

You are the most important person in an emergency!

Check	Hazards	<p>“Is it safe?”</p> <ul style="list-style-type: none">• Fire• Wire (Downed electrical wires)• Gas (Ventilate)• Glass (Cover if you can’t quickly clear)• Thugs (Bystanders, Parents (involve them))• Drugs (Drowsy, Balance, Erratic, Delusions, Nausea, Mental Health, Diabetic)• Bugs (Infection from the victim, or real dangers of snakes/bugs)	
	History	<p>“What happened?” (Mechanism of Injury?)</p> <p>“How did they get to the ground?” (Possible Spinal Injury? Head Trauma?)</p>	
	Person	Awake? Breathing? Head Tilt, Chin Lift, listen for 10 seconds.	
Call	911	<p>Call or assign someone to call.</p> <p>Report: Location, Awake/Not Awake, Breathing/Not Breathing, relevant symptoms (911 will want to know), and ask for the time to respond to your location. (Symptoms only. Don’t say they are having a stroke/heart attack... You may give them one/make it worse.) Confirm the call is made by having the caller report back to you.</p>	Take Control
	Bystanders	Helpers (assign tasks). Get First Aid Kit, AED, and Blanket(s).	
Care	A: Airway	Open? Clear?	
	B: Breathing	Normal Breathing? (Agonal Respiration is not breathing...)	
	C: Circulation	Skin colour? Breathing?	
	D: Deadly Bleeds	Spurting? Expanding pool? Do a Rapid Body Survey (Gloves on. Press, look for blood on the gloves, next location.)	
	E: Everything Else	<p>Protect:</p> <ul style="list-style-type: none">• Head immobilization <p>Treat for shock: (Skin cold and clammy, pale, lightheaded, weak, thirsty...)</p> <ul style="list-style-type: none">• Rest, warmth, reassurance <p>All other injuries/conditions:</p> <ul style="list-style-type: none">• Fractures, minor wounds, etc.	
	Secondary Survey	(More thorough)	
	Hazards	Be continually aware...	

**Re-
Check 5
minutes**

Process:

Approach from line of sight

Look for a bracelet or tattoo for diabetics/epileptics

Ask for consent to treat someone. If the person is unconscious, consent is assumed.

ONLY Naloxon/Narcan can be given without consent. **NOT Epipens.**

Critical Interventions:

Blocked Airway:

Head tilt, chin lift. Listen and feel for breathing for 10 seconds. If OK, Recovery position.

Airway obstruction:

Adults:

Partial Obstruction?

Encourage coughing. Once coughing has stopped, you have about a minute. Call 911 unless alone. Start with your arm across the chest to the shoulder, with the victim leaning forward, and brace yourself to support/catch them if they drop. 5 back blows/5 abdominal thrusts. Repeat until they pop (obstruction is out) or drop. To do abdominal thrusts, put your foot between the victim's legs, mark the top of the hips, come to the center of the belly in line with the top of the hips, make a fist, and grab with the other hand. Thrust in and up. Other types of thrusts: Chest thrust or up against the wall. LOOK AWAY unless you want the obstruction in your face. This is invasive so try and get them to go to a hospital to be checked out even if it is successful.

If the person drops, control their lowering to the ground (avoid further injury). Go to CPR.

If you are the victim and are alone, phone 911 first (they will track you down even if you can't talk), then go to public space. Use anything that you can fall on to press in and up to do the abdominal thrust. Truck tailgate, table, back of a chair, ...

Complete Obstruction?

- CPR: 30 compressions/2 breaths (Beat: Stayin' Alive...)

If you witnessed the person choking:

- 30 compressions
- Hook and look (for obstruction)
- 2 breaths

Infants:

Partial Obstruction?

- Encourage coughing. (Mimic)

Complete Obstruction?

- Support head/neck, face down 45°

- 5 back blows/5 compressions (2 fingers on sternum)
- Repeat until it pops or drops
- If the infant drops, go to CPR. (Same protocol as adults, 30 compressions, 120 per minute/2 breaths)

CPR:

- 5 sets (30 compressions, 120 a minute/2 breaths), or 2 minutes. (This is a good reason to see if other bystanders know CPR before you start and line them up to take turns.)
- Depth: 2 inches/1/3 to ½ the depth of the chest. It will be stiff at first with adults. Then you will tear away the cartilage connecting the ribs to the sternum and it will get easier. This will heal in 2 to 4 weeks. Breaking ribs takes much, much longer to heal and is way, way more painful. So just press on sternum to avoid breaking ribs.
- Breathe just until you see the chest begin to rise. Don't inflate the stomach (gastral distention). Leads to projectile vomiting.
- You can stop when:
 - You see signs of life
 - A higher level of medical care arrives
 - AED arrives, is connected, and wants to start analyzing. (AED first)
 - You can't do any more (physically incapable of doing more)
 - You are in danger


Bleeding:

- Use **RED** (you see blood)
 - **R:** Rest
 - **E:** Elevate the site above the heart
 - **D:** Direct and constant pressure – **DDT**
 - **D**irect Pressure (Abdominal Pad and Zap Strap/Quick Strap or Tensor Bandage)
 - **D**irect Pressure (If bleeding through: Second layer Abdominal Pad and Red Band/Tensor Bandage)
 - **T**ourniquet (If still bleeding through)
- Check for circulation
 - Compare hands
 - Check for capillary refill. Press nails on each hand, and watch for refill.

Seizure:

- Drugs, tumor, lights, head injury
- > 5 minutes, call 911

Heart Attack:

Males:		Females
<ul style="list-style-type: none"> ▪ Chest pain/pressure ▪ Shortness of breath ▪ Nausea/vomiting ▪ Skin: Cool, clammy, pale, grey/ashen ▪ Arm pain/numbness 		<ul style="list-style-type: none"> ▪ Fatigue ▪ Indigestion ▪ Jaw pain ▪ Back/neck pain ▪ Heartburn

Angina:

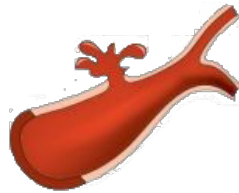
- Doctor diagnosed condition

Nitro	ASA/Aspirin
<ul style="list-style-type: none">▪ Ask (all genders) if they've had: Viagra, Cialis, etc. within the past 24-72 hours.▪ Up to 3 doses (5 minute intervals)▪ Sublingual (under the tongue)	<ul style="list-style-type: none">▪ Don't use if they have:<ul style="list-style-type: none">○ Allergies to ASA○ Asthma○ Internal Bleeds○ Ulcers/Surgery (past 3-4 weeks)▪ 1 full dose (325 mg)OR▪ 2 low dose (81 mg)▪ They chew it and place it under their tongue▪ CAN mix with Nitro

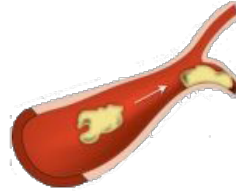
Stroke: FAST

Face
Arms
Speech
Time

- Treatment:
 - **911 ASAP!**
 - **No** Meds
 - Recovery Position – Affected Side Up



Hemorrhagic (Bleed)



Ischemic (Clot)

Transient Ischemic Attack (TIA):

- AKA “Mini Stroke”
- Symptoms: **Same** but they feel better 10-20 minutes later.
- Treatment: **Same** as Stroke.

Other Injuries:

- Use **RICE**
 - **R**: Rest
 - **I**: Immobilize
 - **C**: Cold
 - **E**: Elevate

Chemical Burns:

- “The solution to pollution is dilution.” Overwhelm it. Flush with water.

Burns:

- Cover with non-stick dressing and cool with water or ice pack. Speed helps to stop the burn from progressing further. (Think of resting a steak after cooking. The temperature keeps going up in the center for a while.) Don't leave uncovered to avoid damaging skin by force of water, to prevent ice packs sticking to wound, and minimize infection. Cool 2 minutes. (Think of a hot pot from the stove)

with water running into it to cool.) After 2 minutes you are just helping control pain. Watch for hypothermia.

- Used to refer to 1st, 2nd, or 3rd degree burns. Now use superficial, partial, or full depth burn, depending on how far through the skin the burn goes. Superficial are painful. Partial are very painful as the nerve ends are engaged. Full depth are numb, except around the burn which are partial depth, as the nerve ends are destroyed.

Insect bites:

- 50 ml of Benadryl. May avoid person developing anaphylaxis if they haven't been exposed to bites before.

Anaphylaxis:

- You need consent to administer drugs. That can be verbal or non-verbal.
- BLUE to the sky, ORANGE to the thigh. Remove the blue safety cap, press the orange end against the thigh firmly (it will click) and hold for 10 seconds. Rub site for 30 seconds.

When should you call an ambulance?

- Victim is unconscious or unable to move
- Airway
- Breathing
- Circulation
- Deadly bleeding
- Altered level of consciousness (Looks drunk – diabetes. Sugar is always appropriate for diabetes. Won't hurt if their sugar is too high, and will help if they are too low.)

Notes:

- For Adults: 4-7 minute window before cell death begins from lack of oxygen.
- For Children: 1-3 minute window before cell death begins from lack of oxygen.
- CO is 150 times more attractive to blood cells than Oxygen. It takes up to 1 ½ hours to clear, generally in a hyperbaric chamber. (Helicopter to hospital.)
- 2% to 4% success of resuscitating someone with CPR.
- With an AED, this goes up to 80%
- Pregnant woman: Low risk, but if possible with the recovery position use left for life, to prevent compressing the Inferior Vena Cava.
- Shock: Skin cold, clammy. Support, rest, warm.

Additional Resources: (Some BC only...):

- Red Cross Apps
 - First Aid
 - Disaster Prep
- Pulsepoint App
- Prepared BC
- BC 211 (Call, Text, or online at BC211.ca)
- 811 Healthlink BC (aka Nurses Hotline, 24/7, Non-Emergency)
- 711 for hard of hearing
- BC Poison Control 1-800-567-8911

- Impaled: Movement can nick an artery and the victim can bleed out in 2 minutes.
- Blood in saliva or vomit
- Ambulance Response Time (Average):
 - 7:20 Victoria
 - 8:30 Greater Victoria
 - 8:59 BC