



WOODMEN SAFETY & SECURITY

Medical Minute

Bleeding (you can see)

From cuts & scrapes, to severe bleeding, you can often stop it with direct pressure. Bleeding may look worse than it actually is.

Most visual bleeding is caused by trauma or injury. When a large blood vessel is cut or torn, the person can lose a lot of blood within minutes. Minor cuts and scrapes usually don't require further attention from the initial first aid.

Assistance for Bleeding you can see: Scene safety. PPE – make sure you are wearing gloves! Obtain proper consent to help the injured person. Have someone get the first aid kit (and AED if the bleeding seems to be severe). If the injury is superficial or minor, it may stop on its own. If it doesn't, apply gentle pressure with a clean cloth or bandage. If nothing is available, use your gloved hand. Hold the pressure continuously for 20 minutes. Using the flat part of your fingers or the palm of your hand is the most effective way to apply direct pressure. Elevate the wound if possible. *Don't keep checking to see if the bleeding has stopped because this may damage or dislodge a clot that is forming and cause the bleeding to resume.* If bleeding persists or soaks through the bandage, add more dressing on top of the first bandage and continue to apply pressure – press harder. Keep pressure on the wound until the bleeding stops. If the wound is in an area that you can't keep direct pressure on it, wrap a bandage firmly over the dressing to hold it in place.

If the bleeding has stopped, clean the wound. Rinse with clean water. If dirt or debris remains in the wound, you can use tweezers cleaned with alcohol to remove particles. Soap can irritate the wound. Apply a clean bandage.

If the bleeding is more severe, watch the person for shock. Have the person lie down and cover them with a blanket or such. If possible, elevate the legs and feet and elevate the site of bleeding. Remove any obvious dirt or debris, but do not attempt to remove any large or deeply imbedded objects. If bones or organs appear to be displaced, do not try to push them back into place. Cover the site with a clean dressing. Apply a bandage and direct pressure as for minor wounds.

Activating EMS/911: Phone 911 if there seems to be a lot of bleeding. If you cannot stop the bleeding. If you see signs of shock. If you suspect other major injuries such as internal bleeding, broken bones, head or neck or back injuries. You are not sure what to do.

Animal & Human Bites

What is it? Bites occur when the skin is broken. They may be minor or more serious. A human bite can be as dangerous as or even worse than an animal bite because of the types of bacteria and viruses contained in the human mouth. If you suspect the bite was caused by an animal that might have rabies – wild or domestic with unknown immunization status, the person should see a health care provider immediately.

Signs & Symptoms: When a bite breaks the skin, the wound can bleed. They may become infected from germs in the biter's mouth. If someone cuts his or her knuckles on another person's teeth, as might happen in a fight, this is considered a bite.

Assistance for Animal & Human Bites: Make sure the scene is safe. Stay away from any animal that is acting strangely. Introduce yourself and obtain consent to help. Get first aid kit. Wear PPE. Stop any bleeding with direct pressure if there is heavy bleeding. Otherwise, clean the wound with a lot of running water (and soap, if available). Cover with clean bandage. If the person hasn't had a tetanus shot within 5 years, they may need a booster tetanus shot. This needs to be done within 48 hours, but should be done as soon as possible. Since bites from bats are very difficult to see, anyone that has been in an enclosed area with a bat should seek medical help.

Activating EMS/911: For animal bites, call EMS. The animal immunizations need to be verified, or the animal needs to be observed. All bites should be followed up with medical care.

Burns (heat related)

What is it? Burns are injuries that can be caused by contact with heat, electricity, or chemicals.

Causes: Heat burns can be caused by contact with fire, a hot surface, a hot liquid, or steam.

Signs & Symptoms: Burns vary in severity. Minor burns are when the outer layer of skin is burned. The skin is usually red. Swelling may be present. May have pain. In more severe burns, blisters develop. The skin is usually intensely reddened and splotchy in appearance. There is severe pain and swelling. This degree of burn involves the second skin layer. The most serious burns involve all layers of skin and cause permanent damage. The area may be charred black or appear dry and white. Burn severity is also measured by the size of the area burned.

Assistance for Burns: Check for scene safety. Identify yourself. Obtain consent to help. PPE. Send someone for the first aid kit. For small minor burns, cool the area immediately with cold (not ice cold) water. Run the water over the area until it doesn't hurt. You may cover the burn with a dry, nonstick sterile or clean dressing. Do not use cotton or fluffy material that may get lint in the wound. Do not put ice on the burn. For major burns, make sure the person is clear of smoldering materials or not exposed to smoke or heat. Don't immerse large severe burns in cold water as this may cause a drop in body temperature. Be prepared to initiate CPR. Elevate the burned body parts above heart level if possible. Cover the areas of the burn with cool, moist sterile or clean bandage,

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towel, cloth. **If the person is on fire, put the fire out. Stop. Drop. Roll. Then cover the person with a wet blanket to put the fire out. Once the fire is out, remove the wet blanket. Remove any jewelry and clothing that is not stuck to the skin. Cover the person with a dry blanket. Watch for signs of shock.

Activating EMS/911: If the burn is more than a small minor injury, phone 911.

Burns (Electrical)

What is it? Injury caused by electricity that can burn the body on the inside and outside. Electricity can stop breathing or cause a deadly abnormal heart rhythm.

Signs & Symptoms: An electrical burn may appear minor or not show on the skin at all, but the damage can extend deep into the tissues beneath the skin. You cannot tell how much damage there is inside the body based on the marks on the outside. Sometimes the jolt associated with the electrical burn can cause a person to be thrown or to fall, resulting in fractures or other injuries.

Assistance for Electrical Burns: SCENE SAFETY is critical. Identify yourself. PPE. Have someone get first aid kit and AED. **Look first. Don't touch.** The person may still be in contact with the electrical source. Touching the person may pass the current through you. If the electrical injury is caused by high voltage, such as a fallen power line, electricity can travel through everything that touches the power line or source (even a wooden stick). **Turn off the source of electricity if possible.** Turn off the power switch only if you know how and can safely do so. Notify utility company if necessary to turn off power to the area. **Check to see if the injured person needs CPR.** When it is safe to touch the person, check for signs of circulation, breathing, movement. **Prevent shock.** Lay the person down with the head slightly lower than the trunk, if possible, and the legs elevated.

Activating EMS/911: Phone 911. Anyone with an electrical injury should be checked by a healthcare provider.

Chemical Burns

What is it? Injury caused by contact with chemicals/poisons.

Signs & Symptoms: Pain. Redness. Burning. Fumes/odors. Look for spilled or leaking containers.

Assistance for Chemical Burns: Know the phone number for the American Association of Poison Control (800-222-1222). SCENE SAFETY is critical. Make sure the scene is safe before you approach. If the scene seems unsafe, do not approach. Tell everyone to move away. Identify yourself. PPE – this may need to be more than gloves if there is a large spill of a chemical. Be alert for fumes! Obtain consent . Get the chemical off the person as quickly as you safely can. Use lots of water to rinse the chemical off. If the chemical is a dry powder, shake or brush away as much as possible before rinsing. Rinse for 20 minutes or more. Remove clothing/jewelry that may be contaminated. If the chemical is in only one eye, rinse under a faucet if possible with the affected

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eye down so you don't wash the chemical into the unaffected eye. Watch for signs of shock. If CPR is necessary, make sure you use a mask for breaths. Instructions on the chemical containers are helpful but may be incomplete.

Activating EMS/911: Have someone phone 911. Tell the dispatcher the name of the chemical if possible.

Sprains vs Fractures

What is it? A sprain is an injury to a ligament caused by tearing of the fibers of the ligament. It can be a partial tear or a complete tear. Ankles and knees are the most common site of sprains. A fracture is a broken bone.

Causes: Joint sprains occur when a joint moves in a direction it is not intended to go or exceeds its range of motion. A fracture may result from a fall, a hit, major trauma or injury. You might not be able to tell the difference.

Signs & Symptoms: Sprains usually swell rapidly and are painful. They may turn slightly blue. Fractures may present in various forms depending on the severity. Gentle pressure or slight movement may cause pain. The limb or joint may appear deformed. The bone may penetrate the skin. There may be heavy bleeding. The extremity of the injured limb may be numb or bluish. Broken hips often have the leg and foot turned outward.

Assistance for Sprains or Fractures: Scene safety. Introduce yourself. Obtain consent. PPE/ gloves. **Don't move the person except if necessary to avoid further injury. Do not attempt to straighten any body part that is bent or deformed.** Stop any bleeding by applying pressure with a sterile or clean bandage. Cover any open wound. Immobilize the injured area. Apply ice packs to limit swelling and help relieve pain. Use a plastic bag filled with ice and water. Apply to injured area with a towel between ice and skin. Do not apply directly to skin. A cold pack will help but will not work as well as ice. Do not leave in place for longer than 20 minutes. Be prepared to treat for shock. (If the person feels faint or is breathing in short, rapid breaths, help the person lie down with the head slightly lower than the trunk of the body. If possible, elevate the legs).

Activating EMS/911: If there is a large open wound, the injured part is abnormally bent, there is heavy bleeding, bone is protruding through the skin. If you suspect a broken neck, head, back, or hip. If the extremity is turning bluish and cold. If the person is unresponsive or appears to be going into shock. You are not sure what to do. Probably for any injury that appears to be more serious than a minor sprain or broken finger. Be sure to document.

Shock

What is it? Shock occurs when there is not enough blood or oxygen flowing to the organs/cells in the body. If not treated, shock can lead to permanent organ damage and even death.

Causes: Shock may result from trauma, heatstroke, blood loss, allergic reactions, severe infection, poisoning, severe burns, heart attack, loss of body fluids, etc.

Signs & Symptoms: Shock may present in various ways. In early shock, the body is attempting to protect itself. The person may be restless, anxious, or irritable. They may feel weak, faint, or dizzy. They may be confused. They may appear overly excited. The skin may be cool and clammy and appear pale or grayish. Their pulse is weak and rapid, usually. Breathing may be shallow and slow, or they may be hyperventilating. The person may be nauseated and may vomit. Their eyes often appear lack lustered and they may seem to stare. Sometimes the pupils are dilated. They may be thirsty.

*Children – Have a larger head in proportion to their body and require a greater flow of blood to the head. The head is also a significant source of heat loss. They typically use oxygen and glucose faster than adults. Their abdominal organs are less protected and more susceptible to injury. Their lung capacity is smaller. They are often abdominal breathers. All these factors lead to a more rapid decline in

Assistance for Shock: Scene safety. Identify yourself and obtain consent. PPE. Have someone get the first aid kit and AED. Have the person lie down on his back with feet elevated unless other injuries prevent this. Keep the person still. This may be difficult if the person is extremely anxious or agitated. Pregnant ladies, heart attack victims, and people experiencing breathing difficulty may need special positioning, but try to get the feet higher than the trunk of the body. Watch for vomiting and be prepared to roll person on their side to keep them from aspirating. Also if the person is bleeding from the mouth, turn the person on his side. Keep them warm – cover with a blanket or anything available. Cover a child's head too, but not their face. DO NOT give them anything by mouth, even if they complain of thirst. Loosen any tight or restrictive clothing if possible and appropriate. Watch/check for signs of circulation and breathing. Be prepared to begin CPR.

Activating EMS/911: If you suspect shock, call 911 immediately. The person's condition may decline rapidly. Remember, children will be much quicker to experience shock.

Hypoglycemia

What is it? Abnormally low blood sugar/glucose, the body's main energy source. Commonly associated with diabetes.

Causes: Occurs when blood sugar/glucose level falls too low. In diabetics, hypoglycemia may occur if the person hasn't eaten or is vomiting. May occur if they have not eaten enough for the level of activity/exercise. They have injected too much insulin. Hypoglycemia may also occur in people without diabetes, but this is not very common. Causes may include excessive alcohol consumption,

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some medications, some critical illnesses, endocrine disorders, overproduction of insulin (people who have had gastric bypass surgery).

Signs & Symptoms: A change in behavior, such as confusion or irritability. Inability to complete a task. Sleepiness. Weakness. Hunger. Thirst. Sweating. Pale skin color. Blurred or double vision. Seizure. Unresponsiveness.

Assistance for Hypoglycemia: Scene safety. Introduce yourself. Obtain proper consent. Wear PPE (gloves). If the person can sit up and swallow, give him/ her something that contains sugar. We have glucoburst packs in all the first aid kits. This is the quickest way to raise the person's blood sugar. They will probably feel better immediately. But this is a short fix. Have fruit juice, milk, honey, regular (not diet) soda ready. Anything that has a high sugar content. Have them sit quietly or lie down. ****DO NOT** give them anything to eat or drink if they are unable to sit up and swallow.

Activating EMS/911: Phone 911 immediately.

Head, Neck, and Spine Injuries

What Is It and Causes: The bones of the spine protect the spinal cord. The spinal cord carries messages between the brain and the body. If the spine is damaged, the spinal cord may be injured. Suspect a head injury if the person fell from a height, was hit in the head, was injured while diving, suffered an electrical injury, was involved in a car crash, was riding a bicycle or motorbike involved in a crash and has no helmet or a broken helmet.

Signs & Symptoms: Assume a person has a head injury if they do not respond or only moans, act sleepy or confused, vomits, complains of headache, has trouble seeing, has trouble walking or moving any part of the body, has a seizure. Assume the person has a neck or spinal injury if he/she complains of severe pain in his or her neck or back, the person won't move his or her neck, the person complains of weakness, numbness or paralysis or lacks control of his/her limbs, bladder or bowels. The neck is twisted or positioned oddly. The person with a head, neck or spine injury may appear intoxicated.

Assistance for Head, Neck, and Spine Injuries: Make sure the scene is safe. Identify yourself and obtain consent to help. PPE. Send someone for the first aid and AED. Minimize movement of the head and neck. Keep the person still. Place heavy towels on both sides of the neck or hold the head and neck to prevent movement. Provide as much first aid as possible without moving the person's head or neck. If the person shows no signs of circulation, begin CPR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward. If the person has no pulse, begin chest compressions. If the person is wearing a helmet, DO NOT remove it. If you absolutely must roll the person because he or she is vomiting, choking on blood or in danger of further injury, you need at least one other person. With one of you at the head and the other along the side of the injured person, work together to keep the person's head, neck and back aligned while rolling the person onto one side.

Activating EMS/911: Call 911.

Victim & Rescuer Safety

Assess the Scene: As you approach the scene, consider the following:

Danger – to you & the injured/ill person. Look for possible hazards such as poisonous fumes, active electrical lines, wild animals, busy traffic, active shooters, etc. Only move the person if they are in immediate danger or if necessary to provide First Aid or CPR, and you can safely do so. Make sure the scene stays safe.

Help – Look for people around who can help you. Remember to use your radio and/or cell phone.

Who – Who is injured? How many? Can you tell what happened?

Where – Where are you? Be specific. Remember that the church addresses are on your badge. Emphasize on which campus you are located. Which room, floor, building. Use bystanders or team members to direct EMS to your location.

Universal Precautions: Intended to protect you. For the best protection, you should treat everyone as if they are infectious. Personal Protective Equipment - PPE

Gloves – to protect your hands from blood and other body fluids. Always use gloves that are LATEX FREE.

Eye Protection – if the injured person is bleeding profusely or coughing violently. If there are hazardous materials spaying or leaking nearby. First Aid kits contain eye protection.

Mask – CPR masks to protect you when giving breaths. Always use.

Place all disposable equipment that was touched by blood or body fluids in a zip lock bag found in the First Aid kits. Pass off to EMS if possible. Otherwise, notify Dan, Dave or Paul.

***Wash your hands with soap & lots of water after properly removing your gloves. If soap & water are not immediately available, use hand sanitizer which is in the First Aid kit. Then wash your hands as soon as possible.

What to do if you are exposed to blood – If you are wearing gloves, take them off. Immediately wash hands and the contact area with soap and lots of water. If you were splattered in your eyes, nose, or mouth, rinse these areas with lots of water. Tell EMS what has happened. Contact a healthcare professional. Make sure you have the contact information of the victim you were exposed to.

Insect/Bee Bites & Stings

What is it? Bites and stings from insects or bees cause a release of venom or other substances into the skin. Most reactions are mild, but they can be serious and even fatal.

Causes: The severity of the reaction depends on your sensitivity to the venom and whether the person has been stung/bitten more than once. Having one type of reaction doesn't mean the person will have the same reaction every time.

Signs & Symptoms: Stings or bites can produce different reactions, ranging from temporary pain and discomfort to a severe allergic reaction. Mild reactions may include itching or stinging sensation, a red welt at the sting/bite site, a small white spot where the stinger punctured the skin, slight swelling around the sting area. The pain and swelling usually goes away within a few hours or a day or so. A delayed reaction may cause fever, hives, painful joints and swollen glands. Severe reactions are potentially life-threatening. Symptoms of severe reactions may include nausea, facial swelling including tongue and throat, difficulty breathing, weak and rapid pulse, dizziness or fainting, convulsions, shock.

Assistance for Bites/Stings: Make sure the scene is safe. PPE. Identify yourself and obtain consent to help. Have someone get first aid kit and AED. Look for a stinger stuck in the skin. Remove the stinger if you see one with the edge of a credit card or something else that you can scrape across the skin. DO NOT squeeze the stinger with tweezers as you may release more venom. Wash the area with soap and water. Apply cold compress for up to 20 minutes. Watch the person for at least 30 minutes for signs of an allergic reaction.

If the person, especially a child (because they are smaller) is stung/bitten multiple times, they may have extremely higher levels of venom toxins and require emergency treatment.

If the person has an anaphylactic reaction, see if they have an epi-pen and assist them if necessary in using it. Be prepared to perform CPR.

Activating EMS/911: Call 911 if the person tells you they have severe allergic reactions to insect bites or stings, if they have been stung/bitten numerous times, or if they present with any signs of severe reactions.

Spider & Scorpion Bites/Stings

What is It? Only a few spiders are dangerous to humans. The two most common are the black widow and the brown recluse. Both prefer warm climates and dark, dry places where flies are plentiful. They often live in dry, littered, undisturbed areas, such as closets, woodpiles and under sinks. Scorpion stings -although painful- are mostly harmless. In the US, only the bark scorpion, found mainly in the desert Southwest, has venom potent enough to cause severe symptoms. Scorpion stings are most serious in young children and older adults. Most healthy adults don't need treatment for scorpion stings, but if a child is stung, always get immediate medical care.

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Signs & Symptoms: Severe pain at the site of the bite or sting. Muscle cramps. Headache. Fever. Chills. Vomiting. Breathing problems. Seizures. Unresponsiveness. The actual bite or sting may only feel like a pinprick. Children stung by a bark scorpion might experience: pain, which can be intense, numbness and tingling around the sting but little or no swelling. Muscle twitching or thrashing, unusual head, neck and eye movements, drooling, sweating, restlessness and sometimes inconsolable crying.

Assistance for Spider & Scorpion Bites/Stings: Make sure the scene is safe. PPE. Identify yourself and obtain consent to help the person. Wash the area with a lot of running water and soap. Apply a bag of ice and water wrapped in a cloth or towel. Elevate the extremity if possible to slow the spread of venom. Keep the person calm. Don't let them consume liquids or food as the person may have throat swelling and difficulty swallowing. Be prepared to give CPR if necessary. Try to identify the type of spider if possible. Black widows have a red hourglass marking on their belly. Brown recluse have a violin shaped marking on their back.

Activating EMS/911: If a child is bitten or stung, call 911 immediately. If an adult is bitten by a black widow or brown recluse spider they should seek immediate medical treatment too. Most scorpion stings in healthy adults don't need medical treatment unless they present with severe symptoms.

Amputations

What is it? Traumatic amputation is the loss of a body part, usually a finger, toe, arm, or leg, that occurs as the result of an accident or injury. In a complete amputation, the body part is totally severed. In an incomplete amputation, some soft tissue connection remains. Either way, the body part may be able to be reattached if properly cared for.

Signs & Symptoms: A body part has been completely or partially cut off. Bleeding may be minimal or severe, depending on the location and the nature of the injury. Pain may not always be directly related to the severity of the injury or the amount of bleeding. There may be various complications associated with the amputation. The most important of these are bleeding, shock, and infection.

Assistance for Amputations: Scene safety. Identify yourself and obtain consent to help. Wear PPE. Get the first aid kit and AED. Try to calm and reassure the person. Control the bleeding with direct pressure. Elevate the injured part if possible. It may take a lot of pressure and time to control the bleeding. A tourniquet may be necessary if the bleeding appears to be life-threatening. Take necessary steps to prevent shock. When bleeding seems under control, examine the person for other signs of injury that may require emergency care. If you find the amputated part, protect it. Rinse with clean water. Cover or wrap the amputated part with a clean dressing. If it will fit, place the part in a watertight plastic bag. Place that bag in another container with ice or ice and water. Label the container with the injured person's name, the date and time. Make sure to send it to the hospital with the injured person. DO NOT forget that saving the person's life is more important than saving the amputated body part. DO NOT overlook other, less obvious injuries. DO NOT attempt to push any body part back into place. DO NOT decide that a body part is too small to save. DO NOT place a tourniquet unless the bleeding appears life-threatening. DO NOT place the amputated body part directly on ice or in water.

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Activating EMS/911: Call 911 for medical help.

Anaphylaxis

What is it? Life –threatening allergic reaction. True emergency. Can lead to shock, sudden drop in blood pressure, and trouble breathing. Can occur within minutes of contact with allergy trigger or may have a delayed reaction without an apparent cause/trigger.

Causes: Some common causes include medications, foods (eggs, chocolate, nuts, fish, etc) , insect stings. Latex. People can be allergic to many things.

Signs & Symptoms: These differ from mild allergic reactions which may include stuffy nose, sneezing, itching around the eyes; itching of the skin; or a raised red rash. Skin reactions including hives, itching, and flushed or pale skin can also be early signs of a more severe reaction. More definitive signs of impending anaphylaxis are swelling of the face, eyes, lips or throat. Constriction of the airways causing a wheezing sound with breathing. Difficulty breathing. A weak and rapid pulse. Nausea, vomiting or diarrhea. Dizziness, fainting or unconsciousness. Signs of shock.

Assistance for Anaphylaxis: Many people with known, severe allergies carry epinephrine pens or epi-pens. They know how to use them, even children. But during an allergic reaction, they may be unable to use it. You may need to help them. As always – make sure the scene is safe. Introduce yourself and obtain consent. With minors, remember to try to seek proper consent, but don't delay if immediate assistance seems necessary. PPE (gloves). Ask if the person has an epi-pen and if they need help using it. *If an obvious allergy trigger is nearby, have someone move it from the immediate area. Have the person sit or lie down. Make sure, if assisting with the epi-pen that it actually belongs to that person. Do not use if the epi-pen does not belong to that person!

EPI-Pens are easy to use/assist with. Take off the safety cap. Instructions are on the pen. Hold the pen in your fist being careful not to touch either end. (The needle comes out of one end) Push the end with the needle hard/firmly against the side of the person's mid-thigh. This can be given through clothing so don't worry about removing any clothing. Hold the pen in place for about 10 seconds. Then pull the pen/needle straight out. Rub the area for 10 seconds. It usually takes a few minutes to start working. Be sure to place the epi-pen in a safe/secure place avoiding accidental needle sticks. NOTE the time of injection. There is only a small amount of medication in the pen and relief may only be temporary.

Loosen tight clothing. Don't give the person anything to eat or drink. Be prepared to treat for shock or begin CPR if needed. Make sure you have had someone get the first aid kit and AED unit.

Activating EMS/911: Immediately phone 911. In severe cases, untreated anaphylaxis can lead to death within 30 minutes. Even if symptoms start to improve, it is possible for them to recur.

Choking

What is it? Choking is when a foreign object gets stuck in the airway in the throat. The blockage prevents air/oxygen from getting to the lungs and brain. Choking may be mild or severe.

Causes: In adults, it is usually a piece of food. In young children, it is often a small object.

Signs & Symptoms: The universal sign for choking is hands clutching the throat. If the person isn't doing this, look for these indicators: Inability to talk. Difficulty breathing or noisy breathing. Inability to cough forcefully. Skin, lips, and nails turning blue or dusky. Loss of consciousness. These are all signs of severe choking, requiring immediate action. If the person can still talk or make sounds or cough loudly, the choking is mild.

Assistance for Choking: Scene safety. Identify yourself and obtain consent. PPE. Have someone get the first aid kit and AED. If the choking is mild, allow the person to cough and watch them. Hopefully they will be able to cough and dislodge the foreign object. If they advance to severe choking you must administer immediate assistance. Ask the person if they are choking. If they nod yes, tell them you are going to help. Remember the person can still hear even though they can't talk. Tell them what you are doing and help them to stay as calm as possible. **Get behind the person.** Wrap your arms around them so your hands are in front. **Make a fist with one hand.** Put the thumb side of your fist slightly above the person's belly button and below the breastbone. **Grasp the fist with your other hand.** Give a quick upward thrust into their abdomen. **Continue to give thrusts** until the object is forced out and they can breathe, cough, or talk, or until they stop responding. If the person choking is pregnant or very large, give thrusts on the chest instead of the abdomen. Place your arms under their armpits and your hands on the lower half of the breast bone. **Pull straight back** for chest thrusts.

If the person loses consciousness, check to see if they need CPR. Initiate CPR if needed. Check the mouth for the foreign object after each set of 30 compressions. Continue CPR until they speak, move, or breathe or until someone with more advanced training takes over.

Follow the same procedure for a child. If it is an infant, give 5 back blows then 5 chest thrusts. Do not give abdominal thrusts. Continue and follow with CPR if needed.

Activating EMS/911: If the choking is mild and is readily relieved, EMS is probably not needed. If the choking is severe, initiate thrusts first or back blows and chest thrusts for infants. Have someone call 911. Anyone who receives thrusts, needs to be checked by a medical provider.

Amputations

What is it? Traumatic amputation is the loss of a body part, usually a finger, toe, arm, or leg, that occurs as the result of an accident or injury. In a complete amputation, the body part is totally severed. In an incomplete amputation, some soft tissue connection remains. Either way, the body part may be able to be reattached if properly cared for.

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Signs & Symptoms: A body part has been completely or partially cut off. Bleeding may be minimal or severe, depending on the location and the nature of the injury. Pain may not always be directly related to the severity of the injury or the amount of bleeding. There may be various complications associated with the amputation. The most important of these are bleeding, shock, and infection.

Assistance for Amputations: Scene safety. Identify yourself and obtain consent to help. Wear PPE. Get the first aid kit and AED. Try to calm and reassure the person. Control the bleeding with direct pressure. Elevate the injured part if possible. It may take a lot of pressure and time to control the bleeding. A tourniquet may be necessary if the bleeding appears to be life-threatening. Take necessary steps to prevent shock. When bleeding seems under control, examine the person for other signs of injury that may require emergency care. If you find the amputated part, protect it. Rinse with clean water. Cover or wrap the amputated part with a clean dressing. If it will fit, place the part in a watertight plastic bag. Place that bag in another container with ice or ice and water. Label the container with the injured person's name, the date and time. Make sure to send it to the hospital with the injured person. DO NOT forget that saving the person's life is more important than saving the amputated body part. DO NOT overlook other, less obvious injuries. DO NOT attempt to push any body part back into place. DO NOT decide that a body part is too small to save. DO NOT place a tourniquet unless the bleeding appears life-threatening. DO NOT place the amputated body part directly on ice or in water.

Activating EMS/911: Call 911 for medical help.

Eye Injuries

What is It?: Eye injuries may happen with a direct hit or punch, when a ball or other object directly hits the eye, when a high speed object (such as a BB gun pellet) hits the eye, when a stick or other sharp object punctures the eye, when a small particle (such as dirt or sand) gets in the eye, or when the eye gets scratched with an object or by rubbing.

Signs & Symptoms: Signs of an eye injury may include pain, trouble seeing, bruising, bleeding, redness, swelling, light sensitivity, tearing.

Assistance for Eye Injuries: Make sure the scene is safe. Identify yourself and obtain consent to help. Wear PPE (gloves). Have someone get the first aid kit. Depending on what type of injury the person has suffered, calm the person and ask them to sit down. Avoid bright lights as the person will probably be very light sensitive. If there seems to be a small foreign body/particle, try to flush out the eye with clean lukewarm water or saline. Have the person blink several times. Repeat if necessary. If the person has suffered a chemical splash in the eye, flush continuously for at least 20 minutes. If the chemical is only in one eye, make sure that eye is down so you don't rinse the chemical into the other eye. Remove or have the person remove contact lenses if they don't come out while flushing the eye. If there is a large foreign body in the eye, DO NOT try to remove it if it appears stuck in the eye. DO NOT try to remove a large object that makes closing the eyelid difficult to close. DO NOT let the person rub the eye. If the person has been hit resulting in a "black eye," use gentle pressure and apply an ice pack. Take care not to press on the eye itself. Asking the person to close both eyes will help them prevent moving the injured eye.

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Activating EMS/911: Calling 911 may not be immediately necessary, but everyone should be advised to follow up with an eye specialist. Many eye injuries may not appear serious at onset, but problems often develop that require medical attention. EMS should be called for anyone experiencing severe pain, with a large foreign object or puncture wound, bleeding from the eye, a severe chemical splash. Send chemical container or at least the name of the chemical with the person to the emergency department.

Fainting

What is it? Fainting is a brief period of unresponsiveness or loss of consciousness. It occurs with inadequate blood flow to the brain, but just momentarily. Fainting may have no medical significance or can be linked to a serious disorder.

Causes: Fainting often occurs when a person stands without moving for a long period of time, especially if it is hot. Sudden change of position such as bending over and suddenly standing, or squatting and then standing. It may occur as a result of bad news or extremely emotional news. But fainting may be related to medical conditions such as heart problems, etc.

Signs & Symptoms: Dizziness. Sensation of not enough oxygen, unable to breath. Hot flash.

Assistance for fainting: Scene safety. Introduce yourself. PPE. Obtain consent. If the person is still conscious, help them to lie flat on the floor. Elevate the legs above heart level. If possible or appropriate, loosen belts, collars or other constrictive clothing. Provide an environment that is cooler and well ventilated if possible. Cool wash cloth if possible. A few small sips of water if the person is alert and able to swallow without difficulty. (Don't overdue it). Don't let the person get up too quickly.

If the person fell, look for possible injuries caused by the fall.

Watch for vomiting. Make sure the airway is clear. Check for signs of circulation (breathing, coughing, movement). Be prepared to begin CPR if necessary.

Activating EMS/911: If the person doesn't actually lose consciousness, stay with them and make sure someone is with them to take them home. Do not let them leave by themselves. Call 911 if necessary. If they faint and quickly (within one minute) regain consciousness, they are most likely fine to leave with someone. If they repeatedly lose consciousness, or do not regain consciousness, activate EMS. If they have possible injuries from falling, activate EMS. If you are unsure, call 911

Heat Cramps

What is it? Heat cramps are painful muscle spasms, most often in the calves, arms, stomach muscles, and back. They are involuntary and may be more intense and more prolonged than typical cramps.

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Causes: Heat cramps are usually a result of intense and vigorous exercise. Inadequate fluid intake often contributes to heat cramps.

Signs & Symptoms: Signs of heat cramps include cramps, sweating, and headache.

Assistance for Heat Cramps: Make sure the scene is safe. Identify yourself and obtain proper consent. PPE. Get first aid kit. Have the person rest and cool down. Have them drink something with sugar, such as juice or sports drink. Water if nothing else is available. Practice gentle, range of motion stretching. Gentle massage of cramping muscles may be helpful. A bag with ice and water wrapped in a towel may be applied to the sore muscle for up to 20 minutes if tolerated. Don't resume strenuous activity for several hours or longer after the cramps go away. Mild heat related signs are a warning that the person's condition may get worse.

Activating EMS/911: It should not be necessary to activate EMS unless the person's condition continues to worsen. The person should seek medical care if the cramps don't go away within an hour.

Heat Exhaustion

What is it? Heat exhaustion is a serious condition that may quickly turn into life threatening heat stroke.

Causes: It often occurs when someone exercises/works in the heat and sweats a lot. Inadequate fluid intake may also be a contributing factor.

Signs & Symptoms: Often begin suddenly. Resemble those of shock. Profuse sweating, nausea, dizziness, vomiting, muscle cramps, faintness and fatigue. Headache. Rapid, weak heartbeat and low blood pressure. Low grade fever.

Assistance for Heat Exhaustion: Scene safety. First aid kit. PPE. Identify yourself and get proper consent to help the person. Move the person to a cooler place (shade, air conditioning, out of the sun). Lay the person down and elevate the legs & feet slightly. Loosen or remove excess clothing as possible. Cool the person by spraying or sponging with cool water. Place cool sponges or washcloths on the neck, armpits, and groin area. Have the person drink something that contains sugar and electrolytes if possible (juice or sports drink). NOT caffeine. Cool water if nothing else is available. Monitor the person carefully. They should start to feel better within 30 minutes. Heat exhaustion can quickly become heat stroke.

Activating EMS/911: Call for medical help if the person's condition deteriorates, especially if fainting, confusion or seizures occur.

*** Once a person has suffered heat stroke, they are at a higher risk of suffering heat related illness again.

Snakebites

What is it? If a snake bites someone, it is helpful to be able to identify the kind of snake. Most snakes in North America are not poisonous. Some exceptions are rattlesnakes, coral snakes, water moccasins, and copperheads. Pay attention to markings.

Causes To reduce your risk of snakebite, avoid touching any snake. Most snakes avoid people if possible and bite only when threatened or surprised. Back away slowly.

Signs & Symptoms Pain in the bite area that continues to worsen. Swelling of the bite area. Nausea, vomiting, sweating, and weakness.

Assistance for Snakebites Make sure the scene is safe. Be very careful around a wounded/injured snake. A snake might bite even if it is wounded or near death. Leave it alone if possible. If it must be moved, use a long handled shovel or similar tool. Identify yourself and obtain proper consent to assist the person. PPE (gloves). Ask the person to remain calm and be still. Immobilize the bitten part and ask the person to avoid moving. Position with the bite area below the level of the heart if possible. This will help prevent the poison from spreading through the body. Remove any tight clothing or jewelry as swelling will occur. Gently wash the bitten area with running water and soap if available. Cover with a clean, dry dressing.

Activating EMS/911 Call 911 for immediate medical attention.

***DO NOT try to capture the snake. Try to remember its color and markings and shape of the head. Take a picture if possible.

Tooth Injuries

What Is It? A person with a mouth injury may have broken, loose, or knocked out teeth. This can be a choking hazard.

Signs & Symptoms: Anyone that has been hit in the mouth may suffer a tooth injury. Sports injuries are common causes of broken, loose, or lost teeth.

Assistance for Tooth Injuries: Scene safety. PPE (gloves). Get first aid kit. Check the mouth for any missing teeth, loose teeth, or broken teeth. Clean the wound with saline or clean water. If a tooth is loose, have the person bite down gently on a piece of gauze to keep the tooth in place and call their dentist. If a tooth is chipped, gently clean the injured area and call their dentist. Apply pressure with gauze to stop any bleeding at the empty tooth socket. If a tooth has come out, put the tooth in a cup of milk or clean water and immediately take the injured person and tooth to a dentist or emergency department. Tell the person to call a dentist if a tooth changes color after an injury. Hold the tooth by the crown, not the root. Keep the tooth out of the mouth.

Activating EMS/911: It is usually not necessary to activate the EMS system if this is the only injury.

Stroke

What is it? A stroke occurs when blood stops flowing to a part of the brain.

Causes: Bleeding or blockage of a vessel in the brain. Signs of a stroke are usually very sudden. Brain cells start dying within minutes.

Signs & Symptoms: Sudden numbness or weakness of the face, arm or leg. Usually on one side of the body. Sudden confusion, trouble speaking, or trouble understanding. Trouble seeing in one or both eyes. Trouble walking. Dizziness. Loss of balance or coordination which may cause the person to fall. Sudden severe headache. An easy way to remember the signs & symptoms are to think FAST.

- Face: Does the face droop on one side when person tries to smile?
- Arms: Is one arm lower when trying to raise both arms?
- Speech: Can a simple sentence be repeated? Is speech slurred or strange?
- Time: A stroke is a true emergency and EMS/911 should be activated immediately.

Assistance for Stroke Victim: Scene safety. Introduce yourself. Obtain consent. PPE. Note the time when symptoms first appear. Be prepared to give CPR if necessary. Comfort person and find a safe place to have them sit or lie down. Be aware of other injuries if the person has fallen.

Activating EMS/911: Phone 911 immediately. New treatments can reduce the damage from a stroke and improve recovery if implemented quickly.

Seizure

What is it? Abnormal electrical activity in the brain.

Causes: Can be caused by medical conditions, injuries, or environmental factors. Often associated with epilepsy. Some causes may include head injury, low blood sugar, heat related factors, poisons. When the heart suddenly stops beating. Fever most common in children. Alcohol.

Signs & Symptoms: There are a wide variety of seizure types. Some people have an “aura” or a warning that a seizure is coming. May present as a brief period of “trance-like” behavior with no convulsions. May have twitching. Or may be more dramatic with person falling to the ground with loss of muscle control (may include bladder/bowel control), jerking movements/convulsions, and loss of response. Usually are brief. More serious seizures may last much longer or may be recurring. After the incident, the person is often confused or very sleepy.

Assistance for Seizures: Scene safety. Introduce yourself. Try to obtain consent if person is responsive. If the person is unable to respond, you can assume implied consent. PPE (gloves). Protect the person by moving anything that they may injure themselves with. If possible, place a towel or small pad under their head. DO NOT try to restrain. After the seizure, stay with the person.

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Assess breathing. Be prepared to roll person on their side if vomiting or has fluids in their mouth. If tongue is bleeding from biting, apply pressure.

Activating EMS/911: Phone 911 immediately. If you did not personally witness the seizure, try to obtain as much information as possible from bystanders to pass on to EMS.

Penetrating and Puncturing Objects

What is it? When the skin is penetrated or punctured by something usually sharp such as a knife, nail, sharp stick. The object may still be in the body.

Signs & Symptoms: A puncture wound usually doesn't cause excessive bleeding. The wound often seems to close almost instantly. If the object is still in the body, leave it in place. Taking it out may cause more damage.

Assistance for Penetrating and Puncturing Wounds: Scene safety. Obtain proper consent. Wear PPE. Get first aid kit. If the object is still in the body, keep the person still and stabilize the object if needed. Stop any bleeding by applying gentle direct pressure with a clean cloth or bandage. Clean the wound with clean water. Use tweezers cleaned with alcohol if removing small superficial particles such as splinters or thorns. Cover the wound with a clean bandage.

Activating EMS/911: If the object is still in the body and is more than a superficial particle, call 911. Infection and/or tetanus are possible complications of penetrating wounds. If EMS does not appear necessary, the person should seek medical attention to make sure the wound is clean and tetanus vaccines are up to date. If bleeding is uncontrollable, call 911.

Nosebleeds

What is it? Nosebleeds are common. Most often they are a nuisance and not a true medical problem. But they can be both. It is sometimes difficult to tell how much bleeding there is since the person often swallows some of the blood. This may cause the person to vomit.

Causes: Nosebleeds are often a result of an injury. There are environmental factors such as dry air/low humidity. Also medical issues can cause nosebleeds: people taking blood thinners, people that use oxygen by nasal cannula, people with other medical conditions and medications.

Signs & Symptoms: Obviously, blood coming from the nose. May also be nauseated or vomiting from swallowing blood.

Assistance for Nosebleeds: Identify yourself. Obtain consent to help person. Wear PPE (Personal Protective Equipment = GLOVES). If there are no other obvious injuries that would prevent the person from moving or being moved, have the person sit upright and lean forward. Keep head above heart level unless contraindicated. Pinch the nose by pressing both sides of the nostrils. Ask the

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person to breathe through their mouth. Keep constant pressure for 5 – 10 minutes. Ask the person to not blow their nose or bend over.

Activating EMS/911: If you can't stop the bleeding after about 20 minutes. The bleeding seems very heavy or gushing. The person is having trouble breathing. The nosebleed is a result of an accident, fall, or injury to the head, including a hit/punch to the face that may have broken the nose.

Medical Consent

Before you provide assistance, it is important to ask the ill or injured person if you may help.

1. If the person responds, introduce yourself as a member of the Woodmen Valley Campus Safety Team before you touch him/her. **ASK** if you may help him/her.
2. If the person agrees (verbally or nonverbally), you may provide first aid. This is known as Expressed or Informed Consent. Minors (unless emancipated) are not able to give consent. Consent is required from a parent or legal guardian.
3. If the person refuses your help, phone EMS (911) and stay with him/her until someone with more advanced training arrives and takes over.
4. If the person is confused or cannot answer, assume that he/she would want you to help. This is known as Implied Consent. For minors, if you are unable to locate the parent or legal guardian, implied consent can be used. Implied consent can be used for a person who initially refused assistance but later loses consciousness or becomes incapacitated.
5. Mentally incompetent persons may be helped using Involuntary Consent.

CPR DIRECTIVE or DO NOT RESUSCITATE/ DNR are specific to resuscitation efforts and do not apply to assistance before cardiac arrest. Look for medical alert jewelry. Ask for papers with identifying information and signed by their physician.

Internal Bleeding

What Is It? Bleeding inside the body that is not visible by looking at a person. It may be minor or severe. Blunt force trauma is a common cause of internal bleeding. Being hit hard in the chest or abdomen or falling can cause bleeding inside the body. Knife or gunshot wounds. Sports injuries such as slamming into other people or being hit with a ball.

Signs & Symptoms: Signs of internal bleeding may include: bleeding from body cavities; vomiting or coughing up blood; bruising on the neck, chest, abdomen, or side; wounds that have penetrated the head, chest or abdomen; abdominal tenderness, possibly with rigidity or spasm of abdominal muscles; fractures; shortness of breath; signs of shock.

Assistance for Internal Bleeding: Scene safety. PPE. Identify yourself and obtain consent to help. Get first aid kit and AED. Have the person lie down and keep still. If they are having trouble breathing, they may feel better with their head slightly elevated. Be aware of any spinal injuries before moving/positioning. Watch carefully for signs of shock. Be prepared to initiate CPR.

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Activating EMS/911: If you suspect internal bleeding, call 911.

HYPERVENTILATION

What is it? Breathing that is more rapid and shallow than normal.

Causes: Anxiety. Emotional stress. Fever. Intense exercise. Some medications. May also occur because of problems caused by asthma, emphysema & other lung problems, or after a head injury. Some people have conditions known as Panic Disorder and/or Hyperventilation Syndrome. More common in women. Usual age group is 15-55 years of age. People traveling to high altitudes (over 6000 ft.) Pregnant women.

Signs and symptoms: Lightheadedness. Rapid heartbeat. Tingling or numbness in hands or feet or around the lips & mouth. Rapid breathing. Anxiety/Panic. Frequent sighing or yawning. Problems with balance. Chest tightness.

Less frequent symptoms can include headache, twitching, sweating, vision changes, problems with concentration and memory, burping.

Symptoms usually last 20-30 minutes.

Assistance for Hyperventilation: Scene safety. Introduce yourself. Obtain consent. Personal protective equipment (gloves). Approach very calmly as the person is probably very anxious!

Key is to have the person take slow and deep breaths. Breathing techniques that may help in this situation include: breathing through pursed lips as if you are whistling, or pinch one nostril and breath through your nose. Slow breathing to 1 breath every 5 seconds. Try belly breathing by placing one hand on the belly and one hand on the chest. Breath in deeply pushing out chest and and pushing in gently on stomach. Exhale and hand on stomach is pushed out and hand on the chest is still. Take your time. DO NOT attempt to have the person breath into a paper bag!

Activating EMS/911: If there is any concern that there is anything more going on with the person, ie. any other medical problems. No signs of improvement after 15 minutes.

Heart Attack

What is it? A heart attack occurs if the flow of oxygenated blood to a portion of the heart muscle suddenly becomes blocked. If the blood flow isn't restored quickly, that section of the heart muscle begins to die.

Heart attacks are a leading killer of both men and women in the United States. The first few minutes of a heart attack are the most important. They can result in quick death or a more successful recovery.

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Causes: There are many causes that may lead to heart attacks. They most often occur as a result of coronary heart disease. Many people are aware that they have heart diseases, but heart attacks can occur without warning.

Signs & Symptoms: Heart attack symptoms may include any or all of the following:

- Uncomfortable pressure, fullness or squeezing in the center of the chest or the left side of the chest. Can be mild or strong. Lasts more than a few minutes. May go away and come back.
- Prolonged pain in the upper abdomen.
- Discomfort or pain in other areas of the upper body including the shoulders, neck, jaw, teeth, one or both arms, the back.
- Shortness of breath which may occur with or without chest discomfort.
- Lightheadedness, dizziness, fainting.
- Sweating.
- Nausea with or without vomiting.
- Sleep problems, fatigue, or lack of energy.

Assistance for Heart Attacks: *Many people won't admit that they may be having a heart attack.* Scene safety. Introduce yourself. Obtain consent. PPE. Send someone for the first aid kit and AED. Make sure the person stays calm and doesn't exert himself/rests. (Make sure you remain calm!) If the person takes medication such as nitroglycerin, you may assist them in taking their medication. Do not otherwise give them anything. Be prepared to give CPR. DO NOT let them leave and drive themselves to the hospital.

Activating EMS/911: Call immediately. Do not let symptoms continue to see if they get better.

Torniquets

If an arm or leg has severe bleeding that you are unable to control with direct pressure, you can use a tourniquet. The best tourniquets are premade. But if you do not have one, you can make a tourniquet out of a piece of cloth/bandage and a windlass, essentially a stick-like object used to tighten the tourniquet. If applied correctly, the tourniquet will cause pain as it stops the bleeding.

****Once you have the tourniquet placed, leave it in place! Note the time and write it down.**

Premade tourniquets: Place the tourniquet 2 inches above the injury if possible. Tighten until the bleeding stops. Note the time. Get medical help – 911/EMS as soon as possible. Leave the tourniquet in place.

Making a tourniquet: Fold a cloth or bandage so that it is long and at least 1 inch wide. (Most first aid kits will contain a triangular bandage which is ideal) Wrap the bandage 2 inches above the injury if possible. Tie the ends of the cloth around a stick or something similar (screwdriver, ruler, wooden spoon, etc.). Turn the stick to tighten the tourniquet until the bleeding stops. Secure the stick so the tourniquet stays tight. (Tie a couple of knots around the stick with the end of the bandage). Note the time. Get medical help immediately.

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Remember, a tourniquet will only be used if the bleeding is severe and you cannot stop the bleeding and medical help is not immediately available.

Universal Precautions

What is it? Universal Precautions are intended to protect you and your coworkers.

Recommendations by the Centers for Disease Control state that you should treat everyone's blood and body fluids as if they are infected. Personal Protective Equipment (PPE) protects you.

Actions: Always wear gloves. Latex allergies are common and can be serious. Make sure that you use latex free gloves. When you give first aid, the outside of your gloves may touch blood or other body fluids. Take off your gloves without touching the outside of the gloves with your bare hands.

1. Grip one glove on the outside near the cuff and peel it down until it comes off inside out.
2. Cup it in your other/gloved hand.
3. Place two fingers of your bare hand inside the cuff of your gloved hand.
4. Peel that glove off so that it comes off inside out, with the first glove you removed still inside it.
5. If there is blood or other body fluids on the gloves, dispose of them properly. Our first aid kits contain zip lock bags. Put the gloves inside the bag and seal it. Write on the outside of the bag with permanent marker (also in first aid kit) BIOHAZARD. If an ambulance is on the scene, you can pass off the zip lock bag to them. If no ambulance is needed, notify Dave, Dan, Paul or Facilities.
6. **Always wash your hands after you give first aid!** Washing your hands is one of the most important protections you have. Use soap and lots of water. Rub hands together and rub all surfaces of hands and fingers for at least 20 seconds. Rinse with lots of running water. Dry your hands well. If you are unable to immediately wash your hands, use hand sanitizer, rubbing vigorously. Allow the sanitizer to air dry. (Hand sanitizer is in the first aid kits). Wash your hands with soap and water as soon as you can.

Response to a Medical Call

We have covered the topics in the American Heart Association First Aid course. Please be sure that you have read and understand the information. As a Campus Safety member, you will need to determine if the EMS/911 is needed. If there is reasonable doubt about a person's condition or if it appears to be worsening, you will activate EMS. Do not allow other unknown bystanders to take over unless you specifically know that they have more advanced training.

The member calling 911 will need some basic information to pass on to the dispatcher. Know what the situation is and some details such as who and how many people need help, approximate age, and condition of the person. Notify them of any other factors that will require attention to help the person – fire, electrical lines, poisons, dangerous animal, vehicles, etc. Communication is a key component to a safe and effective call. If you are alone, radio or yell for help while you start to check

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the ill or injured person. Answer all the dispatcher's questions. Do not hang up until the dispatcher tells you to do so. Answering their questions will not delay the arrival of help.

Know the address and be sure to repeat the proper location to EMS. With two campuses, we need to make sure that help arrives at the proper location. Your Campus Safety badge has the address of both campuses. Designate an entry point. If possible, have another team member, facilities, or pastor meet and direct EMS to the scene.

Members will yield to EMS when they arrive and provide information to them and support their needs. If the person is transported, be sure to get the destination for follow up by WVC staff.

All information obtained during a medical call is confidential. A written report must be filled out. If it is an injury sustained on WVC campus, be sure to get names and phone numbers of any witnesses. Clearly, completely, and accurately describe all details of the incidence. This includes such things as location, any defective floors or carpeting, etc., what the person was wearing (restrictive or loose clothing, type of shoes), weather/environmental conditions, and any other contributing factors. Medical Call forms are in each First Aid kit. Fill out forms as completely as possible. Use the back of the form for more details. Be sure to notify team leaders of any calls as soon as possible. They have to answer to Leadership.

If a person refuses help but is in obvious need of attention, call 911.

Be sure to get proper consent to assist.

Always fill out a form, even if you did not give the person any assistance. Document as much information as you have.

Splinters in Children

What is it: Splinters are small pieces of wood, metal, plastic, etc that are stuck under the skin.

Assistance for Splinters: Make sure the scene is safe. Proper consent. All children registered at WVC activities should have written consent on file. PPE/gloves. Get the first aid kit. Always remain very calm and try to keep talking to the child. Obtain the assistance of a child care worker if possible or another trusted adult. Always work in an area that is visible to others, not in a secluded area. Try using a piece of tape to remove the splinter. Put the tape over the splinter and pull the tape off. The splinter may stick to the tape and come out. If tape doesn't work, try tweezers. Clean the tweezers with an alcohol wipe. Hold the end of the splinter with clean tweezers and gently pull it out. After you remove the splinter, clean the child's wound with water and soap if available.

The child may need medical attention if the splinter:

- Is large
- Is deeply embedded in the skin
- Is difficult or impossible to remove
- Is in the eye

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- Broke off, leaving part of it in the wound

DO NOT: wet or soak the splinter because it will make it harder to remove in one piece. Do not try to hunt around for the splinter with a needle or other sharp object.

****** Children who are ill, injured, or afraid often do not act their age. Instead, they may act like a younger child. Treat ill, injured, or frightened children based on their behavior, not their age. Use simple words and tell them that you are trying to help them. If they are older (such as teenager) you may want to tell them what you are doing to help them and reassure them without talking down to them.

Poison Emergencies in Children

What is it?: According to the American Association of Poison Control Centers, a poison is anything someone swallows, breathes, or gets in the eyes or on the skin that causes sickness or death if it gets into or on the body.

Preventing Poisoning: Keep these items out of children's reach – all medicine, mouthwash, cleaning supplies, chemicals.

Poison Control Contact: The US Poison Control Center number is 800-222-1222. The Poison Control Center can tell you the latest method to treat a poison.

Assistance for Poison Emergencies: Scene safety. PPE. Look for spilled or leaking containers. If there is a chemical spill or the child is in an unsafe area, try to move the child to an area with fresh air if you can do so safely. Ask everyone to move away from the area. If the child is responsive, phone the poison control center and tell them the name of the poison if possible. Remain calm. Remove the poison from the child's skin and clothing if you can do so safely. Help the child take off contaminated clothing and/or jewelry. (Make sure there is another adult around) Brush off any dry powder or solid substances from the skin with your gloved hand. Run water over the skin, eyes, and other contaminated areas for at least 20 minutes or until someone with more advanced training arrives. Always try to keep the affected area on the lower side as you rinse so the poison won't run onto or into the unaffected side.

Activating EMS/911: If the child is unresponsive, phone 911 immediately. Start CPR if the child is not breathing. USE a mask.

DO NOT! -give the child anything by mouth unless you have been told to do so by the Poison Control Center or other Trained Help. This includes water, milk, syrup of ipecac, and activated charcoal.

DO NOT! -rely on the first aid instructions on the label.

DO NOT! -apply any ointments or lotions to the skin.

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***Be very careful to not get the poison on you. Always use extreme caution around fumes. DO NOT become the victim.

Frostbite

What is it? A cold injury. Skin and underlying tissues may freeze. The body parts most often affected include the fingers, toes, nose and ears.

Causes: Exposure to extreme cold. Frostbite typically occurs outside but can also occur inside if people don't have gloves on and handle cold materials (dry ice, compressed gases).

Signs & Symptoms: The skin will look white or grayish-yellow. It is very cold and has a hard or waxy feel. The skin may also itch, burn or feel numb. Severe frostbite can cause blistering and hardening. The skin doesn't move easily. As the area thaws, the skin /flesh becomes red and painful.

Assistance for Frostbite: Gradual warming is the key to treating frostbite. Scene safety. Identify yourself and obtain proper consent. Get out of the cold if at all possible. Remove any wet clothing. Remove tight clothing or jewelry from frostbitten area. Protect the skin from further exposure. Cover the parts with a blanket or anything that is dry and will provide warmth. You can have the person warm hands by tucking under armpits if nothing else is available. Don't walk on frostbitten feet. Do Not rub the area. These actions may cause further damage to tissue. Do Not use direct heat, such as heating pad, heat lamp, etc, because the skin can easily burn before the person can feel it. Do Not try to thaw the frozen part if there's a chance the area will freeze again.

Activating EMS/911: Have someone call 911.

Determining & Describing the Skin Condition

Four ways to assess the condition of the victim are through observation of the **color, temperature, condition, and capillary refill of the skin.**

The skin provides clues as to how well the respiratory & circulatory systems are functioning.

Skin Color: Check skin color by looking at the nail beds, palms of the hands, or soles of the feet. This is especially important for dark skinned individuals. Normally, these areas should look pink. Pale skin may indicate a lack of blood or blood flow. **Cyanotic or cyanosis:** bluish color may indicate a shortage of oxygen in the blood. Usually appears around the mouth and nail beds first. This is serious. **Flush:** reddish color which may indicate excessive heat, high body temperature, or exertion. **Jaundice:** yellowing of the skin is associated with medical conditions and some medications. **Mottling/Mottled:** or marble appearance is a combination of cyanosis and pale or flushed skin color often associated with shock.

Skin Temperature: You will check skin temperature by touch. It is a quick, not exact assessment. It will provide information of an abnormally high or low temperature. *You must also assess the environment that the person is in.* Try to touch the person's skin near the core of the body – back of

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the neck or upper back are good spots. Do not use the forehead. Normal skin temperature is warm. Abnormal skin temperature is cold or hot.

Skin Condition: Assess the condition of the skin by feel. Normally, the skin should feel dry to touch. Abnormal findings include wet, clammy (cool & wet) or excessive sweating, also known as diaphoretic.

Capillary Refill: It is the time it takes for capillaries (tiny blood vessels) to refill with blood after being squeezed. It is useful in assessing for shock. It is more reliable in infants & young children. It is not necessarily reliable for older children & adults. Since infants & young children cannot communicate information, it may prove helpful in their assessment. You compress/squeeze the nail bed or skin. The area should blanch (whiten). Count the seconds it takes to return to normal color. Normally, it only takes 2 seconds or less. If it takes longer, it is called delayed capillary refill.

Hypothermia

What is it? Hypothermia occurs when body temperature falls. When more heat is lost than the body can generate. Defined as an internal body temperature less than 95 degrees F. It is a serious condition that can lead to death.

Causes: Cold temperatures, especially with high wind chill factor and high humidity. Exposure to a cool, damp environment for prolonged periods. Wet or inadequate clothing. Falling into cold water. Not covering your head. Can occur even when temperatures are above freezing.

Signs & Symptoms: Skin is cold and pale, or blue in more advanced cases. Shivering (shivering ceases when the body temperature is very low). Slurred speech. Abnormally slow breathing. Person appears drowsy or lethargic. Loss of coordination. Confusion or memory loss. Infants skin may appear bright red. Muscles become rigid and stiff. As the body temperature continues to drop, the person stops responding, breathing slows, it may be difficult to tell if the person is breathing. Signs & symptoms usually develop slowly, so the person may be unaware that they need emergency medical treatment. Some people are more susceptible to hypothermia: elderly, infants, young children, very lean individuals, intoxicated, homeless, people stranded in the cold for prolonged period. Others with impaired mental function, mental illness, Alzheimer's. Those with malnutrition, cardiovascular disease and underactive thyroid/hypothyroidism.

Assistance for Hypothermia: Scene safety. PPE. Identify yourself and obtain consent to help. Send someone for the first aid kit and AED. Move the person out of the cold. If going indoors is impossible, protect the person from the wind, cover the head, and insulate the person from the cold ground. Remove any wet clothing. Gently pat the skin dry. DO NOT rub the skin as they may also be suffering from frostbite. Replace the wet things with dry clothing/coverings. Wrap the person with anything you have available – clothing, towels, blankets, newspapers, etc. Do not cover the face. Be prepared to give CPR if necessary. Use warmth not hot, direct heat. Warming the trunk of the body is the priority.

Activating EMS/911: It is important to get the person medical care as soon as possible.

CPR/AED Adults, Children, Infants

Action	Adult & Older Child	Child (1- puberty)	Infant (less than 1 yr old)
Check for response	Tap & Shout		
Activate 911/EMS	Phone as soon as you find that the person does not respond	Phone after giving 5 sets of 30 compressions and 2 breaths if you are alone	
Give compressions	Make sure the person is on a firm flat surface.		
Compression Location	Lower half of breastbone		Just below the nipple line
Compression Method	2 hands using the heel of the hand	1 or 2 hands depending on size	2 fingers
Compression Depth	At least 2 inches	About 2 inches	About 1 ½ inches
Compression Rate	At least 100/minute (Make sure chest is allowed to rise to normal position in between compressions)		
Sets of Compressions & Breaths	30:2		
Open Airway	Head tilt – Chin lift		Head tilt-chin lift but do not tilt head too far
Check Breathing	Take at least 5 seconds but not more than 10 seconds. Gasping is considered not breathing.		
Start CPR	Give sets of 30 compressions and 2 breaths. Watch for chest to rise as you give each breath. Blow for 1 second each breath.		
AED	Press the “ON” button or open lid as soon as AED arrives.		
Attach pads to bare chest	Use adult pads	Use child or pedi pads/key/switch for child between 1 & 8. Use adult pads if older than 8.	
Follow AED prompts	AED will walk you through proper use.		

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*This is a summary of American Heart Association CPR/AED. Even if you don't remember all the steps exactly, it is important to try. Any help, even if it is not perfect, is better than no help. Quick action saves lives.

*911 operators are trained and can help walk you through the steps.

Hip Fractures & Dislocations

What is it? The elderly are high risk for hip fractures and/or dislocations. We will just be focusing on possible hip fractures and/or dislocations in this population group for now. A fracture occurs with an actual break of the bone, while a dislocation occurs when the hip (head of the femur) is out of its normal position in the joint.

Causes: Most of these injuries are the result of a trip and fall. Because bones tend to weaken with age, it does not take much of a fall to cause a fracture and/or dislocation. Many elderly people have had hip replacements and may easily suffer a dislocation. Poor vision and balance issues also contribute to the increased risk.

Signs & Symptoms: May include – Inability to move immediately after a fall. Severe pain in hip or groin area. Inability to put weight on leg. Stiffness, bruising, and swelling in or around the hip area. Shorter leg on the injured side. Turning outward of leg on the injured side.

Assistance for Hip Fractures/Dislocations: Any elderly person who has fallen, should be considered to have a possible fracture and/or dislocation. Unless the person is able to get up by themselves, without much difficulty, this is probably a serious injury. Don't move them unless absolutely necessary to avoid further injury. Always make sure the scene is safe. PPE (gloves). Have someone get the first aid kit. Cover any open wounds and treat any bleeding that may be present. Keep the person warm – cover with blanket. Watch and treat for shock if necessary. You may add padding to support the person, but be careful not to move the hip.

Activating EMS/911: Call 911 for these types of incidents. Keep the person as calm as possible and as still as possible.

***Any falls should be carefully documented. The exact location, lighting, condition of the surface, type of shoes worn by victim, general condition of the victim, witnesses, actions taken, etc., are all extremely important.

Bleeding From the Mouth

What is it? Bleeding from the tongue, lip, or cheek. May be minor or extensive.

Causes: Usually caused by trauma. A direct blow to the face may cause bleeding of the tongue, lips, or cheeks. Bleeding from the tongue can be profuse. Often caused by the person biting themselves as a result of a seizure or a traumatic fall or impact injury.

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Signs & Symptoms: Bleeding often looks worse than it is. The tongue is very vascular and can bleed a lot. Lips often swell when traumatized. Be aware of other injuries, such as broken teeth or jaw. Bleeding from the mouth without obvious injuries may be a sign of internal problems. Bright red and frothy blood may be a sign of a lung injury. Dark red blood may signal an abdominal problem.

Assistance for bleeding from the mouth: Scene safety. PPE – make sure you are wearing gloves if putting your hands in or near a person’s mouth. Identify yourself and obtain consent to assist the person. Have someone get the first aid kit. You can usually stop bleeding from the mouth with pressure. If you can easily reach the bleeding, apply direct pressure to the area with a clean dressing. If the person is alert and able to assist, instruct and direct them to apply pressure. Keep pressure on for at least 10 minutes. Have them sit up and lean slightly forward so that the blood will not drain down the throat. Ask them to spit out any blood. Swallowing blood can lead to vomiting. Bleeding from the mouth can be serious if blood or a broken tooth blocks the airway and causes breathing problems or if you can’t reach the bleeding area. Cold compresses may relieve pain and reduce swelling.

Activating EMS/911: Call 911 if you can’t stop the bleeding or the person has trouble breathing.

Choking in Children

What is it? When food (Halloween candy) or an object gets caught in the airway, it can block the airway. It is a frightening experience and an emergency. The blockage needs to be removed to help the child breathe.

Sign & Symptoms: Severe choking requires immediate attention. The child will not be able to talk or make any sound, and will soon not be able to breathe. They may demonstrate the “choking sign” by holding one or both hands to the neck. They may look like they are coughing but there is no sound. Cannot cry. Has a high pitched noisy breathing somewhat like a whistle. Lips and/or skin may be bluish. A child is considered to be anyone over one year of age and younger than puberty, but you must use common sense, depending on the size of the child.

Assistance for choking: Scene safety. PPE. Identify yourself and tell them you are going to help. Remember this is an extremely frightening experience, so be as calm as possible and keep talking to the child. Kneel beside or stand behind (depending on the child’s size) and wrap your arms around the child so that your hands are in front. Make a fist with one hand, putting the thumb slightly above the belly button and below the breast bone. Grasp the fist with your other hand and give quick upward thrusts into the abdomen. Continue to give thrusts until the object is forced out and the child can breathe, cough, or talk, or becomes unresponsive. If the child becomes unresponsive, lower the child to the ground, face up. You will need to begin CPR. Every time you open the airway to give breaths, open the mouth wide and **look** for the foreign object. If you **see** the object and can reach it, remove it with your fingers. **Do Not** do a sweep of the mouth with your fingers. This may cause oral damage and bleeding/swelling. If you do not **see** the object, continue CPR. If the child vomits, turn them on their side and clear the mouth as much as possible.

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Activating EMS/911: When the child becomes unresponsive, yell for help. If someone comes, have them phone 911 and get the AED. If you are alone, start CPR and call 911 after 5 cycles. Get the AED if available. Immediately resume CPR.

***Anytime that abdominal thrusts are given, the parents/guardians should be encouraged to contact their healthcare provider.

Heat Stroke

What is it? Heat Stroke is the most serious of the heat related problems. Heat stroke occurs if your body temperature continues to rise (104 degrees F or higher). At this point, emergency treatment is needed. Untreated, it may lead to damage to your brain, heart, kidneys and muscles. Delayed treatment increases the risk of serious complications or death.

Causes: . Heatstroke is caused by prolonged exposure to high temperatures or by doing physical activity in hot weather. High humidity, certain health problems and some medications increase your risk of heatstroke. So does being a young child or older adult. Other contributing factors may include wearing excessive clothing, drinking alcohol, becoming dehydrated.

Signs & Symptoms: High body temperature. Lack of sweating. Skin may be hot & dry if caused by hot weather, but the skin may be moist if brought on by strenuous exercise/activity. Nausea & vomiting. Flushed skin. Rapid & shallow breathing. Racing heart rate. Headache. Confusion, hallucinations. Difficulty speaking. Seizures. Passing out. Muscle cramps or weakness.

Assistance for Heat Stroke: Scene safety. PPE. Identify yourself and obtain proper consent. Have someone get the First Aid kit and AED. Take immediate action to cool the overheated person. Move them to a shaded or air conditioned location. Put the person in cool water up to their neck if at all possible and the person is conscious. Remove excess clothing. Place ice packs wrapped in cloth or cold, wet towels on the person's head, neck, armpits and groin. Mist with cool water with a fan blowing on him/her if possible. If the person is alert, give them something cool to drink (sports drink or water). Stop cooling the person if they appear to return to normal. Be prepared to give CPR if needed.

Activating EMS/911: This is a true emergency – call 911 immediately.

Finding the Problem

After you check to be sure the scene is safe and seek proper consent to assist, you must find out what the problem is. Learn to look for problems in order of importance. First look for life threatening problems. Then look for other problems.

1. As you approach the scene, look for an obvious cause to the problem.
2. Does the person respond? Someone who responds moves, speaks, blinks, or reacts to you when you tap him or ask him, "Are you OK?" Someone who doesn't respond does nothing when you tap him or ask if he's OK.
3. Is the person breathing?
4. Look for obvious signs of injury: bleeding, burns, bites, broken bones.
5. Look for medical alert jewelry.

Actions: Do not risk your safety if the scene is not safe. You can't help anyone if you are injured yourself. Keep looking around to make sure the scene stays safe. You may have to give first aid in dangerous places – parking lot, room with poisonous fumes, etc. Only move an injured person if he is in danger or if needed to provide life- saving action.

If the person responds, ask them what the problem is or what has happened. A person may be only able to move, moan, or groan when you tap them and shout. If so, active EMS/911. Ask any bystanders if they saw what happened.

If the person isn't breathing, begin CPR. Use the AED if you know how. Gasping is not breathing. A gasp may sound like a snort, snore, or groan. It is a sign of cardiac arrest in someone who does not respond.

Use your first aid skills to assist with obvious injuries, bleeding, etc.

If no obvious signs of injury are present, look for medical alert jewelry – necklace, wrist, even tattoos. Some people only carry a wallet card. If someone is with the person, they may likely know of medical conditions.

Shortness of Breath

What Is It? Shortness of breath (dyspnea) is a very frightening sensation. It is often described as an intense tightening in the chest or feeling of suffocation. It is likely to be experienced differently by different people. Someone may have a mild or severe blockage of their air passages. People experiencing heart attack, stroke, or certain injuries may also have breathing problems.

Causes Most cases of shortness of breath are due to heart or lung conditions. Many people have medical conditions and suffer from episodes of breathing difficulty. Some people with anxiety or panic disorders, may have attacks but often end up hyperventilating (see 06/19/12). Very strenuous

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exercise, extreme temperatures, massive obesity and high altitude all can cause shortness of breath in a healthy person.

Signs & Symptoms: You can tell if someone is having trouble breathing if the person:

- Is breathing very fast or very slowly
- Is having trouble with every breath
- Makes noise such as a whistle or gasping as they breathe in or out
- Can only make sounds or speak no more than a few words at a time

Assistance for Shortness of Breath Scene safety. Introduce yourself and seek proper consent to assist the person. PPE. Have someone get First Aid kit & AED. Remain very calm. DO NOT have the person lie down. Ask the person if they have medication/ inhaler that they use for breathing. If they do, you may assist them by helping them assemble and use their inhaler. (Shake the medicine. Remove the cap. Tilt the person's head back slightly and ask the person to breathe out slowly. Put the inhaler in the person's mouth. Push down on the top of the canister. Have the person breathe in slowly and deeply as you push down. Have the person hold his breath for 10 seconds and then breathe out slowly).

Activating EMS/911 Phone EMS/911 if the person has no medicine; the person does not get better after using their medicine; the person's breathing gets worse, has trouble speaking, or stops responding. Be prepared to give CPR if needed.

Heat Related Emergencies in Children

Important : Children are very sensitive to extreme heat. Symptoms of heat-related emergencies often get worse if left untreated. Mild signs are a warning that the child may get worse unless you take action. You must recognize and give first aid early because children are especially sensitive to extreme temperatures.

Avoiding Heat-Related Emergencies: Make sure children drink plenty of fluids during hot weather. Make sure children are dressed appropriately for the weather. Make sure children are not left alone in hot, parked vehicles.

Signs & Symptoms: Many of the signs of a heat-related emergency are similar to those of the flu. Muscle cramps. Sweating. Headache. Nausea. Weakness. Dizziness. HEATSTROKE: confusion or strange behavior, vomiting, inability to drink, red, hot, & dry skin, shallow breathing, seizures, or no response.

Actions: Scene safety. PPE. Be sure to remain calm and explain to the child that you are going to help them. Move the child to a cool or shady area unless contraindicated. Loosen or remove tight clothing. Encourage the child to drink water if the child is able to sit up and swallow. Sponge or spray with cool (not ice cold) water. Fan the child. Keep the child calm & quiet. Continue to cool the child until behavior returns to normal.

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Activating EMS/911: If the child stops responding or does not get better, phone 911. Be prepared to initiate CPR if necessary.

DO NOT: Do not wait to begin cooling the child until trained help arrives. Every minute counts.

Do not continue cooling the child once his behavior returns to normal. Unnecessary cooling could lead to low body temperature.

Do not put rubbing alcohol or anything other than water onto the child's skin.

Do not give the child anything to drink or eat if the child cannot swallow or is vomiting, confused, has had a seizure, or is not responding.

Fainting /Altitude Change/Dehydration (mild)

What is it? Fainting is a brief period of unresponsiveness or loss of consciousness. It occurs with inadequate blood flow to the brain, but just momentarily. Fainting may have no medical significance or can be linked to a serious disorder. Many visitors to WVC have this with the change of altitude and dry climate. Dehydration occurs when your body doesn't have enough water/fluids to carry out its normal functions. The body actually tries to adjust to the altitude change through more rapid breathing to help maintain the oxygen level in the blood resulting in the loss of more water vapor as the person exhales.

Causes: Fainting often occurs when a person stands without moving for a long period of time, especially if it is hot. Sudden change of position such as bending over and suddenly standing, or squatting and then standing. It may occur as a result of bad news or extremely emotional news. The altitude change can create a problem for even healthy people if they don't slowly acclimate to decreased oxygen level. Not having an adequate increase in fluids with the extremely dry climate will also exacerbate fainting. But fainting may be related to medical conditions such as heart problems, etc.

Signs & Symptoms: Dizziness. Sensation of not enough oxygen, unable to breath. Hot flash. Dry mouth. Sleepiness or tiredness. Thirst. Headache.

Assistance for fainting: Scene safety. Introduce yourself. PPE. Obtain consent. If the person is still conscious, help them to lie flat on the floor. Elevate the legs above heart level. If possible or appropriate, loosen belts, collars or other constrictive clothing. Provide an environment that is cooler and well ventilated if possible. Cool wash cloth if possible. A few small sips of water if the person is alert and able to swallow without difficulty. (Don't overdue it). Don't let the person get up too quickly.

If the person fell, look for possible injuries caused by the fall.

Watch for vomiting. Make sure the airway is clear. Check for signs of circulation (breathing, coughing, movement). Be prepared to begin CPR if necessary.

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Activating EMS/911: If the person doesn't actually lose consciousness, stay with them and make sure someone is with them to take them home. If they are by themselves, you may need to monitor them for 30 minutes or more to ensure that they are alert and stable enough to leave on their own. (You will have to use your best judgment in some situations). Call 911 if necessary. If they faint and quickly (within one minute) regain consciousness, they are most likely fine to leave with someone. If they repeatedly lose consciousness, or do not regain consciousness, activate EMS. If they have possible injuries from falling, activate EMS. If you are unsure, call 911.

***The elderly, young children, and people with chronic illness are more susceptible to the changes in altitude and dry climate. They may require more time to recover.

Bumps on Head

What is it? Head trauma resulting from play or sporting events is a common concern. Few bumps on the head of this nature result in serious injury.

Causes: The forehead and scalp have an abundant blood supply and injury to these areas usually results in bleeding under the skin. When bleeding is restricted to one area, it causes bruising and swelling otherwise known as a hematoma. The swelling can be rather large. You must consider the nature of the injury – speed, momentum, size of the people involved, and the force involved (concrete or other hard surface). These factors may increase the possibility of serious injury.

Signs & Symptoms: Bruising and swelling. (Goose Egg) Tenderness around point of impact. Headache. Look for these signs indicating a more serious head injury – unconsciousness, confusion, disorientation. These may occur immediately after a head injury or after some time has passed. Persistent or worsening headache. Imbalance. Vomiting. Memory loss. Mood changes.

Assistance for Bumps on the Head: Scene safety. PPE. Identify yourself and seek permission to help. For minor injuries, apply an ice bag to the area for up to 20 minutes. Remember, a bag filled with ice and water is better than a cold pack. Wrap the bag in a cloth. Have the person sit quietly. Monitor the person's behavior. When they are ready to get up, advise them to move slowly, changing positions slowly. They should remain calm & not participate in vigorous activity. Notify parent / responsible adult of the head injury and advise them to watch for any changes in behavior. It may be days or weeks before symptoms occur.

Activating EMS/911: Call 911 if the person is unconscious, confused, or disoriented. Vomiting. Complaining of severe headache. Unequal pupils. Weakness of extremities. Seizures.

***It is important to notify someone of the person's head injury. Because symptoms may occur up to several weeks later, the person may even forget that they had a bump on the head. Someone else may be more likely to recognize warning signs or changing behavior.

Level of Consciousness

Describing the person's level of consciousness can be done with a quick assessment. There are basically 3 states :

1. Conscious and alert (normal)
2. Conscious and altered (confused, sleepy, disoriented, etc.)
3. Unconscious (may be only for a short period of time)

You can further describe the level of responsiveness as:

1. Awake & alert
2. Responsive to voice (Able to answer or respond when spoken to)
3. Responsive to pain (Doesn't speak but responds to painful stimulus such as squeezing nail bed)
4. Unresponsive (Does not respond to voice or pain)

If the person is awake and alert, you can determine their level of orientation:

1. Person: Know his or her name
2. Place: Know where they are
3. Time: Know the year, month, day and/or date, approximate time
4. Event: Can briefly describe what happened

So when you describe an individual as normal, they would be conscious, awake, alert and oriented.

If they are conscious with an altered level of responsiveness, do they respond to voice (questions), pain (what), or totally unresponsive? If they respond to voice, are they oriented? Do they know their name, etc.?

If they are unconscious, do they respond to pain?

If the person is unconscious and unresponsive, are they breathing? If the person does not appear to be breathing or only gasping, initiate CPR. If the person is breathing, roll him on his side and call 911. Placing someone on their side helps keep the airway clear. But if they stop breathing or begin gasping, you will need to roll him onto his back and assess the need for CPR.

Cardiac Arrest/Heart Attack

Heart Attack: A heart attack occurs when a blocked artery prevents oxygen rich blood from reaching a section of the heart. If the blocked artery is not reopened quickly, that part of the heart begins to die. The longer the person goes without treatment, the more damage there will be. The symptoms of a heart attack may be immediate and intense. More often, though, symptoms start slowly and persist for hours, days or even weeks before the heart attack. The heart usually doesn't

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stop beating during a heart attack. Symptoms often differ in men and women. The person often denies that anything serious is wrong.

Cardiac Arrest: Often occurs without warning. It is triggered by an electrical malfunction in the heart. With its pumping action disrupted, the heart can't send blood to the brain, lungs, and other organs. Within seconds, the person loses consciousness and has no pulse. Death occurs within minutes if no treatment is started.

The Link: Sudden cardiac arrest can occur after a heart attack or during recovery. Heart attack increases the risk for cardiac arrest. The majority of heart attacks do not lead to sudden cardiac arrest, but when a cardiac arrest occurs, heart attack is a common cause. Other heart conditions that disrupt the heart's rhythm may also cause cardiac arrest.

What to Do: Heart Attack – even if you are not sure, don't wait more than 5 minutes to call 911. Prompt treatment is critical. Cardiac Arrest – can be reversible if treated immediately. **CPR and AED!** Sudden cardiac arrest is a leading cause of death - nearly 360,000 out-of-hospital arrests annually in the United States. By performing immediate CPR, you can double or even triple a person's chance of survival.

Heart Attacks in Women

What Is It? A heart attack occurs when a blocked artery prevents oxygen rich blood from reaching a portion of the heart and the muscle begins to die. If the blockage isn't removed quickly, permanent damage results. The heart usually doesn't stop beating.

At least 50% of women and 30% of men who suffer heart attacks, do not present with the typical and familiar symptoms. Predominantly thought to be a male disease, most research was conducted on men. Now, more women than men die because symptoms are not recognized. Also heart disease is not a disease of the elderly. Heart disease kills more young women (20 – 25 year olds) than breast cancer. It is also the leading killer of midlife women, ages 45 – 65.

Signs & Symptoms: Women's symptoms might just be jaw or elbow pain, stomach upset or indigestion. It might only be some shortness of breath or a sense of overwhelming fatigue. Nausea, dizziness, and/or vomiting, cold sweat, and sometimes pressure or burning in the chest are usually subtle. Just a feeling that they don't feel quite right, may signal a heart attack.

Assistance for a Possible Heart Attack in Women: Scene safety. PPE. Identify yourself and obtain proper consent to assist. Have someone get the First Aid kit and AED. DO NOT ignore any subtle symptoms. Remain calm and help the person to remain calm. Obtain a medical history for any previous heart issues. You may assist the person if they need help taking nitroglycerin. Otherwise do not give them anything to eat or drink. Be prepared to give CPR.

Activating EMS/911: Call immediately. Do not wait for symptoms to worsen. Half of the deaths from heart attacks occur within 3 – 4 hours after symptoms begin.

Choking in Infants

What is it? Choking is when food or another object gets stuck in the airway or throat. The foreign object stops air and oxygen from getting to the lungs.

Some choking is mild and some is severe. If the choking is severe, the object must be removed so the infant can breathe.

Signs & Symptoms: In mild choking, the infant can make sounds, cry, or cough loudly. The choking is severe when the infant cannot breathe, has a cough that makes no sound, or cannot cry.

Assistance for choking: For mild choking, let the infant cough. For severe choking, act quickly. Remain calm. PPE. Have someone get the AED and First Aid kit. Hold the infant face down on your forearm. Be sure to support the head and jaw with your hand. Head should be slightly lower than the rest of the body. Let gravity help you. Give up to 5 back slaps with the heel of your other hand between the shoulder blades. If the object does not come out after 5 slaps, turn the infant onto his/her back, supporting the head. Give up to 5 chest thrusts using 2 fingers of your other hand to push on the chest on the breast bone, about nipple level. Repeat giving 5 back slaps and 5 chest thrusts until the infant can breathe, cough, or cry or until the infant stops responding. If the infant stops responding, you must begin CPR. **Any infant who has been given back slaps and chest thrusts should be seen by a healthcare provider.

Activating EMS/911: Call 911 for any infant with severe choking. Call 911 for mild choking if you are worried about the infant. It doesn't take much time for an infant's airway to become compromised.

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