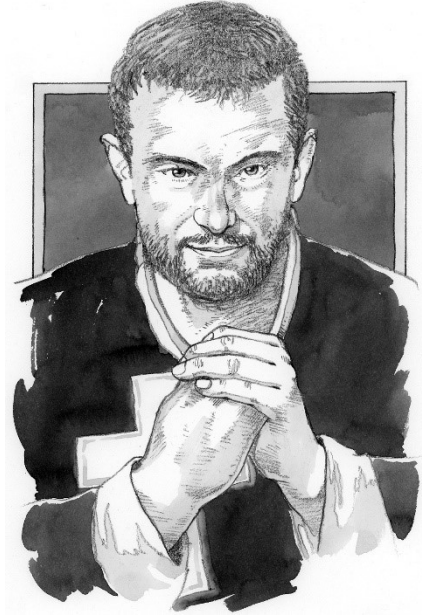


Achievement Course: First Aid / CPR
Recommended Ages: 10-18 years of age
Approximate Completion Time Frame: 3-6 months



Saint Camillus, pray for us!

The First Aid Achievement Course patron saint is Saint Camillus de Lellis, who with his father, was a soldier of fortune and an adventurer of sorts. After many years away, Saint Camillus watched his father return to the sacraments on his death bed. This made Saint Camillus want to return to his Catholic Faith. After many struggles in ridding himself of the bad habits he picked up in his life of being a soldier of fortune, he was able to serve others by providing medical attention rooted in the love of God. But it was not enough for Saint Camillus to simply provide for the physical wellbeing of his patients; he wanted to also provide for their eternal wellbeing! Saint Camillus was ordained to the holy priesthood and founded an order called the Fathers and Brothers of a Happy Death. Saint Camillus was given permission for he and his brethren to wear the Red Cross and were some of the first ones to care for the injured on the battlefield. They tended to the spiritual and physical needs of the wounded wearing the Red Cross, which is now the international symbol of medical personnel.

Objective: To demonstrate how to care for the spiritual and physical needs of others in a similar way as Saint Camillus did.

Disclaimer: Please note that this Achievement Course has been established to familiarize yourself with common outdoor first aid, terminology, and basic instruction for a non-medical professional. In no way does any content or illustration in this AC replace ever evolving medical training or certifications by medical professionals or organizations. We highly recommend attending courses and securing certifications available through your local Red Cross or healthcare systems.

1. Familiarize yourself with First Aid for the following conditions
 - a. Allergic/Immunologic
 - i. Anaphylaxis
 - ii. Insect bites and stings
 - iii. Spider bites
 - iv. Snakebites – also describe the characteristics of the 4 most dangerous and venomous snakes in North America (or in your country).
 - v. Food allergy or allergic reaction to medicine
 - b. Integumentary
 - i. Animal bites
 - ii. Blisters
 - iii. Bruise
 - iv. Cuts and Scrapes
 - v. Electrical burn or Shock
 - vi. Foreign object in the skin
 - vii. Frostbite
 - viii. Sunburn
 - c. Neurological
 - i. Concussion
 - ii. Convulsion/seizures
 - iii. Fainting
 - iv. Head pain
 - v. Stroke
 - d. Musculoskeletal
 - i. Dislocation
 - ii. Fractures
 - iii. Heat cramps
 - iv. Sprain
 - e. ENT (ear, nose, throat) and eyes
 - i. Foreign object in the ear
 - ii. Foreign object in the eye
 - iii. Nosebleeds
 - f. Respiratory
 - i. Foreign object inhaled
 - ii. Asthma attack
 - g. Gastrointestinal
 - i. Foreign object swallowed
 - ii. Vomiting/diarrhea
 - h. Miscellaneous
 - i. Choking
 - ii. Fever
 - iii. Head trauma
 - iv. Heart attack
 - v. Heat stroke
 - vi. Hypothermia
 - vii. Poisoning
 - viii. Puncture wound

- ix. Severe bleeding
- x. Shock
- xi. Spinal injury
- xii. Tick bites

2. Requirements

- a. Demonstrate the triage plan of multiple injuries (verbally or written)
- b. Demonstrate ability to dial 911
- c. Demonstrate the ability to assess an airway and breathing
- d. Check a pulse in at least two locations and measure heart rate
- e. Demonstrate knowledge of a normal heart rate and respiratory rate
- f. Demonstrate the ability to assess orientation to person, place, and time
- g. List the symptoms of a fracture or broken bone
- h. Tell the difference between a simple or closed fracture and a complex or open fracture
- i. Splints/Slings – Explain the basic steps to making any splint and demonstrate when and how to place a splint/sling for the following injuries.
 - i. **Before and after splinting, check Circulation/Sensation/Movement (CSM). (See page 51 for details.)**

Collarbone

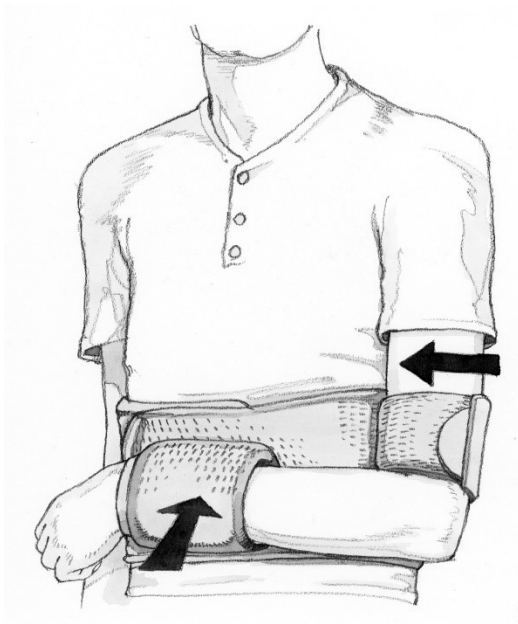


Illustration of where a common collarbone break will occur. You will run your finger lightly along the collarbone to locate the break point.

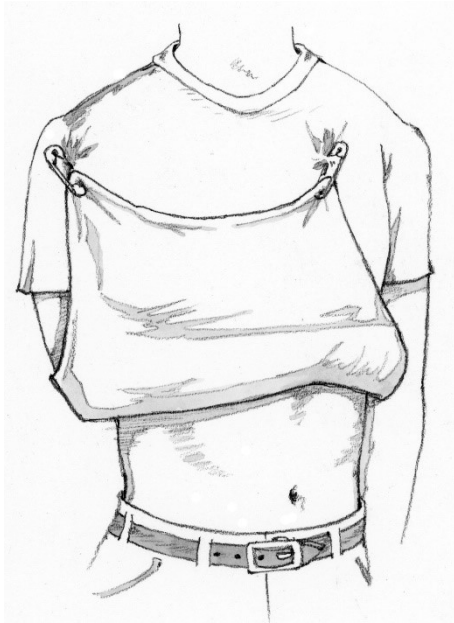


The next four drawings will illustrate the use of a cravat to create a sling to minimize movement of the arm and shoulder that may lead to discomfort on a right side break.

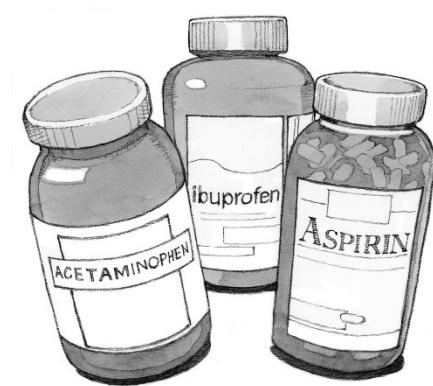




Illustrated here you will find the use of a Velcro splint available in some first aid kits.



Illustrated here you will find the use of the victim's shirt with safety pins to create a quick sling as other supplies are not available.



Common well marked pain medications from your personal or troop's first aid kit may be made available adhering to the directions and precautions listed on the medications.

Shoulder

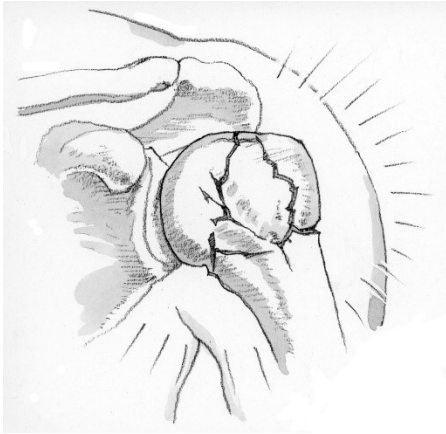
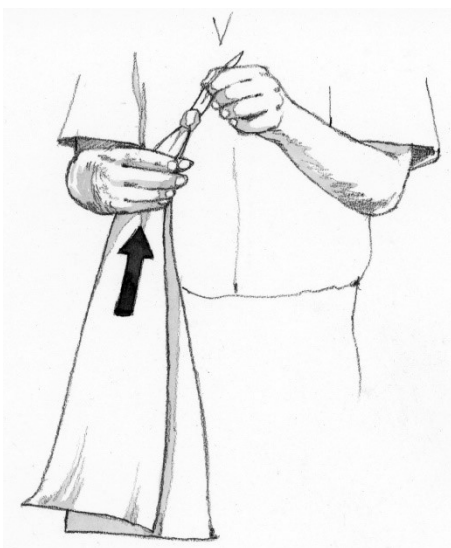


Illustration of where a common shoulder break will occur. This is a less common injury and handled similar to the collarbone on the scene.

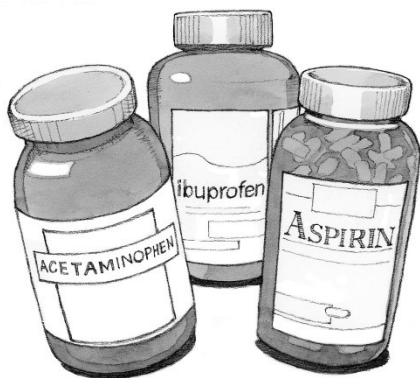


The next six drawings, similar to the collarbone sling, illustrate the use of a cravat to create a sling to minimize movement of the arm and shoulder that may lead to discomfort.





As shown here, you can add a soft cloth or sponge to help with perspiration or discomfort from the sling's knot.



Common well marked pain medications from your personal or troop's first aid kit may be made available adhering to the directions and precautions listed on the medication.

Upper Arm

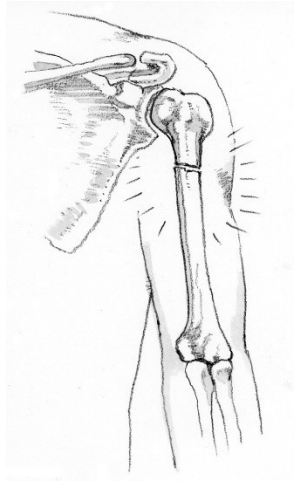


Illustration of where a common upper arm break will occur.

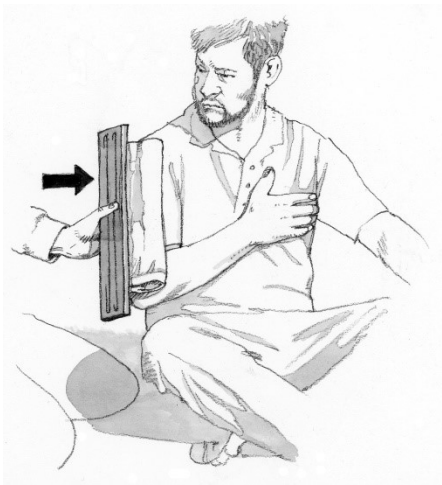
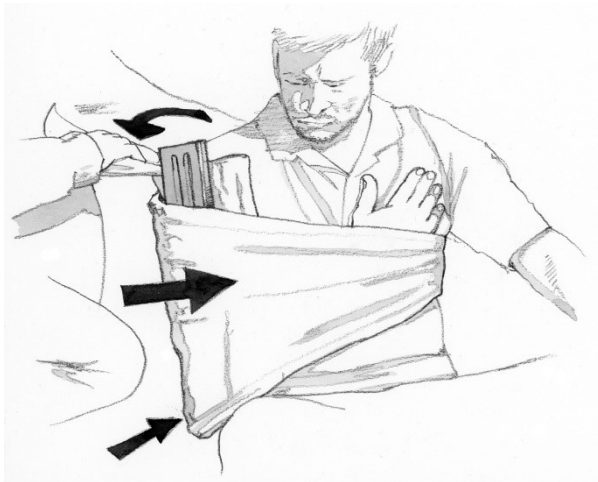


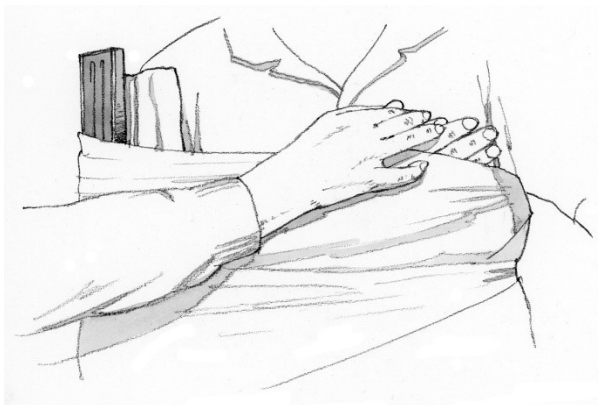
Illustration of placing a soft inner cloth between the arm and harder splint device (in this example, a piece of wood).



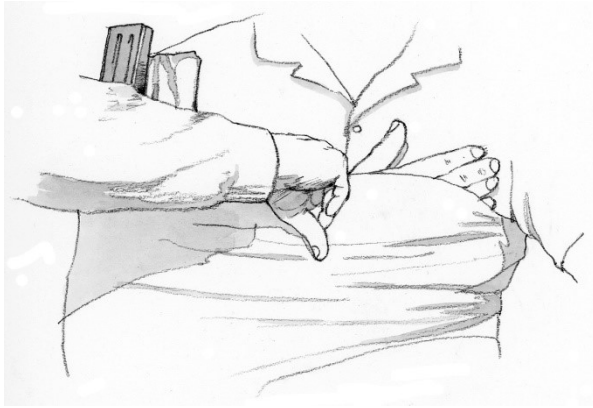
The next two drawings illustrate the use of a bandage to secure the splint to the arm.



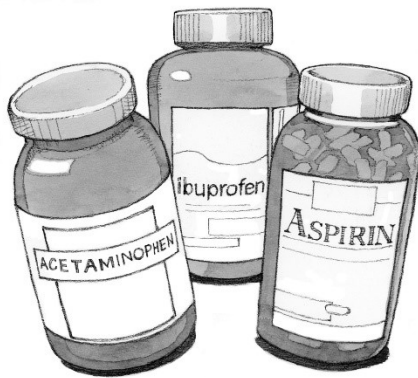
Illustrated here you will find the use of a cravat to secure the arm to the body to minimize victim discomfort.



This is an illustration of the caregiver testing Circulation Sensations Movement (CSM) of the fingers before and after the wrap. The caregiver will have the victim look at his eyes and not at his hand while the caregiver asks “what finger am I holding?”. This tests for nerve damage in the arm that would affect the ability of the fingers to feel sensation and independent movement.



This is an illustration of the caregiver checking the victim's pulse once the wrap is complete.



Common well marked pain medications from your personal or troop's first aid kit may be made available adhering to the directions and precautions listed on the medications.

Lower Arm

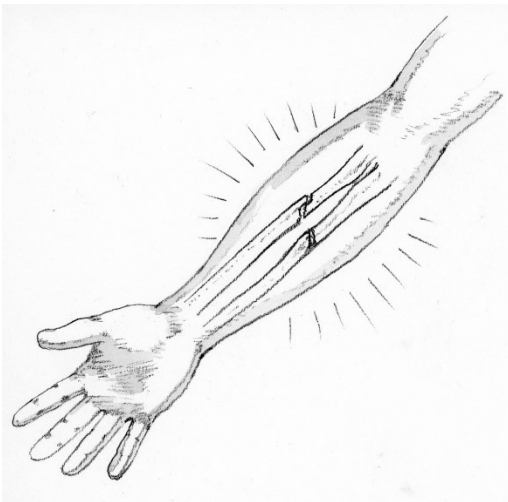


Illustration of where a common lower arm break will occur.

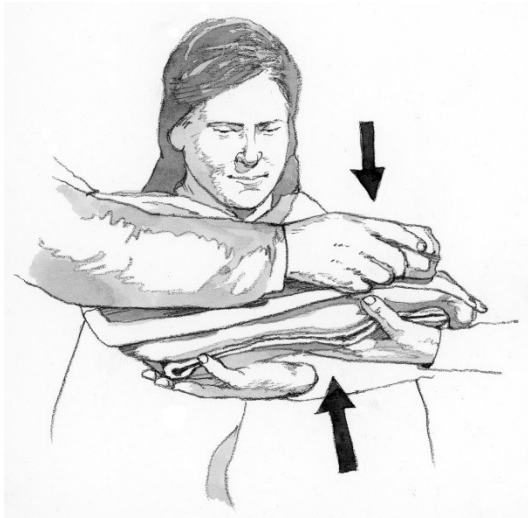


Illustrated here is the victim keeping their arm steady in a bent position with the elbow and arm against the upper body. Before starting the splint wrap, the caregiver tests CSM (Circulation/Sensation/Movement) of the fingers to make sure there is not serious vein/artery or nerve damage in the lower arm break that affects the fingers. This drawing shows the caregiver checking the pulse as someone else holds the arm steady.



Similar to the upper arm splint, the next two drawings illustrate creating a splint by placing a soft inner cloth between the arm and harder splint device (in this example, a stick).

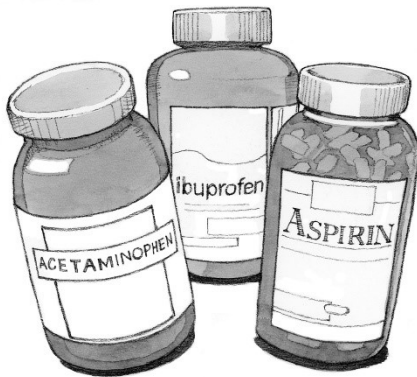




The next two drawings illustrate the laying of another soft cloth on the top of the arm and then the use of a bandage to secure the splint to the arm.



The next two drawings illustrate the use of a cravat to secure the arm to the body to minimize victim discomfort.



Common well marked pain medications from your personal or troop's first aid kit may be made available adhering to the directions and precautions listed on the medication.

Lower Leg

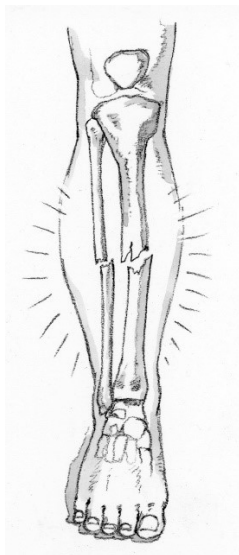
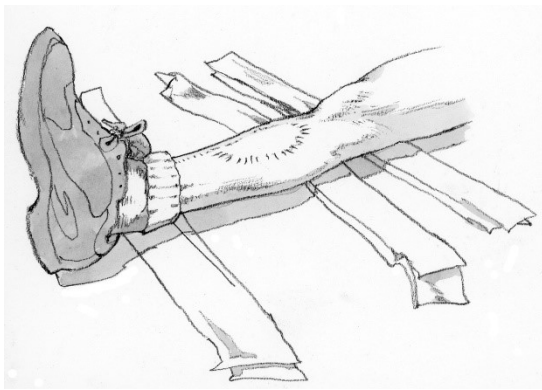
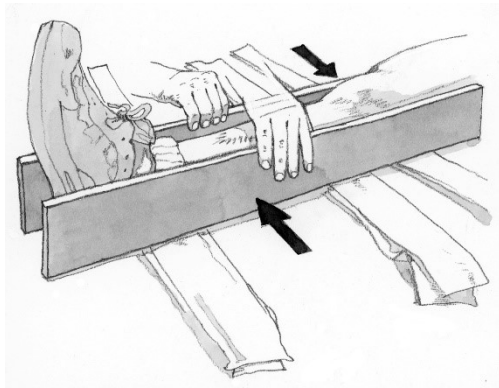


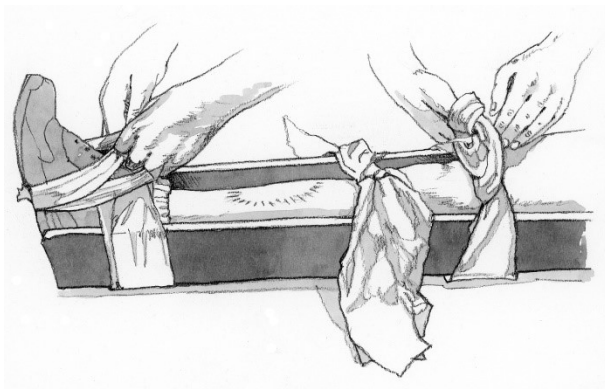
Illustration of where a common lower leg break will occur.



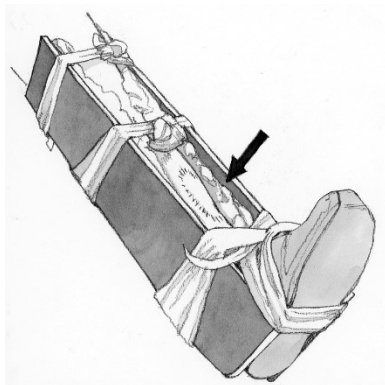
This drawing illustrates the victim being seated on the ground and the broken leg extended straight out from the body. The broken leg is placed over a number of bandages or cloths laid out flat on the ground before the succeeding steps occur.



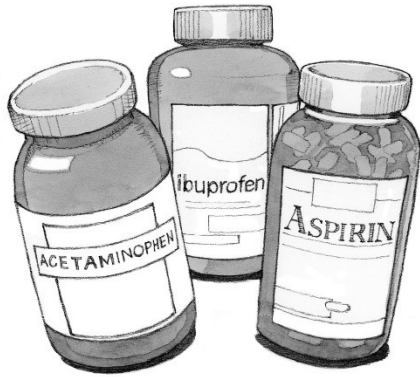
This drawing illustrates two boards (or in an emergency: sticks, pieces of scrap wood, or even long strips of heavy clothing) running along each side of the broken leg. The arrows show the splint pressing against the leg relieving pain. For these next couple of steps, it is helpful to have the assistance of another caregiver.



This drawing illustrates the bandages being brought around the splint sections and tied tightly together, including tying the foot stiff into a vertical position and retied to the base of the splints.



This drawing illustrates the stuffing of soft cloths or clothing or plastic bags down into the splint interior around the leg to help soften the pressing of the splints against the leg and to provide more stabilization of the leg. The arrow shows where you press the soft materials into the negative spaces in the splint prep.



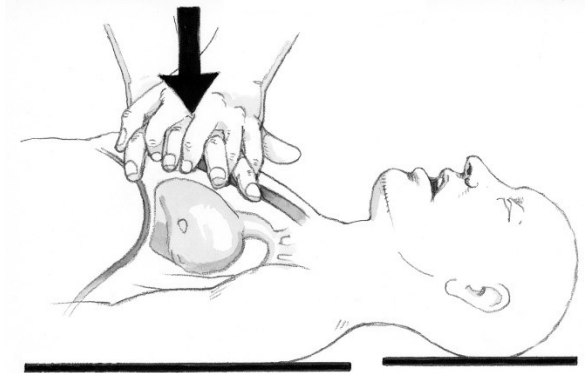
Common well marked pain medications from your personal or troop's first aid kit may be made available adhering to the directions and precautions list on the medication.

- j. CPR (Cardiopulmonary Resuscitation) – Demonstrate proficiency in below techniques. **We highly recommend training and certification from a local Red Cross or healthcare system to keep abreast of ever evolving medical updates.**
 - i. The CPR Basics
 - 1. Before starting CPR, check:
 - a. Is the environment safe for the injured and the rescuer?
 - b. Is the person conscious or unconscious?
 - c. If the person appears unconscious, tap or shake his or her shoulder and ask loudly, “Are you OK?”
 - d. If the person doesn't respond and two people are available, one should call 911 or the local emergency number and one should begin CPR. If you are alone and have immediate access to a telephone, call 911 before beginning CPR – unless you think the person has gone unresponsive because of suffocation (such as from drowning). In this special case, begin CPR for one minute and then call 911 or the local emergency number.



- e. If an Automated External Defibrillator (AED) is or becomes available, apply it immediately and follow the prompts. Ideally, the AED can be administered by one person while the other continues chest compressions. Early uninterrupted chest compressions and defibrillation offer the highest success.

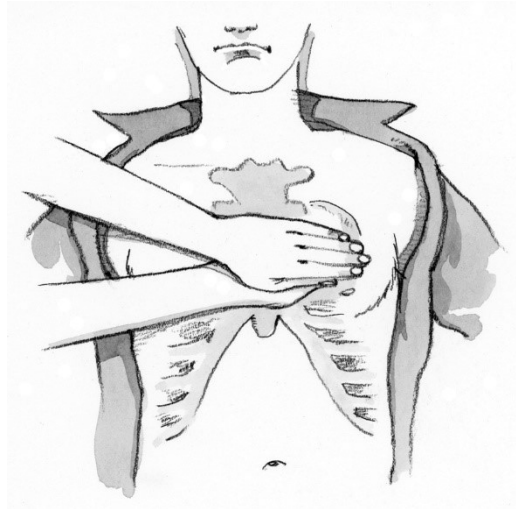
2. Remember to spell C-A-B: The American Heart Association uses the acronym of **CAB** – **C**ompressions, **A**irway, and **B**reathing – to help people remember the order to perform the steps of CPR.
3. Compressions: restore blood circulation
 - a. Put the person on his or her back on a firm surface.



- b. Kneel next to the person's neck and shoulders.



- c. Place the heel of one hand over the center of the person's chest, between the nipples. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.



- d. Use your upper body weight (not just your arms) as you push straight down on (compress) the chest at least 2 inches (approximately 5 centimeters) but not greater than 2.4 inches (approximately 6 centimeters). Push hard at a rate of 100 to 120 compressions a minute.



- e. If you haven't been trained in CPR, continue chest compressions until there are signs of movement or until emergency medical personnel take over. If you have been trained in CPR, go on to checking the airway and rescue breathing.
- 4. Airway: clear the airway
 - a. If you're trained in CPR and you've performed 30 chest compressions, open the person's airway using the head-tilt, chin lift maneuver. Put your palm on the person's forehead and gently tilt the head back. Then with the other hand, gently lift the chin upward to open the airway.



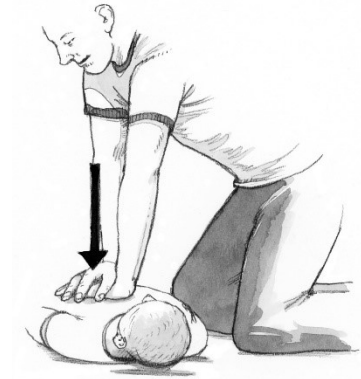
- b. Check for normal breathing, taking no more than five or ten seconds. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheeks and ear. Gasping is not considered to be normal breathing. If the person isn't breathing normally and you are trained in CPR, begin mouth-to-mouth breathing. If you believe the person is unconscious from a heart attack and you haven't been trained in emergency procedures, skip mouth-to-mouth breathing and continue chest compressions.



5. Breathing: breathe for the person (rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened). A barrier should be used whenever possible, either a commercial mask or shield, or even a piece of cut/torn t-shirt.
 - a. With the airway open (use the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, make a seal.



- b. Prepare to give two rescue breaths. Give the first rescue breath – lasting one second – and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give a second breath. Thirty chest compressions followed by two rescue breaths is considered one cycle. Be careful not to provide too many breaths or to breathe with too much force.
 - c. Resume chest compressions to restore circulation.
 - d. If the person has not begun moving after five cycles (about two minutes) and an automated external defibrillator (AED) is available, apply it and follow the prompts. If you're not trained to use the AED, a 911 or other emergency medical operator may be able to guide you in its use. If an AED isn't available, go to step 5 "e" below.
 - e. Continue CPR until there are signs of movement or emergency medical personnel take over.
- ii. CPR for children (ages 1 – puberty)
 - 1. The procedure for giving CPR to a child ages 1 through puberty is essentially the same as that for an adult. The American Heart Association also recommends the following to perform CPR on a child:
 - a. If you're alone, perform five cycles of compressions and breaths on the child – this should take about two minutes – before calling 911 or your local emergency number or using an AED.
 - b. Use two hands, or only one hand if the child is very small, to perform chest compressions. Press straight down on (compress) the chest about 2 inches (approximately 5 centimeters) but no greater than 2.4 inches (approximately 6 centimeters).



- c. Breathe more gently.
- d. Use the same compression-breath rate as is used for adults: 30 compressions followed by two breaths. This is one cycle. Following the two breaths, immediately begin the next cycle of compressions and breaths. If there are two people conducting CPR, conduct 15 compressions followed by two breaths.
- e. After five cycles (about two minutes) of CPR, if there is no response and an AED is available, apply it and follow the prompts. Use pediatric pads if available, for children ages 1 through puberty. If pediatric pads aren't available, use adult pads. Do not use an AED for children younger than age 1. Administer one shock, then resume CPR – starting with chest compressions – for two minutes before administering a second shock. If you're not trained to use an AED, a 911 or other emergency medical operator may be able to guide you in its use.
- f. Continue until the child moves or emergency medical personnel take over.
- k. Discuss when an Automated External Defibrillator (AED) is to be used.
- l. The Tourniquet, not the first option
 - i. Discuss with your father/male guardian and/or troop leader when to use a tourniquet
 - ii. Demonstrate the ability to apply one to these points and between the wound and the heart:
 - 1. Arm
 - 2. Leg
- m. Research and demonstrate two methods to move an unconscious victim in an emergency by yourself.
- n. Research two types of a “two-man carry” in the case of an emergency (at least one must be for an unconscious victim). Demonstrate a “two-man carry” with your father/male guardian or fellow cadet.
- o. Research and demonstrate how to make a stretcher with a long sleeve shirt and two poles in the field.
- 3. First Aid Kit
 - a. Based on everything you have learned in this Achievement Course, list everything that a TSG troop should have in its troop First Aid Kit.

- b. After you have made a list, work with your troop leaders to make sure all supplies are in your troop's First Aid Kit.
- c. If your troop does not have a First Aid Kit, work with your troop leaders to assemble one. Review all of the supplies and rationale for including them with your father/male guardian and/or troop leaders.
- d. Teach a basic first aid skill to the Junior Cadets in your troop.

Reference

<http://www.mayoclinic.org/first-aid/first-aid-cpr/basics/art-20056600>