

# Health & Safety Update

Mountain Valley District Round Table (June, 2021)

## Key Reminders:

- **Annual Health & Medical Records**
  - Make sure you have up to date Annual Health & Medical Records!
  - You are required to have these with you on all outings
  - <https://www.scouting.org/health-and-safety/ahmr/>
- **Incident Reports:**
  - Make sure to file an incident report with BSA whenever an injury occurs at a scouting function regardless of its severity.
  - This includes incidents for youth, leaders and any parents in attendance
  - <https://www.scouting.org/health-and-safety/incident-report/>
- **Safe Use of Medication in Scouting**
  - Scouting has guidelines around medications. It's important to know what meds youth can keep and what you need to keep as the leader.
  - <https://www.scouting.org/health-and-safety/safety-moments/safe-use-of-medication-in-scouting/>

## Wilderness First Aid Requirement:

- BSA High Adventure Bases require WFA Trained Leaders (1 per trek | 2 for Philmont)
- BSA Strongly Recommends at least 1 WFA trained leader for unit outings in the wilderness (more than 1 hour from medical (EMS) care)
- <https://www.scouting.org/health-and-safety/training/wilderness-fa/>

## BSA recognizes Wilderness First Aid training (minimum 16-hour courses) from:

- **American Red Cross**
- **Emergency Care & Safety Institute (ECSI)** – *this is what our district offers*
- Providers accredited by the American Camp Association (ACA) under the ACA's standard "HW.2.2/ST.3.2 First Aid & Emergency Care Personnel".

## Liability Protection

- We rely on two things to help protect us from liability in Scouting: Scouting Policy & Good Samaritan Laws
- **The Guide to Safe Scouting**
  - This is the most important BSA policy document for health & safety.
  - Includes policies/information both to PREVENT issues from occurring and to ADDRESS issues that may occur.
  - If you follow the policies outlined in this guide and the subject specific guides it references, Scouting will almost always defend you from lawsuits
- **Montana's Good Samaritan Law** (27-1-174)
  - Generally protects us as volunteers from civil liability if we in good faith render **emergency care** at the scene of an **emergency or accident**.

# WFA Update

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ECSI has issued a 2021 update to their guidelines, here are some key updates

**CPR Steps:** (remember CAB: Compressions, Airway, Breathing)

1. Verify scene safety
2. Check for responsiveness and breathing
3. Call or have someone else call 9-1-1 and get an AED
4. Provide 30 chest compressions deep and fast
5. Provide two rescue breaths
6. Repeat cycle of compressions and breaths until an AED is available or EMS personnel arrive

**CPR Changes for Children (pre-puberty):**

- 15:2 compressions to breaths
- One breath every 2–3 seconds (20–30 breaths per minute)
- Can use 1 or 2 hands for compressions in children

**Positioning the Victim:**

- The best position for a non-trauma patient to lay down is the *Recovery Position*.
- This position protects the airway. On their side, head supported by arm.

**Chocking:**

- Alternate between *5 back blows and 5 abdominal thrusts*
- Continue until obstruction is dislodged or victim becomes unresponsive

**Tourniquets**

- When direct pressure is not stopping the bleed on extremities, use a tourniquet
- Apply a *manufactured tourniquet* as soon as possible
- 2–3 inches above the wound | Not over a joint

**Aspirin**

- Give aspirin **for adults** with nontraumatic chest pain unless allergic or previously advised not to by a health care provider

**Glucose**

- For suspected hypoglycemia, give *oral glucose* (or sugar water) under tongue
- Seek additional professional care if symptoms worsen or do not resolve within 10 minutes
- Do *not* give glucose to individuals who are not awake or not able to swallow

**Anaphylaxis (severe allergic response)**

- Administer one dose of epinephrine via prescribed autoinjector
- Call 911
- If symptoms are not relieved after initial dose, provide a second dose

**Heatstroke and Exertional Hyperthermia**

- Move person from hot environment, remove excess clothing, limit exertion, and call 911
- Initiate whole-body water immersion
  - Water 34°F–79°F, until core body temperature is less than 102°F
  - Do *not* immerse the person's head
- When water immersion is not available, initiate other forms of active cooling
  - Ice packs, cool shower, cooling vests, evaporative cooling, fanning, or combination of these techniques

