

| Course Title: | | FIRST AID/CPR/AED REFRESHER (DSB) | | | |
|---------------------|----------------|-----------------------------------|---|---|---------------------------|
| Certification: | | STC # 07158040 | | | |
| Certification Date: | | 04/16/19 | | | |
| Expiration Date: | | 04/16/21 | | | |
| Review Date: | | 05/01/20 | | | |
| Time Block | Estimated Time | Learning Objective | Topic | Brief Overview of Topic/Instruction | Instructor |
| O700 | O715 | N/A | Introduction | Instructor Introduction and overview of course | POST Certified Instructor |
| O715 | O800 | MODULE 1 | Legal Issues, EMS System, Safety Protocols, Victim Assessment, and Emergency Patient Movement | Overview of: Good Samaritan Law, Duty to Act, Gaining Consent, Maintaining Patient Confidentiality, HIPAA: Law Enforcement Purposes, San Diego Trauma System, Critical Incident Response, Safety Protocols, PPE & Scene Safety, Mass Casualty/Triage, Triage Cards, Initial Assessment, Focused Survey, Emergency Patient Movement, and Learning Activity #1 | POST Certified Instructor |
| O800 | O830 | MODULE 2 | Psychological Emergencies, Suicide Prevention, Referral of Inmates to Medical, Dental, Health Complaints | Overview of: Psychological Emergencies - Schizophrenia, PTSD, Depression, Borderline Personality Disorder, Bipolar Disorder, Inmate Safety Program, Suicide Detection & Prevention, Inmate Grievance, and Inmate Requests. | POST Certified Instructor |
| O830 | O900 | MODULE 3 | Chest Pain, Heart Attack, Sudden Cardiac Arrest, Chain of Survival, Seizures/Stroke, and Diabetic Emergencies | Overview of: Chest Pain, Heart Attack Cause & Symptoms, Sudden Cardiac Arrest Cause & Symptoms, steps in the Chain of Survival, and Diabetic Emergencies (Coma/Shock). | POST Certified Instructor |
| O900 | 1000 | MODULE 4 | Basic Life Support Review: CPR & AED | Overview of: CAB - Compression, Airway, Breathing, Adult - Child - Infant one person or two person CPR, AED use, Basic Airway Management, Pocket Mask & BVM, Reasons to stop CPR, and Learning Activity #2 | POST Certified Instructor |
| 1000 | 1100 | MODULE 5 | Management of Foreign Body Airway Obstruction: Choking, and Facial Injuries | Overview of: Signs of Choking, Adult / Child Choking - Conscious & Unconscious, Infant Choking, Heimlich Maneuver, and Learning Activity #3 | POST Certified Instructor |
| 1100 | 1200 | LUNCH BREAK | | | |
| 1200 | 1330 | MODULE 6 | Traumatic Medical Emergencies & Tactical Casualty Combat Care (TCCC) | Overview of: Types of Bleeding, Types of Open Wounds, Open Wound Care, Chest Injuries, Abdominal Injuries, Head-Neck-Spine Injury, Fractures & Dislocations, Sprains & Strains, Splinting, Shock, Stop the Bleed, TCCC: PMARCHP & DCAPBTLs, and Learning Activity #4 | POST Certified Instructor |
| 1330 | 1430 | MODULE 7 | Medical Emergencies, Environmental Emergencies, and Emergency Child Birth | Overview of: Chest Pain, Asthma/COPD, Allergic Reaction, Anaphylaxis, EpiPen, Adverse Reaction to Medication, Stroke, Seizures, Diabetic Emergencies, Alcohol/Drug Emergencies, Drowning, Heat Emergencies, Cold Emergencies, Emergency Child Birth, and Obstetrical Emergencies. | POST Certified Instructor |
| 1430 | 1530 | MODULE 8 | Burns, Poisoning, Bites & Stings, and CBRN | Overview of: Burn Types & Treatment, Burn Categories, CBRN protocols, Insect bites/stings, and Animal/human bites. | POST Certified Instructor |
| 1530 | 1600 | N/A | Written Exam, Evaluation, and Issue CPR Card | 20 Question Exam , Review Exam, Course Evaluation, and Issue CPR Card to Students | POST Certified Instructor |

HOURS

Legal Issues, EMS System, and Safety Protocols

First Aid/CPR/AED Refresher Module 1

1

Good Samaritan Law

Williams vs. State:

- Police officers are not under a general duty to aid another, and only owe a duty to the public at large, hence have no legal duty to aid a citizen in distress.
- Officers that come to the aid of an injured or stranded motorist is simply a “Good Samaritan” and should be held only to that minimal standard of care.

How does it apply?

- I. Act Voluntarily
 - II. Not being paid to give care
 - III. Act within limits of training
-

2

Duty to Act

- I. First responders have a special responsibility to provide care within the scope of their training.
 - II. You are protected from lawsuits if you act in good faith and provide care to the best of your ability within the scope of your training.
 - III. If you do not provide this standard of care, you could be found negligent.
 - IV. Once care is initiated, you must remain with victim until relieved by someone of equal or higher training.
-

3

Gaining Consent

- I. An adult has the right to refuse treatment.
 - II. If the victim's untreated condition is degenerating to a life-threatening level, you have a responsibility to act regardless of non-consent or flat refusal.
 - III. Consent is implied if the victim is unconscious.
-

4

Maintaining Patient Confidentiality

Protected Information under the Health Insurance Portability & Accountability Act (HIPAA):

“Individually identifiable health information.”

- *Individual’s past, present or future physical or mental health or condition.*
 - *The provision of health care to the individual.*
 - *Past, present, or future payment for the provision of health care to the individual, with identifiable information such as name, address, birth date, SSN.*
-

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HIPAA: Law Enforcement Purposes

Correctional facilities may disclose protected health information to law enforcement officials for law enforcement purposes under the following circumstances.

- I.** Required by law (Court order, subpoenas, warrants, Admin requests);
 - II.** To identify or locate a suspect, fugitive, material witness, or missing person;
 - III.** L.E.O’s request for information about a victim or suspected victim of a crime;
 - IV.** To alert L.E.O’s of a person’s death, if there is reason to believe the cause of death was criminal activity;
 - V.** When the health information is evidence of a crime that occurred on its premises;
 - VI.** When a health care provider needs to inform L.E.O’s about the nature, location, victim, and perpetrator of a crime.
-

6

San Diego Trauma System

- UC San Diego Health – *San Diego, Adult Level 1*
- Scripps Mercy Hospital – *San Diego, Adult Level 1*
- Rady Children’s Hospital – *Kearny Mesa area, Pediatric Level 1*

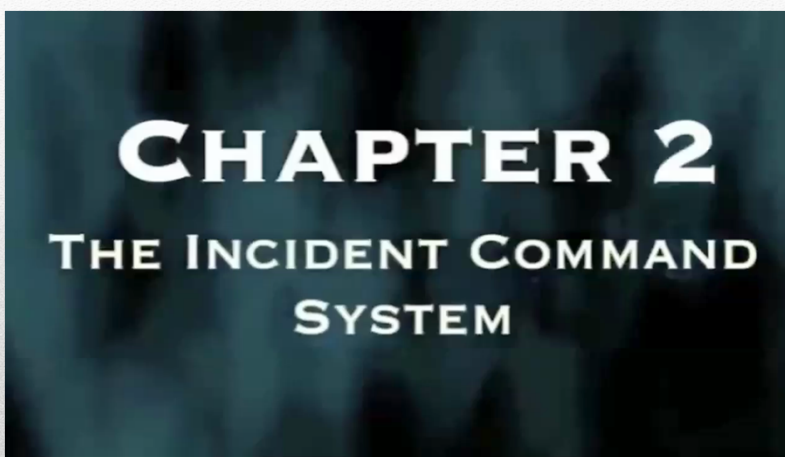
- Palomar Medical Center – *North County, Adult Level 2*
- Scripps Memorial Hospital – *La Jolla, Adult Level 2*
- Sharp Memorial Hospital – *Kearny Mesa area, Adult Level 2*

Level 1 = Level 2 + Research/Specialist/Edu

Source: Health & Human Services Agency: San Diego County Trauma System

7

Incident Command



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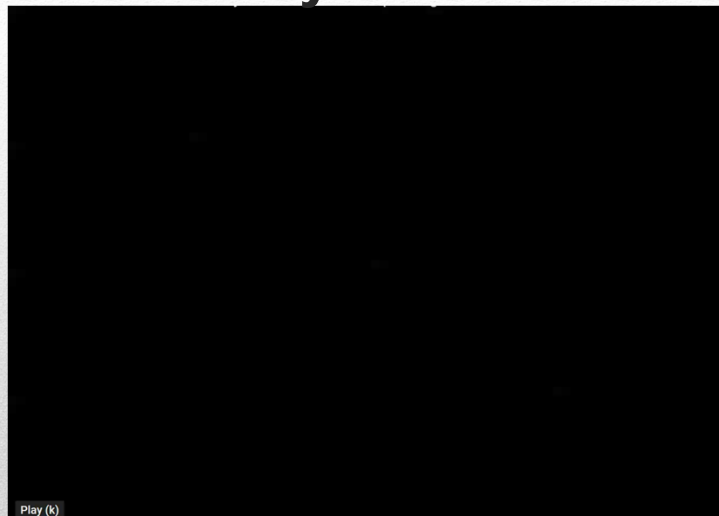
Critical Incident Response

- Establish Incident Command
- Establish clear lines of communication
 - ✓ *With EMS, other departments, other agencies.*
- Evacuation Points
- Safety Protocols

Operate in accordance with the Department's Emergency Operations Manual (Facility Specific)

9

Safety Protocol



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Safety Protocols

Scene Priorities:

- I. Situation evaluation
- II. Personal, public, victim safety
- III. Requesting additional resources
- IV. Scene control
- V. Victim assessment (Triage/TCCC)
- VI. Basic victim care (CPR/First Aid)
- VII. Witness / Involved party identification
- VIII. Evidence preservation



11

Hygiene Day



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PPE & Scene Safety

PPE:

- I. Protect routes of entry: Eyes, mouth, nose, skin
- II. Use a CPR mask/barrier
- III. Wash hands



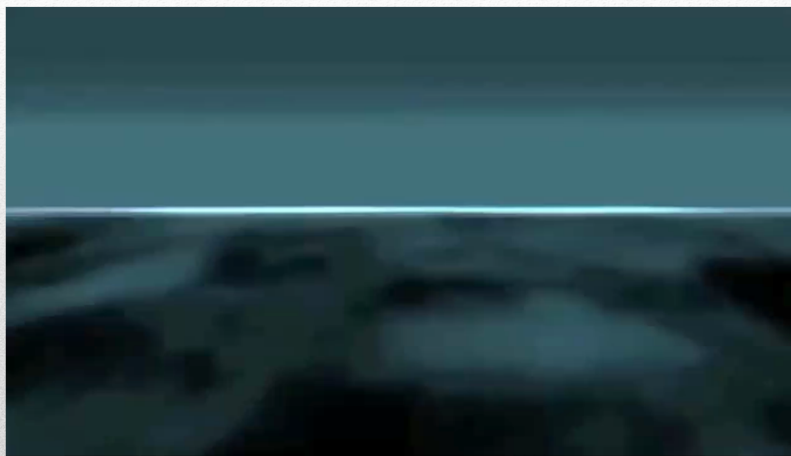
Scene Safety:

- I. Scene size-up
- II. Common hazards
- III. How many involved?
- IV. Identify cause of illness or injury



13

S.T.A.R.T. Triage



14

Mass Casualty/Triage

- **MINOR:** Direct to a safe location away from other victims and hazards
- **DELAYED:** Receives treatment once all victims are classified and immediate have been treated
- **IMMEDIATE:** Receives treatment first once all victims are classified.
- **NON-SALVAGEABLE:** Deceased

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Triage Cards



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VICTIM ASSESSMENT: Initial Assessment and Focused Survey

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Victim Assessment

Performing Primary/Initial Assessment:

- *Check for major bleeding (Arterial Bleeding)*
- *Check airway and breathing*
- *Treat for shock*

Performing Secondary Assessment/Focused Survey:

- *Check vital signs*
- *Check skin color, temperature, pulse, respiratory rate.*
- *Check head to toe looking for bruising, bleeding, broken bones, etc.*

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Obtaining Patient History

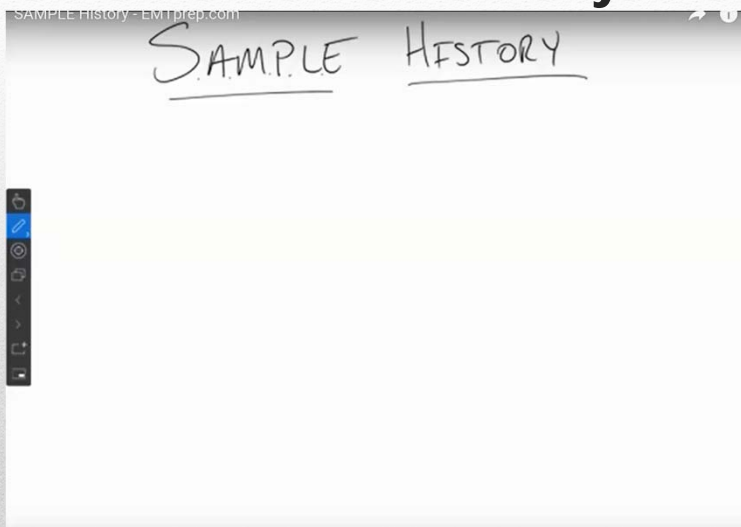
Obtain patient history by observing and asking questions on the following subjects:

S.A.M.P.L.E:

- S:** *Signs and symptoms*
 - A:** *Allergies*
 - M:** *Medication*
 - P:** *Past medical history*
 - L:** *Last oral intake (Food / Medicine)*
 - E:** *Events leading to present illness*
-

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S.A.M.P.L.E. History



20

Emergency Patient Movement

21

Emergency Patient Movement

NEVER MOVE A VICTIM UNLESS IT IS ABSOLUTELY NECESSARY

Imminent Danger: Danger outweighs the risk of further injury from being moved.

- *Burning vehicle,*
- *Burning victim,*
- *Traffic approaching, etc.*

Unable to Survey: When not possible to do an initial survey of victim, or unable to provide medical aid due to the victim's position.

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Patient Movement cont.

Plan Ahead: Perform a quick scene safety survey.

- *Is the scene safe to approach?*
- *How are you going to move the victim?*
- *Where are you moving the victim to?*
- *What are you going to do after moving the victim?*

Communicate with the Victim: Tell them why you are moving them and to where. Reassure the victim and keep them as calm as possible.

Stabilize the Victim: Move in a straight line, protecting the head, neck, and spine. Infants should be in car seats when moving them.

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Blanket Drag



24

Chair



25

One Rescue Lift



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Learning Activity #1

Psychological Emergencies, Suicide Prevention, Referral of Inmates to Medical, Dental, Health Complaints

First Aid/CPR/AED Refresher Module 2

1

SCHIZOPHRENIA

Schizophrenia is a serious chronic psychiatric illness. **There is no single symptom** that defines schizophrenia. Usually patients have:


- Delusions**
fixed false beliefs not amenable to reasoning and not culturally explained
- Hallucinations**
perceptual disturbances like voices, disorganized thinking and speech
- Disorganized thinking and speech**
incoherence and confused thinking
- Disorganized behavior**
including catatonia
- Negative symptoms**
loss of motivation, emotion and interest in activities


There is marked impairment in:

- Self-care** **Work**
- And relationships**

2

WHAT CAUSES SCHIZOPHRENIA?






Schizophrenia runs in **FAMILIES**.

If you have a first degree relative with schizophrenia your risk of developing the illness is

10 TIMES


greater.

Patients with schizophrenia have rare genetic mutations but no single gene has been implicated.



50%

Risk of schizophrenia in **IDENTICAL TWINS**.



ENVIRONMENTAL FACTORS implicated include

- Exposure to malnutrition or certain viruses (influenza, rubella or respiratory) prior to birth
- Obstetric complications or hypoxia during birth
- Social adversity
- Traumatic brain injury in those at genetic risk
- Excessive cannabis use

3



INITIAL TREATMENT:

Most patients will benefit from a combination of medications and psychosocial treatments. Atypical antipsychotics (so called because they are less likely to cause Parkinsonian side effects compared to the older or conventional antipsychotics) are the treatments of choice.

LONG TERM TREATMENT

Most patients will need maintenance antipsychotics and adjunctive psychosocial therapies. Often the dose of the antipsychotic can be reduced during the maintenance phase.



4

WHAT IS PTSD?

POST-TRAUMATIC STRESS DISORDER IS A TYPE OF ANXIETY DISORDER DEVELOPED BY EXPOSURE TO EXTREME PSYCHOLOGICAL SITUATIONS.

IT HAS ALSO BEEN KNOWN AS:

- RAILWAY SPINE
- STRESS SYNDROME
- SHELL SHOCK
- BATTLE FATIGUE
- TRAUMATIC WAR NEUROSIS

5

WHAT CAUSES PTSD?


TOP 4 REASONS MEN AND WOMEN SUFFER PTSD:

| Men | Women |
|----------------------------|----------------------------------|
| 1 Rape | 1 Rape |
| 2 Combat exposure | 2 Sexual molestation |
| 3 Childhood neglect | 3 Physical attack |
| 4 Childhood physical abuse | 4 Being threatened with a weapon |

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HOW IS PTSD TREATED?



- There is no specific medication for PTSD but psychotropic drugs have been shown to reduce symptoms.
- Counseling and psychotherapy often provided by a social worker are the most common treatments.



The illustration shows two stylized human figures in a therapy session. One figure is seated on the left, and the other is seated on the right, leaning forward as if speaking. A small table is positioned between them. The figures are rendered in a simple, blocky style with a dark green color and a yellow tie.

7

depression



I stopped talking about how I felt because I knew no one cared anyway.

8

14.8 million Americans are struggling with depression

Average onset age of **depression** **32**

20% of women who give birth have postpartum depression symptoms

Seasonal Affective Disorder (SAD) is a type of depression that's related to changes in seasons

COMMON DEPRESSION SYMPTOMS

- Withdrawing from friends/family
- Feeling hopeless
- Appetite changes
- Lack of ambition
- Thoughts of suicide
- Moodiness/irritability

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WAYS TO MANAGE DEPRESSION

- MEDICATION
- PSYCHOTHERAPY
- COMMUNICATION
- EXERCISE
- HEALTHY FOOD
- VITAMINS
- SCHEDULE
- RELAXATION
- TRAVEL
- MUSIC
- POSITIVE THINKING
- SLEEP ENOUGH

10

BIPOLAR DISORDER: THE UPS & DOWNS

WHAT ARE THE CAUSES OF BIPOLAR DISORDER?

BRAIN CHEMICALS

NORADRENALINE HAS BEEN LINKED TO DEPRESSION AND BPD.

ABNORMAL FUNCTIONING OF BRAIN CIRCUITS INVOLVING **SEROTONIN** CONTRIBUTE TO MOOD DISORDERS SUCH AS BPD.


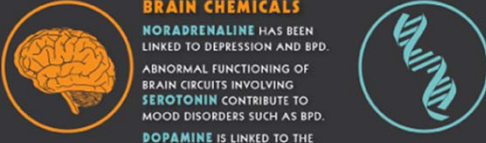
DOPAMINE IS LINKED TO THE PLEASURE SYSTEM OF THE BRAIN AND MAY CONTRIBUTE TO BPD.

GENETICS

STUDIES HAVE SHOWN THAT BPD CAN **RUN IN FAMILIES**.

THE CHANCE OF AN IDENTICAL TWIN (OF A BIPOLAR TWIN) TO ALSO DEVELOP BIPOLAR DISORDER IS ABOUT **40% TO 70%**.

CHILDREN WITH ONE BIOLOGICAL PARENT HAVE AN INCREASED LIKELIHOOD OF DEVELOPING BPD.




11

Bipolar Disorder Symptoms


Mania


- talking excessively
- racing thoughts
- hostility
- less sleep
- delusions



Depression

- extreme fatigue
- prolonged sadness
- memory loss
- poor nutrition





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HOW CAN BIPOLAR DISORDER BE TREATED?

PSYCHOTHERAPY AND MEDICATION

RESEARCHERS HAVE FOUND THAT THE MOST SUCCESSFUL METHOD OF COPING WITH BPD IS THE COMBINATION OF MEDICATION AND PSYCHOTHERAPY.


OTHER TREATMENTS

ELECTROCONVULSIVE THERAPY

SLEEP MEDICATIONS

HERBAL SUPPLEMENTS

HAVING A SUPPORT SYSTEM OF FAMILY AND FRIENDS HAS PROVEN TO SIGNIFICANTLY HELP PEOPLE DEALING WITH BIPOLAR DISORDER.



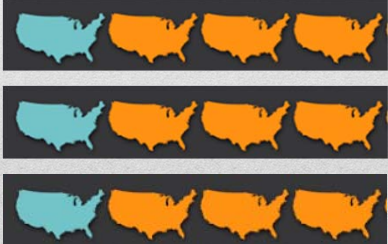
LITHIUM

MEDICATIONS

MEDICATIONS CALLED "MOOD STABILIZERS" ARE COMMONLY PRESCRIBED TO HELP CONTROL BIPOLAR DISORDER.

LITHIUM WAS THE FIRST MOOD STABILIZER TO BE APPROVED BY THE FDA IN THE 1970S. IT IS STILL BEING PRESCRIBED TODAY, BUT IS LESS COMMON.


ATYPICAL ANTIPSYCHOTICS AND ANTI-DEPRESSANTS MAY ALSO BE PRESCRIBED.



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THE FOUR TYPES OF BORDERLINE PERSONALITY DISORDER

1. DISCOURAGED




THEY ASSUME THAT PEOPLE DO NOT WANT TO BE WITH THEM. THEY OFTEN GET HIGHLY DEPENDENT ON OTHERS AND LOOK OUT FOR SELF-WORTH IN A RELATIONSHIP.

2. IMPULSIVE




THE PERSON WHO HAS IMPULSIVE BORDERLINE PERSONALITY DISORDER SEEMS TO CONFLICT ALL THE TIME. THEY START TO HAVE PROBLEMS WITH THE WHOLE WORLD.

3. SELF-DESTRUCTIVE



THESE PEOPLE SUFFER FROM DEPRESSION. A PERSON HAVING SELF-DESTRUCTIVE BORDERLINE PERSONALITY DISORDER IS AT HIGH RISK OF SUICIDE DUE TO UNSTABLE EMOTIONS.

4. PETULANT



SUCH PERSONS LIVE WITH THE FEAR OF ABANDONMENT. THEY TAKE OUT ANGER ON FRIENDS OR FAMILY OR CLOSED ONES.

14

7

Borderline Personality Disorder (BPD)

The icons and their labels are as follows:

- Suspicious:** A person looking at another person with a question mark above their head.
- Inappropriate Anger:** A person shouting at another person who is sitting on the ground.
- Suicidal Threats:** A person standing on a ledge with a knife, while another person looks on in distress.
- Fear of Abandonment:** A person running away from a doorway, while another person looks on in distress.
- Impulsive:** A person running away from another person who is looking on in distress.
- Self-Injury:** A person holding a knife to their arm.
- Risky Behavior:** A person holding a gun to their head.
- Distorted Self-image:** A person looking into a mirror with a question mark above their head.
- Mood Swings:** A person looking happy, then sad, with a double-headed arrow between the two states.
- Unstable Relationships:** A person looking at another person who is looking at a third person, with a question mark above the third person's head.

15

SD Behavioral Health Services

Adult Emergency and Crisis Services:

- *San Diego County Psychiatric Hospital (EPU)*
- *Psychiatric Emergency Response Team (PERT)*
- *Walk-In Crisis Clinics: Crisis Line (888) 724-7240*
 - ✓ *North Central (2 Clinics)*
 - ✓ *North Coastal (3 Clinics)*
 - ✓ *North Inland (3 Clinics)*
 - ✓ *Central (4 Clinics)*
 - ✓ *East (2 Clinics)*
 - ✓ *South (2 Clinics)*

San Diego County Behavioral Health Services - AOASC

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SDSO Employee Services

Employee Assistance Program

- www.anthem.com/employer/eap/employee

The Counseling Team

- www.thecounselingteam.com

Peer Support / Chaplains

- *Request a peer support member or the on-call chaplain by calling the Sheriff's Communication Center*
 - [*San Diego Sheriff's Department Peer Support*](#)
-

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DSB Suicide Prevention

Inside the Facility:

- *Inmate Safety Program*
- *Enhanced Observation Housing*
- *Safety Cells*
- *Inmate access to counselors, chaplains, and mental health professionals.*
- *Continuous mental health and suicide prevention training by staff.*



Outside of the Facility:

- *Transport to EMS or EPU – 5150 hold*
 - *Harm to self, others, or gravely disabled*
-

18

Referral

Inmate Grievance:

- *Must be signed by receiving party absent exigent circumstances*
- *Medical grievances must be delivered to medical and it should not be entered into JIMS by receiving deputy*
- *Inmate Grievance Form (J-22)*
- [DSB P&P Section N.1 - Grievance Procedures](#)

Inmate Request:

- *Must be processed in an efficient and expeditious manner*
- *Inmate Request Form (J-21)*
- *Sick, Dental, and Mental Health Request Form (J-212 form ENG)*
- [DSB P&P Section N.3 - Inmate Request Forms](#)

Chest Pain, Heart Attack, Sudden Cardiac Arrest, and Chain of Survival.

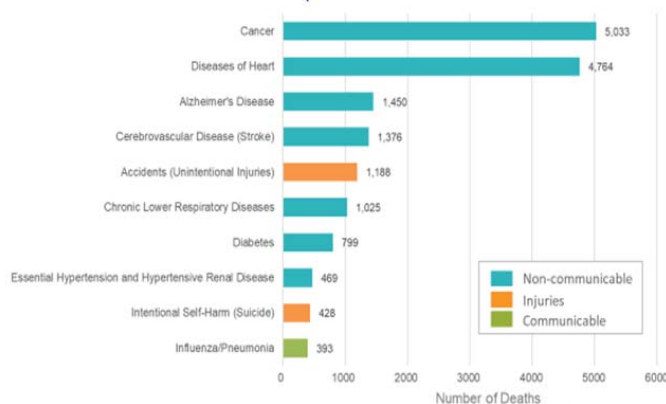
First Aid/CPR/AED Refresher Module 3

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LEADING CAUSES OF DEATH, 2017



The Top 10 Leading Causes of Death, San Diego County, 2017



Source: County of San Diego, Health and Human Services Agency, Public Health Services Division, Community Health Statistics Unit, 2019.

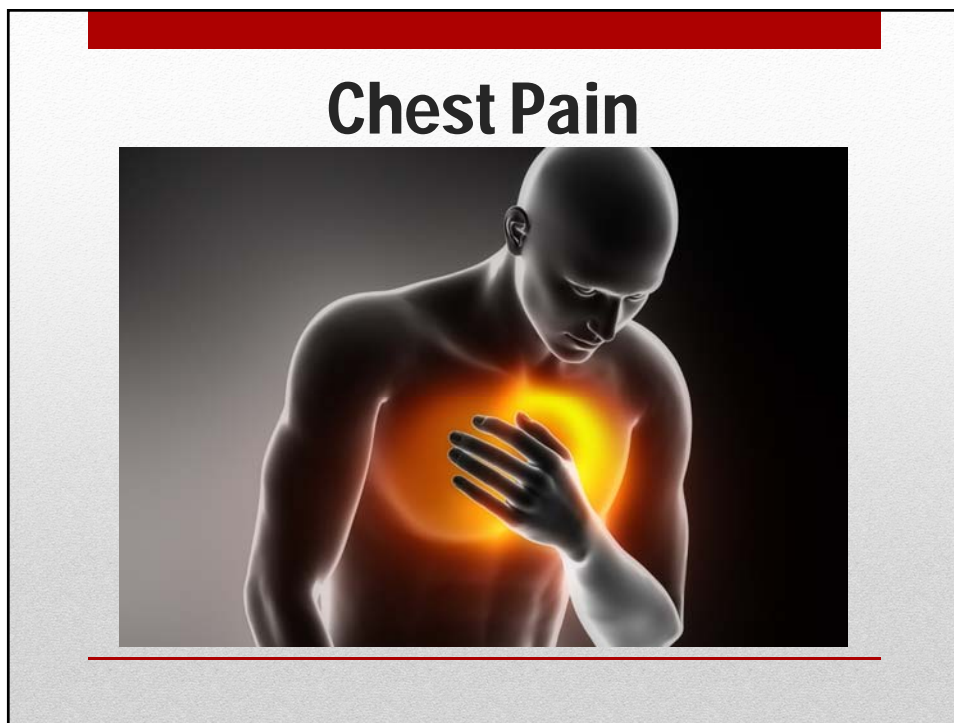


[HHS - Measures of Mortality - Leading Causes of Death 2017](#)

2



3



4

Chest Pain

- Perform an initial assessment
- Assist patient into a comfortable seated position
- Obtain patient history: SAMPLE
- Activate EMS if necessary

Chest pain could be a pre-cursor for a stroke or heart attack

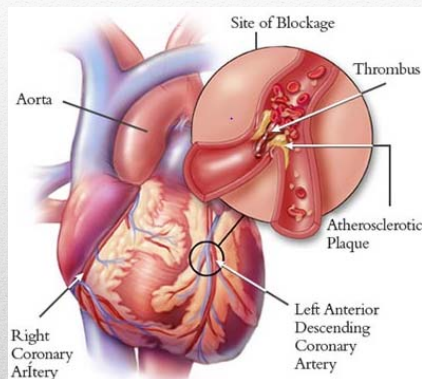
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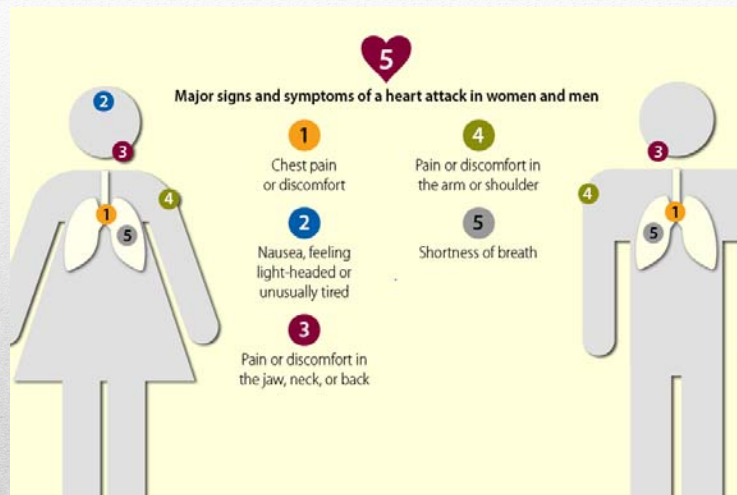
Heart Attack

- Caused by **blood flow** problems to the heart
- It is often caused by a **blockage** in a coronary artery
- Heart attacks result in death of heart muscle, and its severity is determined by the location and extend of the blockage.



7

Heart Attack Signs & Symptoms




8

Sudden Cardiac Arrest (SCA)

- Caused by **electrical** malfunction to the heart
- Caused by disorganized electrical pulses in the lower chambers (ventricles) making the heart quiver instead of pump/beat.
- SCA's occurs suddenly with little or no warning and it requires a shock from a defibrillator to survive.



Arrhythmia Origin = 

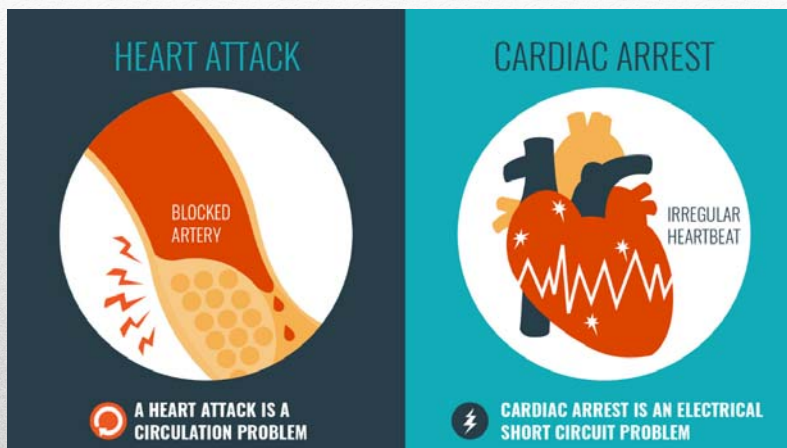
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Cardiac Arrest Symptoms



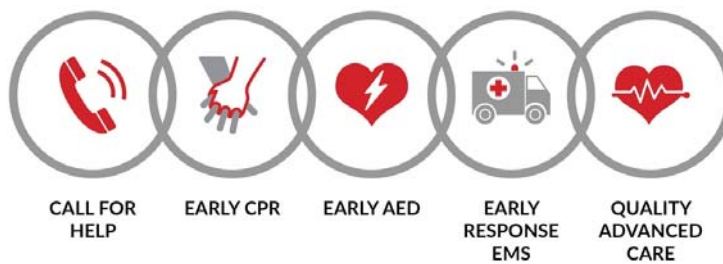
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Heart Attack vs. Cardiac Arrest



11

THE CHAIN OF SURVIVAL



12

Stroke/Seizure, Diabetic Emergencies.

13

Stroke

A Cerebrovascular Accident (CVA/Stroke) occurs when blood flow to the brain is interrupted, or a blood vessel in the brain ruptures and creates pressure on the brain tissue.

Indicators:

- *Unequal pupil size; Impaired, slurred speech; Paralysis on one side of the body; Numbness or weakness of a limb; Weak facial muscles; Convulsions.*

Stroke Victim Assessment:

- *Activate EMS; Conduct Focused Survey; Look for medical alert ID; Monitor CAB's; Do not give victim anything by mouth*
-

14

Seizures

A seizure is the result of a surge of energy through the brain. When the energy is disrupted, the brain cells continue to fire electrical energy causing the victim to convulse involuntarily.

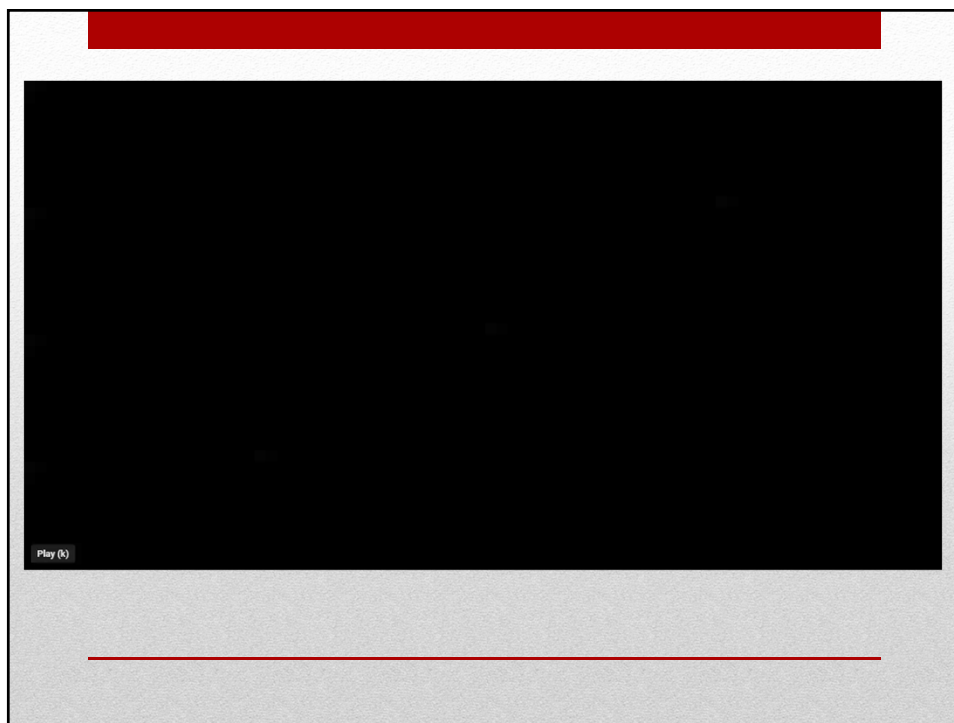
Indicators:

- *Lethargy; Slurred speech, Impaired gait; Uncontrollable jerking; Eyes rolling.*

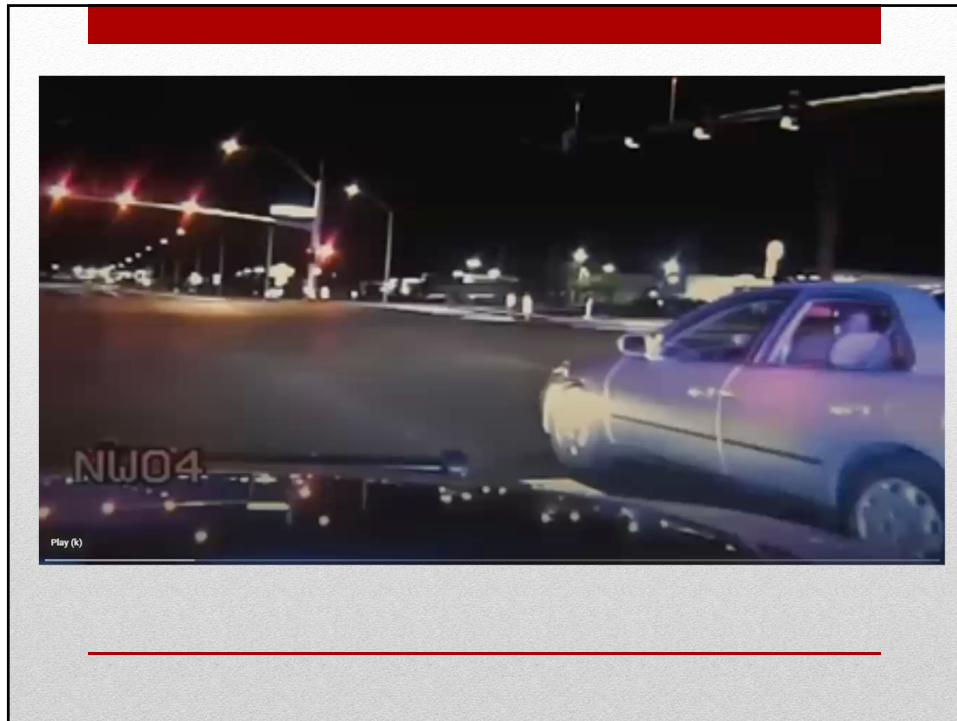
Seizure Victim Assessment:

- *Do not restrain them. Move objects out of the way. Cushion the victim's head.*
-

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16



17

Diabetic Emergencies

Diabetes is a non-contagious metabolism disorder. It is caused by an imbalance of insulin in the body and glucose in the bloodstream. **Diabetic emergency qualifies as a medical emergency.**

Types of Diabetes:

- **Type 1:** *People with this type produce no insulin and they must use insulin injections to control their blood glucose.*
- **Type 2:** *People with this type produce insulin. However, the insulin secreted by their pancreas is either insufficient or the body is unable to recognize the insulin.*

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Diabetic Coma/Insulin Shock

Diabetic Coma: Hyperglycemia (+)

- *Occurs when the body has too much sugar and not enough insulin.*
- *Skin is red, warm, and dry. Breathing is labored and fruity.*
- *Slow onset, restless and confusion.*
- *May appear intoxicated, with a weak rapid pulse.*

Insulin Shock: Hypoglycemia (-)

- *Occurs when the body has too much insulin and not enough sugar.*
 - *Skin is pale, cold, moist, and clammy.*
 - *Can come on suddenly, aggressive behavior, fainting, and seizure.*
 - *May appear intoxicated, with rapid pulse.*
-

Cardiopulmonary Resuscitation (CPR) & Automated External Defibrillator (AED).

First Aid/CPR/AED Refresher Module 4

1



2

Basic Life Support (BLS) Review

- Review of CAB: Compression, Airway, Breathing
 - Review of Adult, Child and Infant One person CPR
 - Review of Adult, Child and Infant Two person CPR
 - Review of AED use.
 - Review of Basic Airway Management
 - Review of Pocket Mask and BVM
 - Reasons to Stop CPR
-

3

Victim Initial Assessment

- Scene Safety.
 - Check for responsiveness (Shout, tap, sternum rub).
 - Check pulse for 5-10 seconds while looking and listening for breathing.
 - ✓ Radial: *Inner wrist of the thumb side.*
 - ✓ Dorsalis Pedis: *Top of the foot.*
 - ✓ Carotid: *Side of neck near Adams apple/vocal cord.*
 - ✓ Brachial (Infants): *Inside upper arm between elbow and shoulder.*
-

4

Victim Initial Assessment Cont.

- If not breathing or only gasping for air, and/or cannot detect a definitive pulse within 10 seconds, activate EMS.
 - If available, call for additional immediate help and have them bring an AED.
 - Start CPR: CAB – Compression, Airway, Breathing
 - Limit compression interruptions to less than 10 seconds.
-

5

Basic Airway Management

- Head Tilt Chin Lift:
✓ *No suspected head injury*
 - Modified Jaw Thrust:
✓ *Suspected head injury*
-



6

Adult 1 & 2 rescuer CPR

- INITIAL ASSESSMENT
 - NO PULSE, AND NOT BREATHING: **Begin chest compressions**
 - ✓ Compress the chest at least 2" inches deep and allow full recoil.
 - ✓ Two hand compression on lower half of breast bone.
 - ✓ 30 compressions (rate of 100-120 per min) and 2 breaths.
 - ✓ Same 30:2 ratio for both 1 and 2 rescuers.
 - ✓ For 2 rescuer, switch every 5 cycles or 2 minutes.
 - HAS PULSE, BUT NOT BREATHING: **Begin rescue breathing.**
 - ✓ Mask: Check airway and begin rescue breathing at a rate of 1 breath every 5 seconds.
-

7

Child 1 & 2 rescuer CPR

- INITIAL ASSESSMENT
 - CHILD: 1 year to signs of puberty.
 - NO PULSE, AND NOT BREATHING: **Begin chest compressions**
 - ✓ Compress the chest at least 2" inches deep and allow full recoil.
 - ✓ Straight arm 1 hand or 2 hand compression on lower half of breast bone.
 - ✓ Compression rate of 100-120 per minute.
 - ❖ 30 compressions & 2 breaths for 1 rescuer
 - ❖ 15 compressions & 2 breaths for 2 rescuer
 - ✓ For 2 rescuer, switch every 5 cycles or 2 minutes.
 - HAS PULSE, BUT NOT BREATHING: **Begin rescue breathing.**
 - ✓ Mask: Check airway and begin rescue breathing at a rate of 1 breath every 5 seconds.
-

8

Infant 1 & 2 rescuer CPR

- INITIAL ASSESSMENT – Tap bottom of foot for responsiveness
- INFANT: Younger than a year old.
- NO PULSE, AND NOT BREATHING: **Begin chest compressions**
 - ✓ Compress the chest at least 1-1/2” inches deep and allow full recoil.
 - ✓ Two finger or Two thumb compression below the nipple line
 - ✓ Compression rate of 100-120 per minute.
 - ❖ 30 compressions & 2 “puffs” for 1 rescuer
 - ❖ 15 compressions & 2 “puffs” for 2 rescuer
 - ✓ For 2 rescuer, switch every 5 cycles or 2 minutes.
- HAS PULSE, BUT NOT BREATHING: **Begin rescue breathing.**
 - ✓ Mask: Check airway and begin rescue breathing at a rate of 1 “puff” every 3 seconds.

9

Nasopharyngeal & Oropharyngeal

When a patient becomes unconscious, the muscles in the jaw commonly relax and can allow the tongue to slide back and obstruct the airway.




10

CPR Mask & Bag Valve Mask (BVM)



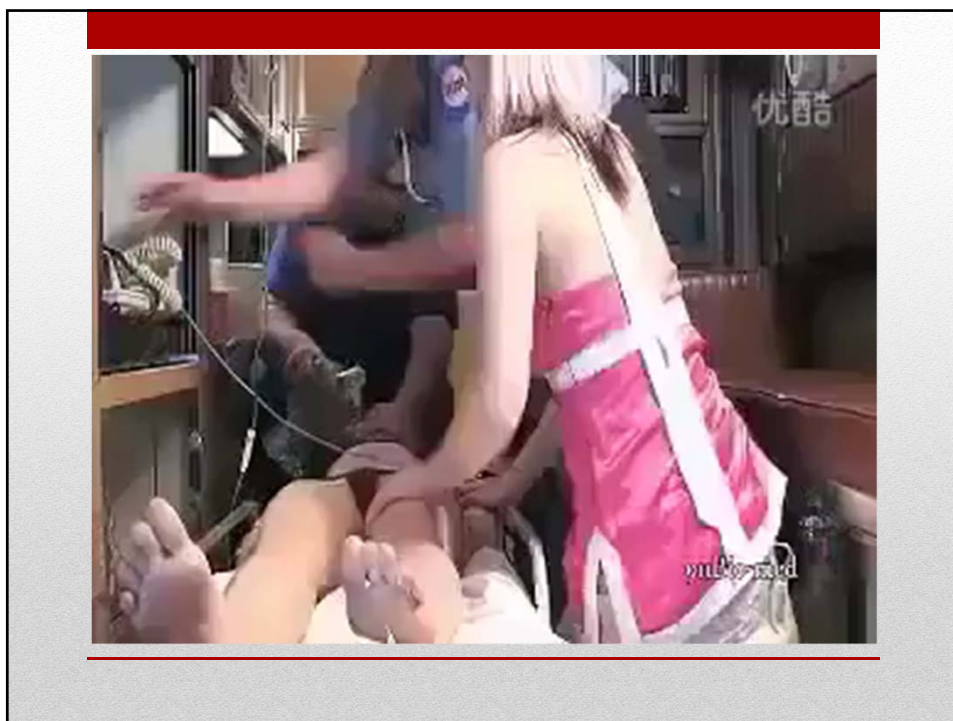
11

Automated External Defibrillator

- **Power** on the AED.
- Listen to the prompts from AED.
- Apply pads on bare chest (Size: Adult/Child).
- Place one pad on the right side of the chest and one pad on the left side of the chest below the left nipple (Patient's right and left side).
- Start and stop CPR when prompted by AED
- Press the **Charge**  button when prompted by AED to deliver a charge.
- When prompted to **Clear** by AED ensure there's no physical contact between patient and others.
- Continue to follow prompts from AED.



12



13

Reasons not to perform or stop CPR

- There is significant injury to you.
- Obvious signs of death: Decapitation, rigor mortis, shotgun blast to the head, burned beyond recognition, decomposition.
- Trapped inside a burning building.
- Pulse and breathing return to the victim.
- A notarized DNR in place (MSD. D.7).
- Relieved by qualified personnel.
- A physician orders you to stop CPR.

14

CPR cheat sheet

| | <i>ADULT</i> | <i>CHILD</i> | <i>INFANT</i> |
|---|---|------------------------------------|---|
| <i>Compression Rate</i> | 100 – 120 Compression rate per minute / Full recoil | | |
| <i>Compression Depth</i> | 2" Inches | | 1-1/2" Inches |
| <i>Compression to Ventilation Ratio</i> | 1 or 2 Rescuer 30:2 | 1 Rescuer: 30:2 2 Rescuer: 15:2 | |
| <i>Hand Placement</i> | 2 Hand Lower sternum | 2 or 1 Hand Lower sternum | 2 Finger / 2 Thumb Below nipple line |

2 Rescuer: Rotate every 2 minutes or 5 cycles

An AED is most effective when used within 3 minutes of Cardiac Arrest

15



Learning Activity #2

16

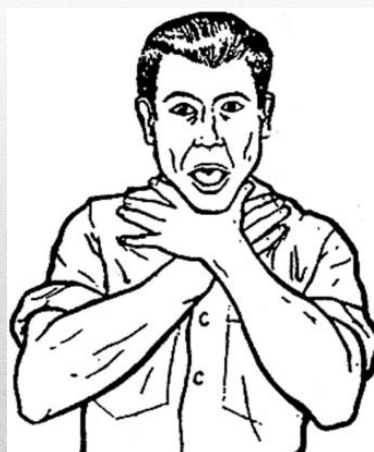
Management of foreign body airway obstruction (Choking).

First Aid/CPR/AED Refresher Module 5

1

Signs of Choking

- Clutching the throat
- Gasping or wheezing
- Unable to make noise or talk
- Bulging eyes
- Blue lips and fingers



2



3

Adult/Child Choking

CONSCIOUS:

- Look for sign of choking
- Ask: Are you choking? I'm trained in First Aid, can I help?
- Deliver X5 back blows between shoulder blades with heel of hand.
- Deliver X5 abdominal thrust (Heimlich maneuver) until airway obstruction is cleared or the patient is unconscious.
- If pregnant, perform chest thrusts instead of abdominal thrusts.

4

Adult/Child Choking

UNCONSCIOUS:

- Assist patient onto their back
- Check for breathing
- If not breathing, start CPR

5

Heimlich Maneuver

1. Stand behind the patient and wrap your hands around the person's waist, above the navel and below the sternum.
2. Make a "C" with one hand and a "Fist" with the other hand.
3. Place the fist into the center of the "C" and pull in and up towards yourself.



6

Officer Saves Baby



7

Infant Choking

- Assume a seated position
- Always support the infants head.
- Place infant face down on your arm at a 45 degree angle and deliver X5 thumps between the shoulder blades with the heel of your hand.
- Turn the infant over while supporting the head and perform X5 chest thrusts using two fingers on the chest.
- Repeat until the obstruction is dislodged or infant goes unconscious.
- If unconscious, begin CPR.



8



Learning Activity #3

Traumatic Medical Emergencies - TCCC

First Aid/CPR/AED Refresher Module 6

1

Head, Neck, and Spine Injury

Suspect a head, neck or spine injury with:

- *Vehicular accident*
- *Fall from height greater than standing*
- *Violence*
- *Electrical shock/lightning*
- *Diving accident*
- *Contact sports*
- *Unresponsive for unknown reasons*



2

Head, Neck, and Spine Injury

Signs of head, neck or spine injury:

- *Head Trauma – Bleeding, bruising, swelling, soft spots*
 - *Headache*
 - *Nausea, vomiting*
 - *Confusion, memory loss*
 - *Slurred speech*
 - *Impaired movement or sensation*
 - *Blurred vision, unequal pupils*
 - *ringing in the ears*
 - *Bleeding of fluid from nose, ears, eyes*
 - *Seizures, unresponsiveness*
-

3

Head, Neck, and Spine Injury

Care:

- *Activate EMS*
 - *Stabilize the head and neck together in the position found*
 - *Treat the condition found – Control bleeding*
 - *Calm & reassure patient.*
 - *Monitor for changes in response, breathing, & appearance*
 - *Focus on preventing further injury by keeping person still*
 - *Do not move unless:*
 - ✓ *Imminent danger*
 - ✓ *Cannot perform CPR*
 - ✓ *Airway management*
-

4

Chest Injuries

Blunt Trauma with Compression: Ex. Car Accident

- *Fractured bones / cartilage*
- *External/Internal bleeding*
- *Ruptured lungs, spleen and other organs*

Penetrating Injury/Open Chest Wound: Ex. Gunshot

- *Impaired breathing*
- *Vital organ damage*
- *Place victim on recovery position if appropriate.*
 - *On injured side or flat on their back*
 - *Treat for shock and monitor CAB's*

5

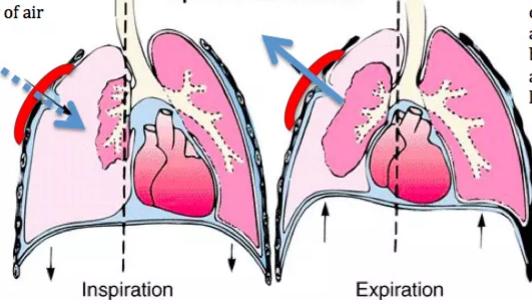
Chest Seals



Valve in vented chest seal closes to prevent entry of air into chest on inspiration

Open Pneumothorax

Valve in vented chest seal is pushed open on expiration allowing air and blood to drain from around the damaged lung



6

Abdominal Injuries

Closed: No external bleeding

- *Possible Internal Bleeding*
- *Recovery position if appropriate*
- *Place victim on their back with knees up if appropriate*
- *Treat for shock and monitor CAB's*



Open: Bleeding – Exposed organs

- *Recovery position if appropriate*
- *Place victim on their back with knees up if appropriate*
- *Apply a moist, sterile dressing over the wound*
- *Seal with an airtight bandage*
- *Treat for shock and monitor CAB's*

7

Soft Tissue Injury & Wounds

TYPES OF BLEEDING:

- *Arterial: Bright red & spurts*
- *Venous: Dark red & steady flow*
- *Capillary: Dark red & “oozes”*

OPEN WOUND:

- *Abrasion*
- *Incision*
- *Laceration*
- *Puncture*
- *Avulsions*
- *Amputations*

8

Wounds: Abrasion

Scraping of the outer skin



9

Wounds: Incision

Smooth straight cut by sharp object



10

Wounds: Laceration

Jagged-edged wound caused by tearing/ripping of skin



11

Wounds: Puncture

Deep wound through the skin and other tissue



12

Wounds: Avulsions

Part of the body that has been forcibly torn or cut away



13

Wounds: Amputations

Surgical or traumatic removal of a body extremity



14

Avulsions / Amputations

- Place partially separated skin or tissue back in proper position before applying a dressing.
- Attempt to locate any amputated extremity.
- DO NOT immerse, pack in ice, or freeze separated part/extremity.
- Transport parts with victim for possible surgical replacement.

15

Wounds: Impaled Objects

Do not attempt to remove the object, unless it is obstructing the airway. Remove each dressing as it becomes soaked with blood. After bleeding is controlled, leave the wound exposed without dressing. A blood soaked dressing can be fatal.



16

Open Wound Care

- In all cases, monitor pulse below the injury site.
 - Check capillary circulation by pinching fingertips or toes.
 - If circulation is impaired, loosen bandage until circulation improves (DO NOT remove).
 - Maintain pressure on the wound (if applicable).
 - Reassure the victim and treat for shock.
-

17

Shock

A state of not having enough blood flow to the tissues of the body as a result of problems with the circulatory system.

TYPES OF SHOCK:

- 1. Electric**
✓ *Electrical current passing through body causing organ damage/SCA*
 - 2. Toxic**
✓ *Bacterial: Antibiotics & Drainage of abscess*
 - 3. Cardiogenic/Hemorrhagic**
✓ *Inadequate blood flow to ventricles*
 - 4. Septic**
✓ *Organ injury/damage leading to infection*
-

18

Life-Threatening Bleeding

Blood spurting out of a wound



19

Life-Threatening Bleeding

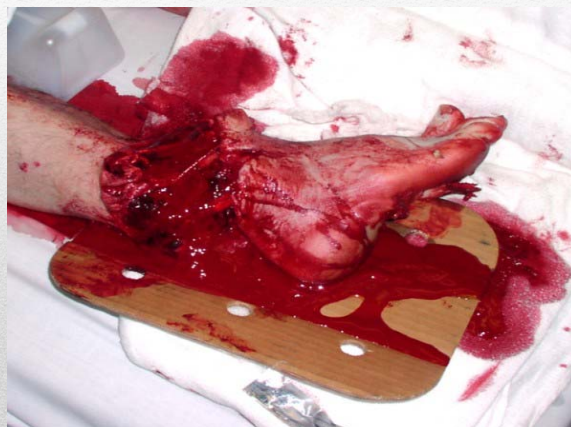
Blood soaking the sheet or clothing



20

Life-Threatening Bleeding

Loss of all or part of an arm or leg



21



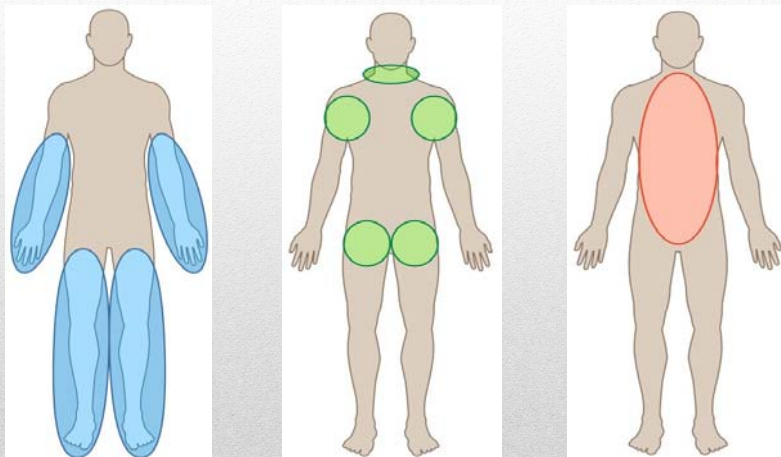
STOP THE BLEED !



- 1. Direct Pressure**
 - ✓ Typically applied by hand, elbows, and/or knees
- 2. Pressure Bandage/Dressing**
 - ✓ If direct pressure does not work
 - ✓ Start furthest from heart
- 3. Tourniquet**
 - ✓ If pressure bandage alone does not work
 - ✓ Constricts blood vessels against the bone
- 4. Hemostatic Dressing**
 - ✓ If tourniquet is not available or cannot be applied
 - ✓ Only on junctional hemorrhages: Base of neck, shoulder, armpit, groin, butt
 - ✓ Pack the dressing directly into the wound & wrap with pressure bandage

22

Wounds That Can Lead to Death



23



24

TCCC: P.M.A.R.C.H.P

Patient Safety/Scene Safety: *Self Aid – Buddy Aid*

Massive Hemorrhage/Direct Pressure: *Apply Tourniquet – Combat Gauze, Get off the “X”, and Reassess all interventions*

Airway/Head-Tilt Chin Lift/Jaw Thrust: *Observe & listen for breathing sound, NPA or OPA, and Recovery position*

Respirations/Expose Patient/Tiger Claw: *Occlusive Dressing – Chest Seals, and Needle thoracentesis* (Only if qualified)*

Circulation/Big Pipes – Little Pipes/Shock: *Secondary sweep, Administer fluids* (Only if qualified), and Check for D.C.A.P.B.T.L.S.***

Head/Hypothermia: *Cover the patient to keep warm – Get patient off ground*

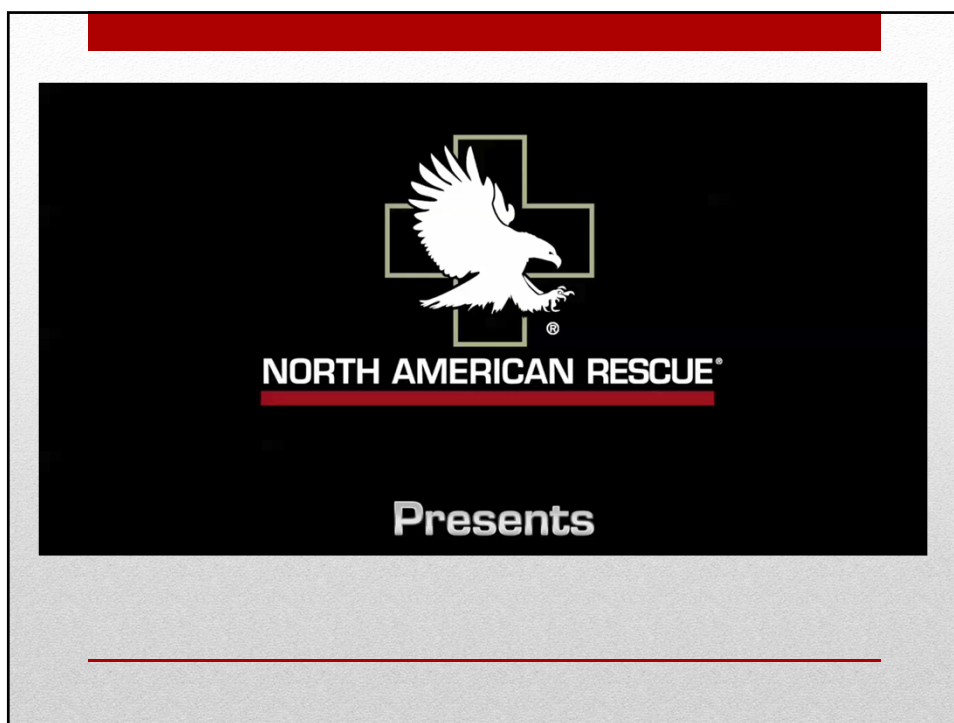
Pain Management: *Not qualified to administer pain medication at the First Responder level.*

25

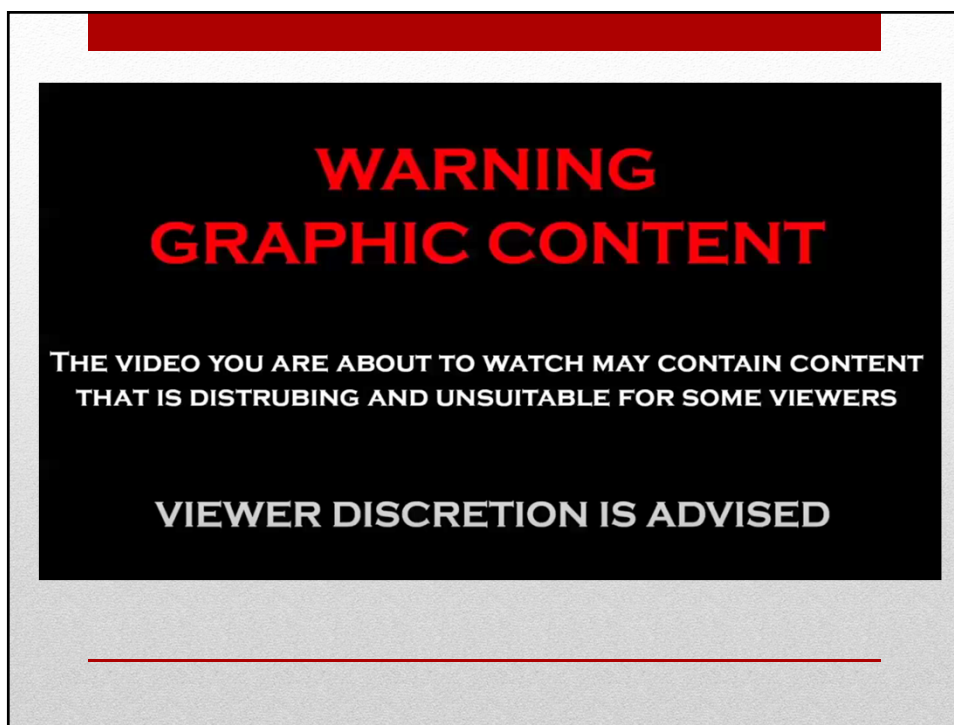
TCCC: D.C.A.P.B.T.L.S.

- ✓ **D**eformities
- ✓ **C**ontusions
- ✓ **A**brasions
- ✓ **P**unctures
- ✓ **B**urns
- ✓ **T**enderness
- ✓ **L**acerations
- ✓ **S**welling

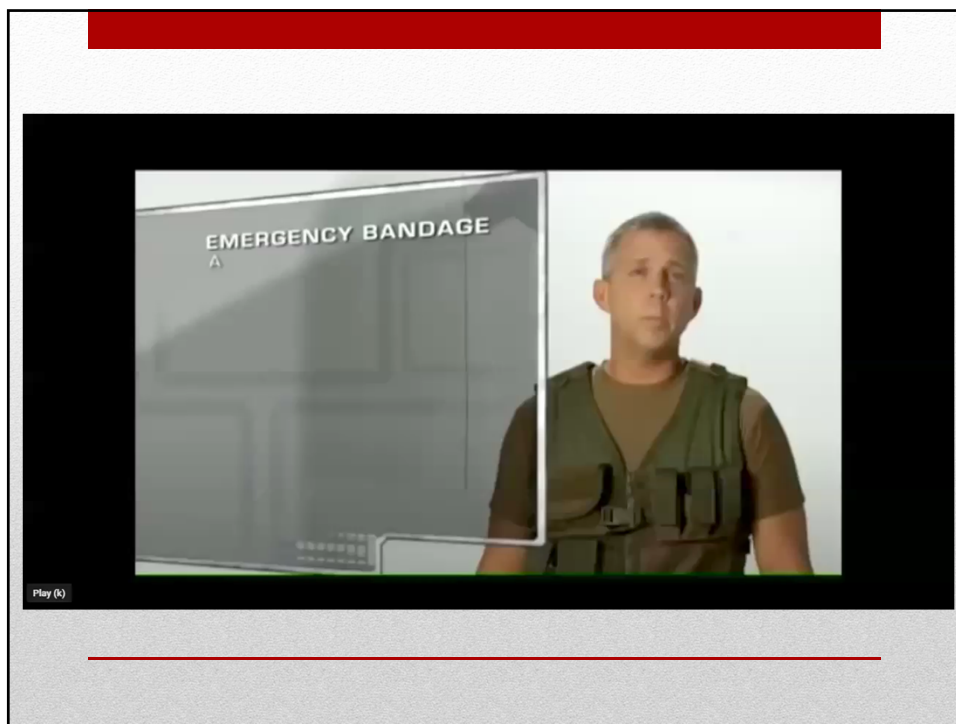
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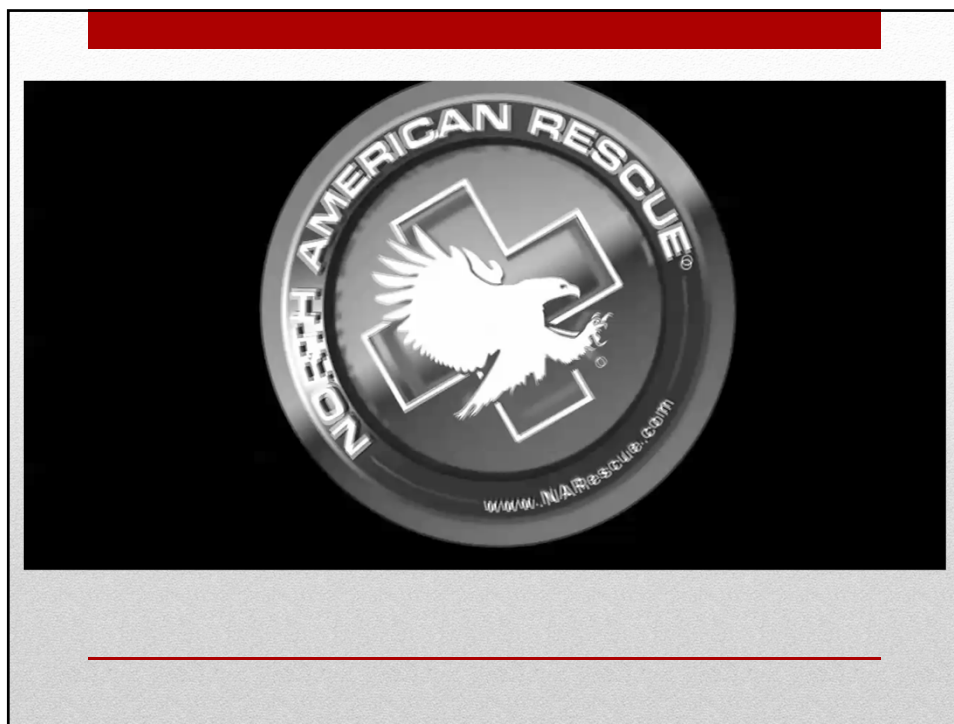
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29




30



31



32



The image shows two logos side-by-side. On the left is the NAEMT logo, which consists of a blue Star of Life with a white Rod of Asclepius in the center, and the letters 'NAEMT' in blue below it. On the right is the TCCC logo, which consists of the letters 'TCCC' in a large blue font, with 'Tactical Casualty' and 'Combat Care' in a smaller blue font below it.

Learning Activity #4

Medical Emergencies, Environmental Emergencies, and Emergency Child Birth

First Aid/CPR/AED Refresher Module 7

1

Asthma & COPD

Asthma: Chronic Disease

- *During an attack, muscles around the airway tighten and extra mucus is produced reducing air flow.*

Signs & Symptoms:

- *Labored rapid breathing; Coughing/Wheezing; Shortness of breath; Chest tightens.*

Treatment:

- *Inhaled medication which quickly opens pathways, dries mucus, and restores air flow.*
-

2

COPD

Chronic Obstructive Pulmonary Disease (COPD):

- *Progressive disease that affects the lungs, causing reduced airflow making it hard to breathe.*

Common Causes of COPD:

- *Cigarette smoking; Second hand smoking; Air pollutants; Chemical fumes; Dust.*

Emphysema:

- *A chronic condition that may result in breathing emergency*

Bronchitis:

- *Inflammation of bronchial tubes due to bacterial infection*
-

3

Allergic Reaction & Anaphylaxis

Allergic Reaction:

- *An overreaction of your body's immune system to something that doesn't usually cause problems for some people.*
- *Can cause swelling in airway and drop in blood pressure.*

Signs & Symptoms:

- *Hives/Rash; Sneezing; Congestion; Tightness in the chest/throat; Swelling; Breathing difficulties; Vomit.*

Care:

- *Activate EMS; Help person use their EpiPen; Repeat dose if signs persists and EMS will not arrive within 5-10 minutes; Monitor response, breathing, and signs of shock.*
-

4

Epinephrine Auto-Injector: EpiPen

EpiPen:

- *Brand name auto-injector that contains epinephrine or adrenaline.*
- *Epinephrine relaxes muscles while blocking the release of histamines allowing the user to resume normal respiration.*

5



6

Adverse Reaction to Medication

- Activate EMS / Notify Medical Immediately
- Retrieve EpiPen if one is available
- Assist with administration of epinephrine if deemed necessary
- Monitor breathing until medical personnel arrives

7

Alcohol & Drug Emergencies

Alcohol Withdrawal Symptoms:

- Headaches | Nausea | Vomiting | Anxiety | Seizures

Librium (Chlordiazepoxide):

- *Used to treat anxiety, alcohol withdrawal symptoms, and tremor.*

8

Alcohol & Drug Emergencies

Opioid Overdose:

- Results in unresponsiveness and respiratory arrest (breathing stops), which leads to cardiac arrest.

Naloxone (Narcan):

- *Prescription medication that can quickly reverse an opioid overdose.*
- *Comes as a nasal spray.*
- *Naloxone and CPR can be used together for a person with suspected opioid overdose*
- *Activate EMS*

9

Facial Injuries

- **OBJECTS IN THE EYE**
 - Small – Blinking & Tears / Large – Cover both eyes
- **CHEMICALS IN THE EYE**
 - Flush immediately / Affected eye lower / 20 mins
- **BODILY FLUIDS IN THE EYE**
 - Running water - Eye wash station / Exposure
- **NOSE BLEED**
 - Lean forward / Ice pack on bridge of nose

10

Facial Injuries

- **DENTAL EMERGENCIES**
 - 30 Mins / Egg white, milk, saliva / Bite side
 - **BLEEDING FROM THE MOUTH**
 - Clean cloth or gauze / Direct pressure / Forward
 - **JAW INJURY**
 - Immobilize w/gauze roll, shirt, necktie / Airway
-

11

Fractures

Fracture: A break in a bone by excessive strain or force



12

Dislocation

Dislocation: When a bone is pushed or pulled out of alignment from a joint



13

Sprains & Strains

Sprains: Stretched or tearing of ligaments

Strains: Stretched or tearing of muscle



14



Splinting



Splints are used to immobilize fractures, dislocations, and severe sprains. Splinting reduces the movement of injured muscles and bones.

Only Splint an Injury if;

- *Medical responders are delayed*
- *You transport a person with a minor injury*



**Don't forget to check pulse before splinting
Check pulse and capillary refill after splinting**

15

Environmental Emergencies

16

"Lip Balm?"



17

Heat Emergencies

Occurs when the body is unable to get rid of excess heat, and the internal temperature rises to a level that causes pain, organ damage, or even death.

Heat Cramps:

- *Caused by loss of too much salt due to prolonged perspiration resulting in dehydration.*
- *Painful muscle spasms in the leg/abdomen & lightheaded.*

Heat Exhaustion:

- *A form of shock that occurs when the body becomes dehydrated.*
- *Pale, clammy skin, rapid pulse, profuse sweating, weakness, nausea.*

Heat Cramps/Exhaustion Treatment:

- *Remove Victim from source of heat, and have victim rest in cool area. Provide water in small amounts. No caffeinated beverages*

18

Heat Stroke

Occurs when the body is unable to get rid of excess heat, and the internal temperature rises to a level that causes pain, organ damage, or even death.

Heat Stroke: **Life Threatening**

- *Occurs when the body's internal temperature rises abnormally high.*
- *Skin is red, hot, and dry – No more sweat left.*
- *Pulse is rapid and irregular with shallow breathing.*
- *Victim may experience confusion, unconsciousness, and possibly seizures*

Heat Stroke Treatment:

- *Activate EMS and monitor CAB's.*
- *Remove victim from source of heat and loosen/remove clothing.*
- *Cool the victim rapidly: Dousing or wrapping victim with cool water; Ice pack on neck, groin, or armpits.*
- *Treat for shock*

19

Cold Emergencies

Occurs when the body internal core temperature drops, affecting its system

Mild-Moderate Hypothermia:

- *Violent shivering, numbness, fatigue, confusion, cold skin*
- *Rapid breathing and pulse*

Treatment of Mild-Moderate Hypothermia:

- *Move victim to warm environment*
- *Remove any wet clothing and replace with dry clothes*
- *Re-warm the victim slowly and give warm liquids*
- *Keep victim moving to increase circulation*
- *Monitor CAB's and do not give caffeinated or alcoholic drinks*

20

Severe Hypothermia

Occurs when the body internal core temperature drops, affecting its system

Severe Hypothermia:

- *Lack of shivering, rigid muscles and joints.*
- *Slow shallow breathing, dilated pupils, and irregular slow pulse.*
- *Decreased level of consciousness w/gray-blue skin color.*

Treatment Severe Hypothermia:

- *Same as before plus:*
 - ✓ *CPR if victim has no pulse and is not breathing*
 - ✓ *Rescue Breathing if victim has a pulse but is not breathing*

21

Frostnip

Frostnip:

- *Superficial freezing of skins outer layer.*
- *Numbness pale skin color*
- *Skin feels flexible to the touch*
- *Tingling or burning sensation to the area upon warming*



Frostnip Treatment:

- *Remove victim from the source of cold*
- *Remove/loosen any clothing that may restrict circulation to the area.*

22

Frostbite

Frostbite:

- Freezing of tissue below the skin's surface
- Skin feels stiff to the touch
- Waxy blotchy skin color
- Pain to the area upon warming



Frostbite Treatment:

- Immobilize and protect area
- Wrap in a dry, loose bandage
- Wrap each digit separately
- Do not rub affected area
- Do not allow frozen area to re-freeze after warming.



23

Drowning

1. Move victim safely onto land
2. Assess victim (CAB's)
3. Treat with rescue breathing/CPR as needed



24

Emergency Child Birth

25

Emergency Child Birth

First Responder Actions During Labor & Childbirth:

1. *Activate EMS.*
2. *Determine if the woman can be transported (Only if she is in 1st stage of labor).*
3. *Use PPE properly.*
4. *Prevent explosive delivery with gentle pressure on the infant's head.*
5. *Dry infants as quickly as possible and keep newborn at the same level as mom.*
6. *Keep newborns covered as they lose 70% of their body heat through their heads.*
7. *Delivery of placenta will occur approximately 30 minutes after childbirth.*
8. *Do not pull on the umbilical cord to assist with delivery of placenta.*

26

Stages of Labor

1st Stage:

- *From onset of contractions to cervical dilation (Safe to transport)*

2nd Stage:

- *From full dilation of the cervix to the delivery of the baby (Prepare for delivery)*

3rd Stage:

- *From delivery of the infant to the delivery of the placenta (Post delivery care)*

27

Obstetrical Emergencies

Excessive bleeding prior to delivery:

- *Possible torn or separated placenta.*
- *Absorb blood with towels and arrange for immediate transport.*

Limb Presentation:

- *When one arm or leg is delivered first, prevent the delivery from continuing by placing the mother in a knee to chest position. Arrange for immediate transport.*

Breech Presentation:

- *When both feet are delivered first, prevent the delivery from continuing by placing the mother in a knee to chest position. Arrange for immediate transport.*

Prolapsed Umbilical Cord:

- *When the umbilical cord protrudes from the opening before the baby is born, prevent the delivery from continuing by placing the mother in a knee to chest position. Arrange for immediate transport.*

28

Burns, Poisoning, CBRN, and Bites & Stings

First Aid/CPR/AED Refresher Module 8

1

Burns Types & Treatment

Thermal:

- *Remove victim from heat source*
- *Cool area with cool water*
- *Apply dry sterile dressing and bandage loosely*

Chemical:

- *If dry powder: Brush away as much as possible before flushing with water (Do not rub)*
- *Remove clothing and jewelry and flush for 15-30 minutes*
- *Cover with dry sterile dressing*

Electrical

- *Scene safety before proceeding/Turn off power source*
- *Examine for external wounds (Entrance & Exit).*

****Always active EMS as soon as possible and treat for shock****

2

Burn Categories

First Degree:

- *Damage to the outer layer of skin (epidermis)*
- *Causes pain, redness, and swelling (Ex. Sunburn)*
- *Damage usually heals itself*



3

Burn Categories

Second Degree:

- *Damage to the outer and second layer of skin (dermis)*
- *Nerves, hair follicles, and sweat glands are affected*
- *Intense pain, redness, swelling, blistering*
- *Damage results in slight scarring*



4

Burn Categories

Third Degree:

- *Damage to epidermis, dermis, fatty layer and muscle beneath the skin (Full thickness)*
- *Skin appears dry, leathery and discolored*
- *May require skin grafting to heal*
- *Damage results in dense scar formation*



5

Burn Categories

Fourth Degree:

- *Damage to bones and underlying organs*
- *Likely Non-Salvageable*



6

Poisoning

Ingestion:

- Medication, cleaning products, chemicals, illegal drugs

Inhalation:

- Gases, fumes (Carbon monoxide), glue, paint, pesticides

Injection:

- Snake bite, insect sting, hypodermic needle

Absorption:

- Primarily through the skin by chemicals, pesticides, fertilizers.

Call poison control before the person looks or feels sick!!!

1-800-222-1222

Save it on your phone

7

CBRN



Chemical | Biological | Radiological | Nuclear

- Be aware of possible secondary device if explosion occurs
- Safety protocols
- Park unit facing safe exit route
- From a vantage point, reassure victims that help is on the way
- Wait for proper equipment and help at a safe location
- Safely isolate and deny entry to unauthorized personnel and secure a perimeter
- If you become contaminated, report to DECON
- Be prepared to change location if situation worsens or wind shifts

8

CBRN

Contact dispatch with the following:

- *Exact location of reporting unit*
- *Suggested safe access route and staging areas*
- *Observed CBRN indicators*
- *Wind direction and water conditions*
- *Plume (cloud/vapor) direction, color of smoke / plume*
- *Orientation of victims (position and pattern)*
- *Number of apparent victims*
- *Types of symptoms or injury*
- *Witness statements or observations*



9

Insect Bites & Stings

- Insect stings commonly cause pain, swelling, itching and redness
- If a bee stinger is visible, scrape it off with a straight edged object
- Apply an ice pack wrapped in moist cloth to reduce pain & swelling
- Monitor the person for at least 30 minutes for signs of severe allergic reaction
- If person has difficulty breathing, severe swelling, nausea, or dizziness, activate EMS
- Help with epinephrine auto-injector if needed

10

Animal/Human Bites

The primary concern with animal bites is bleeding and infection. Rabies can be transmitted through a bite from a bat, skunk, raccoon, fox, coyote, and other mammals.

Rabies can be fatal after neurological symptoms have developed. If you are bitten by an animal suspected of having rabies, consult with your doctor as soon as possible.

If you are bitten by an animal that is known to have rabies, you'll receive a series of shots to prevent the rabies virus from infecting you.

- Fast Acting Shot (Immune Globulin) near the bite site
- Series of 4 shots over 14 days.

11

Snakebite

- Do not try to capture the snake
- Do not suction, apply ice, or a tourniquet
- Wash the wound with soap and water
- Remove jewelry and wrap and elastic bandage around the entire bitten arm/leg, starting furthest from the heart
- Use overlapping turns to wrap snugly, but still allow a finger to slip through the bandage
- Do not approach a dead or dying snake
- Assist with administration of EpiPen



12