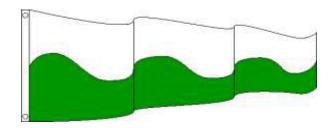
The suggestions found in this presentation should not replace the advice of trained medical officials.

These suggestions are not intended to be substitutes for a first aid course but review basic first aid measures that could be used when professional medical help is delayed or temporarily unavailable.

SBCC and the members of this panel are not liable for any injury, loss or damage arising from the use of this information.

South Bay Cruising Club



 An organization formed in 1951 to promote cruising and racing under sail on the Great South Bay and nearby waters

Presents







The Team

- Joyce Gotard
- Margaret Christiansen
 - Jennifer DeMarco
 - Sally Eilbeck
 - Jane Glinski
 - Debbi Harris
 - Peggy VanTassel
- The following information is not intended to replace the diagnosis or treatment by a physician. Seek the advice of your personal physician as needed.



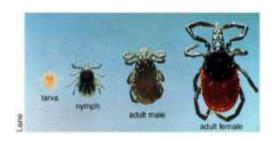
Tick Bites

Ticks like to rest on low-lying brush and "catch" a ride on a passing person or animal

> High risks area Wooded Areas Grassy Areas Seashore

Be aware of these tiny troublemakers they are no bigger than the head of a pin!

Black legged deer ticks



Tick shown next to a pencil point



An example of an embedded adult tick



An example of a tick bite rash



Tick Removal

- Use Tweezers or at least cover fingers with a tissue to remove the tick Do not use petroleum jelly, nail polish or heat they don't work Grasp tick close to skin where head is buried but do not squeeze the tick
- Slowly pull tick straight up until the skin puckers (may take several seconds but tick will loosen it barbs and let go)
- <u>Do not throw tick away</u>. Put it in a zippered baggie with a moist paper towel and give
- to your doctor for identification
- Wash bite wound and tweezers with soap and water

To reduce your chance of getting a tickbite:

Avoid tick-infested areas by avoiding short cuts through heavily wooded, tick-infested areas. staying in the center of paths, and avoiding sitting on the ground Wear light colored long-sleeved shirt and long pants Use EPA-approved tick repellents, which currently include deet products, washing off the repellents when you return inside Conduct frequent tick-checks including a visual inspection of the clothing and exposed skin with special attention to the scalp, behind and in the ears, and behind any joints

Insect Stings

- Allergic reaction
- Skin around the bite increasingly red and spreading
 - Hives
 - Trouble breathing
 - Swelling face, neck and tongue
 - Dizziness or confusion



Lion's Mane Jelly Fish

Jelly Fish Stings

A common species, the lion's mane jellyfish is well known to divers for its painful, but seldom fatal stings; they are toxic and can cause severe burns. Most encounters cause only temporary pain and localized redness. These jellyfish are highly variable in size; those found in northern regions average 20 inches in diameter but can be as large as 8 feet.

The tentacles of larger specimens may trail as long as 100 feet or more. These extremely sticky tentacles are grouped into eight clusters, each cluster containing 65-150 tentacles, arranged in a series of rows. On Long Island, the peak jelly period is between the beginning of June and the beginning of August. May and August are the best times to swim if Lion's Manes are a concern.

Treatment for stings:

Rinse with seawater, Avoiding fresh water because it will increase pain Do not rub the wound or apply ice to it soak in vinegar – can use a small spray bottle filled with vinegar and spray onto the area Rub talcum powder or baking soda on the sting to help remove any tentacles left on the skin Monitor for allergic reactions



Sea Lice can be found in coastal regions in salt water. They are the larvae of the Sea anemone Sea lice usually attach themselves to fish but clearly can bite humans. Shortly after swimming, you feel a sudden burning sensation or a stinging sensation.

Rash from Sea Lice



The rash (raised hard bumps or blisters) from sea lice can occur up to 12 hours later.

The typical eruptions are almost always under the bathing suit.

These lesions can persist for 1 to 2 weeks.

Occasionally, other symptoms may occur with the rash, including nausea, vomiting, headache, fatigue, a general feeling of illness (malaise), or pinkeye.

Do not rub your skin. If larvae are on your skin, rubbing will cause them to sting.

- Remove your swimsuit as soon as possible. Since larvae can become trapped in the fabric of your suit, it is important to remove a contaminated suit to prevent more stings.
- If available, rinse your suit in household vinegar or rubbing alcohol. Wash your suit in hot, soapy water and dry it in a dryer, if possible, before you wear it again.
- Shower with fresh water. Apply soap and vigorously scrub your skin. Do not shower with a contaminated suit on.
- If larvae are trapped in the fabric of a suit, a freshwater shower will cause the larvae to sting.

Take antihistamine, such as Benadryl, or apply hydrocortisone cream (1%) to help control itching.

Note: Do not use the cream on children younger than age 2 unless your doctor tells you to. Don't give antihistamines to your child unless you've checked with the doctor first.

Use an ice pack to help relieve pain.

Keep the rash clean. Wash it every day with soap and water.

One must watch for a secondary skin infection. Without treatment, these lesions usually disappear in 1 to 2 weeks.

However, most patients would appreciate getting rid of this as soon as possible.

Topical or systemic corticosteroids provide relief and topical antibiotic ointment may be beneficial to impede secondary infection.

Seasickness or Motion Sickness



Seasickness—Also known as motion sickness, is a common disturbance of the inner ear. This is the area of the body that affects your sense of balance and equilibrium. Motion sickness happens when your brain receives conflicting messages about motion and your body's position in space. The conflicting messages are delivered from your inner ear, your eyes (what you see), your skin receptors(what you feel), and muscle and joint sensors

HOW TO PREVENT OR MINIMIZE MOTION SICKNESS

- Avoid Alcohol
- Avoid Greasy or Acidic Foods
- Don't Read
- Get Plenty of Rest

- Avoid Others Who Have Become Sick
- Focus on Horizon
- Position Yourself at Ships Midsection and Near Waterline
- Stand If Feeling Queasy
- Eat Dry Crackers

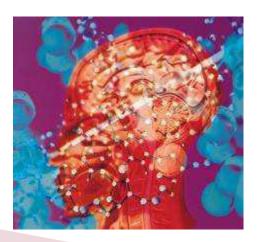
WHAT ARE THE SYMPTOMS OF MOTION SICKNESS?

Dizziness

Sweating

Increased Salivation

Nausea and Vomiting



HOW IS MOTION SICKNESS TREATED?

Sleep

Over-the-counter products

Prescription products

Non pharmaceutical remedies

Trauma

SEVERE BLEEDING

External Signs

Heavy Bleeding

WHAT TO DO

_Apply pressure

Elevate

Clean wounds

Dress wounds

Use of tourniquet

Continuation

CAUTION DO NOT apply a tourniquet unless it is the only way to save the injured person, as the person may lose the limb

Keep warm

If alert, give warm liquids (not warm rum or alcohol)

Monitor for signs of shock

INTERNAL BLEEDING INJURIES

<u>Internal Minor</u> - crush injuries to skin and underlying fat & muscle <u>Signs</u>

Swelling

Painful

Black & blue discoloration

WHAT TO DO

RICE (not the kind you eat)

Rest, Ice, Compression & Elevation

<u> Internal Major – Signs may be delayed</u>

Pain in abdomen

Tenderness in abdomen

Swelling around belly button

Coughing up bright, foamy blood

Blood in pee, poop or puke, signs of shock

SHOCK

<u>Signs</u>

Anxious, apprehensive Skin pale – cool – clammy Pulse rapid and weak Breathing rapid and shallow

What to do

Airway

Breathing

Circulation

Shock position

Call for HELP

Convulsions and Seizures

<u>Convulsions</u> are usually brought on by a high fever, poisoning, or injury and is basically a violent seizure.

<u>Seizures</u> are usually related to epilepsy. (also known as a seizure disorder) Seizures can occur repeatedly during a person's life.

THINGS TO WATCH FOR

- 1. Victim falls to floor and shakes or twitches in the arms, legs, or body for a minute or longer.
- 2.Blank staring or vacant expression and minor twitching of the face or jerking of the hand.
- 3.Loss of body fluids or functions like drooling, the victim may pee or poop.
- 4. Confusion, no memory of what happened.

WHAT TO DO

Have someone **call 911** or the Coast Guard VHF channel 16 for help, especially if the victim was poisoned or injured or if the seizure lasts over 3-5 minutes.

Stay Calm. You can not stop the convulsion or seizure.

<u>DO NOT</u> put anything between teeth or in the victim's mouth.

Move things that could hurt or fall on the victim

Put something soft under the victim's head, if possible.

After convulsion or seizure is over, help roll victim onto their side to keep an open airway.

Look for any other injuries, and keep checking ABC's **Airway, Breathing and Circulation.**

Stay with the victim until help arrives and try to stay calm.

Sprains

- What is a sprain
- An injury to a ligament (the elastic band that attaches your bone to your joint) and is caused by excessive stretching. The ligament can have tears in it or it can be a complete tear.
- Most common: ankle and knees
- Sprained ligaments swell rapidly and are painful. The greater the pain, the more severe the injury.
- Similar symptoms as that of a fracture. When in doubt, treat the same.
- Symptoms: Pain Swelling Bruising Inability to move or bear weight on joint

What do I do?

- R.I.C.E.: Rest Ice Compress Elevate
- ► <u>REST</u>
- Rest the injured area by immobilizing it or staying off it
- ICE
- ▶ Ice the area with a cold pack. Do this as soon as possible. Apply ice 20 min. every 2-4 hours for the first 24 hours
- COMPRESS
- Wrap the area snugly with a compression (ace) bandage being careful not to cut off circulation
- ELEVATE
- Elevate the injury above the heart for the first 48 hours to reduce swelling

Fractures

```
What is a fracture
A broken bone
Fracture can be "simple" or "compound":
Simple: skin intact and no wound
Compound: skin is broken and bone may protrude
Symptoms: Intense pain, bruising, swelling, looks abnormal
when compared to opposite side, difficulty moving injured
area
```

What do I do?

 Stop any bleeding: apply pressure with a sterile bandage or clean piece of clothing but do not attempt to push the bone back under the skin

Immobilize the area: splint the extremity in the position it is found. Do not try to straighten the injured area

Apply Ice: Do not apply ice directly to the skin. Wrap ice pack in a towel

How to Splint

- Splinting is short term, keeps the injured area from moving, prevents further injury until you access medical help
- Splint from a joint above the injury to a joint below it. For example: forearm: splint from above the elbow to below the wrist
- Gather materials first

Two ways to Splint

- Splint injured area to a stiff object by using rolled up newspapers, magazines or a board. Use a belt or rope to tie
- Fasten to some other part of the body ex: wrap an injured arm to your chest or injured leg to the other leg
- Ties should be tight enough to hold splint in place but not cut off circulation
- Splint is too tight if there is numbness, increased pain, pale cold skin below the splint and increased swelling at the tie

HEAD and NECK INJURIES

Head Injuries

<u>Signs – some signs may not appear immediately</u>

- □ groggy
- ☐ headache, convulsions
- ☐ intense pain in head
- □ bleeding from head, ears nose
- □ clear fluid ears, nose
- □ blurry vision
- vomiting
- □ other signs

WHAT TO DO

ABC - airway, breathing, circulation

- ❖Immobilize neck if needed
- ❖Face up
- **∜**Ice
- ❖Observe injured person
- ❖Do not give food or water

NECK INJURIES

Signs

Complains of neck or back pain - usually intense

WHAT TO DO

ABC – airway, breathing, circulation Splint neck

If possible place on a long board (hatch board might work or lashed oars)

Secure with straps, ties or tape

Immobilize head

Hypothermia

- Hypothermia is an abnormal lowering of the body's temperature due to exposure to cold air, wind or water. Alcohol can accelerate the onset of hypothermia.
- Person overboard water temperature at 32.5°F
- Expected time of survival is 15-45 minutes

- ▶ With water temperature at 40 –50°F
- Survival time is about 1- 3 hours
- Continue all rescue efforts as long as you are physically able until medical help arrives. There are many medical interventions available today and someone who appears to beyond help may not be.

Carbon Monoxide Poisoning

- The silent killer
 - Colorless
 - Odorless
 - Tasteless
- Carbon monoxide (CO) is a colorless, tasteless, odorless, and non-irritating gas formed when carbon in fuel is not burned completely. It enters the bloodstream through the lungs and attaches to hemoglobin (Hb), the body's oxygen carrier, forming carboxyhemoglobin (COHb) and thereby reducing oxygen (O2) delivery to the body's organs and tissues.

Symptoms

- Nausea
- Weakness
- Dizziness
- Headache
- Watering of the eyes
 - Ringing in the ears

Carbon monoxide



Inadequately ventilated canvas enclosures



Exhaust gas trapped in enclosed places.



Blocked exhaust outlets.

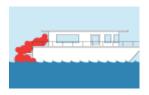


Another vessel's exhaust.

CO from the boat docked next to you can be just as deadly



Station wagon effect" or back drafting.



At slow speeds, while idling, or stopped. Be aware that CO can remain in or around your boat at dangerous levels even if your engine or the other boat's engine is no longer running!

BURNS

<u>Signs</u>

- √1st degree painful, red, slightly swollen
- ✓ 2nd degree painful, red or white, may have large blisters
- √3rd degree skin waxy, white or charred, burned off

WHAT TO DO - Small burns

Remove jewelry
Cool the burn for at <u>least</u> five minutes
Cover the burn
Cover fingers and toes independently
Do not break blisters
Do not apply butter

WHAT TO DO – for 3rd degree burns

Check ABC's

Do not remove clothing stuck on skin

Do not immerse large burns in cold water

Elevate burned part

Dressing

If conscious give ½ glass of fluid every 15 minutes for replacement of lost fluids

CHEMICAL BURNS

WHAT TO DO

Wash at LEAST 20 minutes - COOL WATER Remove contaminated clothing or jewelry Apply cool, wet cloth Dressing Re wash area if increased burning continues

Seek medical attention

Signs of shock appear

Chemical has caused a 2nd degree burn larger than 3 inches in diameter.

Eyes, hands, feet, face, groin or buttocks or a major joint

Lightning



Listen to an iPod during a lightning storm and you may get more than electrifying tunes. A Canadian jogger suffered wishbone-shaped chest and neck burns, ruptured eardrums and a broken jaw when lightning traveled through his music player's wires.

LIGHTNING INJURIES

can be mild or severe

<u>Signs</u>

- ➤ Cardiac standstill
- > Respiratory failure
- >Fractured skull and scalp bleeding
- **▶**Loss of consciousness
- >Temporary blindness, deafness, paralysis
- **≻**Burns superficial
- ≥2nd and 3rd burns from jewelry

WHAT TO DO - injured person does not retain electricity

ABC - neck immobilized

Heart may start beating - respirations stopped

- >CPR
- ➤ Control bleeding
- >Treat burns
- ➤ Splint fractures
- >Treat for shock

- Hyperthermia or
 - Heat Stroke

- Hyperthermia is overheating of the body
- When the body's temperature control system is overloaded people suffer heat related illness

Signs of Heat Exhaustion

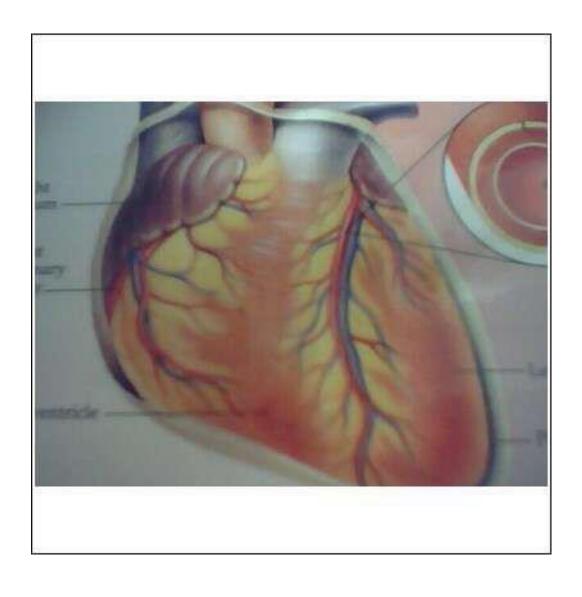
- Cool, moist, pale or flushed skin
 - Headache, nausea, dizziness
 - Weakness, exhaustion
 - Heavy sweating

Signs of Heat Stroke

- Red, Hot, dry skin
- Changes in levels of consciousness
 - Rapid weak pulse
 - Rapid, shallow breathing
 - Vomiting

Heart Attack

Layman's term for myocardial infarction; this means damage to the heart muscle due to a complete blockage in one or more of the coronary arteries. The coronary arteries actually supply the heart muscle, itself, with oxygenated blood. The blockage can be caused by a blood clot or it can be due to severe narrowing in the artery due to cholesterol build-up(plaque). Call for help, 911 or radio the Coast Guard channel 16, if you experience any of these symptoms for as much as 5 minutes.



- *CHEST DISCOMFORT. An uncomfortable feeling such as pressure, squeezing or a sensation of fullness in the center of the chest that lasts for a few minutes or that goes away and comes back. The feeling may not be truly painful.
- *DISCOMFORT IN OTHER PARTS OF THE UPPER BODY. The uncomfortable feeling or pain may spread to one or both arms, the back, the neck, the jaw or the stomach.
- *SHORTNESS OF BREATH. Difficulty breathing often occurs with or just before chest discomfort. It may be the only sign of a heart attack.
- *LIGHTHEADEDNESS, COLD SWEATS, NAUSEA, OR INDIGESTION. Some people, particularly women, experience these symptoms, and some report having a sense of impending doom.

WHAT TO DO IF SOMEONE IS HAVING A HEART ATTACK

*Tell the person to stop what they are doing, sit down and rest

*Call for help immediately

*Loosen any tight clothing, especially around the neck and waist

*Take two aspirin [if not allergic]

*Watch the person's breathing and be prepared to give CPR.

Stroke

Other names for Brain Attack

- ▶ *Brain attack* is also known as:
 - 1.Stroke

or

- 2.CVA (Cerebral Vascular Accident)
- Brain attack happens in the brain rather than in the heart

What is a Brain Attack

- Brain attack is an injury to the brain.
- It happens when blood flow to the brain is reduced or cut off.
- When blood flow to the brain is cut off, brain cells:
 - 1. Do not get oxygen and nutrients
 - 2. Begin to die

Types of Brain Attack

Non- Hemorrhagic

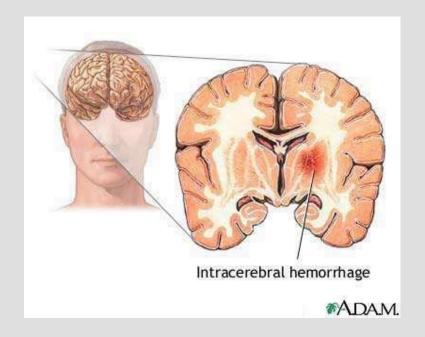
Hemorrhagic

Non-Hemorrhagic Brain Attack

- ► Also known as *Ischemic* (is-KEM-ik)
- ► Most common form, accounts for 70–80% of all brain attacks
- Occurs when blood vessels to the brain become narrowed or clogged
- The blockage may be in an artery in the neck or

Hemorrhagic Brain Attack

- Occurs when a weak spot in a blood vessel breaks.
- Blood spills into or around the brain.



Causes of Hemorrhagic Brain Attack

- High Blood Pressure which weakens blood vessels, especially in combination with arteriosclerosis
- Aneurysm (a weak spot in a vessel wall that can rupture)
- Head Injury
- Arteriovenous Malformations (AVMs)

Changing the Perception of Brain Attack

Myth

- Brain attack is unpreventable
- Brain attack cannot be treated
- Brain attack recovery only happens for a few months following a stroke

Reality

- Brain attack is largely preventable
- Brain attack requires emergency treatment
- Brain attack recovery continues throughout life

Recognizing Brain Attack Symptoms

The Five Most Common Brain Attack Symptoms Include:

- · Sudden numbness or weakness of face, arm or leg, especially on one side of the body
- · Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Transient Ischemic Attacks (TIAs)

- TIAs are "warning brain attacks" that can happen before a major brain attack
- They occur when blood flow through a brain artery is blocked or reduced for a short time

Transient Ischemic Attacks (TIAs) (continued)

- TIA symptoms are temporary but similar to those of a full-fledged brain attack
- A person who has a TIA is 9.5 times more likely to have a brain attack

How are Brain Attacks Treated?

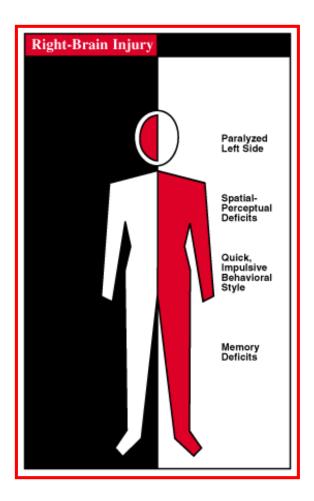
- ▶ Non-Hemorrhagic Brain Attack
 - Clot-busters e.g. t-PA
 - Other drugs Aspirin, Coumadin, Plavix
 - Carotid Endarterectomy
 - Angioplasty/Stents
- Hemorrhagic Brain Attack
 - Surgical Intervention
 - Endovascular Procedures, e.g. "coils"

Points to Remember:

- ▶ A brain attack is a medical emergency
- ▶ Never ignore symptoms of a brain attack
- Seek emergency care immediately
- Act quickly- every second counts!

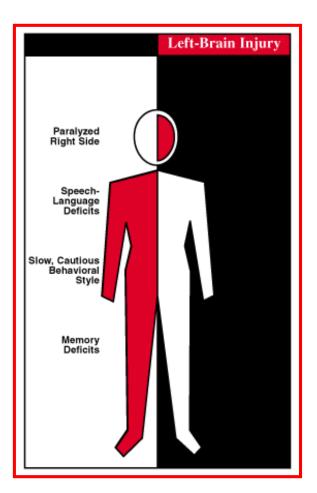
What Are the Effects of Stroke?

Right Brain



What Are the Effects of Stroke?

Left Brain





Deluxe Family First Aid Kit

Deluxe Family First Aid Kit Part #321275

SKU #321275 UOM: EA

The Deluxe Family First Aid Kit has a book design feature allowing the user to view important first aid information on the left side while the coordinating content is on the right side. This kit is packed with over 100 pieces to treat your families' minor injuries at home or on the go!

Contents:

- ·(2) 81 mg. Aspirin Tablets(chewable)
- •(5) Triple Antibiotic Ointment Packs
- •(6) Antiseptic Cleansing Wipes (sting free)
- •(2) Hydrocortisone Cream Packs, 1%, 0.9 gm
- •(2) Hand Sanitizer Packs
- •(2) 5" x 9" Trauma Pads
- •(6) 4" x 4" Gauze Dressing Pads
- •(6) 3" x 3" Gauze Dressing Pads

- •1) 4" Conforming Gauze Roll Bandage
- •(1) 3" Conforming Gauze Roll Bandage
- •(1) 1" x 10 yd. First Aid Tape Roll
- •(1) Instant Cold Compress
- •(1) CPR One-Way Valve Face shield (latex-free)
- •(1) Emergency blanket
- •(2) Triangular Sling/Bandages (safety pins included)
- •(25) 3/4" x 3" Adhesive Plastic Bandages
- •(15) 1" x 3" Adhesive Plastic Bandages
- •(3) 2" x 4" Elbow and Knee Plastic Bandages
- •(10) 3/8" x 1-1/2" Junior Adhesive Plastic Bandages
- •(5) 1-1/2" x 1-1/2" Patch Plastic Bandages
- •(3) Knuckle Fabric Bandages
- •(3) Fingertip Fabric Bandages
- •(4) Thermometers (one time use)

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- •(3) Knuckle Fabric Bandages
- •(3) Fingertip Fabric Bandages
- •(4) Thermometers (one time use)
- *Tweezers
- Scissors
- •(4) Latex-Free Exam Quality Gloves
- American Red Cross Emergency First Aid Guide
- Soft sided bag with clear pocket pages

References

- American Heart Association
- American Red Cross
- American Stroke Association
- Annapolis Book of Seamanship
- Epilepsy Foundation
- Mayo Clinic
- Onboard Medical Manual