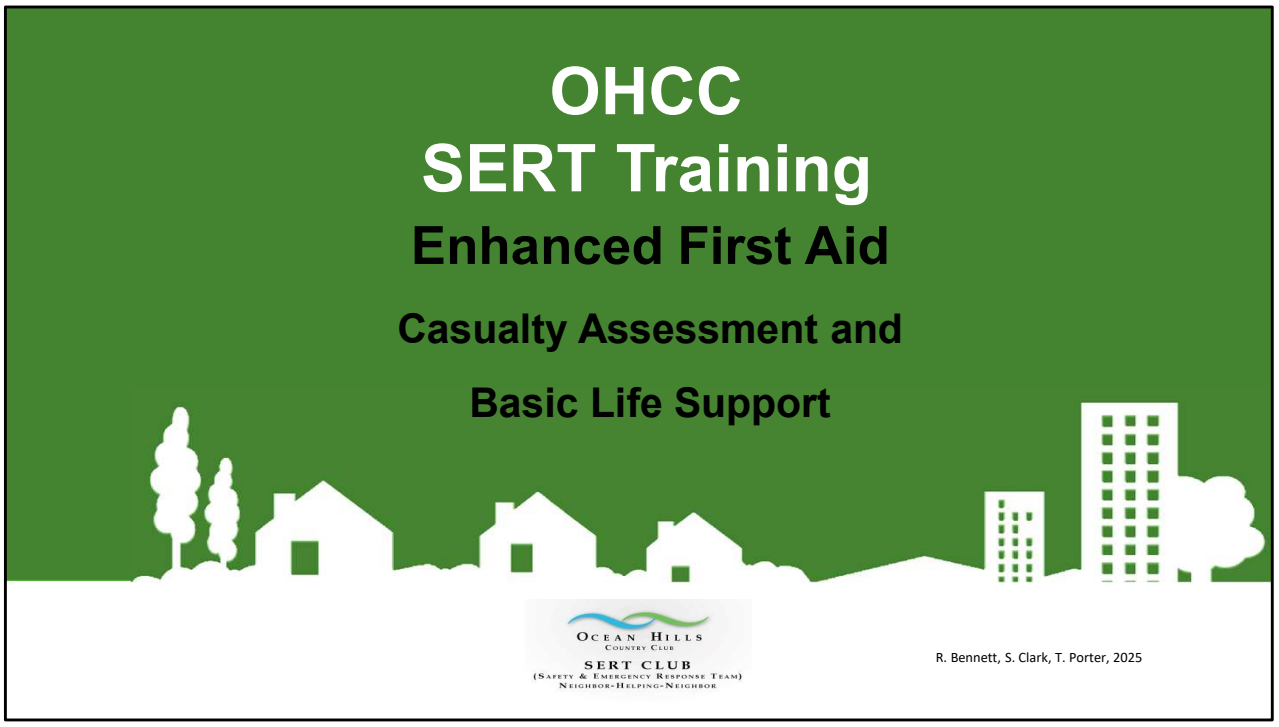


This session is all about Enhanced First Aid and we will review situations we may encounter as SERT ERT members.

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.
DO NOT CREATE ANOTHER VICTIM.

Show Respect, Ask Permission, Provide Privacy and Compassion

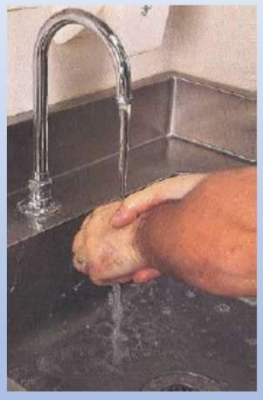
3

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

Infection Control

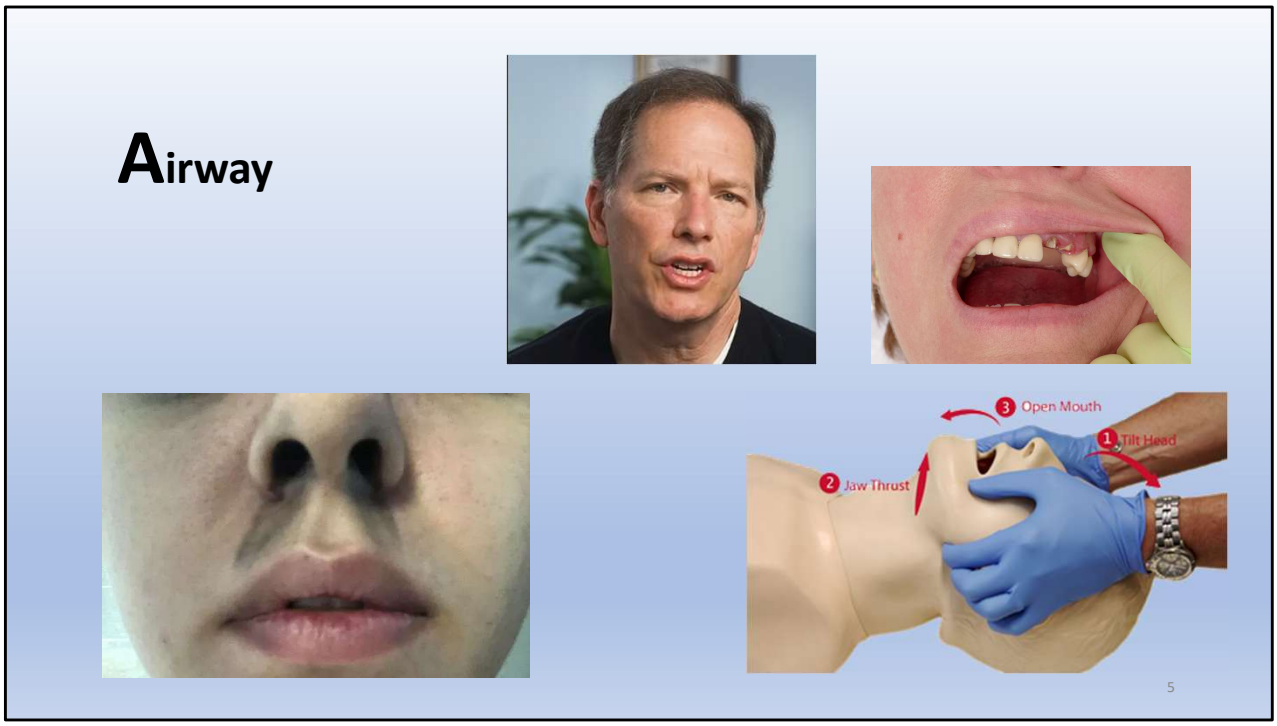
- **Wash hands frequently**
- **Wear gloves**
- **Wear a face mask and safety glasses**
- **Keep dressings clean (aseptic)**
- **Wash skin** that comes in contact with body fluids. *Report Wounds!!*

Happy BD 2x

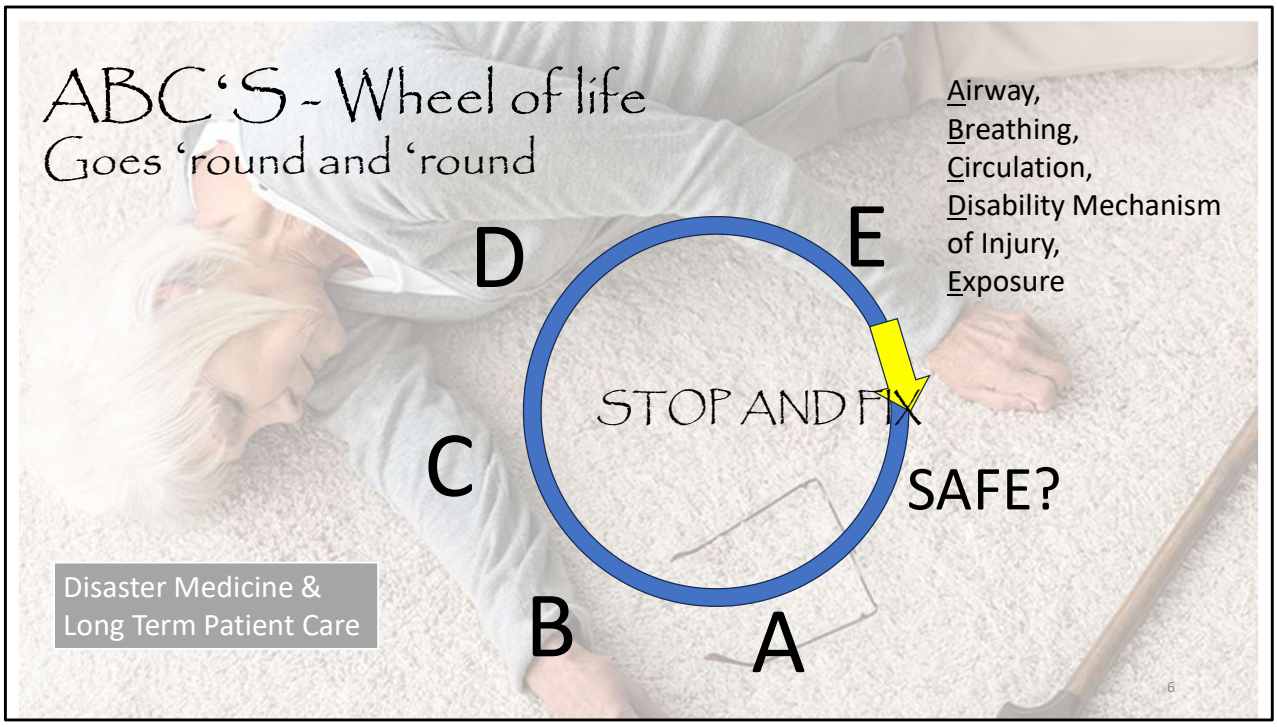


OCEAN HILLS COUNTRY CLUB
SERT CLUB
(SAFETY & EMERGENCY RESPONSE TEAM)
NEIGHBOR-HELPING-NEIGHBOR

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 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.



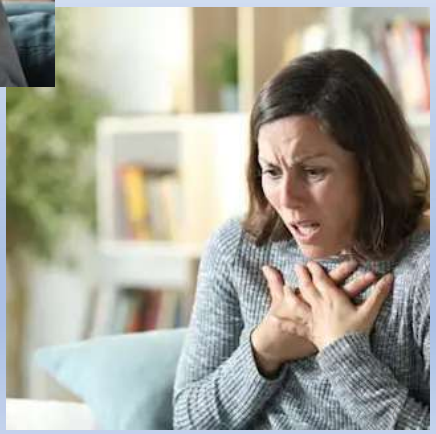
This is an important concept. It is where we live. Make sure all students understand it. SAFE ME YOU AND OTHERS! Never create another patient. We are alive for the ABC's 24-7 Keep checking regularly and proportional to the severity of the problem. A B C, D Disability Mechanism of Injury? Illness? E exposure,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

Breathing

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

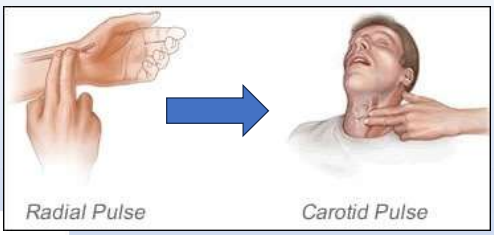
L L F

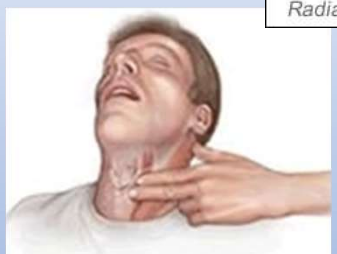
Look, Listen, and Feel



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





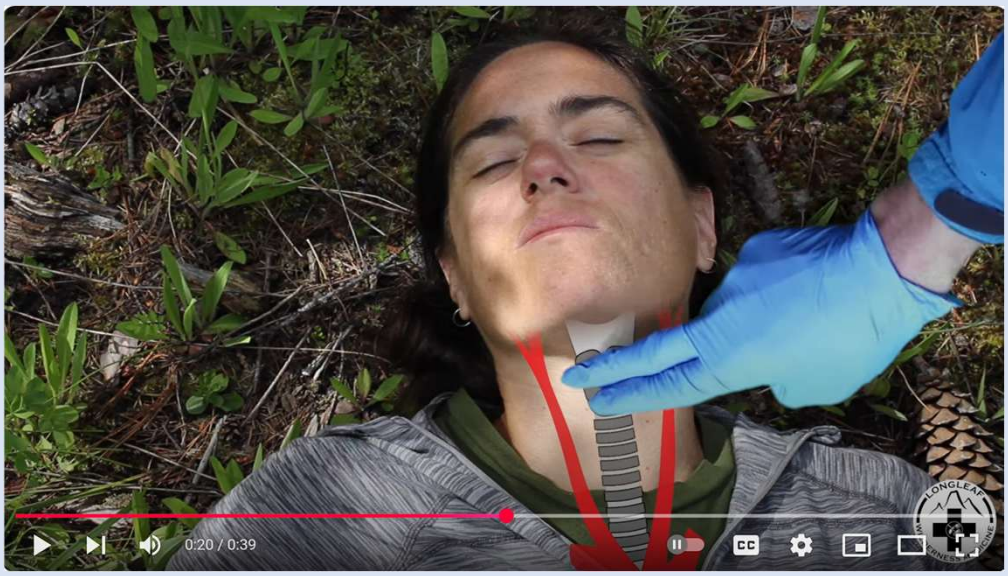
NO Pulse CPR !

Free Flowing Blood Loss

8

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



9

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.

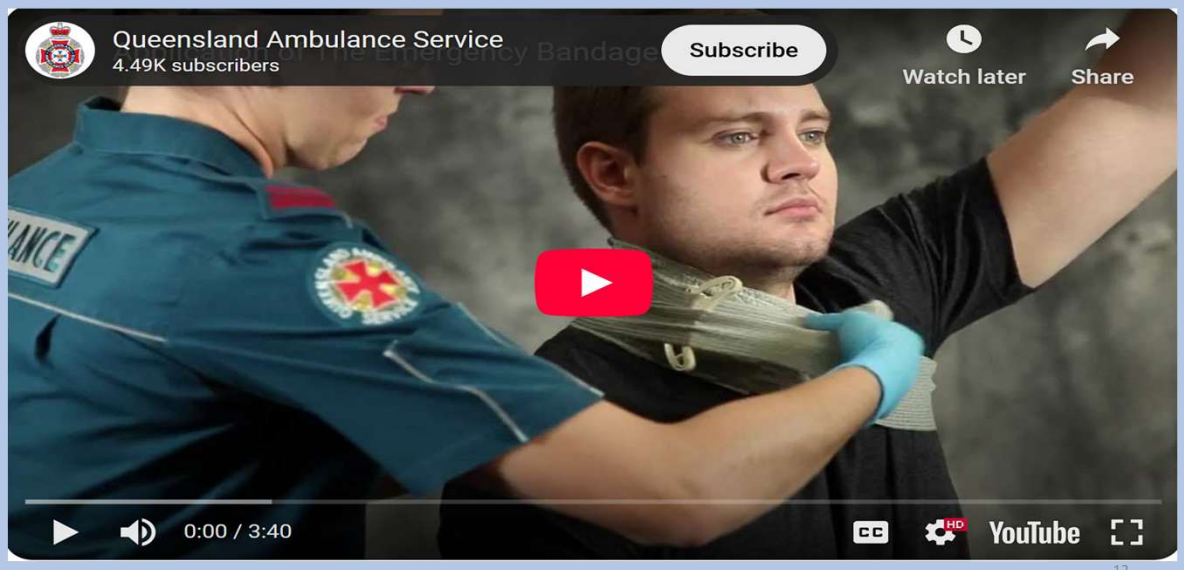
Dressing and Bandage

Compression Bandages

11

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

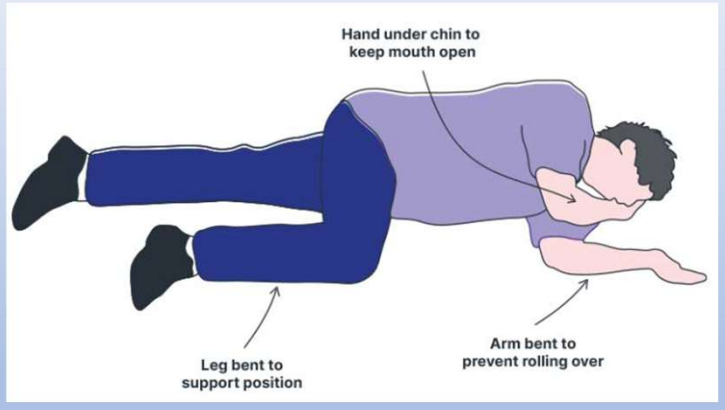
Application of The Emergency Bandage



12

Play Video

Recovery Position



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

13

Play Video
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

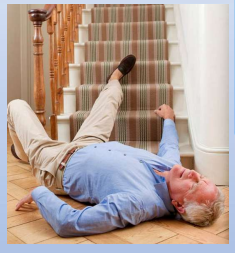
14

What is the Mechanism of Injury MOI. It is very important to determine walkability. Can we help the patient walk out? (Demonstrate the transport pad, the trailer has 4 pads.) Moving the patient should be a last resort for safety reasons to the patient and your self. You need a minimum of 4 people to left a patient.

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

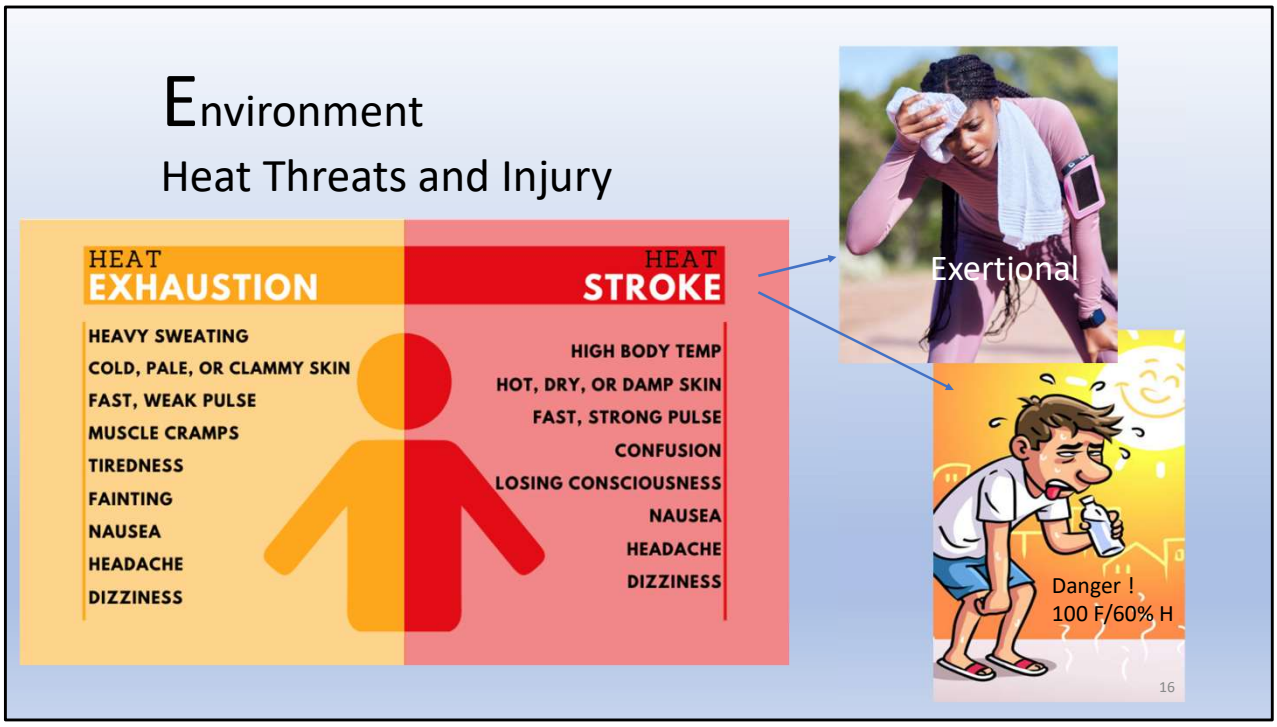
Spine MOI



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

15

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.



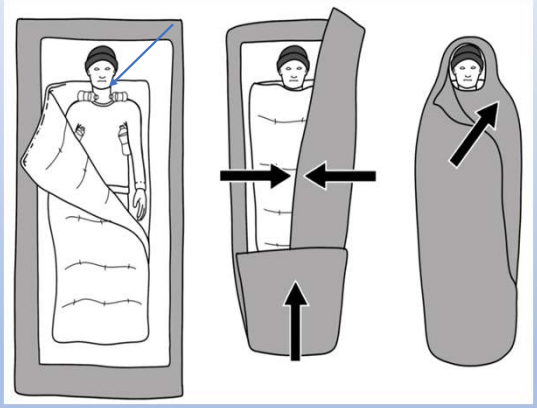
This is just a quick reminder. Don't spend too much time on it…Since seniors are often dehydrated day to day, in a disaster, it is safe to assume dehydration of patients and rescuers! If the patient is hot, do what is needed to prevent further heating. Rescuers could be at risk for exertional heat stroke 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



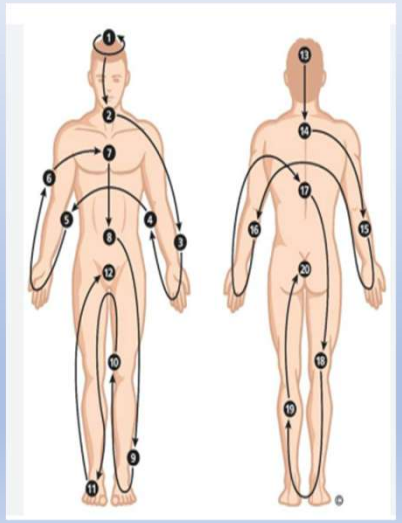
Hypothermia Wrap

1. Princeton Univ 2025

17

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"

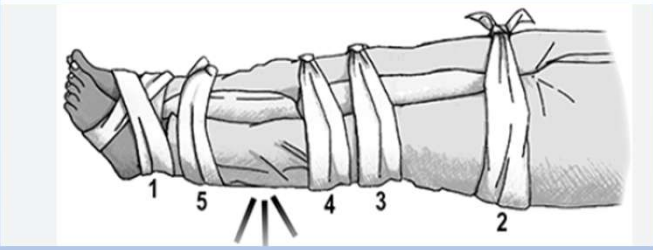
The head-to-toe exam at skin level is to detect serious injury that must be noted in triage and attended to. Make notes of the Triage Tag. Do not let modesty stop good head to toe exam, just be respectful. (Exercise how to and make notes)

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

Bone and Joint Injuries

Useable?, Point Pain?, PMS?

PMS = pulse, motor and sensation

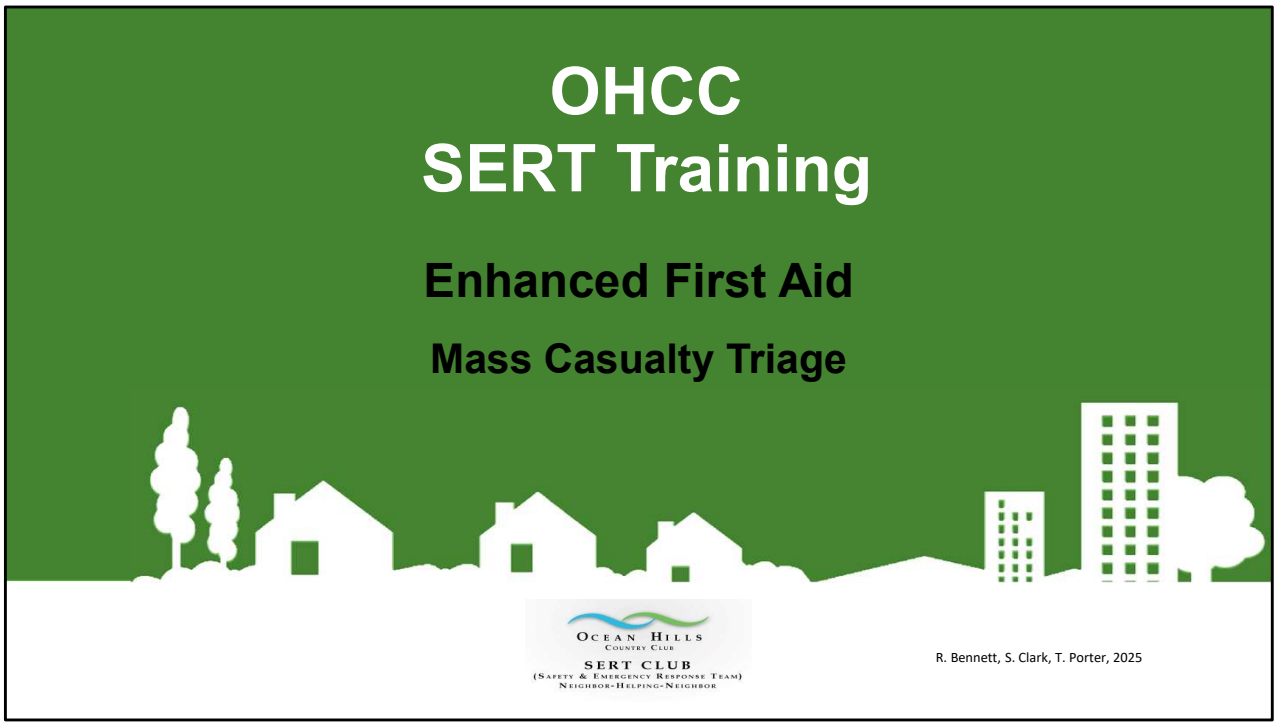


Keep Checking PMS

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. Attempt to relocate the limb just sufficient to restore the pulse distally or at least restore pinkness to the fingernail beds.



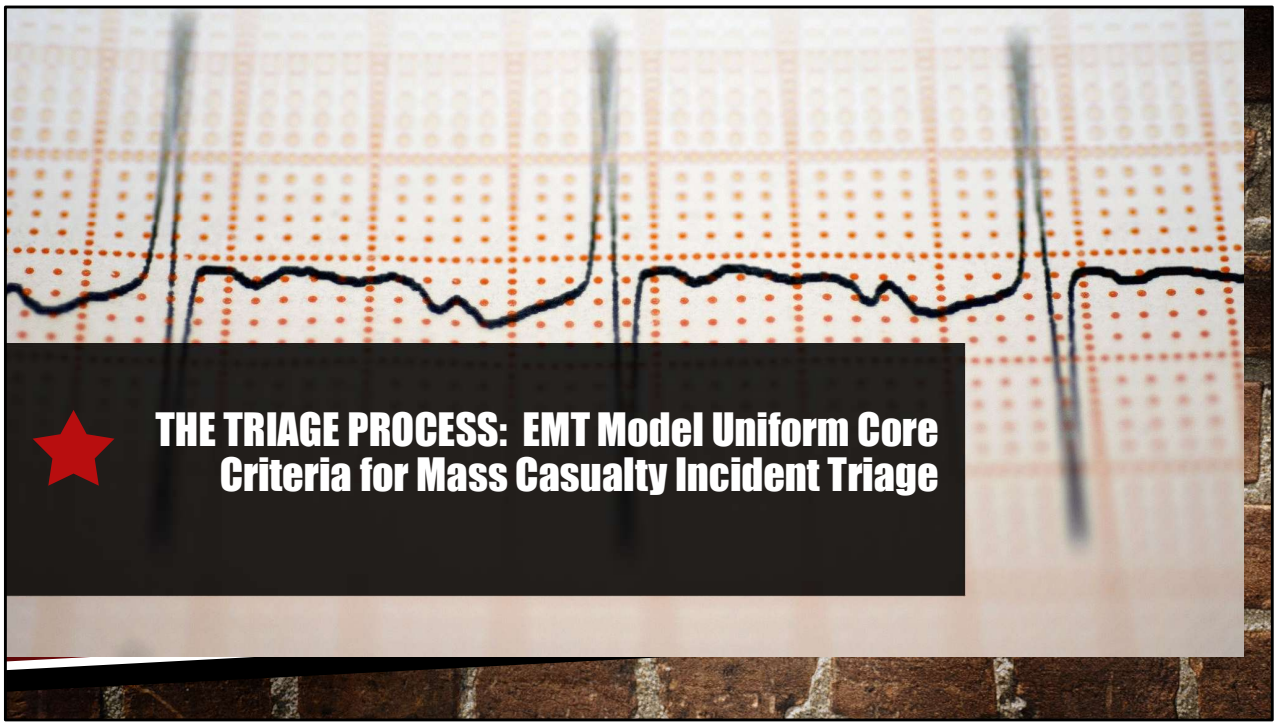
Triage is derived from the French word, “trier” meaning to sort. Why triage? Triage is a process for prioritizing multiple casualties when resources are not sufficient to treat everyone immediately.

Resources = not just equipment, supplies, but also include TRAINED individuals like yourselves

Process of triage allows us to allocate resources MOST efficiently and effectively

OBJECTIVES

- Be able to perform a Casualty Systematic Assessment using the Casualty Systematic Assessment Process (CSAP)
- Be able to recognize life-threatening injuries within your scope of training
- Be able to intervene and stabilize life-threatening injuries using first aid skills within your scope of training
- Be able to assign casualty triage categories
- Be able to document casualty information on a Casualty Triage Tag



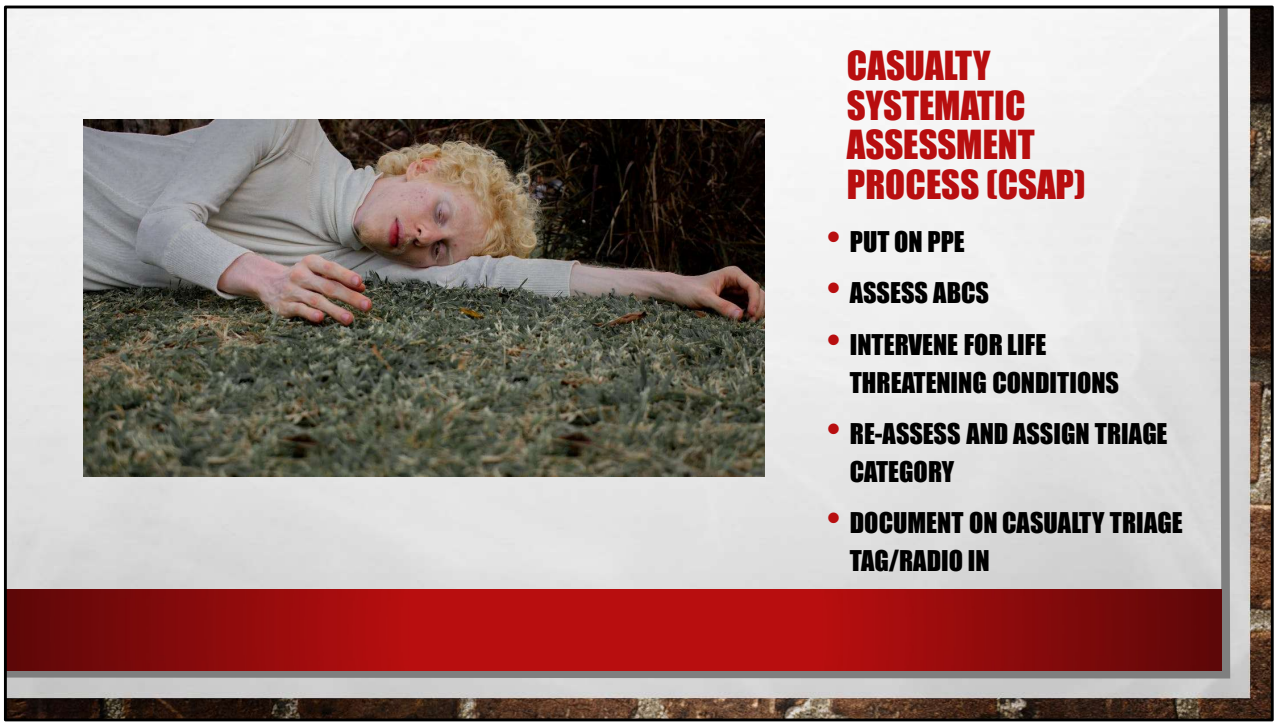
Many different forms of triage; we'll be using the MUCC established as a national guideline for EMTs so that in the event of a disaster crossing state lines for example, everyone using a standardized form of triage. You'll be using YES/NO questions as the simplest way to quickly and efficiently triage patients.

A magnitude 5-7 or greater earthquake can collapse homes, topple bookcases, cause someone to fall downstairs or shake pictures off the wall onto someone's head. Most earthquake injuries are from falling and/or flying objects.

Medical emergencies = heart attacks, asthma attacks

Triage is dynamic and can change based on

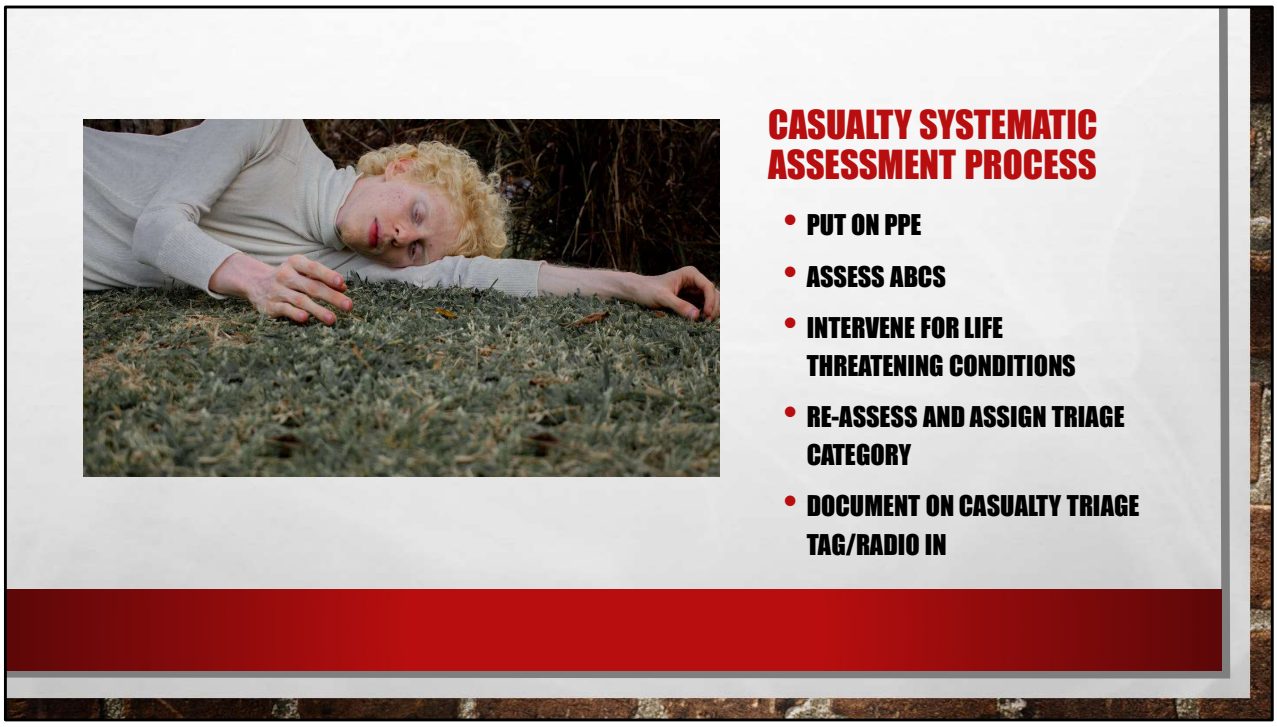
1. Casualty condition what are their injuries? Casualty condition can change after you perform a life-saving intervention so don't assign a triage category until AFTER intervening! E.G. Not breathing (immediate) changes to delayed after you open their airway and they start breathing.
2. Available resources. Resources available at the CAS that includes not just supplies, but also first aid team members.
3. Responder training. We are trained to give first aid care ONLY so a lot of the casualties you see will be Immediate category simply because we are trained to provide first aid ONLY so many injuries will be beyond our scope of training.



THIS IS THE SYSTEMATIC PROCESS that you'll use for every casualty.

CASUALTY TRIAGE TAG

Let's look at a scenario to understand how the CSAP works. These cards are in your first aid bags to document casualty information and their triage category.

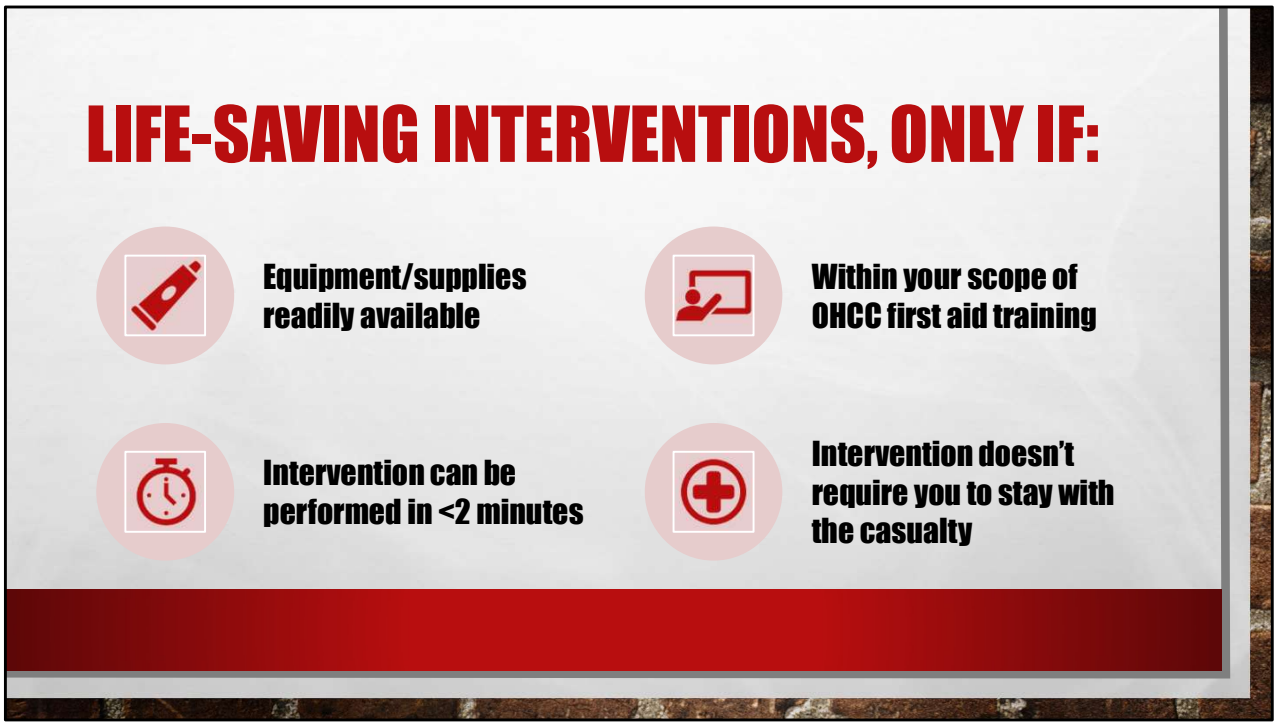


A man runs up to you In your golf cart from his house that displays a HELP sign; he says you need to come to the backyard…my wife Janice has collapsed. He tells you, “I was inside when the shaking started…my wife Janice was outside gardening. Introduce yourself…Go to yard…he says, “I found her like this and was afraid to move her” You have him help you roll her over and you start your Casualty Systematic Assessment Process; PPE…assess ABC’s. Not breathing, no carotid pulse. ASK the husband, how long has she been like this? He tells you, I found her like this after the earthquake started earlier this morning (4 hours ago). Realistically, we won’t be getting to casualties until Day 2 or even Day 3 depending on the extent of damage, trees down, etc.

CARDIAC ARREST AND SURVIVAL

- 0-4 MINUTES:
  BRAIN DAMAGE UNLIKELY
- 4-6 MINUTES:
  BRAIN DAMAGE POSSIBLE
- 6-10 MINUTES:
  HIGH PROBABILITY OF BRAIN DAMAGE
- >10 MINUTES:
  SEVERE BRAIN DAMAGE:
  SURVIVAL UNLIKELY

American Heart Association Resuscitation Science Symposium 2024



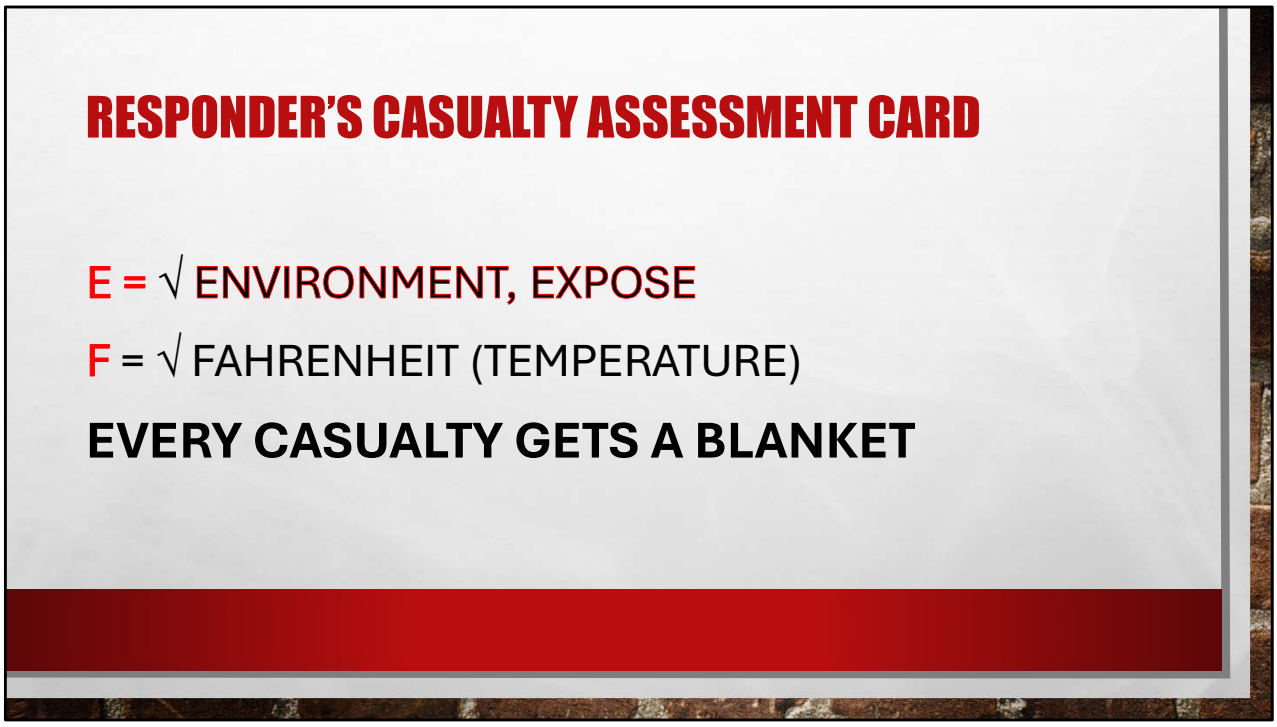
NO AED!

Let's go back and look at Janice in a different scenario…her husband tells you, I SAW HER FALL OVER just now, then flagged you down. No breathing/no pulse. What's the intervention? Start CPR? YES…NOTE THE TIME; Janice responds

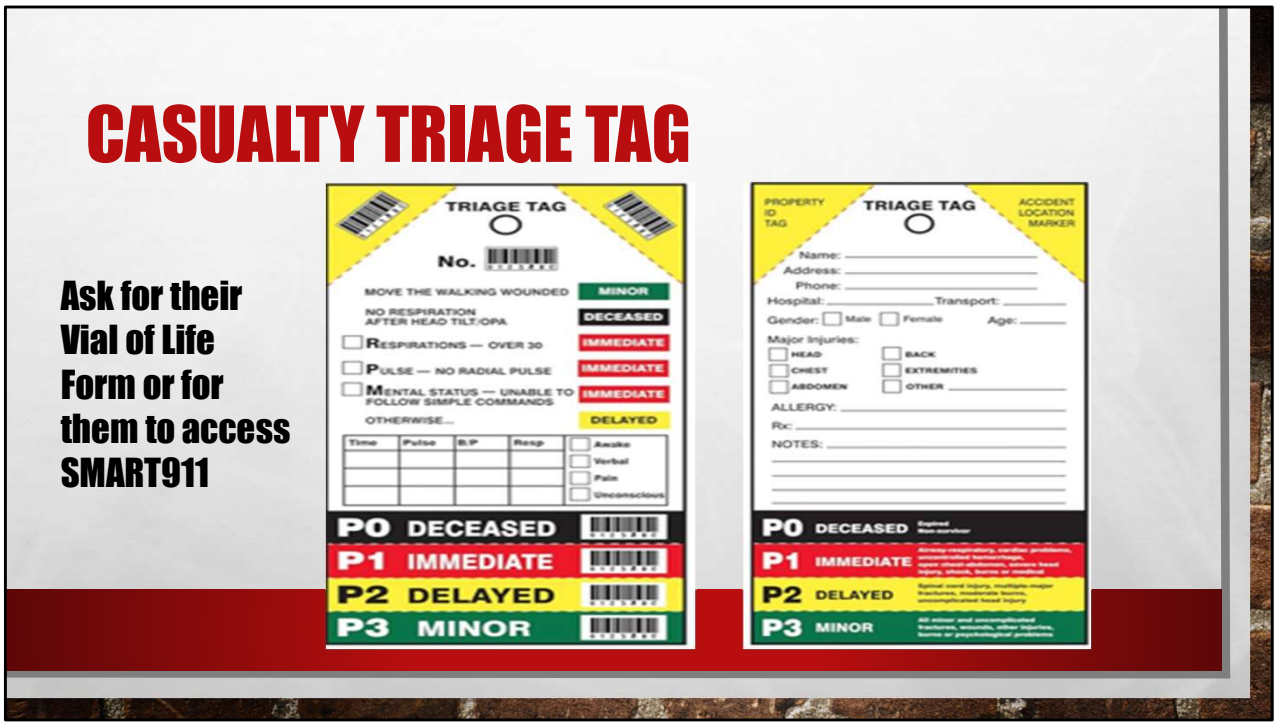
Just did an intervention, what do you do now? RE-ASSESS!

IMMEDIATE: look at casualty triage card.

Unable to follow commands.


RESPONDER'S CASUALTY ASSESSMENT CARD
E = √ ENVIRONMENT, EXPOSE
F = √ FAHRENHEIT (TEMPERATURE)
EVERY CASUALTY GETS A BLANKET

Read Slide



look at the triage tag that has NAME at the top. This tag when completed, is what you'll use to do R…radio in the casualty information.

G= GET INFO: from husband.

--life-threatening allergies (not seasonal allergies or cat allergies)…something they might require an epi pen GET THE PEN

--Rx: meds they're on that if they don't take them, they could die.

--**Notes:** MOI, also who is with the casualty? CRITICAL….might never see the person again. EMS needs to know WHAT HAPPENED, helps to provide insight as to how the injuries can progress over the next few hours/days. Are they able to self-care? Neighbors willing to help? Time placed tourniquet, compression bandage, quikclot if can't write on the tourniquet.

BACK OF CARD

use the cards to radio in triage category and speak w/the FA team as needed and leave the card with the casualty for EMS to use.

Other examples of immediate category injuries.

Severe bleeding that is uncontrollable w/FA supplies

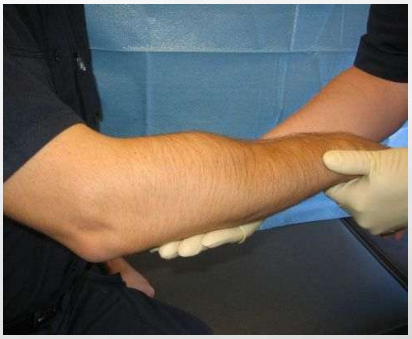
Wife takes you to backyard; this man on the ground bleeding.

CSAP

Max time of application (24 hrs.) and tourniquets never removed except by EMS or hospital personnel. DO NOT use QuikClot on eyes, don't use it to pack an open major chest or abdominal wound, or an open skull fx's. External wounds only! NOTE TIME THEY WERE APPLIED.

Any casualty w/a tourniquet/Quikclot = IMMEDIATE and call EMS

TRIAGE CATEGORY?



Driving in golf car; see this lady sitting on curb holding her arm.

HOW TO MAKE A SLING

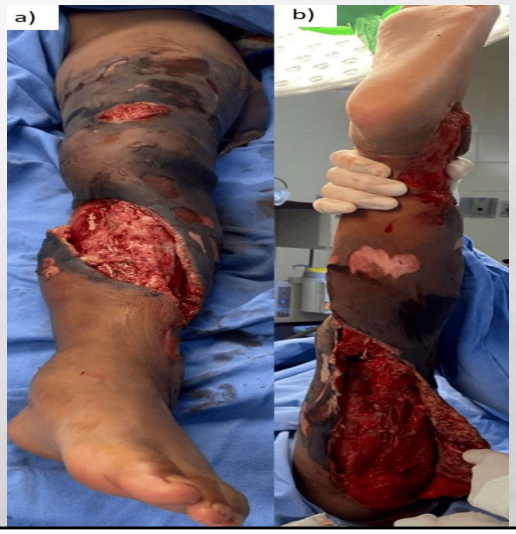
HTTPS://YOUTU.BE/PWFBGKBXKFA

Using a Tri-Angular Wrap

Play Video

TRIAGE CATEGORY

- DEEP CUTS/GAPING WOUNDS CONTROLLABLE WITH COMPRESSION BANDAGE



Man lying on lawn in front of a house that has obviously burned. CSAP

IMMEDIATE

TRIAGE CATEGORY

An older man walks up to you as you're leaving and says, "can you look at this, I fell down, what should I do?". He is shaking and distraught. You're thinking minor injury and ask him to turn his hand over and see……

E=EXPOSE

E not only environment but think EXPOSE. Always inspect all aspects of a wound.

Think of expose as removing clothing but also means asking them to turn their hand over, lift their leg, roll over if possible and look at their back starting at the head to toe.

CSAP

DELAYED triage category

Day 2; in your golf cart assessing structures. You see a home demolished like in the top picture. A man is outside on the curb asking you to help his wife who he has dragged out into the street.

Crush injury to chest

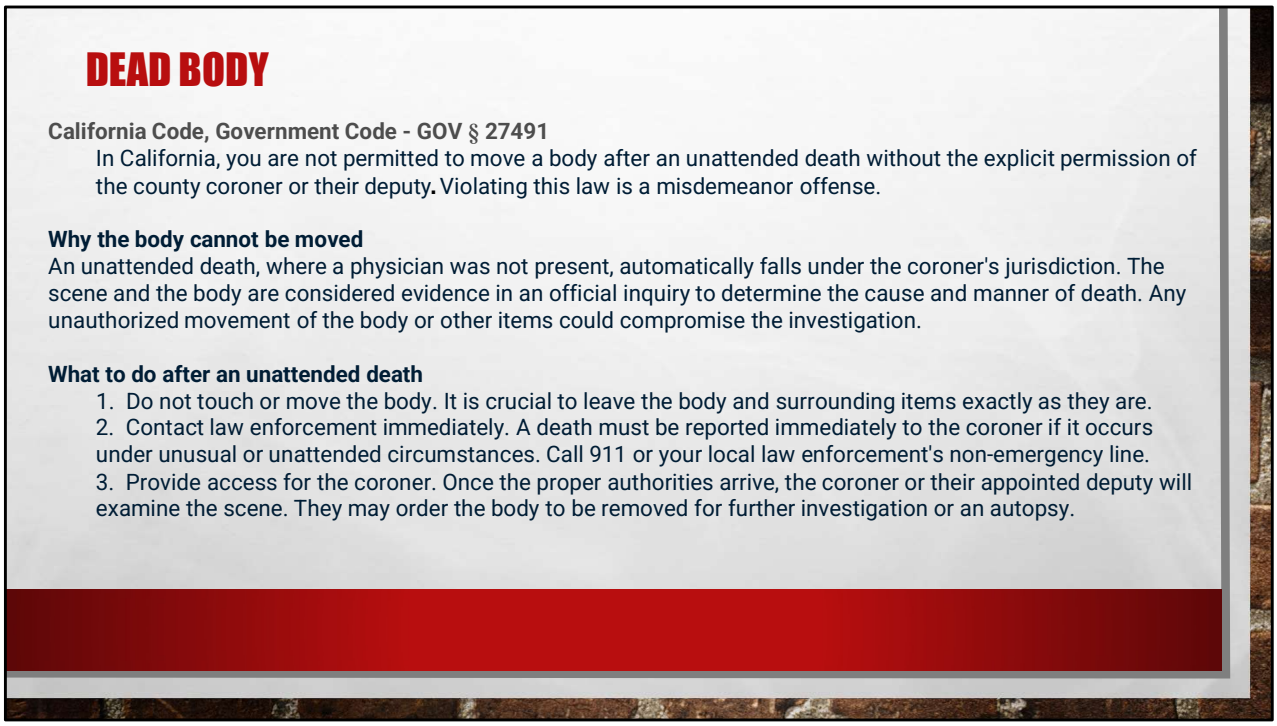
Right side of head deformed with open, bleeding skull fx

Struggling to breathe, can't find a carotid pulse

UNLIKELY to survive?

TRIAGE CATEGORY: EXPECTANT/DECEASED

Provide basic first aid/COVER……insure safety. Expectant. Call it in to SitSat.

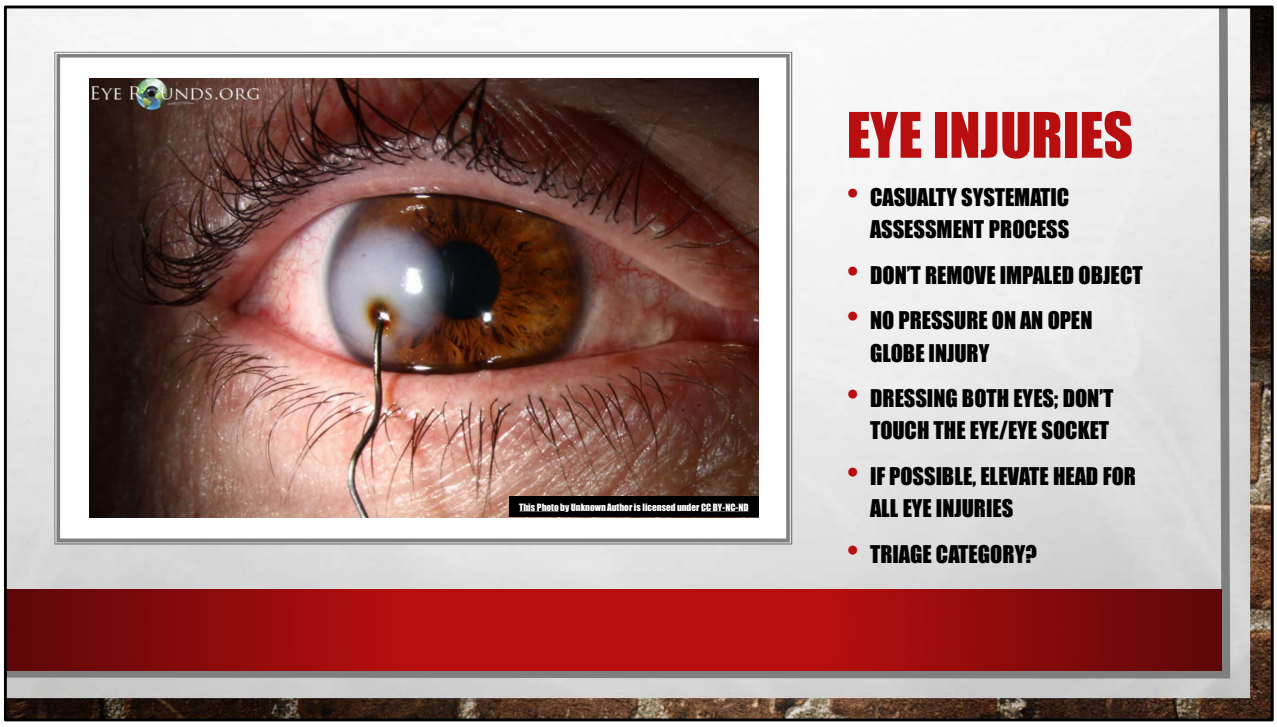


Read this Slide

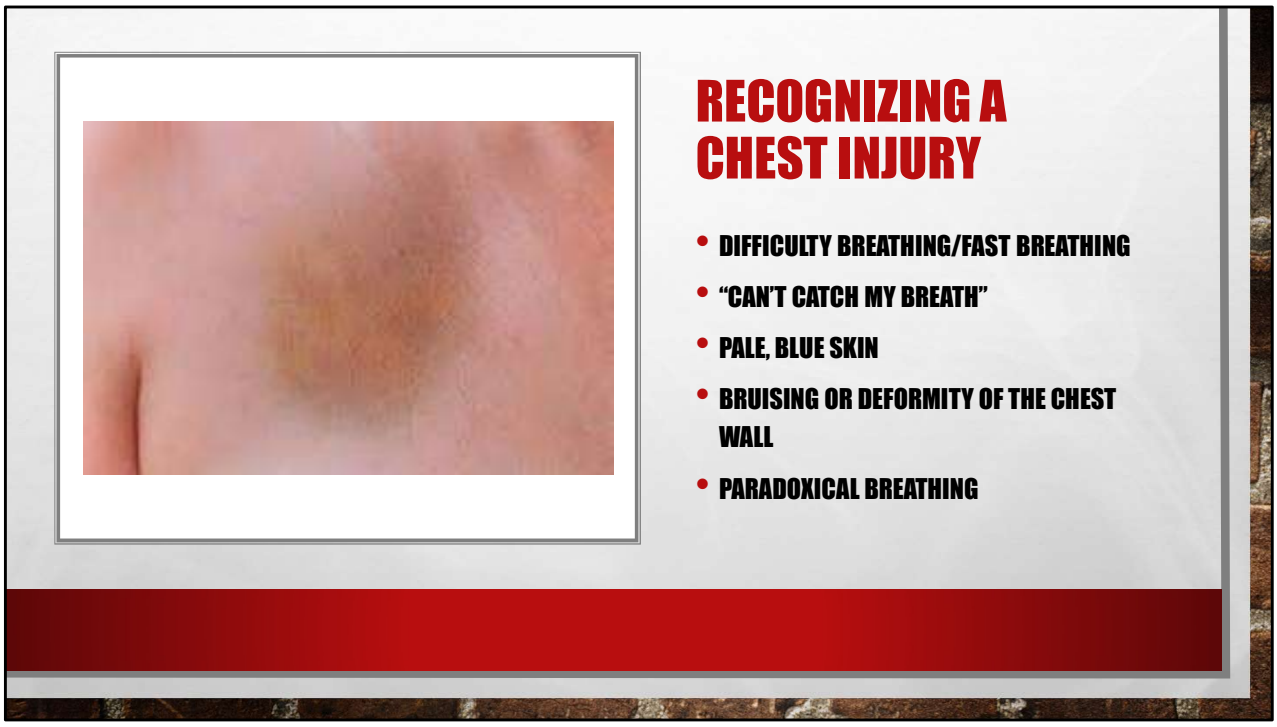
Most earthquake injuries from falling or flying objects.

Possibly 2-3 days when you get to a casualty or this might be someone who walks into our CAS.
Battle's sign= basilar skull fx. (named after English surgeon William Battle)
Racoon eyes=basilar skull fx

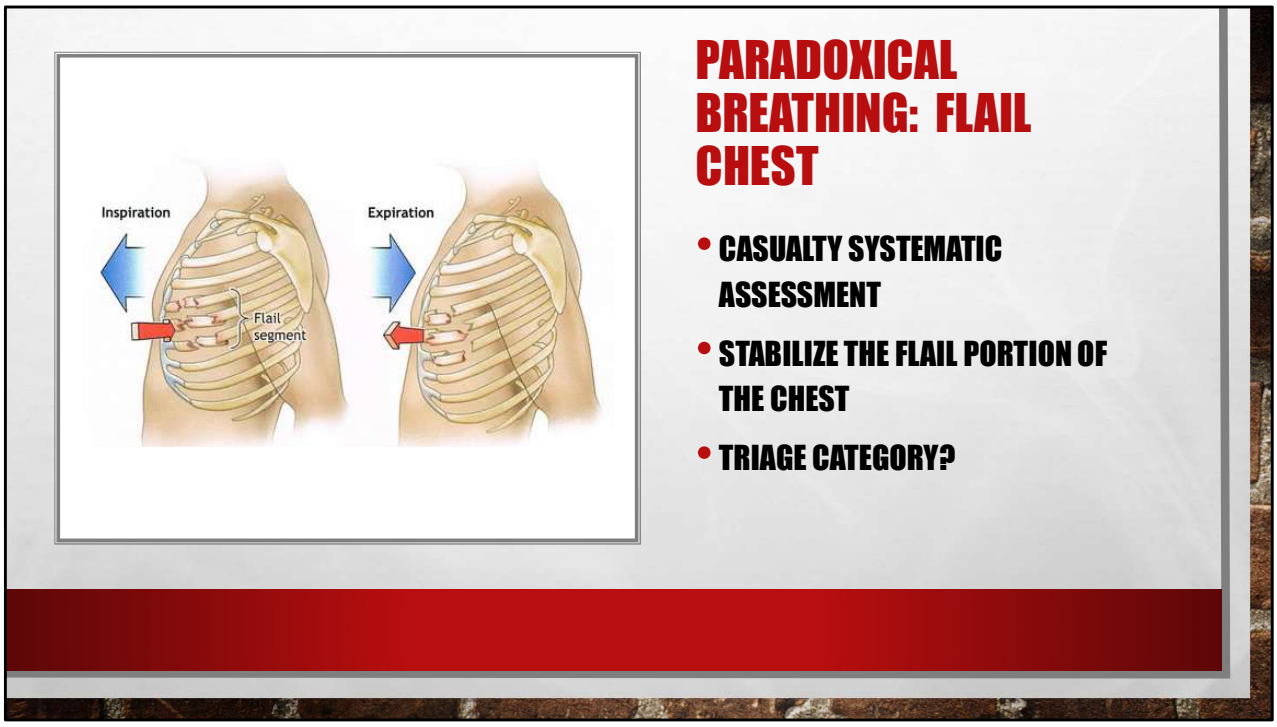
MOI= blunt trauma to back of head or temporal region
TRIAGE IMMEDIATE; call EMS



IMMEDIATE; call EMS Cover BOTH eyes (eyes follow each other) and loosely wrap gauze around the head. DO NOT apply pressure.

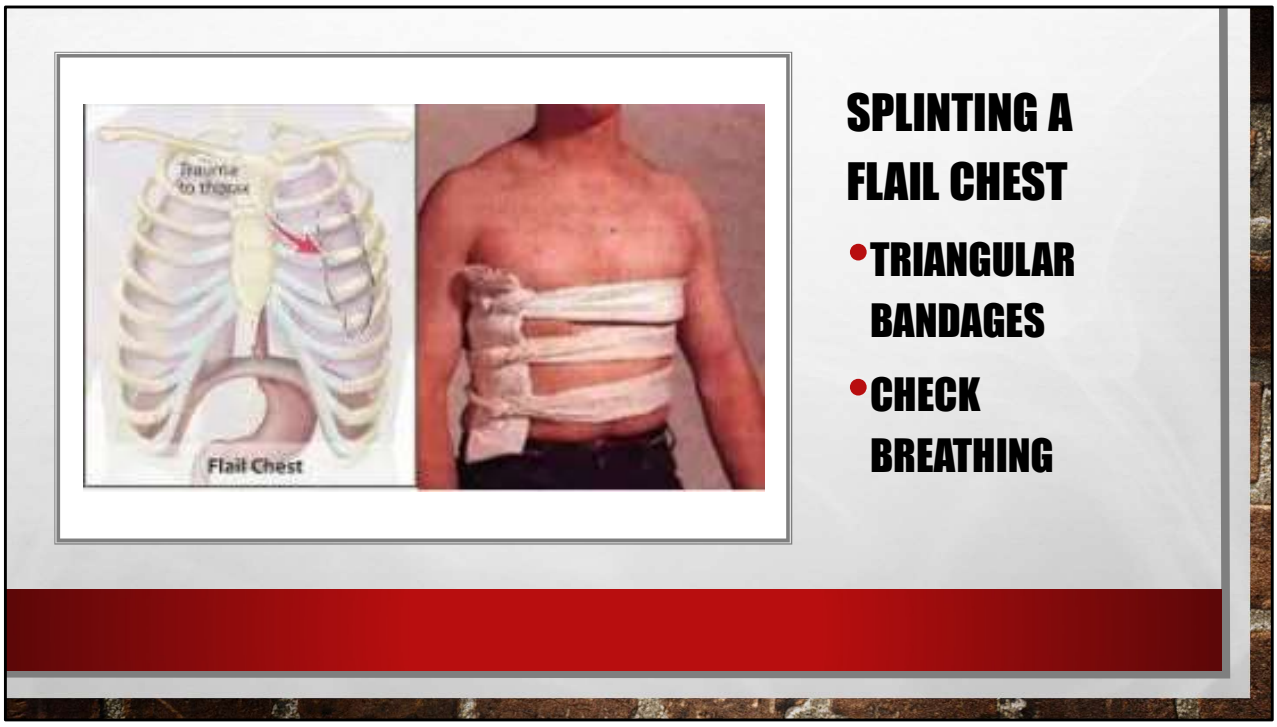


Bookcase falls on husband

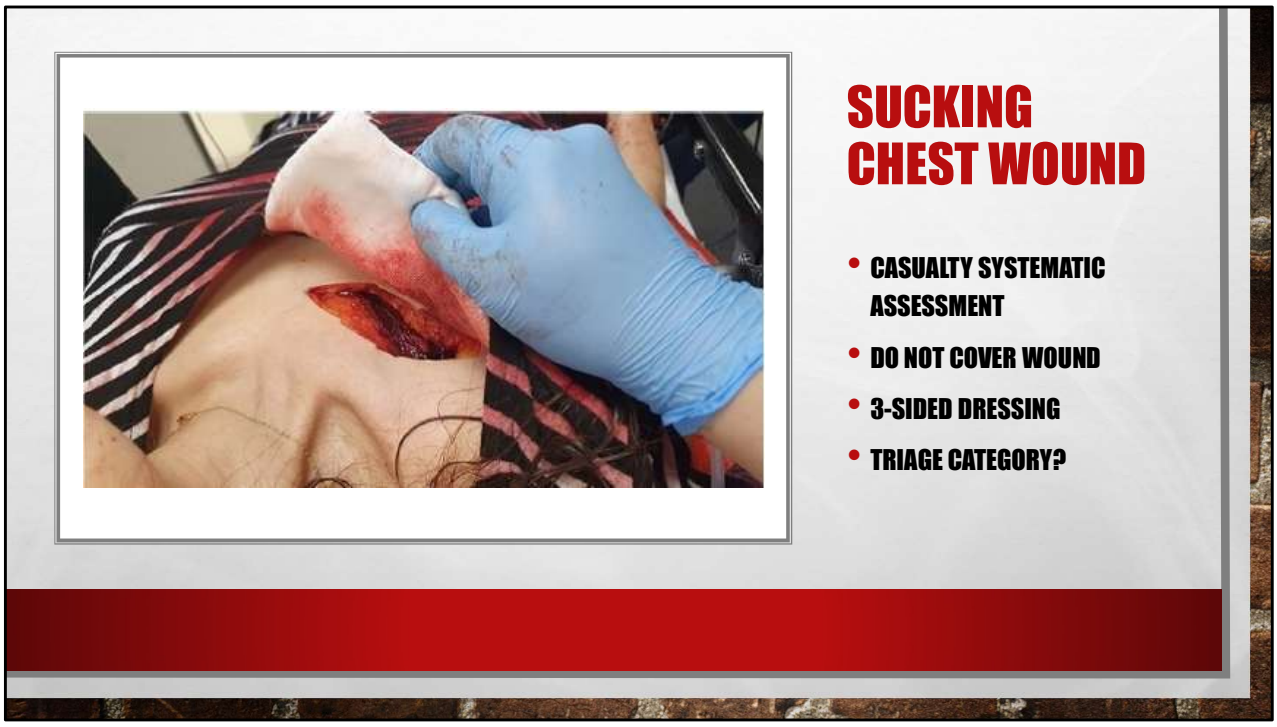


You also notice something called paradoxical breathing, an unusual movement of the chest.
Put your hands over your chest on either side, take a deep breath, now exhale
A flail chest is when multiple contiguous ribs on one side are broken in more than one place causing that loose segment to move or “flail” separately from the rest of the rib cage

Use pillow/towel to splint flail chest. If you have to leave; add pad w/triangular bandages have tie loosely.
TRIAGE IMMEDIATE; call EMS

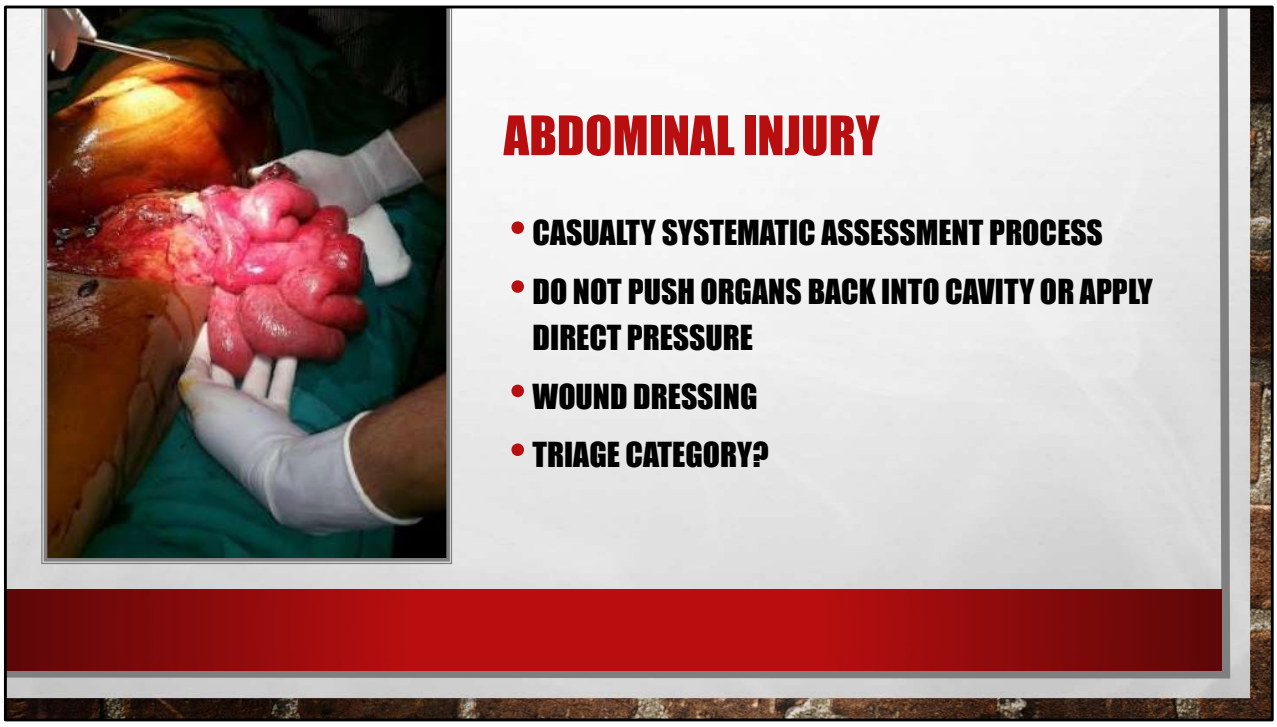


Review the slide. NOTE: picture is reversed from the diagram.



Same guy; here, part of the broken bookcase punctured his chest and during your Casualty Systematic Assessment you see this and hear a sucking, gurgling sound every time he takes a breath.

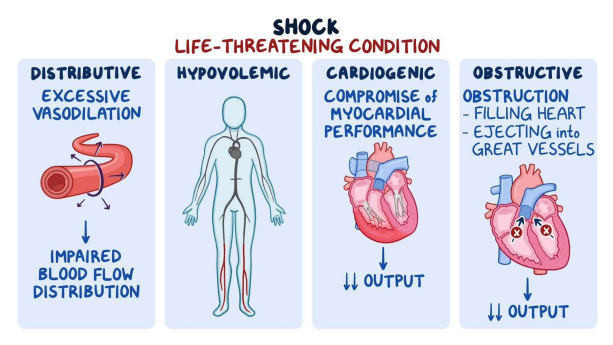
TRIAGE: IMMEDIATE call EMS



Moisten sterile dressing w/clean, warm tap water and apply over the wound. Cover w/plastic wrap or aluminum foil.

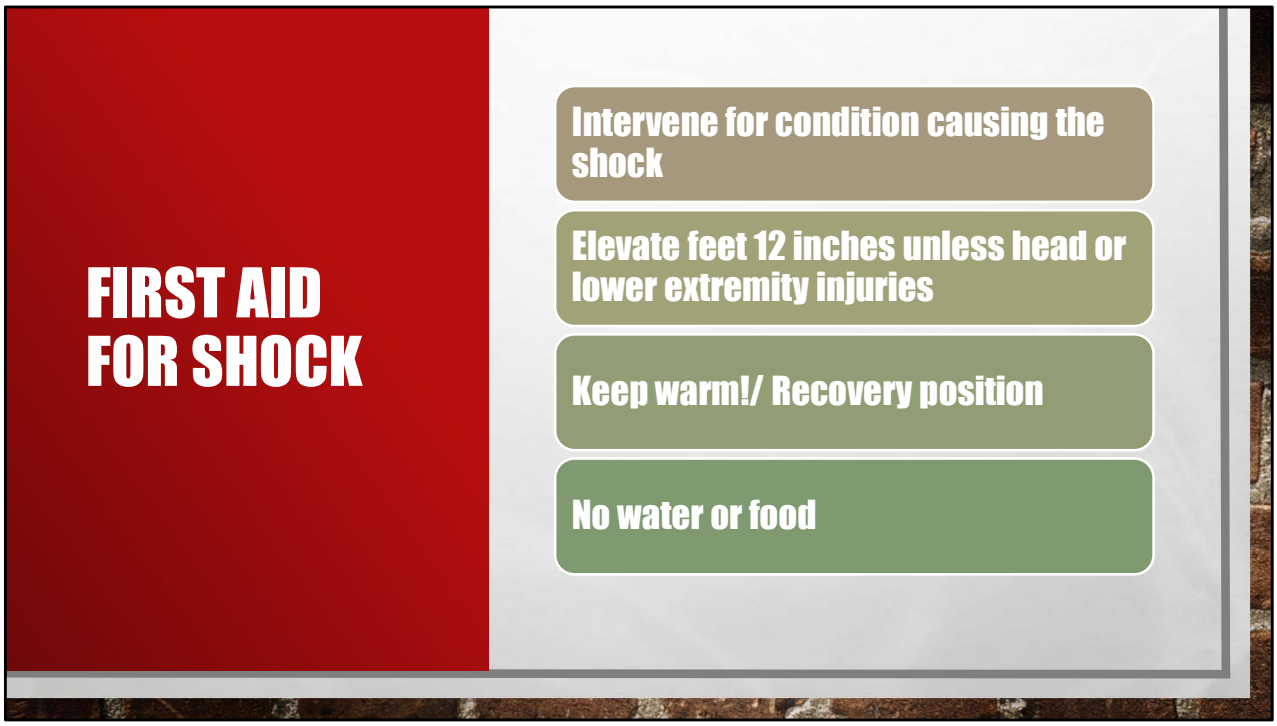
TRIAGE CATEGORY immediate and radio in open abdominal wound injury. Call EMS

SHOCK



Learning point: shock not always from massive hemorrhage so MOST important you can recognize signs (something you can see w/your eyes) and symptoms (something the person tells you).
Distributive: anaphylaxis
Hypovolemic; hemorrhage
Cardiogenic: heart attack now heart failing
Obstructive: pulmonary embolism

DO NOT give water/food as they may aspirate/vomit.

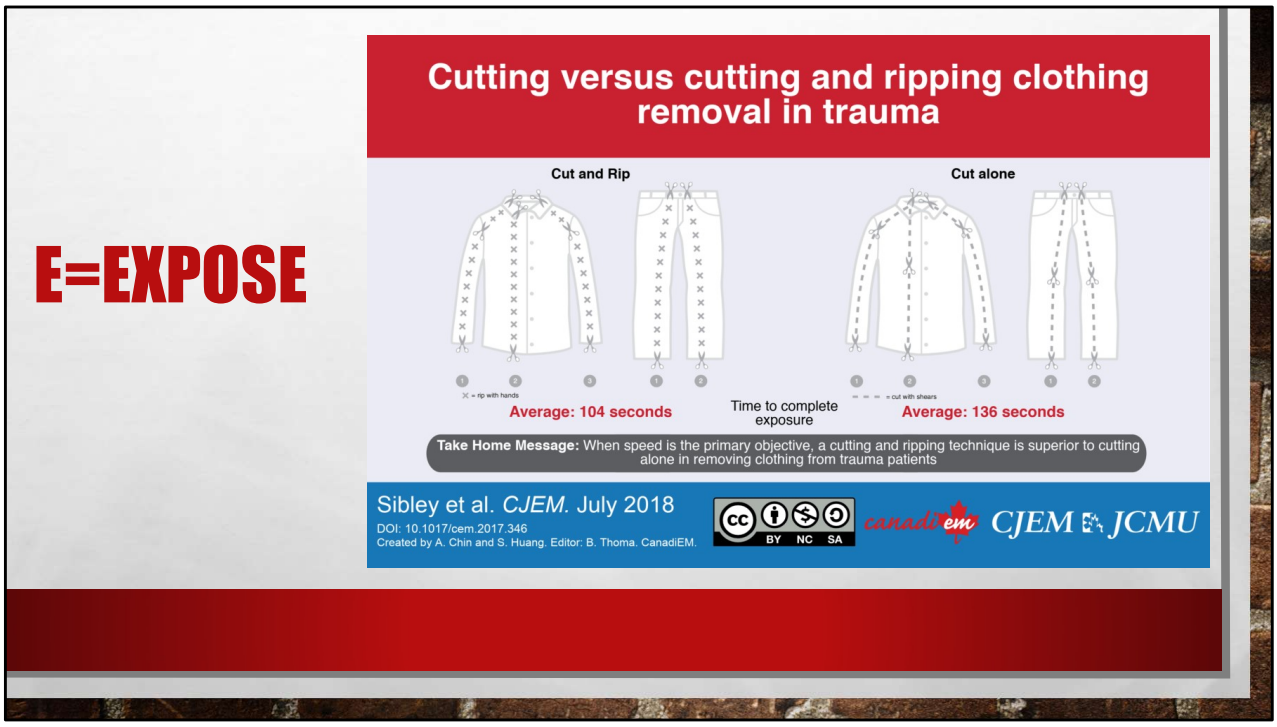


Anaphylactic; EPI pen

Intervene: CSAP, provide first aid for life-threatening external hemorrhage

No matter how thirsty; no water !

Triage category: IMMEDIATE. Call EMS



Review Slide. Use Trama Shears. They are very sharp and can cut through multiple layers, including belts, and bra wire supports.

I'd like to conclude by saying how impressive it is that all of you are here today preparing yourselves to help neighbors during a MASCAL event here at OHCC. That takes courage and a good amount of sacrifice on your part! It's my honor to be part of something much larger than us and that is a willingness to serve others in a time of need. Thanks for your attention.

Any questions?

Homework Assignment

Prepare for session 4. Read these pages below before you come to class.

SERT Session 4 Readings

- **Unit 6 -** Pages 1-3
- **Unit 7 -** Pages 1 and 3-18
- **Units 8 & 9 -** No Reading Assignments, this material will not be covered in class.

PM 5-13

Thank you for your attention today. These are your reading assignments for Session 4. Have a great day!