EMERGENCY CARE SKILLS

If you suspect even minimum shock/trauma from an injury to a student, get them to the Student Health Center to at least have their vital signs checked. Never attempt to provide care or diagnose an injury beyond the scope of your training. There is a wheelchair available in the equipment room. Use as necessary. Always return chair back to the equipment room. In the event of any emergency that may require your full attention, please dismiss the rest of your class.

**Rescue Breathing**
- Check for unresponsiveness (help)
- Open airway (head tilt/chin lift)
- Check for breathlessness (look, listen, feel)
- Give 2 full breaths
- Check pulse
- Stay with victim until qualified help arrives

**CPR for Adult**
- Check for unresponsiveness (help)
- Open airway (head tilt/chin lift)
- Check for breathlessness (look, listen, feel)
- Give 2 full breaths
- Check pulse
- Phone EMS system 277-1931
- Locate compression position
- Give 15 compressions, give 2 full breaths (4 cycles)
- Recheck pulse (“no pulse”)
- Give 2 full breaths
- Continue compression/breathing cycles

**Shock**
- Keep victim lying down
- Cover the victim to prevent loss of body heat
- Obtain medical help

**Bleeding**
- Apply direct pressure
- Apply pressure bandage

**Heat Stroke**
- Get victim to coolest place possible
- Cool victim. Wrap in wet sheet with fan or immerse in cool bath
- Care for shock. Lie victim down and elevate feet.
- Give nothing by mouth
- Call Emergency Medical Services if severe enough
**Heat Exhaustion**
- Cool, wet, pale skin
- Body temperature normal or lower
- Pupils dilated
- Remove from heat to cooler place
- Have victim rest and elevate feet
- Loosen or remove clothing
- Cool but do not chill victim: Fan and apply cold packs or wet towels
- Care for shock
- If victim is conscious, give one-half glassful of water every 15 minutes, as tolerated

**Heat Cramps**
- Move to cooler place
- Have victim stop activity
- If no other injuries, give victim one-half glass water every 15 minutes for 1 hour as tolerated

**Nose Bleed**
- Have victim sit quietly and press the nostrils together for 5 minutes
- If this fails, pack each nostril with plug of sterile gauze, leaving an end outside for easy removal. Have victim lie down with head elevated and place cold wet towel across the face.
- If bleeding continues, consult doctor.

**Seizures**
1. Grand Mal
   A. Prevent victim from being injured
      1. Ease person to the floor
      2. Loosen constrictive clothing
      3. Remove dangerous, sharp objects from immediate area
      4. Move crowd away
   B. Turn victim to the side. Place something soft under the head.
   C. When victim regains consciousness, let him/her rest.
   D. If seizure lasts beyond a few minutes or the person seems to pass from one seizure to another call a physician immediately.
2. Psychomotor
   A. Check the breath of the person for liquor.
   B. Check for emergency medical information (i.e., necklace, bracelet, wallet card).
   C. Do not restrain person unless it’s essential for safety.
   D. Make suggestions to guide the person’s behavior.
**Spinal Injuries**

Steps required prior to backboarding.
- Do a primary survey
- Determine the mechanism of injury
  a. Check for breathing
  b. Head-chin turn and support
  c. Head splint turn and support
- Check for breathing and pulse
- Call for assistance and have a staff member call Emergency Medical Services
- Move victim to shallow water
- Administer rescue breathing or CPR if needed

Proper backboarding procedure
First rescuer stabilizes victim’s head and is in charge of rescue
Two or more guards stabilize waist and legs.
Carefully slide the backboard under the victim by sinking the feet end first, then sliding the board diagonally under the victim.
Attach cervical collar.
Secure victim to the backboard in this order:
  a. Tie across the victim’s chest, under armpits.
  b. Tie across the victim’s chest, over the arms.
  c. Tie hands.
  d. Tie across victim’s hips.
  e. Tie across victim’s thighs.
  f. Tie across victim’s ankles
  g. Place towel under victim’s head.
  h. Place towel (in a horseshoe shape) around victim’s head.
  i. Secure victim’s head
  j. Check all ties.
  k. Remove from water.
  l. Let Emergency Medical Services take over.

**Broken Bones**
First Aid for broken bones should do nothing more than prevent further injury.
- Place the limb in as natural a position as possible without causing discomfort to the victim.
- Call rescue squad or ambulance if one is available. The attendants are usually trained in application of splints.
- If none available, apply splint to immobilize affected limb (may use board, pole or even a thick magazine or newspaper) and transport to hospital
- Check ABC’s.
**Sprains**
1. Elevate the injured joint to a comfortable position.
2. Lay an ice bag or cold compress over the sprained area to reduce pain and swelling initially.
3. Later, after 72 hours, apply heat (hot water bottle or compress), and begin movement of the joint as much as possible without causing pain. Light massage is also helpful.
4. Severe sprains should be X-rayed to rule out a possible fracture.

**Cuts and Abrasions**
1. Immediately cleanse the wound and surrounding skin with soap and warm water. Do not use an antiseptic.
2. Hold sterile pads firmly over wound until bleeding stops.
3. Remove pads and bandage wound.
4. Never put mouth over wound.
5. Call a doctor:
   a. if the bleeding is in spurts
   b. if it is a deep puncture wound
   c. if wound is long or wide and may require stitches
   d. if the wound is from a bite (either animal or human)
   e. at the first sign of infection (pain, redness, or swelling)

**Electric Shock**
1. Break victim’s contact with the source of current. Indoors turn off current, disconnect plug or pull main switch. Outdoors use a DRY pole or branch, a DRY rope or DRY clothing to separate victim from wire. *Don’t* touch victim until after contact is broken.
2. Check ABC’s.

**EYE EMERGENCIES**

**Blows to the eye**

DO apply cold compresses immediately, for 15 minutes; again each hour as needed to reduce pain and swelling.

DO – in case of discoloration or “black eye,” which could mean internal damage to the eye – see a doctor.

**Cuts and Punctures of Eye or Eyelid**

DO bandage lightly and see a doctor at once.

DO NOT wash out eye with water.

DO NOT try to remove an object struck in the eye.