

OHCC

SERT Basic Training

Session 2

Unit 3: First Aid Operations - Part 1



Session 2 - Unit 3

Objectives



- 1. Identify life-threatening conditions** resulting from trauma including severe bleeding, low body temperature, and airway blockage.
- 2. Review correct** life saving techniques.
- 3. Review basic** first-aid care for non-life-threatening injuries.

PM 3-1

Treating Life-Threatening Conditions



- Without treatment, **severe bleeding and airway obstruction** can quickly lead to death.
- The **first priority** of SERT volunteers assisting in disaster first aid operations is to attend to these conditions by controlling bleeding and positioning a patient so they can breathe.

PM 3-2

Safety Considerations



- Prior to treatment, **ensure that both the patient and rescuer** are in a safe environment to administer care.
- Some **questions** SERT volunteers should consider:
 - Do I feel safe at this spot?
 - Should I leave and move to a safer location, or am I able to stay and start providing care immediately?
 - If I leave, can I take anyone with me?

PM 3-2

Approaching the Patient



- Be sure **patient can see you.**
- **Identify yourself**
 - Your name and name of your organization.
- **Request permission** to treat, if possible. If unconscious permission is assumed.
- **Respect** cultural differences.
- **Protect** patient privacy.



PM 3-2

Stages of Severe Bleeding



Stage	Blood Loss	Heart Rate	Blood Pressure	Breath Rate	Patient
I	Less than 15%	Normal (<100 bpm)	Normal	14-20	Patient appears normal
II	15%-40%	Fast (>100 bpm)	Slightly Low	20-30	Patient may feel anxious
III	30%-40%	Very Fast (>120 bpm)	Low	30-40	Patient feels confused
IV	Greater than 40%	Critical (>140 bpm)	Critical	>35	Patient feels lethargic

PM 3-3

Types of Bleeding



PM 3-3

Controlling Bleeding: Direct Pressure



Step 1: Find the source(s),

Step 2: Cover the source,

Step 3: Apply pressure,

Step 4: Maintain pressure until bleeding has stopped.

PM 3-4

Controlling Bleeding: Tourniquets



- **Place on injured limb** as high as possible,
- **Pull strap** through buckle,
- **Twist rod** until bleeding stops/slows,
- **Secure the rod,**
- If bleeding continues, place second tourniquet.
- **Leave in place until EMS takes over.**



PM 3-4/5

Shock



- Shock is often **difficult to diagnose.**
- **Main signs of shock:**
 - Rapid and shallow breathing,
 - Capillary refill of greater than two seconds,
 - Failure to follow simple commands, such as “squeeze my hand.
- Symptoms of shock are easily missed. **Pay careful attention** to your patient.

PM 3-5

Maintaining Body Temperature

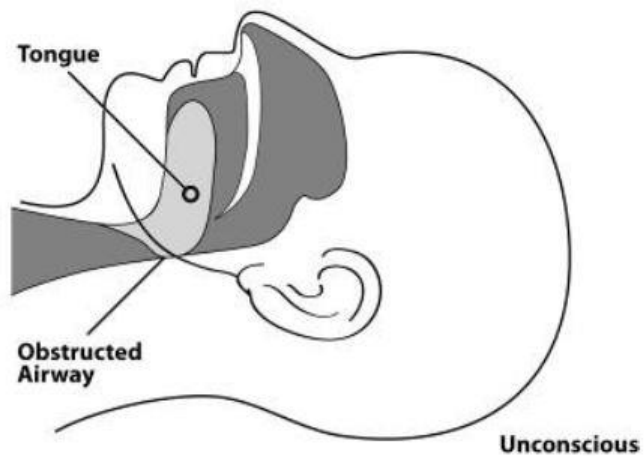
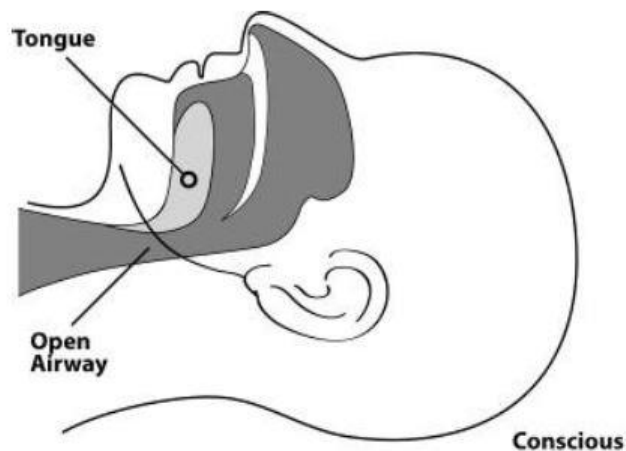


Keep the patient warm:

- **Remove** wet clothing.
- **Place something between patient and ground** (e.g., cardboard, jacket, blanket).
- **Wrap patient with dry layers** (e.g., coat, blanket, Mylar emergency blanket).
- **Shield patient** from wind.

PM 3: 5-6

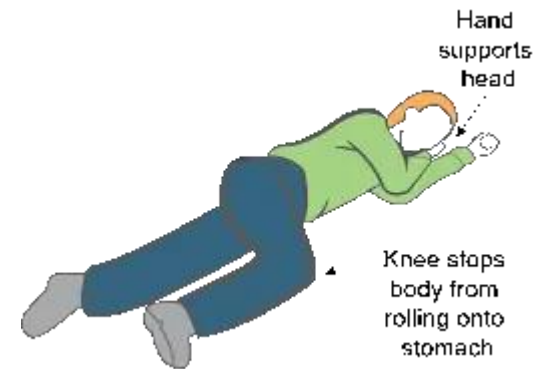
Open vs. Obstructed Airway



Recovery Position



- **Body:** Laid on its side;
- **Bottom Arm:** Reached outward;
- **Top Arm:** Rest hand on bicep of bottom arm;
- **Head:** Rest on hand;
- **Legs:** Bent slightly;
- **Chin:** Raised forward;
- **Mouth:** Pointed downward.



PM 3-7

Providing Comfort



What can you (or others) do?

- Keep them warm.
- Offer a hand to hold.
- Maintain eye contact.
- Be patient and understanding.
- If you must move on to provide aid to another person, let them know.

PM 3-8

Treating Burns:



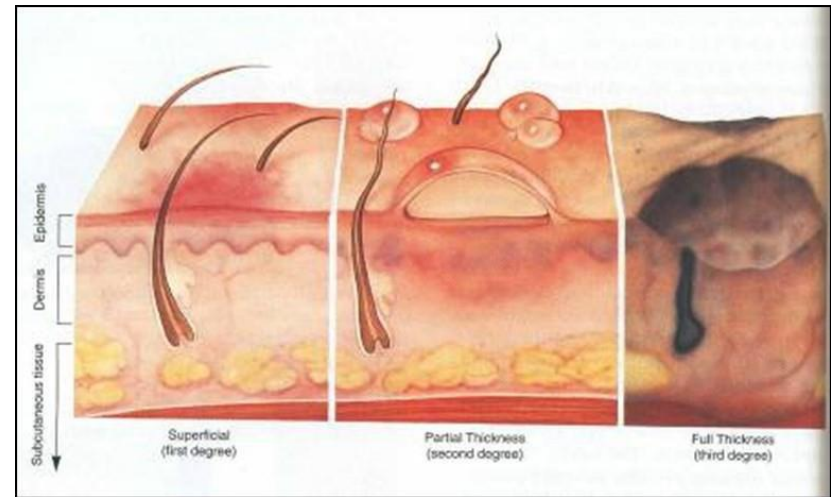
- Prevent hypothermia;
- Manage pain;
- Reduce risk of infection.

PM 3-9

Burn Classifications:



- **Superficial:** epidermis.
- **Partial Thickness:** dermis and epidermis.
- **Full Thickness:** subcutaneous layer and all layers above.



PM 3-9

Wound Care



- **Main treatment for wounds:**
 - Control bleeding;
 - Apply dressing and bandage.
- **Apply dressing and bandage:**
 - Apply dressing directly to wound;
 - Bandage holds dressing in place.



PM 3-11

Amputations



- If amputated body part is found:
 - **Save tissue parts**, wrapped in clean material and placed in plastic bag;
 - **Keep tissue parts cool**, but NOT directly on ice;
 - **Keep severed part with survivor.**

PM 3-11

Impaled Objects



When foreign object is **impaled in patient's body**:

- **Immobilize** affected body part;
- **Do not attempt to move or remove**;
- Try to **control bleeding** at entrance wound;
- **Clean and dress wound**, making sure to stabilize impaled object.

PM 3-12

Fractures, Dislocations, Sprains, Strains



- **Immobilize injury** and joints immediately above and below injury site.
- If uncertain of injury type, **treat as fracture.**

PM 3-12

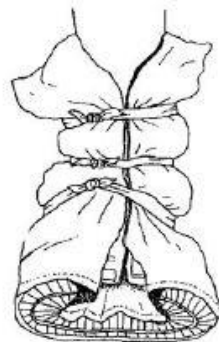
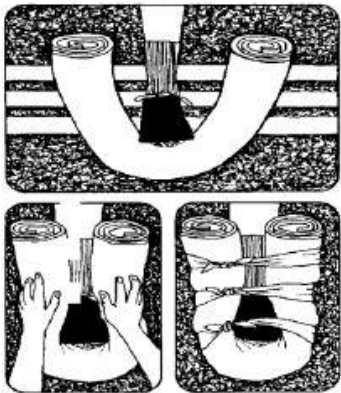
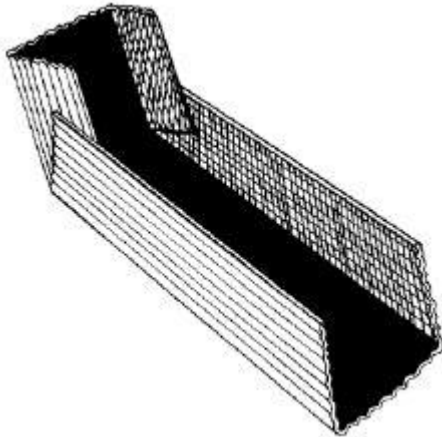
Dislocations



- **Dislocation is injury** to ligaments around a joint:
 - It is so severe that it permits separation of bone from its normal position in a joint.
- **Treatment:**
 - Immobilize; do **NOT** relocate.
 - Check Pulse, Movement, and Sensation (PMS) before and after splinting/immobilization.

PM 3-13

Splinting



PM 3: 14-15

Heat-Related Injuries



- **Heat cramps**
 - Muscle spasms brought on by over-exertion in extreme heat.
- **Heat exhaustion**
 - Occurs when exercising or working in extreme heat results in loss of body fluids.
- **Heat stroke**
 - Survivor's temperature control system shuts down.
 - Body temperature rises so high that brain damage and death may result.

PM 3-17

Session 2

Unit 3 Summary



- **Life-saving measures** SERT volunteers can take:
 - Control bleeding using direct pressure and/or a tourniquet;
 - Maintain normal body temperature;
 - Open airway and position patient correctly.
- **Other injuries that are common** after disasters:
 - Burns;
 - Wounds;
 - Amputations and impaled objects;
 - Fractures, dislocations, sprains, and strains;
 - Heat-related injuries.

PM 3-19

Homework Assignment



Read units to be covered in next session:

Session 3

- Unit 4: First Aid Operations, Part 2.
- Unit 5: Disaster Psychology.