Session 11 – Traumatic Injuries LD 34 – First Aid

Date Revised: 11/19/19

Course Goal: To teach recruit officers how to provide first aid and CPR. Utilize CAPRA.

Session Goal: To teach recruit officers the knowledge and skills necessary to provide appropriate first aid for traumatic injuries.

Learning Objectives:

- Recognize indicators of a possible head injury [34.IV.A]
- Recognize the appropriate first aid measures for treating facial injuries to include: [34.IV.B]
 - Objects in the eye [34.IV.B.1]
 - Chemicals in the eye [34.IV.B.2]
 - Dental emergency [34.IV.B.3]
 - Nose bleed [34.IV.B.4]
- Recognize appropriate first aid measures for treating open and closed injuries to the: [34.IV.C]
 - Chest [34.IV.C.1]
 - Chest seals and dressings [34.IV.C.1.a]
 - Abdomen [34.IV.C.2]
- Recognize appropriate first aid measures for internal bleeding [34.IV.D]
- Identify appropriate first aid measures for treating injuries or wounds to the bones, muscles, soft tissues, or joints [34.IV.E]
- Recognize appropriate first aid measures for treating injuries to the head, neck, and back including: [34.IV.F]
 - Spinal immobilization [34.IV.F.1]
- Recognize appropriate first aid measures for treating: [34.IV.G]
 - Thermal burns [34.IV.G.1]
 - Chemical burns [34.IV.G.2]
 - Electrical burns [34.IV.G.3]
 - Radiation burns [34.IV.G.4]

Session Time: 2 hours

Resources:

- Classroom with tables
- White board
- Dry-erase markers
- Video case study Flail Chest
- Video case study Sucking Chest Wound

Session Summary: The instructor will lead an overhead facilitated discussion with the students.

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		Outline	Instructor Notes
١.	Trauma	itic Injuries	
	A. He	ad injuries [1] Indications of head injury [34.IV.A] a. Mechanism of injury 1) Striking a vehicle's windshield or dashboard	[1] Ask – What are some important factors to consider when dealing with victims of a head injury?
		 2) Blow to the head 3) Falls b. Mental status [2] 	[2] Ask – What symptoms might be
		 Agitated or confused Combative or appears intoxicated Decreased level of consciousness Loss of short term memory Loss of consciousness Vital signs 	indicative of a serious head injury?
		 Abnormal breathing patterns Decreased pulse General deterioration of vital signs 	
		 d. Visible injury 1) Deformity of head/skull 2) Visible bone fragments e. Appearance 	
		 Clear or bloody fluid from ears and/or nose Unequal pupils Bruises behind ears Discoloration around eyes Paralysis Priapism 	
		f. Other1) Blurred vision2) Projectile vomiting	[3] Ask – what first aid measures
	2.	 First aid measures [3] [34.IV.B] a. Position Do not move victim's head or neck Have the victim remain in the position they 	should a police officer take to treat a victim of a facial injury?
		 were found in b. Assessment Determine level consciousness Conduct a primary and secondary survey Jaw-thrust to open the airway 	
		 c. Treatment Activate EMS Control bleeding Be alert for cerebrospinal fluid Bandage loosely Do not restrict flow 	

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			4) Do not apply direct pressure				
			5) Be prepared for vomiting				
			6) Treat for shock [34.III.N]				
			7) Do not elevate the victim's legs				
			8) Reassure the victim	[4] Ask – What is the main			
	-		9) Continue to monitor the victim	consideration when dealing with an			
	3.		paled objects [4]	impaled object?			
		a.	If there is no airway obstruction, do not				
			remove				
		b.	If the airway is obstructed:				
			1) Carefully pull the object out from the				
			direction it entered				
			a) If the object resists, stop pulling				
			b) Place a protective device around it to				
			stabilize the object				
			c) Secure with a bandage	[5] Ask – What is the main			
			Place dressings to control bleeding	consideration when dealing with			
В.			njuries [5] [34.IV.B]	objects in the eye?			
	1.	Ob	jects in the eye [34.IV.B.1]				
		а.	Impaled objects in the eye should not be				
			removed				
		b.	Cover affected eye with a protective device,				
			like a small paper cup				
		с.	Bandage both eyes shut				
		d.	Do not apply direct pressure				
		e.	Do not remove any impaled object				
		f.	Reassure the victim				
	2.	Che	emicals in the eye [34.IV.B.2]				
		a.	If both eyes are affected, treat victim with their				
			face and eyes pointed down.				
		b.	If only one eye is affected, lay victim on their				
			side, and treat the eye closest to the ground.				
		с.	If a dry chemical, brush away chemical prior to				
			flushing with water, if a liquid, begin flushing				
			immediately				
		d.	Flush from the inside of eye out to avoid cross				
			contamination, starting from the bridge of the				
			nose				
		e.	Have victim remove contact lenses				
		f.	Do not rub the eye or allow victim to rub the				
			еуе	[6] Ask – What is the main			
		g.	If possible, identify the chemical and contact	consideration when dealing with			
			poison control	injuries involving the mouth?			
	3.	De	ntal emergencies[6][34.IV.B3]				
		a.	Activate EMS				
		b.	Ensure that the airway is clear and				
			unobstructed				

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	с.	Visually inspect the oral cavity to ensure that	
		there are no teeth or fragments	
	d.	Control bleeding as necessary	
	e.		
		apparatus	
	f.	You may transport the tooth in a variety of	[7] Ask – What is the main concern
		solutions (e.g., saline, whole milk, or victim's	when dealing with a nose bleed?
		saliva)	when dealing with a nose bleed.
	a	Reassure the victim	
	g. h.		
4.		se bleed [7] [34.IV.B.4]	
	a.	If conscious and no spinal injury suspected	
		1) Assume a seated position	
		2) Lean forward slightly	
		3) Pinch the nose where bone and cartilage	
		meet	
		Maintain position until bleeding stops	
	b.	If unconscious	
		 Place victim in recovery position if 	
		appropriate	
		2) Maintain an open airway	[8] Ask – What types of chest
	c.	Do not pack the victim's nostrils. This could	injuries would a police officer likely
		cause blood to back up and create an	encounter?
		obstructed airway	
C. Ch	est ii	njuries [8] [34.IV.C.1]	[9] Ask – Do you think chest and
		bes of chest and abdominal injuries	abdominal injuries are more
	a.	Blunt trauma	serious when they are open or
	b.	Penetrating object	closed?
	C.		 Explain how, why and give
2.		ised chest wound [9]	some examples
		Flail chest [9.1]	some examples
	и.	1) Ribs and/or sternum are fractured	[9.1] Show video case study – Flail
		2) A segment of the chest wall does not move	Chest
		with the rest of the chest during respiration	Chest
	b.	Paradoxical breathing	
	υ.	1) Both sides of the chest do not move in a	
		,	
		synchronized manner	
		2) First aid measures	
		a) Activate EMS	
		b) Place victim in a recovery position	
		(1) On the injured side	
		(2) With support for the back	
		c) Supine position	
		3) Treat for shock	[9.2] Show video case study –
		Continue to monitor the victim	Sucking Chest Wound
3.	Ор	en chest wound	
	a.	Considered life-threatening	
		-	

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 b. Sucking chest wound [9.2] Perathing and heart function impaired Chest seals/occlusive dressing [10] [34.IV.C.1.a] Definition Nonporous dressing Used to cover the wound Creates and air tight seal Application [11] [11.1] Place a gloved hand over the wound Wipe excess bleeding/fluids from the wound site. The dressing should be at least two inches wider than the wound itself Upon exhalation apply the chest seal directly over the wound Treat for shock Continue to monitor the victim If indications of increased respiratory distress are present, peel up one edge of the seal to "burp" the seal and immediately reapply (tension pneumothorax) If the chest has both entrance and exit wounds, occlusive dressings should be placed on both wounds. The physically higher wound should be vented Closed abdominal wound and internal bleeding [12] Closed abdominal wound and internal bleeding [13] Victim found in fetal position Rapid, shallow breathing Rapid, shallow breathing Rapid or tender abdomen Place in comfortable position Treat for shock Continue to monitor the victim Be prepare for vomiting Open abdominal wounds [14] Assessment Determine consciousness Conduct primary and secondary surveys Treatment Activate EMS Conduct primary and secondary surveys Treatment Activate EMS 					LD 34 – FIISL AIU	
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 2) Rapid, shallow breathing 3) Rapid pulse 4) Rigid or tender abdomen 5) Pain to touch 5) Pain to touch 6. First aid measures for internal bleeding [34.IV.D] 1) Activate EMS 2) Place in comfortable position 3) Treat for shock 4) Continue to monitor the victim 5) Be prepare for vomiting 2. Open abdominal wounds [14] a. Assessment 1) Determine consciousness 2) Conduct primary and secondary surveys b. Treatment 			a.	Ind	icators [13]	
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 3) Rapid pulse 4) Rigid or tender abdomen 5) Pain to touch b. First aid measures for internal bleeding [34.IV.D] 1) Activate EMS 2) Place in comfortable position 3) Treat for shock 4) Continue to monitor the victim 5) Be prepare for vomiting 2. Open abdominal wounds [14] a. Assessment 1) Determine consciousness 2) Conduct primary and secondary surveys b. Treatment 				2)	Rapid, shallow breathing	concern when dealing with a closed
 4) Rigid or tender abdomen 5) Pain to touch b. First aid measures for internal bleeding [34.IV.D] 1) Activate EMS 2) Place in comfortable position 3) Treat for shock 4) Continue to monitor the victim 5) Be prepare for vomiting 2. Open abdominal wounds [14] a. Assessment b. Treatment 				3)	Rapid pulse	÷
 5) Pain to touch 6. First aid measures for internal bleeding [34.IV.D] 1) Activate EMS 2) Place in comfortable position 3) Treat for shock 4) Continue to monitor the victim 5) Be prepare for vomiting 2. Open abdominal wounds [14] a. Assessment b. Treatment 				•		
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2) Conduct primary and secondary surveysb. Treatment			a.			
b. Treatment				•		
				2)	Conduct primary and secondary surveys	
1) Activate EMS			b.	Tre	atment	
				1)	Activate EMS	

LD 34 – First Aid							
			2) Place the victim in a supine position with				
			the knees up				
			3) Apply a sterile dressing to control bleeding	[15] Ask – How would the first aid			
			4) Treat for shock	measures change if there are			
			5) Continue to monitor the victim	protruding organs?			
	3.	Pro	otruding organs [15]				
		a.	Assessment				
			1) Determine consciousness				
			2) Conduct primary and secondary surveys				
		b.	Treatment				
			1) Activate EMS				
			2) Place the victim in a supine position with				
			the knees up				
			3) Cover with a moist, sterile dressing				
			4) Seal with airtight bandage	[16] Ask – What are the			
			5) Treat for shock	components of the musculo-			
			6) Continue to monitor the victim	skeletal system?			
E.	Воі	ne, j	oint, and muscle injuries [16] [34.IV.E]	,			
			isculo-skeletal system				
		a.	Bone				
		b.	Joint				
		c.	Skeletal muscle				
		d.	Cartilage	[17] Ask – Describe the ways bone,			
		e.	Tendon	joint and muscle Injuries be			
		f.	Ligament	"traumatic"?			
	2.	Μι	isculo-skeletal injuries [17]				
		a.	Direct	[18] Ask – What are the most			
		b.	Indirect	common injuries to the musculo-			
		c.	Twisting	skeletal system?			
	3.	Тур	bes of injuries [18]				
		a.	Fractures				
		b.	Dislocations	[19] Ask – What first aid measure			
		с.	Sprains	should a police officer take for a			
		d.	Strains	musculo-skeletal injury?			
	4.	Firs	st aid measures [19]				
		a.	Assessment				
			1) Conduct a primary and secondary survey				
			2) Determine if there are any life-threatening				
			injuries				
		b.	Treatment				
			1) Activate EMS				
			Do not manipulate the injury				
			3) Expose the area				
			4) Control bleeding				
			5) Stabilize above and below the joint	[20] Ask – What extra first aid			
			6) Check capillary refill	measures are required for a			
			7) Treat for shock	suspected spinal injury?			

	LD 34 – First Aid	
8	Do not elevate the legs	
c. 1	Freatment considerations for spinal injuries	
[20] [34.IV.F]	
1	1) Spinal immobilization prevents further	
	damage to spinal cord for head, neck and	
	back injuries, by preventing the victim's	
	head and neck from moving	
2	2) Spinal immobilization technique [34.IV.F.1]	
	a) Have victim lay down	
	b) Use your forearms to act as brace along	
	the sides of the victim's head	
	c) Hold onto the victim's trapezius	
	muscles to anchor your arms to their	
	upper body	[21] Ask – What is the priority
	d) Do not let the victim's head or neck	when encountering a burn victim?
	move	Seeking:
F. Burns [7]] [34.IV.G]	• Treating other life threatening
	ssment [21]	conditions, if present
a. (Conduct a primary and secondary survey	
b. [Determine if there are any life-threatening	[22] Ask – Describe how burns are
i	njuries	classified
2. Seve	rity [22]	
a. F	First degree	
1	 Damage to the epidermis only 	
2	2) Skin appears red	
3	Can be very painful	
b. S	Second degree	
1	 Damage to the epidermis and dermis 	[23] Ask – Which burn classification
2	Skin appears red and mottled	is the most serious?
3	Accompanied by blisters	
	 Causes intense pain 	
c. 1	Third degree [23]	
1	 Damage to the epidermis, dermis, and into 	
	the fatty layer and muscle	[24] Ask – Discuss the different
2	Most serious of all burns	ways a victim can receive a first,
3	3) Skin appears dry, leathery, and discolored	second or third degree burns.
4	 May be painful or may not if nerve endings 	
	are destroyed [24]	[25] Ask – What is a thermal burn?
	mal burns [25] [34.IV.G.1]	
	Description	[26] Ask – How do you treat a
	1) Caused by direct heat	thermal burn?
	2) Hot liquids	
	3) Hot objects	Ask – How can officers prepare
	First aid measures [26]	while enroute to a traumatic injury
	1) Activate EMS	medical aid call?
	2) Remove victim from source of heat	
	Cool the burned area with cool water	

			LD 34 – First Aid	
		4)	Apply a dry sterile dressing and bandage	
			loosely	[27] Ask – What is a chemical
		5)	Treat for shock	burn?
		•		burn:
		'	Monitor victim	
4.	Che	emic	al burns [27] [34.IV.G.2]	
	a.	Des	scription	
		1)	Caused by acids or alkalis	[28] Ask – How do you treat a
		2)	Most frequent in industrial settings	chemical burn?
	h	,		
	D.		st aid measures [28]	
		'	Activate EMS	
		2)	Wear PPE's	
		3)	If the chemical is a dry powder:	
			a) Brush away as much as possible	
			b) Flush with water	
		4)	-	
		4)	Remove excess chemical, exposed clothing,	
			or jewelry prior to flushing	
		5)	Flush with water for 15-30 minutes	
		6)	Cover burn with dry sterile dressing	
			Treat for shock	[29] Ask – What is an electrical
		,	Monitor victim	burn?
-	ГІа	•		barn:
5.			al burns [29] [34.IV.G.3]	
	а.		scription	
		1)	The body becomes a conduit for electrical	
			current	[30] Ask – How do you treat an
		2)	May cause extensive internal injuries	electrical burn?
	b.	Firs	st aid measures [30]	
			Ensure the scene is safe	
		2)	Do not touch the victim until the source of	
			the current has been turned off	
			If necessary, begin CPR immediately	
		4)	Examine the victim for external wounds	
		5)	Treat all wounds the same as with thermal	
		- /	burns	
		6)	Treat for shock	
		- /		
		7)	Monitor victim	
	с.	Ele	ctrical current and vehicles	
		1)	Do not touch the lines or any part of the	
			vehicle	
		2)	Instruct the occupants to remain in the	
		,	vehicle	
		31	Wait for the utility company to turn off the	
		5)		
			power before taking any action	
		4)	Occupants should not be told to leave the	
			vehicle unless life-threatening	[31] Ask – What is a radiation
			circumstances exist	burn?
6.	Rac	liati	on burns [31] [34.IV.E.4]	
	a.		scription	
	u.	Des		

LD 34 – First Aid

		 Occurs when the body is exposed to 	[32] Ask – How do you treat a
		radiation	radiation burn?
		2) Either a single large dose or chronically	
	b.	First aid measures [32]	
		1) Activate EMS	
		Evacuate the area of exposure	
		3) Remove exposed clothing	
		4) Wash body and hair thoroughly	
		5) Dry and wrap affected areas with a towel	
		or blanket	
		6) Treat for shock	
		7) Monitor victim	
7.	Ra	diation sickness	
	a.	Signs and symptoms	
		1) Nausea and vomiting	
		2) Diarrhea	
		3) Skin burns	
		4) Weakness	
		5) Fatigue	
		6) Loss of appetite	
		7) Fainting	
		8) Dehydration	
		9) Inflammation	
		10) Bleeding from nose, mouth, gums, and	
		rectum	
		11) Low red blood cell count	
		12) Hair loss	
	h	Acute exposure	
		1) Large single dose of radiation	
		 Can cause rapid development of radiation 	
		sickness	
	c.	Chronic exposure	
	с.	1) Often produces effects that can be	
		observed within weeks after the initial	
		exposure	
		 May not show up until years later 	
	Ч	Only provide medical care if you have	
	u.	appropriate PPE's	
		appi opliate FFE S	