

Webelos Readyman
Chief Okemos Council
Lansing, Michigan

Introduction

The Readyman Activity Badge teaches Webelos first aid skills that they will be able to use for the remainder of their life. As they progress through the ranks of Boy Scouting, these same skills will be covered in greater depth and additional skills will be added to this foundation.

Mastery of these skills is equally important for the Webelos Den Leader, Assistant Den Leader and Den Chief. Many of you may already feel comfortable with these requirements and that is great. For other leaders, you are joining your scouts in this introduction. This is nothing to be feared. Take as much time as you like since there are no time requirements for completion of Readyman or any of the first aid activities in Cub Scouting.

Inventory, and try to fully use, your resources. Are any of the parents or leaders in your Pack or Den involved in first aid related activities such as a Paramedic, Emergency Medical Technician (EMT), Medical First Responder (MFR), National Ski Patrolter (NSP), Registered Nurse (RN), Licensed Practical Nurse (LPN), First Aid/CPR instructor, or other emergency services? They might be able to assist you in planning and/or presenting the sessions. This might be a good opportunity to work with the Boy Scout troops in your area, either to answer your questions or, better yet, to request their assistance with the presentation. Take advantage of first aid and CPR courses offered through organizations in your community.

When planning your sessions, remember that *the skills need to be taught at the level of the current edition of the Cub Scout Webelos Handbook. Exceptions (standards that have changed since the last revision of the handbook) will be specifically noted in the following material and are included to comply with the most recent (December 2005) Emergency Cardiac Care Conference Guidelines published in JAMA and in the American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.* Scouts should not be taught higher level skills unless they are taking part in another certified course. As the Webelos Den Leader, if you choose to use an outside presenter, ensure that the presenter is familiar with these Cub Scouting first aid standards. In our current liability conscious society, you or your scouts may someday need to be able to produce the written reference showing where or how a specific skill was learned. This cannot be done if the Cubs have been convinced they can do all of the things described in the “war story” told by the medical professional or paraprofessional helping them with Readyman skills.

The Readyman section of the Cub Scout Webelos Handbook is well written. This document is designed to provide additional information, corrections, clarification, and suggestions to assist the den leader or presenter.

Getting Ready for Readyman

Prior to the first Den Meeting where Readyman skills are covered, all scouts should have become familiar with the material in the Cub Scout Webelos Handbook. If all scouts are good readers, this is easy. Otherwise, enlist the help of parents, other scouts, Den chiefs, or anyone else that can help the scout with reading and understanding the material. This should not be done in a manner that will embarrass a poor reader.

BALOO'S BUGLE at www.cubmaster.org/index.asp contains a wealth of information including, but certainly not limited to, suggestions for the Readyman Activity Badge. Evaluate the ideas carefully when determining what to use with your den. Many of the suggestions are good and can easily be incorporated into the following material. Avoid activities that will be viewed primarily as a game, with little or no actual learning. Some issues in BALOO'S BUGLE include well written quizzes, but scouts see enough testing in school and I hate to risk Readyman being viewed in this manner. One suggestion would be to use the test questions orally as discussion points or to evaluate if important ideas have been mastered. Be careful with suggestions that might result in injury, such as the Fireman's Relay. One last caution – ensure material used is current.

Teaching Ideas

Group Discussion: “Round Robin” is the name I have given a style that works well and gives all scouts equal opportunity for input, bringing out the quiet while keeping the talker from dominating the discussion. We sit together in a circular group and I offer the topic. We go around the circle and each scout is allowed to offer one point that relates to the topic. It works best if you allow them to freely mix related information, such as symptoms and treatments. If a scout has nothing to offer, they can pass. This continues until either all major points have been covered or the scouts have exhausted all topic related ideas. At that point, I provide a summary, reinforcing the major points and discussing any concept that may have been missed. If needed, immediately clarify or reinforce a scout's contribution to the discussion. “War stories” are usually either not allowed or greatly limited.

Role Playing: Have the scouts take turns acting out a situation and have the other scouts identify the situation being portrayed. The role playing scout can then lead the related discussion, limiting adult participation to the final summary and keeping the proceedings on track.

Focused skill practice: Initiate the practice session with a demonstration of the skill, accompanied by a verbal description of major points/pitfalls. The scouts should be allowed ample time to practice the skill, assisting them only as needed. Scouts that easily complete the skill should be encouraged to assist others. Watch closely to ensure a skill is learned correctly.

Simulations: Create realistic situations for the scouts to treat, allowing the scouts to problem solve. Each situation should include multiple Readyman skills, such as a scout wearing a bike helmet, a diabetic tag, and makeup simulating an abrasion on the knee. Simulations work best when the scouts can relate to the situation. Be sure to include appropriate props, such as the

bicycle, a (plastic) snake, chunks of Plexiglas (available from a hardware store often *free!*), plastic wounds, rubber band gun, or a plastic toy knife. (See Appendix I for examples)



Make-up increases the realism. Plastic wounds, make-up, and fake blood are available in places such as Halloween USA, Meijer's, and Wal-Mart. Eye shadow, lip stick, blush, and other regular make up can also be used. A little white makeup applied to the face, with a touch of blue on the lips and around the eyes, makes a person look like they are in shock. Blue and red can be combined to make realistic looking bruises.



Plastic laceration with fake blood and knife



Red and white makeup with small blobs of Vaseline covered with Kleenex to form blisters.

Water applied with a spray bottle creates sweat to help simulate shock.



Commercial or theatrical “blood” does not stain as much as food coloring, but it may be harder to acquire at some times of the year. Clear/white liquid soap or light Karo syrup can be colored with red and a drop or two of blue food coloring to create a realistic appearing “blood”. Ketchup and tomato juice are not good choices due to the risk of food allergies.

Do not expect the scouts to recognize moistening an area with water as a bleeding wound.

Preparation: Again, the following discussion assumes the presenter and the scouts have all read the Readyman material in the Webelos Handbook.

Readyman Requirements

1. The Courage Character Connection

a. Know: Define the importance of each courage step:

- ✓ Be Strong
- ✓ Be Calm
- ✓ Be Clear
- ✓ Be Careful

The “Round Robin” format works well for discussing this requirement.

Explain how memorizing the courage steps will help you to be ready

- ✓ Have the scouts recite the steps together several times
- ✓ The steps can be written on a sticky note (Post-It Note) and posted in a visible place at home

b. Commit: Explain why it is hard to follow the courage steps in an emergency.

Be honest with the scouts - the times they need the Courage Connection the most will be the times it will be the hardest to do. Practice is important. Emphasize situations where the courage steps can be used.

c. Practice: Remind the scouts to include the courage steps in this requirement.

- ✓ Hand out slips with role play ideas. Ensure all scouts play a variety of different roles. Allow time for the scouts to create additional situations from their own lives, while holding back a few more ideas of your own-just in case they are needed.
- ✓ Give the scouts the freedom to create as they role play. The more they treat the situations as real, the greater the chance they will be able to incorporate the Courage Connection skills into their own lives.
- ✓ When a situation either begins to digress or seems to have run to a natural or appropriate conclusion, stop and assist the scouts in summarizing the effectiveness of their approach. Ask the scouts to define how the Courage Connection steps were

used. If the situation didn't go well, see if the scouts can think of a better approach and allow them to try again.

- ✓ None of the following suggestions are first aid related. The Courage Character Connection should be incorporated into all simulations used for the first aid requirements.

Suggestion (more ideas are available online or can be created by the scouts)

- ❖ A scout observes a bully that has taken something from a younger kid and will not return the item.
- ❖ A scout is at the mall with members of his sports team and one suggests they each try to shop lift a specific item.
- ❖ A scout forgot he had a test and did not study. It is easy to see the paper of a classmate that usually gets good grades.
- ❖ A scout observes two of his classmates copying the math homework belonging to another classmate.
- ❖ A bully is pushing you (the scout) around at school.
- ❖ Your big brother/sister is driving you home and you (the scout) know they were speeding/driving in an unsafe manner.

2. What is first aid?

- a. Encourage the scouts to discuss how the courage steps relate to first aid.
- b. Open the discussion with the scouts' **definition of first aid**, using a round robin format. Summarize the discussion with the definition: *First aid is what you do immediately, whether for a small scrape or for a life threatening injury.*

What to Do After an Accident, discussion points of emphasis:

- a. Make sure someone is getting medical help by calling 911 or the local emergency number.
- b. A primary rule in first aid is not to create further harm. "Doing something" must be purposeful and not done in a panic. I tell scouts they are allowed a 5 second panic, during which they do nothing, and then they should begin to provide appropriate treatment.
- c. Moving people should only be done for safety issues, and then move the person only as far as necessary. If the safety issue is a very hot or cold surface, it may be enough to roll the person and place a barrier under them.
- d. Remember, "Hurry Cases" (No Breathing, Severe Bleeding, Poisoning, and Heart Attack or Stroke) and "Shock" are separate Readyman requirements.

3. How to Get Help

- a. Prior to this session, determine which calls should be made directly to 911 in your community.
- b. Assist the scouts in creating a list of emergency numbers to be posted in their home and wallet cards to be carried by all family members. Discuss with them the need to use the best number for each situation.
- c. Have the scouts role play calling for help, remembering the "three Ws": Who? What? and Where? Ensure every scout includes the step of having the "agency" end the call prior to the scout hanging up the phone.

4. Heimlich maneuver – Conscious Obstructed Airway

- a. Emphasize that this procedure should only be used on *conscious* people.
- b. Do not slap a person on the back if he has an effective cough. Do observe and be ready to assist if they lose the ability to speak.
- c. Ask “*Are you choking?*” If the person is unable to cough, speak or breath, help is needed. Have someone *call 9-1-1. Initiate the Conscious Obstructed Airway Procedures.* You should teach this skill based upon current guidelines from either the American Heart Association or the American Red Cross.
- d. *Abdominal Thrusts* and the Heimlich Maneuver are the same skill. The Webelos Handbook gives a good description of the correct way to perform Abdominal Thrusts on pages 379-380.
- e. *Give chest thrusts instead of abdominal thrusts to a choking person who is obviously pregnant or too big for you to reach around. Chest thrusts are performed in the middle of the breast bone (sternum) in exactly the same manner as performing CPR.*
Note: Abdominal thrusts, as described and shown in the illustration on page 380, have not been recommended for either conscious or unconscious choking victims since the 2000 ECCG Guidelines were implemented.

5. First Aid for Hurry Cases (**Note: There are MANY changes in this section!**)

a. Protective Measures

- ✓ Discuss-these protective measures should be followed with EVERYONE (including family and friends), not just those the scouts think might be at risk for disease transmission.
- ✓ Due to an increasing number of allergies, use only non-latex gloves with the scouts.
- ✓ Alcohol based waterless hand cleaners have proven to be effective and can be encouraged. Note: These products can be ignited and will burn.
- ✓ Discuss the concept that the outside of gloves is contaminated, whether or not blood is visible on them. You can emphasize this concept by having the scouts dip their gloved hands into something like chocolate syrup. Have them practice removing the gloves, ensuring the outside of the gloves does not touch their skin.





The chocolate will clearly show if they touched their unprotected skin or a “clean” area such as a table or counter. (If you do not know how to do this, have any health care practitioner show you ahead of time.)

- ✓ **Gloves are NOT a substitute for hand washing.**
- ✓ Have the scouts practice first aid skills while wearing gloves. Wearing gloves not only emphasizes their importance, but also allows the scouts to adjust to the change in sensation and coordination.

b. Serious Bleeding

- ✓ Scouts can be given a visual idea of the amount of blood loss through the use of pre-measured volumes of water. I like to color it red with a few drops of food coloring. Using two liter (1000 ml) bottles of water pour one on a hard surface and the other on sand, gravel, grass or snow. This can be done with the scouts watching or out of their view. If they have not seen the containers, you could then ask them to estimate the amount of “blood loss” or which area contains the greater amount of blood. Note: A normal blood donation is 500 ml.
- ✓ Teach the scouts to fold a cravat (French for tie). Point out that a scout neckerchief can be used for this purpose. **DO NOT ALLOW THE SCOUTS TO ROLL OR WHIP THE BANDAGE INTO A CLOTH ROPE. THESE CAN RESULT IN TISSUE DAMAGE SIMILAR TO TYING A ROPE TIGHTLY AROUND AN ARM OR LEG.** Since the scouts may eventually see this done, I show them a “whip or cloth rope” and wrap it around an extremity like a bandage. Then I have them compare this to the same maneuver performed with a correctly folded cravat.





- ✓ Ideally, a first aid kit should always be available. Then there is the real world. Encourage the scouts to identify items they commonly have available that could be used for first aid. Beyond the normal towel or wash cloth, ideas include applying pressure to a bleeding wound with a wad of clothing. Strips of a shirt may be used as ties. A shirt can be folded up and pinned over an injured arm for an easy sling.
- ✓ An alternate way to present this concept is to present the scouts with a wide assortment of commonly available items (all of which have a potential use) and have them identify the ones that would NOT be used for first aid. As items are identified, discuss possible uses. After a few items, they usually begin to point out uses themselves.
- ✓ Have the scouts practice the steps for bleeding control. Emphasize the importance of pressing hard (direct pressure) over the wound. For minor wounds, direct pressure should be enough to stop the bleeding. For severe bleeding, the injured area may be elevated if it does not cause more pain.
- ✓ Direct pressure, with or without elevating the wound, should be enough to control bleeding. The use of pressure points is no longer included in first aid training for lay rescuers. Have the scouts cross out the illustrated instructions on the bottom of page 379 in their Webelos Handbook.



The preceding pictures show use of the knife handle for creation of a knife injury simulation. The final picture shows correct immobilization of the penetrating object and the beginning of the pressure dressing to control bleeding.

b. Stopped Breathing (and Unconscious Airway Obstruction)

This is a long section but the skills are similar and repetitive.

- ✓ In most instances, breathing can be checked without moving a person who is injured or ill from the position they were found. You can add one more way for the scouts to check for breathing to the list in the book: have the scouts place their hand gently on the chest to see if they feel it rise or fall. Have the scouts pair up and take turns checking their partner for breathing. Holding their breath is allowed.
- ✓ If the scouts are unable to detect normal breathing in 10 seconds or less, they should initiate the following procedures. Note: Rescue Breathing without chest compressions is no longer recommended for adults (Age 12 and older).
- ✓ Do not get hung up in deciding the exact age of a child before initiating care. Tell the scouts it is OK to follow the child procedure when caring for someone their size or smaller. Tell them to follow their first instinct because it is probably pretty accurate.
- ✓ If certification or more in-depth training is desired, classes can be obtained from the American Red Cross, the American Heart Association, or other local agencies.
- ✓ **Practice on a manikin is not mandatory for completion of Readyman. However, it really does help the scouts to master these skills.**

The following material replaces the entire section on Rescue Breathing in the Webelos Handbook (Page 373 – 374). It is excerpted from current ARC/Heart Association materials and is not intended to replace a certified first aid or CPR course.

Check for breathing – Adult (Age 12 or older)

- 1) Check the scene for safety, then tap the person on the shoulder and shout, “Are you okay?” If no response, CALL 9-1-1.
- 2) If the unconscious person is face-down, roll them face-up, supporting the head, neck, and back.
- 3) **Check for Breathing** by opening the airway (tilt the head and lift the chin) and checking for signs of life (movement and *normal* breathing) for no more than 10 seconds. Note: Irregular, gasping, or shallow breaths are **NOT normal breathing** and are not effective.
- 4) If normal breathing is **NOT** detected, give 2 rescue breaths. Tilt the head and lift the chin, pinch the nose shut, take a normal breath and make a complete seal over the person’s mouth, and blow in to make the chest rise. Each rescue breath should last about 1 second and should make the chest clearly rise. Longer breaths are not better.

- 5) If the breaths do NOT go in, initiate the Unconscious Choking Procedure.
- 6) If the breaths go in, initiate Adult CPR.
- 7) If normal breathing is detected, place the unconscious person in the Recovery Position. Continue to observe for normal breathing until the ambulance crew relieves you.

Unconscious Choking Procedure (Child and Adult)

- 1) Tilt the head further back and try 2 rescue breaths again.
- 2) If the chest does NOT rise, the breaths did not go in.
- 3) Give 30 chest compressions at a rate of about 100 per minute.
- 4) Look for an object in the mouth.
- 5) Remove object if one is seen.
- 6) Try 2 rescue breaths.
- 7) If the breaths do not go in, repeat steps 3 – 6. Continue to repeat these 4 steps until the object is removed or the breaths go in.
- 8) If the breaths go in, check for signs of life and give care based on your findings.
- 9) If they are not breathing, initiate CPR. Note: The lay rescuer (scouts) will not be taught rescue breathing without chest compressions for adults (Age 12 and older).
- 10) If they begin to breathe on their own, place them in the recovery position and observe them until help arrives.

Cardiopulmonary Resuscitation (CPR)

- 1) Give 30 chest compressions – compress chest 1½ - 2 inches.
- 2) The compression rate is about 100 per minute.
- 3) Give 2 rescue breaths
- 4) Repeat these two steps until you find a sign of life, you are too tired to continue, the scene becomes unsafe, or another trained responder takes over.

Check for Breathing-Children (Under 12)

- 1) Obtain consent from the parent or guardian, if present
- 2) Tap the shoulder and shout, “Are you OK?”
- 3) No response, CALL 9-1-1. ***If alone, give about 2 minutes of care, then call 9-1-1.***
- 4) Open the airway and check for signs of life (movement and breathing) for no more than 10 seconds.
- 5) If there is *no breathing*, give 2 rescue breaths.
- 6) If *breaths do not go in*, initiate Unconscious Choking Procedure.
- 7) If *breaths go in*, check for a pulse.
- 8) If there *is a pulse* but still *no breathing*, initiate Rescue Breathing.
- 9) If the child is breathing, place the child in Recovery Position.
- 10) If there is no pulse, perform CPR.

Rescue Breathing – Children (Under 12)

- 1) Pinch the nose shut.
- 2) Cover the child's mouth completely with yours.
- 3) Blow in until the chest rise. Each breath should last about 1 second.
- 4) After giving rescue breathing for about 2 minutes, recheck for signs of life, a pulse and breathing, taking no more than 10 seconds.
- 5) If there is still no breathing, but there is a pulse, continue rescue breathing.
- 6) If the pulse can not be found anymore, initiate CPR (Child)
- 7) If there is breathing, place the child in recovery position.

Recovery Position (Child and Adult)

- 1) Place unconscious people who are breathing on their side, with the bottom arm extended straight up supporting the head, the top arm bent with the hand tucked under the head on the opposite arm, and the top leg bent slightly. When finished, the person should be in a stable position on their side and fluids should be able to easily drain from their mouth. In the picture below the scout is in the process of placing his adult in the recovery position.
- 2) Monitor for changes in breathing.
- 3) The scouts can practice placing one another into recovery position.



CPR (Child)

- 1) Give 30 chest compressions – compress chest 1 - 1½ inches.
- 2) The compression rate is about 100 compressions per minute.
- 3) Give 2 rescue breaths
- 4) Repeat these two steps until you find a sign of life, you are too tired to continue, the scene becomes unsafe, or another trained responder takes over.
- 5) Note: The only difference in the child and adult CPR procedure is the depth of compressions.

d. Internal Poisoning

- ✓ The poison control number for the United States is (800)222-1222.
- ✓ When calling poison control, it is helpful if the scout has the poison container with them at the phone. However, do not delay calling if the container is not readily available.

e. Heart Attack

- ✓ The scouts should understand it is not their job to decide if a person is having a heart attack, especially when the patient is trying to convince everyone they are perfectly normal and nothing is happening. All of the listed signs do not have to be present for a person to be having a heart attack. The most important thing is for a person with any signs of a heart attack to be immediately transported by ambulance for medical help. This gives the patient the best chance of a full recovery.

6. Show how to treat for shock

- ✓ Have the scouts practice placing an “unconscious” partner on their side in the recovery position. See picture in previous section.

7. Show First Aid

- ✓ “Round Robin” discussion, Role Playing, or simulations will work well.
- ✓ Cuts and scratches: Per 2005 Guidelines, *wash wounds and abrasions with clean running water for 5 minutes or longer. Wash the wound until there are no signs of foreign matter. If running water is not available, use any source of clean water. If the wound is an abrasion or is superficial, apply an antibiotic ointment or cream.* Emphasize the length of time the wound should be washed while covering the material in the Webelos Handbook. Show the scouts how to apply antibiotic ointment or cream to the sterile/clean bandage or gauze, rather than directly onto the wound. This will prevent contaminating the remainder of the tube of antibiotic.



Wound drawn on with black then a small amount of blood is added for realism.



Red makeup creates a 1st degree burn.

- ✓ Burns and scalds: When a burn feels good in cold water but hurts when removed from the water, it still needs more cooling. Adequate cooling can decrease the chances of a first degree burn progressing into a second degree burn.
- ✓ Choking and the Heimlich maneuver are covered in Requirements 4 and 5.

- ✓ Blisters on the hand and foot: No additions to this section.
- ✓ Tick bites: Scouts should be aware that medical attention should be obtained if flu-like symptoms develop after a tick bite.
- ✓ Bites and stings of insects other than ticks: The edge of a telephone calling card, school ID, credit card or similar item can be used to scrape away the stinger after a bee or wasp sting.
- ✓ Both black widow and brown recluse spiders are common in Michigan. They like moist, dark areas, such as wood piles. Scouts should pick up pieces of campfire wood grasping from the top or ends, rather than sliding their fingers into the stack to grasp from the bottom.

Note to Adult Leaders: The following information is available to be taught to lay first aiders based upon the ECCCC 2005 guidelines: "First aid providers may help victims with asthma use an inhaler prescribed by a physician. First aid providers may help victims with a bad allergic (anaphylactic) reaction use a prescribed epinephrine auto-injector. The first aid provider may administer the epinephrine if the provider is trained to do so, the state law allows it, and the victim is unable to administer it. Why: Deaths from asthma are increasing and drugs in inhalers can reduce breathing difficulties from asthma. Epinephrine auto-injectors can lessen signs and symptoms of a bad allergic reaction. Asthma inhalers and the epinephrine auto-injector are unlikely to cause harm in someone with breathing difficulties from asthma or an allergic reaction and they may prevent life-threatening complications. The information is not currently in any of the Scouting Handbooks. My recommendation is to discuss this with parents of involved scouts. Know where they carry their inhaler and/or auto-injector, how they work, and if the parent wants you to assist with their administration. This information, including the parents care preferences, should be documented on the scout's health forms.

- ✓ Poisonous snakebite: Per 2005 guidelines, *the first aid provider should not try to put any suction on a snakebite. Applying suction has no benefit and may cause harm.* Explain this to the scouts and have them cross out item #5 on page 382 of their Webelos handbook.
- ✓ Nosebleed: Emphasize the proper position of leaning forward while pinching the nostrils. If anyone mentions leaning back, point out that the blood may not be seen, but it is going down the throat into the stomach. This can irritate the stomach and cause vomiting.
- ✓ Frostbite: Per 2005 Guidelines: *A frostbitten area should not be actively warmed if there is any chance of refreezing or if the victim is close to a medical facility.* Active warming involves application of a heat source such as immersion in warm water. Scouts should be encouraged to follow all other items discussed in their Webelos Handbook, especially measures intended to maintain body heat, such as removing wet clothing and wrapping in a blanket. Emphasize the need to protect and avoid re-freezing an area that has thawed while caring for the victim. Refreezing of tissue results in significantly greater tissue damage.
- ✓ Sunburn: No additions to this section.

8. Safe Swimming

Emphasize that these rules should apply to all swimming opportunities, not just those during scouting activities. For leaders, Safety Afloat and Safe Swim Defense are available on line at <http://www.scouting.org> .

Scouts are required to complete at least two of the following Readyman Skills, Requirements 9-15. I admit to finding more than two that I would love to make mandatory. I guess what I am trying to say is you must award the badge when the Readyman requirements have been completed, but it is acceptable to encourage the scouts to complete additional items.

9. Bicycle Safety

The picture in the book shows a correctly worn helmet. The most common mechanism for a life threatening injury is for the bike to suddenly stop and the bicyclist to fall forward over the handlebars, striking their forehead. It is common to see bicyclists wearing their helmets in a manner that leaves the entire forehead exposed and thus unprotected. Straps need to be adjusted so the helmet does not move around on the head, without being so tight that the wearer gets a choking sensation.



Incorrect position



Correct position



Correct position

Suggestion: Have a scout wear a helmet on the back of their head, discuss the mode of injury, and show how the forehead is not properly protected. Then show how wearing the helmet properly can make a difference.

Encourage all scouts to go home and ensure their helmets are properly adjusted.

10. Safety Equipment

A properly adjusted helmet (see above) will also protect the back of the head in the more common backward falls that occur with activities like skating and riding skateboards or scooters.

11. Home Fire Escape Plan

Encourage the scouts and their families to post their plan prominently at home.

12. First Aid Kits

The list provided is very good. Many good commercial kits are available, too. Be aware that most commercial kits contain some medications. I always go over the kits and ask

the scouts how specific items could be used. Since scouts should not be giving medications, I ask them to remove any that are in their personal kits and replace them with more Band-Aids. This is also a good opportunity to show them the manufacturer's expiration dates printed or embossed on many of the items such as topical antibiotics and the medications that were in the kits.

13. Danger Spots at Home

The list of page 233 is good. Encourage the scouts to think beyond the list in case their home has other safety issues.

14. Safety in a Car

Good suggestions in the book. These can be a discussion starting point for additional ideas, especially ways a driver can be distracted.

15. Attending a first aid demonstration

This would be a fun learning activity for the entire den. Suggest this idea to a troop preparing to assist with Arrow of Light requirement 4.

This document was developed by a long term first aid and CPR instructor as a Woodbadge Ticket item. If you have questions or comments you may contact the author, Cassandra Proctor, PO Box 117, St Johns, MI.

Appendix I

Simulated Bike Accident

Scene: A scout has been involved in a bike accident, sustaining a laceration on his arm that is bleeding freely.

Items needed:

1. Plastic wound or other means to create a visible “laceration”
2. “*Blood*” See the Simulation Section
3. Blue and white makeup to make the scout’s face pale.
4. Cravats for pressure bandages
5. Bulk dressings (non-sterile is fine)
6. Non-latex Gloves
7. Bicycle or other desired props to set the scene
8. Old clothes-do not risk staining uniforms or school clothes
9. Bike helmets
10. Floor protection – “Blood and other items may stain or damage floors. Use tarps or other floor protection when performing simulations inside.

Preparation: Select a scout or leader to do the treatment. Ensure the person is familiar with the following skills required for treating this situation.

1. Check scene for safety
2. Calling for help
3. Using protective equipment (gloves)
4. Caring for injury or injuries making sure that the injured scout is breathing, has a pulse, controlling severe bleeding and making certain that poisoning is not an issue. Care in this situation will be to control bleeding by using direct pressure and tying a pressure bandage on the wound and making certain that a call for help is made.

Set Up:

1. It is nice, but not absolutely necessary, to set this up outside.
2. Make up one scout to look like he has a cut on his arm that is bleeding. Apply a wound, make up and fake blood to make the situation as realistic as possible.
3. The scout playing the part of the injured biker should use a bicycle and helmet to portray a somewhat realistic situation. He should behave as realistically as possible while the situation is being run. If something that would increase the level of pain or aggravate the injury is done to him, he should react as if he is really being hurt.
4. Have the Webelos watch closely as the first aider performs all required treatment.

Practice: Teach bleeding control skills to the Webelos

1. Remind them that this is only practice but to do the skills as if it were real
2. Gloves - Emphasize that whenever possible, gloves should be worn and to always wash their hands after giving any form of first aid care. Have them practice taking gloves on and off. The object of the gloves is to protect the wearer from contamination.
3. Teach the scouts to fold a cravat
4. Bleeding control steps
 - a. Direct Pressure – press firmly on the wound with a sterile dressing or a clean cloth to help control bleeding. Use your hand if needed until a dressing/first aid kit becomes available
 - b. Elevation – while holding pressure on the wound raise the wound above the level of the heart to let gravity help reduce the bleeding
 - c. Pressure Point – if the wound continues to bleed apply pressure to the pressure point in either the arm or leg as appropriate
 - d. Pressure Bandage – once the bleeding is under control apply a pressure bandage to protect the wound. Remind the scouts that if the dressing becomes blood soaked simply apply an additional dressing and bandage securely in place without removing the first pressure dressing.

Additional Related Activities:

1. Bicycle Safety (See Readyman Requirement 9)
2. Helmet Use (See Readyman Requirements 9 and 10)

Appendix II

Simulated Carving / Knife Wound Accident

Scene: A scout has inadvertently cut the side of his hand and thumb while carving on a neckerchief slide, sustaining a laceration on his hand that is bleeding freely.

Items needed:

1. Makeup or plastic wound to simulate a visible “laceration”
2. “Blood” *See the Simulation Section*
3. Blue and white makeup if it is desired to make the scout look pale.
4. Cravats or roller bandages for pressure bandages
5. Bulk dressings (non-sterile is fine)
6. Non-latex Gloves
7. Knife and wood block to set scene
8. Old clothes-do not risk staining uniforms or school clothes
9. Bike helmets
10. Floor protection – “Blood and other items may stain or damage floors. Use tarps or other floor protection when performing simulations inside.

Preparation: Select a scout or leader to do the treatment. Ensure the person is familiar with the following skills required for treating this situation.

1. Check scene for safety
2. Calling for help
3. Using protective equipment (non-latex gloves)
4. Caring for injury or injuries making sure that the injured scout is breathing, has a pulse, controlling severe bleeding and making certain that poisoning is not an issue. Care in this situation will be to control bleeding by using direct pressure and tying a pressure bandage on the wound and making certain that a call for help is made.

Set Up:

1. It is nice, but not absolutely necessary, to set this up outside.
2. Make up one scout to look like he has a cut on his hand that is bleeding. Apply a wound, make up and fake blood to make the situation as realistic as possible.
3. The scout playing the part of the injured biker should use a bicycle and helmet to portray a somewhat realistic situation. He should behave as realistically as possible while the situation is being run. If something that would increase the level of pain or aggravate the injury is done to him, he should react as if he is really being hurt.
4. Have the Webelos watch closely as the first aider performs all required treatment.

Practice: Teach bleeding control skills to the Webelos

1. Remind them that this is only practice but to do the skills as if it were real
2. Gloves - Emphasize that whenever possible, non-latex gloves should be worn and to always wash their hands before and after giving any form of first aid care. Have them practice putting on gloves and taking them off correctly.
3. Teach the scouts to fold a cravat
4. Wound Care Steps
5. Put on gloves
6. Wash wound with anti-bacterial soap and running water for about five minutes – wound will likely continue to bleed during this time
7. Direct pressure to control bleeding – press firmly on the wound with a sterile dressing or the cleanest cloth you have available until the pack or den first aid kit becomes available.
8. Apply a triple antibiotic ointment to a sterile dressing and cover the wound.
9. Apply a pressure dressing using either a cravat or roller gauze
10. If wound bleeds through, apply additional dressing and bandage securely in place without removing the first pressure dressing.
11. If the wound will need to be stitched, or may have damaged either nerves, tendons, or ligaments, get into a medical facility as quickly as possible.