

LEADERSHIP TRAINING COURSE

SECTION VI FIRST AID

Alternative study for those who are unable to attend the Standard First Aid course offered by the American Red Cross.



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Royal Rangers
HonorBound: Men of Promise
Assemblies of God

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FIRST AID SECTION OF THE ROYAL RANGERS LEADERSHIP TRAINING COURSE

- It is desirable for all Royal Rangers Leaders to be certified in First Aid and CPR through the American Red Cross, or the American Heart Association, by completing one of their courses.
- *However*, realizing that oftentimes, limits such as distance, job considerations, cost, and other factors prohibit men from being able to complete that requirement. This workbook is designed to give you the basic knowledge to act should an emergency arise. It will also satisfy the first aid training requirement of Section IV of the Leadership Training Course (LTC). As such, no pin will be issued for completion of this workbook.
- As in all LTC Sections, a passing grade is required for completion.
- Trailblazers and Challengers who desire to earn the First Aid Merit may substitute this workbook for that merit.
- It should be kept in mind that this book is for training in First Aid skills only, and not CPR. Do not attempt CPR unless you are trained and certified by a competent professional.

TEXTBOOKS

ROYAL RANGERS LEADERS MANUAL	1995 2nd edition	(pgs 311 - 320, CH 20, pgs 347 -364)
PIONEERS HANDBOOK	1995 2nd edition	(pgs 123 - 135)
TRAILBLAZERS HANDBOOK	1995 2nd edition	(pgs 127 - 138)
*AIR-SEA-TRAILRANGERS HANDBOOK (A.S.T. HANDBOOK)	1986 edition	(pgs 107 - 120)
* To be superseded by Challengers HANDBOOK		

Each of these handbooks can be purchased from Gospel Publishing House, 1445 Boonville Avenue, Springfield, MO 65802-1894. Commander and Lieutenant Commander trainees should select the HANDBOOK corresponding to the outpost group in which they will work. However, one may find all of the handbooks useful in specific points of training.

AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY 1993 edition (revised

every six years) This book may be ordered from any American Red Cross office in the United States, or from Mosby Lifeline, Mosby - Year Book, Inc., 11830 Westline Industrial Drive, St. Louis, MO 63146.

- These textbooks should be secured by every Commander, or at a minimum, by every Outpost. One life is worth the cost.
- The student of this book should have upon completion of this course, a thorough understanding of all Royal Rangers testable material regarding first aid. We as leaders should know and practice the material that we teach our boys better than they are expected to know it.
- Obtain some triangular bandages, roller gauze, an arm splint and other makeshift first aid supplies for this course, as they will enable you to perform skills on yourself or your partner.
- God Bless You for taking this course.

The following is a listing of the requirements for the boys to do in the area of first aid. Please read them.

A) Powder Horn (Pioneer) / Second Class (TB)

1. Explain the meaning of First-Aid
2. How do you contact local authorities in the event of an emergency.
3. Explain why cuts and scrapes should be properly Treated
4. Demonstrate first Aid for a minor cut

B) Bowie Knife

1. Show how to stop bleeding.
2. Demonstrate first Aid for simple Burns
3. Demonstrate first Aid for insect bites

C) Tomahawk / Second Class

1. Demonstrate first Aid for Arterial Bleeding of arm or leg
2. Demonstrate first Aid for a puncture wound from nail or splinter
3. Assemble a personal first aid kit.

D) Long Rifle

1. Demonstrate removing a splinter from the finger
2. Demonstrate treating a foot blister
3. Demonstrate first aid for poison ivy.
4. Explain why an injured person should not be moved

E) Mountain Man / Second Class

1. Explain how to do artificial respiration.

F) Electricity Merit

1. Explain and demonstrate how you would rescue and give first aid to a victim who has a hot electrical line lying across him

G) Swimming Advanced Merit

1. Demonstrate Artificial Respiration.

H) Winter Camping / First Class

1. Explain what hypothermia is, its symptoms and 1st aid
2. Define frostbite explain how to treat 1st, 2nd 3rd Degree frostbite
3. Explain what trench foot is and how to prevent it.
4. Explain what snow blindness is and how to prevent it.

I) Second Class (Trailblazer)

1. Show how to splint a broken bone

j) Advanced rating (trailblazer)

1. Explain windchill factors and how windchill factors affect campers

k) Master Rating (Trailblazer)

1. Explain how to treat someone for electrical shock
2. Explain how to treat someone for suspected poisoning

l) Explorer (Trailblazer)

1. Explain the difference between hypothermia and hyperthermia
2. Explain the Treatment for the above

First Aid and CPR: Complete the American Red Cross Course.

The Challengers program may have requirements In addition to the above requirements.

Let's Get Started!!

That last information may seem like a great deal of knowledge, and you are correct. This is what the Royal Rangers teaches the boys, so let's learn it too. First of all, pray. Secondly, tell yourself that you can do this. Third, relax and take a deep breath. Are you READY? There are several methods to teaching and learning first aid. Here are a few that I use as a First Aid Instructor: Repetition of the task, Visual Aids, Hands on Training, Role Playing, Reading the Material, Question and Answer, and Testing. Through this course, we will incorporate all of

these tools to learn these skills. First, do the workbook section below, then take the tests at the end of the book.

THE PURPOSE OF FIRST AID

Studying the purpose of first aid

Read the following:

ROYAL RANGERS LEADERS MANUAL	(pgs 311 - 320, pgs 347 -364)
PIONEERS HANDBOOK	(pg 123)
TRAILBLAZERS HANDBOOK	(pg 127)
AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY	(pgs 1 - 27)
(Referred to hereafter as ARC)	

Applying the purposes of first aid

1) Write a brief paragraph on why you believe Royal Rangers should know first aid and what it is.

2) List your local EMS phone numbers below.

FIRE _____

POLICE _____

AMBULANCE _____

POISON CONTROL CENTER _____

911

Fact you should know: The likelihood of HIV transmission during a first aid situation is very low. You are most likely to give first aid to someone you know, such as a family member or close friend. Always give care in ways that protect you and the victim from disease transmission. If possible, wash your hands before and after giving care, even if you wear disposable gloves. Avoid touching or being splashed by another person's bodily fluids, especially blood. Be prepared with a first aid kit that includes waterless antiseptic hand cleaners and disposable gloves.

- (ARC 1993, Page 9)

BLEEDING INJURIES

CUTS, SCRAPES & BLEEDING

Read the following:

PIONEERS HANDBOOK (pg 124)
A.S.T. HANDBOOK (pg 107 - 109, 112)
AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY (pgs 132 - 145)

DO NOT remove an impaled object such as a knife. As this may result in severe bleeding. Apply your dressings around it.

APPLYING BLEEDING INJURIES

- 1) With a partner, demonstrate first aid for a minor cut. Repeat.
- 2) Write an answer to this question: Why is it important to properly treat a cut or scrape?

- 3) List the five types of wounds as listed in the ARC (pgs 136 -137):

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

- 4) With a partner, show how to stop bleeding according to:
 - a) Royal Ranger literature
 - b) ARC (pgs 144 -145)

Fact you should know: There are over 60,000 miles of blood vessels in your body. These vessels are networked. With this in mind, most minor bleeding will stop by itself within a few minutes.

- 5) On the diagram below, identify the pressure points. (There are 5 sets of them)

- 6) With your partner, stop that Arterial Bleeding on the left forearm!!! (Role Play)

Remember, a bruise is caused by broken blood vessels or capillaries under the skin. It may be treated by a cold compress to reduce swelling. Check out the A.S.T. HANDBOOK for this method on page 111. This brings up the next major point associated with bleeding.

INTERNAL BLEEDING Internal Bleeding can be caused by various major injuries often encountered by a typical Royal Ranger boy, or overgrown boy (Commander), and can be a killer. When you suspect any blunt-force trauma, in other words, anything that may have the force to break something inside the body, keep a vigilant eye out for internal bleeding.

Signs of internal bleeding:

- Tender, swollen, bruised, or hard areas of the body, such as the abdomen
- Rapid, weak pulse
- Skin that feels cool or moist or looks pale or bluish
- Vomiting or coughing up blood
- Excessive thirst
- Becoming confused, faint, drowsy, or unconscious

(ARC pg 142)



Burns

With the camping program, you as a leader must be prepared to deal with these dangerous and rather nasty injuries. Burns smell bad. They cause the victim excruciating pain. They may be life-threatening, or permanently disfiguring if not attended to promptly by medical personnel. Boys love fire, and love to play with fire. Prevention is the best key to avoiding burns. Teach your boys at the youngest possible age, to respect the things that can burn them.

Read the following:

PIONEERS HANDBOOK

(pg 125; burns, 126; blisters)

A.S.T. HANDBOOK

(pg 110)

AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY

(pgs 154 - 163) MUST READ

- The severity of a burn is determined by the depth of the burn, called “degree,” size of the burn, and location of the burn.
- Age and physical condition are contributing factors to the seriousness of burns.

- Burns can become infected, especially if blisters are present or if there is a loss of skin.
- Four critical areas of the body are the hands, feet, face and genitals.
- If a person is burned on the face, be alert for injury to the breathing passages.
- First degree burns involve only the surface layers, and the skin may be pink or reddish. A mild sunburn, or a burn from a hot pan are two examples. Few or no blisters result.
- Second degree burns involve the underlying layers of skin, and there are small blisters present. Swelling is associated with these burns, even though the swelling and blisters may be delayed. A second degree burn that is large will have large blisters, possibly with some of the outer layer of skin burned away. Open burns of this type may ooze clear body fluids. These burns are very painful.
- Third degree burns go all the way through the skin layers into the underlying tissue layers. It may be red, raw, ashy white or charred black. These burns destroy nerve endings, and may hurt less at first. The pain from this burn comes with healing as the body repairs itself. The absence of pain, or amount of pain is not indicative of the type of burn.
- Second and third degree burns require immediate medical attention.
- Never remove anything that is stuck to a burn.

To care for a burn:

- First, STOP the burning
- Cool the burned area with large amounts of CLEAN cool water
- Then cover the burn with dry, clean (sterile) dressings to help prevent infection

APPLYING BURNS

- 1) Demonstrate first aid for simple burns. Repeat.
- 2) List the three types or intensities of burns, and list two properties of each.
 - a)
 - b)

c)

- 3) What do you do for a chemical burn to the skin or eyes?
- 4) What are precautions to follow when you are presented with a victim of an electrical burn?

EXTREME DANGER !!!!!

Remember, a dead hero is no hero

VICTIM IN CONTACT WITH LIVE “HOT” WIRE

Symptoms may include: Small, discolored areas at the current’s entry and exit points

Caution: Underlying tissue damage may be extensive

Treatment:

- 1) Turn off electric power if possible.
- 2) **Do NOT TOUCH** Victim who is still in contact with current. Rescuer must separate victim from source of electricity. Use a **dry, nonmetallic, nonconductive pole, rope, or cloth** to disconnect the power source from the victim. **BE sure your hands are dry and you are standing on a dry surface.** Turn off the main electrical power switch whenever possible.
- 3) Look for breathing, begin rescue breathing (artificial respiration) if necessary.
- 4) Get professional medical help immediately.
- 5) Give first aid for electrical burns and any other symptoms.

(Johnson & Johnson First Aid Guide, pg 29)

* See also page 130 of trailblazer handbook

Application

- 5) Explain and demonstrate how you would rescue and give first aid to a victim who has a HOT electrical line lying across him.

NOTE TO SELF: BLISTERS ARE SECOND DEGREE BURNS. To avoid painful blisters, wear proper fitting shoes and socks. If on a hike, change your socks whenever they become saturated with sweat. If a blister forms, use moleskin on it immediately by cutting a hole in the center of the moleskin just bigger than your blister. This should make a doughnut shaped piece of moleskin. Apply it around the blister. Check it periodically, and do not break the blister as infection may result.

BREATHING EMERGENCIES

Read the following:

PIONEERS HANDBOOK	(pg 126 - 129; difficulty breathing)
TRAILBLAZER HANDBOOK	(131 - 132)
A.S.T. HANDBOOK	(pg 114 -115)
AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY	(pgs 28 - 55)

Check your victim. When you arrive upon a victim, check first for any life-threatening situations. Check also for unconsciousness, which is life-threatening. If you can not tell if the victim is unconscious, tap them on the shoulder nearest to you. Do not reach across the victim. Check to see if an unconscious victim -> is breathing, has a pulse, or is bleeding severely. Call 911 or EMS.

SIGNALS OF BREATHING EMERGENCIES

- **Breathing is unusually slow or rapid**
- **Breaths are unusually deep or shallow**
- **Victim is gasping for breath**
- **Victim is wheezing, gurgling, or making high-pitched noises**
- **Victim's skin is unusually moist**
- **Victim's skin has a flushed, pale or bluish appearance**
- **Victim feels short of breath**
- **Victim feels dizzy or light-headed**
- **Victim feels pain in chest or tingling in hands or feet**

(ARC PG 40)

If your victim is not breathing, perform Artificial Respiration, which is now also called Rescue Breathing in the medical community.

Whenever performing rescue breathing, it is imperative that help be called. The victim's heart may stop at any time, requiring CPR and advanced life support. Call for someone who is trained in CPR to assist as well. At a Royal Rangers function, there should always be a First Aid and CPR trained person around.

APPLYING RESCUE BREATHING

Practice the methods of Artificial Respiration / Rescue Breathing with a partner. Do not breathe into your partner, as this can damage their lungs. Practice also the Red Cross topic of Checking the Victim.

Number these steps in the order that you perform them:

- _____ Tilt the head back as you lift up the chin and pinch the nose shut.
- _____ Recheck the pulse and breathing about every minute.
- _____ Make a tight seal over the victim's mouth with your mouth and give two slow breaths until the chest rises.
- _____ Give one slow breath every five seconds.
- _____ Check for a pulse by feeling the side of the neck.

CHOKING

Choking can occur in a conscious or unconscious victim. Only seconds may separate these two victims from each other or death. Take it upon yourself to act. Read the Royal Ranger and Red Cross material on the abdominal thrust, and then **practice this on a partner without applying force to the abdomen** of your partner, as this may cause severe internal injury to your them.

BONE BREAKS

Why not move an injured person?

You should not move an injured person because they may have internal injuries that you do not know about. Moving them may worsen their condition. A person with a back or neck injury, for example, may become paralyzed or die with the slightest movement. The only time to consider moving a victim is to ensure their safety from imminent danger, from things such as fire, traffic hazards, poison gases, etc.

By the same reasoning, you do not want to move injured body parts that are not splinted (immobile). Always splint a broken bone in the manner in which you find it. Do NOT try to set a broken bone yourself.

How to splint bones

Read the following:

TRAILBLAZER HANDBOOK	(pg 130)
A.S.T. HANDBOOK	(pg 117)
AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY	(pgs 164 - 189)

Signals of Serious muscle, bone or joint injuries

Always suspect a serious injury when the following symptoms occur:

- **Significant deformity**
- **Bruising and swelling**
- **Inability to use the affected part normally**
- **Bone fragments sticking out of a wound**
- **Victim feels bones grating with each other**
- **Victim felt or heard a snap or pop at the time of injury**
- **The injured area is cold and numb**
- **The cause of the injury suggests that the injury may be severe**

(ARC 170)

With this in mind, obey these guidelines on splinting:

- **Splint, only if the victim is to be moved by non-emergency personnel. If EMS is on their way, leave it alone**
- **Splint only if you can do so without causing more pain and discomfort**
- **Splint an injury in the position that you find it**
- **Splint the injured area to the joints above and below the injury**
- **Always check for proper circulation, temperature and color before and after splinting**

applying splinting

- 1) **With partner, apply an anatomic splint to the legs**
- 2) **With partner, Apply a soft splint to the ankle**
- 3) **With partner, Apply a rigid splint to the forearm**
- 4) **With partner, Apply a sling to the forearm over the rigid splint**

Match the term with the definition.

- _____ **Fracture** a. Both bone and skin are broken
- _____ **Simple Fracture** b. An object made of wood or metal to keep a broken bone
in place
- _____ **Compound Fracture** c. The bone is broken, but the skin is not
- _____ **Splint** d. A broken bone

The area containing the _____ should be _____ until emergency help arrives.

SHOCK

Read the following:

A.S.T. HANDBOOK

(pg 110)

AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY (pgs 146 - 148)

Where there is an accident, there may be _____ ! Lay the person down. Keep him warm. Place something under the feet. If the person is having breathing difficulty, lower the feet and elevate the head and shoulders.
(A.S.T. 110)

Shock is a condition in which the circulatory system fails to deliver blood to all parts of the body. When the body's organs do not receive blood, they fail to function properly. This triggers a series of responses that produce specific signals known as shock. These responses are the body's attempt to maintain adequate blood flow. Shock is likely to develop in any serious injury or illness. (ARC 146)

If not treated promptly and properly, shock results in death.

Signals of shock

- **Restlessness or irritability** (Often the first indicator that the body is in trouble)
- **Altered consciousness**
- **Pale, cool, moist skin**

- **Rapid breathing**
- **rapid pulse**

Caring for shock

1. Have the victim lie down. This is comfortable and may reduce pain. Pain intensifies the body's stress and may accelerate the progression of shock.
2. Control any external bleeding.
3. Maintain victim's normal body temperature. If victim is cool, cover them to avoid chilling.
4. Try to reassure the victim.
5. Elevate legs about 12 inches unless you suspect head, neck or back injuries or possible broken bones involving the hips or legs. If you are unsure of their condition, leave them flat.
6. Do not give the victim anything to eat or drink, even though they may likely be thirsty.
7. Call EMS immediately. Shock can not be treated by first aid alone. Advanced medical care may be essential to survival.

POISONING

Fact you should know: More than 90% of all poisonings take place in the home.

Read the following:

PIONEER HANDBOOK	(pg 125 - top of 126)
TRAILBLAZER HANDBOOK	(pg 130 Bacterial Poisoning)
A.S.T. HANDBOOK	(pg 113)
AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY	(pgs 200 - 215)

Poison Control Center 1-800-682-7625

For information on poison ivy, oak & Sumac Write to:

American Academy of Dermatology
930 N. Mechem Road
P.O. Box 4014 Schaumburg, IL 60168-4014

Ask for Form No. TPAM11 6/93

Poison enters the body in four ways:

- 1) INGESTION
- 2) INHALATION
- 3) ABSORPTION
- 4) INJECTION

If you suspect someone has swallowed a poison, try to find out -

- What type of poison it was.
- How much was taken.
- When it was taken.

This will assist in the treatment of the victim.

Follow these guidelines for someone who has been poisoned:

- Check the scene to make sure it is safe to approach and to gather clues about what happened.
- Remove the victim from the source of the poison.
- Check the victim's level of consciousness, breathing and pulse.
- Care for any life-threatening conditions.
- If the victim is conscious, ask questions to get more information.
- Look for any containers and take them with you to the telephone.
- Call your Poison Control Center or the local emergency number. Follow any directions that they give you.
- Do not give anything to eat or drink, unless told to do so.
- If the victim vomits, collect some as a sample for the hospital.

(ARC 203)

For acid or alkali poisoning, do not induce vomit, as these may cause further damage to the mouth and esophagus.

For acids, you may give milk of magnesia or baking soda to neutralize the acid.

For alkalis, you may give a small glass of water with vinegar or lemon juice to neutralize the alkali.

For poisoning of the skin, immediately flush the area with lots of running water. If no water is available, and dry chemicals are on the victim, brush off the chemical. Do not allow contact with the eyes.

For insect bites, see the appropriate pages of the handbooks. Much information and many first aid supplies are available to correspond with the insects found in your area.

For poison ivy, oak, sumac, or any other poisonous plant, follow the guidelines in the handbooks. Teach your kids to be able to rapidly and accurately identify and avoid such plants.

SPLINTERS & PUNCTURE WOUNDS

Read the following:

PIONEER HANDBOOK (126 splinters)
AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY (pgs 135 last paragraph / 138 right column, page 137)

SPLINTERS

Splinters are small puncture wounds and can be removed with tweezers, a needle, soap and water. You should remove them promptly to avoid the wound festering.

PUNCTURE WOUNDS

Nails, bullets, or anything that pierces the body leaving a hole, can produce a puncture wound. These wounds can become serious. Little bleeding results from these wounds, enabling germs or any other infection producing organism to breed. Seeing to it that your kids have had tetanus shots is a good idea.

COLD & HEAT RELATED INJURIES

Read the following:

TRAILBLAZER HANDBOOK (pg 127 - 129)
A.S.T. HANDBOOK (pg 119)
AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY (pgs 216 - 225)

COLD

Cold injuries include:

Hypothermia - When the body cannot keep itself warm.

TREATMENT: Rewarm the entire body at a constant rate. Climb into a sleeping bag with the victim, wearing underwear to allow the warm body to transfer heat to the cold body. If the person is conscious, give hot sweetened fluids containing, honey, dextrose, sugar or cocoa.

Frostbite - When body parts that are exposed begin to freeze. Degree indicates similar damage to that of burns.

- 1st degree - Surface (Dull whitish or bluish color)
- 2nd degree - All layers of skin (Solid and immovable parts)
- 3rd degree - Underlying tissue (Solid and immovable parts)

TREATMENT: Do check periodically for frostbite. Rewarm first degree frostbite. Keep injured areas from refreezing. **DO NOT** - Rub the area with snow. **DO NOT** try to thaw out a deep frostbite injury if you are away from definitive medical care.

Cold Exposure - The body is shivering, has numbness, low temp, drowsiness, weakness due to periods of contact with cold temperature.

TREATMENT: Rewarm the victim as soon as possible. Get out of the cold. Bundle up.

Cold Diuresis - An increased output of urine caused by exposure to cold, decreasing amounts of body fluids which must be replaced.

TREATMENT: Encourage the victim to drink plenty of fluids.

Sunburn - Yes, even in the winter.

TREATMENT: Same as any burn.

Snow Blindness - Caused by the reflection of UV rays from the sun shining brightly on a snow-covered area, causing the victim to not be able to see properly, or see at all. Symptoms include: Eyes may feel gritty, may have pain in or around the eyes, rapid eyeball movement, watering, red eyes, and an increasing headache with exposure to light. Prevent by wearing sunglasses, or improvised sunglasses (cardboard, bark, etc., with a narrow slit cut to see through)

TREATMENT: bandage the eyes until symptoms disappear. Or, go into a darkened room and close eyes until symptoms disappear.

Trench foot - A condition where the foot has become wet for a long time at temperatures just above freezing. The feet become cold, swollen, and have a waxy appearance. Walking is difficult and the feet feel heavy and numb. Gangrene can occur.

TREATMENT: Prevent by keeping feet dry. Carry extra socks in a waterproof container. Wash feet daily and put on dry socks.

Dehydration - Loss of body fluids through sweating. In cold situations, the person may not be aware of the dehydration and thus the danger.

TREATMENT: Encourage the victim to drink plenty of fluids. If left too long, a saline IV may be necessary from medical personnel.

APPLYING COLD INJURIES

1) Define Hypothermia, describe its symptoms, and outline treatment.

2) Write at what temperature range hypothermia is a danger.

3) Does being wet have anything to do with hypothermia?

4) How would you treat first degree frostbite?

5) How would you treat second degree frostbite?

6) How would you treat third degree frostbite?

7) What is trench foot, and how do you prevent it?

8) What is snowblindness and how do you treat and prevent it?

HEAT RELATED INJURIES

Hyperthermia occurs when the body loses its ability to cool itself and overheats.

Heat Cramps are caused mainly by the loss of salt due to excessive sweating. Symptoms are moderate to severe muscle cramps in the legs, arms, or abdomen. They may start mildly and increase in severity. **Take the following steps immediately:** Stop all activity, get into the shade and drink water.

Heat Exhaustion is caused by a large loss of body water and salt. Symptoms are headache, mental confusion, irritability, excessive sweating, weakness, weak pulse, dizziness, cramps, pale, moist and cold (clammy) skin. **Take the following steps immediately:** Get the patient into the shade, make him lie down on a stretcher or cot about 18" off of the ground, loosen his clothing, sprinkle him with water, fan him, and let him drink small amounts of water periodically. Keep him calm and still.

Heat Stroke is a severe heat injury caused by extreme loss of water and salt and the body's inability to cool itself. **The patient may die if not cooled immediately.** Symptoms are no sweating, red, hot, dry skin, headache, dizziness, fast pulse, nausea, vomiting, and mental confusion leading to unconsciousness. **Take the following steps immediately:** Get the person to shade, lie him down on stretcher or cot 18" off of ground to allow for air circulation around entire body, loosen clothing, pour water on him, fan him, massage his arms, legs, and body. If he regains consciousness, let him drink small amounts of water.

Applying Heat injuries

- 1) what is heat exhaustion and how do you treat it?

- 2) What is Heat Stroke and how do you treat it?

- 3) What is hyperthermia, and how do you prevent it?

- 4) What are heat cramps and how do you prevent them?

- 5) Can dehydration be a heat injury?

Thank you for taking this course. We hope that you are now "ready" to meet the needs of your boys both before and after they become injured. Please take this time to review your workbook and prepare for your test on the following pages.

For the test, **X** out the appropriate response in the right-hand column that corresponds to the answer that you select.

Examples:

- | | | |
|---|-----------|---|
| 1) Royal Rangers reach, teach and keep boys for Christ | T | F |
| 2) Select the best answer: | A B C D E | |
| A) God B) Jesus C) Holy Spirit D) God's Word E) All the Above | | |

Bibliography

ROYAL RANGERS LEADERS MANUAL 1995 2nd edition GPH
PIONEERS HANDBOOK 1995 2nd edition GPH
TRAILBLAZERS HANDBOOK 1995 2nd edition GPH
AIR-SEA-TRAILRANGERS HANDBOOK 1986 edition GPH

AMERICAN RED CROSS: COMMUNITY FIRST AID & SAFETY 1993 edition

This book may be ordered from any American Red Cross office in the United States, or from Mosby Lifeline, Mosby - Year Book, Inc., 11830 Westline Industrial Drive, St. Louis, MO 63146.

JOHNSON & JOHNSON: First Aid Guide, Johnson & Johnson Consumer Products, RMC 744-306 8100 CH, Skillman, NJ 08558-9418, 1990

SURVIVAL FM 21-76, Department of the Army 1986, (section on cold and heat related injuries)