CPR, AED & FIRST AID
(Adult & Pediatric)

Updated with 2015 AHA & ECC Guidelines

www.AmeriMedCPR.com
619-469-7109
This information is for educational purposes only. For specific medical advice, diagnosis, and treatment consult a doctor. Review this with a doctor prior to use.
<table>
<thead>
<tr>
<th>Table of Contents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury Prevention</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Response</td>
<td>4</td>
</tr>
<tr>
<td>Getting Involved</td>
<td>5</td>
</tr>
<tr>
<td>Taking Action</td>
<td>5</td>
</tr>
<tr>
<td>CABs of CPR</td>
<td>5</td>
</tr>
<tr>
<td>Mouth-to-mask Breathing</td>
<td>6</td>
</tr>
<tr>
<td>Choking - conscious (adult &amp; child)</td>
<td>6</td>
</tr>
<tr>
<td>Choking – conscious (infant)</td>
<td>6</td>
</tr>
<tr>
<td>CPR</td>
<td>7</td>
</tr>
<tr>
<td>Adult CPR</td>
<td>7</td>
</tr>
<tr>
<td>Child CPR</td>
<td>8</td>
</tr>
<tr>
<td>Infant CPR</td>
<td>8</td>
</tr>
<tr>
<td>AED (automated external defibrillator)</td>
<td>9</td>
</tr>
<tr>
<td>Recovery Position</td>
<td>10</td>
</tr>
<tr>
<td>Moving a Conscious Victim</td>
<td>10</td>
</tr>
<tr>
<td>Types of Wounds</td>
<td>10</td>
</tr>
<tr>
<td>Controlling Bleeding</td>
<td>11</td>
</tr>
<tr>
<td>Nose Bleed</td>
<td>11</td>
</tr>
<tr>
<td>Eye Injuries</td>
<td>12</td>
</tr>
<tr>
<td>Mouth &amp; Teeth Injuries</td>
<td>12</td>
</tr>
<tr>
<td>Condition</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Impaled Object</td>
<td>12</td>
</tr>
<tr>
<td>Internal Bleeding</td>
<td>12</td>
</tr>
<tr>
<td>Shock</td>
<td>13</td>
</tr>
<tr>
<td>Muscle, Bone &amp; Joint Injuries</td>
<td>13</td>
</tr>
<tr>
<td>Head &amp; Spine Injuries</td>
<td>14</td>
</tr>
<tr>
<td>Heat Burns</td>
<td>14</td>
</tr>
<tr>
<td>Chemical Burns</td>
<td>15</td>
</tr>
<tr>
<td>Electrical Burns</td>
<td>16</td>
</tr>
<tr>
<td>Poisoning</td>
<td>16</td>
</tr>
<tr>
<td>Bites, Stings &amp; Allergic Reaction</td>
<td>17</td>
</tr>
<tr>
<td>Sudden Illness</td>
<td>18</td>
</tr>
<tr>
<td>Seizures</td>
<td>18</td>
</tr>
<tr>
<td>Diabetic Emergencies</td>
<td>19</td>
</tr>
<tr>
<td>Asthma</td>
<td>19</td>
</tr>
<tr>
<td>Fainting</td>
<td>19</td>
</tr>
<tr>
<td>Element Exposure - Heat</td>
<td>20</td>
</tr>
<tr>
<td>Element Exposure - Cold</td>
<td>20</td>
</tr>
</tbody>
</table>
INJURY PREVENTION

The best way to avoid injury is through constant attention to preventive measures. Think "safety" and be alert to potentially hazardous situations or activities.

- When available, use safety equipment, protective gear, proper footwear, etc.
- Follow the safety policies and procedures of your work place.
- Do regular safety inspections to remove any hazards.
- Use safety belts in cars and wear helmets on bicycles and motorcycles, or when participating in any high-risk activity.
- Always have a well-stocked first aid kit on hand (see the "First Aid Kit Checklist" at the end of this manual).
- Know emergency response procedures, such as how to activate the EMS system, how to provide basic life support and how to administer basic first aid.
- Use universal precautions to protect yourself in case of contact with potentially infectious blood and/or other body fluids.

Following these and other safety precautions will greatly reduce or eliminate the risk of injury.

EMERGENCY RESPONSE

As the first Responder, you become part of the Emergency Medical Services System. Your role includes these four basic steps:

1. Recognize that there has been an emergency.
2. Make sure the area is safe for the rescuer.
3. Act by responding to the situation.
4. Call 9-1-1 when necessary.
5. Care for any victim(s).

The 4 links in the adult Chain of Survival are:

1. Early assessment of unresponsiveness and no breathing, or gasping
2. Early and effective bystander CPR
3. Early defibrillation
4. Rapid activation of EMS

The 4 links in the pediatric Chain of Survival are:

1. Prevention of cardiac arrest
2. Early assessment of unresponsiveness and no breathing, or gasping for air
3. Early and effective bystander CPR
4. Rapid activation of EMS
5. Early and effective advanced life support

If your only response is to call 911, you have done one of the most important things you can to increase a victim's chance of survival.

This course is designed to help eliminate any intimidation you may feel in getting involved in an emergency situation. This information is presented so that you can quickly, easily and confidently perform the life-saving skills and first aid procedures necessary to the situation.
GETTING INVOLVED

Many people hesitate to get involved in emergency situations for various reasons. Some of the most common are: (1) fear of disease - especially HIV, the virus that causes AIDS; (2) fear of being sued; and (3) fear of not knowing what to do, or of doing the wrong thing; (4) assuming someone else is responding to the emergency. Concern over catching a disease is understandable. When the possibility of disease transmission exists, there are simple steps you can take to prevent disease transmission.

Protect yourself. Use universal precautions and be prepared:

- Have a first aid kit available.
- Prevent contact with blood and all body fluids by using barriers such as gloves and a breathing device.
- Always wash with soap and water after giving first aid.

You will not always know the risks you face, therefore it is safest to treat all blood and body fluids as potentially infectious and protect yourself in every situation.

The Good Samaritan Law was enacted in California in order to minimize individuals' fear of being sued when responding to an emergency. In order to be protected under this law, you must use common sense and act within the scope of your training. You must never willfully abandon the victim, never intentionally cause further injury and never expect compensation for any help you have rendered.

By taking this training course, you can diminish your fear of not knowing what to do or of doing the wrong thing in an emergency.

TAKING ACTION

Once you have decided to respond, the following steps will help you to make appropriate decisions and provide the proper care for the victim.

(1) The first step in responding to an emergency is a quick assessment of the overall situation to decide whether, or not, the area is safe to approach. If the area is unsafe, do not put yourself in any danger. Immediately call 911. If you can safely enter the area, you should (2) determine whether or not the victim is conscious and breathing normally (gasping is NOT normal breathing). If you determine the victim is not conscious, (3) immediately activate the Emergency Medical Services (EMS) System by calling 911 and ask for an AED, and (4) if the victim is not breathing, begin chest compressions (start CPR).

THE CABs OF CPR (New 2015 guidelines)

Once EMS (911) has been activated:

C – Begin CHEST COMPRESSIONS (CPR) - push fast (100-120 beats per minute) and push hard (1.5-2.4 inches). Allow for the chest to fully recoil before giving subsequent compressions. Minimize interruptions of compressions. Avoid excessive ventilations. Ensure proper placement and give 30 chest compressions.

Adult: two hands on the center of the chest between the nipples
Child: one or two hands on the center of the chest between the nipples
Infant: two fingers placed one finger-width below the nipple line

A- Open the AIRWAY using the head tilt / chin lift method.
B- Give two slow BREATHS making sure the chest gently rises with each breath. Do not overinflate the lungs.

Adult: use the mouth to mouth or mouth to nose method.
Child: use the mouth to mouth or mouth to nose method.
Infant: Use the mouth to mouth and nose method.

D – Turn on DEFIBRILLATOR (AED) and follow prompts, as soon as it is available.

*Note that compression-only CPR is only recommended for UNTRAINED lay rescuers.

MOUTH-TO-MASK BREATHING

The risk of getting a disease from mouth to mouth contact is low, however OSHA (Occupational Safety and Health Administration) requires the use of universal precautions whenever there is any risk of exposure to body fluids, including blood, saliva, vomit, etc. Those precautions include the use of a barrier device such as a CPR face mask to prevent direct contact with the victim’s mouth. There are many types of CPR barriers. Laypersons should choose a barrier based on ease of use and convenience such as the key chain barrier.

CHOKING - Adult and Child (conscious)

If a conscious child or adult has a foreign body obstructing their airway (is choking) and they cannot speak, breathe or cough, you must perform abdominal thrusts to remove the object from the airway or the person may die from lack of oxygen.

Begin by asking the person if they are choking. If they indicate that they are, and the person cannot speak, breathe or cough, let them know you can help and ask permission to give care. If you are given permission, stand behind the victim and place one of your feet in between their feet and your other foot well behind you for support. Locate the victim's navel and place the thumb side of one fist directly above the victim's navel. Grasp the fist with your other hand and give inward, upward abdominal thrusts until the object is expelled or until the victim becomes unconscious.

CHOKING - Infant (conscious)

If an infant is unable to breathe or cry and you suspect there is a foreign body obstructing the airway, do the following:

1. Pick the infant up supporting the head and neck as you hold the infant face down with the infant's head below their feet.
2. Use the heel of one hand to give the infant 5 back blows between the shoulder blades.
3. Twist the infant over face up with head down.
4. Use your two fingers to give the infant 5 chest thrusts on the sternum, just below the nipple line.

Continue alternating back blows and chest thrusts until the object is expelled and/or the infant begins coughing, crying, vomiting or breathing, or the infant becomes unconscious. If the infant becomes unconscious, have someone activate the EMS system (9-1-1) and begin CPR. If you are alone, give 2 minutes of CPR and then call 9-1-1.
CHOKING – Adult, Child and Infant (unconscious)

If the victim is unresponsive and does not appear to be breathing, or is gasping for air, have someone call 911 and begin by giving the victim 30 chest compressions (start CPR) with the appropriate hand / finger placement. Open the airway using the head tilt, chin lift method and give 2 rescue breaths. If the chest does not rise and you are unable to get the breaths in, re-position the victim’s head and attempt 2 more breaths (the most common obstruction is the victim’s own tongue). If the air still does not go in, assume the airway is obstructed and continue CPR. After your 30 chest compressions, look in the mouth for an object before giving the two breaths. If you are alone with an adult victim, place the victim in the recovery position (on their side) and call 911 first. If the victim is a child or an infant, give 5 cycles, or 2 minutes of care before calling 911. Chest compressions can give effective pressure to send oxygenated blood to the brain, and may also relieve the airway obstruction.

CPR (Cardiopulmonary Resuscitation)

CPR is the foundation for saving lives following cardiac arrest. It is a procedure through which blood and oxygen can be sent to the brain, reducing the risk of permanent cell death. The fundamental aspects of CPR are early recognition of cardiac arrest and immediate activation of emergency response, early performance of high-quality CPR, and early defibrillation.

The newest guidelines increase the focus on methods to ensure that high-quality CPR is performed. Most research indicates that a compression rate of 100-120 compressions per minute for all ages is acceptable, as long as the compressions are deep enough and there are few, short interruptions between sets of compressions. Complete chest recoil ensures that each subsequent compression is optimally effective. The depth for adult chest compressions is from 2”-2.4” (5+ cm). The depth of compressions for children & infants is equal to 1/3 the depth of the chest, which is equivalent to 2” (5cm) for children and 1½” (4cm) for infants. When the chest is not being compressed, no blood will flow. The victim should be on a hard, flat surface, lying on their back, face up. A board can be placed between the victim and a soft surface, such as a bed or couch. If a board is not available, carefully move the victim to the floor. Effective ventilations are also essential and will minimize interruptions in chest compressions. Avoid giving too much air as this may cause air to accumulate in the stomach taking up space in the chest.

Additional causes for delayed or interrupted chest compressions can include: (1) taking too long to give breaths, (2) moving the victim, (3) using the AED, (4) checking for pulse and/or breathing. Try to limit interruptions in cycles of chest compressions to less than 10 seconds.

Adult CPR – victim is beyond puberty

If there is no presence of normal breathing in an adult victim, place the heel of one hand on the lower half of the sternum between the victim’s nipples. Place the other hand on top and lock your fingers. Pull your fingers up off the victim’s chest. Lock your elbows and lean your shoulders directly over your hands. Use your body weight to compress the chest down at least 2 inches. Compress at a rate of 100-120 compressions per minute. Allow the chest to fully recoil after each compression. Compress the chest as follows:

<table>
<thead>
<tr>
<th>Ratio (compressions to breaths)</th>
<th>Rate (speed)</th>
<th>Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 compressions : 2 breaths</td>
<td>100-120 per minute</td>
<td>At least 2” no more than 2.4”</td>
</tr>
</tbody>
</table>

After every cycle of 30 compressions, open the airway using the head-tilt, chin-lift method and give 2 rescue breaths. Continue CPR until the AED arrives, EMS personnel arrive, or the victim moves.

Proper hand placement and good body position are very important in giving effective CPR. Bare the victim’s chest to ensure proper placement and give 30 chest compressions. If it is difficult for you to press the breastbone deep
enough, put one hand in the proper position in the center of the chest, and use the other hand to grab your wrist for support. Chest compressions should be fast and hard. Allow for the chest to fully recoil before giving subsequent compressions. Minimize interruptions of compressions. Avoid excessive ventilations.

**Child CPR – victim is 1-year-old to puberty**

If an unconscious child shows no signs of breathing, begin chest compressions (CPR). Place the heel of one or two hands in the center of the breastbone. Lift your fingers up off the victim's chest. Lock your elbow and lean your shoulders directly over your hand. After every cycle of 30 compressions, open the airway using the head-tilt, chin-lift method before giving 2 rescue breaths. Continue CPR until the AED arrives, EMS personnel arrive, or the victim moves.

<table>
<thead>
<tr>
<th>Ratio (compressions to breaths)</th>
<th>Rate (speed)</th>
<th>Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 compressions : 2 breaths</td>
<td>100-120 per minute</td>
<td>1/3 the depth of the chest</td>
</tr>
</tbody>
</table>

Chest compressions should be fast and hard. Allow for the chest to fully recoil before giving subsequent compressions. Minimize interruptions of compressions. Avoid excessive ventilations. Continue CPR until the AED arrives, EMS personnel arrive, or the victim moves.

**Infant CPR – victim is under 1 year old**

If breathing is absent in an infant victim, begin chest compressions (CPR). Place one hand on the infant's forehead to slightly tilt the infant's head back and maintain an open airway. Place the index finger of the other hand on the sternum between the nipples of the infant. Place your two middle fingers on the sternum just below the index finger. Lift the index finger off the infant's chest and perform CPR as follows:

<table>
<thead>
<tr>
<th>Ratio (compressions to breaths)</th>
<th>Rate (speed)</th>
<th>Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 compressions : 2 breaths</td>
<td>100-120 per minute</td>
<td>1/3 the depth of the chest</td>
</tr>
</tbody>
</table>

After every cycle of 30 compressions, open the airway using the head-tilt, chin-lift method and give 2 rescue breaths. Chest compressions should be fast and hard. Allow for the chest to fully recoil before giving subsequent compressions. Minimize interruptions of compressions. Avoid excessive ventilations. Continue CPR until the AED arrives, EMS personnel arrive, or the victim moves. Continue CPR until the AED arrives, EMS personnel arrive, or the victim moves.

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)**

In the case of sudden cardiac arrest, the most frequent cardiac rhythm is ventricular fibrillation which causes the heart to quiver and not pump blood. The most effective treatment for ventricular fibrillation is electrical defibrillation. For defibrillation to be successful, and to give the cardiac arrest victim the greatest chance of survival, early defibrillation is critical and should occur within the first 5 minutes. The probability of successful defibrillation decreases over time if not treated. The use of AEDs increases the number of people who can perform CPR and attempt defibrillation which shortens the time between collapse and defibrillation. Bystander CPR with the use of the AED increases survivability from ventricular fibrillation by 7% to 10%. AEDs are used only when the victim has no pulse. The universal steps for AED operation are as follows:

- Verify unconsciousness and no breathing
- Call 911 if unresponsiveness
• Begin the CABs
• If not breathing, start chest compressions (begin CPR).
• Perform CPR for about 2 minutes (5 sets of 30 compressions and 2 breaths).
• Power on the AED to activate the voice prompts and follow directions.
• Use the appropriate electrode pads. Use child-size pads on children when available. If the AED has child pads, check for a child key or switch. This reduces the shock dose. If child pads are not available, use pads provided. DO NOT use child pads or child shock dose on victims beyond puberty.
• Follow the voice prompts.

Factors that can affect AED analyses include; (1) patient movement, (2) repositioning the victim, (3) transporting the victim in a vehicle or on a stretcher, (4) touching the patient.

Lone rescuers should first call EMS and get the AED before attempting rescue procedures. Two exceptions to this rule are; (1) an adult asphyxial arrest (e.g., drowning or choking) victim, (2) an unwitnessed cardiac arrest in a child. In both cases it is recommended that the lone rescuer give 5 cycles of CPR before calling EMS and getting the AED.

The effects of giving CPR prior to defibrillation have been largely positive and have contributed to improved return of spontaneous pulse and survival rates for adult victims of cardiac arrest. Even when an AED is available on-site, CPR should be given until the AED arrives.

There 5 situations that may require special action when using the AED. They are (1) the victim is less than 1-year-old (there is no current evidence for or against AED use in infants), (2) the victim has a hairy chest, (3) the victim is immersed in water, (4) the victim has an implanted defibrillator or pacemaker, (5) the victim has a transdermal medication patch or other object in the area where the electrode pads are meant to be placed.

If the victim has a hairy chest, try to press down firmly on each pad. If AED continues to prompt you to check pads, you will have to remove the pads then shave the chest before placing new pads on the victim’s chest.

Do not use an AED in water, or when the victim is covered with water. Remove the victim from any water source and quickly wipe the victim’s chest before attaching the pads. You may use the AED if the victim is in a small puddle or on snow.

You will immediately identify victims with implanted defibrillators or pacemakers. They create a lump under the skin on the upper chest or lower abdomen. A scar will overlay the bump, which is about half the size of a deck of cards. If you encounter one of these devices, place the AED pads at least 1 inch to the side of the device and follow normal operation of the AED. If you notice that the implanted device is delivering shocks to the victim (similar muscle contractions to an AED shock), wait 30-60 seconds for the implanted device to complete its cycle before delivering a shock from the AED.

Do not place the AED pads on top of a medication patch. This may block delivery of energy and cause burns to the skin. Remove the patch and wipe the area clean before attaching the AED pads.

AED Pad Placement Diagrams

ADULT:  

CHILD/INFANT:
THE RECOVERY POSITION

Anytime an unconscious victim must be left unattended, place the victim in the Recovery Position. This is done by "log rolling" the victim as a single unit to protect the head and neck from possible injury and placing them on their side. This protects the airway from vomit and uses gravity to keep the tongue from obstructing the victim's airway. The recovery position is not recommended for infants.

To place a victim in the Recovery Position:

1. Place the victim's arm closest to you along side their head.
2. Bend the victim's leg opposite you, placing the foot of that leg next to the victim's other knee.
3. Place the hand of the arm opposite you between the neck and shoulder of the victim's other arm.
4. Grasp the hip and shoulder opposite you and gently pull the victim toward you using the elbow and knee as a "kick stand" to prevent the victim from rolling onto their face.

If a victim begins to vomit during CPR, quickly pull them onto their side rolling them towards you. When they finish vomiting, perform a finger sweep to clean out their mouth of any excess debris and again place the victim on their back. Recheck the CABs.

In any emergency situation your own safety is paramount. If you cannot safely reach or help a person, call 911 and maintain a safe distance from the area.

Remember that the EMS system is there for you. Do not be afraid to call, but do not abuse it. Call only when there is an emergency.

MOVING A CONSCIOUS VICTIM

Moving an injured victim can cause further injury. Improperly or unnecessarily moving a victim is the greatest cause of further injury to a victim than any other emergency response procedure.

There are several ways to move a conscious injured victim. These include:

- The one and two-person lift.
- The ankle and shoulders lift.
- The blanket pull.
- The two-handed seat carry.

* These methods are best for moving a victim with a suspected head, neck or spine injury.

If a victim is trapped in a confined space or pinned by an automobile or machinery, you must be sure the area is safe before approaching or attempting rescue. If you feel it is unsafe, call 911 and allow the EMS professionals to remove or provide care to the victim.

TYPES OF WOUNDS

**Bruises** - These occur when soft tissue and blood vessels are damaged and there is bleeding under the skin. This causes the black and blue appearance. Bruises can also signal more severe damage.

**Scraps or abrasions** - These are the most common types of wound. They occur when skin is scraped away. This is usually very painful and can easily become infected if not cleaned promptly and properly. Flush for a long period to remove any foreign matter from the wound.
Cuts - Cuts are usually caused by sharp objects like knives or glass. Sometimes a cut can occur when a blow is strong enough to split the skin. Nerves, soft tissue and large blood vessels may also be damaged. Cuts can bleed freely and, if deep, severely.

Avulsions - These occur when a large portion of skin or tissue is partially or completely torn away. This will often include damage to deeper tissues and cause severe bleeding.

Amputations - An amputation is the complete removal of a body part, such as a finger. In many cases, tissues will often close around blood vessels helping to control bleeding.

Punctures - These occur when a pointed object pierces the skin. This could include a nail, knife, or gunshot wound. Punctures usually do not bleed freely and can easily become infected. The threat of tetanus infection is very serious and should always be a consideration when a victim has sustained an injury that punctures the skin. Any puncture wound that goes deeper than the skin should be seen by a doctor.

CONTROLLING BLEEDING
UPDATED GUIDELINES FOR 2011

Direct pressure controls almost all bleeding. Elevation and the use of pressure points are no longer recommended to control bleeding. This is because there is new evidence that there are better, more effective methods to stop bleeding. Furthermore, elevation and pressure to the pressure points unproven and may compromise the proven intervention of direct pressure to stop bleeding.

1. Protect yourself from contact with infectious body fluids by using gloves or some other barrier.
2. Cover the wound and apply direct pressure to the injury.
3. If it is not possible to maintain continuous direct pressure, snugly wrap an elastic bandage over gauze to hold it in place over the wound.

The use of tourniquets has proven effective on battlefields but is not recommended for first aid providers. Complications related to tourniquet pressure include temporary or permanent damage to underlying nerves and muscles, systemic complications

The use of haemostatic agents (blood clotters) is NOT recommended due to possible secondary risks including tissue destruction.

Nosebleed

To stop a nosebleed, have the victim pinch their nose and tilt their head forward until the bleeding stops. This can take up to 10-15 minutes. Avoid blowing the nose for at least 2 hours after a nosebleed.

For a heavy nose bleed, you may also apply pressure on the upper lip with fingers or by placing gauze under the upper lip and applying a cold compress across the bridge of the nose. Call 911 if unable to stop the bleeding, or there are also clear fluids coming form the nose or ears after a blow to the head.
EYE INJURIES

If a foreign object enters the eye:

1. Attempt to rinse the object out by flushing the affected eye with water.
2. If you are unable to remove the object, immobilize the eye by wrapping both eyes.
3. Seek medical attention.

If an object is impaled in the eye, never try to remove it. Protect the eye from pressure and wrap both eyes. Seek medical attention.

MOUTH AND TEETH INJURIES

Bleeding in the mouth can usually be controlled by direct pressure. More serious injuries may require stitches.

A knocked-out tooth can sometimes be re-planted by a dentist. To increase the possibility of re-planting a tooth, do the following:

1. Rinse the mouth with water.
2. Control the bleeding using gauze and direct pressure.
3. Retrieve the tooth and place the tooth in one of the following: whole milk, coconut water, saline solution, egg white. Handle the tooth by the crown, not the root.
4. Take the tooth with the victim to the dentist as soon as possible.

IMPALED OBJECT

If there is an object impaled in the victim, do not try to remove it.

1. Control the bleeding with pressure around the object.
2. Bandage with bulky dressings to support and immobilize the object and prevent further injury.
3. Seek immediate medical attention.
4. Monitor breathing and consciousness.

INTERNAL BLEEDING

Blunt force injuries can cause the body to bleed internally. This can range from a mild bruise to severe, life threatening bleeding of the internal organs. Watch for these signs of severe internal bleeding:

- Tender, swollen, bruised or rigid areas of the body, such as the abdomen
- Vomiting, coughing up or passing blood
- Strong thirst
- Confusion, loss of consciousness, dizziness, drowsiness or fainting
- Cool, moist, pale or bluish skin
If you notice any of these signs, or feel that the injury was forceful enough cause internal injury:

1. Call 911.
2. Have the victim rest in a comfortable position.
3. Monitor breathing and consciousness.

SHOCK

Any sudden illness, loss of body fluids, severe injury or poisoning can cause a person to go into shock. Shock is the failure of the circulatory system to send a sufficient amount of blood and oxygen to the vital organs. Recognizing the signals of shock and responding quickly can mean the difference between life and death. The signs of shock include:

- Dizziness and decreased level of consciousness
- Confusion and changes in mood or behavior, including irritability or restlessness
- Cool, moist, pale or bluish skin
- Strong thirst
- Abnormal pulse and breathing rate

Treatment for shock includes:

1. Call 911.
2. Have the victim lie down and elevate their feet 8-10 inches if no head or spine injury is suspected and there are no suspected fractures to the legs. In those cases, keep the victim flat on their back.
3. Attempt to maintain normal body temperature.
4. Monitor breathing and consciousness.

MUSCLE, BONE AND JOINT INJURIES

Fractures, sprains, strains and dislocations can range from mild to severe. Unless a bone is protruding from the limb, or is obviously deformed, it is impossible to be sure if a fracture exists without an x-ray. The general rule of thumb is "when in doubt, treat as a fracture". Immobilize the area and seek medical attention. If 911 has been called, and it is not necessary to move the victim, do not immobilize the injury with a splint. Immobilize the injury by having the victim remain in the position found and do not move. Apply a splint only if you are going to transport or move the victim.

The basic principles of splinting are:

1. Splint only if you can do so without causing pain to, or movement of the victim.
2. Splint the joints above and below the injured area.
3. Splint the injury in the position found.
4. Monitor circulation to the limb and adjust the splint accordingly.

Splinting prevents further damage to the limb and will lessen the pain when moving the victim. If you do not have access to splinting materials, there are many other common items that may be used to immobilize an injury. Some examples include books, newspapers, pillows, blankets, towels, and the victim's other limbs.

No one but a medical doctor in a medical setting should put a dislocated joint back in place.
If the injury is a soft tissue injury, such as a strain or a sprain, immediately apply cold compresses for 10 to 20 minutes every 3-4 hours for the first 72 hours. A plastic bag filled with ice and water is better than refreezable gel packs. Place a barrier between the cold pack and the skin. Avoid movement or pressure on the limb until advised to do so by a medical professional.

HEAD AND SPINE INJURIES

Anytime you find an unconscious victim and you do not know what happened, treat the victim as if they have a head and spine injury.

Examples of accidents that cause head and spine injuries include:

- Vehicle collisions
- Falls from a height greater than the victim's own height
- Diving accidents
- Contact injuries such as those sustained in some sports
- Gun shot wounds and knifing wounds
- Lightening strikes

Injuries to the head and spine can cause paralysis and speech or memory problems, as well as damage to the bones and soft tissues, such as the brain and spinal cord and death.

Signals of a head and spine injury include:

- Changes in consciousness
- Severe pain or pressure in the head, neck or back
- Tingling or loss of sensation in the hands, fingers, feet or toes
- Nausea and vomiting
- Blood or other fluids in the ears or nose
- Partial or complete loss of movement of any body part
- Impaired breathing or vision as a result of the injury
- Bruising under the eyes or behind the ears

Treatment for a suspected head and spine injury includes:

1. Call 911.
2. Stabilize the head and spine in the position found by supporting their head and neck with your hands on both sides of the victim's neck to prevent movement and further injury.
3. Monitor breathing and consciousness.
BURNS

HEAT BURNS

Burns can range from very mild to life threatening. The size, depth and location of the burn determine the seriousness of a burn. When treating a burn, determine the depth of the most serious burn and treat the entire burn accordingly. Immediate first aid may lessen the severity of the burn. Prompt medical attention can help prevent scarring, disability and deformity. Always call 911 when the burn is critical. A burn is considered critical when:

- The burn is third degree.
- The burn is larger than the size of the victim’s hand.
- The burn is to the face, hands, feet or genitals.
- The burn is caused by chemicals, electricity, fire or an explosion.
- The victim is very young or old.

First Degree Burns

These are the least severe. The surface of the skin is lightly burned. The skin is reddish and possibly swollen. There is no blistering.

Second Degree Burns

These are more severe and, if extensive, require prompt medical attention. Second-degree burns are deeper than first degree burns and are recognized by the blistering.

Third Degree Burns

Third degree burns are extremely severe and always require medical attention. Third degree burns involve all seven layers of the skin and sometimes fat, muscle and even bone.

Treatment for heat burns includes:

1. Call 911 for any critical burn.
2. Cool the burn with cool water
3. Watch and care for shock.
4. Monitor breathing and consciousness.

CHEMICAL BURNS

Chemical burns are considered critical and always require medical attention. The stronger the chemical and the longer it remains in contact with the victim's skin, the more severe the burn. The substance continues to burn as long as it is in contact with the skin. Many common household cleaners and disinfectants will burn the skin on contact.

To treat a chemical burn:

1. Call 911.
2. Protect yourself from contact with the substance.
3. Remove any affected clothing and jewelry.
4. If the chemical is in powder form, brush off with a gloved hand or a piece of cloth.
5. If the chemical is in liquid form, flush the area immediately with copious amounts of running water.
6. Be alert for signs of shock.
7. Monitor breathing and consciousness.

ELECTRICAL BURNS

Never go near a victim you think is being electrocuted until you are sure the power is turned off. All materials will conduct electricity if the voltage is high enough. The severity of the burn will depend on the length of time the body was in contact with the current and the strength of the current. The type of current and the direction the current took through the body also influences the burn's severity. The victim may have multiple burns since the current burns as it enters, passes through, and exits the body. Electricity can also stop the heart, so if the victim is unconscious and you can safely reach them, immediately begin the CABs. Always seek medical attention for any electrical burns as the extent of the injury will not be apparent.

To treat an electrical burn:

1. Call 911.
2. Shut off the power at the source.
3. Begin the CABs and give appropriate care if unconscious.
4. If basic life support is not needed, check for multiple burn sites and cover 3rd degree burns with dry, clean dressing.
5. Monitor breathing and consciousness.

POISONING

There are four ways a person can become poisoned. They are:

1. Ingestion - swallow a poisonous chemical, food, plant, etc.
2. Inhalation - breathing in a poisonous gas or chemical.
3. Absorption - the poison, such as chemicals or oils from plants or marine life, passes through the skin.
4. Injection - the poison enters through a needle stick or the bite or sting of an insect or reptile.

Some signals of poisoning to watch for include:

- Evidence at the scene, such as empty or over-turned chemical or pill containers
- Nausea and/or vomiting
- Cramping and/or diarrhea
- Chest pain and/or difficulty breathing
- Color changes in the skin or around the mouth
- Burns in or around the mouth or on the skin
- Rash
- A strange odor or foam coming from the mouth
• Seizures and/or loss of consciousness or drowsiness
• Blurred vision and/or slurred speech
• A bite mark

Treatment for poisoning includes:

1. Call 911 or the poison control center in your area (national PCC: 1-800-222-1222. CA PCC 1-800-876-4766) if symptoms do not appear to be life threatening. When calling, be prepared to give the following information:
   • The age and weight of the victim.
   • What the substance is and how much was consumed, injected, inhaled, or absorbed.
   • How long ago the poisoning occurred.
   • The signs and symptoms the victim exhibits.

2. Follow the instructions of the operator. Never administer anything by mouth before speaking with the professionals.
3. Never risk your safety by entering a potentially poisonous area. Wait for the EMS professionals.
4. Chemicals that come into contact with the skin should be brushed off, or flushed with large amounts of water while waiting for EMS personnel to arrive.

BITES AND STINGS/ALLERGIC REACTION

UPDATED GUIDELINES FOR 2011

In the case of poisoning by an insect bite, such as from a bee, remove any stinger from the skin by scraping with a fingernail or credit card type object. Wash the affected area with soap and water and apply a cold compress for pain. Be alert for signals of an allergic reaction.

In the case of a snake bite (by a snake indigenous to the U.S.), make sure it is safe for you before approaching the victim. When the area is safe:

1. Calm the victim.
2. Do not apply suction.
3. Keep the bitten area below the level of the heart (this slows the spread of the venom).
4. Immobilize the area and apply a pressure bandage above
5. Watch for signs of allergic reaction.
6. Seek medical attention immediately.

If a victim has been bitten by a dog or another child/person, control any bleeding and call 9-1-1 if bleeding is severe. Wash the bitten area with soap and water. In the case of animal bites, notify animal control so the animal can be checked for rabies. Seek medical attention for the victim.

In the case of a jellyfish sting, first aid consists of two important actions: preventing nematocyst discharge (poison spread) and reducing pain.

A. Avoid envenomed limb movement
B. Apply vinegar to the affected area for 30 minutes
   1. Alternatives: Salt water
   2. Avoid Fresh water (will cause nematocyst discharge)
C. Remove nematocysts and tentacles from skin
   1. Use gloves or forceps
   2. Alternative method
      a. Apply shaving cream or baking soda slurry to area
b. Use a credit card to scrape off nematocysts
3. Do not rub or remove with towel
D. Other conservative measures
   1. Apply heat or cold to area (do not use regular water). Can use hot or cold packs.

Signs of allergic reaction to any bite or sting:

- Hives and/or swelling of the body
- Nausea, vomiting and/or diarrhea
- Sneezing and watery eyes

- Decreased level of consciousness
- Difficulty breathing due to swelling of the airway

Allergic reactions can come on suddenly and quickly become life threatening due to the obstruction of the airway, yet the signals of anaphylactic shock can be difficult to diagnose. Additionally, administration of an EpiPen can be difficult. First aid providers should know how to administer the epinephrine auto-injector (EpiPen), but never administer a second dose until AFTER 9-1-1 has been consulted.

SUDDEN ILLNESSES

When a person becomes suddenly ill they will usually look and feel sick. Though there are many different types of sudden illnesses, many have similar signs and symptoms. It is not necessary to know what is causing the illness in order recognize when it is necessary to seek medical attention. In most cases your response will be the same.

Common signals of sudden illness include:

- Persistent and/or severe pain and/or pressure
- Nausea, vomiting, diarrhea
- Sweating, change in skin color and temperature
- Dizziness, confusion, decreased consciousness, fainting
- Seizures, paralysis, slurred speech, blurred vision
- Difficulty breathing

Treatment for a sudden illness includes:

1. Call 911.
2. Have the victim relax in a comfortable position.
3. Reassure the victim.
4. Give nothing by mouth.
5. Monitor breathing and consciousness.

For victims with chest pain: after calling 9-1-1, the first aid provider may encourage the victim to chew 1 adult aspirin or 2 low-dose baby aspirins, as long as there is no contraindication, such as previous allergic reaction to aspirin, or symptoms of a stroke, or recent bleeding. Do not assist with aspirin if prohibited by your work, or any other regulations.

SEIZURES

Seizures can range from violent convulsions (grand mal) to temporary loss of focus (petite mal). There are many different causes of seizures. In young children, seizures are most commonly caused by a fever. For adults, a seizure can
indicate a stroke or other sudden illness, a head injury, or epilepsy. When a seizure occurs, do the following:

1. Call 911.
2. Clear the area of anything that might injure the victim.
3. Cushion the victim's head.
4. Do not try to hold or restrain the victim, nor put anything in their mouth.
5. Stay with the victim until EMS personnel arrive.
6. If the victim does not regain consciousness after the seizure has stopped, begin the CABs and administer appropriate care.

**DIABETIC EMERGENCIES**

Unless you know person is a diabetic, it will be difficult to recognize a diabetic emergency from some other sudden illness. However, if you suspect someone is having a diabetic emergency:

1. Quickly give the person some form of sugar (if available, give one packet of pure sugar).
2. If the victim's condition does not improve within 2-3 minutes, call 911.

Unless directed by a professional, never administer insulin.

**ASTHMA**

An asthma attack often causes wheezing in the chest and marked difficulty breathing. Many victims have a known allergy and often have medication on hand.

To care for someone who is suffering an acute asthma attack:

1. Help administer their prescribed medication.
2. Prop the victim up and provide fresh air.
3. If the medication is not available or the victim does not respond to their medication or the condition of the victim does not improve, call 911 immediately.

Asthma attacks can become life threatening due to the lack of oxygen the victim is receiving.

**FAINTING**

Fainting is caused by temporary interruption of blood flow to the brain. Usually, a common fainting spell will pass very quickly. This is because once the person falls, the blood supply to the brain improves and the person quickly regains consciousness (unless an injury is sustained in the fall).

If a person has fainted:

1. Look for any sign of injury.
2. If there is no sign of injury to the head, neck or spine, position the victim on their back and elevate their legs 8-10 inches above the level of their heart.
3. Watch for any changes in their condition that could indicate the need for medical attention.
ELEMENT EXPOSURE

Prolonged exposure to the elements can cause illnesses that can quickly become life threatening. Those at risk include anyone who works outside or exercises. Young children, elderly people, people taking certain medications and those who are ill are also at risk. Others at risk are those who have suffered from a temperature-related illness previously and someone with poor circulation.

Heat-Related Illness

Heat-related illnesses include heat cramps, heat exhaustion and the life-threatening condition of heat stroke.

**Heat cramps** are usually the first sign of overexposure to heat and can be treated quickly and easily by having the victim get out of the heat and resting and stretching their muscles. Drinking water and massaging the muscles will also help relieve heat cramps. Do not resume activity until all symptoms have disappeared.

**Heat exhaustion** is recognized by the following signals:

- Cool, pale or red, moist skin
- Nausea and Vomiting
- Headache and dizziness
- Weakness and exhaustion

If a person shows signs of heat exhaustion, your quick treatment can prevent the condition from progressing into the life-threatening condition of heat stroke. To care for heat exhaustion:

1. Place the victim in a cool place and loosen clothing.
2. If the victim is fully conscious, give small sips of water.
3. Watch for signs of heat stroke.

**Heat stroke** is life threatening and can be recognized by these signals:

- Hot, red, dry skin
- Nausea and vomiting
- Headache and dizziness
- Decreased level of consciousness or unconsciousness
- Rapid, weak pulse and breathing rates

If you suspect a person is suffering from heat stroke, do the following:

1. Call 911.
2. Remove the person from the heat and into a cool area and loosen or remove clothing.
3. Quickly cool the person by (1) immersing in a cool bath or pool; or by (2) wetting the victim with any available liquid; or by (3) placing cold compresses on the pressure points of the victim.
4. Fan the victim.
5. Monitor breathing and consciousness.
Cold-Related Illness

**Frostbite** occurs when the skin and tissues (starting with the extremities such as fingers, toes, nose, and ears) become frozen and often results in the loss of fingers and toes. It is recognized by its waxy, discolored appearance. The affected area loses feeling and is cold to the touch. Never rub the frostbitten area, as this may result in tissue damage.

To care for frostbite:

1. Warm the area slowly by soaking in lukewarm water until area is warm to the touch and normal skin color has returned.
2. Bandage loosely, separating fingers and toes.
3. Seek medical attention.

**Hypothermia** is the cooling of the core body temperature to, or below, 95 degrees F. This occurs due to exposure to cold air or water temperatures when the victim's body can no longer keep itself warm. If left untreated, the victim can die. Signals of hypothermia include:

- Shivering
- Loss of coordination
- Lethargy
- Loss of consciousness
- Withdrawal or confusion
- Sleepiness
- Irrational behavior
- Pulselessness

Because even mild cases of hypothermia can cause serious complications, your immediate attention is imperative. The proper treatment for suspected hypothermia is:

1. Call 911.
2. Prevent further heat loss by immediately removing wet clothing and covering with blankets, towels, sweaters or whatever is available.
3. DO NOT try to re-warm the victim as this can cause an irreversible and fatal heart condition (cardiac arrhythmia), unless you are far from definitive care, in which case you should re-warm with warm water.
4. If the victim is shivering and fully conscious, give small sips of warm water.

Never give beverages with alcohol or caffeine to a victim of hypothermia as these substances interfere with the body's normal responses to cold.

Prevention is the best way to avoid a temperature-related illness. Whenever possible, follow these guidelines:

- Drink plenty of fluids.
- Rest frequently.
- Avoid being outside during the hottest and coldest times of the day.
- Avoid over activity - adjust activity to the temperature.
- Dress in thin layers of clothing so that you can add or remove clothing appropriately.

Think safety. Prevention is always your best defense against injuries, illness, and accidents!
Appendices:

CABs of CPR 23
Good Samaritan Law 24
Illness Assessment Worksheet 26
Injury Assessment Worksheet 27
Assembling a First Aid Kit 28
Emergency Response Plan 29
Emergency Response Policies 30
Injury Reporting 30
Emergency Illness Procedures 32
### CABs of BASIC CPR 2010

<table>
<thead>
<tr>
<th>CPR</th>
<th>ADULT &amp; OLDER CHILD (puberty and older)</th>
<th>CHILD (1-8 years old)</th>
<th>INFANT (up to 1 year old)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unresponsive &amp; not breathing normally</td>
<td>Call 9-1-1 (If alone, call 9-1-1 first &amp; get an AED)</td>
<td>Call 9-1-1</td>
<td>If alone, give 5 cycles of CPR before calling 9-1-1 &amp; getting an AED</td>
</tr>
<tr>
<td>Compression method</td>
<td>Heel of one hand, other on top with fingers interlaced and elbows locked</td>
<td>Heel of one hand with elbow locked</td>
<td>2 fingers</td>
</tr>
<tr>
<td>Begin CPR Compression location</td>
<td>Center of breastbone (between the nipples)</td>
<td>One finger width below nipple line</td>
<td></td>
</tr>
<tr>
<td>Compression depth</td>
<td>2” - 2.4”</td>
<td>1/3 depth of chest (2”)</td>
<td>1/3 depth of chest (1 ½”)</td>
</tr>
<tr>
<td>Compression rate</td>
<td>100-120 per minute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compression ratio</td>
<td>30 compressions : 2 breaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unconscious choking</td>
<td>Begin CPR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breaths do not make the chest rise</td>
<td>Check mouth for foreign object after giving 30 compressions</td>
<td>Use a hooking actions to remove any object before giving 2 breaths</td>
<td></td>
</tr>
<tr>
<td>Using an AED Victim needs CPR</td>
<td>Turn on AED and follow instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AED precautions: Hairy chest</td>
<td>If victim has a hairy chest and AED pads do not stick, remove pads and shave chest. Place new pads on chest.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AED precautions: Implanted defibrillator Pacemaker (you notice a hard lump under the skin of the upper chest or abdomen)</td>
<td>Place AED pads at least 1 inch to the side of the implant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AED precautions: Medication patches</td>
<td>Remove the patch and wipe the area clean before placing pads on victim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AED precautions: Water</td>
<td>Do not use in water, water conducts electricity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

High quality CPR:
- Fast compressions - rate at least 100-120 per minute
- Deep compressions - 2”-2.4” for adults. 1/3 depth of chest for children and infants.
- Allow for complete recoil of the chest.
- Minimize interruptions of compressions.
- Avoid excessive ventilation.
An act to add Section 1714.21 to the Civil Code, and to add Section 1797.196 to the Health and Safety Code, relating to emergency care.


Existing law provides immunity from civil liability to any person who, in good faith and without compensation or the expectation of compensation, renders emergency care at the scene of an emergency. Existing law expressly provides immunity from civil liability to any person who completes a designated cardiopulmonary resuscitation (CPR) course and who, in good faith, renders emergency cardiopulmonary resuscitation at the scene of an emergency, without the expectation of receiving compensation for providing the emergency care. This bill would provide immunity from civil liability to (1) any person who, in good faith and not for compensation renders emergency care or treatment by the use of an automated external defibrillator at the scene of an emergency, has completed a basic CPR and automated external defibrillator (AED) use course that complies with regulations adopted by the Emergency Medical Services (EMS) Authority and the standards of the American Heart Association or the American Red Cross for CPR and AED use, (2) a person or entity who provides CPR and AED training to a person who renders emergency care pursuant to (1), and (3) a physician who is involved with the placement of an AED and any person or entity responsible for the site where an AED is located if that physician, medical authority, person, or entity has complied with certain requirements. The bill would provide that its protections shall not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED. Existing law, the Emergency Medical Services System and the Pre-hospital Emergency Medical Care Personnel Act, authorizes the Emergency Services Authority to establish minimum standards for the training and use of automatic external defibrillators by individuals not otherwise licensed or certified for the use of the device. This bill would require any person who acquires an automatic external defibrillator to comply with specified requirements in the bill.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. It is the intent of the Legislature that an automated external defibrillator may be used for the purpose of saving the life of another person in cardiac arrest when used in accordance with Section 1714.21 of the Civil Code.

SEC. 2. Section 1714.21 is added to the Civil Code, to read: 1714.21. (a) For purposes of this section, the following definitions shall apply:

(1) "AED" or "defibrillator" means an automated or automatic external defibrillator.

(2) "CPR" means cardiopulmonary resuscitation.

(b) A person who has completed a basic CPR and AED use course that complies with regulations adopted by the Emergency Medical Services (EMS) Authority and the standards of the American Heart Association or the American Red Cross for CPR and AED use, and who, in good faith and not for compensation, renders emergency care or treatment by the use of an AED at the scene of an emergency shall not be liable for any civil damages resulting from any acts or omissions in rendering the emergency care.

(c) A person or entity who provides CPR and AED training to a person who renders emergency care pursuant to subdivision (b) shall not be liable for any civil damages resulting from any acts or omissions of the person rendering the emergency care.

(d) A physician who is involved with the placement of an AED and any person or entity responsible for the site where an AED is located shall not be liable for any civil damages resulting from any acts or omissions of a person who renders emergency care pursuant to subdivision (b) if that physician, person,
or entity has complied with all requirements of Section 1797.196 of the Health and Safety Code that apply to that physician, person, or entity.

(e) The protections specified in this section shall not apply in the case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care or treatment by the use of an AED.

(f) Nothing in this section shall relieve a manufacturer, designer, developer, distributor, installer, or supplier of an AED or defibrillator of any liability under any applicable statute or rule of law.

SEC. 3. Section 1797.196 is added to the Health and Safety Code, to read: 1797.196. (a) For purposes of this section, "AED" or "defibrillator" means an automated or automatic external defibrillator.

(b) In order to ensure public safety, any person who acquires an AED shall do all of the following:

1. Comply with all regulations governing the training, use, and placement of an AED.

2. Notify an agent of the local EMS agency of the existence, location, and type of AED acquired.

3. Ensure all of the following:

   (A) That expected AED users complete a training course in cardiopulmonary resuscitation and AED use that complies with regulations adopted by the Emergency Medical Services (EMS) Authority and the standards of the American Heart Association or the American Red Cross.

   (B) That the defibrillator is maintained and regularly tested according to the operation and maintenance guidelines set forth by the manufacturer, the American Heart Association, and the American Red Cross, and according to any applicable rules and regulations set forth by the governmental authority under the federal Food and Drug Administration and any other applicable state and federal authority.

   (C) That the AED is checked for readiness after each use and at least once every 30 days if the AED has not been used in the preceding 30 days. Records of these periodic checks shall be maintained.

   (D) That any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the emergency medical services system as soon as possible, and reports any use of the AED to the licensed physician and to the local EMS agency.

   (E) That there is involvement of a licensed physician in developing a program to ensure compliance with regulations and requirements for training, notification, and maintenance.

   (G) A violation of this provision shall not be subject to penalties pursuant to Section 1798.206.
ILLNESS ASSESSMENT CHECK SHEET

Treatment priorities: Ensure scene safety, utilize universal precautions, maintain an open airway, stabilize neck & spine, ensure normal breathing, assess signs of circulation, control severe bleeding & treat shock. Call 9-1-1 & keep patient calm/still.

Name:
Address (include city):
Phone #: Age: o Male o Female

Chief Complaint:
Vital Signs (monitor frequently & record below):

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>Respirations</th>
<th>Capillary Refill (nail pinch)</th>
<th>Describe level of consciousness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Less than 3 seconds</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>More than 3 seconds</td>
<td></td>
</tr>
</tbody>
</table>

Provoke (what were you doing when the pain began?): ____________________________________

Quality (how bad is pain on a scale of 1 – 10, 10 being the worst pain?): _______________________

Region/Radiation (where is the pain and to where does it spread?): ____________________________________

Severity (circle): Mild Moderate Severe

Time Problem Started: __________________________

Medical History: __________________________

Allergies: __________________________

Medications being taken: __________________________

Notes: __________________________
INJURY ASSESSMENT CHECK SHEET

Name:
Address (include city):
Phone #: Age:  o Male   o Female
Chief Complaint:
Vital Signs (monitor frequently & record below):

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>Respirations</th>
<th>Capillary Refill (nail pinch)</th>
<th>Describe level of consciousness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Less than 3 seconds</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>More than 3 seconds</td>
<td></td>
</tr>
</tbody>
</table>

Medications: ___________________________   Allergies: ___________________________
Describe scene and victim’s injuries:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Reminder: If the patient complains of neck pain, stabilize the head and neck as a unit and do not complete the remainder of the injury assessment.

Perform a head to toe exam:

1. Neck: Pain, tenderness, deformity, swelling, bleeding, bruising
2. Head: Pain, tenderness, deformity, swelling, bleeding, bruising
3. Ears: Blood or clear or pink fluid drainage, bruising behind ears
4. Eyes: Move together, blurred vision, pupil size & equality
5. Mouth: Blood or broken teeth
6. Shoulder Blades: Pain, tenderness, deformity, swelling, bleeding, bruising
7. Chest: Pain, tenderness, deformity, swelling, bleeding, bruising, difficulty breathing.
8. Abdomen: Pain, tenderness, deformity, swelling, bleeding, bruising
9. Pelvis: Pain, tenderness, deformity, swelling, bleeding, bruising
10. Back: Pain, tenderness, deformity, swelling, bleeding, bruising
11. Arms: Pain, tenderness, deformity, swelling, bleeding, bruising
12. Legs: Pain, tenderness, deformity, swelling, bleeding, bruising

Treatment priorities: Ensure scene safety, utilize universal precautions, maintain an open airway, stabilize neck spine, ensure normal breathing, assess signs of circulation, control severe bleeding & treat shock. Call 9-1-1 & keep patient calm/still.

27
**ASSEMBLING A FIRST AID KIT**

A well-stocked first aid kit is an absolute must in every child care program. Keep items in a tightly sealed container within reach of adults, but out of the reach of children. Contents should be arranged in an orderly fashion and restocked after each use.

Check your kits regularly. Mark your calendar to check your first aid kits at least every three months. Check to be sure the flashlight batteries work and replace supplies that have been used or have expired.

**Suggested Supplies for a First Aid Kit**

- adhesive strip bandages
- sterile gauze squares, 2 to 4 inches
- rolled sterile gauze
- adhesive tape
- elastic wrap (Ace bandage)
- thermometer
- scissors, tweezers and a needle
- triangular bandages (rectangle cloth for sling)
- safety pins
- disposable gloves (at least two pairs)
- rubber bulb syringe to rinse out wounds
- sterile eyewash, such as a saline solution
- clean cloth
- liquid hand soap
- cotton-tipped swabs
- antiseptic solution such as hydrogen peroxide or towelettes
- petroleum jelly or other lubricant for body parts stuck in tight places
- small plastic cups
- plastic bags for ice or a commercial cold pack
- plastic bags for disposing of contaminated materials
- first aid handbook
- pen, pencil and note pad
- emergency phone numbers, including a long-distance emergency contact number for parents if they can’t be reached locally
- signed emergency release forms for each child in the group

First aid kits need to be easily available in case of an emergency. Child care centers need to have a fully stocked first aid kit in each classroom, in the kitchen, and in the main office. In a family child care home, keep a first aid kit in the main area where children play, and a second kit in the kitchen. First aid kits are also essential during outdoor play. Store an extra first aid kit in a secure, waterproof area on the playground or bring the indoor first aid kit with you every time you take children outdoors. First aid kits should also be taken with you on any trips away from your program. A smaller version may be carried in a fanny pack or backpack.
EMERGENCY RESPONSE PLAN

What a child care provider can do to be prepared

In order to provide maximum protection, providers need to plan for life-threatening emergencies and be trained to deal with them. Your senses are a good tool for recognizing the existence of an emergency. Excessive bleeding, difficulty in breathing, and ingestion of, or direct contact with, poison always present emergency conditions that require prompt action.

Develop and follow your safety policy for emergency procedures

In order to reduce that risk, child care providers should develop and follow their safety policy for emergency procedures. The policy may cover areas such as planning for basic training, emergency information, emergency back-up, evacuation, first-aid kits and emergency response procedures. Be sure parents know the procedures and cooperate in teaching their children about them.

Prepare for an emergency

In addition to specifying emergency procedures, you should take the following steps to prepare for potential emergencies:

• All staff should be trained in pediatric first aid (including rescue breathing and first aid for choking), prevention of injuries and prevention of infectious disease.
• Maintain a first-aid kit with all needed supplies within easy reach at all times.
• Keep information where you need it (e.g., place a list of emergency telephone numbers of the children and emergency resources and a copy of your emergency procedures near each telephone for quick reference).
• Have important forms such as parental permission forms accessible.
• Your program should develop a standardized injury report form for reporting all injuries or illnesses that require first aid or additional care. Give one copy of the report to the child’s parent and keep another copy in the child’s folder. Find out which incidents or injuries must be reported to state or local authorities. Child care licensing has forms available.

All staff should be aware of any special needs, allergies, etc., of all children in their care, with special care plans accessible for children with special health needs.

If an emergency occurs, the 3 most important things are:

2. Follow your emergency procedures.
3. Act quickly

Assess the situation and do the following:

1. Survey the scene for YOUR safety
2. Find out what happened. Who is injured? What happened? Are there others involved?
3. Check for life-threatening conditions.
4. Call, or have the person in charge of emergency response call, 9-1-1 if necessary, or if you are unsure of the severity of the victim’s condition. Follow their directions. Hang up last.
5. Calm & comfort the victim. Stay with them until help arrives.
6. Check for any other injuries. Perform a secondary survey with a head to toe exam without moving the victim.
7. Give any other first aid as needed.
8. If being transported by EMS, bring the *Emergency Transportation Permission (ETP) form* with you. Do not transport yourself in any life-threatening emergency.

9. Notify parents of the emergency and agree on a course of action. If a parent cannot be reached, call the emergency contact and physician listed on the ETP form.

10. Be sure a responsible program staff member stays with the other children.

11. Fill out the **accident report form** within 24 hours. Give a copy to the parents and keep a copy in the child’s file.

   Note the injury in the **injury log**.

**Emergency response policies:**

*Other important aspects to include in your policy*

1. Who is / will be trained in CPR & First Aid procedures? Are they trained in Universal Precautions? What do they do in case of exposure to infectious material (blood or other body fluids)?

2. Who will keep care for the uninjured children and keep them calm? Where will they go?

3. Who will review, maintain, and update staff health & training records?

4. Where is the First Aid kit located?

5. Who is responsible for maintaining the First Aid kit supplies?

6. Keep child’s emergency records current (Who does this and how often are they updated?)

7. Where are the emergency records kept? (emergency contact & health history information, injury report form, injury log, etc)


9. What are the policies on transporting injured children?

10. Teach the children what to do if they are injured or become ill, or if they observe another child get injured or become ill. Where should they go? Who should they tell?

11. How to dispose of infectious material?

**INJURY REPORTING**

Injury reporting is an important way to improve individual child care programs as well as make changes in child care on a larger scale. By recording the injuries that happen in your program, you can look for patterns caused by hazardous conditions and spot problem areas before they cause serious injury. However, reporting is often overlooked and neglected. A clear plan for reporting and an understanding of why it is important makes this task easier for everyone.

Every child care facility should have an injury reporting form. The form should include room for basic information about the child, a description of the incident and the injury, and the care provided or measures taken. It should always be signed by a staff member. Below is a sample injury report form:
Sample Injury Report Form

Name of Program: ____________________________________________ Phone: _______________________________

Address of Facility:
____________________________________________________________________________________________

Child’s Name: ____________________________________ Sex: M F Birthdate: ___/___/___ Incident Date: ___/___/___

Time of Incident: ______:______ am/pm Witnesses: _______________________________________________________

Name of Legal Guardian/Parent Notified: ____________ Notified by: ____________ Time Notified: _____:_____ am/pm

EMS (911) or other medical professional ❑ Not notified ❑ Notified Time Notified: _____:_____ am/pm

Location where incident occurred: 
❑ playground ❑ classroom ❑ bathroom ❑ hall ❑ kitchen ❑ doorway ❑ large muscle room or gym ❑ office ❑ dining
room ❑ unknown ❑ other (specify) _______________________

Equipment/product involved: 
❑ climber ❑ slide ❑ swing ❑ playground surface ❑ sandbox ❑ trike/bike ❑ hand toy
(specify): __________________________________________________________

❑ other equipment (specify): _________________________________________________

Cause of injury:
(describe) _______________________________________________________________________________________

❑ fall to surface; estimated height of fall _______ feet; type of surface: _________________________________

❑ fall from running or tripping ❑ bitten by child ❑ motor vehicle ❑ hit or pushed by child ❑ injured by object ❑ eating or
choking ❑ insect sting/bite ❑ animal bite ❑ injury from exposure to cold ❑ other (specify): ________

Parts of body injured:
❑ eye ❑ ear ❑ nose ❑ mouth ❑ tooth ❑ other part of face ❑ other part of head ❑ neck ❑ arm/wrist/hand ❑ leg/ankle/foot
❑ trunk other (specify): _______________________________________________________

Type of injury: ❑ cut ❑ bruise or swelling ❑ puncture ❑ scrape ❑ broken bone or dislocation ❑ sprain ❑ crushing injury
❑ burn ❑ loss of consciousness ❑ unknown ❑ other (specify): _____________________________

First aid given at the facility: (e.g., comfort, pressure, elevation, cold pack, washing, bandage):
____________________________________________________________________________________________

Treatment provided by:
❑ no doctor’s or dentist’s treatment required ❑ treated as an outpatient (e.g., office or emergency room) ❑ hospitalized
(overnight) # of days: _____________________ Number of days of limited activity from this incident: ________ Follow-up
plan for care of the child:
____________________________________________________________________________________________

31
Corrective action needed to prevent reoccurrence:

_________________________________________________________________________________________________

Name of official/agency notified: ___________________________________________ Date: ______________________

Signature of staff member: _______________________________________________ Date: ______________________

Signature of Legal Guardian/Parent: _____________________________ Date: ______________________

Copies: 1) child’s folder 2) parent 3) injury log

EMERGENCY ILLNESS PROCEDURES

When parents enroll their child, they should provide you with the contact information and consent that you will need if there is an emergency involving that child. All parents of children in your care should know your emergency procedures. Let parents know that you are trained in first aid and CPR as taught by a California approved training facility. Tell parents how often you take refresher courses.

Tell them that in the event of an emergency, you will:

1. Quickly assess the child’s health.
2. Call 9-1-1 or other appropriate emergency help as needed.
3. Give first aid and CPR, if necessary.
4. Contact parents or the person they have listed to call in an emergency.
5. Call Poison Control if their child is exposed to toxic substances.

At All Times, You Should:

• Have emergency numbers posted by the phone: police and ambulance (9-1-1), and the poison control center (1-800-876-4766 in California).
• Keep parents’ consent forms for emergency treatment and numbers for emergency contacts on file, and take a copy with you whenever you leave the facility.
• Maintain a current CPR and first aid certificate.
• Post first aid procedures where they can be easily seen.
• Write up an emergency procedure and evacuation route. Make sure you are familiar with it.
• Keep a fully stocked first aid kit in easy reach of all providers, but out of reach of children. Check the first aid kit regularly and restock it as necessary.
• In addition to the supplies listed for your first aid kit, you should also keep ice cubes or ice bags in the freezer to use to reduce swelling of some injuries.
• Place a stocked first aid kit in every vehicle used to transport the children. In addition to the items in your child care program’s first aid kit, your vehicle kit should also include a bottle of water (refreshed on a regular basis), soap, coins for a pay telephone and a first aid guide.
• Don’t use first aid sprays and ointments. They may cause allergic reactions or skin damage. Use alcohol or antiseptic wipes.
• Wear gloves if you might come in contact with blood.
• Have first aid supplies handy on the playground by keeping a zip-lock plastic bag stocked with disposable gloves, sterile wipes, gauze wrap and bandage strips in your pocket.

If an Emergency Occurs:

1. Stay calm.
2. Check for life-threatening situations (choking, severe bleeding, or shock). Do not move a seriously injured child.
3. Call 9-1-1 or your local emergency number, if the child is seriously hurt. Make sure other children are safe.
4. Give CPR or first aid, if necessary.
5. Contact the parent/emergency contact.
6. Record all injuries on a standard form developed for that purpose.

AmeriMed CPR Training, Inc.
7435 University Ave., #104
LA Mesa, CA  91942
619-469-7109
www.AmeriMedCPR.com