

The Adrian Empire, Inc.

PHYSICKER'S MANUAL

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Anyone is welcome to point out any error or omission that they may find.

Imperial Physicker physicker@adrianempire.org

Empress empress@adrianempire.org

Emperor emperor@adrianempire.org

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PREFACE

Greetings! The Minister of Physiks, as stated in the Bylaws, shall be the coordinator of all First Aid at events. The Minister and all deputies must have at least advanced First Aid Training. A “station” should be set up in an area clearly recognizable and accessible to the populace attending an event. All chartered subdivisions are required to have a Minister of Physiks. If no person within a subdivision is qualified, it is the responsibility of the crown/ruling noble to appoint a person to receive the appropriate training (i.e. Red Cross first aid training) to then be qualified for the position as Minister of Physiks. As Minister, you are to function as an AID to the populace who may be in need of help. You are not to treat or force anyone to accept treatment, especially medications. Over the counter medications can be available for those who wish to take them but should not be administered by the Minister. Good Samaritan laws cover those who render aid in good faith, but not those who go beyond that for which they were trained. Be smart and know when to call for help.

Yours in Service, Gryphon von Hohenheim, Imperial Physiker

This manual contains extensive rewrites by Stefan Belski and could not be completed without acknowledging the help and suggestions of Sq. Gregor mac Domnaill

DUTIES

A. IMPERIAL MINISTER OF PHYSIKS

1. Advise the Imperial Crown on matters concerning safety, injury prevention and response to injury at Adrian events
2. Advise the Imperial Crown, Imperial Estates General, Crown/Ruling Nobles, and Ministers of Physiks of the Chartered Subdivisions on matters concerning the policies and procedures of the Imperial Ministry of Physiks of the Empire.
3. Be available to converse with and offer advice to any local Minister of Physiks who wishes to seek advice of the Imperial Minister.
4. Compile quarterly reports from the subdivisions and advise the Imperial Crowns as necessary.

B. MINISTER OF PHYSIKS OF CHARTERED SUBDIVISIONS

1. Maintain a first aid kit and coordinate first aid stations at all Empire events. See Appendix A for suggested contents.
2. Encourage members to volunteer any pertinent information regarding health conditions that may aid an any emergency personnel in case of an accident or emergency. This information shall be kept in a confidential file with the Physiker. The Physiker will become familiar with this data so as to better safeguard members in the event they cannot answer questions during an accident. (See [Appendix B](#)).
3. Maintain a log of all incidences, no matter how trivial they might seem, and forward copies to the Imperial Minister as soon as reasonably possible following the incident. (See [Appendix C](#).)
4. Maintain a list of Deputy Physikers and other persons who are qualified in your subdivision.
5. Be familiar with and observe universal precautions against transmissible diseases when treating injuries.

C. DEPUTY MINISTER OF PHYSIKS

1. Assume the duties of the Minister of Physiks in their absence.
2. Assist the Minister in performance of the duties of the office.

APPENDIX A: FIRST AID KITS

The following list of items are the suggested contents for first aid kits:

- First aid book
- Change for pay phone
- Paper and pen
- Incident forms (See [Appendix B](#))
- Medical information forms (See [Appendix C](#))
- Isopropyl alcohol
- Hydrogen peroxide
- Aspirin
- Acetaminophen (such as Tylenol[®])
- Antihistamine tablets
- Diarrhea medicine
- Sunburn lotion
- Calamine lotion
- Ipecac syrup
- Antacid tablets
- Antibiotic cream
- Iodine or Mercurochrome[®] (mercuric bromine)
- Ammonia inhalants
- Snake bite and bee sting kit
- Band aids
- Adhesive tape
- Elastic bandage (Ace[®] bandage)
- Tweezers and scissor
- Cotton swabs and balls
- Sterile gauze and roll gauze
- Instant cold pack (or bags for ice)
- Triangular bandage or arm sling
- Antiseptic wipes
- Latex or vinyl gloves
- Rescue breathing mouthpiece

APPENDIX B: MEDICAL INFORMATION FORM

This form is intended to gather voluntary medical information for members of the Adrian Empire, Inc. to aid emergency medical personnel if ever a need arises.

Mundane name: _____ Persona: _____

Home phone number: _____ Cell phone number: _____

Address: _____

Emergency contact and number: _____

Allergies: _____

Medications: _____

Any history of the following:

- | | | | | | |
|--------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Hypertension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seizures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Glasses/contacts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Excessive bleeding or clotting problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional information (especially if answered yes to any of the above questions) _____

Chartered Subdivision: _____ Physiker: _____

I, the undersigned, do acknowledge that the information I have given on this form is purely voluntary, and that I have the authority to issue it.

Signature (parent or legal guardian must sign if the named person is a minor.) Date

APPENDIX C: MEDICAL INCIDENT FORM

This form is intended to gather voluntary medical information for members of the Adrian Empire, Inc. to aid emergency medical personnel if ever a need arises.

Date: _____ Time: _____

Location: _____

Mundane name: _____ Persona: _____

Type of injury: _____

How injury occurred: _____

How was consent to treat obtained: Verbal Unconscious victim Victim declined treatment

If victim was a minor, from whom did you obtain consent?

Name: _____ Relationship: _____

How treated: _____

Any follow-up: _____

Chartered Subdivision: _____ Physiker: _____