

Medical Emergencies During a Protest

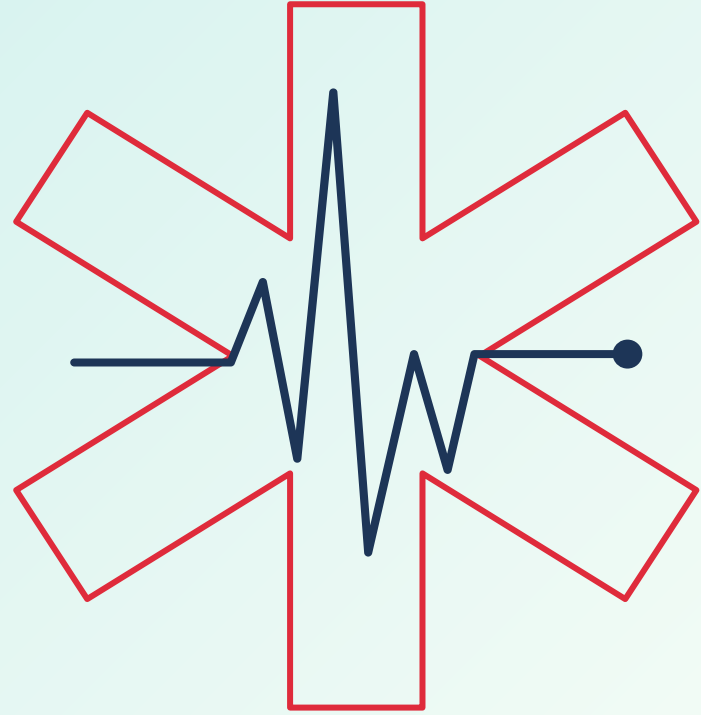




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01

First Aid

& Basic Life Support





First Aid Chart

Most common first aid situations

<u>Heat Illness (heat exhaustion, heat stroke)</u>	<p>Symptoms: (Heat exhaustion) heavy sweating, cramps, headache, nausea or vomiting, tiredness, dizziness, and fainting, (Heat stroke) confusion, slurred speech, and unconsciousness.</p> <p>Treatment: Moving into shady areas, drinking water, cooling victims skin/reducing temperature (cold packs on skin),</p>
<u>Burns</u>	<p>Symptoms: (First Degree) redness, pain, dryness, blanching when pressed, and no blisters, (Second Degree) swelling, red blistered skin with potential white or splotchy discoloration, may appear wet or shiny, (Third Degree) burns involve all of the layers of skin and sometimes the fat and muscle tissue under the skin. The skin may appear stiff, waxy white, leathery or gray.</p> <p>Treatment: Remove the clothing around it, cool the burn with water, treat the pain (OTC pain medication), and apply lotion then bandage.</p>
<u>Blood Glucose Disorders</u>	<p>Symptoms: weakness, feeling tired, headache, nervousness, irritability, feeling hungry, trembling or shaking, and sweating. In more severe cases, confusion and difficulty concentrating.</p> <p>Treatment: eating or drinking something that contains sugar (apple juice, orange juice, candy bar)</p>



First Aid Chart (cont.)

<u>Allergies</u>	<p>Symptoms: sneezing, itchy eyes, runny nose, coughing, wheezing, swollen (lips, eyes, or face), skin rash, hives, abdominal pain, headache, anaphylaxis</p> <p>Treatment: Most cases over the counter antihistamine (eye drops or benadryl), for anaphylaxis an Epi-pen is needed.</p>
<u>Basic Wound Care</u>	<p>Treatment: wrapping with gauze or using bandaids</p>
<u>Epilepsy and Seizures</u>	<p>Symptoms: (Seizures) staring, jerking movements, stiffening of the body, loss of consciousness, breathing problems, loss of bladder or bowel control, falling suddenly</p> <p>Treatment: Placing the victim in recovery position</p>



02

CPR

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Summary of High-Quality CPR Components for BLS Providers

- Ensure scene safety (Does the patient have an electrical wire touching them while also in contact with water?). At any point the scene is found to be a threat to care providers you may stop or never begin efforts to resuscitate.
- Assess responsiveness. Call for help and request an AED/defibrillator.
- Check for a pulse... 10 seconds or less. If you are unsure whether the patient has a pulse, begin chest compressions at a depth of at least 2 inches.
- Follow C-A-B (compressions-airway-breathing).



What Does High-Quality CPR Look Like

- A Compression rate of at least 100-120/min. push hard and fast.
- Allow for full chest recoil.
- Switch compressors every 2 minutes or 5 cycles.
- Avoid prolonged interruptions – defined as more than 10 seconds (a common and sometimes fatal mistake).
- 0 breaths per minute, continuous compressions without pauses
- Ventilation rate for a patient with a pulse but no respirations is 1 breath every 6 seconds (10-12 breaths per minute).



Component	Adults and Adolescents	Children (Age 1 year to Puberty)	Infants (Age less than 1 Year, Excluding Newborns)
Scene safety	Make sure the environment is safe for rescuers and victim		
Recognition of Cardiac Arrest	Check for responsiveness No breathing or only gasping (i.e. no normal breathing) No definite pulse felt within 10 seconds (Breathing and pulse check can be performed simultaneously in less than 10 seconds)		
Activation of emergency response system	If you are alone with no mobile phone, leave the victim to activate the emergency response system and get the AED before beginning CPR Otherwise, send someone and begin CPR immediately; use the AED as soon as it is available	Witnessed collapse Follow steps for the adult and adolescents on the left Unwitnessed collapse Give 2 minutes of CPR Leave the victim to activate the emergency response system and get the AED Return to the child or infant and resume CPR; use the AED as soon as it is available	
Compression-ventilation ratio <i>without advanced airway</i>	1 or 2 rescuers 30:2	1 rescuer 30:2 2 or more rescuers 15:2	
Compression-ventilation ratio <i>with advanced airway</i>	Continuous compressions at a rate of 100-120/min Give 1 breath every 6 seconds (10 breaths/min)		
Compression rate	100-120/min		
Compression depth	At least 2 inches (5 cm)*	At least one third AP diameter of chest About 2 inches (5cm)	At least one third AP diameter of chest About 1 ½ inches (4 cm)
Hand placement	2 hands on the lower half of the breastbone (sternum)	2 hands or 1 hand (optional for very small child) on the lower half of the Breastbone (sternum)	1 rescuer 2 fingers in the center of the chest, just below the nipple line 2 or more rescuers 2 thumb-encircling hands In the center of the chest, just below the nipple line.
Chest recoil	Allow full recoil of the chest after each compression; do not lean on the chest after each compression		

*Compression depth should be no more than 2.4 inches (6 cm).

Abbreviations: AED, automated external defibrillator, AP, anteroposterior, CPR, cardiopulmonary resuscitation @2015 American Heart Association



03

Protest Specific Situations



Pepper Spray & Tear Gas Injury

In the event that you or someone else gets pepper sprayed:

- Evacuate the area, find somewhere with fresh air
- The effects often last for 30 minutes
- Don't use regular water, water can often worsen the effects and spread the oil through the eyes.





Rubber Bullet Injury

Treat a rubber bullet like you would with any serious injury:

- Remove victim from the scene
- Immediately call 911

