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TROOP 2 CAN DO!

Field Operations Guide (FOG)



Bloody Monday

Boy Scouts of America

Troop 2

Santa Monica, CA

Fourth Edition
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NOTES

Terrorists usually choose targets that permit easy access and allow them to avoid detection. The attack can result in the loss of many lives and the destruction of property. Beyond this, there is the desire to create fear and disrupt lives to achieve political and social objectives.

Terrorist Targets:

- ◆ Government facilities or functions (i.e. mail service)
- ◆ Lifelines: gas, water, electric, sewer
- ◆ Transportation systems
- ◆ Major events with large numbers of people
- ◆ Internet disruption and destruction of data
- ◆ Hospital
- ◆ Chemical storage areas
- ◆ Agricultural storage areas



B-NICE (Biological, Nuclear, Incendiary, Chemical, Explosive) EVENTS

Man-made catastrophes, accidental or intentional, are very much part of today's world. Recognition of such an event is a critical step for Troop 2 scouts.

If you observe the following:

Environmental Surroundings:

- ◆ Unattended packages or boxes, especially in high-risk areas (B-NICE)
- ◆ Hazardous materials or lab equipment that is not relevant to the area (B, N, C)
- ◆ Explosions dispersing liquids, mists, or gases (B, C)
- ◆ Explosions seeming only to destroy the package (B, N, C)
- ◆ Unscheduled spraying or abandoned spray devices (B, C)
- ◆ Numerous sick or dead animals, fish, or birds (B, C)
- ◆ Odor of accelerant (gasoline) (I)
- ◆ Vapor clouds, mists, liquids (B, C)

Personal/Physical:

- ◆ Individuals reporting unusual odors/tastes (C)
- ◆ Mass casualties without obvious trauma (C)
- ◆ Victims salivating, tearing, having uncontrolled muscle twitching, trouble breathing, and redness of skin (C)
- ◆ Large number seeking medical attention with symptoms uncharacteristic for season (B)

**Do not enter the scene any more than you have to.
Do not touch or alter the scene.**

Immediately leave the scene, go about 1/4 mile away and call 911 or local law enforcement authorities.

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INTRODUCTION

Bloody Monday is the biannual First Aid and Disaster Exercise of the Boy Scouts of Troop 2, Santa Monica, California. This exercise tests the disaster management and first aid skills of the Troop 2 scouts. Preparation for this exercise emphasizes the important role played by scouts and other community members in the Chain of Survival that defines the system of emergency medical care in our communities.

This guide is intended to be a field reference for all scouts who would be expected to use the life saving skills they have learned as members of Troop 2. This guide is not a substitute for expert instruction, diligent practice of first aid skills, and judgment dictated by the unique and unpredictable circumstances of the field environment.



RECOMMENDED PATROL EQUIPMENT

Splints - 4 upper extremity, 4 lower extremity (cardboard, wood, sticks)

Triangular bandages - 4

Roller Bandages - 12

Tape - Plastic and cloth, assorted sizes. About 10 rolls or a couple of rolls of duct tape or masking tape.

Clean, **Bottled Water** for cooling burns, moistening dressings - 1 quart

Gloves, latex (or vinyl if latex allergy) - 50

Gauze pads - 4x4 - 30; 2x2 - 20

Flashlight - 1 per each team member

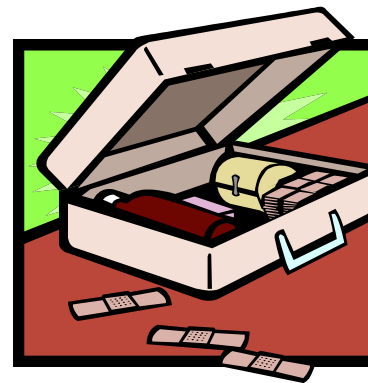
Simulated Ice Packs (Ziplock bag full of popcorn) - 4

Towel Rolls for spine immobilization - 4

Masks for patients - 6

Work Gloves for rescuers - 2 pair

Scissors - 2 pair



Liquid Soap (gentle dish-washing detergent OK) - 4 oz.

Safety Pins - Assorted

Clipboard and Pencils for Team Leader

ASSISTED MEDICATION ADMINISTRATION

Scouts will be expected to assist a patient who could benefit from already prescribed medication for a known medical problem. The medications are:

- ◆ **Albuterol inhaler** for asthma
Give patient 2–3 sprays

- ◆ **Nitroglycerin**
Spray or pills for chest pain. Give one spray or pill under the tongue. OK to repeat in 3–5 minutes if patient still has chest pain.

- ◆ **Epi-Pen**
For patient with severe allergies — single injection into the outer thigh

- ◆ **Oral Sugar**
For diabetic — glass of juice, water with dissolved sugar, or candy.

The patient needs to be awake enough to direct the scout and initiate the use of the medications. The scout will assist the patient only.

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)

Verify that patient is

- ◆ Unresponsive,
- ◆ Not breathing, and
- ◆ Does not have a pulse.

Open the lid of the defibrillator, apply patches according to the picture, and follow the instructions of the AED.

SCENE MANAGEMENT

Scene Safety

Safety of scouts is the most important consideration in Bloody Monday.

Adult leaders and Patrol Leaders must always evaluate the safety of a scene and take steps to make the scene safe or to abandon the scene if safety cannot be ensured.

Personal Protective Equipment (**PPE**) to protect against blood borne and other biological hazards must be present.

Eye protection, head protection and other protection against physical hazards must always be considered.

Individual Bloody Monday PPE

- ◆ Helmet (bicycle OK)
- ◆ Safety goggles or glasses
- ◆ Gloves (work/latex)
- ◆ Dust Mask
- ◆ Sturdy shoes or boots

Scene Size-up

Scene size-up is the process of evaluating all aspects of the entire scene and communicating that information as needed.

Are there any hazards to rescue personnel or bystanders? Electricity, leaking gas, falling materials, toxic chemicals or fumes, radioactive material or radiation?

What is physically involved? A building, car, bicycle, gas tank?

How many patients/victims are involved?

What is the physical magnitude of the incident? How much square area is involved? Be sure to have someone “take a lap” around the area so you don’t miss any involved areas or patients. It is easy to overlook a victim if they are covered by debris or are not making any noise because of their injuries or illness.

Where are you? Physical location, address or some other unique way to describe your location using known landmarks.

What do you think happened? Explosion, medical emergency, traffic collision, a combination of the above, or anything else.

Communications

After you have completed your scene size-up, this information must be relayed to medical control or to the 911 public safety response system. Be prepared to combine your communications and command if another authority is on-scene.

Be able to provide as much of the following information as possible:

- ◆ Exact location of the incident
- ◆ Your contact phone number
- ◆ What happened
- ◆ How many victims/patients
- ◆ Medical condition of victims or patients
- ◆ What is being done to help
- ◆ Effects of care given

Burns

- ◆ Cool small burns with room-temperature water
- ◆ Apply clean (sterile, if available) sheets, coverings to large burn areas
- ◆ No ice, ointments, antiseptics, or other remedies on burn

Chest Pain

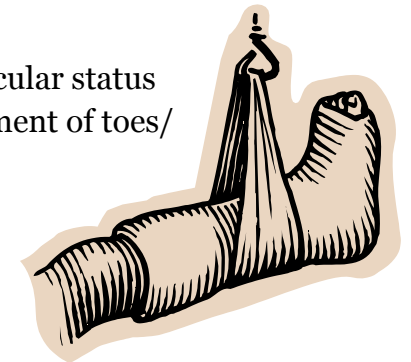
- ◆ Position of comfort
- ◆ Rest
- ◆ Obtain information about how patient is feeling
- ◆ Monitor vital signs
- ◆ Nitroglycerin, if available
- ◆ AED and CPR if patient goes into cardiac arrest

Seizure

- ◆ Protect patient from injury
- ◆ Do not put anything in mouth
- ◆ Most seizures stop on their own
- ◆ Wipe secretions from mouth
- ◆ Maintain open airway

Extremity Injuries

- ◆ Immobilize
- ◆ Elevate if possible
- ◆ Ice
- ◆ Verify distal nerve and vascular status (good feeling at and movement of toes/fingers)



Compound Fractures

- ◆ Do not draw the exposed bone ends back into the tissue
- ◆ Cover the wound with a sterile dressing. Do not irrigate the wound.
- ◆ Cover the exposed bone with a moist 4x4 bandage to keep it from drying out.

Unconscious

- ◆ Protect spine as needed
- ◆ Maintain airway
- ◆ Left lateral position if no concern about spine injury

Shock

- ◆ Lay victim on back
- ◆ Elevate legs 8 - 12 inches
- ◆ Maintain open airway
- ◆ Control obvious bleeding
- ◆ Maintain body temperature (cover ground and victim with blanket)
- ◆ Avoid rough/excessive handling
- ◆ No food or water

Head Injury

- ◆ Protect the spinal axis
- ◆ Dressing on wounds

Wounds

- ◆ Gently cleanse visible dirt
- ◆ Apply moist dressing to wound
- ◆ Use bandage to hold dressing in place

Personnel Management

The Group Leader must:

- ◆ Assign specific tasks for each rescuer
- ◆ Be constantly updated by each rescuer about what they are doing and how their patients are doing
- ◆ Anticipate the next use for a rescuer
- ◆ Not become involved with individual patient care
- ◆ Assign team members to each patient as needed

Patient Transport

Bloody Monday patients will not be transported to the hospital. However, during your communication with the base, we expect that the group leader will know transport priorities and have the sickest patients transported to the hospital first.



PATIENT ASSESSMENT

Initial assessment of the patient is one of the most difficult tasks you will do as a rescuer. You must quickly and accurately:

- ◆ Verify level of **consciousness**
- ◆ Check for **breathing** after opening **airway**
- ◆ Check for **pulse**
- ◆ Check for severe external **bleeding**
- ◆ Protect the **spinal axis** (top of the head to the bottom of the pelvis)

Treat any problems you encounter. Do not be distracted by the noisy patient. If someone is noisy or screaming, they are usually conscious, have good breathing, and have an adequate pulse without much external bleeding. Worry when the screaming patient becomes quiet.

Then do the **Secondary Assessment**.

Assess **skin signs** (moist, pale skin = shock; dry skin = heat stroke)

Assess **rate and depth of breathing**—What is the patient telling you about his/her breathing? Really fast or really slow is bad. Do you need to start rescue breathing or assist breathing?

Assess **pulse rate and character** (fast, thready pulse = shock; slow pulse can be seen with severe head injury)

Do **total body check** to find significant injuries of the head, neck, torso, pelvis, and extremities.

ALL PATIENTS GET A FULL BODY CHECK!

FIRST AID TREATMENTS

Unconscious

Coordinated movement of patient to supine position, while protecting the spinal axis. Then check for breathing, pulse, external bleeding.

No Breathing

Open airway, initiate rescue breathing

No Pulse

Start Cardiopulmonary Resuscitation (CPR) — rescue breathing and chest compressions

Potential Spinal Axis Injury

Place in spinal axis protection

External Bleeding

Control with direct pressure, elevation, pressure points, or (rarely) a tourniquet.

Secondary Survey

First Aid treatment for secondary survey abnormalities is focused on recognizing torso injuries that could lead to shock, immobilizing extremity injuries, starting cooling measures for burns, decontamination as needed, and using patient medications to start treating certain medical conditions.

Difficulty Breathing

- ◆ Remove from toxic environment if that is a contributing factor
- ◆ Position of comfort
- ◆ Albuterol inhaler if available — history of asthma