Incident Review #1
After setting up camp, a group of older boys challenged a group of younger boys to a tug-of-war across a ditch. The adult leaders and senior Scout leadership were busy reviewing the plan for the weekend’s activities. One of the younger boys was pulled into the ditch and broke both arms. The Scout was transported to the local hospital.

Key Points
- Both the adults and the senior Scout leaders were unaware of the activity. Planning for downtime by involving the Scouts is important in having a successful campout.
- Differences in size and experience of participants, or competitors in this case, might have made a difference in the outcome.
- Be familiar with the area or course for the activity. Determine that it is well-suited for the activity and is free of hazards, which is one of the points of the Sweet 16 of BSA Safety.

Incident Review #2
While running across a field, a Scout tripped and fell onto his outstretched hand, sustaining an obvious fracture of the forearm. The leaders needed to improvise a splint with sticks and neckerchiefs because the SAM splint and elastic wraps had been used on a previous campout and had not been replaced in the troop first-aid kit.

Key Points
- While we don’t know exactly why the Scout was running, speed creates a greater chance for an injury if there is a fall or collision.
- Plan for medical emergencies by completing the camping checklist that includes emergency planning. Know where the closest medical facility is and the routes to get there. Keep two-deep leadership in the event of an emergency. Know how to get advanced medical care at your location. Have a plan in place before you leave for an event.
- Regular inspection of the troop first-aid kit is needed before each outing to make sure that supplies that have been used are replaced. Know how to use all the equipment in the first-aid kit.
- Splinting an injury is included in Boy Scout rank advancement, in earning the First Aid merit badge, and in basic and wilderness first aid. Keeping up to date with regular practice of such skills can help everyone be prepared.

Injuries of the bones (fractures), joints (dislocations), ligaments (sprains), and muscles (strains) occur because of falls, collisions, twisting, or overuse. Scouting involves vigorous physical activity, and anyone participating in these activities is at risk for injury. To identify and reduce the risk of injury, we need to understand the activity and the risks involved. Selecting a safe site, using well-maintained equipment, providing appropriate supervision, and being prepared with the necessary supplies and knowledge to deal with any problems that may occur are outcomes of proper planning.

According to the Centers for Disease Control and Prevention, falls are the leading cause of non-fatal injuries of children. Although not all falls can be prevented, using proper gear and being in proper condition for a hike can be important in preventing injuries.
Incident Review #3

A 17-year-old Scout was riding his bike with his troop while working on the Cycling merit badge. His bike slipped on a sharp turn and he fell, injuring his right wrist. There were numerous scrapes and cuts on his hand, wrist, and lower arm, and he was unable to move his wrist without severe pain. The wrist was immobilized in a splint and ice was applied by a parent who was a nurse.

Key Points

- Appropriate personal protective equipment for cycling includes a properly fitted helmet. Optional protective equipment could include wrist guards, gloves, and knee or elbow pads and could be a discussion topic during a ride planning session.
- Safe speeds may vary by a cyclist’s skill levels and road conditions. Supervisors might need to adjust speeds within a group, especially if they are in an unfamiliar location.
- Injuries may be more likely to occur near the end of a trek when fatigue has begun to set in. Take into consideration the conditioning of the weakest riders during planning.

**RICE** (Rest, Ice, Compression, and Elevation) is the appropriate treatment for most minor soft tissue injuries.

**Rest**—Stop using the injured area.

**Ice**—Apply cold therapy for 15 to 20 minutes every four hours. **Never** apply ice directly to the skin. Instead, place a thin cloth between the ice and the skin to prevent skin damage.

**Compression**—An elastic bandage can help prevent swelling and provide support. Remember: Do not wrap it so tightly that it cuts off circulation.

**Elevation**—Raise the injured extremity above the level of the heart when possible. This will help reduce swelling.

The CDC states that children need 60 minutes or more of physical activity each day. Choose from a mix of aerobic and muscle strengthening activities.

Discussion Questions

- For your next trip or activity, what are the potential fall, collision, twisting, or overuse risks for participants?
- Does the area you will be staying in have natural hazards? How will you handle environmental hazards?
- Do you have the necessary supplies to deal with an orthopedic injury if one occurs?
- Who is responsible for checking equipment, including first-aid kits, before an event?
- How are your adult leaders prepared in the event first aid is needed? Who is trained or certified?

Resources

- Boy Scout Handbook, “First Aid Kits”
- BSA Annual Health and Medical Record—https://www.scouting.org/health-and-safety/ahmr/
- BSA Annual Health and Medical Record FAQs—https://www.scouting.org/health-and-safety/resources/medical-formfaqs/
- First Aid merit badge pamphlet
- Wilderness First Aid—https://www.scouting.org/health-and-safety/training/wilderness-fa/