michael F. Bowman" <mfbowman@CAPACCESS.ORG>\par \par For teaching identification you can call 1-800-ITCHING.\par Tell them you are scout leader and interested in information about their\par product and their free video of poison plant identification.\par \par I have called yesterday but have not seen the video yet. This number was\par passed along by another scouter who used the video in his troop.\par

\par

YiS,\par

\par

Lisa Varner << lvarner@freenet.columbus.oh.us >>\par

Haven't been there. Don't want to go. Don't need another t-shirt!\par

\par

\par

\pard

\qj\tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\fs22 \par

}pard

\tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640

Date: Sat, 3 Jun 1995 18:05:28 EDT\par

From: "Norman J. MacLeod" <gaelwolf@MARLIN.SSNET.COM>\par

Subject: Re: Backcountry Emergency: Evaluation\par

\par

Alan -\par

\par

>From the perspective of a search and rescue (SAR) professional, you did the\par right thing. Head injuries are very tricky. Your Scout could easily had a\par concussion or skull fracture in the type of mishap you outlined, and there is\par no way of ruling these types of injuries out with the mishap history you had\par at hand. If there had been a concussion, skull fracture, or subdural\par haematoma (ruptured blood vessles within the cranial cavity, with bleeding\par that can cause pressure on brain tissue), the boy could have seemed alright\par for a time, and then deteriorated too rapidly for recovery.\par

\par

When you have something like this, without a good idea of what the exact\par extent of the injuries are, it is far better to err on the side of extreme\par caution than to try to outguess the person's medical condition based on your\par observations. Chances are that a trained trauma physician would have made\par the same call you did, under the circumstances. At your level of training,\par waiting to see what might happen would have been rather unwise, and possibly\par life-threatening, had the boy hit the rock with only a little more force\par than he actually did.\par

\par

I, and I believe most other SAR folks, prefer that people err on the side of\par caution instead of leaving things so long that a SAR-OP might have an\par adverse conclusion. While there are times when SAR missions are called for\par situations where we end up feeling as if we have been called out on a false\par alarm, there are more times when we end up wishing the mission had been\par mounted hours or days earlier than it was. Lots of folks would prefer to\par "tough it out", which can often lead to serious problems.\par

\par

As a side issue here, I would like to ask you how you felt regarding your\par level of emergency medical training when you were confronted with this\par situation. Did you feel as if you were pretty far out of your depth, or did\par you feel as if the training you had helped you to be equal to the task? Do\par you think you should seek a higher level of training as a result of what\par

your Troop experienced in this instance?

Personally, I am a very strong advocate of all adult Scout and Guide Leaders becoming trained to at least the level of a wilderness first responder (WFR). Courses to meet this requirement are fairly readily available throughout large portions of North America, and similar courses are offered in Europe, Australia, and several other countries that have large areas of territory that is fairly remote from the nearest hospital. There are also EMT-W (Emergency Medical Technician - Wilderness) courses available for people who have completed at least basic EMT training, which is readily available in the USA.

I also advocate that Scouts who participate in adventure activities such as backpacking and river trips be trained in a higher level of wilderness first aid skills than most Scouts routinely receive as part of their normal badge-work. As a Leader, you have at least some self-interest in the level of their training, since the accidents don't happen only to the kids... Can your Scouts evaluate and treat your injuries and then evacuate you to a trail-head? Worth thinking about, eh?

Now that a lot of folks are learning that internal frame packs are not the be-all end-all of backpacking technology, and we have decent numbers of external frame packs again, have you recently practiced lashing three frames together to build a decent orthopaedic evacuation litter? This type of improvisation uses up two 25 metre lengths of 4 or 5 mm synthetic line, but can become a critical skill if someone gets injured several kilometres from the trailhead in bad weather.

Norman

Date: Tue, 13 Jun 1995 09:16:15 CDT

From: Scott Killen <SKILLEN@SRC\_FS1.AUTOTESTER.COM>

Subject: First Aid Chests

Steve Elwart writes:

> ... and would highly recommend is to carry a can of shaving cream in

> your first aid kit.

This brought to mind a thread I have been wanting to introduce here for a long time. Different troops, of course, have different needs but Scouts in general have different campout needs than other groups.

... SO ... WHAT ARE IN THE CONTENTS OF YOUR FIRST AID KIT?

\par  
Here is a list of the contents of the Troop 890 first aid "chest".\par  
\*\*\*\*\*\par

\par  
Sterile Pads\par  
-----\par

4x4 Pads\par  
2x2 Pads\par  
1x2 Pads\par  
2x3 Pads\par

\par  
\par  
Large Bandages & Tape\par  
-----\par

Triangular Bandage\par  
3" Ace Bandage\par  
4"x5yds Rolled Gauze\par  
3"x5yds Rolled Gauze\par  
2"x5yds Rolled Gauze\par  
0.5"x10yds Adhesive tape\par  
2.5"x10yds Adhesive tape\par  
0.5"x5yds Paper tape\par  
Moleskin\par

\par  
\par  
Topical Ointments\par  
-----\par  
2oz Tube Rhuli Gel\par  
1.5oz Tube Cortaid\par  
2oz Tube Vaseline\par  
4oz bottle Phenolated Calamine lotion\par  
3.5oz bottle Pump Spray insect repellent\par  
2.8oz bottle Pump Spray Tick Away repellent\par  
3.5oz bottle Adolph's meat Tenderizer\par

\par  
\par  
Oral Medications\par  
-----\par  
50tab bottle Extra Strength Tylenol\par  
Benadryl capsules\par  
50tab bottle Antacid tablets (Tums, PeptoBismol)\par  
Immodium D (diareah)\par  
1oz Ipecac syrup (To induce vomiting)\par

\par  
\par  
Cold Packs\par  
-----\par  
Ice Pack Bottle\par  
Instant Cold Packs\par

\par

\par

Medical Implements\par

-----\par

Sawyer Extractor Kit (Snakebite, beesting)\par

Scissors\par

Thermometer\par

20pc package Oral Thermo sheaths\par

Tweezers\par

Bic butane lighter\par

Magnifying lens\par

Ear syringe\par

45pc package Needles\par

50pc package Safety Pins\par

Rescue Breather\par

4' Nylon rope tourniquet\par

Latex Gloves\par

Air Splint set\par

Army surplus first aid litter\par

84"x52" Poly Shock Blanket\par

\par

\par

Antibiotics & Antiseptics\par

-----\par

1oz Tube Ungentine Burn Cream\par

1.5oz Tubes Triple Antibiotic Ointment (Neosporin)\par

4oz can Solarcaine Burn Relief\par

4oz can Antiseptic spray\par

Antiseptic & Alcohol Preps\par

Benzalkonium Chloride Antiseptic Towelette\par

\par

\par

Band Aids\par

-----\par

3" Band Aids\par

2.25" Band Aids\par

1.5" Band Aids\par

Spot Band Aids\par

\par

\par

Specialty Band Aids\par

-----\par

Eye patches\par

Knuckle Band Aids\par

Fingertip Band Aids\par

Butterfly Closures\par

\par

\par

Topical Liquids\par

-----\par  
1oz Tincture Merthiolate\par  
1oz Aromatic Ammonia Spirit\par  
4oz Eye Wash irrigating Solution\par  
0.2oz Clove Oil (Toothache)\par  
0.5oz ERO Ear Wax Removal\par  
\par  
\par  
Cleansers\par  
-----\par  
4.5oz bars Antibacterial deoderant soap\par  
3.3oz bar pHisoderm cleansing bar\par  
5oz bottle pHisoderm cleanser\par  
16oz bottle Hydrogen Peroxide\par  
16oz bottle Alcohol\par  
Alcohol Prep Towelette\par  
\par  
\par  
Miscellaneous\par  
-----\par  
50pc Cotton Balls\par  
200pc Cotton Swabs\par  
14oz Baby Powder\par  
\par  
\*\*\*\*\*\par

\par  
\par  
YIS Scott W. Killen\par  
Eagle Class of '65\par  
and a good ol' Bob White too\par  
\par  
\par  
\par  
\par  
\par

Date: Tue, 6 Jun 1995 13:29:26 -0700\par  
From: BILL NELSON <nelsonb@aztec.asu.edu>\par  
Subject: Re: Lightning Safety (long)\par

\par  
>\par  
>Hello All:\par  
> As the Summer season approaches, all of us who love the outdoors need to\par  
>be reminded that lightning injuries are the most common of weather-related\par  
>accidents.\par  
....\par  
> Please take a few minutes to instruct your Scouts in lightning injury\par  
>prevention. There is nothing listed in the index of the Boy Scout Handbook\par  
>about lightning, and little more in the Fieldbook. Educate yourself first,\par  
>then educate your Scouts. It could save your life or theirs, just like it\par

>did J.B.'s.\par

\par

>From the BSA Guide to Safe Scouting:\par

\par

Beware of Lightning\par

\par

The summits of mountains, crests of ridges, slopes above timberline, and\par large meadows are extremely hazardous places to be during lightning storms.\par

If you are caught in such an exposed place, quickly descend to a lower\par

elevation, away from the direction of the approaching storm, and\par

squat down, keeping your head low. A dense forest located in a depression\par

provides the best protection. Avoid taking shelter under isolated\par

trees or trees much taller than adjacent trees. Stay\par

away from water, metal objects, and other substances that will conduct\par electricity long distances.\par

\par

By squatting with your feet close together, you have minimal contact\par

with the ground, thus reducing danger from ground currents. If the\par

threat of lightning strikes is great, your group should not huddle\par

together but spread out at least 15 feet apart.\par

If one member of your group is jolted, the rest of you\par

can tend to him. Whenever lightning is nearby, take off backpacks\par

with either external or internal\par

metal frames. In tents, stay at least a few inches from metal tent poles.\par

Lightning Safety Rules\par

\par

Stay away from open doors and windows. fireplaces, radiators, stoves,\par metal pipes. sinks, and plug-in electrical appliances.\par

Don't use hair dryers, electric toothbrushes. or electric razors.\par

Don't use the telephone; lightning may strike telephone wires outside.\par

Don't take laundry off the clothesline.\par

Don't work on fences, telephone lines, power lines, pipelines,\par or structural steel fabrications.\par

Don't handle flammable materials in open containers.\par

Don't use metal objects. such as fishing rods and golf clubs.\par

Golfers wearing cleated shoes are particularly good lightning rods.\par

Stop tractor work, especially when the tractor is pulling metal\par equipment, and dismount.\par

Tractors and other implements in metallic contact with the\par ground are often struck by lightning.\par

Get out of the water and off small boats.\par

Stay in the car if you are traveling.\par

Automobiles offer excellent lightning protection.\par

When no shelter is available, avoid the highest object\par

in the area. If only isolated trees are nearby, the\par

best protection is to crouch in the open, keeping\par

twice as far away from isolated trees as the trees are high.\par

Avoid hilltops, open spaces, wire fences, metal clotheslines,\par exposed sheds, and any\par

electrically conducted elevated objects.\par

\par

The Guide to Safe Scouting can be found at\par

<http://www.HiWAAY.net/hyper/Scouts/>\par

A hard copy can be obtained from the local BSA Council Office.\par

\par

\par

-bill\par

\par

--\par

Bill Nelson\par

Webelos Den Leader, Pack 878 ASM, Troop 14\par

Unit Commissioner, Tempe District, Grand Canyon Council\par

Phoenix, Arizona USA email: nelsonb@aztec.asu.edu\par

\par

\par

Date: Thu, 15 Jun 1995 00:49:29 -0400 (EDT)\par

From: "Michael F. Bowman" <mfbowman@capaccess.org>\par

Subject: Re: Safety Experiences\par

To: Stan Hodge <STANH@MAIL.TDOC.TEXAS.GOV>\par

\par

Stan,\par

\par

1. Lightning - As a Scout Camp staff member, I was rushing across a\par metal bridge over a ravine (the bridge was halfway down the hill) to warn\par Troops on the opposite ridge of an approaching severe storm and to get\par them off the ridge. Lightning hit an exposed waterpipe running parallel\par to the bridge about 30 feet distant. I was knocked out and ended up\par hanging from the bridge by an elbow. Other staffers pulled me off the\par bridge while I was coming around. For about two days I zapped anything I\par touched. The only warning was a sudden drop in temperature. The camp\par later acquired a siren. I was very lucky. In retrospect, I probably\par would have been advised to take the longer safer route, but concern for\par others clouded judgment; e.g. a dead messenger doesn't help.\par

\par

2. Broken Neck: Later the same Summer a Scout fell off that bridge some\par 30 feet into rocks at the bottom of the ravine. I was the first-aider and\par was first there. Others were on the way with a back-brace-board. The\par Scout's Scoutmaster arrived shortly after I did. He wanted to move the\par boy immediately and started trying to do so in a state of hysterics. I had a\par surge of adreneline and clouted him on the jaw, knocking him out. \par Meanwhile we kept the Scout immobilized and decided not to transport him\par due to a high probability of a neck injury. EMTs arrived after half an\par hour and put on a brace. We assisted in getting the Scout out of the\par ravine. At the hospital the Scout was diagnosed as having a broken neck. \par We were told that our action in keeping him immobile kept him from being a\par quadrapalegic and that he could have died, if he had been moved. The\par Scoutmaster came around while we were at work and others pinned him down. \par He finally calmed down after everything was done and suffered a sore jaw\par



and bruised pride. \par

\par

3. Mumbli-peg: On another occassion as a first-aider at camp, I had a\par  
young Scout come to the aid-room looking as pale as a ghost. In his hand\par  
was bowie knife that he was clenching tightly. He'd been playing\par  
mubli-peg and had grabbed the knife in mid-flight. It cut clear into the\par  
bone. Any effort to open his hand caused massive bleeding. We decided to\par  
wrap his hand, knife and all and simply treat for shock until we got\par  
professional help. This way we kept him from losing more blood. The ER\par  
doctor later advised that he was glad we had done this, because we weren't\par  
equipped to remove the knife and stop the bleeding otherwise. A surgical\par  
procedure was necessary to remove the knife and repair damage resulting in\par  
about forty stitches. \par

\par

Speaking only for myself in the Scouting Spirit, Michael F. Bowman\par  
Prof. Beaver, Nat. Capital Area Council, BSA mfbowman@CAPACCESS.ORG\par

\par

Date: Sun, 18 Jun 1995 21:59:38 -0400 (EDT)\par

From: "Michael F. Bowman" <mfbowman@capaccess.org>\par

Subject: Re: black bears\par

To: SCOUTS-L Youth Groups Discussion List <SCOUTS-  
L@TCUBVM.IS.TCU.EDU>\par

\par

Couldn't resist passing on another bear story. :-) Years ago at the age\par  
of 14 our family was camping at Yellowstone. We had taken the precaution\par  
of hanging our food and smellable items on the advice of a ranger. Turned\par  
out to be well worth the effort. As we sat around a glowing be of embers\par  
thinking of going to sleep a gigantic (from a 14 year olds eyes) bear\par  
waltzed down the trail past our site to the next one over. The folks\par  
camping there had criss-cross lashed a metal coleman cooler to a heavy\par  
picnic table. Old bear just gave it a few wacks with each paw and it shot\par  
out of the ropes like a bullet. Now this bear was experienced and didn't\par  
waste time working on the lock. He just hurled against the nearest tree\par  
and repeated the process until it spilled out a treasure of goodies. \par  
Satisfied the bear moved off. We sighed in relief thinking this was the\par  
last we were to see of old bear. Next morning I hiked up to the shower\par  
house. On the way up the trail I first found a towel, then a little\par  
farther up some clothes, and finally near the building a kit bag. Funny\par  
thing the wooden door that was normally open was shut tight. At 14 you\par  
don't always make brilliant deductions with these sorts of clues. \par  
proceeded up to the door, unlatched it and opened it to a great roar.\par  
Standing fully upright at the other end of the room was old bear in an\par  
ugly mood. I slammed the door back shut and left a second string of clues\par  
for the next would be user of the showers. Luckily the bear was more\par  
interested in the soap and food in the backpack that the last user had\par  
left in his haste. (I don't think the door would have stopped him for\par  
long, if he'd decided to go through it.) The ranger later told us\par  
this bear had to be darted and moved to a different area of the park.\par

\par

Speaking only for myself in the Scouting Spirit, Michael F. Bowman\par  
Prof. Beaver, Nat. Capital Area Council, BSA mfbowman@CAPACCESS.ORG\par

\par

\par

\par

\par

Date: Mon, 11 Sep 1995 19:34:23 -0400\par

From: "Robert M. Lewis" <rlewis3@IC3.ITHACA.EDU>\par

Subject: Re: First Aid Kit Content List\par

\par

Scott,\par

\par

I don't remember if I was the one to post the First Aid kit, but I do\par  
have a pretty good one, since I am an EMT in NJ. What I feel should be in\par  
a first aid kit is the following:\par

\par

Gauze pads of assorted sizes (2x2,3x3, 4x4, 5x9, 8x10)\par

Roller Gauze or Kling (to hold the dressing in place)\par

tape (1" and 3")\par

cravats or other triangular bandages\par

Band-aids (MANY, MANY BANDAIDS)\par

scissors (preferably blunt end bandage sheers)\par

Alcohol pads\par

Iodine pads\par

antiseptic pads\par

pen & paper\par

tweezers\par

moleskin\par

needle\par

razor\par

aspirin (optional)\par

GLOVES (strong LATEX medical gloves)\par

First Aid Book\par

\par

The two most important things that should be in the kit are the gloves, to\par  
reduce risk of catching something &, since we usually have dirty hands on\par  
a campout, from infecting the cut. The other important thing is a First\par  
Aid Book that clearly details what to do in case of emergency. Of course\par  
everyone should be trained in first aid. Other optional things that you\par  
might want to add are a Pocket Mask, if someone is trained in CPR, and an\par  
Epi-stick, in case of severe allergic reactions. The Epi-stick is a\par  
prescription drug, so you would have to talk to a doctor to obtain one.\par

\par

Good luck, and I hope that you never need the first aid kit. :)\par

\par

YIS and first aid,\par

\par

Robert M. Lewis\par

RLEWIS3@ic3.ithaca.edu\par

ASM T. 88 Waldwick NJ\par  
Brotherhood member of Oratam Lodge #484\par  
EMT-D in the Great State of New Jersey\par

\pard

\qj\tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\fs22 \par

Date: Tue, 31 Oct 1995 12:41:59 -0600\par

From: "William John O'Connell (William J. O'Connell)"  
<oconnewj@UWEC.EDU>\par

Subject: First Aid MB\par

\par

I would like to make some comments about the First Aid Merit Badge. I'm\par  
certified First Aid and CPR, and part trained in First Responder. I hope to\par  
get my certification in EMT soon.\par

\par

1) If you look at the cover of the first aid merit badge book, what do you\par  
see wrong. What is one thing one should teach in a first aid class -\par  
PROTECTION! If you are doing first aid on any subject to any problem, the\par  
person should have latex gloves on. I couldn't believe that we try to teach\par  
children that you should always have gloves in the car, in the house, or any\par  
place you may need them. I know he is only fixing a broken bone, but many\par  
other things may happen which you need to react fast. If you have to get\par  
gloves on, their life is in danger.\par

\par

2) ARE YOU UPDATED ON FIRST AID! This is one of the most important merit\par  
badges a Scout has to take. As First Aid instructors are you 1) Certified\par  
2) Updated on the changes 3) Are you prepared. 1) A person who is\par  
certified is the only one that should teach the class. One might say they\par  
know all the material to teach. That person is wrong. Their is more to\par  
first aid than fixing a broken bone or putting a band-aid on. If no one is\par  
certified in your troop A) Get someone who is. Your local fire department\par  
would be willing to come in. B) Yourself get certified. I couldn't\par  
believe a leader is not certified in that.\par

\par

For example, they changed on how you react to a first aid case. You do the\par  
CCC - Check, Call, Care. I see people yet teaching the Scouts to Care then\par  
Call. Also, CPR has changed. Are you updated on that.\par

\par

Question: What do you teach your Scouts about the reason to wear gloves?\par  
Aids is a good reason, but Hepititis B is more common and can kill you.\par

\par

The overall reason is if you have a person who does first aid MB, they need\par  
to know what they teach. For example in this case: You come upon a car\par  
accident and you see the driver in pain and bleeding a lot from the back of\par  
his shoulder. What do you do? One leader said take him/her out of the car\par  
and stop the bleeding. I couldn't believe the leader said that. You don't\par  
take any person out of the car unless their life is in danger by the car\par  
exploding,etc. You can stop the bleeding in the car..\par

\par

I see too much in careless teaching of first aid. A lot is common sense and lots of information is not. Lastly, don't stop teaching the MB because they already have it. You should have a first aid month which everyone reviews the basic first aid. HEY, MAYBE GET THE BOY'S CERTIFIED IN IT!

Any comments/suggestions would be appreciated!

THANKS

Bill O'Connell

Troop 15 ASM - Chippewa Falls, WI

1995 Phillips Scout Reservation FYC/Scoutcraft Director

oconnewj@uwec.edu

Date: Mon, 6 Nov 1995 13:19:23 EST

From: Michael Derleth <75112.1671@COMPUSERVE.COM>

Subject: First Aid Summary -Long-

On behalf of the Leaders at this months Roundtable who benefitted from the first aid advice, Thank You, to those who responded. My recent question seeking information and advice on what leaders should and should not have in a first aid kit for a 'typical' weekend in-council, outing yielded the following ideas in no particular order:

1. Become trained in CPR and first aid. The Red Cross runs excellent courses in basic/adv. first aid. Keep all certifications current to remain up to date on the latest practices. (see 5g)
2. Check the first aid kit often. One scouter tapes the expiration of the first item to the outside of the kit. When that date rolls around, all items that expire within 6 mos. of the date are replaced.
3. Carry a cellular phone if at all possible, for calling parents in minor incidents (dispensing tylenol, etc.) or EMS in major ones.
4. In deference to the recent discussion concerning leaders dispensing medicines to youth, the Guide to Safe Scouting says leaders CAN assume responsibility IF DESIRED, but dont HAVE to. (Paraphrase) The EMT's and others feel that if this is done, medicines should be secured somewhere, and a permanent date/time log kept of all actions.
5. As far as what items should be in the first-aid kit:
  - a. NOTHING the leaders are not trained to use, and willing to use (scalpels, bee sting injectors, prescription meds, trach tubes etc.)
  - b. CPR one-way mouth breather, available from almost any Red Cross agency for under \$10, (I paid \$7.50 for a keychain size version)
  - c. Latex Gloves can be purchased in smaller quantities and cheaper if you look for disposable housework gloves near the mops/waxes etc. Once you start using them, use them for EVERY incident with EVERY scout so that no unfounded rumors get started (why did he glove for xxxx and not xxxx?)
  - d. Contrary to prior learning, most felt a non-prescription antibacterial ointment was useful for minor scrapes where no further help would be

- sought. (ie: neomyicin)\par
- e. Burn Dressing: I found a water-based dressing by Spenco Second\par Skin that the EMT said would be useful after thoroughly cooling a minor\par burn with running water.\par
  - f. Tweezers, bandage(rounded) scissors, and if space permits the EMT\par 'cut through anything' shears.\par
  - g. TWO eye patches, or provision to bandage BOTH eyes if necessary. If\par only the hurt one is bandaged, sympathetic movement will continue to\par injure the covered eyeball as the uncovered one moves.\par
  - h. A reminder that the recommended procedure is to do a very quick\par assessment, THEN CALL, then do the appropriate first aid. this is a\par change from the old 'treat then call' days many of us learned.\par
  - i. An appropriate selection of bandaids, butterfly closures, larger wound\par dressings (bandaids) and 4x4/roller gauzes depending on group size.\par
  - j. Because of possible allergies to iodine, alcohol wipes seemed to be\par preferred wound-cleaners over the more effective Betadine. One way to\par seek this info is to ask if anyone is allergic to shellfish/shrimp which\par
- is\par loaded with iodine. My troops favored Hydrogen Peroxide wash has\par fallen from favor, but was still judged effective.\par

\par

Thanks again to all who chipped in their .02 worth. Council pros are now\par asking where I'm getting all the neat stuff being presented over the last 3\par months. I couldn't do it without all of you.\par

\par

Mike Derleth Ouachita Valley RT Comissioner 75112,1671@CompuServe.com\par "Just a simple volunteer who speaks only for himself -- your mileage may vary"\par

\par

}\pard

\tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640

From freke.hoplite.org!owner-jambo97@amdahl.com Fri Apr 19 04:27:54 1996\par

Return-Path: freke.hoplite.org!owner-jambo97@amdahl.com\par

Received: from orpheus.amdahl.com (orpheus.amdahl.com [129.212.11.6]) by cap1.CapAccess.org (8.6.12/8.6.10) with SMTP id EAA07202 for <mfbowman@CapAccess.org>; Fri, 19 Apr 1996 04:27:54 -0400\par

Received: by orpheus.amdahl.com (Smail3.1.29.1 #3)\par

\tab id m0uABVI-00059Ma; Fri, 19 Apr 96 01:25 PDT\par

Received: by freke.hoplite.org (\oo\ Smail3.1.29.1 #29.3)\par

\tab id <m0uAAv1-000D8pa@freke.hoplite.org>; Fri, 19 Apr 96 00:47 PDT\par

Message-Id: <v01540b00ad9b72f7ea54@[205.229.106.148]>\par

Mime-Version: 1.0\par

Content-Type: text/plain; charset="us-ascii"\par

Date: Wed, 17 Apr 1996 22:49:21 -0600\par

To: jambo97@hoplite.org\par

From: ksisk@texoma.com (Kay L. Sisk)\par

Subject: JAMBO97 medical kits\par

Content-Length: 2878\par

Errors-To: owner-jambo97@hoplite.org\par

Precedence: bulk\par

Reply-To: jambo97@hoplite.org\par

Status: RO\par

X-Status: \par

\par

Re: dexter lovrien post\par

\par

As a family physician with ten years experience as a scoutmaster through\par annual camps, Philmont, Summers canoe base, and as a subcamp physician at\par NJ93, let me tell you that it is always the kid that's allergic that finds\par the bee.\par

\par

There are basically three types of reactions: local, regional, and\par systemic. Local reaction involves irritation, redness, and swelling at the\par site of the sting. This can be treated with ice and observation. Regional\par reaction involves swelling past the site of the sting and spreading in the\par general region, such as the arm, etc. This can be treated with ice and\par 25-50 mg of benedryl which can be obtained over the counter. A systemic\par reaction involves swelling, shock, and respiratory distress. This should be\par treated with injectable adrenalin (epinephrine), benedryl, and systemic\par steroids. In the case of a systemic reaction, I would call 911 and then\par administer adrenalin asap as well as benedryl, if available. I keep\par benedryl in all my first aid kits as well as an EpiPen auto-injector. This\par can be obtained by prescription only and is prescribed by most physicians to\par patients with allergies. I would recommend that every scoutmaster carry one\par and have a physician instruct him in how to use it. One simply holds the\par end of the pen onto the outside of the thigh and mashes a button, releasing\par the adrenalin into the muscle. Also, any scout or adult who is allergic to\par bee stings should be desensitized by a series of shots which are readily\par available to his physician or from an allergist. These are highly\par effective. In determining whether you should call 911 I would ask the\par individual that's been stung if he's short of breath and check his pulse to\par see if it is over 100 and weak. These are all signs of shock and a possibly\par worsening condition. Any change in mental status should alert you to a\par worsening condition. If in doubt, always seek out professional assistance.\par

\par

Also in my first aid kit, I carry the following: bandages, slings,\par ointments for burns and cuts, steri-strips, aspirin, Tylenol, cortisone\par creams. I'd recommend carrying a small book on first aid and a standard\par first aid kit. If I was traveling in a wilderness area, I'd recommend some\par antibiotics, lomotil for diarrhea, phenergan for nausea and vomiting,\par flagyl for giardiasis, and suturing material for lacerations. (It's my own\par children I've had to sew up.) Most of these items require prescription and\par physician's instructions. In my kit, I have placed them in packages with\par the instructions included, as well as the indications for their use.\par

\par

I would recommend that everybody be trained in CPR and first aid. The\par American Red Cross offers an 8 hour first aid and CPR course.\par

\par

I hope the list will find this information helpful. If you have any\par

questions, please email me through my wife's account.\par

\par

Dana L. Sisk MD\par

ksisk@texoma.com\par

\par

Date: Wed, 17 Apr 1996 13:31:06 -0600 (MDT)\par

From: Amick Robert <amick@spot.Colorado.EDU>\par

To: jambo97@hoplite.org\par

Subject: Re: JAMBO97 Back to Business (medical kits/training of leaders)\par

\par

Dexter raises a very good point regarding medical/first aid training. \par

The World Jamboree Contingents were provided with very comprehensive \par

medical kits, including medications due to the low probability of having \par

medical care close at hand. Additionally, a number of physicians and \par

EMT's were serving as Scoutmasters and Assistant Scoutmasters so the \par

coverage and equipment were very adequate for each troop.\par

However, those kits did not,(and could not legally) contain prescription\par

medications or injectables which are \par

necessary to deal with the anaphylaxis (anaphylactic shock) experienced \par

as a result of a bee sting by the Scout mentioned. Some physicians \par

brought injectables and other medications for that very reason.\par

\par

Anaphylaxis is a RED FLAG EMERGENCY since it causes a rapid drop in \par

blood pressure as well as swelling of the vocal cords which can result in \par

suffocation in a very short time period..Calling 9-1-1 IMMEDIATELY is \par

absolutely essential when the first indications of anaphylaxis are \par

noted. These signs of course are hives (red/white blotches near the \par

sting site) itching, difficulty breathing, paleness, low blood pressure, \par

disorientation, rapid pulse, perspiration, etc.\par

\par

The only effective way to reverse anaphylaxis is by injecting adrenaline \par

(epinephrine) and administering antihistamines such as benadryl (which is \par

a non-prescription/over-the-counter medication.) Only paramedics or \par

physicians are legally permitted to administer adrenaline. HOWEVER, \par

those who are allergic can receive a prescription for and be trained to \par

use an "EPI-PEN" which \par

is an emergency spring-loaded syringe designed to deliver a pre-measured \par

dose of adrenaline to the thigh muscle by simply placing the pen on the \par

leg and pushing the button themselves. Scouts who have allergies to \par

insect stings and carry epi-pens or other meds should make that \par

information known to the Scoutmasters staff early on!\par

\par

When preparing our troop for the world jamboree, we sent out a detailed \par

questionnaire for each scout which addressed a variety of things, but in \par

particular, it requested detailed medical history and information on \par

allergies or special medical conditions which might be a problem. This \par

information was of course kept confidential for the Scoutmaster's Staff \par

only, but gave more insight into situations which could be a problem for \par

each Scout and in more detail than was provided on medical forms. It is \par

recommended that the same be done for National Jamboree troops, as it really helps in the selection of youth leaders, and knowing about the needs and potential medical problems of each Scout.

Scouts who have known allergies are supposed to indicate that information on the Jamboree medical form in the box provided for allergies/medications or special medical conditions. This obviously does not always happen. On the other hand, it is possible for someone to be allergic to bee stings who does NOT KNOW that they are allergic, and the first time they experience a sting, they also have an allergic reaction.

The point about having leaders well trained in first aid is excellent. If you are lucky enough to recruit a physician or an EMT or Paramedic as a leader, you have a major advantage. However, each leader should have some medical/first aid training. I have been encouraging leaders to sign up and offering to teach them the Red Cross Emergency Response Class. I have taught the class to my Explorers and Venture Crews, and they really get a lot out of it. Some of them have even signed up to be instructors so they can teach other Scouts and leaders.

It is typically offered for firefighters, police officers, and other first responders, but is also very useful for Scout leaders, outdoor guides, etc., and is much more current and comprehensive than courses which only "hit the high points" on first aid. You really cannot know "too much" when you are taking Scouts out, especially in wilderness settings.

In some cases, if you are trained and certified as a first responder or an EMT, a physician may give you "standing orders" to carry and administer some prescription medications for specific Scout trips. Because laws vary from state to state, you should check with your local council health and safety/risk management committees, and with a physician to see if you can be trained and authorized for this care under the medical practices act of your state. If you are authorized, you should obtain a letter of authorization from the physician which is notarized and carried with you and with the medications you are provided to administer. This of course is only to be used as a "last resort" when you cannot obtain emergency medical response due to being in an isolated area or where a major delay in response is present which would result in the possible serious deterioration of the victim.

The greatest risk time is probably on the tours before the jamboree, but at least you can usually dial 9-1-1 and get a paramedic ambulance promptly with the capability of administering the medications needed.

At the Jamboree, each subcamp will have health centers staffed by physicians and EMT's, paramedics, nurses, et al, that have medications and training to respond to anaphylaxis promptly. The main thing is to recognize the condition and get the Scout in for treatment right away!



With regard to first aid kits, we usually try to supply a comprehensive kit for each troop which contains the "right" kinds of equipment and medications which are most commonly needed on the tours before the jamboree and to some extent for minor problems at the jamboree. Some of the items we found very useful were:

lots of "molefoam" for foot blisters and "hot spots" (not moleskin); tincture of benzoin (tough-skin) solution to make the molefoam and tape adhere to the skin better; betadine solution and triple-antibiotic ointments, splinter forceps (tweezers with sharp tips); 1" knuckle bandages, 1" medical "silk" tape (hypoallergenic-not adhesive tape); "Kling" gauze bandages, 4x4 12 ply gauze dressings, acetaminophen (tylenol) and ibuprofen (no aspirin for scouts due to Reye's syndrome risk). Diarrhea medication such as Imodium AD or Diasorb, Donnagel, etc.; stomach aids such as Mylanta; throat lozenges; benadryl for allergies; Sudafed (pseudoephedrine hydrochloride) decongestant \*\*very important for scouts with congested ears on the airplane to relieve pressure due to altitude changes\*\*;

silicon-based "sports/waterproof/non-oily" sunscreen spf30 uva/uvb rated, for Scouts who "lost theirs,"; gatorade powder in foil packs for dehydration (mix at half strength with water); aloe vera gel for sunburn and dry skin, caladryl cream for insect bites & sunburn, rashes; Iverest for poison ivy, Ace-elastic bandage wraps, "SAM" conformable splint, mouth barrier for CPR, latex gloves, penlight. We also found that zinc lozenges (available in the vitamin section of stores) are very useful for dealing with minor colds in the early stages, since they have been found to interfere with the rhinovirus which causes colds--they have to be dissolved under the tongue to be effective); a bottle of saline irrigation solution is very helpful for washing out eyes and cleaning some wounds; hibiclens or betadine scrub is useful for cleansing wounds; and if you have people who can use them, a blood pressure cuff and stethoscope are also useful.

A good container such as a roll-out or compartmented day-pack or fanny-pack are very useful to keep the materials in. If you want a really nice kit, Emergency Medical Supply companies such as Dyna-med or Mountaineering/outdoor stores have kits designed for use as first aid kits which organize your materials for easy access.

These are perhaps the most useful medications and first aid equipment I have found for jamboree first aid kits. There are always other things you can carry, but again, medical help is available at the jamboree and has all of this and more, so weight and size are also a consideration.

If you want to get a really excellent reference for back-country first aid and medication, get a copy of Dr. William Forgey's book on Wilderness first aid. It is usually sold at mountaineering and outdoor stores such as REI and has some really good equipment lists and procedure descriptions for everything from elementary first aid to advanced medical

problems and treatments in a wilderness setting.\par

\par

If anyone would like more in-depth knowledge or discussion about any of \par these topics, or a copy of our world jamboree troop questionnaire, feel \par free to contact me.\par

\par

Bob Amick, EMT-B, Jamboree Promotions Chair, Longs Peak Council, Boulder, \par CO, and Subcamp Medical Center Staff at the past six jamborees.\par

\par

Date: Tue, 11 Jun 1996 00:19:54 -0600\par

From: Amick Robert <amick@SPOT.COLORADO.EDU>\par

Subject: Re: Aquatics Merit Badges and CPR (training\par Scouts/Explorers/Scouters in certificated first aid programs)\par

X-cc: explorer-net@erda.rl.af.mil\par

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par

\par

On Sat, 8 Jun 1996, Tom Grim wrote:\par

\par

> Now that I have posted an introduction, let's move on to my first question.\par  
> Advancement people here in the Northwest Suburban Council are trying to\par  
> decide how to advise Merit Badge Counselors who are required to evaluate a\par  
> Scout's demonstration of CPR by the new requirements for most of the\par  
> aquatic merit badges. What level of competence does it take to evaluate\par  
> and improve someone else's performance of CPR?\par

>\par

> Should we suggest that they should become certified in CPR?\par

(CAUTION: LONG POST)\par

This is far more than you asked about, but I hope that it will stimulate\par some productive thought about a very critical need in Scout Training.\par

\par

STANDARD of CARE AND DUTY TO ACT:\par

Performing CPR correctly and within the AHA and Red Cross protocols is\par important. It is one thing to be competent in performing the skills; it\par is a little more difficult to evaluate them if you are not experienced in\par doing so. On the other hand, it is not "rocket science." In an ideal\par setting, and in order to have some degree of "certification" it would be\par preferable to have those evaluating CPR performance be at least certified\par in Basic Life Support (BLS) through the Red Cross or Heart Association.\par Even better would be to have them be certified as instructors. Reality,\par however, dictates that this probably is not an immediately attainable\par goal, at least in the near future, but it is definitely worth working\par towards as soon as possible!\par

\par

BECOMING A CPR/FIRST AID INSTRUCTOR\par

Becoming CPR instructor for the Red Cross or Heart Association is neither\par difficult nor expensive. In the case of Red Cross, it is merely a matter\par of taking the basic class, then an Instructor Candidate Training (ICT)of\par about four hours, then a CPR Instructor training class of about 8 hours.\par Much of this class is devoted to practice teaching under supervision of an\par

Instructor-trainer, and here is where the new instructor learns how to effectively teach and evaluate performance skills of students and to point out errors in technique. If a person has not taken instructor training, they may not be as perceptive in noting performance errors.

The Boy Scouting advancement requirement only requires demonstration of the adult CPR protocol for three minutes. Unfortunately, some of the other protocols such as CPR for infants, airway obstruction, and other knowledge areas are not covered by these requirements.

**BLOOD BORNE PATHOGENS: Disease Prevention and Universal Precautions:**

There is an appalling lack of knowledge by Scouts and Scouters about the rampant dangers of blood-borne pathogens such as AIDS, Hepatitis-B, and Drug-resistant tuberculosis, all of which are incurable and serious threats to life and health of anyone administering emergency care. Although Universal precautions (gloves, masks, and eye protection) are mentioned in Scout merit badge requirements, they need MAJOR emphasis and demonstration to make the serious risk impact to Scouts who simply don't understand or appreciate the dangers. The "old days" teachings of administering direct "Mouth-to-Mouth Resuscitation or unprotected bandaging of wounds with exposure to blood and body fluids are simply not acceptable! Moreover, the use of "adjunct devices" such as pocket masks, gloves, and face shields are absolutely mandatory in the training of both Scouts and Scouters.

**COMPREHENSIVE CERTIFICATED TRAINING NEEDED:**

Again, something is always better than nothing when it comes to basic life support. But ideally, I would strongly encourage that anyone who is to be trained in CPR and first aid be given the benefit of the full range of protocols. As you probably know, Red Cross requires re-certification after one year due to skill deterioration. Studies have shown that retention of correct protocols without practice and refreshment in CPR diminish significantly after one year.

**MEDICAL/LEGAL ASPECTS: Documentation of Training**

There is some concern that instruction in CPR be certificated so that most of the protocols are documented and a matter of record if it ever comes to litigation following administration of CPR by a Scout or Scouter. In reality, the probability of litigation is not significantly high. But it is still possible. Under the "good samaritan laws" of most states, persons who render care voluntarily, without compensation or in particular who do NOT have a duty to act, are generally given immunity from civil liability, provided that a STANDARD OF CARE (i.e. properly administered CPR/first aid protocols) is correctly followed.

Conversely, if it can be shown that the treatment rendered was incompetent and actually caused further harm to a victim, it could be construed as negligence and therefore not given protection from civil liability under the "good sam" laws. Those who are responsible for teaching those skills can also be included under "vicarious liability" if it can be shown that their teaching of the skill was incompetent or inadequate for the student (who then administers CPR/first aid incorrectly) resulting in harm being done to the patient. Having a certificate as an instructor through an accredited agency such as Red Cross would be considered an affirmative defense in such a proceeding, where having no certification could be construed as possibly negligent. More importantly, if documentation exists that the student was duly certified under an accredited program such as Red Cross, such records are also an affirmative defense in a negligence case, making it much more difficult for a plaintiff to claim incompetence on the part of the rescuer. A lack of certification or documentation of the skills of the rescuer becomes somewhat more problematic in a legal proceeding. Documentation is always admissible as prima facie evidence of competence and a record that a "standard of care" was met at the time certification was issued to the student.

Again, these are extreme possibilities, and case law under such circumstances is probably minimal. In point of fact, the courts are very forgiving of efforts made in good faith even if in error, and conversely they are very unforgiving of no effort when it could or should have been provided by someone who had the knowledge and ability to provide care. However, in our litigious society, the possibility of negligence lawsuits cannot be ruled out, so forewarned is forearmed.

We have to assume that if we teach a Scout how to give CPR, there is a statistical probability that at some point during his career as a Scout he may actually administer CPR to an unresponsive patient. If/when this does occur, it is certainly in the best interests of the Scout as well as the person who taught the Scout CPR to be sure the assessment of the patient's vital signs (pulse/respiration) and the Scout's CPR skills were correctly demonstrated at the time of certification. And of course the patient would like to be given the "best possible care."

CPR/FIRST AID TRAINING SHOULD BE MANDATORY FOR SCOUTS AND SCOUTERS

It is my contention that anyone who is registered in the role of a Scout leader has an automatic "duty to act" for the care of Scouts to whom he/she is entrusted. Having certificated CPR/First Aid training should be absolutely mandatory for all leaders, and whenever possible, for as many Scouts as can be. Giving a Red Cross certificated "community first aid and CPR course for Scouts is equally beneficial and goes a long way in fulfilling the first aid

merit badge requirements at a high and appropriate level. If the Scouter is a certified Red Cross Instructor, and provides their own equipment for the training, the cost of certification in most chapters is only about \$6.00 per person. If you obtain a supply of workbooks that can be "recycled" to new students, there is no added cost for training materials. Training manikins are often available through fire departments and other public safety agencies without charge; or if you can obtain some funding, purchase of the new "little anne" manikins is now within reasonable cost for about \$125 per manikin. Our Explorer Post received a donation of \$500 from the company of a parent who had an Explorer in our Post; we used the money to buy manikins and first aid training supplies which we continue to use each year. Sometimes all you have to do is ask; service clubs and other agencies are often very eager to fund such equipment for a worthy cause.

I train my

Explorers and Venture Scouts in the 50 hour Red Cross "Emergency Response" class because they are very interested and extremely competent when they complete the training, and they are a lot more aware of risks and dealing with emergent situations when they go on trips both Scouting and personal. Emergency Response is the "first responder" training given to most firefighters, law enforcement officers and is open to Scouts who cannot take the EMT class due to age and legal restrictions. Scouters also benefit greatly from this class which is far more comprehensive than the typical minimum requirements of community first aid/cpr training. In particular, the older Scouts who have this training are absolutely wonderful as instructors for younger Scouts working on lower rank first aid and aquatics requirements, and for first aid merit badge. Our Explorers run the "first aid" city at Klondike Derby and make it a great "realistic first aid" learning experience for younger Scouts by using simulated injuries, "blood" and theatrics. The "hands-on scenarios" are the most talked about and memorable experiences for the Scouts who compete. We also have Explorers teach the first aid merit badge class at our Merit Badge University, and again they do so magnificently. I proctor the class to meet merit badge counselor certification requirements, but the Explorers

do the teaching, run the scenarios, and evaluate the Scouts; and what a match it is for the Explorers and the younger Scouts!

Because our "mission" is among other things to "be prepared" is it not axiomatic that training in such lifesaving skills should be given highest priority? In my experience in Scouting, I have been very frustrated at the lack of comprehensive first aid/cpr training for adult leaders. It is my contention that such training should be a mandatory part of any basic leader training, and that a grace period should be provided in which anyone registered as a leader must obtain such training, or no longer be able to register in that capacity. That sounds a little "harsh," but it seems to me that this training is just as important as the other training required to be a leader and if you are going to take on such high

responsibility, you definitely need the "tools" to do it properly!\par

\par

We tend to be complacent about such priorities, thinking that our EMS\par system will always be there for us...WRONG. Much of the death and\par disability which occurs is attributable to a lack of prompt and initial\par care for a patient. By the time EMS is called and arrives, it is often\par too late. Those who were present initially on the scene often do nothing,\par except maybe call 9-1-1. This is a national tragedy that Scouting can\par help "fix" by proper comprehensive training. The fact that the "outing"\par part of Scouting occurs in remote and isolated areas makes it all the more\par important to have self-sufficient emergency skills.\par

\par

Sorry about the "soap-box" but this really is a serious concern that needs\par attention, and your efforts in making this happen are essential. Scouters\par themselves need to get good training, and pass it on to their Scouts. It\par is OK to use outside resources such as trained firefighters, paramedics,or\par EMS personnel to help teach EMS skills, but often they are not available,\par so it falls back to the Scouters to do the training; and it is axiomatic\par that the training needs to be the best possible!\par

\par

I commend your efforts on setting standards, and hope that others will\par take heed and embark on similar programs.\par

\par

Bob Amick, EMT-B, Explorer Advisor, High Adventure Explorer Post 72,\par Boulder, CO; Longs Peak Council Exploring Training Chair; and Red Cross\par Emergency Reponse/CPR Instructor\par

\par

Date: Tue, 21 Jan 1997 15:58:16 -0700\par

Reply-To: Amick Robert <amick@SPOT.COLORADO.EDU>\par

Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>\par

From: Amick Robert <amick@SPOT.COLORADO.EDU>\par

Subject: Re: First Aid Kits (AED's, EMS availability)\par

X-To: explorer-net@scouter.com\par

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>\par

In-Reply-To: <UPMAIL07.199701210418530394@msn.com>\par

Status: RO\par

X-Status: \par

\par

Discussion on appropriate first aid equipment for Scouting Units\par

\par

The amount and sophistication of equipment carried on outings and\par activities for Scouting units obviously will vary according to levels of\par training and experience of the unit leaders and/or Scouts. Units which\par carry advanced life support equipment presumably do so because they have\par paramedics/EMT/First Responders that are certified and experienced in\par their use, and by definition, have physician advisors who provide\par oversight for any acts or care administered if they follow normal EMS\par guidelines and regulations provided in their licensure or certification.\par

\par

The new Red Cross Emergency Response/First Responder training course has included information on AED's in its training materials, as has the revised Emergency Medical Technician Training guidelines. Each State Emergency Medical Services Division will have protocols and regulations for training and certification in the use of the devices. Folks with current certifications are taking transition courses to include the new materials.

Certainly, if you have certified EMS personnel as leaders on trips, and have the availability of advanced equipment and the know-how to use it, so much the better. This is particularly true in relation to the availability or lack thereof in remote/isolated areas such as wilderness area backpacks, canoe trips, remote summer camps/high adventure events, etc.

AED's (automatic electronic defibrillators) have been approved for use by individuals trained at the first responder level for a very good reason. The incidence of sudden cardiac arrest among mostly adults, is the leading cause of death in the U.S. today. Over 1.5 million suffer heart attacks each year. Nearly 500,000 of those result in fatalities, many of which could be reversed if recognized and treated in a timely manner.

Dr. Roger White, a leading physician in the promotion of AED availability has stated that the widespread availability and use of this device alone will probably have the most significant impact on the reduction of deaths from sudden Cardiac Arrests/disrhythmias. It is probable that the AED's will be available in nearly every workplace, public transportation units, schools, multi-unit dwellings, and even in homes at some point.

While broadbased training in CPR remains an important national goal, AED units are an important addition since they can automatically detect life-threatening disrhythmias and electronically "shock" the heart back into a normal sinus rhythm before significant brain damage from lack of circulation occurs. Most of all they require minimal training and have very few "pitfalls" or a need for advanced training and knowledge as did their predecessors. And they are becoming more and more affordable. Some units are less than \$3000 and others are expected to drop even lower as technology and distribution increases.

In National studies, even in areas where CPR training has been implemented for one in every three persons (e.g., Seattle, WA) the mortality rate was improved by only 30%. This is due mostly to time-critical delays in calling 9-1-1 for advanced life support units, travel time for ALS units to the scene, and the fact that CPR is only moderately effective in perfusing the brain with blood and oxygen; the longer the heart is not beating normally, the less effective resuscitation and advanced life support measures become.

\par

Hence, it makes sense that eventually, all Scout camps, High Adventure\par Bases, and many other venues will come to have AEDs and personnel who are\par trained to use them. And, with advancing technology and miniaturization,\par the size and weight of the units continues to shrink, making them\par increasingly appealing as items to carry on remote outdoor activities\par where rapid EMS response is not available.\par

\par

Scout leaders should not underestimate the importance of assuming direct\par responsibility for competent emergency care both for themselves and for\par their Scouts. Scouts and Explorers can be effectively trained in EMS\par skills just as effectively as can adults, and should be. When the "doctor\par needs a doctor" it is a good idea to have more than one person trained in\par emergency medical skills, and the more you have the better off the group\par will be. Scout Leaders are probably at greater risk for sudden Cardiac\par disrhythmia than are Scouts; However, there are documented incidents where\par young otherwise healthy teens have suffered sudden cardiac arrests due to\par undiscovered cardiac abnormalities, so no one is "immune" from the\par possibility at any time. There are other "natural hazard" risk factors\par which can cause cardiac arrest or disrhythmias such\par as lightning strikes, drownings, etc., where victims who receive rapid\par treatment can benefit greatly from prompt application of AED units and\par CPR.\par

\par

Also included in the new protocols for first responders and EMTs are the\par use of "epi-pens" for treating anaphylactic shock. There are over 600\par deaths per year attributed to allergic reactions from bee stings alone,\par not even including reactions to food, medications, etc. Rapid response\par for victims of these maladies can be life-saving. Again, since the\par devices are controlled by prescription, they must be authorized by a\par physician advisor with standing orders for use by medically\par trained/certified personnel operating under medical protocols.\par

\par

\par

Epi-pens provide a pre-measured injection of epinephrine to reverse\par anaphylaxis and are relatively easy to use, as they are a spring loaded\par needle/syringe which is placed on the thigh muscle and activated to inject\par the epinephrine. This can be invaluable in critical allergic reactions,\par especially where local EMS is not readily available.\par

\par

It is not unreasonable to suggest that Leaders and older Scouts/Explorers\par take Red Cross Emergency Response/First Responder training. Adding in a\par "Wilderness First Responder" module or course is even better, since it\par trains you on how to handle back country emergencies where EMS is not\par readily available. For those who wish to go even further, Wilderness EMT\par training is available through various outdoor leadership schools, and some\par of those have web pages. Enter Wilderness First Responder or Wilderness\par EMT on your web browser to find resources for such training.\par

\par



Those who are interested in additional discussion may wish to see the  
topic discussed in the Wilderness Emergency Preparedness, Communications  
and Training article at:

\par

<http://www.macscouter.com/Survival/WildPrep.html>

\par

Bob Amick, EMT-B Explorer Advisor, High Adventure Explorer Post 72,  
Boulder, CO; Longs Peak Council Exploring Training Chair

\par

Date: Fri, 24 Jan 1997 06:51:09 -0600

Reply-To: "Greg L. Gough" <ggough@MAIL.ORION.ORG>

Sender: Scouts-L Youth Group List <Scouts-L@tcu.edu>

From: "Greg L. Gough" <ggough@MAIL.ORION.ORG>

Subject: Re: First Aid Kits - What we did at Camp Thunder

X-To: Doug Roach <djroach@IX.NETCOM.COM>

To: Multiple recipients of list SCOUTS-L <SCOUTS-L@TCUBVM.IS.TCU.EDU>

In-Reply-To: <32E6163F.2F05@ix.netcom.com>

Status: RO

X-Status: \par

\par

Here is a list of first aid kit items that I have used as a guide. \par

also approached our local pharmacist with this list and he agreed it was  
pretty complete. He then donated the items we didn't have (what would  
you expect from an Eagle Scout?). Here it goes.

\par

\par

Here is a list of the contents of the Troop 890 first aid "chest".

> \*\*\*\*\*\par

>\par

>Sterile Pads\par

>-----\par

>4x4 Pads\par

>2x2 Pads\par

>1x2 Pads\par

>2x3 Pads\par

>\par

>\par

>Large Bandages & Tape\par

>-----\par

>Triangular Bandage\par

>3" Ace Bandage\par

>4"x5yds Rolled Gauze\par

>3"x5yds Rolled Gauze\par

>2"x5yds Rolled Gauze\par

>0.5"x10yds Adhesive tape\par

>2.5"x10yds Adhesive tape\par

>0.5"x5yds Paper tape\par

>Moleskin\par

>\par

>\par

>Topical Ointments\par  
>-----\par  
>2oz Tube Rhuli Gel\par  
>1.5oz Tube Cortaid\par  
>2oz Tube Vaseline\par  
>4oz bottle Phenolated Calamine lotion\par  
>3.5oz bottle Pump Spray insect repellent\par  
>2.8oz bottle Pump Spray Tick Away repellent\par  
>3.5oz bottle Adolph's meat Tenderizer\par  
>\par  
>\par  
>Oral Medications\par  
>-----\par  
>50tab bottle Extra Strength Tylenol\par  
>Benadryl capsules\par  
>50tab bottle Antacid tablets (Tums, PeptoBismol)\par  
>Immodium D (diareah)\par  
>1oz Ipecac syrup (To induce vomiting)\par  
>\par  
>\par  
>Cold Packs\par  
>-----\par  
>Ice Pack Bottle\par  
>Instant Cold Packs\par  
>\par  
>\par  
>Medical Implements\par  
>-----\par  
>Sawyer Extractor Kit (Snakebite, beesting)\par  
>Scissors\par  
>Thermometer\par  
>20pc package Oral Thermo sheaths\par  
>Tweezers\par  
>Bic butane lighter\par  
>Magnifying lens\par  
>Ear syringe\par  
>45pc package Needles\par  
>50pc package Safety Pins\par  
>Rescue Breather\par  
>4' Nylon rope tourniquet\par  
>Latex Gloves\par  
>Air Splint set\par  
>Army surplus first aid litter\par  
>84"x52" Poly Shock Blanket\par  
>\par  
>\par  
>Antibiotics & Antiseptics\par  
>-----\par  
>1oz Tube Unguentine Burn Cream\par

>1.5oz Tubes Triple Antibiotic Ointment (Neosporin)\par  
>4oz can Solarcaine Burn Relief\par  
>4oz can Antiseptic spray\par  
>Antiseptic & Alcohol Preps\par  
>Benzalkonium Chloride Antiseptic Towelette\par  
>\par  
>\par  
>Band Aids\par  
>-----\par  
>3" Band Aids\par  
>2.25" Band Aids\par  
>1.5" Band Aids\par  
>Spot Band Aids\par  
>\par  
>\par  
>Specialty Band Aids\par  
>-----\par  
>Eye patches\par  
>Knuckle Band Aids\par  
>Fingertip Band Aids\par  
>Butterfly Closures\par  
>\par  
>\par  
>Topical Liquids\par  
>-----\par  
>1oz Tincture Merthiolate\par  
>1oz Aromatic Ammonia Spirit\par  
>4oz Eye Wash irrigating Solution\par  
>0.2oz Clove Oil (Toothache)\par  
>0.5oz ERO Ear Wax Removal\par  
>\par  
>\par  
>Cleansers\par  
>-----\par  
>4.5oz bars Antibacterial deoderant soap\par  
>3.3oz bar pHisoderm cleansing bar\par  
>5oz bottle pHisoderm cleanser\par  
>16oz bottle Hydrogen Peroxide\par  
>16oz bottle Alcohol\par  
>Alcohol Prep Towelette\par  
>\par  
>\par  
>Miscellaneous\par  
>-----\par  
>50pc Cotton Balls\par  
>200pc Cotton Swabs\par  
>14oz Baby Powder\par  
>\par  
\par

\par  
Greg Gough\par  
SM Troop 201, Ozark, MO. I used to be an Owl but I will always be an Eagle!\par  
\par  
\pard  
\qj\tx720\tx1440\tx2160\tx2880\tx3600\tx4320\tx5040\tx5760\tx6480\tx7200\tx7920\tx8640 {\fs22 \par  
}\pard {\fs22 \par  
}}