

WORST-CASE SCENARIO

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LEARN WHAT TO DO—AND WHAT NOT TO DO— IF YOU OR A FELLOW SHOOTER SUSTAINS A GUNSHOT WOUND.

Your chances of suffering an accidental injury while participating in a shooting activity are much less than with any other recreational activity in America, but no matter how careful we are, things can go wrong. We're all aware of this reality, although we don't like to dwell on it or discuss it.

Even the most experienced and safety-conscious shooters can be involved in an accident or be witness to the aftermath of an intentional shooting. Accidents and incidents don't always happen to the other guy. Are you prepared to respond properly?

After being the victim of a (former) friend's lapse in gun-handling safety several years back, I gave a lot of thought to the subject of firearm-related first aid. I realized that even though I had received first-aid training several times—including military first-aid instruction—it wasn't as prominent in my mind as it should be. I also realized that most first-aid courses available from organizations such as the civilian Red Cross, although extremely valuable, do not deal with the one type of injury most specific to shooters: gunshot wounds.

All shooting ranges should have a specific gunshot wound first aid kit, such as available from Practical Trauma (PRACTICALTRAUMA.COM). But you won't always be at a range, and even if you are, what are the chances the range personnel on duty at the time of an accident are sufficiently trained to use such a kit?

While a single, short magazine article isn't going to give you the training you need, I can pass along some advice that could save your life or the life of a fellow shooter. From here, it's up to you to do more research and seek hands-on training.

When administering first aid, quick and correct decisions are essential, and the more serious the injury the more essential those decisions become. Acting

incorrectly can be just as serious—or even fatal—for an injured person as failing to administer a potential lifesaving measure.

Everyone who goes out with a firearm should have taken a first-aid course and learned basic first-aid techniques. There are many such courses available from local Red Cross chapters, sponsored by YMCAs, Boy Scouts, local hospitals and public health services. If you are ever actually confronted with an injured person in need of assistance, you will immediately appreciate the value of some kind of formal first-aid training.

Except for the first-aid training I received in the military, no general first-aid courses—even those taught in hunter safety courses—specifically deal with gunshot wounds. Gunshot wounds are different in several respects from other common types of injuries and are by nature potentially more serious. A gunshot wound to an arm or leg can be treated the same as any other puncture wound, laceration or broken bone. But if a person is struck by a bullet in the core of the body, it is likely that the wound will penetrate more deeply than other types of wound injuries and affect the internal organs.

Such wounds are debilitating and frightening, both to the victim and the observer, and it is essential that precisely the right kind of first aid be applied. There are many types of body-penetrating bullet wounds where the difference between survival or death can be the application of a simple first-aid technique.

Here are some basic guidelines provided publicly by emergency service paramedic organizations for proper special first-aid treatment of gunshot wounds to the head, chest and abdominal areas, which are the portions of the body where the effects of a gunshot will most substantially upset vital internal functions.

First and foremost: Call 911 (if possible) immediately. Do not elevate legs to treat for shock if a gunshot →

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or unconscious, a person with an abdominal wound will likely vomit. Watch him closely to keep him from choking.

Chest wounds are a different matter, and the right course of action by the first-aider can make a miraculous difference between survival or death. If a person is shot in the chest and the bullet penetrates the chest cavity, it is highly likely that one or both lungs may collapse due to air being sucked in. The victim's life will depend on how quickly you make the wound airtight. A simple bandage is not enough; the wound must be sealed.

If you suspect a chest wound, check the victim carefully all around his torso so that you do not miss any second or exit wounds. Any chest wound should be treated as a potential "sucking chest wound," even if the penetrating hole is small and not bleeding much. Chest wounds are tricky. If it is a small-caliber wound, the victim may not even be aware of it until it's too late—as was nearly the case in the attempted assassination of President Ronald Reagan.

To treat such a wound, first have the victim exhale as forcefully as possible (if he's conscious) and ask him to hold his breath while you apply the dressing. Seal the wound by placing any piece of plastic or airtight substance over it. A cellophane cigarette package wrapper will do, the plastic bag or plastic wrap your sandwich was in, or even a smooth piece of tinfoil. Use anything that will adhere to the blood or fluid seeping from the hole and form a seal.

Next, wrap a regular bandage around the victim's chest—rolled gauze or strips of torn clothing. Take several turns around the chest, making sure the bandage is evenly pressured over the seal, and make it snug; use your belt to secure it. The seal must be firm and tight, but not so tight the victim can't breathe.

If possible, the victim should sit up, since pressure on the diaphragm

muscle is lessened in the sitting position and breathing is easier. If the victim can't sit up, position him on the injured side so the intact lung can receive more air.

While these are not pleasant subjects to read about, they are

no firearm user can afford to ignore. Safety should always be our first concern, and the best first aid for any accident is to prevent it from happening in the first place. But no matter how careful we are, accidents do happen. ☉

BASIC DO'S AND DON'TS

It's no accident that there are a lot more "don'ts" than "do's." It's also obvious none of the "do's" mentioned contain specific instruction on how to properly bandage different types of wounds, immobilize fractures to different bones, administer artificial respiration or external heart massage, or treat varying degrees of shock. That's what a real first-aid training course provides.

DO

Act quickly and calmly. Confronted by an injury, take three deep breaths and relax. The sight of obviously upset companions can even increase the victim's shock reaction to his injury. Reassure the victim that he is being taken care of while quickly and gently examining him to determine the nature of his injuries.

Make sure he's breathing and that his heart is beating. Check to make sure his airway is open. If necessary, administer artificial respiration or external heart massage as taught in first-aid courses.

Stop any serious bleeding from major wounds.

Take proper measures to prevent shock, which can kill a person even though the injury itself is not fatal. When I was shot by accident, my injury was not profound, but it still took more than 20 minutes before the shock reaction passed to the point where I could be helped up from the ground and into a vehicle.

Dress and bandage any wound to prevent infection. The more serious the wound and the longer it may before medical help can be obtained, the more important it is that the injury be shielded from outside contamination.

DON'T

Position an injured person on his back if he is unconscious or has a face or neck wound. This can lead to respiratory interruption or bleeding into the air passages.

Remove clothing from a victim by pulling or tearing it off. You may worsen the injury.

Touch an open wound or try to clean a dirty wound except in extreme cases when there will be extended delay in obtaining medical attention. Attempting to clean a dirty wound may only contaminate it more.

Remove a bandage once it's been applied. You may worsen the wound and open it to further contamination.

Give fluids to a person who is fully or partially unconscious, nauseated or vomiting, or who has a neck or abdominal wound.

Allow anyone with a head or neck injury to be positioned with his head lower than the rest of his body.

Move a person with a fracture unless absolutely necessary until it has been properly immobilized. If the injury is to the neck or spinal column, this is particularly crucial.

Attempt to insert protruding internal tissue back into a wound. Bandage it as it is.

Put medication on a burn, especially severe burns. Merely cover it with a bandage. Only if a burn is so slight that first aid is also "last aid" should a medicated "first-aid cream" be used.

Try to administer first-aid measures that are beyond your knowledge or training. If you don't know the right thing to do, don't do anything.—DM