Common Camping First Aid Situations

Cuts, Scratches, Abrasions

Cuts, scratches, and abrasions are a part of growing up. A cut is typically caused by sharp objects like knives. A scratch occurs when something sharp, like a fingernail or thorn, is pulled across your skin.

An abrasion occurs when the skin is rubbed away, like when you crash your bike or skateboard on the pavement. Typically, most of these types of injuries are minor and do not require a doctor's attention. However, if a wound is very long or deep, or if its edges are far apart then you may need stitches.

Treatment:

1. Bleeding can be stopped by covering the injury with a clean neckerchief, towel, or cloth and applying pressure directly over the wound.

2. Wash injured area with soap and water and rinse thoroughly, wiping away from the injured area.

3. Apply an antiseptic or an antibiotic ointment and cover with a dry sterile bandage.

When to see a Doctor:

1. If bleeding cannot be stopped with direct pressure.

2. If injury cannot be cleaned adequately

3. If injury was caused by dirty or rusty metal object

4. If an animal caused the bite or scratch. (Exception: If animal has had its rabies vaccination within the last 5 years, you do not need to see a doctor.)

5. If wound becomes infected.

6. If a red streak leading from wound appears.

7. If the injury is a cut that may require suture for proper healing. These must be sutured within 12 hours of the time of injury and are much less likely to become infected if they are sutured within 2 hours.

Burns and Scalds

A burn is tissue damage caused by excessive heat being applied to your skin.

This heat can come from electricity, hot water, chemicals, friction, or even sunlight. There are three “degrees” of burns: a first degree burn reddens the skin, causes some pain, but forms no blisters; a second degree burn creates blisters but the tissues is not damaged; a third degree burn has both underlying tissue damage and nerve damage and a corresponding lack of pain. A doctor should treat a third degree burn. First and second degree burns can typically be treated onsite. Scald burn injury (caused by hot liquids or steam) is the most common type of burn-related injury among young children.

Treatment:

1. First and second degree burns:

    a. Immerse in cool water and apply cool water applications; cleanse with mild soap and cool water.

    b. Do not open or peel blisters.

    c. An analgesic is helpful for pain. (See drug index)

2. Third degree burns:

    a. Leave burn untouched except for sterile dressing to keep air from reaching wound.

    b. Do not remove bits of charred material or apply any type of medication.

    c. Do not elevate area and do not use analgesics.

    d. Seek medical attention immediately.

When to see a Doctor:

1. Any burn on face or hands.

2. Any burn greater than the size of 2 hands of the person burned.

3. Any burn on child 2 years or younger.

4. Any burn with increasing pain after first day, infection, foul odour, or increasing redness around burn.

5. Any third degree burns.

Chemical Burns

Caused by contact of skin with poisons and chemical solutions. Most commonly caused by acids (i.e. batteries).

Treatment:

1. Immediately drench the skin for 5 minutes with running water. Rapid washing (and in some cases removal of clothing) reduces the degree of chemical injury and chemical absorption.

2. Cover with loosely applied clean cloth. Do not apply any ointments, greases, powders, or drugs in any form.

3. If necessary, treat the victim for shock. Keep the patient warm.

When to see a Doctor:

Immediate emergency attention should be sought.

Sunburn

Sunburn results from overexposure to ultraviolet (UV) rays. These rays typically come from the sun (even through the clouds) or from sun lamps. The best protection for sunburn is sunscreen – a chemical that blocks UV rays from getting to your skin. You can also help prevent sunburn by slowly acclimating yourself to the sun by slowly increasing your exposure to the sun over a period of days or weeks.

Treatment:

1. The best treatment is prevention – don't overdo staying out in the sun.
2. Apply cold or ice water compresses as soon as sunburn is detected.
3. Drink plenty of fluids.
4. Take aspirin or Motrin.
5. Apply topical anaesthetic medications if little or no possibility of allergic reaction exists.
6. If blisters develop, follow the treatment for blisters.

When to see a Doctor:

1. If vomiting occurs.

2. If dizziness is present.

Bites/Stings

Bites - Animal

The most common animal bite is a dog bite but bites also can be by cats, squirrels, rats, chipmunks, bats, raccoons, and mice.

Treatment:

If the animal is a household pet and you are absolutely sure it has had its rabies vaccination within the past year, you do not need to see a doctor. Treat the injury as follows.

1. Meticulously clean with soap and warm water.
2. Apply a thin layer of antiseptic or antibiotic ointment. (See drug index)
3. Cover with a dry sterile dressing or band-aid.

When to see a Doctor:

1. If the bite was caused by a wild animal, an animal unknown to the victim, or if rabies vaccination is unknown.

2. If bleeding can't be stopped with direct pressure.

3. If wound becomes red, swollen, or any kind of drainage is coming from the wound.

4. You have been bitten on the hands or feet.

5. If your last tetanus shot was longer than five years ago.

Bites - Human

Occur most frequently in young. Infection can be a complication in the TREATMENT of a human bite and in fact is the most common bite to become infected.

Treatment:

1. If the skin is not broken, wash with soap and copious amounts of water.

2. If skin is broken or blood appears, clean the wound with soap and copious amounts of water, and wipe away from the wound.

3. Apply a thin film of antiseptic or antibiotic ointment to the wound. (See drug index)

4. Cover with a dry sterile dressing or band-aid.

When to see a Doctor:

1. If wound becomes red, swollen, or any kind of drainage is coming from the wound.

2. If your last tetanus shot was longer than five years ago.

3. You have been bitten on the hands or feet.

4. Anytime the skin is broken.

Bites and Stings - Insect

Biting insects have antennae that detect lactic acid, carbon dioxide, and other volatile compounds that humans and animals give off in their breath and from their skin. Mosquitoes are so sensitive to these chemicals that they can detect a potential meal from as far away as 100 feet! Insect repellents appear to work by blocking the stimulation of these receptors, preventing insects from homing in on their source. Most insect bites or stings are minor and do not require a doctor's attention. Some people have allergic reactions to stings that can result in the appearance of hives. These people can be treated with antihistamines like Benadryl. In rare cases a more severe, life-threatening reaction called anaphylaxis can occur. Treatment for this reaction is with epinephrine – administered in the field with an epi-pen.

Treatment:

If only minor discomfort exists:

1. Apply ice packs to the bite or sting.

2. Remove stinger if possible.

3. Apply paste of water and meat tenderizer. This dissolves the venom injected.

4. If necessary, take an analgesic (i.e. Tylenol) and apply calamine lotion.

5. Do not scratch.

When to see a Doctor:

1. If the person faints or has trouble breathing, this constitutes a medical emergency, and the patient should be taken to the nearest emergency room or an ambulance should be called immediately.

2. If the swelling is not localized, that is, if it spreads beyond the boundaries of a major joint such as the knee, hip, shoulder, elbow, or wrist, a doctor should be notified.

3. If the bite or sting becomes infected.

Stings - Jellyfish

Although jellyfish look harmless, they are in fact very efficient predators. They are able to stun or kill their prey with stinging cells in their tentacles. Each of these cells contains a tiny harpoon called a nematocyst that when triggered by touch or chemicals not only shoots into the prey, but causes the other cells in the area to activate as well. A toxin is also released which produces a burning pain, skin rash, muscular cramps, nausea and vomiting.

Treatment:

1. Wipe area immediately with vinegar or rubbing alcohol.
2. Analgesic (i.e. Tylenol) may be taken for pain.
3. Apply a paste of water and meat tenderizer. The meat tenderizer will break down the proteins that are in the jellyfish toxin.
4. Do not rub with sand.

When to see a Doctor:

1. If breathing becomes difficult or victim becomes drowsy or faints, seek medical attention immediately.

2. If redness, swelling, or drainage of pus or other discharge develops.

Nosebleed

Nosebleeds: Sit quietly with head tilted back. If bleeding continues, gently blow nose to remove any clots, then place a piece of moist cotton in the nose and firmly press on outside of nostril. When bleeding stops you should leave the cotton in place for a short time longer.

Splinters

Wash area with hot, soapy water. Sterilize tweezers and/or needle by holding in a flame until they glow. If sliver is still partially sticking out, use tweezers only. If just below the skin, gently work out with a needle. If it is in too deep for quick removal, see a professional.

Fainting

To prevent fainting, have person sit down, put head between knees and breathe deeply. If someone has fainted, place victim on his or her back. Try to get their head lower than the rest of their body and put a cold cloth on their forehead and face. Loosen all tight clothing.

Eye Injuries

If you believe the eye has received a scratch or cut, see a doctor immediately. If it is simply irritated from having a small, foreign object in it, flush it out with warm water while having head back. The person should actually be lying down as water is being poured into the eye, while having the eyelid pulled away from eyeball.

Common Backcountry First Aid

Blisters

Blisters are small bubbles that occur underneath your skin as a result of rubbing or minor burns. Blisters that are formed from rubbing typically are “hot spots” prior to becoming blisters and can be treated by covering with moleskin. However, once a blister forms, your treatment changes. To prevent blisters, reduce friction by wearing gloves or socks. Always stop at the first sign of a hot spot!

Treatment:

1. If at all possible, do not break a blister. Take a piece of moleskin and cut a hole in it so that the blister is surrounded but not covered by it. Place this moleskin around the blister and cover. If the blister must be drained, punch a hole in the base of the blister with a sterile needle. Do not remove the skin – it is still protecting the area.
2. If the blister breaks it is an open wound and should be treated as such:
    a. Clean with soap and warm water, wiping away from the wound.
    b. Soak in warm water for 15 minutes, three times daily.
    c. Apply an antiseptic or antibiotic ointment.
    d. Keep a sterile dry dressing or band-aid over the exposed skin.
    e. Keep pressure off the area.

When to see a Doctor:

If any of the following develops: redness, swelling, or infection.

Chafing

You’ve hiked the first 10 miles of your 50 miler and the skin around the seams of your clothing, your inner thighs, shoulder harness and hip-belt are all starting to burn. The friction from your walking has combined with the humidity resulting in chafing. Chafing is most common under your arm around your armpits, under backpack straps, the inner thighs, and on your feet (where if left untreated will form blisters). Chafed areas are hotspots that should not be ignored! Chafed areas hurt!! Chafing usually occurs because of poorly fitting equipment or clothing. Always check for proper fit. Make sure your clothing and pack are the right sizes. If you chafe at a certain strap line, it could be because your shirt is too baggy or your pack doesn't fit. If adjusting the fit doesn't work, add padding, such as foam pieces, to your shoulder straps.

Wear synthetic fabrics. Clothing that wicks moisture away from the skin significantly reduces chafing. If your inner thighs chafe, try wearing spandex bicycle tights. Wear a pair of hiking shorts over the spandex if you're shy.

Plan for rough spots. If you chafe in a particular place, slather on a lubricant such as petroleum jelly before the rubbing starts. Keep the lube tube handy while you're hiking so you can reapply at the first sign of a hot spot.

Heat Exhaustion (hyperthermia)

Heat exhaustion is a heat injury caused by dehydration. The signs of heat exhaustion include paleness, dizziness, nausea, vomiting, fainting, and a moderately increased body temperature (101-102 degrees F). Heat exhaustion occurs when your body can no longer dissipate extra heat through sweating. Sweating, and the associated evaporation of sweat, is how your body cools itself. Your blood is sent to the skin where it heats the sweat, causing it to evaporate and thus cool the blood. If you do not sweat enough, you cannot get rid of extra heat well. Humidity affects sweating. If the air is humid, it's harder for your sweat to evaporate.

The best fluid to drink when you are sweating is water. "Sport drinks" such as Gatorade® are fine, too, but water is best.

It's also important to be sensible about how much you exert yourself in hot weather. The hotter and more humid it is, the harder it will be for you to get rid of excess heat. The clothing you wear makes a difference too: the less clothing you have on, and the lighter that clothing is, the easier you can cool off.

Treatment:

1. Rest and water
2. If necessary, ice packs and a cool environment (a fan helps!).

When to see a Doctor:

If vomiting occurs. More severely exhausted patients may need IV fluids, especially if vomiting keeps them from drinking enough.

Heat Stroke

If your child has these symptoms, call your doctor or EMS immediately. Heat stroke is a medical emergency!

Heat stroke is the most severe form of heat illness. If the weather is hot enough it can occur even in people who are not exercising. These people have warm, flushed skin, and do not sweat. Athletes who have heat stroke after vigorous exercise in hot weather, though, may still be sweating considerably. Whether exercise-related or not, though, *a person with heat stroke usually has a very high temperature (106 degrees F or higher), and may be delirious, unconscious, or having seizures.*

Treatment:

1. Reduce their temperature quickly, often with ice packs.
2. Administer IV fluids for re-hydration
3. Take to the hospital as quickly as possible (EMS is appropriate here), and may have to stay in the hospital for observation since many different body organs can fail in heat stroke.

When to see a Doctor:

Always.

Hypothermia

A drop in the body's core temperature below 98.6^{o} causes hypothermia. Hypothermia is brought on by exposure to conditions that cause the body to lose heat faster than it can generate it. Cold, wind, and water are the three major contributing factors of hypothermia. A cold environment forces the body to work harder to maintain its temperature.

Cold air, water, and snow all draw heat from the body. Wind chill causes heat loss due to convection. Water, whether on the skin or on the clothes, greatly increases convectional heat loss and evaporative heat loss. Water and wind can combine to cause *deadly* heat loss due to evaporation and convection.

Hypothermia can occur at any time – not just in freezing weather. It is very important to realize that given the right (or wrong) conditions and clothing, hypothermia can occur in temperatures in the 50's coupled with some rain and light wind. Backcountry travellers should carry clothing appropriate for all possible conditions. Be prepared for sudden weather changes, especially in the mountains. "Cotton kills" is a popular adage among campers and hikers and is especially true in inclement weather. Cotton t-shirts and jeans lose much of its insulation value when wet. Wool and polypropylene, on the other hand, retains much of its insulation value when wet. Wool socks, pants, and shirts should be the norm for backcountry travel. Polypropylene, which wicks moisture away from the skin, is the preferred base layer. Above all else, waterproof outerwear is essential in keeping the body dry and warm.

Identification:

Mild

1. Involuntary shivering occurs.
2. Can still walk and talk but cannot do complex motor functions (climbing, skiing).

Watch for the "-Umbles" - stumbles, mumbles, fumbles, and grumbles which show changes in motor co-ordination and levels of consciousness

Moderate:

1. Victim may appear dazed.
2. Slurred speech
3. Violent shivering
4. Loss of fine motor skills (cannot zip up jacket).
5. Acts irrationally.
6. Has an "I don't care" attitude.

Severe

1. Victim cannot walk
2. Curls into a foetal position to conserve heat.
3. Shivering occurs in waves – violent and then pausing.
4. Pupils dilate and pulse decreases.
5. Muscles become stiff.
6. Pale skin.

Treatment:

Proper treatment of hypothermia depends on its severity. When hypothermia strikes in the backcountry, emergency measures must be taken immediately. All hypothermia victims must be treated gently. Rough handling, shaking, or rubbing could cause cardiac arrest.

Mild

1. The victim should be encouraged to stay active.
2. Strip off wet clothes and replace them with warm, dry clothes.
3. Cover the victim's head.
4. Drink some warm (not hot), sugary fluids.

Moderate

1. Place the victim in a shelter as quickly as possible.
2. Strip off wet clothes and replace them with warm, dry clothes. Cover all extremities.
3. If possible, the victim should drink warm (not hot) sugary fluids.
4. Place warm objects such as water bottles next to the victim's groin, head, neck, and chest.
5. Evacuate to a hospital as soon as possible.

Severe

Patients in severe hypothermia are often mistaken for dead. Heartbeat, pulse, and respiration may not be apparent. Severely hypothermic patients must be treated very gently. Cold clothing should be cut away and replaced with warm, dry clothing. No attempt should be made to re-warm the victim until he/she has been evacuated to a warm and dry shelter - preferably a medical facility. CPR should be administered if possible.

Hope should not be lost; hypothermia is an amazing self-preservation technique of the human body. Severely hypothermic victims have been brought back to consciousness hours after losing all signs of life.

When to see a Doctor:

If moderate or severe hypothermia has occurred.

Ankle Sprains

ANKLE SPRAINS are one of the most common injuries in sport. They occur when the ankle ligaments are stretched or torn as the ankle is twisted. Depending on the amount of ligament damage, a sprain can be either mild, moderate or severe. Ankle sprains are usually associated with pain, swelling and bruising.

Treatment for an ankle sprain involves R.I.C.E. Rest, Ice application to decrease swelling, Compression and Elevation.

Treatment:

Rest

Less severe injuries may be rested by merely avoiding any activities that use the affected body part. Immobilize the injured area for 2-3 days following the injury. Wraps, tape, splints, casts, canes and crutches can all help keep an injury immobilized.

Ice

Ice decreases swelling, bleeding, spasm, pain and inflammation and should be applied within the first 24-72 hours after injury. Swelling prevents oxygen from reaching damaged tissues, causing even more damage. Pain is relieved directly by its effect on pain receptors and indirectly by a decrease in swelling.

The amount of fat between the skin and the injured area and the depth of the injury determines how long you apply ice. Apply ice for a minimum of 10 minutes in low fat areas and up to 20-30 minutes in other areas. Be careful. Icing an area for too long can cause tissue damage.

Two to three daily treatments for tendonitis-type conditions or superficial muscle strains. Depending on the severity of the injury, ice can be applied every 1-1 1/2 hrs.

Apply hot packs or hot towels to the area once the bleeding and swelling has subsided. Heat increases blood flow and the "stretch ability" of tissues, decreases pain, muscle spasm, and joint stiffness, as well as promotes soft tissue repair.

Compression

For an acute injury, immediate compression is important. Direct external pressure applied to the injured area will help decrease haemorrhage and bleeding.

Elevation

Elevation also helps reduce internal bleeding and swelling. The injured area should be elevated above the level of the heart. This will decrease the bleeding and prevent the pooling of fluids in the injured area. This is especially important at night.

When to see a Doctor:

It's usually a good idea to have your doctor take an x-ray to make certain that you haven't broken a bone.

EMERGENCY LIFESAVING

THIS IS AN OVERVIEW OF THE TECHNIQUES USED IN EMERGENCY LIFESAVING. THIS IN NO WAY CAN BE USED TO CERTIFY A PERSON IN THE EMERGENCY PROCEDURES. PLEASE TAKE THE TIME TO GET CERTIFIED. YOU MAY SAVE SOMEONE'S LIFE!!

Each year many people in the UK have heart attacks. One third of these people will die. Most victims will die before ever reaching a hospital. But some survive because a bystander has been trained in CPR and first aid.

Rescuers, citizens like you, can play a vital role in helping to save someone's life! The following information is just an outline of what you should do in case of an emergency. It is very important that you follow up on this information and get certified in CPR and emergency first aid. The Red Cross or St John's Ambulance are good places to start.

How to deal with an Emergency

There are four steps that you should follow in dealing with an emergency:

1. Survey the scene.
2. Do a primary survey of the victim.
3. Phone 999 for help or find someone to phone for help.
4. Do a secondary survey of the victim.

It is important to follow these steps in an emergency situation so that you don't do anything that will affect your personal safety!

Rescue Breathing

A respiratory emergency occurs when a person's normal breathing stops or is reduced to the point that a person can't get enough oxygen to stay alive. Rescue breathing works because the air you breathe into the victim contains more than enough oxygen to keep that person alive.

The following are the primary steps (ABCs) used in rescue breathing:

1. Survey the scene.
2. Check for unresponsiveness.
3. Shout for help.
4. Position the victim on his/her back.
5. Open the airway.
6. Check for breathlessness (look, listen, feel for breathing).
7. Give two full breaths.
8. Check for pulse. If the person has a pulse, but still not breathing, then begin rescue breathing.
    a. Keep the airway open.
    b. Give one breath every five seconds.
    c. Between breaths, look, listen and feel for signs of victim breathing.

9. Recheck pulse.

You should continue rescue breathing until:

1. The victim begins to breathe on his or her own.

2. Another trained rescuer takes over.

3. Emergency medical personnel arrive and take over.

4. You are too exhausted to continue.

Choking

About 3,000 people will choke to death this year. Choking is sometimes mistaken for a heart attack. It is important to be able to recognize that there is an airway obstruction and what you should do.

If the person is able to cough forcefully on his/her own, do not interfere with their attempts to cough up the object.

If the person has a weak, ineffective cough, or makes a high-pitched noise while breathing or cannot speak, cough or breathe, then you should take the following steps:

1. Ask the person if they are choking. Can you breathe? Can you speak? Attempt to find someone close by and ask him or her to call 999.

2. Perform the Heimlich manoeuvre (abdominal thrusts) conscious victim.

    a. Stand behind the victim and wrap your arms around their waist. Make a fist with one hand. Place the thumb side of your fist against the middle of the victim's stomach, just above the naval and well below the lower tip of the breastbone.

    b. Grasp your fist with your other hand. Keeping your elbows out from the victim, press your fist into the person's stomach with a quick upward thrust. Be sure that you fist is directly on the midline of the stomach when you press. DO NOT direct thrusts to the left or right.

    c. Repeat the thrusts until the obstruction is dislodged or until the person becomes unconscious.

3. Chest thrusts on a conscious victim. If the victim is pregnant or obese you should use the chest thrusts.

    a. With the person either standing or sitting, stand behind them and place your arms under the victim's armpits and around the chest. Place the thumb side of your fist on the middle of the breastbone. Be sure that your fist is centred right on the breastbone and not on the ribs. Also make sure that your fist is not near the tip of the breastbone.

    b. Grasp your fist with your other hand and give backward thrusts.

    c. Give thrusts until the obstruction is cleared or until the victim loses consciousness.

4. Unconscious choking victim.

a. Roll victim onto their back

b. Straddle the victim's thighs.

c. Place the heel of the hand against the middle of the victim's stomach, just above the navel and well below the lower tip of the breastbone. Place the other hand directly on top of the first hand with your fingers pointed toward the victim's head.

d. Press into the stomach with a quick upward thrust. Give 6 to 10 thrusts. Be sure that your hands are directly on the midline of the abdomen.

e. Move from the straddle position and kneel beside the victim's head. Keeping the victim's face up, open the mouth and grasp both the tongue and the lower jaw between the thumb and fingers of the hand nearest the victim's legs. Lift the jaw.

f. Slide the index finger of your other hand into the mouth and down along the inside of the cheek and deep into the throat to the base of the tongue. Using a hooking action to dislodge the object and move into the mouth for removal. Be careful not to force the object deeper into the airway.

g. You can also use the chest thrust method as described in the above section.

h. Repeat until the obstruction is cleared or EMS arrive and take over.

Heart Attack

The most significant signal of a heart attack is chest discomfort or pain. It can be described as uncomfortable pressure, squeezing, a fullness or tightness, aching, crushing, constricting, oppressive or heavy. The pain may be felt in the centre of the chest, one or both arms, or the neck, jaw or back.

In addition to chest pain there may other signals, including:

1. Sweating

2. Nausea

3. Shortness of Breath

A key factor in whether or not a victim will survive a heart attack is how quickly he/she receives advanced care. It is very important that you call 911 immediately.

1. Recognize the signals of a heart attack and take action.

2. Have the victim stop what he/she is doing and sit or lie down in a comfortable position.

Do not let the victim move around.

3. You phone or have someone phone 911. If you have someone else phone, look directly at them and say "you phone 911".

Cardiopulmonary Resuscitation (CPR)

CPR is a combination of chest compressions and rescue breathing. When you give CPR, you do chest compressions and rescue breathing together. This supplies oxygen to the victim's blood and moves the blood through the body to supply the cells with oxygen.

In order to find out if a person needs CPR, you begin with the primary check (ABCs) as you do for rescue breathing.

1. Check for unresponsiveness.

2. Shout for help.

3. Position the victim on his/her back.

4. Open airway.

5. Look, listen, and feel for breathing.

7. Check the carotid pulse.

8. Have someone phone 999 for help.

If there is no pulse, you will have to begin CPR. It is important that you check the carotid pulse for 5 to 10 seconds before starting CPR because it is dangerous to perform chest compressions if the heart is beating.

1. Kneel facing the victim's chest.

2. Using the hand nearest the victim, find the lower edge of the rib cage on the side closest to you. Run your fingers up the edge of the rib cage to the "notch" where the ribs meet the breastbone in the centre of the lower chest.

3. Place the heel of your other hand on the breastbone on the "notch". Your hand should rest along the length of the breastbone.

4. Place the heel of your free hand directly on top of the hand on the victim's breastbone.

5. Keep your fingers off the victim's chest. To do this you may interlace them or hold them upward.

The position of your body is very important when giving compressions. While keeping your hands in the correct position, straighten your arms and lock your elbows so that your shoulders are directly over your hands.

1. When you compress, push with your body weight not your arm muscles. Push straight down. Do not rock.

2. Each compression should push the breastbone down 11/2 to 2 inches. The downward and upward movement should be smooth. Maintain a steady rhythm and do not pause between compressions.

3. Give compressions at the rate of 80 to 100 per minute.

4. If your hands lose contact with the chest, you should reposition them before starting compressions again.

When you give CPR, you will do cycles of 15 compressions and 2 breaths. In each cycle you will give 15 compressions and then open the airway and give two full breaths. Count your compressions in the following manner, “one and two and three, etc”. Push down as you say the number and come up as you say and. This will help you keep the rhythm steady and make sure that you do the correct number of compressions. The complete cycle of compressions and breaths should take from 11 to 14 seconds.

Recheck the pulse after doing four cycles of compressions and breaths. Do this after giving the two breaths at the end of the fourth cycle. If there is no pulse, give two breaths and continue CPR. Repeat pulse check every few minutes.

If you do find a pulse, check for breathing. If breathing is present, keep the airway open and monitor the victim closely. If there is no breathing, perform rescue breathing and keep checking the pulse.

You should continue CPR until one of the following happens:

1. The heart starts beating again and the victim is breathing.
2. A second trained rescuer takes over for you.
3. EMS personnel arrive and take over.
4. You are too exhausted to continue.

The next section contains resources and necessary numbers to schedule a training session for yourself or your group. Please take the time to participate in the training.

First Aid Kits

Keep a first aid kit in your home and your car, recreational vehicle, boat and anywhere else an emergency situation might happen. You can make your own effective first-aid kit with inexpensive materials and items from your home. The following items are suggested for various types of first-aid kits:

Home First Aid Kit

1 First Aid guide
4 pair latex protective gloves
1 mouth-to-mouth barrier
24 acetaminophen (Tylenol)
24 ibuprofen (Advil)
8 Actifed tablets (decongestant)
8 Dramamine (nausea)
8 Bonine tablets (nausea)
8 Mylanta (antacid)
8 Benadryl 25 mg capsule
1 tube Triple Antibiotic Ointment
25 Band-Aid strips
8 knuckle bandages
1 1" roller bandage
1 2" roller bandage
1 Ace wrap bandage
5 4"x4" gauze pads
5 2"x2" gauze pads
1 2" gauze roll
1 roll 1/2" adhesive tape
16 cotton swabs/cotton balls
1 container liquid soap
5 antiseptic towelettes
1 eyewash
2 eye pads
1 bottle calamine lotion
1 cold pack
4 burn ointment
1 elastic support bandage
1 pair scissors
4 large safety pins
1 pair tweezers

Hiker First Aid Kit

To handle minor ailments such as blisters, small cuts and abrasions, allergies, tick penetration and insect stings.

1 pair latex protective gloves
1 mouth-to-mouth barrier
8 acetaminophen (Tylenol)
8 ibuprofen (Advil)
4 Actifed tablets (decongestant)
4 Dramamine (nausea)
4 Bonine tablets (nausea)
4 Benadryl 25 mg capsule
1 bottle Sting-Eze
1 bottle Murine or Visine
2 pkts triple antibiotic ointment
6 “butterfly” closures
2 knuckle bandages
2 1" x 3" fabric bandages
2 3" x 3" sterile gauze pads
2 4"x4" gauze pads
2 2"x2" gauze pads
1 2" gauze roll
1 roll 1/2" adhesive tape
3 antiseptic towelettes
1 1/2" x 10 yds adhesive tape
1 tube Lotrimin or Mycelex
1 2" x 3" moleskin
1 3" x 5 yds conforming gauze
1 pair tweezers
2 safety pins

Ultralight First Aid Kit

4 pair latex protective gloves
4 acetaminophen (Tylenol)
4 ibuprofen (Advil)
2 Benadryl 25 mg capsule
1 bottle Sting-Eze
1 bottle Murine or Visine
2 pkts triple antibiotic ointment
6 “butterfly” closures
2 Spenco 2nd skin 3"x13"
2 Spenco knit bandage 5"x6"
2 2"x2" Gauze Pads
1 2" Gauze Roll
1 1" Roller Bandage
1 roll 1/2" adhesive tape
3 antiseptic towelettes
1 2" x 3" moleskin