Session S-2 is all about First Aid and we will review situations we may encounter as SERT ERT members.

Safety First and Foremost

Me, My Team, Bystanders, & Casualties

Scene Safe?

Do Not Create Another Casualty

For scene safety, go slow to go fast. A rescuer that becomes a second patient vastly complicates the rescue 1000-fold..
NOT CREATE ANOTHER VICTIM.

Show Respect, Ask Permission, Provide Privacy and Compassion

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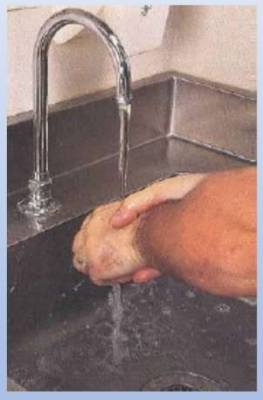
To get the patient's trust, go slow, get permission, show compassion, and respect in all ways.

Infection Control

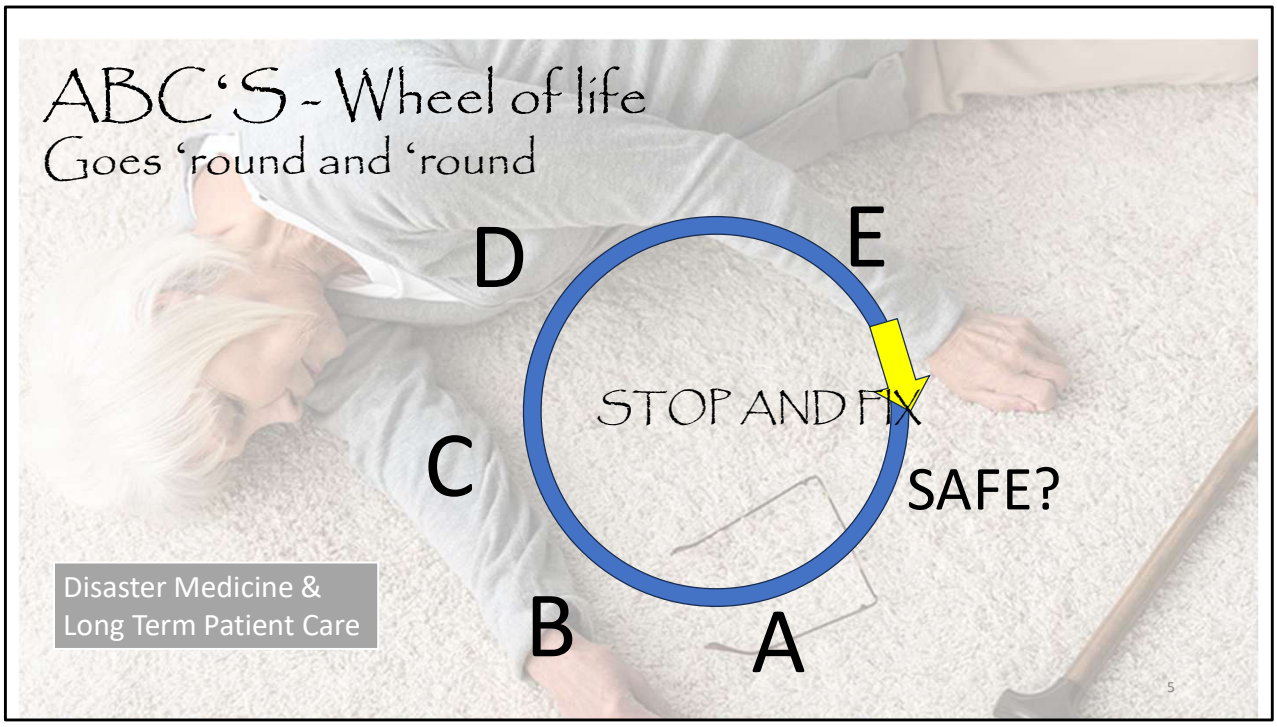
- **Wash hands frequently**
- **Wear gloves**
- **Wear a face mask and safety glasses**
- **Keep dressings clean (aseptic)**
- **Wash skin** that comes in contact with body fluids. *Report Wounds!!*

Happy BD 2x



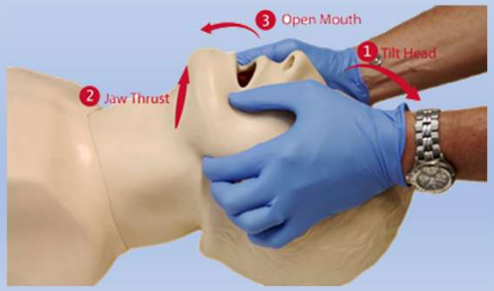
Ocean Hills Country Club SERT Club (Safety & Emergency Response Team) Neighbor-Helping-Neighbor

The hands are the major carriers of disease agents. Wash or Sani wipe them regularly. Hand washing should last as long as singing happy birthday twice. Aseptic means keeping dressings and bandage clean. When in doubt throw them out.. SERT team members must report wounds received in the rescue effort.



This is an important concept. It is where we live. Make sure all students understand it. SAFE ME YOU AND OTHERS! Never create another patient. We are alive for the ABC's 24-7 Keep checking regularly and proportional to the severity of the problem. A B C, D Disability Mechanism of Injury? Illness? E exposure, Env injury. Have students practice the ABC's

Airway



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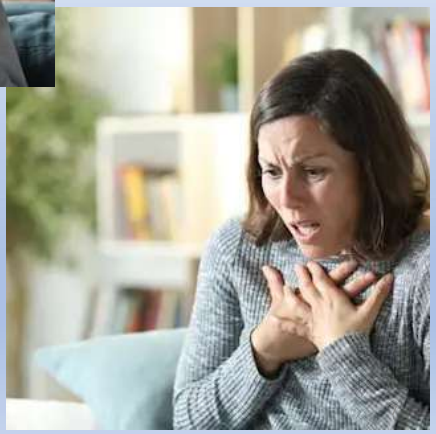
This slide is review do it quickly, A person with an intake airway looks comfortable. Open the mouth or have the patient open the mouth. Look for loose things like candy, dental device or broken teeth. In a fire situation look for shoot in the nostrils. This is a dire sign. Use the head tilt chin lift to open the airway of down person.

Breathing

"You could feel it coming, and it shook for an eternity; we all felt it. It was a big one."

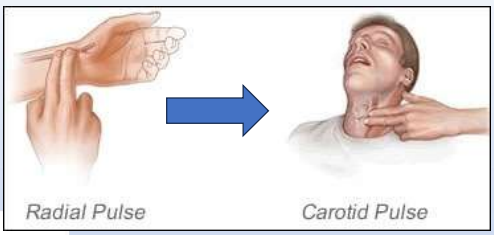
L L F

Look, Listen, and Feel



A review do it quickly. Someone who talking in full sentences has a good airway. Short choppy expressions and sign of distress indicate there is a problem. Suspect choking. Breathing can be very subtle check carefully with Look-Listen-Feel.

Circulation



NO Pulse CPR !

Free Flowing Blood Loss

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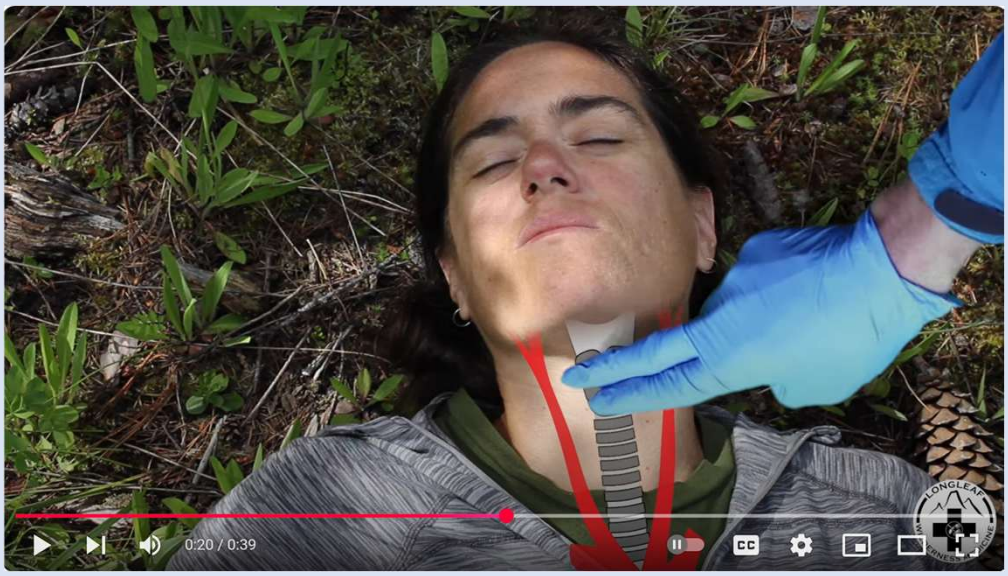
The heart is a pump. If it stops or lacks volume we lose consciousness. On an alert patient, start with a radial pulse check. Is it present and regular? If not, check the carotid. Be gentle with a conscious patient. Major blood loss needs to be stopped ASAP with direct and FIRM pressure. Use as much pressure as needed. This can be very tiring so use a TOURNIQUET if appropriate. (Break for Exercise/Pulse)

Pulse Check: Finding the Carotid Pulse



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Play Video

This is review from STB. Cover quickly! Major bleeding, regardless of the source vein or artery, must be controlled. We have no idea how long they have been bleeding. Direct firm and point pressure will control most bleeding. Use Tourniquets as needed when direct pressure is not effective. Recognize that major bleeding can be internal. Control bleeding from an amputation and place part in plastic bag and keep cool (not on ice!) Leave impaled objects in place and bandage to reduce movement of the object.

Dressing and Bandage

Compression Bandages

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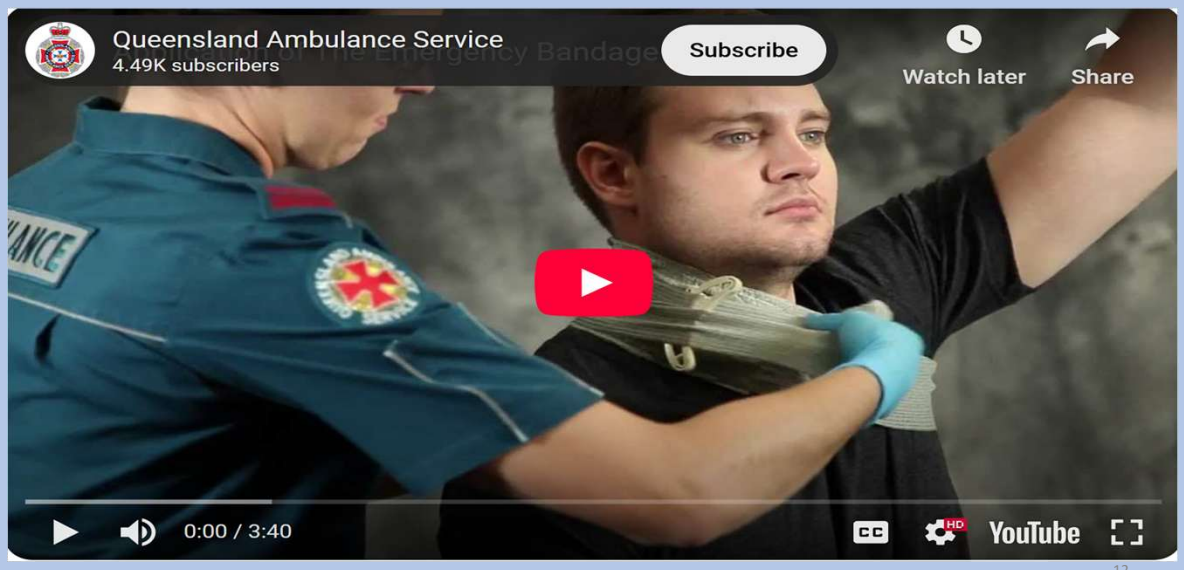
Dressing are important to keep the wound clean. A pressure dressing is tight enough to stop the bleed. (Demonstrate use of compression bandages)

Application of The Emergency Bandage



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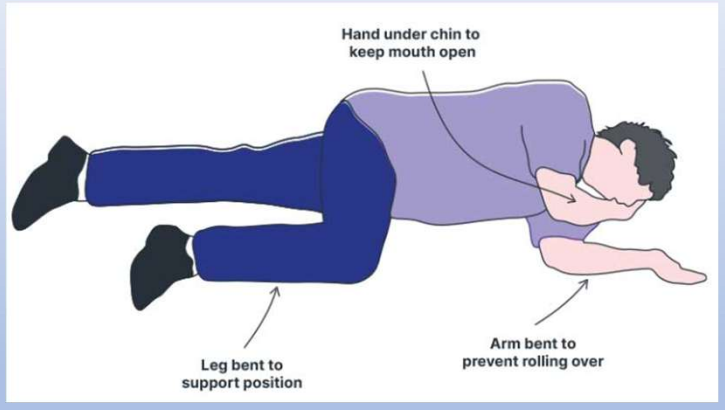
Play Video

Recovery Position



https://youtu.be/GmqXqwSV3bo?si=qVQQ4F2kMzk9Oa54

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What is the Mechanism of Injury MOI. It is very important to determine walkability. Can we help the patient walk out? This is far safer for the rescuers too. If they are unresponsive and we don't the the resources to carry them out correctly, put them in the recovery position, making sure the face is pointing down to protect the airway. (Exercise how to do these things)

Disability: The Casualty Cannot Walk Out

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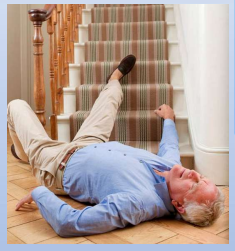
What is the Mechanism of Injury MOI. It is very important to determine walkability. Can we help the patient walk out? (Exercise how to do these things)

Disability: Suspect a Spinal Injury.

- Move the casualty as needed to protect the airway
- Notify Casualty Aid Station (CAS) that C-spine precautions for transport are indicated

Spine MOI



NEXUS Criteria https://reference.medscape.com/calculator/165/nexus-c-spine-criteria

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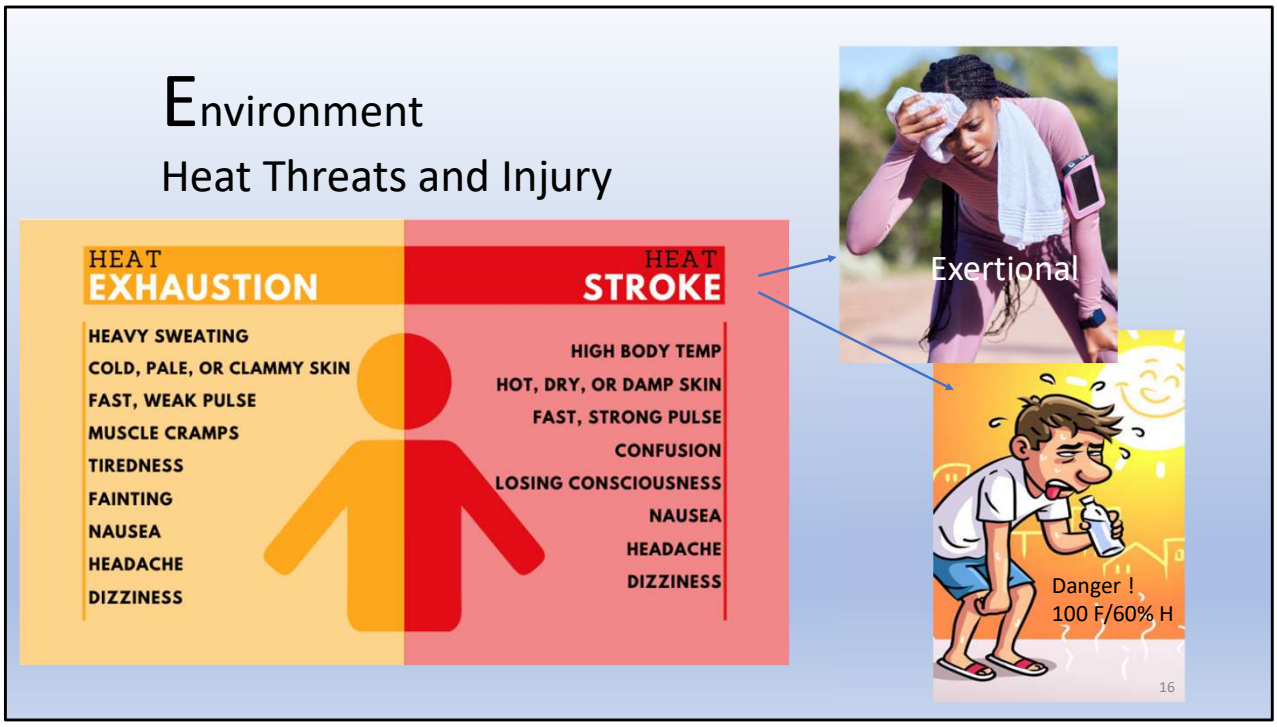
Protect the ABC's and reposition patient carefully. We must suspect C spine injury with major falls and or head trauma. Get help to provide C-spine precautions.



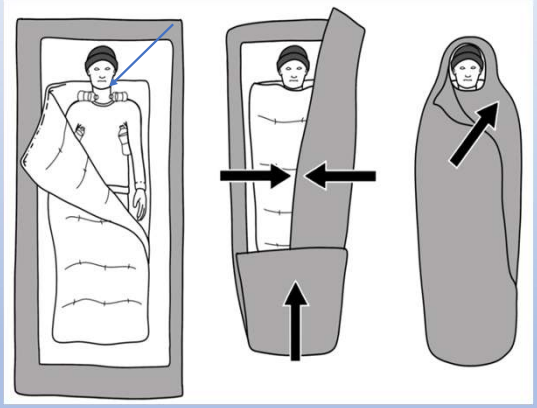
This is just a quick reminder. Don't spend too much time on it…Since seniors are often dehydrated day to day, in a disaster, it is safe to assume dehydration of patients and rescuers! If the patient is hot, do what is needed to prevent further heating. Rescuers could be at risk for exertional heat stroke on very hot days. Be alert for the mumbles and stumbles, and confusion; this can be a sign of heat injury. If the patient can manage the airway, provide fluids for drinking.

Environment - Hypothermia

Get Dry! Wetness increases heat loss ~ 5X [1]

Decreasing LOC "Umbles"

Shivering stops. Severe Hypothermia



Hypothermia Wrap

1. Princeton Univ 2025

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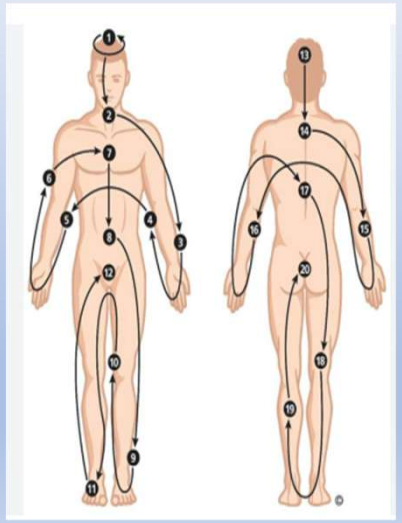
Body heat loss in injured patients GREATLY increases the risk of mortality. Prevent heat loss to the ground, floor. If wet, remove the wetness and get them dry. Even on a warm day, a non-carpeted floor can quickly drain body heat. Insulate the patient from the floor. Cover the head with a cap or scarf. Heat loss from the head is only about 10% so it is not critical as we once thought. LOC is the level of consciousness. The Umbles are Mumble, Stumble, and Fumble.. All are signs the brain is too cold, other insults, like too hot, too low on energy, or toxic. It is essential to get insulation under the casualty to reduce heat loss to the ground or floor.

E = EXPOSE: Systematic Head to Toe Exam



Look for the signs of injury

- Wounds and Bleeding
- Bruising
- Deformity

Listen for Patient symptoms

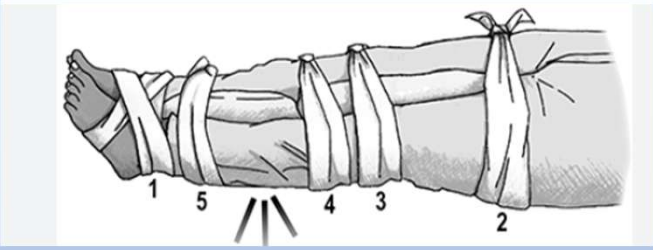
- Pain on touching
- "I can't move it"

The head-to-toe exam at skin level is to detect serious injury that must be noted in triage and attended to. Make notes of the Triage Tag. Do not let modesty stop good head to toe exam, just be respectful. (Exercise how to and make notes)

Burns can be very painful and easily infected. Cover them with lots of dressing and bandages.

Bone and Joint Injuries

Useable?, Point Pain?, PMS?

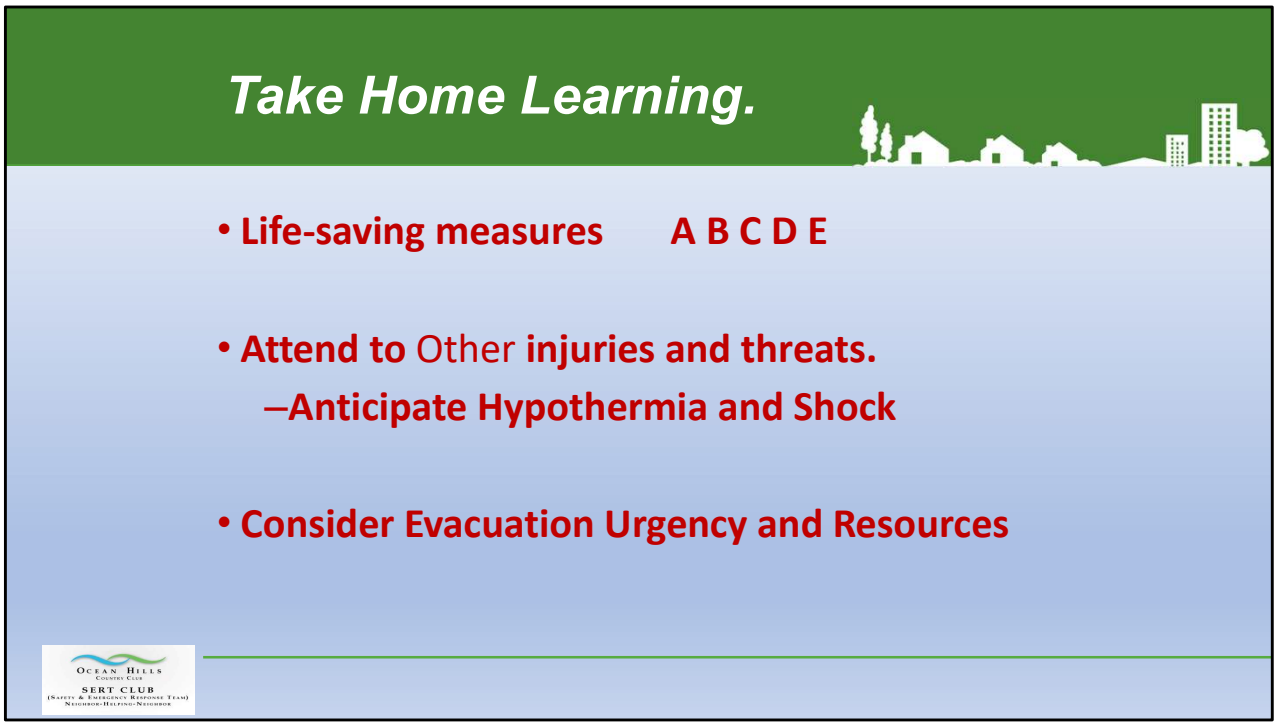


Keep Checking PMS

Stabilize the Joint above and below,
the injury and in Position of Comfort

20

Fractures and dislocated joints are painful, and immobilization helps to reduce the pain. They are a threat to the limb when the circulation is greatly impaired. PMS is pulse, motor and sensation. Attempt to relocate the limb just sufficient to restore the pulse distally or at least restore pinkness to the fingernail beds.



Today we have reviewed life-saving measures and other common injuries that may occur following a disaster.