



# FIRST AID MEDICAL EMERGENCY



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- 2** ASSESSMENT OF THE ACCIDENT SCENE
- 3** PRELIMINARY ASSESSMENT OF THE INJURED
- 4** CPR CARDIO – PULMONARY RESUSCITATION
- 5** AUTOMATED EXTERNAL DEFIBRILLATOR
- 6** TRAUMA EXAMINATION
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Before approaching the casualty:

**1** Secure the place of an accident



**2** Ensure the safety of yourself and the person(s)

**3** Assess what happened, how many casualties there are, what help may be needed



## ASSESS CONSCIOUSNESS – AVPU scale

- A** **ALERT** - patient conscious
- V** **VERBAL** - patient responds to voice stimulus
- P** **PAIN** - patient responds to pain stimulus
- U** **UNRESPONSIVE** – unconscious patient does not respond to stimuli

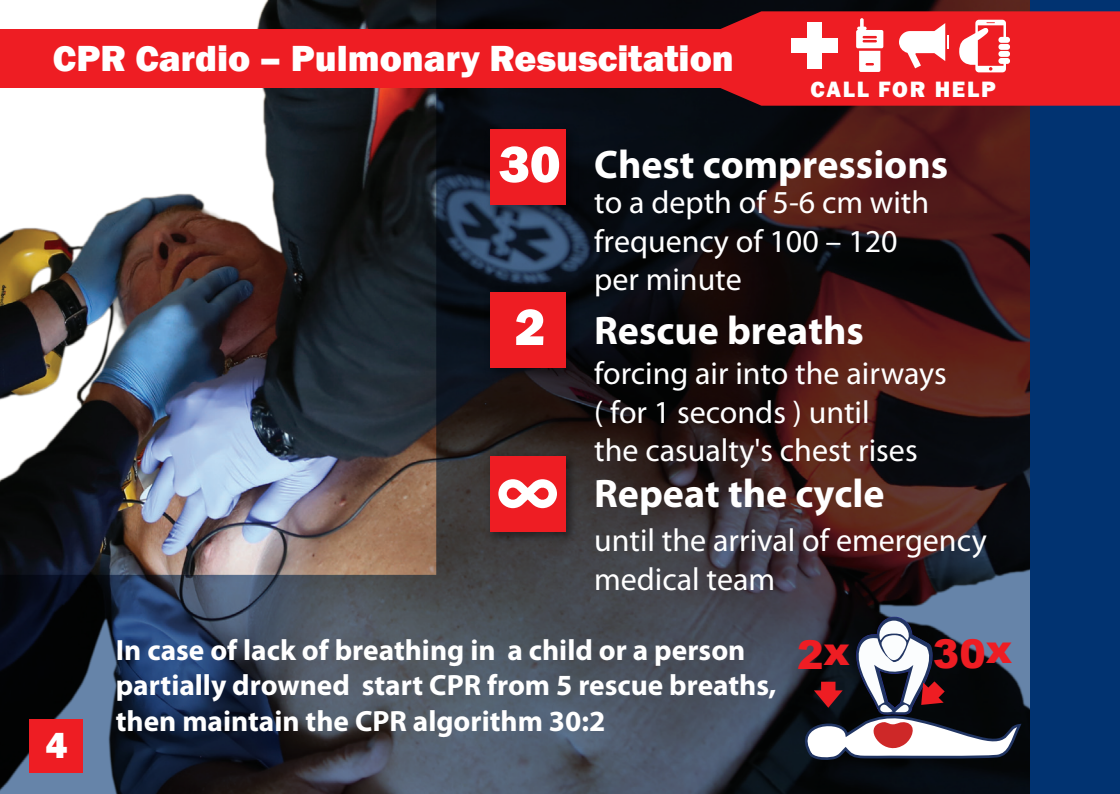


## CHECK THE ORAL CAVITY (foreign body)

ABC scheme

- A** **AIRWAY** - open airways
- B** **BREATHING** - check breathing using three senses (I hear, see, feel) for 10 seconds
- C** **CIRCULATION** - if the patient is not breathing or not breathing normally and there are no signs of circulation start CPR using AED





**30** **Chest compressions**  
to a depth of 5-6 cm with  
frequency of 100 – 120  
per minute

**2** **Rescue breaths**  
forcing air into the airways  
(for 1 seconds) until  
the casualty's chest rises

**∞** **Repeat the cycle**  
until the arrival of emergency  
medical team

**4** In case of lack of breathing in a child or a person partially drowned start CPR from 5 rescue breaths, then maintain the CPR algorithm 30:2





## The AED location information

**phone number in Poland: 987**  
the Duty Officer of the Provincial  
Crisis Management Center



## The minimal first aid kit content

A thermal insulation blanket, CPR mask, protective gloves, gauze dressing codofix No. 6, sterile gauze, elastic bandage, triangular bandana, adhesive tape with and without dressing, rescue scissors

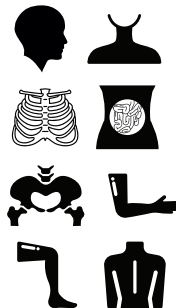


- Stop visible bleeding and secure a permanent stabilization of the cervical spine
- Assess the injured according to the ABC scheme



- Examine the injured in the given order:

- head
- neck
- chest
- stomach
- pelvis
- lower limbs
- upper limbs
- back



- Secure thermal comfort and psychological support for the injured



## Gather information from the patient, families or bystanders (Use SAMPLE scheme)

**S**

### **Signs/Symptoms**

*What happened to you? Where does it hurt?*

**A**

### **Allergies**

*Are you allergic? What allergy do you suffer from?*

**M**

### **Medicines**

*Are you taking any medication? When did you take your medications last?*

**P**

### **Past medical history**

*Do you suffer from any diseases?*

**L**

### **Last meal – intake**

*What did you last eat? When did you last eat or drink?*

**E**

### **Events leading to incident**

*Do you remember what happened before the accident?*





- Ensure the safety of yourself and the injured person, and others around you (wear gloves, goggles, Individual Protect Equipment)
- Compress the bleeding site with a finger, hand or fist
- Apply the pressure dressing
- If direct pressure doesn't stop the hemorrhage, apply a tourniquet
- If the bleeding is located in a place where it is not possible to apply a tourniquet, use haemostatic agent
  - For the use of haemostatic dressings and a tourniquet proper training is needed
- Do not disinfect the wound and do not remove any foreign matter from it





## The symptoms



Pain



Swelling and a hematoma within the injured area



Distortion of the limb outline



Unnatural arrangement



In open wound fractures, visible bone parts



## The principle of immobilizing limb injuries by Pott:



In case of injury of a long bone, use fixation involving the broken bone and two adjacent joints



In the case of injury to the joint, use immobilization including the damaged joint and two adjacent bones

# RECOVERY POSITION



CALL FOR HELP



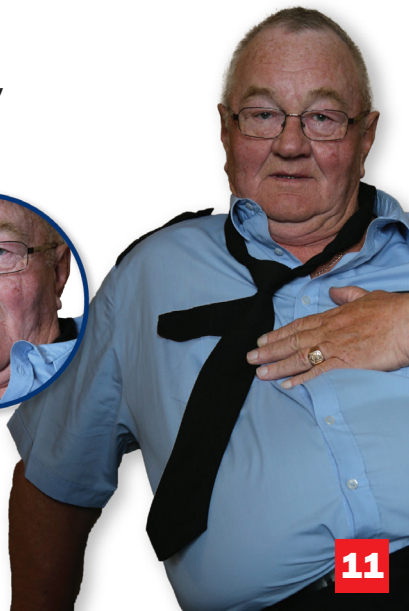
- If the person is unconscious, breathing normally, and you do not suspect spinal injury, put the person in the recovery position on their side
- Check life functions and provide thermal comfort
- Place pregnant women on their left side



Training videos in providing first aid are available on the Internet website of the Regional Police Headquarters (Bydgoszcz)

## SUSPICION OF MYOCARDIAL INFARCTION (HEART ATTACK)

- Place the injured in a sitting position
- If there are no contraindicating allergies, consider administration of aspirin at a dose of 300 mg (to crack)
- If the injured person has their own drugs, they can take them
- Do not let the injured person perform any physical activity
- Loosen the injured person's clothing to make it easier to breathe
- Ensure psychological support for the injured





## EFFECTIVE COUGH

- Encourage the injured to cough and watch him, assess the effectiveness of coughing and the state of consciousness

## INEFFECTIVE COUGH - injured conscious

- Up to 5 hits in the upper part of the back
- Up to 5 compressions in the upper abdomen
- Adults, children > over one year of age  
- up to 5 chest compressions

## INJURED UNCONSCIOUS

- Check and open airways
- Do 5 rescue breaths
- If there is no return of spontaneous breathing, start CPR according to 30:2 algorithm

**Stroke is the result of the interruption of blood supply to a particular brain area, or extravasation of blood from a damaged cerebral vessel.**

### Stroke identification scheme

- Altered speech
  - Facial asymmetry on one side
  - Droopy corner of the mouth
  - Droopy eyelid
  - Weaker upper and lower limb on one side of the body
  - Visual disturbances
  - Blurred vision
  - Double vision
- ! If you recognize a stroke call for help immediately 112/999.**



- !** Ensure the conscious injured a lying position with the head and torso raised about 30 degrees
- !** What is important is the real, accurate time from the onset of symptoms to the arrival of a patient at the hospital specialist stroke unit







**The crucial period is the first 4 - 4.5 hours after the first symptoms**

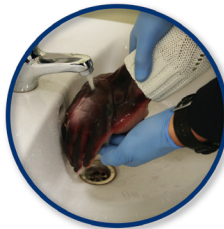
- !** It is important that the hospital requires the presence of the family, who certifies the real time of the onset of symptoms and sign the required agreement on behalf of the patient for the purpose of diagnosis and treatment

## Tissue injury due to contact with an energy source:

high temperature, electric current, radiation or corrosive chemicals

### FIRST AID

-  Ensure the safety of yourself and the injured person
-  Secure the place of the accident
-  Cool the injured area with water for at least ten minutes
-  Remove jewelry from hands of the injured person before an oedema develops
-  After cooling, use loose sterile wound dressings or hydro / aqua gel
-  Remember! Do not lubricate the burnt skin with ointments, creams and fats.



**Syncope is a short-term transient loss of consciousness**



**PRECEDING SYMPTOMS:**



Weakness



Scotomata (blurred vision)



Humming in ears



Pale sweaty skin



**FIRST AID**



Assess the injured person according to the ABC scheme



Use anti-shock position

– raise lower limbs at about 30°



Place pregnant women

on their left side after a syncope



Ensure access to fresh air



Do not straighten the patient

too fast in order

to prevent re-syncope



Do not give any medication





## **+** FIRST AID

- Ease the person on the floor
- Protect the head from any injuries
- After seizures have stopped, evaluate life functions (ABC)
- If the person's breathing is returning to normal and there are signs of circulation, put the person into the recovery position
- Secure thermal comfort for the person (blanket, coat)
- When the person regains full consciousness, provide psychological support
- ! **Warning!** Do not insert hard objects between the teeth during seizures!  
This may cause choking and damage teeth!

**Seizures are uncoordinated contractions of groups of muscles, or of all the muscles in the body, triggered by pathological electrical impulses in the brain - epilepsy, brain tumor, fever, head injury, poisoning.**







CALL FOR HELP

## DIABETES

**Hypoglycemia is a condition in diabetic patients, with decrease of glucose level in blood.**



### **SYMPTOMS**

- Muscle twitching
- Blurred vision (scotoma)
- Cold, sticky sweat
- Agitation, anxiety or apathy
- Unconsciousness (diabetic coma)
- Feeling of hunger



### **FIRST AID**

- If the person is conscious, give sweet fluids to drink – water with sugar, cola
- If the person is unconscious evaluate
- ABC and put into the recovery position
- Provide thermal comfort (blanket)



**Hypothermia is the result of exposure to low ambient temperature, contact with snow or water.**

## SYMPTOMS

The body of the person is cool, muscle tremor can be observed, as hypothermia develops: cessation of muscle tremors, slower and shallower breathing, consciousness disorders up to unconsciousness.

## FIRST AID

Assess patient's awareness and breathing > 60 seconds



### If conscious:



- Secure warm environment
- Secure dry clothes
- Give warm sweetened drink
- Physical activity is allowed

### If unconscious:



- Do not give anything orally
- Arrange in a lying position
- Secure warm clothing
- Gently warm the person up externally

### If not breathing:



- Start CPR,
- Secure thermal comfort if possible


**Heat stroke** can be caused by heightened temperature due to physical effort during hot and humid weather.


The body is not able to dissipate the excess of accumulated heat.




## SYMPTOMS

Heightened body temperature, red, hot and dry skin, muscle spasms, headache, dizziness, impaired consciousness, fainting, seizures

## FIRST AID

 Move the person to a cool place and remove excessive of clothing

 Start cooling:

-  Sprinkle profusely with water – best is lukewarm water (Allows evaporation and does not cause vasoconstriction of skin which restricts heat elimination)
-  Fan vigorously to increase air movement or, if possible – turn on the electric fan
-  Apply cold compresses over large, superficially lying vessels (armpits, groin, neck)



## The deficiency of water and electrolytes in the body.

The reason is insufficient water intake, loss of fluids through gastrointestinal tract (vomiting, diarrhea), lungs, kidneys, skin (sweating)

Especially dangerous and life-threatening for children and the elderly!



### SYMPTOMS

Strong thirst, less frequent urination, dryness of mucous membranes and skin, Tachycardia – accelerated pulse, headache, dizziness, muscle spasms, disorders of consciousness, fainting, seizures



### FIRST AID



Give fluids (orally):  
water, carbohydrate-electrolyte fluids, tea



Lay the person down



**Anaphylaxis** is a severe, life-threatening systemic reaction to substances such as: drugs, food, insect stings, latex, etc



## SYMPTOMS

Redness and itching of skin, hives, swelling, strong shortness of breath, difficulty in breathing, rapid pulse, coughing, wheezing, diarrhea, vomiting, runny nose, watery eyes



## FIRST AID



Eliminate the allergen (if possible)



If the person is conscious, give calcium to drink



Make cold compresses for example in place of the sting



Provide ice cubes to suck



If they loses their consciousness, rate them according to the ABC scheme



Start CPR if necessary



**If the condition of the injured is getting worse, do not hesitate to call for help!**



**Enhancers (designer drugs)** - is the common name of the substance, designed so that their psychoactive impact resembles the old type of drugs, while being a lot stronger. Enhancers (designer drugs) pose a threat to life and health. It specifically refers to people in adolescence and children.

## SYMPTOMS

- The most common reaction is extreme anxiety, up to extreme aggression (to the surroundings, and autoaggression)
- Confusion, disorientation in time and space, hallucinations
- Intoxication, disorders of pain perception, less likely: slow reactions
- In the most severe cases, convulsions, coma

## FIRST AID

- Secure the safety of yourself and the injured person in justified cases, use physical force
- Rate the state of the injured person ABC
- Determine the circumstances of poisoning
- Gather information (SAMPLE), perform trauma examination
- Look for and secure the packaging of enhancers (designer drugs, drugs)

### Toxicology centers in Poland

Rescue phone numbers or 24/7 - toxicological information:

GDAŃSK	+48 58 682 04 04
KRAKÓW	+48 12 423 11 22
	+48 12 646 85 50
LUBLIN	+48 81 740 89 83
ŁÓDŹ	+48 42 657 99 00
POZNAŃ	+48 61 847 69 46
RZESZÓW	+48 17 866 40 25
SOSNOWIEC	+48 32 266 11 45
TARNÓW	+48 14 629 95 88
WARSZAWA	+48 22 619 66 54
WROCŁAW	+48 71 343 30 08

**Decontamination must be carried out with ensuring safety of the rescuer (protective gloves, protective clothing, IPE)**

### EYES

- Rinse each eye separately for 10 minutes with a steady stream of water

### SKIN

- Remove contaminated clothing, then wash the body with lukewarm water for several minutes

### DIGESTIVE TRACT

- In case caustic substances are ingested, call for Toxicology immediately requesting the correct procedure
- Do not provoke vomiting, especially in young children and people with impaired consciousness
- Do not give fluids to drink to people who are semi-conscious
- Do not use poison neutralizing method: acid - alkali, alkali - acid

### AIR WAYS

- Do not provide assistance using the mouth – mouth method to people with facial contamination and in the case of cyanide poisoning, cyanides, after ingestion of organophosphates or corrosive substances



**In case of suspected exposure of the injured persons to toxic gases, entrance not permitted without adequate protection (especially the respiratory tract) to the site or premises where the injured are. It is urgent to call the fire brigade!**

## Danger recognition number – meaning

- 2** Emission of gas due to pressure or chemical reaction
- 3** Inflammability of liquids and gases
- 4** Inflammability of solid materials
- 5** Oxidizing action, supporting burning
- 6** Toxic effect
- 7** Radioactivity
- 8** Caustic effect
- 9** As the first digit (The threat for the environment, various hazardous substances)
- 9** As a 2 or 3 digit number (threat of spontaneous violent reaction)
- 0** No additional risk

**X** A total ban on contact of the material with water (sodium, potassium)

**33** Double digit indicates an intensification of the threat described by it

The information table placed on vehicles carrying dangerous substances

**Danger recognition number**



**33**

**Material identification number**



**1203**

Example ADR table to mark the transport of petrol (flammable liquid, ignition temperature lower than 23 degrees)



## PROCEDURE FOR CIVILIANS

**Active shooter** - an assassin or a group of assassins, whose aim is to kill as many people as possible using firearms, other dangerous tools (knife, machete) or explosive devices



### RUN

Escape from the area of danger, help others escape



### HIDE

If you cannot escape, search for safe haven, hide, barricade the room, mute the phone and turn off vibration mode, stay calm do not panic



### CONTROL HEMORRHAGE

Assess life functions on the injured person ABC



### WATCH

If you can, remember how many attackers there are, how they are armed, how many are injured



### PASS ON THE INFORMATION

Call or text police



### FIGHT

Where your life or the lives of others are at risk, you may make a personal decision to try to attack and incapacitate the shooter to survive



In case of a raid by the anti-terrorist unit do not run in the direction of the officers, do not run away, do not make violent gestures and sudden movements, follow their instructions.

# TRIAGE segregation of injured in an accident



CALL FOR HELP

The injured can move independently

YES →

GREEN  
COLOR

↓ NO

The injured speaks without difficulty, performs simple commands

YES →

YELLOW  
COLOR

↓ NO

The injured is breathing

YES →

RED  
COLOR

↓ NO

No signs of circulation in the injured person

YES →

BLACK  
COLOR

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HOME SITE



GET FIRST AID APP



## 112 European emergency number

<b>999</b>	Emergency medical Services	<b>991</b>	Energy Emergency
<b>998</b>	Fire brigade	<b>994</b>	Water – Sewage Emergency
<b>997</b>	Police	<b>(22) 585 7910</b>	The Internal Security Agency
<b>986</b>	Municipal Guards	<b>(22) 236 5900</b>	The Government Centre for Security
<b>981</b>	Road Emergency	<b>987</b>	The AED location information phone number
<b>992</b>	Gas Emergency		The Duty Officer of the Provincial Crisis Management Center

## A CORRECT CALL FOR HELP



### Basic information we should pass while calling the emergency number is:

- The exact address of the place, what happened
- the type of event, the number of persons injured
- the condition of the injured person, your name and phone number



Never hang up first. The dispatcher may ask you additional questions and instruct you in first aid until the arrival of emergency medical team