

Appendix B: First Aid

There will be a First-Aid Kit readily available at all times during any St. Michael's event. In addition, there may be more advanced supplies and equipment which may be used by those guildmembers with appropriate training.

Those guildmembers who are physicians or have advanced emergency medical experience shall be identified to other guildmembers.

Remember that field-treatment of injuries does not negate the need for appropriate follow-up with a person's regular physician.

A. Guild First-Aid Kit:

The guild kit shall contain at a minimum: Band-Aids, butterflys or SteriStrips, safety scissors, disinfectant (betadine, alcohol wipes, and/or peroxide), sterile gauze (2x2 and 4x4), adhesive tape 1" (Micropore or paper), ace wrap 3" or 4", aspirin, Tylenol, ibuprofen (or equivalent). The kit shall also include plastic bags to hold ice and/or chemically activated ice packs.

It is the responsibility of the Quartermaster to ensure that the kit is inspected and that supplies are replaced after each use.

B. General First-Aid Guidelines:

1. Minor Injuries:

- a. Cuts: Clean with disinfectant and gauze. Small cuts can be covered with a Band-Aid or gauze and tape. Large cuts may require butterflys or SteriStrips to approximate the edges. Then cover with gauze and tape. Any wound that requires butterflys or SteriStrips should be seen by a physician to evaluate for suturing. Splinters may be included in this category.
- b. Sprains/Strains: Apply ice pack or ice cubes in a plastic bag to the injured area and bandage in place. Do not place ice directly on skin. Do not leave the ice on for more than 20 minutes at a time.
- c. Blisters: Do NOT break the blister. Protect it with cotton or gauze and hold in place with a bandage. If the blister is broken, clean the area and bandage it.

2. Major Injuries:

- a. DO NOT give the person anything to eat or drink (they may need surgery). Call 911 or contact other emergency personnel to provide transport to the nearest facility.
- b. Bleeding: Apply direct pressure to the wound. Do NOT apply tourniquets or find pressure points unless you have advanced medical training to do so. Have the person lie flat, and if possible

raise the affected area above the level of the heart (to decrease bleeding).

- c. Broken Bone/Dislocation: Support and split in place. A split should cross the joints above and below the injury. Try to have the person move as little as possible.
- d. Penetrating wounds (broken blades): Penetrating wounds may cause significant damage despite a small skin cut. DO NOT REMOVE the object if it is still in the wound. Call for qualified medical help to assess the severity of the injury. If the object has already been removed (as in a broken blade instinctively drawn back), inspect the blade to ensure that there is not a broken-off piece remaining in the wound. If the wound is in the chest, make sure the wounded is able to breathe. Cover the wound with an empty baggie and then gauze (to seal the sucking chest wound). Position the injured side down. If the wound is in the abdomen, cover the wound with gauze. Position the patient on their back. You may elevate the legs a bit.
- e. Head wounds: These may include both closed injuries and open wounds. The injured does NOT have to lose consciousness (“pass out”) to have a concussion. If concussion is suspected, support the injured with the head up. Make sure that the neck is also supported. Ask the injured if they are seeing double or having blurred vision. They should be evaluated at the hospital. Open wounds will bleed copiously; place direct pressure on the wound, and assess as in section 1a.

Consider taking a Red Cross (or other) first aid course. And follow instructions given to you by those who have advanced medical training.