

Stand Alone 6 – First Aid/CPR

Session 4 – Victim Assessment

LD 34 – First Aid/CPR

Date Revised: 11/19/19

Course Goal: To teach students how to provide First Aid and CPR. Utilize CAPRA

Session Goal: To teach recruit officers how to assess a victim.

Learning Objectives:

- Demonstrate appropriate actions to take during a primary assessment for assessing both a conscious and unconscious victim: [34.II.A]
 - Responsiveness [34.II.A.1]
 - Airway [34.II.A.2]
 - Breathing [34.II.A.3]
 - Circulation [34.II.A.4]
- Demonstrate appropriate actions to take during a secondary assessment for both a conscious and unconscious victim: [34.II.B]
 - Vital Signs [34.II.B.1]
 - Head to toe assessment [34.II.B.2]
 - Patient history [34.II.B.3]
- Identify assessment criteria for establishing priorities when assessing multiple victims at a single scene. [34.II.C]
- Recognize conditions under which an injured victim should be moved from one location to another. [34.II.D]
- Recognize proper procedures for moving a victim including:
 - Shoulder drag [34.II.E.1]
 - Lifts and carries which may include using:
 - Soft litters [34.II.E.2.a]
 - Manual extractions including fore/aft, side-by-side, shoulder/belt [34.II.E.2.b]

Required Learning Activity: [34.VIII.A.1.a-d]

Session Time: 2 hours

Resources: <ul style="list-style-type: none">• Classroom with tables• White board• Dry erase markers	
Session Summary: This session will begin with a facilitated discussion about the various aspects of victim assessment, including the primary assessment, secondary assessment, multiple victim assessment, and moving a victim. The students will also participate in a learning activity in which they will be required to demonstrate a primary assessment.	
Outline	Instructor Notes
	Facilitated discussion:

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<p>I. Victim assessment – Two-part process [1]</p> <p>A. Primary assessment [2] [34.II.A]</p> <p>1. Primary assessment definition [3]</p> <p>a. Rapid, systematic process</p> <p>b. To identify and immediately treat life threatening conditions</p> <p>c. To set priorities for further treatment</p> <p>2. Responsiveness - AVPU [4] [34.II.A.1]</p> <p>a. Determine if victim is alert by speaking with them directly</p> <p>1) “Are you okay?”</p> <p>2) “What is your name?”</p> <p>3) “Where are you?”</p> <p>b. If not alert, determine if the victim is verbal by using a tap and shout</p> <p>c. If unresponsive to verbal stimuli, check responsiveness to pain stimuli</p> <p>1) Tapping or pinching earlobe</p> <p>2) Rubbing the collar bone</p> <p>d. If victim does not respond to painful stimuli, they are unresponsive</p> <p>1) Activate EMS</p> <p>2) Check victim’s airway, breathing, then circulation as part of primary assessment</p> <p>3. Airway [5] [34.II.A.2]</p> <p>a. If the victim is alert and able to speak, it can be assumed that they have a clear airway and can breathe. Complete primary survey for bleeding and shock, then move to secondary survey</p> <p>b. Airway assessment for unresponsive victim</p> <p>1) Head-tilt/Chin-lift</p> <p>2) Jaw thrust</p> <p>4. Breathing [34.II.A.3]</p> <p>a. Look, listen and feel for normal breathing</p> <p>b. Continue with primary survey</p> <p>5. Circulation [6] [34.II.A.4]</p> <p>a. Alert victim</p> <p>1) It can be assumed that the victim has a pulse if they are conscious and breathing</p> <p>2) Check for indications of life-threatening conditions</p> <p>b. Unresponsive victim</p> <p>1) Checking for a pulse to determine circulation [7]</p> <p>2) Check pulse for five to ten seconds [8]</p> <p>3) No pulse [9]</p>	<p>[1] Ask – What is the next step for a First Responder once the emergency scene has been evaluated and necessary safety precautions taken?</p> <p>[2] Ask – What are the steps of a primary assessment?</p> <p>Seeking:</p> <ul style="list-style-type: none">• Responsiveness• Airway• Breathing• Circulation• Control major bleeding• Treat for shock <p>[3] Ask – What is goal of a primary assessment?</p> <p>[4] Ask – How should you check for responsiveness?</p> <p>Seeking:</p> <ul style="list-style-type: none">• Speak with victim directly• Tap and shout <p>[5] Ask – If the victim is conscious and able to speak, what can you assume about the condition of their airway?</p> <p>[6] Ask – If the victim is unconscious and not responsive, what is the next step you should take?</p> <p>[7] Ask – Where and how do you check for a pulse?</p> <p>[8] Ask – How long should you check for a pulse?</p> <p>[9] Ask – What treatment should you</p>
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<ul style="list-style-type: none">a) Begin CPR4) Pulse/No breathing [10]<ul style="list-style-type: none">a) Begin rescue breathing5) Victim has a pulse, is breathing, but is unconscious [11]<ul style="list-style-type: none">a) Check for indications of life-threatening conditions<ul style="list-style-type: none">(1) Major bleeding(2) Shockb) Place the victim in the recovery position [12]<ul style="list-style-type: none">(1) On their side(2) Head supported by the lower forearm(3) Aids breathing(4) Allows fluids or vomit to drain from the mouth6. Control major bleeding7. Treat for shock8. Consider c-spine stabilizationB. Secondary assessment [13] [34.II.B]<ul style="list-style-type: none">a. Check and document vital signs [14] [34.II.B.1]<ul style="list-style-type: none">1) Skin color2) Temperature3) Respiratory rate4) Pulse rateb. Head-to-toe assessment for injuries – DOTS [34.II.B.2]<ul style="list-style-type: none">1) Deformity2) Open injuries3) Tenderness4) Swellingc. Treat specific injuriesd. Gather patient history [34.II.B.3]<ul style="list-style-type: none">1) Gather initial information regarding the current incident2) Gather information regarding past medical problems that could be relatede. Be prepared to advise EMS of the results of the assessmentC. Multiple victim assessment [34.II.C]<ul style="list-style-type: none">1. Classification categories [15]<ul style="list-style-type: none">a. Deceased<ul style="list-style-type: none">1) No respiration2) After opening the airwayb. Immediate	<p>initiate if the victim has no pulse?</p> <p>[10] Ask – What treatment should you initiate if the victim has a pulse, but is not breathing?</p> <p>[11] Ask – What treatment should you initiate if the victim has a pulse, is breathing, but unconscious?</p> <p>[12] Ask – What is the purpose of the recovery position?</p> <p>Run learning activity [34.VIII.A.1.a-d] (20 minutes) – <u>Primary Assessment</u></p> <p>[13] Ask – What is the purpose of a secondary assessment?</p> <p>[14] Ask – List 4 vital signs that you should check and document during a secondary assessment.</p> <p>[15] Ask – What are the classification categories for a multiple victim assessment?</p>
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<ul style="list-style-type: none">1) Receives treatment first2) Once all victims are classifiedc. Delayed<ul style="list-style-type: none">1) Receives treatment2) Once all victims classified as immediate have been treatedd. Minor<ul style="list-style-type: none">1) Direct to a safe area2) Away from other victims and possible scene safety hazards2. Assessment criteria [16]<ul style="list-style-type: none">a. Breathing [17]<ul style="list-style-type: none">1) Clear airway if necessary2) Measure respiration rate<ul style="list-style-type: none">a) No respiration – classify as deceasedb) Over 30 cycles/minute – classify as immediatec) Below 30 cycles/minute<ul style="list-style-type: none">(1) Continue assessment(2) Check the victim’s circulation3) Continue assessmentb. Circulation [18]<ul style="list-style-type: none">1) Check capillary refill on extremities<ul style="list-style-type: none">a) More than 2 seconds – classify as immediateb) Less than 2 seconds<ul style="list-style-type: none">(1) Continue assessment(2) Check the victim’s mental status2) Continue assessmentc. Mental status [19]<ul style="list-style-type: none">1) Give simple commands<ul style="list-style-type: none">a) Unable to follow commands – classify as immediateb) Follows commands – classify as delayed or minor2) Begin treatment<ul style="list-style-type: none">a) After assessment and classification of all victimsb) Begin with treatment of victims classified as immediate [20]D. Moving a victim [21]<ul style="list-style-type: none">1. Conditions for moving a victim [34.II.D]<ul style="list-style-type: none">a. Do not move a victim unless it is absolutely necessaryb. Unconscious victims should be treated as though they have a spinal injuryc. Move only when the victim is in a life-	<p>[16] Ask – What are the 3 assessment criteria for multiple victim assessment?</p> <p>[17] Ask – How do you measure the victim’s breathing to determine their classification?</p> <p>[18] Ask – How should you check the victim’s circulation to determine their classification?</p> <p>[19] Ask – How should you check the victim’s mental status to determine their classification?</p> <p>[20] Ask – Which classification of victims should you treat first? Why?</p> <p>[21] Ask – Can a police officer move a victim?</p> <p>[22] Ask – When should you move a victim?</p>
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<p>threatening situation [22]</p> <ol style="list-style-type: none">1) Imminent danger [23]<ol style="list-style-type: none">a) When the danger outweighs the risk of further injury from being movedb) Fire or threat of fire or explosionc) Toxic gases or radiationd) Electrical hazardse) Uncontrolled moving trafficf) Active shooter (MACTAC)2) Unable to assess<ol style="list-style-type: none">a) When it is not possible to do a primary survey of the victim's conditionb) When the victim's condition or an officer's ability to provide basic life-saving procedures is not possible due to the victim's position<ol style="list-style-type: none">(1) Slumped over the steering wheel(2) When CPR is required <p>2. General guidelines [24] [34.II.E]</p> <ol style="list-style-type: none">a. Plan<ol style="list-style-type: none">1) Identify a safe location before attempting to move the victim2) Move only as far as is absolutely necessaryb. Reassure victim<ol style="list-style-type: none">1) Tell the victim what is going on and why they are being moved2) Keep the victim as calm as possiblec. Victim stability [25]<ol style="list-style-type: none">1) Keep the victim in a straight line during the movement2) Keep the victim lying down3) Move the victim rapidly but also as carefully and gently as possible4) Be careful not to bump the victim's head during movement5) If an infant is fastened in a car seat<ol style="list-style-type: none">a) Do not remove the infantb) Move infant and seat together <p>E. Moving a victim using the shoulder drag technique [34.II.E.1]</p> <ol style="list-style-type: none">1. Purpose<ol style="list-style-type: none">a. Safely move a victimb. To avoid officers straining their back [26]<ol style="list-style-type: none">1) Bend their knees2) Keep their backs straight	<p>[23] Ask – List 5 examples of imminent danger.</p> <p>[24] Ask – List 3 general guidelines for moving a victim.</p> <p>[25] Ask – List 4 guidelines for keeping a victim stable during movement.</p> <p>[26] Ask – How can officers avoid straining their back when using the shoulder drag technique?</p>
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<p>3) Let their leg muscles do most of the work</p> <p>2. Technique [27]</p> <ul style="list-style-type: none">a. Use hands and grasp the victim under the armpitsb. Stabilize the victim’s head and neck to reduce the risk of injuryc. Carefully lift the victim keeping the head and shoulders as close to the ground as possibled. Drag the victim so that the head, torso, and legs remain in a straight line<ul style="list-style-type: none">1) Do not pull sideways [28]2) Do not sit them upe. Gently place the victim in the new locationf. Assess the victim’s condition <p>F. Moving a victim using soft litters [29] [34.II.E.2.a]</p> <ul style="list-style-type: none">1. Purpose<ul style="list-style-type: none">a. Move a victim more efficiently across larger distances, uneven terrain, or over obstacles.b. Can be used for tactical extractions, but involve the risk of set up time2. Technique<ul style="list-style-type: none">a. Place litter to side of victimb. Carefully roll the victim to their side and hold them there.c. Slide the soft litter underneath the victim, then lay them back down on top of the litter.d. Using two or more officers, one on each side of the victim, lift the victim using the straps sewn onto the litter, and safe lifting technique.e. Gently place the victim in the new location.f. Assess the victim’s condition. <p>G. Moving a victim using manual extractions [30] [34.II.E.2.b]</p> <ul style="list-style-type: none">1. Purpose<ul style="list-style-type: none">a. Remove a victim or officer from danger as quickly and safely as possible.b. Faster than body drag, but with increased risk of spinal movement.c. Move a victim across larger distances, uneven terrain, or over obstacles.d. Require multiple officers to complete2. Fore and Aft Carry<ul style="list-style-type: none">a. This technique is for carrying a victim through narrow or uneven areasb. Technique<ul style="list-style-type: none">1) The rescuers will position themselves, one	<p>[27] Ask – What are the basic steps for the shoulder drag technique?</p> <p>[28] Ask – Why is it important not pull the victim sideways during movement? Seeking:</p> <ul style="list-style-type: none">• Keep the spine aligned• Prevent further injury to the neck/spine <p>[29] Ask – What are some circumstances where an officer would need to move a victim, but the shoulder drag technique would not be appropriate? Seeking:</p> <ul style="list-style-type: none">• Stairs• Uneven terrain• Active Shooter (MACTAC) <p>[30] Ask - What are some ways that an officer could move a victim in an emergency with no extra equipment?</p>
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<p>at the victim's head, the other at the victim's feet</p> <ol style="list-style-type: none">2) The rescuer at the head will kneel on one knee, place a hand underneath each of the victim's shoulders and raise the victim to a seated position3) Once in the seated position, the rescuer at the head will then slide forward, using their body to maintain the victim's position, while reaching their hands underneath the victim's armpits4) With the hands that are under the victim's armpits, the rescuer then grabs the victim's same side wrists and crosses their arms, bringing the rescuer's hands to the center of the victim's body5) After crossing the arms, the rescuer at the head then moves from a kneeling position to a squat position6) The rescuer at the feet separates the victim's feet, and steps in between the legs, turning around to face towards the victim's feet.7) The rescuer then squats down and grabs the victim's ankles with a thumb less grip8) Both rescuers then simultaneously stand from the squat position, lifting the victim with good technique9) Walk in the direction that the rescuers and victim are all facing <p>3. Side-by-Side Carry</p> <ol style="list-style-type: none">a. This technique is for carrying a victim longer distances. This technique can support an unconscious victim.b. Technique<ol style="list-style-type: none">1) Both rescuers squat down on either side of the victim2) Reach under the victim's shoulders and under their knees3) Grasp the other rescuer's wrists4) Stand from the squat position, with good lifting technique5) Walk in the direction that the victim is facing <p>4. Shoulder and Belt Carry</p> <ol style="list-style-type: none">a. For the conscious victim, this carry allows the victim to swing their leg using the rescuers as	
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a pair of crutches. For the unconscious victim, it is a quick and easy way to move a victim out of immediate danger

b. Technique

- 1) Start with the victim on the ground
- 2) Both rescuers stand on either side of the victim's chest
- 3) The rescuer's hand nearest the feet grabs the victim's wrist on their side of the victim
- 4) The rescuer's other hand grasps the clothing of the shoulder nearest them
- 5) Pulling and lifting the victim's arms, the rescuers bring the victim into a sitting position
- 6) The rescuers will then squat down, placing the victim's arms over their shoulders, facing the same direction as the victim
- 7) The conscious victim will then stand with rescuer assistance and their hands around the victim's waist
- 8) For the unconscious victim, the rescuers will grasp the belt or waistband of the victim's clothing
- 9) Both rescuers then simultaneously stand from the squat position, with good lifting technique, raising the victim
- 10) The rescuers walk facing forward, dragging the victim's legs behind

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Learning Activity – Primary Assessment

Purpose: Peace officers must be able to assess the immediate condition of a victim, a fellow officer, or themselves if they become injured prior to beginning any form of emergency medical services, including basic life support. This learning activity will reinforce the students' knowledge of a primary assessment, and give them an opportunity to physically practice conducting the assessment. [34.VIII.A.1.a-d]

Description: The instructor will begin the activity by explaining the purpose and expectations. The students will be assigned to work as a group at their designated table. Groups should be kept to 3-6 students. One student from the group will play the role of the victim, and another student will play the role of the responding officer. A third student at the table will direct and oversee the scenario, advising the officer of the result of each step of the assessment. The scenario should end when the officer has completed the assessment and determined their treatment (no actual treatment should be given, e.g. CPR.) The victim will simulate one of four possible scenarios (see below), which the instructor should write on the white board for reference. Each group should complete all four scenarios, with the students assuming a different role for each scenario. The students should use only the space immediately around their table to simulate the scenario. Victims can choose to either lie down on the ground, or sit in a chair, depending on the given scenario. When not participating in the scenario, the students should observe and make notes of questions or issues they notice during the scenario.

Scenario #1: The victim is unconscious, not breathing, and has no pulse.

Correct officer actions:

- Tap and shout
- Activate EMS
- Quick, visual check for breathing
- Check for a pulse

Treatment: Begin CPR

Scenario #2: The victim is unconscious, not breathing, but has a pulse.

Correct officer actions:

- Tap and shout
- Activate EMS
- Quick, visual check for breathing
- Check for a pulse

Treatment: Begin rescue breathing

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Scenario #3: The victim is unconscious, is breathing, and has a pulse.

Correct officer actions:

- Tap and shout
- Activate EMS
- Quick, visual check for breathing
- Check for a pulse
- Control for major bleeding
- Treat for shock

Treatment: Place in the recovery position, monitor vital signs, and begin secondary assessment

Scenario #4: The victim is conscious, breathing, and has a pulse.

Correct officer actions:

- Tap and shout
- Control any major bleeding
- Treat for shock
- Activate EMS if necessary

Treatment: Begin secondary assessment

Once all the tables have the completed each of the four scenarios, the instructor should conduct a five minute, overhead, facilitated discussion about the exercise. Any problems, questions, or issues should be addressed. The instructor should conclude the activity by reinforcing the key learning points.

Resources needed:

- Classroom with tables
- White board
- Dry-erase markers

Key learning points:

- The primary assessment is a rapid, systematic process to detect life-threatening conditions
- Check for responsiveness
- Check for breathing
- Check for circulation
- Check for major bleeding
- Treat for shock

Time required: 20 minutes