



FIRST AID



First Aid





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Getting Started

- Welcome**
- Introductions**
- Facility**
- Sign in sheet**
- Equipment Needed**
- Overview of the Course**
- Goal of the Course**





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Course Overview

POST First Aid/CPR Update

First Aid Assessments

Control of External Bleeding

Bandaging and Wound Management

Medical Emergencies

Burns

Temperature Related Injuries

Lifting & Moving

Skill Development

Final Assessment and Review





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The EMS System Defined

The Emergency Medical Services System (EMS) is the system of resources that guides a person from the onset of illness or injury through care in a medical facility.





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The EMS System Defined cont.

The system incorporates

Assessing the situation

Providing care

Continuing care during transport to emergency facilities





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Officer Involvement

Location

Type of emergency

Nature of ill/injured person(s)

Need for additional resources

Urgent enforcement actions required





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On-Scene Responsibilities

- Situation evaluation
- Personal, victim, public safety
- Requesting additional resources
- Scene control
- Victim assessment (prioritizing)
- Basic victim care
- Witness/involved party identification
- Evidence & crime scene preservation
- Law Enforcement actions



Basic Life Support

Duty of Care

A citizen has no legal obligation to provide care

May have an obligation to notify authorities that someone is in need of medical care

ALWAYS ask permission before rendering aid of any kind

State "My name is _____. I am a first aid provider. May I help you?"

Responsive person should give permission

Permission is assumed for unresponsive person



Basic Life Support

Duty of Care

During an emergency, certain legal principles apply regarding what you are expected to do in the United States. These principles include the following:

Duty to act. If you are a first responder, expect to give emergency medical care, including CPR, you almost certainly have a duty to act. However, emergency care performed voluntarily on a stranger in need while you are off duty is generally considered a Good Samaritan act.



Basic Life Support

Duty of Care

Confidentiality. A person has the right for her name and medical history to remain confidential among care providers. Care providers may share only information pertinent to medical care. The regulation in the United States that governs confidentiality is the **Health Insurance Portability and Accountability Act**, which is commonly referred to as the HIPAA law.

Standard of care. This is the level of emergency care that you are expected to provide, based on the level of your training.

Refusal of care. A person older than 18 can refuse treatment and care if he is alert and oriented to the surroundings.

DNR ORDER

Documentation. All emergency care provided must be recorded in writing. This document serves as a medical record and legal documentation.

CAD NOTES / FORMAL REPORT



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Basic Life Support

Department Policy

Policy 465

Training Memorandum 17-006





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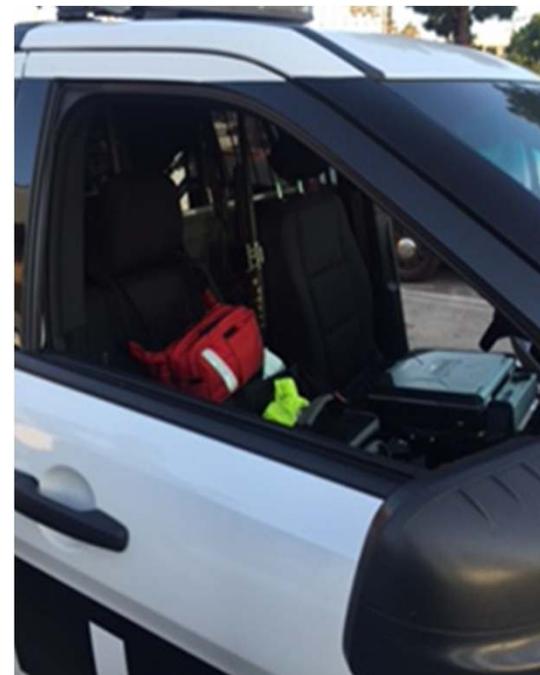


Basic Life Support

Department Issued First Aid Kits

Items found in **red**, First-Aid kit

- Tourniquet
- Trauma Shears
- Chest Seal
- Hemostatic Dressing (QuikClot®)
- Tape
- Gauze
- Dressing
- CPR Mask





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Scene Safety

Avoid becoming a victim

Think S A F E

Remember S-A-F-E

S Stop

- Stop
- Think
- Act

A

Assess the scene

- Scene safe?
- Safe to approach?
- Any hazards?
- Additional risks?

F

Find and locate the 1st aid kit (and oxygen and AED unit)

- First aid kits contain critical supplies such as barriers

E

Exposure protection

- Use barriers such as gloves and mouth-to-mask barrier devices
- Don gloves and inspect them for damage



Scene Safety

Risk Infection

Minimal, but present

Infection may happen via contact with infected blood, other body fluids and body tissues

- ***Not*** transmitted through casual contact
- ***Not*** transmitted through intact skin

Use barriers to further minimize risk

If you believe you have been exposed to a bloodborne pathogen immediately seek medical evaluation



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Scene Safety

Hepatitis A

Outbreak in San Diego and Los Angeles began in transient communities

Transmitted primarily by the **fecal-oral** route

Effective Vaccination is available

PPE (gloves, eye protection, dust mask)

Wash hands with soap and warm water prior to eating





Scene Safety

Hepatitis B (HBV)

Transmitted through blood

Affects the liver

50-100 x more infectious than HIV

Effective vaccination is available

5-10% of infected people develop chronic disease

- **15-25% with chronic disease develop liver failure or liver cancer**



Scene Safety

Hepatitis C

Affects the liver

About 40% of infected people recover fully

Symptoms may take many years to develop

Many infected people become chronic carriers,
and may not realize they are infected.

Less contagious than Hepatitis B

No immunization available



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Scene Safety

Human Immunodeficiency Virus (HIV)

Affects the immune system, causes AIDS

*HIV is the **virus***

*AIDS is the **disease** caused by the virus*

Symptoms may take years to develop

Least infectious of the 3 major pathogens

No immunization available



Scene Safety

Standard Precautions

Use PPE (Personal Protective Equipment)

- Gloves, face masks, eye protection, clothing

Avoid contaminated sharp objects

- Dispose of sharps in an approved container

Thoroughly wash hands after providing care



Initial Assessment

Assessing Responsiveness

Tap firmly on collar bone and shout “are you OK?”

State your name and ask permission to help

If the injured responds, continue with secondary assessment

If the injured does not respond, scan quickly to determine if he is breathing normally

- **Call or send someone to call EMS immediately**





Initial Assessment

Log Roll

Used to move the patient onto his back

Protect **neck and spine**

If the patient is unresponsive

and not breathing normally, call for EMS & initiate CPR

Nothing is more important than compressions (after calling for help)





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Initial Assessment

Recovery Position

Good positioning to **help protect the airway**

Continually check to ensure that his condition does not deteriorate

Do not use for patient's with suspected spinal injury





Shock Management

Shock

A life threatening condition resulting from inadequate blood supply to brain & vital organs

Possible causes of shock

Hypovolemic Shock – severe fluid loss

Cardiogenic Shock – inadequate pumping of the heart

Septic Shock – circulatory insufficiency due to infection

Anaphylactic Shock – severe allergic reaction

Insulin Shock – diabetic reaction to too much insulin

Neurogenic Shock – damage to central nervous system

How Do You Treat For Shock?



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First Aid Assessments

Basic Life Support is care for life threatening injuries

First Aid is care for injuries or illnesses that are **not** immediately life threatening





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First Aid Assessments

General Assessment

- A** Patient is alert
- V** Not alert but responds to verbal stimuli
- P** Not alert but responds to painful stimuli
- U** Unresponsive to all stimuli





First Aid Assessments

History

Should be **brief**

Focus on events leading to the problem

Use **S A M P L E**

Signs/symptoms of current problem

Allergies (medications, bee stings, peanuts)

Medications

Pertinent medical history

Last oral intake (both food and liquid)

Events leading up to current problem



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First Aid Assessments

Illness Assessment

Areas of common concern

- Breathing difficulties
- Chest pain
- Abdominal pain
- Altered Level of Consciousness



First Aid Assessments

Secondary Assessment

- Obtain** patient permission before evaluation
- Head-to-toe** evaluation, looking for other injuries
- Gently palpate** in a systematic manner
- Work** from head to feet





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Control of External Bleeding

Blood

Primary function - transport oxygen and nutrients throughout the body

Secondary function – remove waste products of metabolism



Control of External Bleeding

Two Natural Mechanisms to Control Bleeding

Vasoconstriction - narrowing of blood vessels to reduce blood flow and minimize blood loss

Activation of clotting factors (platelets) to block blood loss



Control of External Bleeding

Direct Pressure

Apply with a gloved hand to control bleeding

Use **clean or sterile gauze** to aid

Continue to **hold firm pressure** until bleeding is controlled

Use **additional gauze** as necessary

Do not remove any gauze already in place over wound

Bandage only after bleeding stops





Control of External Bleeding

Tourniquets

Should be:

- Utilized only when direct pressure is not effective
- Wide (at least 2" wide if an improvised tourniquet is used)
- Placed 1-2" proximal to the wound

Mark the injured person's forehead with a *T or TK* and time of placement

DO NOT REMOVE TOURNIQUET

<https://youtu.be/iNCsowxZWSI>

<https://youtu.be/OqD1bjPn05U>





Control of External Bleeding

Tourniquets

Should NOT be:

- Placed directly over knees, elbows or other joints. Place the tourniquet 1-2" inches proximal to the joint.
- Made of wire or rope, narrow, excessively tight or insufficiently padded band as it may cause local damage to tissues in minutes.
- Removed until advanced medical care is available





Control of External Bleeding

Hemostatic Dressings

- May be used in conjunction with a tourniquet
- Should be used where tourniquets cannot be utilized
- Other dressing material must be removed to allow direct contact of hemostatic agent with bleeding site
- Advise medical personnel a hemostatic agent was utilized



Bandaging and Wound Management

Hemostatic Dressing

Types

Quikclot, HemCon, Celox...

Purpose

Utilized for severe to moderate bleeding in an area where a tourniquet cannot be applied.

Must be packed into the wound

<https://youtu.be/0FbMpMdEqRs>

<https://youtu.be/ff5bYep566o>





Control of External Bleeding

Rescuer Response to Assist Clotting Mechanism

Direct pressure: use gloved hand to control bleeding

Apply **clean or sterile gauze**

Hold firm pressure until bleeding is controlled

Use **additional gauze** as necessary

Bandage only after bleeding stops





Bandaging and Wound Management

General Approach

Key role of first aid is to minimize wound contamination and control bleeding

Use standard precautions

Clean, wash or wipe away obvious dirt

Cover wound to provide protection

Bandage dressing in place once bleeding has stopped

Remove rings or other jewelry in affected area





Bandaging and Wound Management

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Special Circumstances

Bandaging joints – immobilize;
maintain position of comfort
when possible

Eyes – cover both injured and uninjured
eyes to prevent eye movement

Pressure bandage – use to help slow
spread of venom from bites/stings





Bandaging and Wound Management

Special Circumstances (continued)

Impaled objects – leave in place & secure

Exception – object impaled through the cheek into mouth
Gently remove object, dress both inside & outside mouth





Bandaging and Wound Management

Special Circumstances (continued)

Abdominal wounds with exposed organs – cover with moist dressing, and *leave it alone*

Suspected broken bones –

- Splint in the position found
- Stabilize the joint above & below the fracture
- Check pulses and sensation in injured limb
 - Repeat check every 15 minutes

Splints enable immobilization and pain reduction





Bandaging and Wound Management

Sucking Chest Wound

Signs

- Obvious evidence of trauma to the chest
- Difficulty breathing
- Rapid and shallow breathing
- A fast heart rate
- An absence of breathing sounds on affected side of the chest
- Pain
- The bubbling or 'spitting' of blood around the wound as a person breathes

Application of a chest Seal

Wipe away blood and debris from the affected area, remove paper from seal, stick the seal on the chest, placing valve over the wound.





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Medical Emergencies

Asthma

Non-contagious respiratory disease

Commonly **treated with inhalers**

Assist the patient with using their own prescribed inhaler

Call for medical assistance (911) if attack is prolonged



Medical Emergencies

Heart Attack

Also known as **Acute Coronary Syndrome (ACS)** or **Myocardial Infarction (MI)**

Commonly **caused by a blocked blood vessel** that feeds the heart muscle

May advance to cardiac arrest if severe or untreated

- Initiate CPR



Medical Emergencies

Heart Attack (continued)

Possible warning signs of a heart attack

- Pressure/squeezing mid-chest
- Nausea and vomiting
- Arm, shoulder, neck, or jaw pain
- Heartburn/indigestion
- Shortness of breath
- Sense of impending doom
- Unusual sweating
- Back pain between shoulders

Many victims have **“silent” heart attacks**, with no obvious signs or symptoms. Especially common in women, diabetics, and others with pre-existing medical conditions.



Medical Emergencies

Diabetic Emergency

Two classes – high blood sugar and low blood sugar

High blood sugar = Hyperglycemia

Rarely needs emergent treatment
More of a long term problem

Low blood sugar = Hypoglycemia

May quickly become a serious medical emergency



Medical Emergencies

Diabetic Emergency

Signs of Hypoglycemia

- Hunger
- Shakiness
- Anxiety
- Sweating
- Dizziness/Light-headed
- Sleepiness
- Difficulty speaking
- Nervousness
- Weakness

Signs of Hyperglycemia

- Increased thirst
- Headaches
- Difficulty concentrating
- Blurred vision
- Frequent urination
- Fatigue (weak, tired feeling)



Medical Emergencies

Diabetic Emergency

If a known diabetic **behaves in an uncharacteristic manner, is confused or shaking**, suggest they check their blood sugar (blood glucose).

Treatment for hypoglycemia if able to swallow without choking **provide high sugar concentration**

- Glucose tablets
- Candy/Jelly beans
- Fruit leather
- Orange juice

If the diabetic cannot swallow, call 911 for assistance.



Medical Emergencies

- F** Facial droop
- A** Arm weakness
- S** Speech difficulty, sudden severe headache
- T** Time (note the time, and call EMS immediately)

Stroke

Leading cause of long-term disability

Third leading cause of death

Suspect stroke in absence of head trauma if

- Sudden loss of motor function
- Inability to understand or formulate words
- Loss of visual field

Think F-A-S-T to assess for possibility of stroke



Medical Emergencies

Seizures

May present as brief trance-like state or full body convulsions.

Protect the patient from surrounding objects

- Move objects that may be struck or cause injury

Call 911

After seizure, conduct initial assessment and monitor



Medical Emergencies

Poisonings

Can be eaten, inhaled, injected, or absorbed

Common Signs of Poisoning

- Nausea
- Abnormal blood pressure (high or low)
- Headache
- Dilation or constriction of pupils
- Abdominal pain
- Shortness of breath
- Altered mental status
- Injury to skin
- Seizures
- Diarrhea
- Irregular heart rate



Medical Emergencies

Poisonings

Anytime you suspect poisoning call 911 with

- Type of poison
- How much was used
- Current Symptoms

Then

- Monitor breathing
- Be prepared to start CPR



All suspected poisonings should be evaluated in a hospital



Medical Emergencies

Insect Bite or Sting Symptoms

At the site:

- redness
- swelling
- pain
- itching

Severe Reaction:

- abdominal cramps
- nausea and vomiting
- swelling of your face, lips, or throat
- breathing problems
- shock

First Aid:

- Remove stinger with a flat-edged object
- Wash with soap and water
- Apply a cold compress
- Use a epinephrine auto-injector for severe reactions
- Treat for shock
- Monitor pulse and respirations





Medical Emergencies

Animal and Human Bites:

- Wash the wound thoroughly
- Cover with antibiotic ointment and a clean dressing
- Severe bites are treated as a laceration





Medical Emergencies

Excited Delirium

Physical Characteristics

- Dilated pupils
- Profuse sweating
- Hyperthermia (in most cases, but not always)
- High core body temperature
- Nudity or partial nudity
- Skin discoloration (i.e. flushing)
- Foaming at mouth
- Uncontrollable shaking, shivering
- Unexplained strength and endurance
- Impervious to pain
- Respiratory distress

First Aid:

- Restrain the subject **upright**
- Monitor breathing
- Paramedic response to administer a sedative such as **Versed**
- Transport to hospital



Medical Emergencies

Other Medical Emergencies

Exertional Dehydration

- Due to vigorous exercise and profuse sweating
- Results in loss of electrolytes
- Attempt rehydration with 5-8% carbohydrate-electrolyte solutions

Concussion

- Mild traumatic brain injury
- Symptoms may include feeling dazed, dizzy, unsteady, headache, visual disturbances, confusion, memory loss
- Must be evaluated by a health care provider (HCP)
- Activity must be restricted until released by a HCP



Medical Emergencies

Seizures

- Protect the head from hitting any hard objects
- Do not put anything in the mouth
- Do not pour rubbing alcohol
- Do not restrain the person



Medical Emergencies

Breathing Difficulties

Any difficulty in breathing is a respiratory emergency

A respiratory emergency can be caused by emphysema, asthma, or other medical conditions (e.g. hyperventilation)

Place victim in a position of comfort

Monitor ABCs

Allow victim to take prescribed medications

Keep the victim calm and still

Have the victim follow your breathing pattern to avoid hyperventilation

DO NOT have victim breath into a bag



Medical Emergencies

Allergic Reaction and Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you're allergic to, such as peanuts or bee stings.

SYMPTOMS:

Skin reactions, including hives, itching and flushed or pale skin

Low blood pressure (hypotension)

Constriction of your airways and a swollen tongue or throat, which can cause wheezing and trouble breathing

A weak and rapid pulse

Nausea, vomiting or diarrhea

Dizziness or fainting



Medical Emergencies

Opioid Overdose

When to use Narcan:

- Suspected or confirmed opiate overdose
- Environment indicates illegal or prescription use of opiate medication, AND
victim is unconscious or poorly responsive and respiratory rate appears slow (less than 8 per minute); shallow/inadequate; or victim is unconscious and not breathing.
- Need for complete or partial reversal of central nervous system and respiratory depression induced by opioids.
- Decreased level of consciousness of unknown origin and opioid induced respiratory depression
- Law enforcement or First Responders with known or suspected opiate exposure AND signs and symptoms of opiate overdose.
- <https://youtu.be/hGVSaO1oxpg>



Medical Emergencies

Abdominal Pain

Pain occurs when there is a disruption of the normal functioning of the organs and tissues inside, including the stomach, small intestine, colon, liver, gallbladder, spleen, and pancreas.

TREATMENTS FOR ABDOMINAL PAIN (non traumatic)

- Heat to relax stomach muscles
- Massage muscles to help relax them
- Electrolytes for dehydration (Gatorade, banana)
- Pain relievers (Tylenol, advil, Motrin, ibuprofen)
- Rest



Medical Emergencies

Nosebleed

- Sit upright and lean forward.
- Pinch your nose for up to 10 minutes.
- Ice over the nose.
- Pressure Point.





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Chemical Eye Burn

Flush the eyes out with cool water for at least 15 minutes.

As you rinse, use your fingers to hold your eye open as wide as possible and roll your eye to ensure the greatest coverage.

Remove contact lenses, if applicable, if they do not come out during flushing.





Medical Emergencies

Dental Emergencies

- Apply pressure to the area (if it's bleeding) with a piece of cold, wet gauze. ...
- Hold an ice-pack wrapped in a washcloth to the cheek.
- Give acetaminophen or ibuprofen as needed for pain.
- Call a dentist.

Dislodged tooth

- Rinse tooth
- Place in plastic bag
- Place that plastic bag in a plastic bag with ice
- Transport with victim





Medical Emergencies

Obstetrical emergencies

Obstetric emergencies are health problems that are life-threatening for pregnant women and their babies.

An obstetric emergency may arise at any time during pregnancy, labor and birth

Hospital care is needed for all obstetric emergencies, as the woman may need specialized care and an extended hospital stay. This may be because of the risk of a premature birth, the loss of a baby or increased risk to the woman's health.



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Obstetric Emergencies

Symptoms

- Abdominal pain
- Severe shock with symptoms beyond vaginal blood loss
- Vaginal bleeding

Signs

- Shock
- Spasm of uterus
- Tender uterus
- Fetal parts hard to feel
- Often no fetal heart is heard



Burns

Tissue damage caused by heat, chemicals, electricity, sunlight or radiation

Superficial burns (first degree burns)

- Limited to outermost layer of skin
- Redness, mild swelling and discomfort

Partial thickness burns (second degree burns)

- Varies in depth of tissue involvement
- Blister formation and blanching possible

Full thickness burns (third degree burns)

- Involves all layers of skin; may extend deeper
- White, waxy appearance; often without blisters; insensate

Fourth degree burns

- involves muscle and/or bone tissue
- Often the result of high-voltage or thermal injury





BURN CATAGORIES

SUPERFICIAL BURN (FIRST DEGREE BURNS)

- Tissue injury is limited to the outermost layer of the skin (epidermis)
- Often seen as redness, minimal swelling (*ie; sunburn, caused by hydrating at the lake...*)
- Mild discomfort
- Most often treated on your own



BURN CATAGORIES

PARTIAL THICKNESS BURN (SECOND DEGREE BURNS)

- Variable depth of dermis (skin layer below epidermis)
- Scalding injuries or severe sunburns
- May form a blister, skin appears wet, most painful of all burns
- Requires medical evaluation and ongoing care if hands, feet, face, genitals or buttocks are affected
- Deeper burns may take 3-4 weeks to heal
- Deeper burns may require excision, or removal of skin



BURN CATAGORIES

FULL-THICKNESS BURN (THIRD DEGREE BURN)

- Extends deepest down, into the subcutaneous tissue
- Appears dry, leathery and insensate (no sensation or feeling)
- Could appear waxy and charred
- Requires emergency care and prompt attention by a burn surgeon



BURN CATAGORIES

FOURTH DEGREE BURNS – OUCH!

- Full thickness burn extending to the muscle and bone
- Usually a result of a high voltage electric injury or severe thermal burn
- Requires hospital admission

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Burns

First Aid

Remove patient from source of burn

Cool the burn for up to 15-20 minutes

Cover with clean, dry dressing

Do not

- Use ice to cool a burn
- Apply ointments, lotions or antiseptics
- Do not pop blisters

Call 911 for severe burns, especially those to face, hands, and feet



Temperature Related Injuries

Hypothermia (cold) –

body core temperature $<95^{\circ}\text{F}/35^{\circ}\text{C}$

Prevent further heat loss

Remove wet clothing

Provide warm dry coverings

Consider use of hot-water bottles or heating pads

Activate EMS for moderate to severe cases

AVOID rough handling

- May cause heart arrhythmias





Temperature Related Injuries

Hyperthermia (hot) –

body's normal cooling mechanisms are overwhelmed

Heat rash – pimple-like rash

- Due to excessive sweating
- Cool patient
- Keep area dry

Heat Cramps – muscle spasms

- Due to excessive fluid loss due
- Associated with strenuous activity
- Stop all activity
- Rest in cool place
- Drink clear fluids (sport drinks)





Temperature Related Injuries

Heat Exhaustion

Also due to excessive fluid loss

Warning Signs

- Heavy sweating
- Nausea/Vomiting
- Headache
- Muscle cramps
- Fatigue
- Weakness
- Fainting

First Aid

- Remove from heat
- Rest
- Remove unnecessary clothing
- Place in cool environment
- Drink clear liquids (sport drinks)
- Cool with sponging head, neck, torso



Temperature Related Injuries

Heat Stroke Life-threatening condition

Body core temperatures may exceed 106°F/41°C

First Aid

- Remove from heat
- Activate EMS
- Rest
- Remove unnecessary clothing
- Place in cool environment
- Aggressive cooling
- Cold packs, water- soaked towels
- Fans/vents

Signs

- Rapid pulse
- Red, hot, often dry skin
- Strange Behavior
- Hallucinations
- Confusion
- Seizures
- Coma
- Death





Lifting and Moving

General Considerations

Moving an injured person strongly discouraged

Exceptions:

- To move the person to their back for CPR
- Imminent danger (fire, explosive, traffic)

When moving is necessary –

Protect both first aid provider and patient

Move in orderly, planned and unhurried fashion

Use the safest and easiest method





Lifting and Moving

Armpit-Forearm Drag

- Reach under armpits from behind grasping victim's opposite wrist
- Pull in direction of body's long axis

Shirt Drag (if victim is wearing collared shirt)

- Grasp shoulders and collar of shirt
- Use shirt to support head and pull along long axis

Coat or Blanket Drag

- Roll victim onto side, tuck blanket underneath
- Return victim to back, pull other edge of blanket out
- Gather blanket under head and neck for support
- Pull along long axis of victim's body





Lifting and Moving

Reminders

- **Maintain a straight rigid back**
- **Bend at hips not waist**
- **Keep your head in a neutral position**
- **Lift with legs**



Tactical Casualty Care

HOT ZONE / DIRECT THREAT CARE / CARE UNDER FIRE

- 1. Mitigate any threat and move to a safer position**
- 2. Direct casualty to stay engaged in operation, if appropriate and move to a safer position. Apply self-aid, if able**
- 3. Move casualty from unsafe area if needed**
- 4. STOP LIFE-THREATENING EXTERNAL HEMORRHAGE, using appropriate PPE, if tactically feasible and placing in position to protect airway, Recovery Position, if unable to move casualty immediately and tactically feasible**



Tactical Casualty Care

WARM ZONE / INDIRECT THREAT CARE / TACTICAL FIELD CARE

1. Law Enforcement casualties should have weapons made safe
2. Assess for unrecognized hemorrhage and control all sources of bleeding.
3. AIRWAY MANAGEMENT:
 - a. Unconscious
 - b. Conscious
4. RESPIRATION/BREATHING:
 - a. All open and/or sucking chest wounds should be treated by applying a Vented Chest Seal or non-vented occlusive seal to cover the defect
5. ASSESS FOR HEMORRHAGIC SHOCK



Emergency Assistance Plan

Can be a vital resource to save time and engage others

- **Keep close to phone**
- **List emergency phone numbers**
 - **EMS**
 - **Poison Control**
 - **Indicated management contact** (if work environment)
- **Directions to location** if appropriate
- **Have first aid kit readily available**



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Skills

- **Scene Safety Assessment**
- **Donning and Doffing Gloves**
- **Initial Assessment**
- **Recovery Position**
- **Shock Management**
- **Control of External Bleeding**
- **Applying a Tourniquet**
- **F-A-S-T**
- **Secondary Assessment**
- **Splinting**
- **History**
- **Severe Allergic Reaction or Opioid Overdose**



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Questions?

