



# GSGLA

## First-Aider & Emergency Plan

### For Troop Activities & Small Events

**Emergencies  
happen...  
be prepared!**



The Girl Scout First-Aider's Manual for:  
Illness, Accident & Injury,  
Prevention & Treatment

# Emergency Phone Numbers

## Emergency telephone numbers

(Dial \_\_\_\_\_ for an outside line)

EMS: \_\_\_\_\_

Fire: \_\_\_\_\_

Local Hospital: \_\_\_\_\_

Police/Sheriff: \_\_\_\_\_

Poison Control Center: 1-800-222-1222 \_\_\_\_\_

Number of this telephone: \_\_\_\_\_

## Other Important Telephone Numbers

Facility manager: \_\_\_\_\_

Facility maintenance: \_\_\_\_\_

Power company: \_\_\_\_\_

Gas company: \_\_\_\_\_

Weather bureau: \_\_\_\_\_

Taxi: \_\_\_\_\_

Other: \_\_\_\_\_

Name and address of medical facility with  
24 hour emergency cardiac care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do not hang up first!**  
**Let the EMS dispatcher hang up first.**

## Information for emergency call.

**Be prepared to give this information to  
the EMS dispatcher:**

Caller's name: \_\_\_\_\_

Telephone number from which the call is be-  
ing made: \_\_\_\_\_

What happened? \_\_\_\_\_

Location: \_\_\_\_\_

Street address: \_\_\_\_\_

City or Town: \_\_\_\_\_

Directions (cross streets, roads, landmarks, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people are injured and their ages?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition of injured person (s): \_\_\_\_\_

Help (care) being provided: \_\_\_\_\_

\_\_\_\_\_  
Exits and evacuation routes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Note:** In cities with an Enhanced 9-1-1 (E9-1-1) systems it is still important to know the information above for communication to the dispatcher. In many buildings the phone system may connect through a switchboard that will show only the corporate address. With cellular phones, E9-1-1 is not functional because there is no fixed location to identify on the dispatcher's screen.

# Know Your Resources

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## You're a Girl Scout First-Aider!

Welcome,  
Thank you for taking the time to become a Girl Scout First-Aider and for your commitment to the health and safety of girls. This manual is your reference to the Girl Scouts of Greater Los Angeles' treatment protocols and the processes and procedures for giving first aid during Girl Scout activities and events. You will want to refer to this manual as well as *Volunteer Essentials* (VE) and the American Red Cross First Aid/CPR/AED Participant Manual (shown below). Your Service Unit Manager and council staff are eager to assist you if you have questions or need any other support. For any additional questions, contact council staff at:

[training@girlscoutsla.org](mailto:training@girlscoutsla.org).

Congratulations on becoming a Girl Scout First-Aider!

## About this manual:

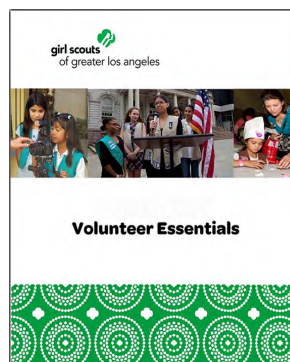
This manual is intended as a guide for first-aiders for troop/group activities and small events. A small event is defined as an event with less than 200 participants.

**Note:** Day & Resident Camp First-Aiders require additional health care considerations regarding first-aid qualifications, on-site health care, treatment protocols, illness/injury documentation and form retention. If you will be serving as a Girl Scout First-Aider for a volunteer run day camp or resident camp, contact the Program department for specific information and guidelines for day and resident camps.



Girl Scout First-Aiders Must Complete :

1. Obtain Current Certification in FA/CPR/AED
2. Online Training:
  - Safety Wise Course
  - Girl Scout First-Aider Course



To download your free copy:  
[http://www.girlscoutsla.org/pages/for\\_volunteers/resources.html](http://www.girlscoutsla.org/pages/for_volunteers/resources.html)



To download your free copy:  
[http://www.instructorscorner.org/media/resources/eccu/eccu\\_pdfs\\_201601/](http://www.instructorscorner.org/media/resources/eccu/eccu_pdfs_201601/)

Make sure you reference these links periodically to ensure that you are always referencing the most current material. Volunteer Essentials is updated annually.





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# Know GSGLA Rules and Regulations

## THE ROLE OF ADULTS IN HEALTH CARE

**The health and safety of each girl is every adult's responsibility. All adults involved share the responsibility for prevention of injuries and illnesses.**

1. In Girl Scouting, the emotional and physical safety and well-being of girls is always a top priority. Chapter 4 of *VE*, titled *Safety-Wise*, has what you need to know to keep the girls safe. All volunteers that attend and supervise girls during Girl Scout activities and events must agree to adhere to the **Girl Scouts Safety Guidelines**. Distribute a copy to all responsible adults attending the activity/event.
2. When serving in a Girl Scout first aid capacity, measures shall not exceed Basic Life Support (BLS) services. Adults, troop/group leaders, and event staff are limited in the type of first aid they can administer. The adult cannot go beyond his/her first aid training or medical scope of practice and the approved contents of the first aid kit. Medication or remedies **MAY NOT** be administered without prior written authorization of the girl's parent, caregiver or physician, which is given by completing the Over the Counter (OTC) Form. A basic first aid kit provides the individual with the resources to treat minor cuts, bug bites, etc. and kits provided by GSGLA are permitted for use.
3. First aid administered in the first few minutes can mean the difference between life and death. Calling for help is often the most important action you can take. In an emergency, secure professional medical assistance as soon as possible, normally by calling **9-1-1 or the designated emergency number**.
4. Universal precautions **MUST** be followed, including proper personal protection use and disposal of soiled gloves and bandages using bio hazard bags if necessary.

5. Troop/group leaders and event staff members must oversee basic sanitary/hygiene conditions. This includes but is not limited to proper hand washing before snacks and meals, after using the restroom, brushing teeth, keeping area clean, etc.
6. All responsible adults should have a copy of the GSGLA Emergency Card (Pink Card) and understand safety procedures in Chapter 4 of *VE*.

**Any situation requiring more than basic troop first aid, call 9-1-1 or refer to the designated event first aid station.**

1. Only an adult with current First Aid/CPR/AED training certification should provide medical care for a person, **except** in the case of extreme emergency until qualified help arrives.
2. The designated first-aider holds the responsibility in administering any medications, including over the counter remedies and may do so only with the prior written permission of the girl's parent, caregiver or physician.
3. If a troop/group leader has written authorization to administer medication at the event, this treatment must be entered into the medical log held by the activity/event first-aider and signed by the troop/group leader (page 12).
4. The troop/group leader or event manager must be notified as soon as possible after any girl or adult has been treated by the first-aider. Decisions about when and how to contact parents/caregivers should be made jointly by the first-aider and the troop/group leader or event manager.
5. Most health care will result in communication with the parent/caregiver. In a non-emergency situation, please call the parent/caregiver before making decisions to transport or have a girl transported to medical care. If parent/caregiver is not available, the troop/group leader or event manager along with the first-aider will consult with council.







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# Ensure Everyone is Properly Trained

- ❑ **Confirm all adults that will supervise girls are properly screened, registered and trained.**
- ❑ **Adhere to the Adult-to-Girl Ratios for activities or events** listed in Chapter 2 of *Volunteer Essentials*
- ❑ **Ensure all drivers and adults in attendance understand the GSGLA emergency management plan** and safety procedures in Chapter 4 of VE. and specific procedures for the activity in the Emergency Management Plan (page 17). All drivers should have a first aid kit in their vehicle.
- ❑ **Verify expert qualifications:** The *Safety Activity Checkpoints* for most activities require having an expert on hand to help girls learn an activity. Require written evidence of competence or documented training and experience when determining whether someone is an expert in the field for activities (e.g. lifeguard, archery instructor).
- ❑ **Ensure that all girls understand expectations and rules:**
  - Should they stay with a certain adult?
  - Where is it OK to go? With whom?
  - What should they do if they become separated from the group?
  - What are the bathroom procedures?
- ❑ **Know the level of First-Aider required for the activity/event.** The levels of first aid required for any activity take into account how much danger and how many people are involved, and how remote the area is from emergency medical services.

Access to EMS	Minimum Level of First Aid Required
Less than 30 minutes	Basic First Aid
More than 30 minutes	Wilderness First-Aid (WFA) or Wilderness First Responder (WFR)* or EMR (Emergency Medical Responder)

\*Although a WFR is not required, it is strongly recommended when traveling with groups in areas that are greater than 30 minutes from EMS.

All Girl Scout First-Aiders are required to take the online **"Girl Scout First-Aider"** course before serving as the Girl Scout First-Aider for activities or events. To take this online course go to [www.gsglaonlinetraining.org](http://www.gsglaonlinetraining.org).

**A Basic/Lay Girl Scout First-Aider with a current First Aid/CPR/AED certificate who has completed the online "Girl Scout First-Aider" course is required for:**

- Activities/events **less than 30** minutes from EMS
- Many troop/group activities as required by Safety Activity Checkpoints
- Events
- Day/Resident Camp\*

\*Note day and resident camps require additional health care considerations regarding the first-aid qualifications and on-site health care/treatment protocols and documentation. If you will be serving as a Girl Scout First-Aider for a day or resident camp, please contact the Program department for specific information and guidelines for day and resident camps.

**An Advanced Girl Scout First-Aider is one with Wilderness First Aid (WFA) or Wilderness First Responder (WFR) or Emergency Medical Responder (EMR) certification, or higher\*\*, who has completed the online "Girl Scout First-Aider" course and is required for:**

- Activities/events **more than 30** minutes from EMS
- When required by *Safety Activity Checkpoints*

## For Large Events:

One Girl Scout First-Aider is required per each 200 participants, one of which should be Advanced.

**Girl Scout First-Aiders for events** must have the skill and understanding for handling possible injury and illness for the activities related to the event. The Girl Scout first-aiders must be present throughout the entire event and should have no other responsibilities or duties. In addition, for traveling, or station events where there is a considerable distance (1/4 mile) between stations, event organizers should consider having at least one advanced first-aiders with each group or station.

\*\* Refer to *Volunteer Essentials*, Chapter 4



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# Check Safety Activity Checkpoints

**Safety Activity Checkpoints exist for the following activities:**

- Archery
- Arts & Crafts
- Backpacking
- Bicycling
- Canoeing
- Caving
- Challenge Courses
- Climbing and Rappelling
- Computer/ Online Use
- Cross Country Skiing
- Downhill Skiing and Snowboarding
- Fencing
- Fishing
- Geocaching
- Girl Scout Cookies/Council-Sponsored Product Sales
- Group Camping
- Hayrides
- Hiking
- Horseback Riding
- Ice Fishing
- Ice Skating
- Indoor Skydiving
- In-Line Skating and Roller Skating
- Kayaking
- Orienteering
- Other Land Sports
- Outdoor Cooking
- Parades and Other Large Gatherings
- Playgrounds
- Row boating
- Sailing
- Scuba Diving
- Segway
- Skateboarding
- Sledding , Tobogganing and Snow Tubing
- Snorkeling
- Snowshoeing
- Standing Paddle Boarding
- STEM (Science, Technology, Engineering, and Math)
- Surfing
- Swimming
- Theme Parks
- Trip /Travel Camping
- Tubing
- Waterskiing and Wakeboarding
- Whitewater Rafting
- Windsurfing



- Download or print
- Review before each activity

[http://www.girlscoutsla.org/pages/for\\_volunteers/resources.html](http://www.girlscoutsla.org/pages/for_volunteers/resources.html)

When preparing for any activity with girls, start by reading the Girl Scout *Safety Activity Checkpoints* for that particular activity. Pay close attention to the “Prepare for Emergencies Section” of each checkpoint.

## Each Safety Activity Checkpoint:

- Offers you information on where to do this activity
- How to include girls with disabilities
- Where to find both basic and specialized gear required for the activity
- How to prepare yourselves in advance for the activity
- How to prepare for emergencies and what precautions to take.
- What specific steps to follow on the day of the activity, and so on.

If *Safety Activity Checkpoints* do not exist for an activity you and the girls are interested in, check with GSGLA Risk Management before making any definite plans with the girls. A few activities are allowed only with written GSGLA pre-approval and only for girls 12 and over, while some are off-limits completely. See *Volunteer Essentials*, Chapter 4 for more information.

**Safety Activity Checkpoints and Girl Scout Safety Guidelines are designed to keep the girls and adults safe and to protect the adults and the council from legal liability.**



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# Know Which Activities Are High Risk

## Activities: Written Pre-Approval From the Council Needed

**Caution:** You must get pre-approval from [Travel@girlscoutla.org](mailto:Travel@girlscoutla.org) by filling out the Extended Travel/High Risk Application eForm for the following activities:

- Any trip that is three nights or more
- Land Sports: archery, backpacking, bicycling with vendor-supplied bicycles, "bounce houses", caving, challenge/ropes courses, firearms, rock climbing, skateboarding at a skateboard park, trapeze, vaulting (on horseback) or when girls ages 12 and older (not allowed for younger girls) will operate motorized vehicles, (driving or riding all-terrain vehicles, motor bikes, and go-karts is never allowed), or simulated skydiving and zero-gravity rooms.
- Trampolining: If girls would like to trampoline at an indoor facility where the trampolines are completely enclosed and go all the way to the edge of the room with no exposed springs (i.e. there is no possibility that girls could fall off of the trampoline), this activity can be approved if the vendor is on the approved vendor list.
- Marksmanship: Marksmanship activities require council permission, and volunteers need to transport weapons separately from girls. The minimum age for girls using firearms in highly supervised activities is 12 years old.
- Water Activities: boating, kayaking, rafting, sailing, scuba, snorkeling, tubing, water skiing, windsurfing, any type of trips on waterways that are highly changeable or uncontrollable (Class V and higher watercraft trips are never allowed), or when girls ages 12 and older (not allowed for younger girls) will operate motorized watercraft.
- Any other activity which might be considered high risk according to the definition below.
- Note: Refer to Volunteer Essentials for the most up to date information, as what activities qualify as high risk may change.

### Which activities are considered "high risk"?

The activities specified here as high-risk activities, which is not intended as an exhaustive list, are included because they fit into one or both of the following categories:

1. The activity involves a reasonable expectation of physical risk to the girls
2. The activity involves greater potential legal risk to the adult volunteers and/or the council. These include situations where rider or other additional insurance may be required, vendor or facility contracts may need to be signed, adults must be certified in a specific skill, or other specific critical guidelines must be followed to ensure the safety of the girls.

## Activities That Are Never Allowed

**Warning:** The following activities are never allowed for any girl:

- Flying in noncommercial aircraft, such as small private planes, helicopters, sailplanes, un-tethered hot-air balloons, or blimps requires council permission.
- Potentially uncontrolled free-falling (bungee jumping, hang gliding, parachuting, and parasailing, go-karting, and outdoor trampolining)
- Creating extreme variations of approved activities (such as high-altitude climbing and aerial tricks on bicycles, skis, snowboards, skateboards, water skis, and wakeboards, or stunt skiing)
- Hunting
- Shooting a projectile at another person, such as paintball
- Riding all-terrain vehicles and motor bikes
- Taking watercraft trips in Class V or higher whitewater
- Riding motorized personal watercraft like jet-skis

In addition, there are some activities in which girls and volunteers may not engage when representing Girl Scouts. These include:

- Endorsement of commercial products or services
- Solicitation of financial contributions for purposes other than Girl Scouting (any other organization)
- Participation in political campaigns or legislative activities, unless the legislative activity has been council-approved.

Activities that are not allowed are not covered by Girl Scout insurance. Restrictions on activities are set to ensure the girls' safety, protect the council's and adult volunteers' legal interests, or both.

The Extended Travel/High Risk Application eForm must be used whenever the girls participate in any high-adventure activity.

<https://www.gsglavolunteerapps.org/extended-travelhigh-risk-application/>



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## Prepare For Emergencies

As you know, emergencies can happen. Volunteers and girls need to receive proper instruction in how to care for themselves and others in an emergency. They also need to learn the importance of reporting any accidents, illnesses, or unusual behaviors during Girl Scout activities. To this end, you can help by:

1. **Knowing what to report.** Adhere to the GSGLA Emergency Management Plan (page 17), and safety procedures in *Volunteer Essentials*.
2. **Establishing and practicing procedures for weather emergencies.** Certain extreme-weather conditions may occur in your area. Please refer to *Volunteer Essentials* for the most relevant information for you to share.
3. **Assembling a well-stocked first aid kit that is always accessible** First aid administered in the first few minutes can mean the difference between life and death. In an emergency, secure professional medical assistance as soon as possible, normally by calling 9-1-1 or the designated emergency number.
4. **Checking Safety Activity Checkpoints** Download the specific safety activity checkpoint for your planned activities (page 6).  
[http://www.girlscoutsla.org/documents/All\\_Safety\\_Activity\\_Checkpoints.pdf](http://www.girlscoutsla.org/documents/All_Safety_Activity_Checkpoints.pdf)
5. **Obtaining approval from your Service Unit before your troop/group activities or events.**

### For Simple Overnights:

- ☐ Work in partnership with the troop/group leader to ensure that the Parent Permission form has been completed, approval is required by the SUM or designee before being sent to parents.

### For High Risk Activities, Extended Overnights:

- ☐ Work in partnership with the troop/group leader to ensure that the \*Extended Travel/High Risk Application eForm is submitted. When submitting the eForm, your SUM or designee is automatically notified of your trip/activity.
- ☐ In some circumstances the Service Unit will forward the form to GSGLA for approval.

- ☐ Refer to Chapter 4 of *Volunteer Essentials* for detailed information on this form and this process.

\* <https://www.gsglavolunteerapps.org/extended-travelhigh-risk-application/>

### 6. For Troops and Events:

- ☐ Safety consciousness should be a priority for all Girl Scout adults, especially those planning an overnight or event. The essence of effective safety management can best be summed up by the traditional Girl Scout motto - Be Prepared. For each meeting, overnight or event, that is planned, a specific plan needs to be developed that includes procedures for potential emergencies. Depending on the site and situation, there may need to be a drill on site so that if an emergency arises, the established procedures can be followed.
  - ☐ Use this manual along with *Volunteer Essentials* and *Safety Activity Checkpoints* when planning for emergencies at an Event.
7. Establishing an Emergency Action Plan for managing emergency situations that defines how each possible emergency would be handled and by whom; who should be notified-when and how. The Emergency Action Plan (EAP) should be a written plan that should establish processes and procedures for:
- ☐ Weather Emergencies
  - ☐ Fire
  - ☐ Natural Disaster (Earthquake, flood, etc.)
  - ☐ Lost Persons
  - ☐ Building-security responses
  - ☐ Site hazards (lake, cliff, etc.)
  - ☐ Injuries or medical emergencies
  - ☐ Strangers or intruders
  - ☐ Evacuation plans
  - ☐ Traveling

See *Volunteer Essentials* Chapter 4 for more information on each topic above.





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# Prepare Your Emergency Action Plan

Emergencies happen quickly. There may not be time to consider what to do, only time to react. Having an emergency action plan in place and being familiar with the procedures it contains can save precious minutes when every minute counts. For troop/group activities girls can and should help develop the emergency plans for their activities. Younger girls could brainstorm safety rules, and older girls could develop the entire emergency plan with adult guidance from the troop/group leader and first-aider. For events, the event manager along with the first-aider will work together to develop the emergency plan. Make sure that all girls and adults are prepared to respond in an emergency and have practiced a fire/emergency drill.

## Consider these items when developing your Emergency Action Plan (EAP)

### ❑ Site Layout & Site Security

- Establish a security plan to ensure that girls are properly supervised by adults
- Establish boundaries and off-limit areas.
- Easy access for emergency personnel
- Clear exit and evacuation routes
- Location of first aid station is marked and easily assessable.
- Telephone and emergency numbers posted

### ❑ Equipment

- First aid supplies
- Emergency equipment (flashlights, fire extinguishers, flares, AED, etc.)

### ❑ Internal Contacts/Support

- Personnel within facility/site
- Adult volunteers, troop/group leaders, Girl Scout camp director, event manager, other first-aiders, etc.
- Maintenance personnel
- Experts certified in any specific program being provided (e.g., lifeguard, archery instructors, coaches)

### ❑ External Contacts/Support

Know the emergency phone numbers, location and transportation routes of the following:

- Nearest hospital
- Ambulance
- Police
- Fire
- Poison control

### ❑ Adult Responsibilities

The plan should include adult volunteer responsibilities in the case of an emergency, including:

- Person (s) in charge
- Person (s) to give care
- Person (s) to control bystanders
- Person (s) to supervise other girls
- Person (s) to meet EMS
- Person (s) to transport injured Girl Scout when appropriate

### ❑ Communications

- **Establish and communicate emergency evacuation plan with all participants.** Who is in charge? Should cars back into parking spots? Where should participants gather? Specific emergency plans for the activity/event should include evacuation plans especially in situations where girls have been dropped off. This is especially important if there are not enough vehicles on site during the activity/event to evacuate all participants.
- **Establish an at-home emergency contact person** as outlined in *Volunteer Essentials* and on the Parent Permission Form.
- **Determine how parents will be communicated with in the event of an emergency.** Decisions about when and how to contact parents should be made jointly by the first-aider with the troop/group leader (if present) and or the event manager for events.
- **Know how to get council support in a crisis or emergency.** Contact the council emergency team by calling (213) 213-0123 during business hours, or the emergency number 1-877-ICE-GSLA (1-877-423-4752) after hours. Follow steps outlined on the Pink Emergency card, or in VE Chapter 4: Safety-Wise.





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# Assemble a First Aid Kit

## Recommended First Aid Supplies List

- ☐ GSGLA Emergency Card (Pink Card)
- ☐ 12 Latex Free adhesive bandages
- ☐ 12 regular adhesive bandages (assorted sizes)
- ☐ 1 adhesive cloth tape (2 1/2 yards x 3/8 inch)
- ☐ 5 antiseptic wipe packets
- ☐ 1 blanket (space blanket)
- ☐ 1 breathing barrier or Mask (with 1-way valve)
- ☐ 2 instant cold packs
- ☐ 2 pair of non-latex powder free gloves (Nitrile preferred)
- ☐ Bandage Scissors
- ☐ 4 roller bandages (3 inches wide)
- ☐ 4 roller bandages (4 inches wide)
- ☐ Breathing Barrier or Pocket Mask
- ☐ 8 sterile gauze pads (3 x 3 inches)
- ☐ 8 sterile gauze pads (4 x 4 inches)
- ☐ Oral thermometer (non-mercury/non-glass)
- ☐ 4 triangular bandages
- ☐ 1 elastic bandage (3 or 4 inches x 5 yards)
- ☐ Tweezers
- ☐ Zip Lock® Bags (Sandwich or Snack Size)
- ☐ Small Paper Drinking Cups
- ☐ First aid instruction booklet
- ☐ Sealed bags to dispose of medical waste
- ☐ Troop Medical Log and pen
- ☐ List of Emergency Numbers (page 26)

### You May Also want to consider:

- ☐ Flashlight
- ☐ Whistle
- ☐ GPS
- ☐ Flares
- ☐ Radio



A first aid kit should be with the first-aider at all times or very close by.

Always have a well-stocked first aid kit at every Girl Scout meeting, activity, event or trip. Drivers of each car should also have a first aid kit. Refer to the First Aid Kit Checklist available at [www.girlscoutsla.org](http://www.girlscoutsla.org) in addition to this list.

1. **Inventory all first aid supplies and equipment.** An inventory of first aid kit supplies and equipment is taken at the opening and closing of the activity/event. Supplies are stocked and resupplied as needed.
2. **First aid kits should contain emergency numbers.** In addition to standard materials, all first aid kits should contain the GSGLA Pink emergency card with the emergency phone number **1-877-423-4752** as well as contact information for parents/caregivers, and emergency services such as the police, fire department and local hospital.
3. **First aid kits should contain paper versions of these report forms:**
  - [Accident/Incident Report form](#)
  - [Mutual of Omaha Claim form](#)
4. **First-aider will organize a system of managing daily or as needed medications,** in consultation with the troop/group leader or event manager. Medications must be in their original container with instructions from the parent/caregiver (for over the counter) or physician (if prescription). Use the following forms as needed.
  - [Over The Counter \(OTC\) Form](#)
  - [Provided Prescription and/or OTC Med Form](#)
5. **The first aid kit may be customized to cover specific needs.** The Girl Scout first-aider is limited in scope of treatment and restricted by the Over the Counter (OTC) form signed by parent/caregiver.
  - [Over The Counter \(OTC\) Form](#)
6. **All medicines, including those used by adults, are kept in locked boxes at the first aid station.** Medications are dispensed to girls by the first-aider per written physician's instructions or the girl's parent or caregiver. Some girls may need to carry and administer their own medications, such as bronchial inhalers, EpiPen®, or diabetes medication. Make sure a provided prescription and/or provided OTC form is filled out so you are aware the girl is carrying these.

# Determine the Best Layout for Site Safety

## Site Security

Security at any site (even GSGLA sites) should not be taken for granted. Secure all belongings and report any suspicious behavior to the police. Non-council sites will require additional safety precautions. If the site is open to the public, what guidelines must be in place to ensure girls' safety? Who is your point of contact in case of an emergency? What are the boundaries of the event? Which areas are off limits? You may want to include this information in your event's rules of conduct.

## Site Hazards

A member of the event planning committee should tour the site prior to the event and make note of any potential hazards such as holes, exposed tree roots, drop-off's, etc. These hazards should be reported to participants and volunteers. Make sure all emergency exits are clearly marked. This may mean having to create additional signs. If the site includes water (pool, lake, river, etc.) that will be used for activities, a currently certified lifeguard as well as additional spotters in accordance with the number of participants must be in attendance. This information can be found in the applicable *Safety Activity Checkpoints*.

## Available First Aid

Determine if there is any first aid available at the site, like responders, an AED, a first aid kit, etc.



## Layout of Site for Activity/Event

Use this checklist when determining the best layout for site safety:

**Look for Site Hazards.** Are there site hazards such as lakes, cliffs and drop offs? Look for hazards in and around your location or site. Determine with the girls when and where it is safe to run, how to dress to avoid sunburn or unnecessary cuts and scratches. Look for areas accessible by the public, traffic areas, areas where girls would be out of sight.

- ☐ In case of natural disasters such as earthquake, storms, flood, fire, etc. where are the exits and evacuation routes?
- ☐ How will EMS personnel access the routes?
- ☐ Is the first aid station easily accessible?
- ☐ Are there any individuals who will require assistance during an evacuation? Whose responsibility will it be to ensure their safe evacuation?
- ☐ Where is the location of emergency, rescue, first aid equipment, and the AED?
- ☐ Where is the location of telephones, are the emergency numbers posted?
- ☐ Where is the location of keys to reach the telephone or equipment?
- ☐ Are there restrooms and running water close by, easily accessible?



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## Document Injury/Illness in Troop Medical Log

1. The Troop Medical Log will be maintained by the troop first-aid-er for keeping accurate records. The troop medical log must:

- ☐ Be in a secure binder or folder (for confidentiality never leave documentation exposed)
- ☐ Have lined and numbered pages with no lines skipped
- ☐ Have all records written in ink

- [Troop Medical Log](#)

All medical procedures, and/or any visit to the first aid station or contact with the designated first-aid-er shall be recorded in the troop medical log. If no treatment was given this shall also be recorded.

2. Documentation must include:

- ☐ Date of treatment
- ☐ Start Time
- ☐ Name and Age of person
- ☐ What Happened
- ☐ Complaint or type of injury
- ☐ Treatment or medication given
- ☐ Name of person administering treatment
- ☐ Forms Checked (OTC, Health History)
- ☐ Parents Called/Present
- ☐ End Time

3. The Troop Medical Log shall include a record of all medications taken by any girl/adult during the activity/event. Dispensing of medications shall be recorded in ink. If routine medication was not taken, an explanation of the reason shall be listed.

4. After the event, the Event Medical Log should be returned to the Event Director.

5. All documentation must be kept confidential

Consider using the following simple questions when gathering information on a girl/adult for documentation.

1. What is the person's name and how old are they?
2. What happened?
3. What were they doing when the incident happened?
4. Do they feel any pain or discomfort anywhere?
5. Have the person describe the pain and where it is located.
6. Have them rate the pain on a scale from 1 to 10.

Use the mnemonic **SAMPLE**. **SAMPLE** can help you remember what to ask the person (or bystanders, if necessary) to get a better understanding of the situation and the nature of the person's illness or injury.

**S = Signs and symptoms.** Ask the person, "What are you feeling? When did you start feeling this way? Do you have any pain? If so, where is the pain located, what does it feel like and how bad is it?"

**A = Allergies.** Ask the person, "Do you have any allergies? Have you ever had a life-threatening allergic reaction in the past, and if so, what to?"

**M = Medications.** Ask the person, "Are you taking any prescription or over-the-counter medications? If so, what are the names of the medications? When did you last take the medications?"

**P = Pertinent medical history.** Ask the person, "Do you have any medical conditions?"

**L = Last food or drink.** Ask the person, "When was the last time you had something to eat or drink? What did you have to eat or drink, and how much?"

**E = Events leading up to the incident.** Ask the person, "What were you doing just prior to when you began to feel ill or were injured?"

### When treating a child:

When treating little adults, remember that children often associate injuries with feelings of fear or punishment. The following tips may come in handy:

- **STAY CALM**, your tension will transfer to your patient – take a deep breath and then begin treatment.
- You don't know their pain, so don't say: it will be better soon, I know how you feel... Instead **USE** positives: Let's get you all cleaned up so you can get back to it; you'll be the only one with this special bandaging... If the child is crying, try singing a soft song or make up a short story.
- Be compassionate without babying and use their name not honey, sweetie, pumpkin...
- Get down to their level (on one knee or sit in a chair) at eye level
- Give them a job to keep their hand/s busy or give them something to hold on to, get them involved in their own recovery
- Talk about the new skills they are learning in helping: i.e. earning requirement from the first aid badge, what are they expecting to do next activity...distract from what happened and treatment happening.
- Clean wound as much as possible to avoid reminder of injury.

Remember you are trying to fix the problem as fast as possible so they can return to the activity, if able. As a first-aid-er you might be able to fix the physical wound but not the feelings. Feelings may linger depending on what else that child has going on in their lives. This would need to be addressed at the troop, family or at the council level.

\* Please consult the *AbilityGS* and *Your Troop Manual* for additional help in providing care with special conditions.





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# Secure Health History/Permission Forms

**Health History Forms** should be at the activity/event for all girls. If emergency medical care is needed, the person's health history form should accompany the person along with a signed OTC. For extended activities/events or where location is remote, consider asking girls to provide their troop leaders with a copy of their medical insurance card.

The first-aiders must review the Health History forms for completeness and check for appropriate signatures and other important information such as:

- ☐ Current medications and/or treatment procedures
- ☐ Dietary restrictions for notification
- ☐ Allergic reactions and physical limitations
- ☐ Any activity limitations or restrictions

**Girl Health History** forms retain girls' medical history and receive permission from parent/caregiver for emergency medical treatment. They should be kept confidential with the first-aiders.

**Girl Health History Form with Physical** is required for resident camp or trips longer than three nights, or when girls will be participating in physically demanding or strenuous activities. A health examination within the previous 24 months is required. Event staff who are minors also require parent permission for emergency care.

**Adult Health History or Authorization for Treatment (Green) Card** is required for all adult participants at any activity/event. This card should be in an easily accessible location on the adult at all times during the activity/event.

**Objections to Immunization-** For various reasons, some parents/caregivers may object to immunizations or medical examinations. Check with council staff with concerns.

**Health History Forms are Confidential.** Sharing of this information with other adults must be done only on an as-needed basis, such as information about allergies or activity limitations.

**Parent/Caregiver permission** shall be obtained from each girl's custodial parent or caregiver for emergency and basic health care on the health history form.

## IMPORTANT NOTES:

- ☐ Medication, including over the counter products, must never be dispensed without prior written permission from a girl's parent or caregiver. Some girls may need to carry and administer their own medications, such as asthma inhalers, an Epi Pen® or diabetes medication. If so, make sure they have completed the Provided Prescription and/or Provided OTC Form and given to the First-Aider.
- ☐ If girls will participate in the event individually, the designated first-aiders maintains responsibility for health history forms.
- ☐ If girls will participate with their troop/group, the troop/group leader (may) maintain responsibility for the health history forms for the girls in the troop/group.
- ☐ Health histories are submitted (signed and dated by parent/caregiver) annually at the beginning of the Girl Scout year. Update if information changes before each activity/event (signed and dated by parent/caregiver).
- ☐ **If emergency medical care is needed**—the adult will carry the health history form to accompany the child to medical care.



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## Communicate Procedures For Safety At Small Events

1. **Group Education:** Girls and adults will receive group education concerning emergencies from the first-aid-er or event manager (or designee) at the beginning of the event

### Group Education Guidelines must include:

- ☐ **Check In/Out Procedures, Early Dismissals:** Establish procedures for girls to check in and out of the activity/event, and procedures for girls who leave early. No participant should leave early without written permission from their parent or caregiver. Such requests must be submitted immediately upon arrival. Before leaving early, the participant must report to the appropriate responsible adult.
- ☐ **Location of the first aid station.** Instruct participants to report all illnesses and injuries to their troop, unit, or group leader who will send them to the first aid station if necessary.
- ☐ **Instructions on site hazards; boundaries and off limit areas.** Everyone should understand that there are times and places for various activities.
- ☐ **Established and practiced procedures for emergencies:**
  - environmental emergencies
  - evacuation procedures
  - reporting health or safety issues
- ☐ **Who is in charge in emergency situations** and who they should report to in case of emergency.

### For Activities/Events lasting more than one day:

- ☐ Include a fire drill within the first 24 hours.

### For Activities/Events lasting 3 days or more:

- ☐ Include a health screening upon arrival. Look for signs of illness, cough, fever, flushed skin and screen for head lice and athlete's foot.

2. **Cleanliness:** Hand washing facilities will be located next to or in all restrooms. Girls should be reminded to wash their hands after using the rest room/latrines and before cooking or eating. Each troop/group is responsible for the cleanliness of the grounds around it. All areas at the event location shall be kept in a clean and orderly manner. Adult and girl leaders will be utilized to help ensure cleanliness. Those cleaning restrooms should be supplied with gloves and instructed in safe practices to avoid coming into contact with pathogens.
3. **Cooking Safety:** Plan a nutritious menu. Cleanliness in handling food utensils is essential and must be stressed. Use ice chests for perishable foods. If using an industrial kitchen at least one adult in the kitchen must have a current ServSafe certificate.
4. **Food Allergens:** (common)-Include dairy products, eggs, soy, wheat, peanuts, tree nuts, and seafood. This means that, before serving any food (such as peanut butter and jelly sandwiches, cookies, or chips), **ask** whether anyone is allergic to peanuts, dairy products, or wheat! Even Girl Scout Daisies and Brownies should be aware of their allergies, but double-check the health history form or with their parents/caregiver.
5. **Heat Sources:** Be sure loose clothing or long hair is tied back before working with fire. When using a cook stove choose one that uses one of the following fuels: butane, propane, or Sterno only. Gasoline, white gas, etc., should not be used due to their highly volatile nature. If you are cooking over an open fire, clear brush, vines, and debris from fire area. Keep fires small. Take special care in windy or dry weather and always watch for sparks. Never leave fires unattended. Have water and a shovel nearby before the match is lit.
6. **Knife Safety:** Girls should be taught that knives are not toys and should be used only for specific activities with supervision. Girls should know how to handle knives, have been instructed on the arc of safety, and know how to clean & store them properly.



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## Communicate Procedures For Safety At Small Events

7. **Cleaning and disinfecting surfaces:** Any equipment and surfaces that have been contaminated by blood or other potentially infectious materials need to be properly cleaned and disinfected before equipment is put back into service or the area is reopened.
- Clean and disinfect surfaces and equipment as soon as possible after the incident occurs.
  - Use alcohol to clean and disinfect any equipment, such as tweezers, scissors, etc.
  - Prevent others from accessing the area where the infectious materials have spilled
  - If the area contains sharp objects, do not pick the object up with your hands. Instead use tongs, a disposable scoop and scraper or two pieces of cardboard to remove and dispose of the objects
  - Wipe up or absorb the spill using absorbent towels or a solidifier (a fluid-absorbing powder)
  - Flood the area with a freshly mixed disinfectant solution of approximately 1 ½ cups of bleach to 1 gallon of water (1 part bleach to 9 parts water, or about a 10 percent solution)
  - When using bleach, always ensure good ventilation and wear gloves and eye protection
  - Let the bleach solution stand for at least 10 minutes
  - Then use clean absorbent materials (such as paper towels) to wipe up the disinfectant solution and dry the area.
  - Dispose of all materials used to clean up the blood spill in a labeled biohazard container.
8. **Handling an Exposure Incident:**
- ☐ If another person's blood or other potentially infectious material comes into contact with your eyes, mouth, nose, or an opening or break in your skin, you have been involved in an exposure incident.
  - ☐ Decontaminate the exposed area.
    - Skin – Wash the area with soap and water
    - Splashes in eyes, irrigate with water, saline or a sterile irrigant for 15 or 20 minutes
  - ☐ Report the incident
    - If the exposure incident is minor, inform the parents/caregivers of the situation.
    - For a serious exposure incident report the exposure incident to EMS personnel, submit an accident/incident form to council within 72 hours, and inform the parents/caregivers of the situation.



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# Know Who, How, and When to Get Emergency Help



**Have a List of Emergency Phone Numbers Posted**  
(See page 2 for a template.)

Have a list of the following phone numbers:

- ☐ EMS
- ☐ Police
- ☐ Fire
- ☐ Hazardous materials (Hazmat) team
- ☐ Poison Control Center
- ☐ Hospitals - local
- ☐ Power and Gas companies
- ☐ Health Department – local

A list of all emergency phone numbers should be posted at the first aid station/ health services area, by the telephone (s) and in other appropriate areas as well as with event staff.

**Arrangements for emergency medical attention.** The 9-1-1 system is used for emergencies. Be prepared to give this information to the EMS dispatcher:

- ☐ Location of the emergency (address, city, nearby intersection or land marks)
- ☐ What is the emergency?
- ☐ Caller's name
- ☐ Telephone number from which the call is being made
- ☐ A description of what happened.
- ☐ How many people are injured
- ☐ Condition of injured person (s)
- ☐ Help (care) being provided

**DO NOT hang up first, let the EMS dispatcher hang up first.**

It is important to know your location to give to the 9-1-1 dispatcher, even in cities with Enhanced 9-1-1 (E9-1-1) systems. In many buildings the phone system may connect through a switchboard that will show only the corporate address. With cellular phones, E9-1-1 is not functional because there is no fixed location to identify on the dispatcher's screen.

**DO NOT Call back if you get disconnected**



**Always call 9-1-1 or the designated emergency number if the person:**

- Unresponsive or becomes unconscious
  - Is confused
  - Has difficulty breathing or breathing problems
  - Is not breathing or shows no signs of life
  - Has persistent pain or pressure
  - Is bleeding severely, vomiting blood, or passing blood
  - Has persistent pressure or pain in the abdomen that does not go away
  - Signs or symptoms of stroke or heart attack
  - Has a seizure, sudden headache, or sudden slurred speech
  - Suspected poisoning that appears to be life-threatening
  - Suspected or obvious injuries to the head, neck or back
  - Suspected or obvious broken bones
  - Has severe (critical) burns
  - Cannot move the person or a body part'
- Seek additional medical assistance for conditions beyond those listed within this document.

In the event of a serious accident, injury, or fatality, the Council Emergency Management Plan (page 17) and the Emergency Action Plan for the activity/event shall be followed. Communication procedures with parents/caregivers will be decided by the council emergency team.





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# Know the GSGLA Emergency Management Plan

## Girl Scouts of Greater Los Angeles Emergency Management Plan

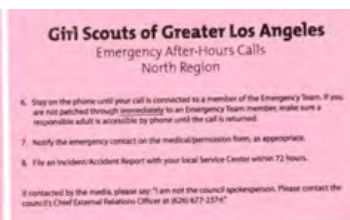
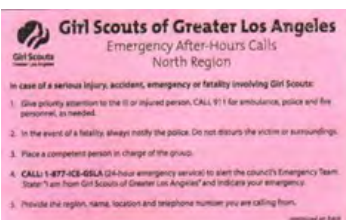
**Council Emergency Number:  
1-877-423-4752**

In line with recommendations from Girl Scouts of the USA, our council has developed a plan and a team to help respond to any emergency needing the attention of more than local troop or service unit personnel. Such emergencies are incidents of a serious nature that occur during Girl Scout activities.

### An emergency is defined as any of the following:

- A fatality or serious injury requiring urgent or emergency medical treatment
- A traffic accident involving Girl Scouts during Girl Scout activities
- An illness serious enough to require hospitalization
- Any situation which involves law enforcement officers
- Allegation of child molestation or rape
- Lost participant
- Kidnapping
- Allegation of tampering with products sold
- Threat of legal action
- Other occurrences that may have adverse media or legal implications

**Ensure that all adults including troop/group leaders, chaperones, first-aiders, event managers etc. know and understand the Council Emergency Management Plan and have a copy of the council Emergency card. These Pink cards are available at your local Service Center.**



## GSGLA Emergency Management Plan

1. Remain as calm as possible. Find out as much information as quickly as possible about the situation.
2. Instruct someone to call **9-1-1 or the designated emergency number** if needed. Obtain name and phone number of a contact person (if not yourself).
3. Give priority attention to providing all possible care for the injured. Secure emergency medical professionals, ambulance, and police as appropriate.
4. In the event of a fatality or other serious accident, notify the police. Retain a responsible person at the scene. See that no disturbance of the victim or surroundings is permitted until police have arrived.
5. Ascertain whether a parent/caregiver has been notified — but if a serious injury or fatality, get direction from council emergency contact before notifying parents/caregivers.
6. Notify the council of the emergency. During office hours, phone your nearest council service center. After hours, phone **1-877-423-4752**. The council answering service will contact the appropriate council staff, who will evaluate the level of additional council support required. Always be sure to leave a phone number where you can be reached.
7. If contacted by the Media, please say “I am not the Council Spokesperson” and refer all media inquiries (press, radio, TV) to the Chief External Relations Officer. Use the emergency number noted above to have the emergency service contact the council’s Chief External Relations Officer.
8. Complete the Accident/Incident Report Form within 24 hours of occurrence and submit to your local Service Center within 72 hours.  
[http://www.girlscoutsla.org/documents/Accident\\_and\\_Incident\\_Report\\_Form.pdf](http://www.girlscoutsla.org/documents/Accident_and_Incident_Report_Form.pdf)
9. Be sensitive to the fact that those involved in traumatic situations may need further support. Contact a GSGLA staff member if additional assistance is needed.

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# Report Accidents/Injuries to GSGLA

**Notify Council Within 72 hours of any Accident, Injury, or Incident**

## Accident/Incident Report Form:

This form is available as a printable form on the GSGLA website. Please download it, print it and have at least one copy in your first aid kit. If you need to report an accident, use the form during the event to gather the necessary information.

A screenshot of the 'Accident/Incident Report' form from Girl Scouts of Greater Los Angeles. The form includes sections for 'Incident Information', 'Medical Information', 'Witness Information', and 'Reporting Information'. It has fields for names, dates, times, locations, and descriptions of the incident. There are checkboxes for 'Is this an emergency?' and 'Is this a first aid kit incident?'. The form is titled 'Accident/Incident Report' and 'Girl Scouts of Greater Los Angeles'.

Incidents might include:

- ☐ A serious argument (may or may not escalate into verbal or physical threats)
- ☐ A physical altercation
- ☐ A non-injury incident of any sort where police are summoned
- ☐ Possible or threatened legal proceedings
- ☐ Possible or threatened adverse report(s) to the media

Download the Accident/Incident Form here:

[http://www.girlscoutsla.org/documents/Accident\\_and\\_Incident\\_Report\\_Form\\_2011.doc](http://www.girlscoutsla.org/documents/Accident_and_Incident_Report_Form_2011.doc)



**Accident/Incident Report** must be completed for any accident, injury, or incident that occurs during the activity/event. These forms **MUST** be submitted within 72 hours of occurrence.

**Mutual of Omaha Insurance Claims:** For information on how to file an insurance claim, visit the Mutual of Omaha Girl Scouts of the USA Activity Accident Insurance Website:

[http://www.mutualofomaha.com/girl\\_scouts\\_of\\_the\\_usa/index.html](http://www.mutualofomaha.com/girl_scouts_of_the_usa/index.html)

There you will find information on Plan Descriptions, instructions on how to file a claim, forms, and more.

## Follow-up after the event :

- ☐ Check on condition of injured Person
- ☐ In the case of an accident, injury or incident complete all appropriate documentation and forms
- ☐ Replace equipment and supplies
- ☐ Evaluate and discuss process and outcome
- ☐ Event Staff debriefing

**To ensure that you are using the most current printable forms always download from the council website :**

[www.girlscoutsla.org/pages/for\\_volunteers/documents.html](http://www.girlscoutsla.org/pages/for_volunteers/documents.html)

## Retention of Important Documents

Check *Volunteer Essentials* Chapter 2 for updated information on retention of sensitive documents such as medical forms.

[http://www.girlscoutsla.org/pages/for\\_volunteers/resources.html](http://www.girlscoutsla.org/pages/for_volunteers/resources.html)



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# Treatment Protocols For Accident • Injury • Illness

## ☐ Abdominal Pain:

- If you suspect a serious abdominal injury call 9-1-1 or the designated emergency number.
- Carefully position the person on his/her back with his/her knees bent, unless this position causes the person pain or the person has other injuries. If the pain is minor just help the person rest in a comfortable position. Keep the person from becoming chilled or overheated.
- Comfort and reassure the person
- Give care based on any conditions found.
- Monitor the person's condition and give care for shock, if necessary.

## ☐ Abrasions, Lacerations, Punctures:

- Apply direct pressure with a gauze pad to stop the bleeding.
- Call 9-1-1 if the wound has extensive tissue damage or is bleeding heavily or uncontrollably.
- After the bleeding has stopped, wash the area with soap and water, if available or a saline rinse. Rinse under warm running water for about 5 minutes.
- Apply a small amount of antibiotic ointment, cream or gel (check OTC form 1<sup>st</sup>)
- Cover the area with a sterile dressing or adhesive bandage.
- **NOTE:** Do not apply hydrogen peroxide to wound, it can harm the tissue and delay healing.
- Apply a tourniquet on in extreme measures if severe, life-threatening bleeding cannot be controlled using direct pressure, or the wound is in a location that makes it impossible to apply direct pressure, or multiple people with life-threatening injuries who need care, or the scene becomes unsafe.

## ☐ Amputations (Avulsions)

- Try to find the body part.
- Wrap the amputated body part in sterile gauze or other clean material.
- Put the wrapped body part in a plastic bag and seal the bag.
- Keep the body part cool by placing the bag in a large bag or container filled with a mixture of ice and water.
- **DO NOT** place the bag directly on ice or dry ice.
- Give bag containing the body part to EMS personnel.

## ☐ Allergies:

### ☐ Asthma attack:

- Ask if they have an "Asthma action plan and if so follow it
- Remain calm.
- Encourage the person to sit down and lean forward.
- Loosen any tight clothing around the neck or abdomen.
- Assist the person with using an asthma inhaler, if available and you are trained on how to do so.
- Assist the person with taking an antihistamine, if available (Check OTC form 1<sup>st</sup>)
- **Call 9-1-1 or the designated emergency number** if the person's breathing does not improve or they become unresponsive.
- Monitor the person.

### ☐ Anaphylactic shock:

- **Call 9-1-1 or the designated emergency number**
- Assist the person with using their prescribed auto-injector (Epi-Pen®, Twinject™, or Auvi-Q®) if available and you are trained or have received instructions to do so.
- Calling 9-1-1 and assisting the person should be done simultaneously, if possible. If you are alone, administer the Epi-Pen® before you call 9-1-1.
  - ✓ Document time given and any changes in the person's condition over time.
  - ✓ Monitor the person's breathing for any changes in the person's condition.
  - ✓ Give care for life-threatening emergencies like shock.
  - ✓ Give the used auto-injector to advanced personnel, **DO NOT** throw it away.
  - ✓ **Note:** If condition does not improve, emergency responders are delayed, and breathing becomes restricted, have the person administer a second dose within 10-15 minutes if pen is a duo-pack (2 doses or 2 pens). These medications might take 5 to 15 minutes to reach full effectiveness.
  - ✓ Place the device in a rigid container.

## ☐ Altitude Sickness:

- The person should rest and drink an abundance of fluids which may help the individual to acclimatize.
- If the symptoms persist or the person worsens, descend at least 1000 feet or to the elevation where the person first began to feel badly.
- If he/she does not feel better, seek medical attention.



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# Treatment Protocols For Accident • Injury • Illness

## ☐ Bites and Stings:

### ☐ Animal Bites:

- Medical care will be needed if the wound is deep or extensive, bleeding heavily or uncontrollably, or carries a high risk for infection. The person may need stitches, a tetanus booster shot or both.
- Take steps to control the bleeding
- If the person was bitten by a wild or stray animal, or if you suspect that the animal might have rabies. You should also **call 9-1-1 or the designated emergency number**.
- If the wound is minimal, wash the area with soap and water and then rinse with clean, running water.
- Apply small amount of antibiotic wound ointment, cream, or gel (Check OTC form 1<sup>st</sup>)
- Cover with a dressing and bandage.
- Monitor over the next several days to make sure that it is healing well with no signs of infection.

### ☐ Insect Stings:

- Remove all bullets and replace with bullets below
- Scrape the stinger away from the skin with a plastic card such as a credit card.
- Wash the area with soap and warm water.
- Apply an antibiotic wound ointment, cream or gel (Check OTC forms 1<sup>st</sup>)
- Cover the site with an adhesive bandage.
- To reduce swelling and pain, apply a cold pack wrapped in a thin, dry towel to the site.

### ☐ Scorpion stings:

- **Call 9-1-1 or the designated emergency number** if you suspect that someone has been stung by a scorpion.
- Wash the wound thoroughly.
- Bandage the wound
- Apply an ice or cold pack, with a thin barrier between the pack and the skin, to the site to reduce pain and swelling.
- If you transport the person to a medical facility, keep the bitten area elevated and as still as possible.

### ☐ Spider bites:

- Harmless spider bite, wash the area with soap and water.
- Apply an antibiotic wound ointment, cream or gel (Check OTC form 1<sup>st</sup>)
- Cover the wound with an adhesive bandage.
- Apply a cold pack wrapped in a thin, dry towel.

- **Call 9-1-1 or the designated emergency number** if you suspect the person has been bitten by a black widow or brown recluse spider.
- Document the time bitten
- Wash the area with soap and water
- Apply a cold pack wrapped in a thin, dry towel.
- Keep the bitten area elevated and as still as possible.
- Apply an elastic (pressure immobilization) bandage to slow the spread of venom through the lymphatic system by following these steps:
  - ✓ Check for feeling, warmth and color of the limb and note changes in skin color and temperature.
  - ✓ Place the end of the bandage against the skin and use overlapping turns.
  - ✓ The wrap should cover a long body section, such as an arm or a calf, beginning at the point farthest from the heart. For a joint, such as the knee or ankle, use figure-eight turns to support the joint.
  - ✓ Check above and below the injury for feeling, warmth and color (especially fingers and toes), after you have applied an elastic roller bandage. By checking before and after bandaging, you can evaluate if any tingling or numbness is from the elastic bandage or the injury.
  - ✓ Check the snugness of the bandaging. A finger should easily, but not loosely, pass under the bandage.
  - ✓ Keep the injured area still and **lower** than the heart. The person should walk *only* if absolutely necessary.
  - ✓ **DO NOT:** cut the wound, apply suction, apply a tourniquet, or use electric shock.

## ☐ Marine Life Stings:

- **Call 9-1-1 or the designated emergency number** for all marine life stings, especially if the person does not know what stung him/her, has a history of allergic reactions to marine life stings, is stung on the face or neck, or starts to have trouble breathing.
- Get a lifeguard to remove the person from the water as soon as possible. If a lifeguard is not available, use a reaching assist, if possible. Avoid touching the person with your bare hands, which could expose you to the stinging elements.
- If you know the sting is from a jellyfish, irrigate the injured part with large amounts of vinegar as soon as possible for at least 30 seconds. This can help to remove the tentacles and stop the injection of venom. Vinegar works best to offset the toxin, but hot water or a baking soda slurry also may be used if vinegar is not available.





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# Treatment Protocols For Accident • Injury • Illness

## ❑ Marine Life Stings (Cont.):

- **DO NOT** flush any jellyfish sting with fresh water, ammonia or rubbing alcohol because these substances may increase pain
- If the sting is known to be from a bluebottle jellyfish, also known as a Portuguese man-of-war, use ocean water instead of vinegar. Vinegar triggers further envenomation.
- **DO NOT** rub the wound or apply an elastic (Pressure immobilization) bandage.
- Once the stinging action is stopped and tentacles removed, care for pain by hot-water immersion. Have the person take a hot shower if possible for at least 20 minutes. The water temperature should be as hot as can be tolerated (non-scalding) or about 113 F if the temperature can be measured.
- If hot water is not available, use dry hot packs wrapped in a thin, dry towel, or as a second choice, dry cold packs (wrapped in a thin, dry towel) to help decrease the pain.
- If you know the sting is from a stingray, sea urchin or spiny fish, flush the wound with tap water. Ocean water also may be used. Keep the injured part still and soak the affected area in non-scalding hot water (as hot as the person can stand) for at least 20 minutes or until the pain goes away. If hot water is not available, packing the area in hot sand may have a similar effect if the sand is hot enough. Then carefully clean the wound and apply a bandage. Watch for signals of infection and check with a health care provider to determine if a tetanus shot is needed.

## ❑ Mosquito/Tick:

- If flu like symptoms develop within 2 weeks of a mosquito/tick bite, see a health care provider for evaluation.

## ❑ Ticks:

- Remove any embedded tick with gloved hands
- Grasp the tick at the head as close to the skin as possible with fine-tipped, pointed tweezers with a smooth inside surface or use a tick key if available.
- Pull upward slowly, steadily and firmly without twisting until the tick releases its hold
- **DO NOT** try to burn the tick.
- **DO NOT** apply petroleum jelly or nail polish to the tick.
- Seal the tick in a container, jar, or Ziploc bag with date and location of bite.
- Wash the area with soap and warm water.
- Apply an antibiotic wound ointment, cream or gel. (Check OTC forms 1<sup>st</sup>)
- Person should see a healthcare provider.

## ❑ Ticks (Cont.):

- Mark a circle around the bite site with a permanent marker.
- If you are unable to remove the tick, or if you think the tick's mouth parts are still embedded in the skin, the person should see a healthcare provider.

## ❑ Venomous Snake Bites:

- **Call 9-1-1 or the designated emergency number** immediately, even if you are not sure whether the snake's bite was caused by a venomous snake.
- **DO NOT** waste time trying to find and capture the snake for identification and **DO NOT** wait for life-threatening signs and symptoms of poisoning to appear.
- Keep the injured area still and lower than the heart.
- Have the person walk only if absolutely necessary.
- Wash the wound with soap and water.
- Cover the bite with a clean, dry dressing and then apply an elastic (pressure immobilization) bandage to slow the spread of the venom, to control swelling and to provide support.
- **DO NOT** Apply a tourniquet, ice, electricity or cut the wound.

## ❑ Blisters:

- **DO NOT** pop any blisters
- **DO NOT** remove the skin from the blister if it has popped.
- Clean with soap and water as available and apply a Band-Aid®, moleskin, or new skin bandage.
- Diabetics should always seek medical attention for blisters.

## ❑ Bruises and Bumps:

- Have the person rest in a comfortable position.
- Apply an ice pack or fill a bag with ice water and place a thin barrier between the ice and bare skin.
- Hold for no more than 20 minutes and then 20 minutes off before applying it again.
- Consider possibility of fracture or deep injury if tenderness or pain is severe and treat as sprain, strain or fracture until additional medical attention is available.
- Elevate the injured area unless it causes pain.

## ❑ Burns:

- First stop the burn by removing the source of the injury if it is safe for you to do so.
- All burns should be treated with cool potable running water.
- **DO NOT** apply ice or ice water



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## ❑ Burns (Cont.):

- **DO NOT** break any blisters
- Apply burn gel if water is not available. (Check OTC form 1st)
- Consider extensive burns such as full-thickness burns, burns that cover more than one body part, burns to the airway, mouth, nose, head, neck, hands, feet or genitals as serious injuries and the burned areas as open wounds.
  - ✓ If possible remove clothing that might come in contact with the wound.
  - ✓ Seek additional medical attention at once. If help cannot be contacted, cover with a dry sterile gauze and bandage loosely.
  - ✓ Give the patient an abundance of fluids only if fully conscious.

## ❑ Cold Related Injury:

### ❑ Hypothermia

- **Call 9-1-1 or the designated emergency number** immediately for any case of hypothermia
- Need to raise the body temperature and must be accomplished gradually.
- Gently move the person to a warm place.
- Remove wet clothing and dry the person.
- Help the person to put on dry clothing, including a hat, gloves and socks.
- Wrap the person in dry blankets and plastic sheeting, if available, to hold in body heat.
- If medical care is far away, position the person near a heat source or apply heating pads or hot water bottles filled with warm water to the body.
- Carefully monitor any heat source to avoid burning the person.
- If you are using heating pads or hot water bottles, wrap them in thin, dry cloths to protect the person's skin.
- If the person is alert and able to swallow, give them small sips of a warm, non-caffeinated liquid such as broth or warm water.
- **DO NOT** warm the person too quickly, such as by immersing the person in warm water.
- Continue warming the person and monitor the person for changes in condition until EMS personnel arrive.
- Be prepared to use an automated external defibrillator (AED), if available.

## ❑ Frostbite

- If the frostbite is severe or the person is also showing signs and symptoms of hypothermia, **call 9-1-1 or the designated emergency number** and give care for hypothermia, if necessary.
- Handle the area gently.
- Remove wet clothing and jewelry, if possible, from the affected area.
- **NEVER** rub a frostbitten area. Rubbing causes further damage to soft tissues.
- If medical attention can be obtained quickly, do not re-warm the affected part.
- For minor frostbite, rapidly rewarm the affected part using body-to-body contact such as with a warm hand.
- For more serious injury, gently soak it in water not warmer than about 105 F. Keep the frostbitten part in the water until normal color returns and it feels warm (20 to 30 minutes).
- After rewarming, loosely bandage the area with a dry, sterile dressing.
- If fingers or toes are frostbitten, place dry cotton or gauze between them before bandaging the area.
- **DO NOT** break any blisters.
- Take precautions to prevent hypothermia.
- Monitor the person's condition, and if you see that the person is going into shock, give care accordingly.
- **DO NOT** give ibuprofen or other nonsteroidal anti-inflammatory drugs (NSAIDs) when caring for frostbite.
- **DO NOT** rewarm the body part if there is a chance of it refreezing.

## ❑ Concussion:

- Every suspected concussion, even a minor head bump or injury, should be treated seriously. **Call 9-1-1 or the designated emergency number.**
- Have the person stop the activity he/she was engaged in when the incident occurred.
- Maintain an open airway.
- Control any bleeding and apply dressings to any open wounds.
- **DO NOT** apply direct pressure if there are any signs of an obvious skull fracture.
- If there is clear fluid leaking from the ears or a wound in the scalp, cover the area loosely with a sterile gauze dressing.
- Monitor the person for any changes in condition.



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## ☐ Concussion (Cont.):

- Try to calm and reassure the person. Encourage the person to talk with you; it may prevent loss of consciousness.
- Advise the person should follow up with a healthcare provider for a full evaluation.

## ☐ Dehydration:

- Encourage the person to drink plenty of water or fluids containing electrolytes to replace what has been lost.
- Encourage the person to rest.

## ☐ Diabetic Emergency:

- **Call 9-1-1 or the designated emergency number** if the person is unresponsive, not fully awake, or having a seizure
- If the person is alert and can safely swallow food or fluids and advises he/she is known to have diabetes, give, by mouth, 15 to 20 grams of sugar in the form of glucose tablets or glucose paste.
- If glucose is not available then try candies that can be chewed, fruit juice, fruit strips, regular (non-diet) soda, or milk.
- Monitor the person for changes in consciousness.
- Have the person check his/her own sugar level.
- Seek medical assistance if the person's condition worsens.

## ☐ Diarrhea:

- Give the person water or diluted, clear, non-citrus fruit juices or sports drink.
- Parents/caregivers should be notified to watch for other cases.
- If problem persists, person should be sent home.

## ☐ Ear Ache:

- **DO NOT** allow swimming.
- Monitor condition and check for fever.
- If problem persists, contact parents/caregiver to seek additional medical attention or send person home.

## ☐ Embedded (Impaled) Object:

- Call 9-1-1 or the designated emergency number.
- **DO NOT** remove object.
- Place several dressings around it to keep it from moving.
- Apply gentle pressure around the object and immobilize the object by bandaging around it, if trained to do so.

## ☐ Eyes (Foreign Objects):

- If suspected Conjunctivitis or "Pink Eye" call the parent/caregiver to take the person home.

- First allow natural tearing to wash out the object.
- Next, rinse eye using saline (Preferred) or water.
- If the object is still in the eye, small items in the white of the eye (sclera) can be gently flicked out with the edge of a sterile gauze pad or cloth.
- If irritation persists or foreign object is not easily removed, apply dry protective covering to both eyes and seek additional medical attention.
- Never try to remove something imbedded/stuck in the eye.

## ☐ Fainting:

- To prevent a fainting spell have the person sit down with his/her head near his/her knees.
- Lower the person to the ground or other flat surface and position him/her on his/her back, lying flat.
- Loosen any tight clothing, such as a tie or collar.
- If the person does faint, check the person for responsiveness and normal breathing.
- **DO NOT** give the person anything to eat or drink.
- Check the person from head to toe for injuries if the person is responsive
- If no injuries, place him/her into the recovery position.
- If in doubt about the condition of a person, **call 9-1-1 or the designated emergency number.**

## ☐ Fatigue:

- Feeling tired or fatigued is common among many children.
- Make sure the person's level of fitness matches the level of the activity.
- If you suspect a person is fatigued allow him/her to rest between activities and encourage adequate fluid intake.

## ☐ Head, Neck, and Spinal Injuries:

- **Call 9-1-1 or the designated emergency number** if you suspect the person has a head, neck or spinal injury.
- If the person is breathing normally, have him/her remain in the position in which he or she was found.
- If the head is sharply turned to one side, **DO NOT** move it.
- If the person is wearing a helmet or face guard, **DO NOT** remove it unless you are specifically trained to do so and/or it is necessary to assess the person's airway.
- If the person is unconscious, keep the airway open and check breathing.
- Take steps to control severe bleeding and keep the person from getting chilled or overheated.



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## ❑ Heat Related Illnesses:

### ❑ Heat Cramps

- Help the person to move to a cool place to rest.
- Encourage the person to drink fluids, such as sports drinks, coconut water or milk. If these are not available, have the person drink water.
- Lightly stretch the muscle and gently massage the area.
- **DO NOT** take salt tablets
- When the cramps stop, the activity may be resumed.

### ❑ Heat Exhaustion:

- Stop the physical exertion and remove the person to a cooler environment with circulating air.
- Loosen or remove as much clothing as possible and apply cool, wet cloths to the person skin or spray the person with cool water.
- Fanning the person may also help by increasing evaporative cooling.
- If the person is responsive and able to swallow, have the person drink a cool electrolyte- and carbohydrate-containing fluid (such as a commercial sports drink, coconut water, or milk). Don't let the person drink too quickly.
- Encourage the person rest in a comfortable position and watch carefully for changes in his/her condition.
- The person should not resume normal activities the same day.
- **Call 9-1-1 or the designated emergency number** if the person's condition does not improve or if the person is unable to take fluids by mouth, has a change in level of consciousness or vomits. Stop giving fluids and place the person in the recovery position. Keep the person lying down and continue to take steps to lower the person's body temperature.
- Monitor the person for signs and symptoms of breathing problems and shock.

### ❑ Heat Stroke (Not Sweating):

- **Call 9-1-1 or the designated emergency number** immediately. Heat stroke is a life-threatening emergency.
- Move the person out of the heat to a cool place.
- Remove clothing.
- Rapidly cool the body by immersing the person up to the neck in cold water, if possible, or douse or spray the person with cold water.

- Alternatively, place ice water-soaked towels over the person's entire body, rotating the towels frequently. If bags of ice are available, place these on the person's body, over the towels.
- If you are not able to measure and monitor the person's temperature, apply rapid cooling methods for 20 minutes or until the person's condition improves.
- Give care according to other conditions found.

### ❑ Impaled Object:

- See Embedded Object

### ❑ Lip and Tongue Injuries:

- Place a rolled dressing between the lip and the gum.
- You can place another dressing on the outer surface of the lip.
- If the tongue is bleeding, apply a gauze pad and direct pressure.
- Applying a cold pack wrapped in a dry towel to the lips or tongue can help to reduce swelling and ease pain.

### ❑ Nose Bleed:

- Have the person sit with the head slightly forward while pinching the nostrils together for at least 5 minutes .
- If bleeding hasn't stopped, then apply an ice pack, with a thin barrier between the ice pack and the skin, to the bridge of the nose or apply pressure on the upper lip (philtrum) just beneath the nose for at least another 5 minutes. .
- Seek medical attention if the bleeding persists or recurs or the person says that it is caused by high blood pressure.

### ❑ Poisoning: (Swallowed, Inhaled, Absorbed)

- Remove the source of the poison if you can do so without endangering yourself.
- Check the person's level of consciousness and breathing.
- Call the National Poison Control Center (PCC) hotline at 1-800-222-1222 and follow the advice given.
- Care for any life-threatening conditions.
- If the person is conscious and alert, ask questions to get more information.
- Look for any containers, and refer to them when you call for help.
- **DO NOT** give the person anything to eat or drink unless the poison control center staff member tells you to do so.
- **DO NOT** make the person vomit to get rid of the poison.
- If you do not know what the poison was and the person vomits, save a sample for analysis.





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## ☐ Poisonous Plants: (Contact)

- If you suspect the person was potentially exposed to a rash-causing plants, wash with a specialized skin cleanser designed to remove the Urushiol (plant oils) or a degreasing soap (such as dishwashing liquid) and plenty of water as soon as you come in from outside may prevent a rash from developing, or minimize the severity of the rash.
- Wash clothing and everything else that might have come in contact.
- Apply calamine lotion or hydrocortisone cream to the area to reduce itching and blistering. (check OTC forms 1<sup>st</sup>)
- An oral antihistamine may also help to relieve itching. (Check OTC form 1<sup>st</sup>)
- If the rash is severe or on a sensitive part of the body (Such as the face or groin), the person should see a healthcare provider.
- **Call 9-1-1 or the designated emergency number** if the person experiences a severe allergic reaction or is having trouble breathing.

## ☐ Seizures:

- **DO NOT** try to stop the seizure.
- **DO NOT** hold or restrain the person.
- **DO NOT** place anything between the person's teeth.
- Prevent further injury by removing nearby objects.
- Protect the person's airway and make sure that the airway is open after the seizure.
- Check for responsiveness and breathing.
- Check the person from head to toe for injuries.
- If there are any fluids, place the person on his/her side to drain any fluids from the mouth.
- If the seizure was caused by a sudden rise in body temperature, loosen clothing and fan the person
- Be comforting and reassuring.
- **Call 9-1-1 or the designated emergency number** if the seizure happens in or near water, lasts more than 5 minutes or if it's the person's first seizure.

## ☐ Severed Body Parts:

- If a part of the body has been torn or cut off, **call 9-1-1 or the local emergency number**
- Try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth.
- Place the wrapped part in a plastic bag and seal. Then mark the time on bag.

- Severed limbs **MUST** remain cold without being frozen. Refrigerate the limb best you can, or by using an ice chest with ice and water slurry. Never place on ice alone or on dry ice.
- Be sure the part is taken to the hospital with the person either by pinning the bag to the person or make sure to give it to the Emergency Medical Services personnel.

## ☐ Shock:

- In cases where the person is going into shock, **call 9-1-1 or the local emergency number** immediately. Shock cannot be managed effectively by first aid alone. A person suffering from shock requires emergency medical care as soon as possible. While waiting for help to arrive:
  - ✓ Have the person lie flat on his/her back.
  - ✓ Control any external bleeding.
  - ✓ Maintain body temperature – i.e. cover him/her with a blanket to prevent loss of body heat.
  - ✓ **DO NOT** give the person any food or drink, even though he/she is likely to be thirsty.
  - ✓ Reassure the person and help rest comfortably.
  - ✓ Continue to monitor for breathing and watch for any changes in the person's condition or level of consciousness.

## ☐ Splinter:

- Remove the splinter with tweezers, making sure not to dig for the splinter.
- After removing the splinter from the skin, wash the area with soap and water as available, rinsing the area with tap water for about 5 minutes.
- Dry the area.
- Apply an antibiotic ointment to the area. (Check OTC form 1<sup>st</sup>)
- Cover to keep it clean.
- If the splinter cannot be removed, just wash area with soap and water as available, cover, and let the parent/caregiver know about the splinter so they can remove it when they get home.
- If the splinter is in the eye, **DO NOT** attempt to remove it. **Call 9-1-1 or the local emergency number.**



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## ☐ Sprains, Strains, Dislocations and Fractures: Remember R.I.C.E.

- **Rest** – DO NOT move or straighten the injured area.
- **Immobilize** – Stabilize the injured area in the position it was found. Splint the injured part only if the person must be moved or transported to receive medical care and it does not cause more pain.
- **Cold** – Fill a plastic bag with ice and water or wrap ice with a damp cloth and apply ice to the injured area for periods of about 20 minutes. Place a thin barrier between the ice and bare skin. **DO NOT** apply heat as there is no evidence that applying heat helps muscle, bone, or joint injuries.
- **Elevate** – Elevate the injured part only if it does not cause more pain.
- Splint the area if you must move the person to get medical help, and if splinting does not cause the person more pain or discomfort.

## ☐ Stomachache: See abdominal pain

- Keep the person well hydrated.
- Give the person a bland diet, if he/she is not vomiting.

## ☐ Sunburn: See burns

- Give an abundance of non-caffeinated fluids.
- If sunburn is severe and extensive, seek additional medical assistance.

## ☐ Tooth Injuries:

- If a person's tooth is knocked out, control the bleeding by placing a rolled sterile dressing into the space left by the missing tooth.
- Have the person gently bite down to maintain pressure.
- If the person is conscious and able to cooperate, rinse out the mouth with cold tap water if available.
- If possible, save the tooth so it may be reinserted (unless it is a baby tooth) place it in Hank's® Balanced Salt Solution, egg whites, coconut water, or whole milk. If none of these are available, store in injured persons saliva (not in the mouth).
- Be careful to pick up the tooth only by the crown (white part) rather than by the root, if there is a root.

## ☐ Vomiting:

- Lay the person on his/her side so they do not swallow or inhale the vomit.
- Stop solid foods.
- Call parents/caregiver to seek medical care.

- Slowly introduce clear fluids, such as water, popsicles, gelatin, or an oral rehydration solution.
- Wait 2 to 3 hours after a vomiting episode to offer the child some cool water. Offer 1 to 2 ounces every half hour, four times. Then alternate 2 ounces of rehydration solution with 2 ounces of water every 2 hours.

## ☐ Wound Infection:

- Re-clean with soap and water and re-dress the wound.
- Monitor for signs of serious infection.
- For any large bruised areas, bites or injected poisoning incidences, outline the affected areas in pen and indicate the time that the wound occurred to help you determine if the infection is spreading over time.
- Call parent/caregiver to seek medical care.

For information on Treatment Protocols not listed in this manual, see the Red Cross First Aid/CPR/AED Participants Manual.



[http://www.instructorscorner.org/  
media/resources/eccu/  
eccu\\_pdfs\\_201601/  
FA\\_CPR\\_AED\\_PM\\_Low\\_Res.pdf](http://www.instructorscorner.org/media/resources/eccu/eccu_pdfs_201601/FA_CPR_AED_PM_Low_Res.pdf)



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## Treatment Protocols For Communicable Diseases:

The following symptoms should be suggestive of communicable disease: fever of 101.5 F degrees or more, severe sore throat, vomiting, rash, inflamed eyelids, fluid running from ears, skin lesions. Isolate the person. If problem persists, parents/caregivers should be contacted to seek medical care.

### ❑ Congestion and/or Cough:

Check temperature. Call parent/caregiver to seek medical care.

### ❑ Diarrhea & Vomiting:

Check temperature. Responsible adults should be notified to watch for other cases. Person should be allowed bed rest and isolation in health center. Call parent/caregiver to seek medical care. Replace solid foods with clear fluids for 24 hours. Wait 2 to 3 hours after a vomiting episode to offer fluids. For Diarrhea only give over-the-counter antidiarrheal medications under the guidance of a healthcare provider.

### ❑ Fever, Elevated Temperatures:

- Have the person rest in a comfortable position
- If the person is able to swallow, offer clear liquids such as water, juice or chicken broth.
- Remove any excessive clothing or blankets and sponge the person with lukewarm water.
- If the fever is high, gently cool the person. Never rush cooling down.

### ❑ Head Lice:

Person must be sent home. Girl/adult may not return until evidence is provided that patient is clean of lice.

### ❑ Local Infections:

Apply hot wet packs. Observe for signs of increasing inflammation. Take temperature and vital signs. If temperature is elevated, contact parents/caregivers to seek additional medical attention. Handle infections in such a way so as to eliminate the spread of illness to others.

### ❑ "Pink Eye" (conjunctivitis):

Person must be sent home. Girl/adult may not return until evidence is provided that patient is clean of pink eye.

### ❑ Sore Throat and Flu:

Assess and treat symptomatically, with rest, fluids. If symptoms persist, call parent/caregiver to seek medical care.

Girl or adult participants exhibiting any of the following symptoms will be sent home.

- Diarrhea
- Vomiting
- Oral temperature over 101.5 F
- Sore throat accompanied by fever
- Unusually dark, tea-colored urine
- Unusual rash or spots
- Yellowish skin or eyes
- Infected skin patches
- Grayish or white stools
- Inflamed, bloodshot eyes with discharge
- Severe itching of body or scalp
- Severe headache accompanied by stiff neck

First aid administered in the first few minutes can mean the difference between life and death. Calling for help is often the most important action you can take. In an emergency, secure professional medical assistance as soon as possible, normally by calling 9-1-1 or the designated emergency number.

Don't forget to document in the Troop Medical log any injury, illness or incident. Make sure to include information about girls who are sent home or sent for medical treatment.

# Girl Scout Safety Guidelines

Every adult in Girl Scouting is responsible for the physical and emotional safety of girls, and we all demonstrate that by agreeing to follow these guidelines at all times.

## 1. Follow the *Safety Activity Checkpoints*.

Instructions for staying safe while participating in activities are detailed in the *Safety Activity Checkpoints*, available from our council. Read the checkpoints, follow them, and share them with other volunteers, parents, and girls before engaging in activities with girls.

## 2. Points common to *all Safety Activity Checkpoints* include:

- **Girls plan the activity.** Keeping their Grade level abilities in mind, encourage girls to take proactive leadership roles in organizing details of the activity.
- **Arrange for proper adult supervision of girls.** Your group must have at least two unrelated, approved\* female adult volunteers present at all times, plus additional adult volunteers as necessary, depending on the size of the group and the ages and abilities of girls. Adult volunteers must be at least 18 years old and must be screened by GSGLA before volunteering.
- **Get parent/caregiver permission.** When an activity takes place that is outside the normal time and place of the troop meeting, advise each parent/caregiver of the details of the activity and obtain permission for girls to participate.
- **Communicate with GSGLA staff and parents/caregivers.** Follow GSGLA procedures for activity approval, certificates of insurance, and GSGLA guidelines about girls' general health examinations. Make arrangements in advance for all transportation and confirm plans before departure.
- **Be prepared for emergencies.** Work with girls and other adults to establish and practice procedures for emergencies related to weather, fire, lost girls/adults and site security. Give an itinerary to a contact person at home; call the contact person upon departure and return. Create a list of girls' parents/caregivers contact information, telephone numbers for emergency services and police, and GSGLA contacts—keep on hand or post in an easily accessible location. Always keep handy a well-stocked first-aid kit, girl health histories, girl over-the-counter medications form, and contact information for girls' families. Check *Safety Activity Checkpoints* to determine the type of first aider needed
- **Get a weather report.** On the morning of the activity, check weather.com or other reliable weather sources to determine if conditions are appropriate. If severe weather conditions prevent the activity, be prepared with a backup plan or alternate activity, and/or postpone the activity. Write, review, and practice evacuation and emergency plans for severe weather with girls. In the event of a storm, take shelter away from tall objects (including trees, buildings, and electrical poles). Find the lowest point in an open flat area. Squat low to the ground on the balls of the feet, and place hands on knees with head between them.

- **Use the buddy system.** Using the buddy system, girls are divided into teams of two. Each girl is responsible for staying with her buddy at all times, warning her buddy of danger, giving her buddy immediate assistance if safe to do so, and seeking help when the situation warrants it. Girls are encouraged to stay near the group or buddy with another team of two, so in the event someone is injured, one person cares for the patient while two others seek help. (Refer to "Buddy Systems" in [Volunteer Essentials, Chapter 2](#))

## 3. Report abuse.

Sexual advances, improper touching, and sexual activity of any kind with girl members are forbidden. Physical, verbal, and emotional abuse of girls is also forbidden. Follow our council's guidelines for reporting concerns about abuse or neglect that may be occurring inside or outside of Girl Scouting (Refer to "Procedures and Standards" [Volunteer Essentials, Chapter 8](#))

## 4. Travel safely.

When transporting girls to planned Girl Scout field trips and other activities that are outside the normal time and place, every driver must be an approved adult volunteer and have a good driving record, a valid license, and a registered/insured vehicle. Insist that everyone is in a legal seat and wears her seat belt at all times, and adhere to state laws regarding booster seats and requirements for children in rear seats. \*Refer to "Transporting Girls" in [Volunteer Essentials, Chapter 4](#) for more requirement details.



# Girl Scout Safety Guidelines

## 5. Ensure safe overnight outings.

Prepare girls to be away from home by involving them in planning, so they know what to expect. Avoid having men sleep in the same space as girls and women. During family or parent-daughter overnights, one family unit may sleep in the same sleeping quarters in program areas. When parents are staffing events, daughters should remain in quarters with other girls rather than in staff areas.

## 6. Role-model the right behavior.

Never use illegal drugs. Don't consume alcohol, smoke, or use foul language in the presence of girls. **DO NOT** carry ammunition or firearms in the presence of girls unless given special permission by our council for group marksmanship activities.

## 7. Create an emotionally safe space.

Adults are responsible for making Girl Scouting a place where girls are as safe emotionally as they are physically. Protect the emotional safety of girls by creating a team agreement and coaching girls to honor it. Agreements typically encourage behaviors like respecting a diversity of feelings and opinions; resolving conflicts constructively; and avoiding physical and verbal bullying, clique behavior, and discrimination.

## 8. Ensure that no girl is treated differently.

Girl Scouts welcomes all members, regardless of race, ethnicity, background, disability, family structure, religious beliefs, sexual orientation, and socioeconomic status. When scheduling, helping plan, and carrying out activities, carefully consider the needs of all girls involved, including school schedules, family needs, financial constraints, religious holidays, and the accessibility of appropriate transportation and meeting places.

## 9. Promote online safety.

Instruct girls never to put their full names or contact information online, engage in virtual conversation with strangers, or arrange in-person meetings with online contacts. On group websites, publish girls' first names only and never divulge their contact information. Teach girls the Girl Scout Online Safety Pledge and have them commit to it. Take the pledge here:

<http://www.girlscouts.org/en/help/help/internet-safety-pledge.html>

## 10. Keep girls safe during money-earning activities.

Girl Scout cookies and other council-sponsored product sales are an integral part of the program. During Girl Scout product sales, you are responsible for the safety of girls, money, and products. In addition, a wide variety of organizations, causes, and fundraisers may appeal to Girl Scouts to be their labor force. When representing Girl Scouts, girls cannot participate in money-earning activities that represent partisan politics or that are not Girl Scout-approved product sales and efforts.

\*Being an approved volunteer means that you are:

- ☐ A registered member
- ☐ Have a cleared application
- ☐ Have a background screening on file (within the last three years)
- ☐ Have completed position related training



## Safety is our #1 Priority!

These guidelines, along with the guidelines in the appropriate  
*Safety Activity Checkpoints*  
for the specific activity must be followed at all times.

<http://www.girlscoutsla.org/documents/>

# First-Aider Resources

## GSGLA Forms:

[Accident/Incident Report Form](#)

[Adult Emergency Information & Authorization for Treatment \(Green\) Card](#)

[Extended Travel Health Examination Form](#)

[First Aid Kit Checklist](#)

[GSGLA Emergency After-Hours Calls \(Pink\) Card](#)

[Health History & Automobile Information Form](#)

[Over The Counter \(OTC\) Form](#)

[Parent Permission Form](#)

[Provided Prescription and/or Provided OTC Medication Form](#)

[Troop Medical Log](#)



## GSGLA Links:

[Extended Travel/High Risk Application eForm](#)

[GSGLA Online Training Website](#)

[Safety Activity Checkpoints](#)

[Volunteer Essentials](#)

A stack of three forms. The top form is "HEALTH HISTORY & AUTOMOBILE INFORMATION" dated 2015-2016. The middle form is "Over-the-Counter (OTC) Form". The bottom form is "Provided Prescription and/or Provided OTC Medication Form". A large red "CONFIDENTIAL" stamp is diagonally across the middle and bottom forms.

## Other:

[GSUSA Internet Safety Pledge](#)

[Mutual of Omaha Site](#) (For Insurance Claims and Information)

[American Red Cross First Aid/CPR/AED Participants Manual](#)

[American Red Cross Ready Reference Card- Adult](#)

[American Red Cross Ready Reference Card- Pediatric](#)



# First-Aider Position Description

**APPOINTED BY & ACCOUNTABLE TO:** Troop /group Leader for troop/group activities or event manager for events

**TERM:** Activity or event duration, may be reappointed

**PURPOSE:** Ensure the safety of girls and adults present at Girl Scout activities and events and administer first aid as needed.

## INDIVIDUAL RESPONSIBILITIES:

- Be present throughout the entire activity/event.
- Download or print the latest GSGLA First-Aider & Emergency Plan, and know its contents.
- Maintain a first aid kit.
- Obtain directions to the nearest hospital and an updated list of emergency phone numbers.
- Secure and maintain health history forms for the girls, provided by the troop leader. (Adults will carry their own Adult Emergency Information & Authorization to Treat (Green) cards).
- Set up and maintain a first aid station for events.
- Keep and dispense all medications.
- Administer first aid as needed to girls and adults.
- Record incidents in a Troop Medical Log with pen and maintains privacy.
- Maintain a supply of Accident/Injury forms and insurance claim forms and process them as needed.

## QUALIFICATIONS:

- Registered Girl Scout adult (or girl with an adult mentor) with an approved volunteer screening on file
- Current First Aid /CPR/AED certification as specified in *Volunteer Essentials*. Required when the activity or event is located less than 30 minutes away from emergency medical responders or when *Safety Activity Checkpoints* indicate that a first-aider is needed. Large events with more than 200 participants shall have one Advanced first-aider for every 200 participants with additional assistance as needed according to VE.
- Ability to maintain good judgment regarding health and safety procedures and crisis situations.
- Ability to assess when additional medical attention should be obtained.
- Good oral and written communication and interpersonal skills; knowledge of typical emotional and physical needs of children.
- Knowledge of health and safety standards as outlined in *Volunteer Essentials*.

Your appointment to this position begins on \_\_\_\_\_ and will continue until \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Appointed by: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date