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PATCHING UP THE MOVEMENT

a first aid manual

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To say health care in this country is grossly inadequate is to say nothing that we are not all too familiar with. Demonstrations, actions, etc. against the health care industry have been frequent, talks about much more ideal systems are constant, research into power structures of the medical empire is being done on many levels. It is the purpose of this booklet to talk about how individuals can start to take charge of their own, and their sisters' and brothers' health needs. It is our responsibility to learn and practice as much about health as we can, and to disseminate the information to as many people as we can. Doctors and dentists have become the all-knowing, all-seeing demi-gods and we have become more and more alienated from our bodies. The body has become a mysterious thing—teeth are enemies, sex-organs are misunderstood, people faint at the sight of blood. The fact that health professionals are so surrounded in deifying mythology further alienates the patient from the doctor. We have the responsibility to learn about our bodies, to teach others, to learn to recognize disease when it begins, to demand of professionals that they explain what they are doing when we go to them.

This booklet is going to concentrate on first-aid. Demonstrations are becoming bloodier and a lot of the discussion to follow will be directed toward first-aid for demonstrations—hopefully it won't be read in an adventurist, romantic way, but with a feeling of responsibility that we have for each other. Beyond first-aid, we should learn and teach other things--nutrition, dental hygiene, birth control. It can't stop here; to make the medical system better, in part means (I think) to put a lot of knowledge in the hands of the people.

Probably the most important thing about health care is preventive medicine -- so that first-aid is not necessary. For street fighting, the following practices should be followed:

1. Every person should have had a tetanus toxoid booster in the past year. You can get lockjaw (tetanus) from puncture wounds, which can be fatal. If a person didn't get the injection before being injured, she should then see a doctor for a booster shot.

2. Since people are clubbed and there is therefore the possibility of being knocked unconscious, and being treated by a doctor with drugs while unconscious, it is a good idea to wear identification tags stating any drug allergies or diseases that you have. For example, if you are allergic to penicillin, wear a

tag around your neck stating, "I am allergic to penicillin," or "I am a diabetic," so that medications harmful to you are not given.

3. When there is a chance that there will be a confrontation with the police, the following should be worn: Protective clothing: high buttoned shirts, buttoned sleeves, laced heavy shoes, a belt, jock, bra, a helmet (or at least a helmet liner), tight-fitting goggles to protect your eyes. You should not wear contact lenses. They can seriously irritate your eyes if you are gassed. You will not feel the irritation since there are no nerve endings in the cornea. Particles of CS gas (tear gas), for example, can get trapped between the eye and the lens and can blind you. Do not wear earrings--they can be pulled off by the police. Wear nothing around the neck (beads, etc.) which can be pulled and choke you. Wear no hanging straps that can be grabbed. If you can see without glasses, don't wear them. Do not wear false teeth; you can choke on them if unconscious.

There are basic things to keep in mind with first-aid.

1. You can learn a lot more about first-aid by applying a splint to an arm than you can by reading about it. Practice with a friend.

2. You always want to share your knowledge. Before actions take place, get people prepared. Try to figure out what kind of thing you should be best equipped to treat, what injury will occur the most. For instance, with street fighting there is always a good chance that you will be gassed. Tell as many people as you can, beforehand, how to take care of themselves when gassed. You should be prepared yourself. Have your materials ready. You'll need large quantities of cotton balls soaked in dilute boric acid to wash out burned eyes. Carry a canteen of water; that is almost as good as dilute boric acid.

3. Most of the time, the first-aid you give will adequately take care of a person. In some cases first-aid is required to save a person's life. In serious injury you should look for, and treat in order the following:

Is the victim breathing?

Is the victim bleeding heavily?

Is the victim in shock?

If a person is not breathing, she can die in 4 minutes, so you've got to start mouth to mouth breathing immediately. If she is bleeding heavily, stop it by applying pressure dressing. Whenever there is an injury there is always a good chance for a person to go

into shock. You would put the person in the proper shock position.

For instance, if a person has a head wound that is serious, you should:

1. Lay her down (she probably is already down).

2. Check to see if she is breathing. See if she has an airway, clear her mouth out, pull her tongue forward. Start mouth to mouth breathing.

3. When she has started breathing, or if someone else is around, stop the bleeding by applying a pressure bandage.

4. Make sure she is warm. Place blankets (coats that you've gotten from people around) under, and above her.

In another situation you will have other things to consider. If a person has a fractured arm you will not have to worry about whether she is breathing. You may have to stop bleeding. You probably will always have to treat for shock. If the bleeding is slight, you would treat for shock first. After that you would splint the fracture.

4. There is a big question of your responsibility to the victim: when would you stay with her, when would you move her, etc. With serious injuries, it is better not to move the victim, but if the area is heavily gassed and the police are charging, you may have no choice. You'll be responsible for making the responsible decision at the time.

RESCUCITATION PROCESS

Within four minutes after a person stops breathing she will die, or at least suffer irreparable damage to the brain. First-aid care for all non-breathing victims is the same -- immediate application of rescue-breathing. To do this you must first establish an open, unobstructed pathway. To do this, tilt the victim's head backward (she will be lying on the ground), and lift the jaw upward. This may be all the person needs and she may begin to breath spontaneously. Probably it won't be all she needs, so check the mouth and clear out blood, vomit, or other foreign matter with your fingers. Now, holding the head tilted backward, jaw pulled forward, pinch the nose. Take a big breath, seal your lips tightly around those of the victim, and blow forceably into her mouth. Check to make certain that the victim's chest rises with each lung inflation. Remove your mouth from the victim's. Repeat this every 5 seconds or so. If you are unable to get any air in (the chest doesn't rise), roll the person on her side, slap her hard on the back, wipe the mouth out again, and try again. You'll note

a change of skin color, back to normal within a few minutes. The pupils will respond to light, the pulse will become stronger. Keep at it until the person starts breathing by himself. DON'T GIVE UP!

BLEEDING

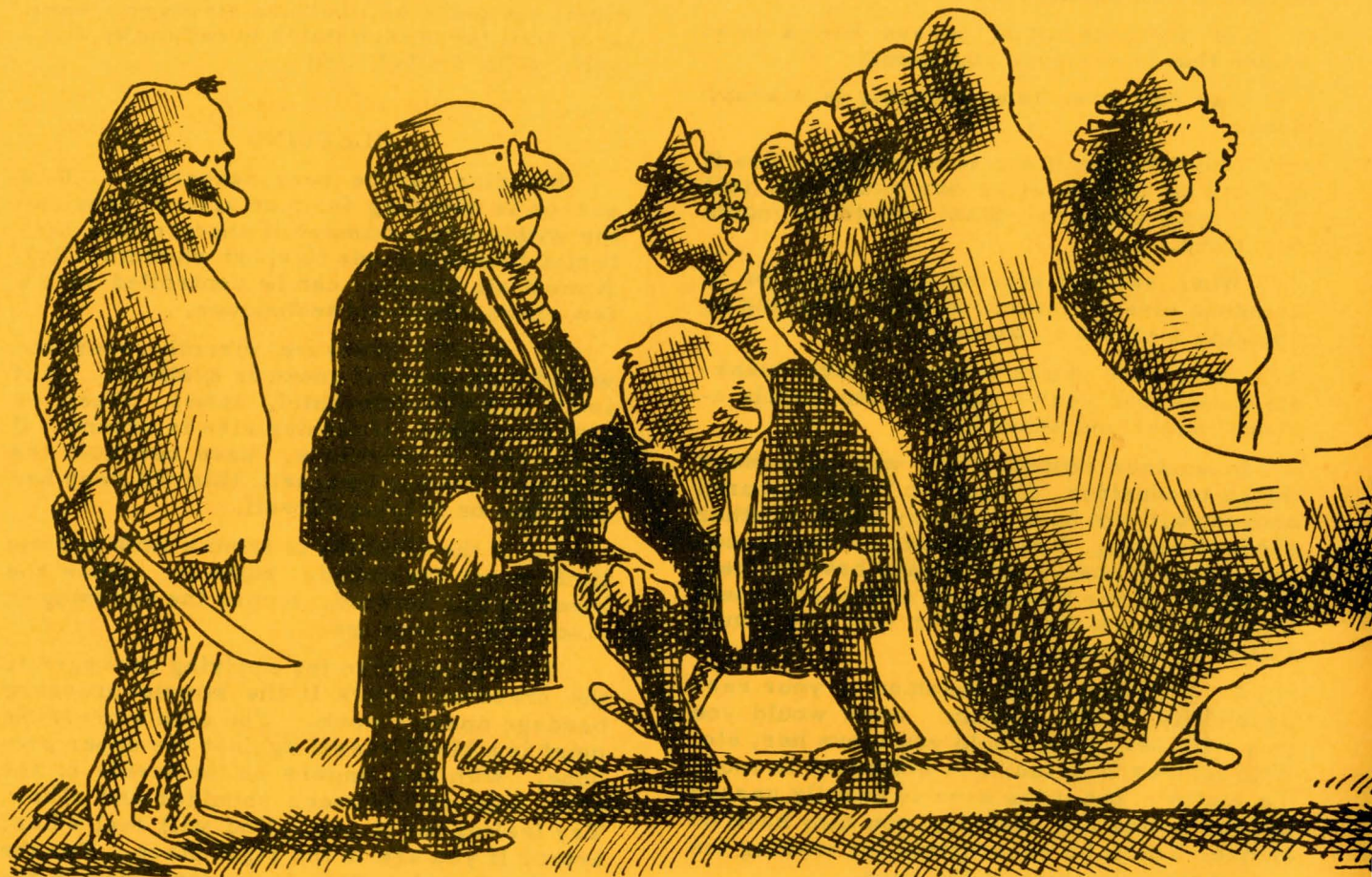
Bleeding can be very dangerous. If a person is bleeding from an artery, she can die within a few minutes if uncontrolled (arterial bleeding tends to spurt rhythmically). Almost all bleeding can be controlled with a few simple first-aid techniques.

1. Apply pressure directly over the wound with gauze if gauze is available. If it isn't, use a handkerchief, towel, sheet, or just your hand, if nothing else is around. If the person is conscious, have her hold the pressure dressing herself; this will keep her attention on helping herself.

2. If the bleeding is from a limb and the limb is not fractured, raise it. Once the bleeding has stopped, secure the dressing in place with a bandage.

3. You can also try applying pressure to the pressure points if the simple pressure bandage doesn't work. The arm's pressure point is a blood vessel against the upper arm bone, with the fingers on the inside of the arm, half-way between shoulder and elbow. Try feeling for it now. You will feel a hard artery if you are in the right place. For the leg, the blood vessel is located against the pelvic bone, with the side or heel of the hand at the point of crease between the thigh and the body.

4. If using the pressure dressing, elevating the limb if it is a limb that is bleeding, and if pressing the pressure point does not stop the bleeding, and if the person is bleeding in rhythmic spurts (from the artery) and the person will die from loss of blood, then this is the only time that you should use a tourniquet to control bleeding. A tourniquet is any kind of a soft wide strap (such as a belt, handkerchief, rubber tubing) which is wrapped loosely around the arm or leg above the injury (that is, closer to the heart than the injury). You would place a stick, knife, or something else that is straight, hard, and available, around the tourniquet and twist it slowly so as to tighten the tourniquet, until the bleeding has stopped. The tourniquet shuts off the flow of blood to the limb. This causes the death of cells in the limb. Therefore, whenever a tourniquet is used there is a good chance that the limb will have to be amputated. It is to be used only in extreme emergencies. Once applied, it should remain in place until a person supplied with

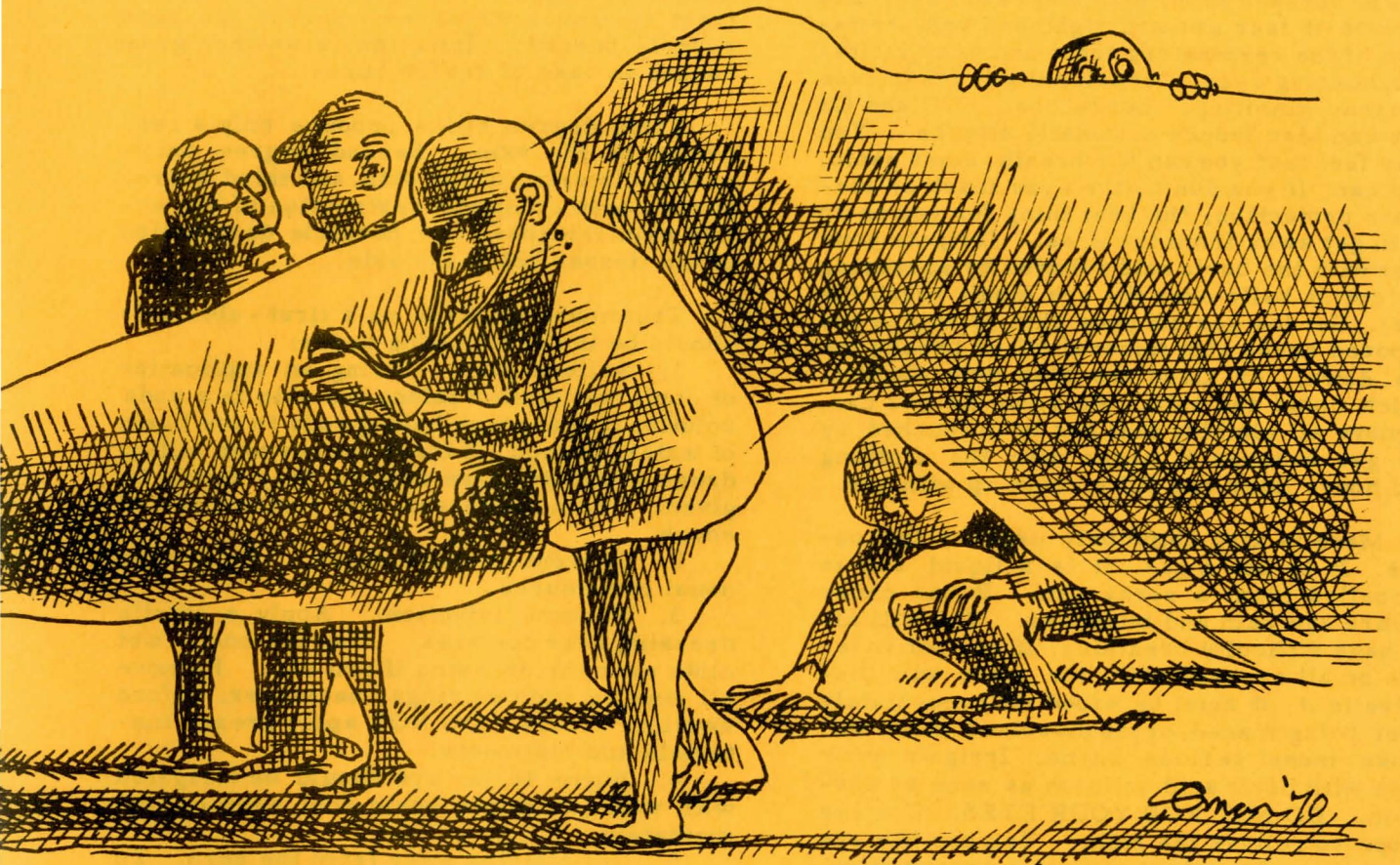


sutures and drugs can stop the bleeding. (If it is loosened, the blood pressure will probably push through and push the blood clot formed through the wound. This will start the bleeding again and it is harder to get a blood clot formed a second time.) Make sure the victim is marked as having a tourniquet, especially if she is unconscious. Write TK on her forehead, so when a doctor arrives, she will treat this immediately.

SHOCK

Most people will suffer shock in some form when injured. Shock is due to a sudden decrease in the volume of circulating blood, when compared to the volume of its container (the arteries, veins, capillaries, and heart). This causes a rapid drop in blood pressure and therefore a decrease in the amount of oxygen which is forced out of the vessels and into the tissues. Shock can occur when the blood volume decreases (e. g., in bleeding) or when the blood vessel volume increases (e. g., in cases of apprehension). The condition of shock, if untreated, can lead to permanent brain damage (due to oxygen starvation) or even to death.

The signs of shock are cold and clammy pale skin, chills, nausea and vomiting, rapid and shallow breathing, rapid and feeble pulse, dilated pupils. A person doesn't necessarily have to have all of the symptoms - - some of them depend on how deep the shock is. When shock complicates an injury, it must be treated first, before the injury (unless the person isn't breathing or is bleeding in large quantities). Loss of body heat with shock is great. Therefore the person should be made warm as possible. Blankets, coats, or whatever is available should be placed both under and over the person. Newspapers between the blankets will keep heat in. Remove cold and wet clothing if possible and convenient, but don't expose the person to cold unnecessarily. If the person is conscious, she should be lying on her back, with her legs elevated 12 to 18 inches (provided there is no head injury). Her torso should be flat. Give her fluids to drink, but only if she is conscious, if there are no severe head injuries, stomach injuries, and if there is no likelihood of an emergency operation. A good thing for a person in shock to drink is a solution of baking soda and salt and water, to settle the stomach. This solution is part of the first-aid kit that



first-aid people will carry--the proportions of the solution and other things to go in the kit are listed at the end of this booklet.

If the person is unconscious, make sure that she has an airway. Open her mouth, pull her tongue forward, and remove foreign objects from the mouth. Tilt the head back to help prevent constriction of the airway. Loosen all tight clothing (belts, collars, bras). Use ammonia inhalants to keep the person conscious and keep her as comfortable, warm, and quiet as possible. Reduce pain wherever possible (i. e., splint a fracture) because pain increases the intensity of shock. Do not move the person unless absolutely necessary to prevent further injury.

Fainting (Syncope) - - A Form of Shock

Fainting is due to a lack of blood to the higher brain centers due to loss of blood or decreases in blood pressure. It will occur from heat, fatigue, fear, or over-excitement. The first-aid is simple: restore adequate blood supply to the head. The patient should lie down with feet elevated and clothing loosened. Gently massaging the stomach will pump pooled blood from internal organs into circulation. Wet, cool cloths should be placed

on the forehead. **DO NOT HAVE THE PATIENT SIT WITH HEAD BETWEEN KNEES.** In the event of losing consciousness the patient could lurch forward, striking her head, or, rolling over on her neck, severing the spinal cord.

GASES

Gases are used by the police as "riot control agents." It is best to supply yourself with a gas mask, but they are hard to get. A wet gauze pad (soak it in lemon juice if you can; it will neutralize the gas) which can be held over your nose and mouth by a surgical scrub mask, or a handkerchief will do if a mask is not available. Wear tight goggles to prevent irritation of your eyes by tear gas. Carry a canteen of water, and a lot of cotton balls soaked in dilute boric acid. If your eyes do get gassed, **DO NOT RUB THEM.** You can be blinded this way. The cornea has no nerve endings and you can destroy it by rubbing the particles against it.

Probably the most commonly used gases are tear gases. There are two kinds: CN gas which is weak; and CS gas which is strong and has particles in it. They can be

dispersed in various canisters such as plastic grenades and pepper fog machines, or can be sprayed from helicopters or cars. The effects of tear gas are tightness and irritation of the respiratory tract and very irritated, burning eyes. Occasionally it may cause nausea, vomiting, headaches. CN and CS gas can also induce asthmatic attacks. You may feel that you can not breathe; don't panic, you can. If you don't have a gas mask or adequate protection, the best thing for you to do is to get away from the area. Irrigate your eyes with the boric acid solution by squeezing the cotton balls over the eye (don't touch the eye). Get the gas off your skin by wiping the exposed areas with mineral oil (it breaks the gas down), or flood the skin with alcohol, which cools the skin. As soon as you can, remove all clothing that has been touched by the gas because it hangs onto the clothing and hours later can fill a room up with gas.

Mace is also commonly used by the police. It is not a gas; it is a liquid and is propelled from a spray can. It can cause severe eye pain and blindness. You will also have difficulty breathing. If you put vaseline on all exposed skin, the mace will dissolve in it; it must be wiped off immediately after being maced, or the dissolved mace will cause more serious burns. Irrigate your eyes with boric acid solution as soon as possible. **DO NOT RUB YOUR EYES.** Use eye drops to relieve the pain. You can buy eye drops in the drug store without a prescription. If pain or blurred vision persist, see an eye doctor.

Nausea Gas is a clear, odorless, and colorless gas. It is dispensed in a small canister. When it lands it lets off a small puff of smoke and then there is nothing. You may think it is a dud--it isn't! The effects of it are intense vomiting which can tear the lining of the stomach, and intense diarrhea which can cause rectal bleeding. It upsets your judgment. It can cause asthma to become worse. Don't use a gas mask for nausea gas. The gas is absorbed through your skin, which means that you don't have to inhale it to be affected by it. You can choke on your own vomit if you wear a mask. There is no treatment; just run like hell.

Blister gas comes in a powder and is thrown in crowds after they have been hosed down with water. It causes second degree burns to the skin, as well as burns to the lungs. Protective clothing and gas masks can reduce blistering to a minimum. Treat blisters as second degree burns.

BURNS

Burns are very serious and should be

treated by a physician as soon as possible. Severe burns are more likely to cause shock than other types of wounds. So be sure to treat for shock whenever a person has been severely burned. Infection is another great danger in case of severe burns

First degree burns produce only a reddening of the skin. Second degree burns cause blistering of the skin, and third degree burns cause complete destruction of the entire skin thickness and possible destruction of the tissues below the skin.

Treatment of burns on a first-aid basis should be in the following order:

1. Relieve pain. Using an application of cool, wet cloth, soaking the skin in a soda solution (2 teaspoons baking soda to the basin of water) is good. If there are any pain killing drugs available, even aspirin, they should be given. Pain increases the seriousness of shock.

2. Prevent or treat shock. Follow the usual procedures.

3. Prevent infection. Apply a sterile dressing over the area. Use the cool, wet cloth over the dressing if you can. Remove all jewelry such as rings, necklaces, before swelling occurs. **DO NOT** apply greasy materials and ointments.

4. Burns to the eye should be irrigated with water or dilute boric acid solution immediately.

5. Get clothing away from the burn. To get the clothing away, cut or tear the clothes, then gently lift off. Do not pull the clothing over the burn. Do not try to remove pieces of cloth that stick to the burned area. In extensive, severe flame burns, it is best to leave the burn exposed. Never break the blister or touch the burn. The victim should drink a lot of water because burns cause a great loss of body fluids. If possible, add 1/4 teaspoonful of salt to each quart of liquid. Three or four quarts should be drunk every 24 hours.

WOUNDS

Wounds in general should be treated in the following order: stop the bleeding, prevent or treat for shock, and protect the wound. Certain wounds require special first-aid measures.

Chest wounds are particularly dangerous if air is being sucked in and blown out of the chest cavity through the wound. When such a condition exists, the wound itself is not as dangerous as the air which goes through it, for the air squeezes the lung, thus collapsing it. Proper breathing becomes impossible. Make the chest wound airtight as soon as possible. To do this, have the patient for-

cibly exhale if possible. Immediately apply a dressing which is large enough to stop the flow of air through the wound; the dressing should more than cover it. Cover the dressing with a large piece of material (a coat or shirt) to help make the wound airtight. Bind this covering securely with a belt or strips of torn clothing. Have the person lie on her injured side so that the lung of the uninjured side can receive more air. Treat for shock.

Belly wounds should be covered with a sterile dressing. Fasten the dressing securely and treat for shock. Do not try to replace organs, such as intestines, protruding from the belly. Do not give food or water.

Neck wounds usually cause severe bleeding. The neck is supplied with many blood vessels. Stop the bleeding by exerting pressure with a sterile dressing. Then bind the dressing so as to protect the wound. If the large artery, a vein, or both, are cut, apply hand pressure both above and below the cut. Continue with the pressure until a physician arrives.

Bullet wounds are treated the same as any other wounds. You would stop the bleeding by the regular methods. Contrary to the movies, first-aid for bullet wounds does not include the immediate removal of the bullet. The person should have a tetanus shot.

Head wounds are likely to be frequent in street fighting, especially with the police swinging clubs. The scalp is richly supplied with blood vessels and a very small wound can cause loss of immense quantities of blood. It looks a lot worse than it is, so don't panic. To control the bleeding, apply a sterile dressing (or handkerchief, towel, etc.) to the wound and apply pressure -- as you would with any other wound. To keep the dressing in place you can use a triangular bandage, which will be included in the first-aid kit. Wrap the triangular bandage around the head and tie it.

A blow to the head might knock a person unconscious. This will usually be a concussion. A concussion is a violent shaking of the brain substance and can cause temporary loss of memory, dazed or groggy reaction, and loss of muscular control. This usually lasts only a short while and the person will recover pretty quickly.

A contusion of the brain occurs when torn vessels pour blood into the brain tissue. The brain is encased in the skull and has little

room for swelling. Escaping blood may pour downward into the sinuses and the throat. Symptoms of a bad head injury (contusion of the brain) are a wound with extensive bleeding, unequal pupil size (which indicates an injury to the brain on one side of the brain), blood or clear fluid pouring from the nose and ear, rasping breath. If conscious, the person may be vomiting or nauseous. Usually the victim is dazed, semi-conscious, or unconscious. If the person is conscious and has no breathing difficulty, control the bleeding, lay her on her side, put her arm under her head to elevate it slightly, and cover her above and below to keep her warm, and give her lots of reassurance.

If she is unconscious or semi-conscious and experiencing breathing difficulty, clear out any blood, vomit, teeth, saliva, or foreign matter from her mouth. It is often necessary to pass the fingers through the mouth to clear it. Pull the lower jaw forward and tilt the head backward to obtain an open air pathway. Control the bleeding by a pressure dressing. The person should be on her side, her head not elevated. Above all, she should be treated extremely gently. Get an ambulance and a doctor as quickly as possible.

FRACTURES

Fractures are also likely to be common in street fighting. The signs of fracture are not always present at first and all the symptoms are not present in every fracture. Sometimes the victim will hear or feel the bone break or crack. Usually there is pain and tenderness. There is loss of use of the limb. Frequently, you can see a deformity; compare it to the other limb for length and shape. Swelling of a variable degree will always be present, but may not show for a few hours. There may be discoloration of the skin resulting from hemorrhage in tissues which won't show up for a few hours.

Be very gentle when treating fractures. If you move the limb quickly it can cause damage to surrounding tissue. Cover all open fractures with sterile gauze. If the bone is sticking through the skin (a compound fracture) keep it wet so the bone won't dry up. Apply pressure enough to stop the bleeding. Support the leg or arm by using magazines, newspapers, pillows, umbrella, baseball bat, anything around that can be used for a splint. For leg fractures, you can use the good leg. Splint the fractured leg to the good leg. When applying the splint, place the limb in as normal a position as possible without causing pain (pain increases the possibility

and seriousness of shock). Support the limb above and below the fracture. Be sure that the limb is immobilized at the joints as well as at the point of break. Fasten the splint firmly with wide straps in three or more places. As with any other injury, watch for shock. Put in shock position if you can. Use ammonia inhalants.

Often it is impossible to determine whether a person has a broken back or not. Suspect a fracture with any back injury, especially if the back has been sharply struck or bent, or if the person has fallen. Place the person on a flat surface. Do not move her unless the back will not be moved, you have enough people, or a stretcher. Do not raise her head for any reason. For a possible broken neck, keep the person's head straight and still. Do not move the neck. Treat her for shock.

EVACUATION

Except in extreme emergencies, if a person has been seriously injured, do not move her. The decision as to whether you should move an injured person should be a responsible one. If there is gas all around, the police are charging, and you can't carry out first-aid because of the gas, then it would be best to move the person. If by staying in the place of injury (where first-aid can be carried out) there is the danger of being arrested by the police, but if you move the person the risk of serious injury is greater, then you have to make what you consider the best decision for the injured person.

When it is decided that the injured has to be moved, then knowing how to move her is one of the most important parts of first-aid. Careless or rough handling not only may increase the seriousness of an injury, but also may cause the victim's death.

One-person carry: Grab the person from under her arms, and run backwards. She will be dragging on her heels.

Two-person carry: Connect your arms under the knees and behind the back of the victim. She is in a sitting position. If there is a chair around, it is easier to pick up the whole chair.

Three or more carry: Support the person from underneath by linking wrists. Make sure that the head is supported.

For extensive injuries, use a stretcher. You can improvise one from boards, doors, poles, pipes, blankets, and coats.

Always try to move a person in the position she was treated in. If the person's head was elevated, keep it elevated when you move her. Be gentle.



PEOPLES ANTIDOTE FOR TEAR GAS

one quart tear gas relief:
mix 8-10 eggs with one cup water; add tablespoon baking soda. Beat very well. Spread mixture on face and other exposed body areas. vinegar in a handkerchief is an effective agent to breathe through, but don't spread vinegar on your face. Vinegar soaked handkerchief and egg mixture together are an effective anti-tear gas team.

APPENDIX

The following is a supply list not requiring a doctor's prescription, that is, they are supplies that every home or community organization can legally store. Except for the books, all can be purchased for less than \$10 from any discount drug store.

4 x 4 and 2 x 2 sterile gauze pads
gauze roller bandages
eye patches
triangular bandages
scissors
flashlight
pre-treated pads for burns
Xeroform gauze, vaseline gauze
adhesive tape: 1/4", 1/2", 1" sizes
bandaids
tongue blades
sterile applicators (like Q tips)
toothed forceps
irrigation syringes
small bowls for solutions
blood pressure cuffs
stethoscopes
sterile gloves
sterile masks
sterile drapes or towels,
preferably disposable
cotton balls
kerlix or kling rolls
iodine
hydrogen peroxide
light stiff boards of various sizes
for splinting.
elastic (ace) bandages, 3 and 5 inch
oral thermometers
oral airways
smelling salts
mineral oil
solution of boric acid and water
solution of baking soda, salt, and water
non-prescription drugs:
aspirin, maalox, eye drops
Books:
Navy Corpsman's manual
Physician's desk reference (PDR)