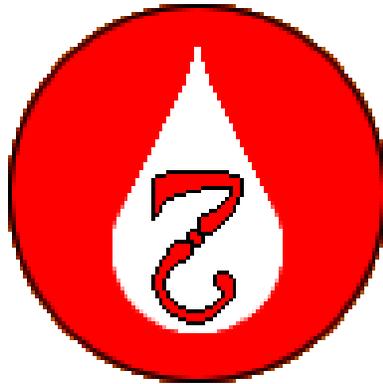




kingdom of
CALONTIR

Chirurgion Handbook



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Revised October AS XLIII

Calontir Chirurgeon Handbook

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I. PREFACE TO THE HANDBOOK

This handbook contains policies and procedures for the administration, organization, and performance of first aid by volunteer first responders ("Chirurgeons") at events held by the Society for Creative Anachronism ("SCA"), Inc. These policies are promulgated by the Society Chirurgeon of the SCA. The Society Handbook represents the minimum standards of conduct and service expected of any Chirurgeon, though each individual Kingdom may require more, procedurally, than what is set forth by Society. No Kingdom may require a minimum standard of care less than the minimum presented in the Society Handbook. In the event of conflict between this handbook and the Society Handbook, the Society Hand book shall have precedence.

This handbook is not a first-aid manual. First-aid literature is best obtained through organizations like the American Red Cross. This handbook is also not concerned with the historic practice of medicine during the Middle Ages and Renaissance. While individual Kingdom Chirurgeons may wish to encourage academic research into historical practices, the Chirurgeonate as a whole has no desire whatsoever to recreate the dark ages of medicine. We practice modern first aid as a volunteer service at SCA events.

The care outlined in this handbook is equal to or exceeds standards established by the office of the Society Chirurgeon as stated in the Society Chirurgeon Handbook, revised January 2004. The procedures contained herein are binding on all Chirurgeons practicing within Calontir. Federal and state laws take precedence over policies and procedures in this handbook.

II. INTRODUCTION TO THE CHIRURGEONATE

II.A Scope (Society Chirurgeon's Handbook, pages 5–13)

The Chirurgeonate is the official volunteer first-aid organization of the Society for Creative Anachronism, Inc. In keeping with the traditions of the SCA, the members of the Chirurgeonate provide first-aid services on a volunteer basis at SCA events. There is no cost to the recipients. First aid performed in the SCA is Good Samaritan in nature, and is distinct from professional medical aid. Chirurgeons provide first aid services with-in their skill level.

Good Samaritan laws are the cornerstone of volunteer emergency care and first aid. All states have Good Samaritan laws as well as most Canadian Provinces, Australian States, and countries in Europe and Asia. In general Good Samaritan laws state that anyone trained in medical aid is not liable when providing no-fee care within the realm of their training. Detailed Good Samaritan laws for the five states within Calontir are located in Appendix A.

In addition to providing first aid, the Chirurgeonate advises the Marshallate when a fighting-related injury or trends of injuries might represent a safety hazard to those who participate in SCA combat. Additionally any potential safety concern observed by a Chirurgeon should be reported to the appropriate officer or autocrat. Once a concern has been addressed to the appropriate individual, it is the responsibility of that individual, not the Chirurgeon to take the necessary action.

II.B. Basic Terminology Defined

II.B.1 Warranting Officer

A warranting officer has the power to create (or “warrant”) others as officers in the SCA in concert with reigning royalty. In the Chirurgeonate, any Kingdom Chirurgeon is a warranting officer. Some Kingdoms have Principalities. In these Kingdoms, the Kingdom Chirurgeon and Crown may delegate warranting authority to the Principality level. The Principality Chirurgeon is the warranting officer and can warrant Chirurgeons within the Principality with the consent of the Coronet.

II.B.2 First Aid Certification or Acceptable Alternative

In the Chirurgeonate, the minimum acceptable first aid certification is the American Red Cross Standard First Aid and Adult CPR. Other acceptable first aid certifications include, but are not limited to Senior First Aid (St. John's Prior of South Australia) and U.S. Bureau of Mines First Aid.

Some acceptable alternatives to first aid certification include licenses as MD, OD, RN, LPN, LVN, EMT, Paramedic, etc.

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II.B.3 Chirurgeon in Training

Chirurgeon in Training (CiT) is an applicant to become a warranted Chirurgeon. In some situations the term “Apprentice Chirurgeon” may be heard. This is not to be confused with the apprentice of a Peer of the Realm. A CiT must be supervised by a Warranted Chirurgeon, Marshal, or Seneschal. When working, a CiT should display a borderless favor embellished with the Chirurgeonate symbol

II.B.4 Warranted Chirurgeon

A Warranted Chirurgeon, also known simply as “Chirurgeon” has demonstrated abilities and has been issued a Warrant by the Kingdom Chirurgeon. The warrant provides authorization to practice first aid at SCA events. A warrant is at the pleasure of the Crown and the Kingdom Chirurgeon. A Warranted Chirurgeon may display a baldric with silver border embellished with the Chirurgeonate device. It may be worn folded, and tucked in a belt, with the device on display. The baldric may only be worn as a fully extended sash when the Chirurgeon is on duty.

II.B.5 Mentor Chirurgeon

A Mentor Chirurgeon is a warranted Chirurgeon in whom the Kingdom Chirurgeon as extreme confidence. A Mentor Chirurgeon is fully warranted and does not necessarily have greater skills than any other warranted Chirurgeon. Mentor Chirurgeons act as advisers to the Kingdom Chirurgeon for candidates for warranting, possible policy changes and other issues effecting the successful operation of the Chirurgeonate. A Mentor Chirurgeon can be recognized by the gold border on his baldric.

II.B.6 Chirurgeon Emeritus

A Chirurgeon Emeritus is an honorary title given to a Chirurgeon who has served many years and / or has useful knowledge and skills about the Chirurgeonate. They usually do not practice in the Chirurgeonate due to legal or employment reasons or they have medical issues, but they are usually called upon in unique situations or as a resource or advisor.

II.B.7 Kingdom Chirurgeon

This individual is a warranted Chirurgeon who has been selected by the Crown to serve as the head of the Chirurgeonate for their particular kingdom. There is an additional warrant issued to the Kingdom Chirurgeon from the Society Chirurgeon General. This person normally, at the pleasure of the Crown and Society, serves a two year term.

III CHIRURGEON-IN-TRAINING

III.A. Application Process (Society Chirurgeon's Handbook, pages 5-7)

The purpose of training is both to evaluate the first aid skills of the Chirurgeon-in-Training (CiT) and to teach the policies and procedures of the Chirurgeonate. The SCA should not be expected to provide first aid / CPR training for Chirurgeons. In order to be accepted as a Chirurgeon-in-Training a candidate must apply to the appropriate warranting officer in writing. The application must include:

- 1) A letter of intent from the candidate requesting to become a Chirurgeon-in-Training. This request should include the candidate's SCA name, legal name, address, telephone number(s), and, if available, e-mail address.
- 2) A statement of endorsement from a local group officer, a warranted Chirurgeon, or a Peer of the Realm.
- 3) Proof of minimum required first aid certification or acceptable alternative.
- 4) Driver's license, military ID, Birth Certificate, passport, or other legally recognized document to establish proof of age of majority.

III.B. Duties and Responsibilities of Chirurgeon in Training

A Chirurgeon-in-Training must serve an observation period for as many SCA events as deemed necessary by the appropriate warranting officer. *Generally this is a minimum of three local events and one major event or war.* It must be remembered that the length of time observed is based on many criteria including how active the CiT is at the events. A warranted Chirurgeon will usually conduct this observation. If a warranted Chirurgeon is not available at an event, the Marshal-in-Charge or other warranted representative of the Crown may conduct the observation. The above schedule is only a minimum guideline. During the observation period the CiT will be evaluated for:

- 1) First aid skill
- 2) Common sense
- 3) Appropriate attitude (e.g. calm, confident, helpful)
- 4) Knowledge of the limits, responsibilities, and liabilities of performing Good Samaritan first aid
- 5) Submitting appropriate reports in a timely manner
- 6) Knowledge in the following subjects:
 - a. SCA in general
 - b. SCA combat rules of the list
 - c. Armor and armor standards
 - d. The roles of other officers and their interactions with the Chirurgeonate
 - e. Organizational responsibilities of a Chirurgeon-in-Charge
 - f. Policies and procedures contained in the handbook

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No CiT will perform any first aid alone and without observation at an SCA event as a representative of the Chirurgeonate. If minimum care standards are exceeded the CiT (or Chirurgeon) must announce his mundane name, level of mundane training, and that he is acting on his own.

III.C Training in Geographically Isolated Areas

Some candidates for the Chirurgeonate live in isolated areas where there are no warranted Chirurgeons within a reasonable traveling distance. For those individuals, training may be conducted as follows:

- 1) All paperwork necessary for warranting must be sent to the appropriate warranting officer prior to being accepted as a CiT
- 2) The CiT may then perform first aid on a trial basis, in the presence of the Seneschal or Marshal of the local group, at events held by the local group only. This may include first aid at local fighter practices.
- 3) Although a CiT working with the local group is obviously encouraged, it should be remembered that the warranting process may be extended if the CiT does not practice outside of the local group.

III.D. Termination of Training Period

The period of training for a CiT ends either by receiving a Chirurgeon warrant or by being dismissed by the appropriate warranting officer. Usually the warranting officer seeks the opinion of the Mentor Chirurgeons and others who have observed the actions and practice of the CiT.

IV. WARRANTED CHIRURGEONS

IV.A Requirements to be a Chirurgeon

In order to be a fully warranted Chirurgeon in Calontir an individual must either present a warrant card or copy of a warrant roster from another kingdom or meet the following requirements:

1. Have successfully served an observation period as Chirurgeon in Training as prescribed above.
2. At the time of warranting, be of the age of majority in the state, province, territory, and country in which they reside and present proof of age to the warranting authority.
3. Possess current first aid and CPR certificates, or acceptable alternative, as described above. Copies of certificates must be presented to the warranting officer.
4. Provide proof of membership in the SCA to the warranting officer. The level of membership must meet the minimum, as prescribed by the Kingdom By-Laws, to be an officer.

IV.B Chirurgeon Warrants

IV.B.1 Only a recognized warranting officer can appoint a person as a warranted Chirurgeon, subject to confirmation by the appropriate Crown or Coronet.

IV.B.2 A warrant or roster is valid only if it conforms to the policies set forth in Corpora and the directives of the Board of Directors of the SCA.

IV.B.3 A warrant issued in one Kingdom is valid in all other Kingdoms. A Chirurgeon may serve at an event in a Kingdom other than the one where the warrant was issued, with the consent of the Chirurgeon-in-Charge of that event. In the absence of a Chirurgeon-in-Charge, an out-of-kingdom Chirurgeon may volunteer to serve at that event with the approval of the event's Autocrat.

IV.B.4 Once warranted, a Chirurgeon is considered warranted in good standing so long as first aid and CPR or alternate certification is current, SCA membership is current, and reports are submitted as required by the Kingdom Chirurgeon.

- a. If a conventional warrant is used then that warrant will expire when either the SCA membership, or first aid/CPR certificates, or acceptable alternative, expires.
- b. If a roster is used, any rostered Chirurgeon will remain warranted in good standing so long as both certifications and SCA membership are kept current and proof of all appropriate renewals are sent to the appropriate warranting officer in a timely manner
- c. Failure to submit reports as required by the Kingdom Chirurgeon may, at the discretion of the Kingdom Chirurgeon, be grounds for suspending a warrant.

IV.B.5 If a Chirurgeon's SCA membership, first aid, CPR, or alternate certification, expires, then that Chirurgeon's warrant has lapsed and is inactive until all expired paperwork is renewed. That Chirurgeon will not perform duties as a Chirurgeon at events until all paperwork is current.

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IV.B.6 A Chirurgeon whose warrant has been lapsed for a period of one year or more will be considered to have tendered their resignation from the Chirurgeonate effective one year from the date of the warrant lapse. Reentry into the Chirurgeonate will be dependent on all paperwork being in order. Restoration of rank will be at the discretion of the Kingdom Chirurgeon. In cases when membership in the Chirurgeonate has lapsed for an extended period of time the Kingdom Chirurgeon may require a period of supervised re-indoctrination.

IV.B.7 A Chirurgeon's warrant card is only valid for the term designated by the warranting officer and indicated on the card. When the card has expired, the warranting officer may issue a new card, provided the Chirurgeon remains in good standing.

IV.B.8 If a branch below the Kingdom level wishes to appoint a Chirurgeon to its council of officers, nothing in this handbook will prevent them from doing so, but the Chirurgeon's warrant will be independent of such appointment.

IV.C Duties and Responsibilities of Chirurgeons.

IV.C. A Chirurgeon must work a minimum of one event per year. Proof of serving at an event can only be established by reporting to the appropriate warranting officer in writing.

IV.C.2 A Chirurgeon must report in writing to the appropriate warranting officer at least once per year, or more frequently if the warranting officer requires it.

IV.C.3 Each Chirurgeon who is on duty at an event will be expected to conform to the following.

- a. Possess or have access to a first aid kit while on duty.
- b. Provide only the standards of care as defined in this handbook.
- c. Provide service on a volunteer basis.
- d. Provide first aid to whoever requests it.
- e. Only provide first aid to a minor if the parent or guardian is present or if it is a life-threatening situation.
- f. Wear the Chirurgeon's Baldric, as prescribed in II.B.4, or Chirurgeon's favor if a Chirurgeon in Training.
- g. In addition to first aid, the Chirurgeon is expected to assist the Water Bearers, Soup Kitchen and any other activity that addresses the health and safety of individuals at the event.
- h. Be prepared to show certifications, membership card and warrant card to anyone who asks to see them.

IV.C.4 A Chirurgeon who is acting as Chirurgeon-in-Charge for an SCA event must fulfill the duties and responsibilities of a Chirurgeon-in-Charge as described in Part VI of this handbook.

IV.C.5 A Warranted Chirurgeon may observe and evaluate the performance of a Chirurgeon-in-Training at SCA events. A Chirurgeon observing a Chirurgeon-in-Training should endeavor to train the Trainee

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on the duties and responsibilities of a Chirurgeon. After observing a trainee at an event, the Chirurgeon should file a written report on the trainee's progress to the Kingdom Chirurgeon.

IV.C.6. Should the Event Steward be unable to contact the duly-delegated administrative superior in the Chirurgeonate, the Kingdom Chirurgeon and/or the Society Chirurgeon, the Event Steward may prohibit a Chirurgeon from acting as a Chirurgeon at an event for adequate cause. This action must be reported to the Kingdom Chirurgeon and Society Chirurgeon within 24 hours of the end of the event for review. If either the Kingdom or Society Chirurgeon disagrees with the action taken, they may refer it to the Kingdom Seneschal of the sponsoring kingdom, the Society Seneschal, and then the Board of Directors for review and possible follow-up actions.

IV.C.7. Should the Event Steward wish to remove the Chirurgeon-in-Charge at a large or inter-kingdom event, as well as reporting this action as described in paragraph IV.C.6., the duties of the Chirurgeon-in-Charge will be assumed by their designated emergency deputy. Should an emergency deputy not have been appointed, the same process that selected the Chirurgeon-in-Charge should immediately select the replacement officer.

IV.D. Mentor Chirurgeon

IV.D.1 Each Kingdom may designate certain individuals as "Mentor Chirurgeons". These are Chirurgeons who have given exceptional service and shown leadership within the Chirurgeonate. The designation of Mentor Chirurgeon is not based on advanced certification but only on service and leadership. This designation is bestowed at the discretion of the Kingdom Chirurgeon after consulting a majority of the Mentor Chirurgeons within the kingdom.

IV.D.2 The duties, responsibilities, and warranting requirements of a Mentor Chirurgeon are the same as those of any warranted Chirurgeon. In addition to first aid care, the Mentor Chirurgeons work closely with the Kingdom Chirurgeon as advisors and representatives as needed.

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V. TREATMENT

V.A. Standards of Care (Society Chirurgeon's Handbook, pages 13-18)

V.A.1 The minimum standard of care for first aid for Chirurgeons is one that tests both knowledge and skills in basic first aid like that taught by the American Red Cross. It is strongly suggested that Chirurgeons obtain training in child and infant first aid as well as adult.

V.A.1.a. First Aid as taught in First Aid for the Professional Rescuer (American Red Cross), Senior First Aid (St. John's Priory), Wilderness First Aid (American Safety and Health Institute) or equivalent courses are accepted for Chirurgeon training, but it should be noted that providing care beyond basic first aid may be considered medical aid and is not sanctioned by the SCA.

V.A.1.b. Medical aid does exceed the standard of first aid sanctioned by the SCA. Medical aid is any aid which requires a certification or license issued by any governmental agency

V.A.2 No Chirurgeon will administer first aid at a level which exceeds his or her current first aid certification, current CPR certification and/or current medical certification or license.

V.A.2.a Any aid administered at a level beyond first aid is done so under the administering Chirurgeon's medical certification or license, and is not sanctioned by the SCA. Before any treatment beyond first aid is given, the person being treated must be informed that this care is being done without sanction of the SCA, the Chirurgeonate, or the Kingdom, and is a strictly private arrangement between the individuals involved, governed by the laws of the state, province, territory and /or country in which such aid is given.

V.A.3 Only Chirurgeons warranted in good standing can administer first aid at SCA events with the sanction of the SCA.

V.A.3.a. Any first aid administered by a Chirurgeon whose warrant is lapsed or suspended is not sanctioned by the SCA.

V.A.3.b. Any person rendering first aid at an SCA event who is not a member of the Chirurgeonate does so without the sanction of the SCA.

V.A.4. Any first aid rendered by a Chirurgeon at an SCA event is subject to the laws of consent of the state, territory, province and/or country in which such aid is given.

(See appendix for Good Samaritan Laws for the states in Calontir)

V.A.4.a No conscious person will be forced to accept treatment without his or her consent.

V.A.4.b Treatment of minors is subject to the appropriate laws of the country where any respective SCA event is held. It is the individual Chirurgeon's responsibility to know and comply with these laws. For example, in some states in the United States, no minor may receive treatment other than that required to sustain life in an emergency unless a medical authorization

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for minors form is executed and consent is obtained from the designated responsible adult or legal guardian at the event, a minor who is legally emancipated may be treated as an adult.

V.A.4.c In countries other than the United States, the laws concerning consent for first aid and medical treatment for minors varies. Chirurgeons in those countries should be familiar with whatever specific laws govern where and how first aid is rendered.

V.A.5 With the exception of V.A.5.c, under no circumstances will any Chirurgeon administer medications of any kind.

V.A.5.a If anyone requests an over-the-counter medication from a Chirurgeon, the Chirurgeon may hand the container of that medication to the requester and advise the requester to follow the instructions for taking that medication. The requestor should dispense the medication for themselves or in the case of topicals, request assistance.

V.A.5.b If a Chirurgeon can dispense medication under his or her medical certification or license, such action does not have the sanction of the SCA and part V.A.2.a of this handbook wholly applies

V.A.5.c Any Chirurgeon who had been formally trained and certified in Oxygen Administration, Epi-Auto Injector, or Asthma Inhaler may assist an individual only as far as their certification permits.

V.B General Rules on Treatment

V.B.1 The procedures and standards for treatment established in this handbook will be adhered to by all Chirurgeons. The standard of related conduct as a Chirurgeon as defined by this handbook will also be adhered to by all Chirurgeons.

V.B.2 Basic first aid treatment and related supplies will be provided to treated persons at no cost. Kingdom and local custom will govern who pays for the maintenance of Chirurgeons' first aid kits.

V.B.3 To respect the privacy of the treated person, all treatment records will be used in a discreet manner. All treatment records are considered to be private and confidential. Treatment records may only be accessed by the treating Chirurgeon, his immediate supervisor, Chirurgeon in Charge, or other individual directly involved with the treatment of an individual. The treated individual may give permission to share his treatment records with those whom he so designates.

V.B.4 Treatment records and related information are considered extremely confidential and must be safeguarded at all times. If treatment records are kept in a common file, they must be in the possession of a Chirurgeon-on-duty at all times. If there is no Chirurgeon-on-duty, only the event autocrat may retain custody of the records which will be forwarded to the Kingdom Chirurgeon at the earliest opportunity. If treatment records are kept by individual Chirurgeons, the Kingdom Chirurgeon should be contacted as soon as possible after the event to determine the proper disposition of the records.

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V.B.5 Only the Crown or its duly delegated representative may bar a fighter from combat. This prerogative is commonly delegated to the marshallate. If a Chirurgeon believes that a fighter is suffering from an illness or injury that will endanger his or her health or safety, or that of his or her opponent beyond the normal and acceptable risks of combat should combat continue or begin, the Chirurgeon should try to persuade the appropriate parties to discourage further combat involving the fighter in question (see also sections V.C. and VII.C)

V.C. Combat Injuries

The following text is the joint policy statement on the procedures and protocol for treating injuries which occur in combat areas. This policy is promulgated by both the Society Chirurgeon and the Marshal of the Society; it is also included in the Marshals' Handbook.

V.C1. - General

It should always be remembered that when an injury occurs on the field, the primary concern is getting to and assisting the injured party. The second objective, which is no less important, is the safety of persons entering the field to help and the well-being of anyone already on the field. (For example, fighters standing around in armor in the sun could be subject to heat problems.) The Marshals and Chirurgeons will work together to assist the injured and promote the safety and well-being of all parties on the field.

V.C2. - When An Injury Is Suspected On The Field

V.C.2.a. No Chirurgeon will enter the combat area until summoned by a Marshal.

V.C.2.b. In the event of any suspected injury on the field, the Marshal should halt all fighting in the area and determine if a Chirurgeon is needed. The hold may be a "local hold" as long as the safety of the injured person may be maintained.

V.C2.c Once the Chirurgeon is summoned to the field, he or she should determine the extent of the problem and apprise the marshal of this status, consistent with the ethical constraints of patient confidentiality (See Sections V.B.3 and IX.A.4.).

V.C2.d A Marshal should call for a Chirurgeon if he or she suspects that a participant is experiencing more than a momentary distress. It is an extremely serious matter to delay the application of first aid when it is needed, and Marshals who ignore injuries may be subject to revocation of their authorization to supervise combat-related activities. See section V.C4 (below).

V.C3 - Procedures For Treating Injuries On The Field

V.C3.a. Once on the field, the Chirurgeon will determine if the injury can be tended to "in place" or if the injured party can be removed from the field and then given attention.

V.C3.b No conscious person will be forced to accept treatment without his or her consent. (This is also in Section V.A.4.a; see also Section VII.C- reports for when consent is refused.)

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V.C3.c Fighting cannot resume until the injured participant can continue, is removed from the field, or the provisions in Section V.C.3.e (below) are met.

V.C3.d The Chirurgeon is responsible for the care of the injured party. If removal from the field is necessary, the Chirurgeon is responsible for determining and implementing the most appropriate manner (e.g., supported by others, carried on a shield or backboard, ambulance, etc.).

V.C.3.e If the area is large enough and the Marshal-in-Charge on the field can provide adequate Marshals to protect the injured party and the support personnel, fighting may be moved and allowed to resume on the rest of the field. Both the Marshal-in-Charge and the responding Chirurgeon must be in agreement for this to happen.

V.C.3.f A Chirurgeon must survey the overall situation as well as attending to the injured party, and make every effort to release as much of the field as possible so that combat may proceed. Chirurgeons who repeatedly exercise poor judgment in such matters may be barred from the field. See Section V.CA

V.C.4. - Problem Resolution

Any problem resulting from lack of cooperation between Marshals and Chirurgeons will be reported to the Kingdom Earl Marshal and the Kingdom Chirurgeon (See Sections VLB.5 and VILA. on reporting requirements). The Kingdom Earl Marshal and/ or Kingdom Chirurgeon will be responsible for taking appropriate action. The SCA channels for complaint and appeal will be followed in all cases.

VI. CHIRURGEON-IN-CHARGE

VI.A Requirements for Chirurgeon-in-Charge (Society Chirurgeon's Handbook, page 18)

There will be a Chirurgeon-in-Charge at all SCA events where the Chirurgeonate has been requested to provide service. The Chirurgeon-in-Charge shall be responsible for reporting any related activities and coordinating activities of other Chirurgeons who are present and available for service. Only a warranted Chirurgeon in good standing can function as a Chirurgeon-in-Charge.

VI.A.1. If a warranted Chirurgeon is the only Chirurgeon functioning at an SCA event, then he or she is the Chirurgeon-in-Charge by default.

VI.A.2. It is not required that the Chirurgeonate be present at any SCA event. A Chirurgeon who is present is not required to provide first aid unless required otherwise by state or local law.

VI.A.3. If the Chirurgeonate is not functioning at an event, any injuries should be handled in the manner they would normally be handled regardless of their happening at an SCA event. It behooves any autocrat to know how to reach emergency medical services quickly in the event of an injury or illness.

VI.A.4. If members of the Chirurgeonate are present at an event, are warranted in good standing, and are willing to volunteer, and no Chirurgeon-in-Charge has been previously designated (as in the case of an inter-Kingdom event - see section VIII), then those Chirurgeons may chose a Chirurgeon-in-Charge from amongst themselves. If members of the Chirurgeonate wish to organize themselves in this manner, then no one other than the Crown or Kingdom Chirurgeon may bar them from volunteering.

VI.A.4.a The appropriate warranting officer of a Kingdom or Principality is the final arbiter of the choice of Chirurgeon-in-Charge at events. If the person who warranted a warranting officer is present, then that person is the final arbiter of Chirurgeon-in-Charge choice (for example, Kingdom Chirurgeons have precedence over their principality deputies).

VI.B. Duties and Responsibilities of a Chirurgeon-In-Charge

The Chirurgeon-in-Charge will identify his or herself to the appropriate event officers (Autocrat, Marshal, Herald, site security) and ensure the populace is aware the Chirurgeonate is functioning and is easy to locate. This is usually best done by having the Heralds make an announcement and setting up a Chirurgeon's Point with an appropriate banner in an easily accessible place.

The Chirurgeon-in-Charge will organize and coordinate the Chirurgeons who want to work at the event. They will verify the certifications and membership of any Chirurgeons who wish to volunteer to ensure that only Chirurgeons in good standing are working. In addition, the Chirurgeon-in-Charge will coordinate with any marshallate hospitality group that is functioning at that event.

The Chirurgeon-in-Charge should know how to contact emergency medical services quickly should the need arise. The Chirurgeon-in-Charge should also ensure that there are adequate first-aid supplies

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available at the event. The Chirurgeon-in-Charge is not responsible for providing these supplies out of his or her own pocket.

The Chirurgeon-in-Charge is responsible for collecting all injury reports, refusal of care reports, and all other pertinent paperwork for inclusion in the event report. The Chirurgeon-in-Charge is responsible for sending the event report to the Kingdom Chirurgeon in a timely manner.

VII. REPORTS

VII.A. Event Reports (Society Chirurgeon's Handbook, pages 21-22)

Reports are required for each and every event at which the Chirurgeonate functions even if there have been no injuries. Reports should include at a minimum the event name, date, Chirurgeons functioning, injury reports, refusal of consent forms and all other pertinent paperwork. Filing an event report is the responsibility of the Chirurgeon-in-Charge for the event.

VII.B. Injury Reports

If a significant treatment has been rendered, then an injury report is required. An injury report should include the following information:

- VII.B.1. Event name
- VII.B.2. Date
- VII.B.3. Legal name & SCA name of the treated person(s)
- VII.B.4. If the treated person is a minor, that person's age and the name of the adult giving consent for treatment.
- VII.B.5. Description of the illness or injury
- VII.B. 6 Action taken (including where patient was taken and how they were transported)
- VII.B.7 Legal name and SCA name of the attending Chirurgeon(s)

VII.C. Reports when Consent is Refused

If a person refuses first-aid treatment or advice to seek medical treatment for a significant injury or illness, then the attending Chirurgeon must document the matter fully in writing for submittal with the event report. Refusal of consent and / or refusal of care forms, appropriately witnessed, should be used whenever possible.

VII.D. Chirurgeon-in-Training reports.

When a warranted Chirurgeon has observed a C-I-T at an SCA event, that Chirurgeon will report on the progress of the C-I-T and on his or her suitability for warranting.

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VII.E. Filing Reports

The reports described in part VII, sections A through D will be sent to the appropriate warranting officer in a timely manner.

The Kingdom Chirurgeon will keep these reports for a period of 10 years or until the 28th birthday whichever is later.

VII.F. Other Reports

Periodic reports from Chirurgeons other than event reports may be required at the discretion of the warranting officer.

VII.G. Doomsday Reports

An annual "doomsday" report must be made by each Chirurgeon to the appropriate warranting officer. This report, at a minimum, should recap the activities for the year of each Chirurgeon. (See IV.C.2)

Calontir Reporting Schedule 1 st Quarter – Due March 1 2 nd Quarter – Due June 1 3 rd Quarter – Due September 1 4 th Quarter – Due December 1 Doomsday – Due January 1

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VIII. INTER-KINGDOM EVENTS

VIII.A. Hosting Kingdom (Society Chirurgeon's Handbook, page 19)

It is the responsibility of the autocrat of an inter-kingdom event to arrange for the presence of the Chirurgeonate if desired; this is done by contacting the Kingdom Chirurgeon of the hosting Kingdom.

VIII.B. Chirurgeon-in-Charge at Inter-Kingdom Events

The duties and responsibilities of a Chirurgeon-in-Charge at an inter-kingdom event are the same as those in Section V.I.B with the following exceptions:

The event report for an inter-kingdom event will be sent to the Society Chirurgeon and the Kingdom Chirurgeons of the Kingdoms directly involved in the event. The event report will at a minimum contain the same information as the Event Report found in the appendix.

It is often a matter of kingdom custom and tradition as to who appoints the Chirurgeon-in-Charge of an inter-kingdom event. Regardless of whether the Chirurgeon-in-Charge is appointed by the Kingdom Chirurgeon of the hosting Kingdom, the event autocrat, or a committee, the appointment should meet the approval of the Kingdom Chirurgeons of the sponsoring Kingdoms and the event Autocrat. If there is a disagreement about the choice of Chirurgeon-in-Charge, then the Society Chirurgeon will be the final arbitrator.

If the Event Steward disagrees with the action taken, they may refer it to the Kingdom Seneschal of the sponsoring kingdom, the Society Seneschal, and then the Board of Directors for review and possible follow-up actions.

Should the Chirurgeonate be functioning as a previously organized group under an approved Chirurgeon-in-Charge as part of the event staff of an inter-kingdom event, the Event Steward may not remove them as an organized group except under the following circumstances.

V.III.B.1. the removal process for individual Chirurgeons outlined in Section IV.C.6. has been considered and followed and the problem still exists.

V.III.B.2. the removal process for the Chirurgeon-in-Charge outlined in Section IV.C.7., has been considered and followed, and the problem still exists.

Please refer to the Uniform Sanction Procedure as outlined in the Society Seneschal's Handbook for process details.

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IX. SUSPENSION AND REMOVAL OF A CHIRURGEON

IX.A. Reasons for Removal (Society Chirurgeon's Handbook, page 8)

A Chirurgeon may be suspended or removed from office for (but not limited to) the following reasons:

IX.A.1. Violation of reasonable first-aid practices judged against the medical or first-aid qualifications of the Chirurgeon;

IX.A.2. Inability or refusal to cooperate with other Chirurgeons, with Marshals, with other SCA officers or members ("attitude problems");

IX.A.3. Failure to fulfill the duties and procedures outlined in this handbook;

IX.A.4. Violation of privacy.

IX.B. Procedures for Removal or Suspension

Any suspension or removal from office must follow the guidelines outlined in Corpora (see Corpora, sections VI.C.1.c.4, VI.C1.c.5, VI.C3, VI.C4, and VI.C5.a) .

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X. ORGANIZATION OF THE CHIRURGEONATE

X.A. Society Chirurgeon of the SCA (See Corpora IV.H) (Society Chirurgeon's Handbook, page 10)

X.A.1. The Society Chirurgeon must fulfill all the requirements to be a Chirurgeon described in part IV.B. of this handbook.

X.A.2. The Society Chirurgeon is a corporate officer of the SCA.

X.A.3. The Society Chirurgeon is appointed or removed by the Board of Directors of the SCA.

X.A.4. The Society Chirurgeon will maintain records of serious injuries and work with the Marshal of the SCA to insure that serious fighting injuries do not recur.

X.A.5. The Society Chirurgeon will warrant and remove Kingdom Chirurgeons in conjunction with the Crowns of the Kingdoms.

X.A.6. The Society Chirurgeon will develop, update, and administer Corporate Chirurgeonate policy with the aid of appropriate SCA, first aid, medical, and legal resources.

X.A.7. The Society Chirurgeon will submit quarterly reports to the President and Board of Directors of the SCA, and will further carry out such duties as directed by the Board of Directors.

X.B. Deputy Corporate Chirurgeon (Society Chirurgeon's Handbook, page 11)

X.B.1. A Deputy Corporate Chirurgeon need not fulfill the requirements of a warranted Chirurgeon as described in part IV.B of this handbook. (See also Corpora IV.A.I and Corpora IV.A.2)

X.B.2. Any Deputy Corporate Chirurgeon will be warranted or removed by the Society Chirurgeon and the Board of Directors (see Corpora IV.A.3).

X.B.3. A Deputy Corporate Chirurgeon will perform such duties as directed by the Society Chirurgeon. These duties will not include first aid unless a separate warrant is held as a Chirurgeon in good standing as described in part IV of this handbook.

X.C. Kingdom Chirurgeon (See Corpora VI.C.1 and Corpora VI.C.2.h.)

X.C.1. A Kingdom Chirurgeon must fulfill the requirements to be a Chirurgeon described in part IV.B of this handbook.

X.C.2. A Kingdom Chirurgeon is a great officer of state of his or her Kingdom.

X.C.3. A Kingdom Chirurgeon is warranted or removed by the Crown and Society Chirurgeon. The required paperwork for warranting as described in parts IV.B and IV.C of this handbook as well as the

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Kingdom Chirurgeon's SCA name, legal name, address, and phone number will be forwarded to the Society Chirurgeon at the time of warranting.

X.C.4. A Kingdom Chirurgeon will maintain the Kingdom records of all the reports described in part VII of this handbook.

X.C.5. A Kingdom Chirurgeon is the warranting officer for his or her Kingdom, excepting where warranting authority has been delegated to the principality level. The Kingdom Chirurgeon will maintain a current directory of all Chirurgeons in the Kingdom including certifications.

X.C.6. The Kingdom Chirurgeon will develop, update, and administer corporate and Kingdom Chirurgeonate policy with the aid of the appropriate corporate and Kingdom officers.

X.C.7. The Kingdom Chirurgeon will submit any reports required by the Crown and Society Chirurgeon.

X.C.8. The Kingdom Chirurgeon may exercise any of his or her prerogatives as described elsewhere in this handbook (e.g. making Mentor Chirurgeons.)

X.D. Deputy Kingdom Chirurgeon (Society Chirurgeon's Handbook, page 10)

X.D.1. A deputy Kingdom Chirurgeon need not fulfill the requirements of a warranted Chirurgeon as described in part IV.B of this handbook.

X.D.2. A deputy Kingdom Chirurgeon will be warranted and removed by the Kingdom Chirurgeon and Crown.

X.D.3. A deputy Kingdom Chirurgeon will perform such duties as directed by the Kingdom Chirurgeon, such duties not to include first aid unless a separate warrant is held as a Chirurgeon in good standing.

X.D.3.a. The Kingdom Chirurgeon may delegate duties to a deputy which benefit the Kingdom at large.

X.D.3.b. The Kingdom Chirurgeon may appoint a deputy to serve primarily a principality or region of a Kingdom. Such deputies are commonly known as principality and regional Chirurgeons.

X.D.3.c. If a Kingdom Chirurgeon does not desire a deputy or deputies, this office will not exist in that Kingdom at that time.

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APPENDIXES APPENDIX A – GOOD SAMARITAN LAWS

Iowa Good Samaritan Law 25

IOWA GOOD SAMARITAN 613.17 Emergency assistance in an accident.

A person, who in good faith renders emergency care or assistance without compensation, shall not be liable for any civil damages for acts or omissions occurring at the place of an emergency or accident or while the person is in transit to or from the emergency or accident or while the person is at or being moved to or from an emergency shelter unless such acts or omissions constitute recklessness. For purposes of this section, if a volunteer fire fighter, a volunteer operator or attendant of an ambulance or rescue squad service, a volunteer paramedic, a volunteer emergency medical technician, or a volunteer registered member of the national ski patrol system receives nominal compensation not based upon the value of the services performed, that person shall be considered to be receiving no compensation. The operation of a motor vehicle in compliance with section 321.231 by a volunteer fire fighter, volunteer operator, or attendant of an ambulance or rescue squad service, a volunteer paramedic, or volunteer emergency medical technician shall be considered rendering emergency care or assistance for purposes of this section. For purposes of this section, a person rendering emergency care or assistance includes a person involved in a workplace rescue arising out of an emergency or accident.

<http://occp.tripod.com/iowa.html>

8/11/2006

Nebraska Good Samaritan Laws

Nebraska Good Samaritan Laws 25-21,186

Emergency care at scene of emergency; persons relieved of civil liability, when. No person who renders emergency care at the scene of an accident or other emergency gratuitously, shall be held liable for any civil damages as a result of any act or omission by such person in rendering the emergency care or as a result of any act or failure to act to provide or arrange for medical treatment or care for the injured person.

(Source: Laws 1961, c. 110, § 1, p. 349; Laws 1971, LS 458, § 1; R.5.1943, (1979), § 25-1152.) 35-107
Volunteer department; emergency first aid; members; immunity from liability; when. No member of a volunteer fire department or of a volunteer first-aid, rescue, or emergency squad which provides emergency public first-aid and rescue services shall be liable in any civil action to respond in damages as a result of his acts of commission or omission arising out of and in the course of his rendering in good faith any such services as such member but such immunity from liability shall not extend to the operation of any motor vehicle in connection with such services. Nothing in this section shall be deemed to grant any such immunity to any person causing damage by his willful or wanton act of commission or omission.

71-5196

Out-of-hospital emergency care provider; liability within scope of practice.

No act of commission or omission of any out-of-hospital emergency care provider while rendering emergency medical care within the limits of his or her certification or status as a trainee to a person who is deemed by the provider to be in immediate danger of injury or loss of life shall impose any liability on

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any other person, and this section shall not relieve the out-of-hospital emergency care provider from personal liability, if any.

(Source: Laws 1997, LB 138, § 25.)

<http://www.cprinstructor.com/INE-GS.htm>

7/28/2006

Missouri Revised Statutes Chapter 537

August 28, 2005

Emergency care, no civil liability, exceptions (Good Samaritan law).

537.037. 1. Any physician or surgeon, registered professional nurse or licensed practical nurse licensed to practice in this state under the provisions of chapter 334 or 335, RSMo, or licensed to practice under the equivalent laws of any other state and any person licensed as a mobile emergency medical technician under the provisions of chapter 190, RSMo, may:

(1) In good faith render emergency care or assistance, without compensation, at the scene of an emergency or accident, and shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care;

(2) In good faith render emergency care or assistance, without compensation, to any minor involved in an accident, or in competitive sports, or other emergency at the scene of an accident, without first obtaining the consent of the parent or guardian of the minor, and shall not be liable for any civil damages other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering the emergency care.

2. Any other person who has been trained to provide first aid in a standard recognized training program may, without compensation, render emergency care or assistance to the level for which he or she has been trained, at the scene of an emergency or accident, and shall not be liable for civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

3. Any mental health professional, as defined in section 632.005, RSMo, or substance abuse counselor, as defined in section 631.005, RSMo, or any practicing medical, osteopathic, or chiropractic physician, or certified nurse practitioner, or physicians' assistant may in good faith render suicide prevention interventions at the scene of a threatened suicide and shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such suicide prevention interventions.

4. Any other person who has been trained to provide suicide prevention interventions in a standard recognized training program may, without compensation~ render suicide prevention interventions to the level for which such person has been trained at the scene of a threatened suicide and shall not be liable for civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such suicide prevention interventions.

(L 1979 H.B. 445 § 1, AL 1983 1st Ex- Sess. H.B. 8, AL. 1986 H.B. 860, AL 2005 H.B. 462 & 463)

<http://www.moga.mo.gov/statutes/C500-599/5370000037.HTM>

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Kansas Good Samaritan Act

Note: KS has a general immunity law, as well as one specifically pertaining to manual cardiac defibrillation. Both are quoted below.

K.S.A. §65-2891

Emergency care or assistance at scene of an emergency or accident by certain persons; liability; standards of care applicable; health care provider defined.

(a) Any health care provider who in good faith renders emergency care or assistance at the scene of an emergency or accident including treatment of a minor without first obtaining the consent of the parent or guardian of such minor shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

(b) Any health care provider may render in good faith emergency care or assistance, without compensation, to any minor requiring such care or assistance as a result of having engaged in competitive sports, without first obtaining the consent of the parent or guardian of such minor. Such health care provider shall not be liable for any civil damages other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

(c) Any health care provider may in good faith render emergency care or assistance during an emergency which occurs within a hospital or elsewhere, with or without compensation, until such time as the physician employed by the patient or by the patient's family or by guardian assumes responsibility for such patient's professional care. The health care provider rendering such emergency care shall not be held liable for any civil damages other than damages occasioned by negligence.

(d) Any provision herein contained notwithstanding, the ordinary standards of care and rules of negligence shall apply in those cases wherein emergency care and assistance is rendered in any physician's or dentists office, clinic, emergency room or hospital with or without compensation.

(e) As used in this section the term "health care provider" means any person licensed to practice any branch of the healing arts, licensed dentist, licensed optometrist, licensed professional nurse, licensed practical nurse, licensed podiatrist, licensed pharmacist and registered physical therapist, and any physician's assistant who has successfully completed an American medical association approved training program and has successfully completed the board examination for physicians' assistants of the American board of medical examiners, any person who holds a valid attendant's certificate under K.S.A.6129, and amendments thereto, any person who holds a valid certificate for the successful completion of a course in first aid offered or approved by the American red cross, by the American heart association, by the mining enforcement and safety administration of the bureau of mines of the department of interior, by the national safety council or by any instructor-coordinator, as defined in K.S.A. 65 6112, and amendments thereto, and any person engaged in a postgraduate training program approved by the state board of healing arts.

(1992)

K.S.A . 65-4337.

Exemptions from liability for civil damages.

(a) Qualified personnel of an ambulance service which is granted a certificate of authority under this act who perform manual cardiac defibrillation during an emergency in accordance with the provisions of subsection (a) of K.S.A. 65- 4335 and any rules and regulations adopted under subsection (a) of K.S.A. 65-4335 shall not be liable for civil damages as a result of performing manual cardiac defibrillation

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during an emergency, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of such qualified personnel performing manual cardiac defibrillation during an emergency.

(b) No medical advisor of an ambulance service which is granted a certificate of authority under this act who reviews the competence of qualified personnel to perform manual cardiac defibrillation during an emergency shall be liable for civil damages as a result of the performance by such qualified personnel during an emergency of manual cardiac defibrillation, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the medical advisor in making the review.

(1992)

<http://www.cprinstructor.com/KS-GS.htm>

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Arkansas Good Samaritan Law

A.C.A. § 17-95-101

Any person licensed as a physician or surgeon under the laws of the State of Arkansas or any other person, who, in good faith, lends emergency care or assistance without compensation at the place of an emergency or accident, and who was acting as a reasonable and prudent person would have acted under the circumstances present at the scene at the time the services were rendered, shall not be liable for any civil damages for acts or omissions performed in good faith.

Any person who is not a physician, surgeon, nurse, or other person trained or skilled in the treatment of medical emergencies who is present at an emergency or accident scene, and who:

Believes that the life, health, and safety of an injured person or a person who is under imminent threat of danger could be aided by reasonable and accessible emergency procedures under the circumstances existing at the scene thereof;

Proceeds to lend emergency assistance or service in a manner reasonably calculated to lessen or remove the immediate threat to the life, health, or safety of such person;

Lends only such emergency care or assistance as a reasonable and prudent person concerned for the immediate protection of the life, health, and safety of the person for whom the services were rendered would lend under the circumstances; shall not be held liable in civil damages in any action in this state for any harm, injury, or death of any such person so long as the person rendering such services acted in good faith and was acting as a reasonable and prudent person would have acted under the circumstances present at the scene at the time the services were rendered.

No physician or surgeon who in good faith and without compensation renders voluntary emergency medical assistance to a participant in a school athletic event or contest at the site thereof or during transportation to a health care facility for an injury suffered in the course of the event or contest shall be liable for any civil damages as a result of any acts or omissions by that physician or surgeon in rendering the emergency medical care. The immunity granted by this subsection shall not apply in the event of an act or omission constituting gross negligence.

For the purposes of this section and any other law of this state which takes effect on or after January 1, 1994, the term "physician" shall mean a person licensed by the Arkansas State Medical Board, the Arkansas State Board of Chiropractic Examiners, or the State Podiatry Examining Board.

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APPENDIX B – FORMS

A. Chirurgeon Event Form

http://calontir.sca.org/chirurgeon/docs/Chirurgeon_Event_Report-2007.pdf

B. Chirurgeon Incident Report

http://calontir.sca.org/chirurgeon/docs/Chirurgeon_Incident_Report-2007.pdf

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APPENDIX C - SUGGESTED FIRST AID KIT

Basics First Aid:

Bandages – assorted sizes of bandaids
Antibiotic cream – can be tube or single use packets
2 x 2 sterile gauze pads – use as large bandage or for cleaning wounds
Medical tape and/or Coban wrap
Vinyl gloves (some people are allergic to latex)
Small baggies for disposal of bloody gauze, bandages, etc. as well as for use as ice packs.
Alcohol wipes or bottle of alcohol
Sunscreen
4 Sanitary Napkins (Great for wounds that have lots of blood!)
2” Elastic Bandage (ace wrap)
Waterless hand cleaner (Purell)

Tools:

Tweezers – for splinters, thorns, and such (but NOT for bee or wasp stingers!)
Thermometer
Small scissors
Multi-tool – very useful for working at an SCA fighter event
Pen & Paper
Sharpie marker
Flashlight
Safety pins

Medications:

Pain relievers – Aspirin, Acetaminophen (Tylenol), and Ibuprofen (Advil)
Antacid tablets
Diarrhea medication
Laxative
Allergy medication (Benedryl)
Glucogose tablets

To this you can add:

4 x 4 sterile pads
Hot / Cold packs
Steri-strips (butterfly bandages)
Bottled water
Syrup of Ipecac
Bulb syringe
Sewing needles and white thread
Unbreakable mirror
Thermal Blanket
Plastic Sheeting