



First Aid Guidance

Equipment List:

The Safety Officer or their designee may provide at events, a First Aid Kit available as needed for personal use.

Recommended contents:

- Eye protection (2 pair)
- Latex-free medical quality gloves, Large (1 box)
- Sterile dressings:
 - 2 X 2 gauze/absorbent pads (1 box)
 - 4 X 4 gauze/absorbent pads (1 box)
- Rolls of Gauze (3)
- Paper Tape (3 rolls)
- Shears (1 pair)
- Containers of Sterile Saline:
 - Wound Wash Spray approx 500 cc (1 can)
 - bottled liquid form, approx 500 cc (1 bottle)
- Several 100 cc syringes for wound cleaning (3 each)
- Splints to stabilize a fracture of the lower/upper leg and arm (3 each)
- Adhesive Bandages (Band-Aids, 1 box)
- Bottled drinking water (500 cc, 2 each)
- Cold compresses (3 each)
- Tourniquet CAT style (2)
- Triangular Bandage (2)
- Alcohol wipes (1 box)
- Self-Adhesive Gauze Tape/Coban Wrap (3)
- Flashlight/Head Lamp
- Tweezers
- Hand Sanitizer
- Trash Bags
- Basic First Aid Manual

Background:

This document attempts to cover the more common hazard/injury scenarios that could be encountered during a non-emergency activity or event. The activities in this document are intended to assess, treat, and stabilize an individual with an injury, and to prepare the individual for transport by EMS if indicated. It is not intended to cover situations not normally expected to be encountered such as toxic waste / nuclear accident, mass casualty, any critical event such as hurricane, flood, etc., or any event during which EMS and hospital facilities are not immediately available by phone.

Anticipated Hazards and Associated Injuries:*Common Hazards:*

Trip and Fall, Heat Exposure, RF exposure, Contact with sharp objects, Sun Exposure, Low Blood Sugar, and Chest Pain, Shortness of Breath, Stroke Syndrome Symptoms, Symptoms Distress not well understood.

Associated Injuries:

Minor Trauma such as: Superficial Lacerations, Contusions, 1st and 2nd degree Burns, and Fractures, Sunburn, Dehydration, Heat Stroke/Heat Shock, Diabetic Hypoglycemia, Myocardial Infarction, Neurovascular Stroke, Unknown Non-Specific Illness.

Remedial/Treatment Actions:

Good Samaritan laws protect individuals offering aid to others as long as they do not try to go beyond their training. All ARES/RACES members are encouraged to take First Aid and CPR/AED training.

Good Samaritan Laws

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0700-0799/0768/Sections/0768.13.html

Good Samaritan - Cardiac Arrest

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0700-0799/0768/Sections/0768.1325.html

ARES/RACES members trained in First Aid may offer the remedies listed below to injured individuals. In every case, the affected individual should be advised to follow up with either an EMS/Paramedic on site if available, or with a health care provider at a walk-in clinic/Emergency Room as soon as possible. If EMS has been notified, an ARES RACES member should stay in contact with EMS and with the individual for observation until EMS arrives. In any case, if the individual has lost consciousness or is unresponsive, EMS will be called.

Burns, Contusions, and Lacerations as described above can be treated by cleaning the affected area with sterile saline, stopping any bleeding with applied pressure over the area, and placing a dressing over the affected area using the dressings/gauze pads, gauze rolls, and paper tape supplied in the First Aid Kit.

EMS should be immediately notified in any case where the bleeding cannot be stopped by simple pressure over the affected area for 10 minutes or if the wound is too large to be able to provide effective compression. A tourniquet should be applied only on the specific advice of EMS.

Fractures can be stabilized/immobilized with splints. EMS should be notified in the event of a fracture.

Individuals who have sustained an electric shock should not be moved. If possible, the power to the circuit should be turned off remotely from an accessible switch. Do not touch electrical wires or cables in this situation. EMS must be immediately notified.

An individual who presents with signs of sunburn or thirst should be placed in a shady location and given water to drink.

An individual who presents with any of the following may have heat stroke or heat shock. This can be a medical emergency and EMS must be contacted immediately if the individual has any of the following:

Nausea/Vomiting, Muscle Cramps, Weakness, Dizziness, Headache, Confusion, or Fainting.

The individual should be placed in a shady area and their clothes loosened. Cool compresses should be applied to the back of the neck and under the arms until EMS arrives.

Individuals who present with weakness, dizziness, thirst, and/or hunger and who are diabetic should be advised to sit down and have something to eat and water to drink. If their symptoms do not improve in 15 minutes, EMS must be notified.

Any individual with chest pain, acute onset of shortness of breath, or acute onset of heart palpitations should be advised to rest, and to lay down in shady area on their back. EMS must be notified immediately.

An individual with acute onset of one-sided weakness, numbness, or tingling, or speech difficulty, sudden loss of eyesight may be having a stroke. EMS should be immediately notified.

If an individual appears in distress but does not have any of the symptoms described above or the member is not sure what to do, contact EMS immediately. Describe the symptoms of distress to the EMS operator and follow their instructions.

In any situation involving an injury, the Safety Officer or their designee must be immediately notified.