

**Stand Alone 6 – First Aid**  
*Session 12 – Medical Emergencies*  
*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 medical emergencies.

**Learning Objectives:**

- Recognize indicators of, and first aid measures for a victim experiencing: [34.V.A]
  - Cardiac emergency [34.V.A.1]
  - Respiratory emergencies including asthma and Chronic Obstructive Pulmonary disease (COPD) [34.V.A.2]
  - Drowning [34.V.A.3]
  - Seizure [34.V.A.4]
  - Stroke [34.V.A.5]
  - Altered mental status [34.V.A.6]
  - Severe abdominal pain [34.V.A.7]
- Identify the signs and symptoms of psychological emergencies [34.V.B]
- Differentiate between indicators and first aid measures for treating diabetic emergencies: [34.V.C]
  - Low blood sugar (hypoglycemia) including assisted oral glucose administration [34.V.C.1]
  - High blood sugar (hyperglycemia) [34.V.C.2]
- Recognize appropriate first aid measures for a victim experiencing signs of: [34.V.D]
  - poisons that have been ingested, inhaled, absorbed, or injected [34.V.D.1]
    - Poison control system access [34.V.D.1.a]
  - Alcohol and/or drug-related emergencies including: [34.V.D.2]
    - Assisted Naloxone administration [34.V.D.2.a]
    - Accessing EMS [34.V.D.2.b]

**Session Time:** 2 hours

<b>Resources:</b> <ul style="list-style-type: none"><li>• Classroom with tables</li><li>• White board</li><li>• Dry-erase markers</li></ul>	
<b>Session Summary:</b> The instructor will lead an overhead facilitated discussion with the whole class.	
<b>Outline</b>	<b>Instructor Notes</b>



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*LD 34 – First Aid*

<ul style="list-style-type: none"><li>c. May assist if required<ul style="list-style-type: none"><li>1) Remove from container</li><li>2) Place in victim's hand</li></ul></li><li>B. Respiratory emergencies <b>[34.VA2]</b><ul style="list-style-type: none"><li>1. Adequate breathing<ul style="list-style-type: none"><li>a. Adult – 12-20 breaths per minute</li><li>b. Child (1 year to puberty) – 15 to 30 breaths per minute</li><li>c. Infant (newborn to 1 year) – 25-50 breaths per minute</li></ul></li><li>2. Causes of respiratory emergencies <b>[5]</b><ul style="list-style-type: none"><li>a. Existing illness, such as Asthma and Chronic Obstructive Pulmonary Disease (COPD)<b>[34.V.A.2]</b></li><li>b. Allergic reaction</li><li>c. Cardiac emergency</li><li>d. Drowning / Obstructed airway <b>[34.V.A.3]</b></li><li>e. Suffocation</li><li>f. Body positioning that restricts breathing</li><li>g. Drug overdose</li><li>h. Hyperventilation</li></ul></li><li>3. Indicators <b>[6]</b><ul style="list-style-type: none"><li>a. Breathing rate<ul style="list-style-type: none"><li>1) Abnormally fast</li><li>2) Sporadic or irregular breaths</li></ul></li><li>b. Labored breathing<ul style="list-style-type: none"><li>1) Increased effort</li><li>2) Shallow or very deep</li><li>3) Little or no air is felt at the nose and mouth</li><li>4) Uneven or little chest movement</li><li>5) Accessory muscle use</li></ul></li><li>c. Breathing sounds<ul style="list-style-type: none"><li>1) Wheezing, gurgling, deep snoring sounds</li><li>2) No breathing sounds</li></ul></li><li>d. Coloring<ul style="list-style-type: none"><li>1) Cyanosis<ul style="list-style-type: none"><li>a) Lips, nail bed, skin</li><li>b) Appear blue-grey in color</li></ul></li><li>2) Due to lack of oxygen</li></ul></li><li>e. Mental status<ul style="list-style-type: none"><li>1) Anxious</li><li>2) Fearful</li><li>3) Panicky</li></ul></li></ul></li></ul></li></ul>	<p><b>[5] Ask</b> – List some examples of respiratory emergencies</p> <p><b>[6] Ask</b> – What indicators would you observe with a victim having difficulty breathing?</p> <p><b>[7] Ask</b> – How can you treat a victim of a respiratory emergency?</p>
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*Session 12 – Medical Emergencies*  
*LD 34 – First Aid*

<p style="text-align: center;">4) Altered</p> <p>4. First aid measures <b>[7]</b></p> <ul style="list-style-type: none"><li>a. Conduct primary and secondary surveys</li><li>b. Clear airway if obstructed, as in drowning</li><li>c. Place the victim in a position of comfort</li><li>d. If unconscious, place in recovery position</li><li>e. Keep the victim calm and still</li><li>f. Allow the victim to take prescribed medications related to respiratory emergency</li><li>g. Loosen any restrictive clothing</li><li>h. Provide care to prevent shock</li><li>i. Continue to monitor victim</li><li>j. Be prepared to begin rescue breathing</li></ul> <p>C. Seizures <b>[8] [34.V.A.4]</b></p> <p>1. Definition</p> <ul style="list-style-type: none"><li>a. Surge of energy through the brain</li><li>b. Massive involuntary contractions of muscles</li><li>c. Possible unconsciousness</li></ul> <p>2. Indicators <b>[9]</b></p> <ul style="list-style-type: none"><li>a. Staring spells</li><li>b. Disorientation</li><li>c. Lethargy</li><li>d. Slurred speech</li><li>e. Staggering or impaired gait</li><li>f. Tic-like movements</li><li>g. Rhythmic movements of the head</li><li>h. Purposeless sounds and body movements</li><li>i. Dropping of the head</li><li>j. Lack of response</li><li>k. Eyes rolling upward</li><li>l. Lip smacking, chewing, or swallowing movements</li><li>m. Partial or complete loss of consciousness</li><li>n. Picking at clothing</li><li>o. Bluish skin tone</li><li>p. Urination</li></ul> <p>3. First aid measures <b>[10]</b></p> <ul style="list-style-type: none"><li>a. Do not restrain the victim</li></ul>	<p><b>[8] Ask</b> – What is a seizure?</p> <p><b>[9] Ask</b> – What are some indicators of a seizure, or imminent seizure?</p> <p><b>[10] Ask</b> – What first aid measures can you begin to assist a person having a seizure?</p> <p><b>[11] Ask</b> – What is a stroke?</p>
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*Session 12 – Medical Emergencies*  
*LD 34 – First Aid*

<p>2) Nausea, vomiting</p> <p>3. First aid measures <b>[13]</b></p> <ul style="list-style-type: none"><li>a. Conduct primary and secondary surveys</li><li>b. Activate EMS</li><li>c. If conscious, elevate head and shoulders slightly</li><li>d. If unconscious, place in recovery position on affected side</li><li>e. Continue to monitor victim</li><li>f. Maintain an open airway</li><li>g. Reassure victim</li><li>h. Take actions to prevent shock</li><li>i. Protect any numb or paralyzed areas from possible injury</li><li>j. Do not give victim anything by mouth</li></ul> <p>E. Altered mental status <b>[14] [34.V.A.6]</b></p> <ul style="list-style-type: none"><li>1. Definition<ul style="list-style-type: none"><li>a. Refers to general deviations from normal brain function</li><li>b. Altered mental status is an indicator for a wide range of emergency medical conditions</li></ul></li><li>2. Indicators of altered mental status<ul style="list-style-type: none"><li>a. Confusion<ul style="list-style-type: none"><li>1) Loss of alertness and orientation<ul style="list-style-type: none"><li>a) Person</li><li>b) Place</li><li>c) Time</li><li>d) Event</li></ul></li></ul></li><li>b. Anxiety</li><li>c. Restlessness</li><li>d. Combativeness</li><li>e. Sudden unconsciousness</li></ul></li><li>3. First aid measures <b>[15]</b><ul style="list-style-type: none"><li>a. Conduct primary and secondary survey</li><li>b. Activate EMS</li><li>c. Attempt to determine cause of Altered mental status<ul style="list-style-type: none"><li>1) Overdose to alcohol, drugs or poison</li><li>2) Shock<ul style="list-style-type: none"><li>a) Diabetic emergency</li><li>b) Heat emergency</li><li>c) Bleeding<ul style="list-style-type: none"><li>(1) External</li></ul></li></ul></li></ul></li></ul></li></ul>	<p><b>[15] Ask</b> – What first aid measures would you implement for a victim with an altered mental status?</p> <p><b>[16] Ask</b> – What is severe abdominal pain?</p> <p><b>[17] Ask</b> – What are some indicators that a victim with abdominal pain could be suffering from a medical emergency?</p>
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*Session 12 – Medical Emergencies*  
*LD 34 – First Aid*

<p style="text-align: center;">(2) Internal</p> <ul style="list-style-type: none"> <li>3) Head trauma or brain injury <ul style="list-style-type: none"> <li>a) Stroke</li> <li>b) Seizure</li> </ul> </li> <li>4) Disease <ul style="list-style-type: none"> <li>a) Alzheimer</li> <li>b) Tumor</li> <li>c) Psychosis</li> <li>d) Stroke</li> </ul> </li> <li>d. If no spinal injury indicated, keep head elevated</li> <li>e. Reassure the victim</li> <li>f. Monitor and treat for shock</li> </ul> <p>F. Severe abdominal pain <b>[16] [34.V.A.7]</b></p> <ul style="list-style-type: none"> <li>1. Definition <ul style="list-style-type: none"> <li>a. Pain concentrated to the abdomen, or lower torso</li> <li>b. Most causes are not serious, but others may be an indication of serious injury, such as: <ul style="list-style-type: none"> <li>1) Appendicitis</li> <li>2) Gall bladder problems</li> <li>3) Kidney stones</li> <li>4) internal bleeding</li> <li>5) Other gastrointestinal conditions, such as a stomach ulcer</li> </ul> </li> </ul> </li> <li>2. Indicators <b>[17]</b> <ul style="list-style-type: none"> <li>a. Complaint of pain to the abdomen, can be generalized to the whole area, or specific to a localized part of the abdomen</li> <li>b. Vomiting blood is an indicator of a bleeding ulcer</li> <li>c. High temperature is an indicator of infection or burst appendix</li> <li>d. Rigid abdomen may indicate internal bleeding</li> </ul> </li> <li>3. First aid measures <b>[18]</b> <ul style="list-style-type: none"> <li>a. Conduct primary and secondary survey</li> <li>b. Activate EMS</li> <li>c. Place victim in recovery position</li> <li>d. Obtain medical history from victim</li> <li>e. Obtain details from victim regarding bloody or red vomit and stool</li> <li>f. Palpate victim’s abdomen for rigidity and temperature</li> </ul> </li> </ul>	<p><b>[18] Ask</b> – How would you treat a victim with severe abdominal pain?</p> <p><b>[19] Ask</b> – What is a psychological emergency?</p> <p><b>[20] Ask</b> – List signs and symptoms of a psychological emergency</p> <p><b>[21] Ask</b> – What can cause a psychological emergency?</p> <p><b>[22] Ask</b> – What is a diabetic emergency?</p>
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**Stand Alone 6 – First Aid**  
*Session 12 – Medical Emergencies*  
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<p>g. Monitor and treat for shock</p> <p>h. Reassure victim</p> <p><b>G. Psychological Emergencies [19] [34.V.B]</b></p> <p>1. Definition</p> <p>a. A psychological emergency occurs when someone’s behavior is so agitated or erratic, that the person becomes a danger to themselves or others around them.</p> <p>b. These emergencies must be promptly diagnosed and controlled to avoid injury to the victim or others.</p> <p>2. Signs and symptoms [20]</p> <p>a. Extreme agitation</p> <p>b. Increased heart rate</p> <p>c. Anxiety</p> <p>d. Shortness of breath</p> <p>e. Auditory exclusion (e.g., ignoring commands)</p> <p>f. Tunnel vision</p> <p>g. Unresponsiveness</p> <p>h. Extreme perspiration</p> <p>i. Extreme aggression or passivity</p> <p>3. Causes and medical concerns [21]</p> <p>a. Mental illness is one cause, but not the only cause for these behaviors</p> <p>b. Other causes</p> <p>1) Head trauma</p> <p>2) Reduced blood flow to brain</p> <p>3) Substance abuse/overdose</p> <p>4) Low blood sugar related to diabetes, or hypoglycemia</p> <p><b>H. Diabetic emergencies [22] [34.V.C]</b></p> <p>1. Definitions</p> <p>a. An imbalance of insulin in the body and glucose in the bloodstream can lead to life-threatening conditions</p> <p>b. Glucose</p> <p>1) Basic source of energy within the human cell</p> <p>2) Circulated throughout the body in the bloodstream</p> <p>c. Insulin</p> <p>1) A hormone produced by the pancreas</p>	<p><b>[23] Ask</b> – Explain the differences between hypoglycemia and hyperglycemia.</p> <p><b>[24] Ask</b> – What are indicators of a victim with low blood sugar?</p> <p><b>[25] Ask</b> – What are indicators of a victim with high blood sugar?</p> <p><b>[26] Ask</b> – How can a police officer tell the difference between a psychological</p>
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*Session 12 – Medical Emergencies*  
*LD 34 – First Aid*

<ul style="list-style-type: none"> <li>2) Facilitates glucose passing from the bloodstream into the body's cells</li> <li>d. Diabetes <ul style="list-style-type: none"> <li>1) When the body does not produce sufficient amount of insulin</li> <li>2) Can occur at any age <b>[23]</b></li> </ul> </li> <li>2. Low blood sugar (hypoglycemia) indicators <b>[24] [34.V.C.1]</b> <ul style="list-style-type: none"> <li>a. Can come on suddenly</li> <li>b. More common</li> <li>c. Pale, cold, moist, clammy</li> <li>d. Profuse perspiration</li> <li>e. Otherwise normal breathing</li> <li>f. Hostile or aggressive behavior</li> <li>g. Fainting, seizure</li> <li>h. May appear intoxicated</li> <li>i. Rapid pulse</li> <li>j. Dizziness, headache</li> <li>k. Excessive hunger</li> <li>l. Drooling</li> <li>m. Nausea or vomiting</li> </ul> </li> <li>3. High blood sugar (hyperglycemia) indicators <b>[25] [34.V.C.2]</b> <ul style="list-style-type: none"> <li>a. Usually slow onset</li> <li>b. Red, warm, dry</li> <li>c. Labored breathing</li> <li>d. Breath has sickly sweet (fruity) smell</li> <li>e. Decreased level of consciousness</li> <li>f. Restlessness</li> <li>g. Confusion</li> <li>h. May appear intoxicated</li> <li>i. Weak, rapid, pulse</li> <li>j. Dry mouth, intense thirst</li> <li>k. Excessive hunger</li> <li>l. Excessive urination</li> <li>m. Abdominal pain, vomiting</li> <li>n. Sunken eyes</li> </ul> </li> <li>4. Diabetic emergencies vs. alcohol intoxication or substance abuse <b>[26]</b> <ul style="list-style-type: none"> <li>a. Aggressiveness</li> <li>b. Combativeness</li> <li>c. Uncooperative behavior</li> <li>d. Confusion, dazed appearance</li> <li>e. Decreased level of consciousness</li> <li>f. Impaired motor skills</li> </ul> </li> <li>5. First aid measures</li> </ul>	<p>emergency, an intoxicated suspect and a victim of a diabetic emergency?</p> <p><b>[27] Ask</b> – What first aid measures can an officer take to help a victim of a diabetic emergency?</p> <p><b>[28] Ask</b> – What are the immediate concerns when dealing with a victim of poison or overdose?</p> <p><b>[29] Ask</b> – What scene safety concerns should an officer consider during a poison or overdose emergency?</p>
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*Session 12 – Medical Emergencies*  
*LD 34 – First Aid*

<ul style="list-style-type: none"><li>b. Conduct primary and secondary surveys</li><li>c. Attempt to identify the poisonous substance</li><li>d. Remove victim from the source of poison</li><li>e. If unconscious, place in recovery position</li><li>f. Contact poison control center: (800)222-1222 <b>[34.V.D.1.a]</b></li><li>g. If exposure has been through absorption<ul style="list-style-type: none"><li>1) Flood affected areas with water</li><li>2) Wash affected areas with soap and water</li></ul></li><li>h. Take precautions to prevent shock</li><li>i. Continue to monitor victim</li><li>6. Assisted Naloxone administration <b>[32]</b> <b>[34.V.D.2.a]</b><ul style="list-style-type: none"><li>a. Naloxone is sometimes provided to temporarily reverse the effects of a suspected opiate overdose.</li><li>b. Officers may assist in the administration of this medication if it is consistent with their department policy<ul style="list-style-type: none"><li>1) Prior to assisting with administering naloxone, an officer should request additional EMS resources <b>[34.V.D.2.b]</b></li><li>2) Continue to monitor the victim's ABCs</li><li>3) Naloxone administration may result in an immediate violent reaction by the victim. Officers should consider precautionary actions to take, which may require restraints, prior to assisting with administration of naloxone</li><li>4) Victims treated with naloxone may require additional doses so EMS follow up is essential <b>[34.V.D.2.b]</b></li></ul></li></ul></li><li>7. Indications of withdrawal from alcohol or drugs <b>[33]</b> <b>[34.V.D.2]</b><ul style="list-style-type: none"><li>a. Confusion</li><li>b. Hallucinations or psychotic behavior</li></ul></li></ul>	
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**Stand Alone 6 – First Aid**  
*Session 12 – Medical Emergencies*  
*LD 34 – First Aid*

<ul style="list-style-type: none"><li>c. Blackouts</li><li>d. Altered mental status</li><li>e. Tremors or shaking</li><li>f. Profuse sweating</li><li>g. Increased pulse and breathing rates</li></ul>	
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