

## First Aid Plan

In the event of a person sustaining an injury or suspected to be seriously ill, call 911.

If you are the only person available to respond, radio staff for help.

Communicate to a staff person to call 911 and another to bring first aid kit and defibrillator.

Provide first aid and emotional support for the victim.

If unconscious:

1. Ask the victim if they are all right and/or try to get a response. If no response:
2. Position victim, establish open airway. To establish airway, gently push back forehead and lift under chin. If you suspect a spinal injury, leave the person where they are, providing they are breathing.
3. Look for the chest rising for breathing or air flow from mouth.
4. Check for a pulse.  
Use your index and middle finger to feel for the carotid pulse. Alternatively, to feel a pulse on the side of the neck, place two fingers, preferably your index and middle finger, in the hollow between the windpipe and the large muscle in the neck. Press lightly until you feel a pulse.  
  
Find the radial pulse. This is also known as the pulse on the inside of the wrist. Use the pads of two fingers. Place these just below the wrist creases at the base of the thumb. Press lightly until you feel a pulse.
5. If no pulse, prepare for CPR. Set up defibrillator.  
Turn power on. Open or tear off shirt to position defibrillator pads as instructed. Follow verbal defibrillator instructions.

In the event of any failure with the defibrillator or if instructed by the defibrillator to proceed with CPR, conduct the following steps:

Perform 30 chest compressions followed by two rescue breaths. In the center of the chest, just below an imaginary line running between the nipples, put your two hands by placing one over the other with arms straight and elbows locked and compress the chest down approximately 2 inches at a rate of 100 compressions per minute. After 30 compressions, ensure that there is still an open airway, pinch nose closed, provide a tight seal over victim's mouth and give 2 full breaths.

If victim begins vomiting, tilt head to side to avoid choking, clear mouth and resume 30 compression cycles followed by 2 breaths until another rescuer can take over.

6. Continue monitoring victim for ABC's:  
Open Airway – not obstructed  
Breathing – look, listen and feel for breaths  
Circulation – continue to check and monitor pulse
7. Keep victim warm. Do not leave victim alone.

#### Other Common First Aid Emergencies:

1. Bleeding:  
Always establish the ABC's first. Then stop any bleeding by covering applying direct pressure on any wound. If applying any material over wound and bleeding soaks through, do not remove material but add additional material and continue applying pressure.
2. Treat Shock next:  
Shock is identified by cool, clammy skin, agitation or altered mental status, pale color to the skin around the face and lips. If untreated, hypoxia (lack of oxygen) in the body's tissues, heart attack or stroke can occur.  
  
To Treat Shock:  
Lay the person down and slightly elevate legs and feet. Loosen any tight clothing and cover/keep warm.
3. Provide first aid for any broken bones:  
Immobilize the area. Make sure that the broken bone doesn't have to move or support any other body parts:  
Help reduce the pain by applying an ice pack covered by a towel.  
Splint the bone for support and stabilization by using folded up towels and tape.  
To make a sling, tie a shirt or pillow case around a broken arm and then around the shoulder for support.
4. Choking:  
Be sure the victim is actually choking. Most often, the victim will be panicked with their hands around their throat indicating they are choking. Do not wait or hesitate as time is critical. Do not call 911 until after exhausting all attempts to get the obstruction out and stop the choking as you only have minutes before brain damage can begin to occur.

Do not deliver back blows but immediately begin using the Heimlich maneuver by using the following steps:

Reach around the victim from behind (should be standing or if too heavy, you need plenty of space to successfully perform the procedure).

Make a fist with your dominant hand. The thumb of this fist should point to the stomach. Place this fist just above the victim's navel (belly button) and under the breastbone.

Wrap your other hand firmly around the fist. Be sure to keep your thumb away from the victim's body to avoid injury to the victim.

Pull inward and upward, pressing into the victim's abdomen with quick upward thrust using good force. Make the motion similar to the letter "J" in, then up.

Make sure the thrusts are quick and forceful – like you are trying to lift him/her off their feet.

Perform thrusts in quick successions until the object is dislodged and expelled.

If you fail to dislodge the obstruction, have someone call 911 and continue the Heimlich maneuver. If the victim becomes unconscious, stop the thrusts immediately, begin CPR and have someone call 911.

5. Burns:

Treat first and second-degree burns by immersing or flushing with cool water (no ice).

Cover third degree burns with a damp cloth. Do not try to remove any charred clothing that is stuck to the burns.

Seek professional medical care.

6. If a concussion is suspected, look for the following signs:

Loss of consciousness following the injury

Disorientation or memory impairment

Vertigo

Nausea

Lethargy

Seek Professional medical care.

7. Seizures:

Help the person down to the floor and be sure he/she is breathing. Move objects away to prevent them from hurting themselves. Observe and record specific details about the seizure to share with medical professionals.

Seek Professional medical care.

8. Recognizing stroke symptoms:

Numbness, weakness or paralysis of the face, arm or leg (on one or both sides of the body)

Blurred vision

Trouble speaking or understanding

Dizziness, loss of balance or an unexplained fall

Difficulty swallowing

Sudden, severe, unexplained headache

### Sudden confusion

It is urgent to immediately call 911 for medical response. There are specific effective medications for stroke treatment but must begin within 3 hours of the onset of the stroke.

9. Rattlesnakes are native to our area. To treat a rattlesnake bite:

Wash the bite with clean water and soap.

Immobilize the bitten area and it lower than the heart.

If the bite is on the hand or arm remove any rings, watch or tight clothing.

Get professional medical help immediately

If unable to reach medical help within 30 minutes, apply a bandage wrapped two to four inches above the bite which may help slow down the venom. The bandage should not cut off blood flow and be able to slip a finger under it.

A suction device may be placed over the bite to draw venom out of the wound without making cuts.