

**GENERAL
SAFETY BODY
MECHANICS**

PURPOSE:

Prevent undue strain and possible injury to one or more parts of the body during the required activities of a normal day.

CONSIDERATIONS:

1. Body mechanics is the coordinated use of body parts to produce motion and maintain balance. Proper use prevents injury and makes the best use of strength.
2. Involves standing and sitting posture, bending and lifting, and prevention of fatigue.
3. Factors which influence posture and body mechanics:
 - a. nutrition
 - b. muscle tone
 - c. body build - slender, medium frame, stocky
 - d. properly fitting shoes, low-medium height heels .
 - e. properly fitting clothing, allowing freedom of motion.
4. A broad base of support will provide for better balance and control in lifting.

PROCEDURE:

1. Standing: head erect, chest upward and forward, abdomen, flat but not tense. The feet parallel, at least 6-8 inches apart with one foot a half step ahead of the other. Maintain equal weight bearing with knees facing in the same direction. Never lock your knees.
2. Sitting: head erect, chest upward and forward, and abdomen flat but not tense. Hips flexed at right angles to the trunk, knees flexed, and feet resting flat and firmly on the floor. Arms and hands supported on arms of chair, or resting in lap.
3. Bending: one leg placed slightly in front of the other, feet 12 inches apart to widen the base of support, knees and hips flexed. This is especially important when lowering or preparing to lift a heavy object.
4. Lifting: same principle and position as in bending with increased hip and knee flexion. Have a wide base of support. Feet 12 inches apart. Keep the load close to your body. Bend hips and knees keeping your back straight. Do not twist your neck and back. Shift your feet to pivot. Never lift over your head. Lift with your thigh muscles.
5. Prevention of strain:
 - a. Face in the direction of movement to avoid strain due to twisting.
 - b. Take advantage of momentum.
 - c. Push, pull or roll object when possible rather than lift.
 - d. Keep object close to body and use thigh muscles rather than back when lifting is unavoidable. If the patient or object appears too large or heavy, get help.

GENERAL SAFETY
INFECTION CONTROL/UNIVERSAL PRECAUTIONS

PURPOSE:

For the protection of the patient, caregiver, and provider.

CONSIDERATION:

1. Assume that all blood and body fluids from all people are infectious.

EQUIPMENT/SUPPLIES:

Gown/Apron

Red Bags

Soap/Detergent

Masks

Goggle/Face Shield

Bleach (1 :10 dilution) Gloves

Waste Basket

PROCEDURE:

1. Wash hands. - Hands must be washed before and after contact with each patient.
2. **GLOVES** must be worn when having direct contact with blood, body fluids, mucous membranes or non-intact skin; when handling items soiled with blood, or when handling equipment contaminated with blood or body fluids. This includes, but is not limited to the following:
 - a. Injections
 - b. Dressing changes
 - c. The handling of soiled linens
 - d. The collection and emptying of all foley catheter bags and drainage devices
 - e. Providing oral hygiene
 - f. Cleaning a patient, emptying trash or changing linens.

Gloves must be changed after each patient contact and during care of single patient when moving from a contaminated area to a clean body site. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing.

3. **GOGGLES** or protective shields or glasses must be worn when there is a potential for a splash with blood or body fluids.
4. **GOWNS or APRONS** must be impervious and worn when there is a potential for blood or body fluid splatters or sprays.
5. **MASKS** are usually not necessary when contact is only casual but should be worn if there is a chance of splash or splatters to the face or the patient has a disease that is transmitted via respiratory route, or is actively coughing.

6. **AIRWAYS** - a one-way airway, mouthpiece, resuscitation bag or other ventilation device will be utilized when resuscitation is initiated.
7. In the event of contamination with blood or body fluids, body surfaces should be washed immediately with soap and water.
8. To prevent needle stick injuries, needles should never be recapped, bent, broken, or manipulated by hand. These items and other sharp items such as scalpels, razor blades, etc., should be considered potentially infectious and handled with extraordinary care. Used needles and other sharps should be placed intact into puncture resistant containers. The containers when 3/4 full, are to be properly disposed of.
9. Disposable used supplies, i.e. dressings, gowns, gloves, tissues, etc. are to be bagged in red-colored impervious plastic biohazard bags to be disposed of in the designated trash receptacle.
10. Patient care surfaces soiled by care provided are to be cleaned with soap and water and a 1: 1 a bleach solution and disposed of in red-colored impervious plastic biohazard bags.
11. Soiled linens should be sealed in plastic bags until laundered.
12. Caregivers should not touch their own mouths or bodies while providing patient care.
13. Blood spills or body fluid should be decontaminated with a 1: 1 a bleach solution.

**GENERAL
SAFETY VIOLENT
OUTBREAK**

PURPOSE:

During an emergency situation, tensions run high and available resources become precious. To provide for a safe environment the following will be observed:

CONSIDERATIONS:

1. All weapons are forbidden. Law enforcement and/or security personnel will be on site during all operations.
2. Medical personnel are not trained in defense tactics and thus are not the appropriate individuals to handle outbreaks of violence.

PROCEDURE:

If the potential exists for a violent occurrence in the shelter, immediately notify the shelter manager and the law enforcement agents located within the shelter.

1. Do not become engaged with the perpetrators.
2. As much as possible, provide for the safety of other sheltered individuals.
3. Report any outbreak to and the law enforcement officials if they are not present at the time of the occurrence.
4. Render first aid as needed to those who may be injured as the result of the incident.

VIOLENT SITUATIONS

Preventing violent confrontations is preferable to dealing with them.

Be alert

- Watch for people acting suspiciously and report it immediately.
- Report any uneasy "feelings" about a person or something that is said.
- Deal with a potentially volatile situation before it explodes.

Be friendly

- Ask for help when someone enters the area whose actions do not seem to fit the normal business there. Stay calm and appear helpful.
- Look a potentially violent person straight in the eye. This establishes confidence and conveys knowledge of physical appearance.
- Never argue or make threats to a potentially violent person as this may cause an escalation of the tension.
- Be sincere in dealing with a potentially violent person. The individual may be undecided as to his or her actions.

There is safety in numbers

- Get help from another staff member immediately when dealing with a potentially violent person. Explain that additional assistance will better serve everyone involved.
- Do not surround the person. It will make them feel trapped. Rather, present a united front that also allows an escape route for the person.
- Call law enforcement at the first indication of violence or threats. Many times the mere presence of a uniformed deputy has a calming effect on the situation.
- Avoid confinement in an enclosed area alone with a potentially violent person. Taking control of one person is much easier than taking control of an entire room.

Rule #1

- If the person has a weapon, or you believe they have a weapon, HE OR SHE IS IN CHARGE.
- If in doubt, assume the person is armed.
- Always assume that an armed person will use the weapon if necessary.

Rule #2

- Your primary goal in a violent situation is to survive it.
- Set off any alarms or notify law enforcement only if you can do so safely.
- Stay calm. This situation can be life threatening. There are important decisions to be made.
- Find out EXACTLY what the problems or demands are.
- If it is possible to comply, do it immediately. If not, provide an explanation and offer to find the proper person to assist.
- Don't argue with, or quote policy to a violent person. The goal is a quick end to the situation.
- If the demands or threats involve a particular person, do not involve the individual without making him or her aware of the possible violence of the situation.
- Call the Sheriffs Office immediately. Do not assume that the authorities have been notified.
- Make a mental note of the person's description, should they leave the area prior to the Sheriffs arrival
- Note any problems/occurrences in the Management Advisory Report Form in Section 8 .
- Allow the person to leave the area. Make no attempt to detain or pursue as deputies may mistake staff personnel for the violent person

GENERAL CARE
DRESSING CHANGE - Clean Technique

PURPOSE:

To protect a wound from trauma, infectious agents, and to enhance healing

CONSIDERATION:

1. A clean dressing is indicated to cover:
 - a. recently closed skin (sutured)
 - b. lightly abraded skin
 - c. a stoma

EQUIPMENT/SUPPLIES:

Dressings (as necessary)

Tape (as necessary)

Clean disposable gloves (non-sterile)

Normal saline irrigation solution (as necessary)

PROCEDURE:

1. Explain procedure to patient. **PROVIDE AS MUCH PRIVACY AS POSSIBLE.**
2. Wash hands and don gloves.
3. Remove old dressings (if present) carefully folding the dressing to contain the drainage, place in red-colored impervious plastic biohazard bags.
4. Observe site for:
 - a. size of wound
 - b. evidence of healing or deterioration
 - c. S/S of infection: redness, swelling, pain or discharge.
5. Document dressing change on Medical Update, attachment #24
6. Cleanse with normal saline. (if indicated)
7. Place new dressing over area. Secure new dressing with tape. (use hypo-allergenic tape if available)
8. Wash hands!

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GENERAL CARE
DRESSING CHANGE - Sterile technique

PURPOSE:

To protect a wound from trauma, infectious agents, and to enhance healing.

CONSIDERATION:

1. To be utilized for wounds with drainage.

EQUIPMENT:

Sterile dressings
Hydrogen peroxide
Sterile applicators
One pair disposable gloves
One pair sterile gloves
Tape

PROCEDURE:

Soiled portion:

1. Wash hands and put on clean gloves.
2. With both hands, remove the soiled dressings by carefully folding the dressing to contain the drainage in the center of the soiled dressing. Discard contaminated materials in appropriate manner.
3. Remove gloves by first grasping below the cuff and pulling down over your hand. Turn inside out. Insert your ungloved fingers inside the cuff of the second glove. Grasp and pull down, turning the glove inside out before disposing into the garbage.

Sterile portion:

1. Open the needed number of dressings and sterile applicators. Use the wrappers as a sterile field, pour cleaning solution on sterile 4x4.
2. Open the sterile gloves and put them on maintaining their sterility. Keep one gloved hand free for sterile supplies and to serve second hand that is in contact with the wound.
3. Cleanse the area from the center of the wound to the periphery.
4. Apply sterile dressings to the area. 4 x 4's should be cut to fit around and support any drains so that they do not irritate underlying skin.
5. Remove gloves and place in red-colored impervious plastic biohazard bag.
6. Secure dressing with tape.
7. Wash hands.

**EMERGENCY
CARE BITES -
ANIMAL**

PURPOSE:

To prevent further damage.

CONSIDERATIONS:

1. Infection, rabies, and tetanus are all possible dangers.
2. A bite on the face or neck should receive immediate medical attention.

EQUIPMENT:

Sterile or clean gauze

Tape

Soap and water

Td immunization

PROCEDURE:

1. Hold wound under running water and wash thoroughly using soap.
2. Pat dry with gauze.
3. Cover with gauze. Avoid movement of affected part. Control bleeding if present.
4. Assess Tetanus status.
5. Notify physician as soon as possible.
6. Be sure the patient and their family understands importance of follow through.

AFTERCARE:

1. Do not let anyone destroy or release the animal. Note color, kind of animal, and other identifying information, especially name and address of animal's owner.
2. Document in patient's record:
 - a. Treatment provided
 - b. Patient's condition
 - c. Notification of physician and Health Department, if possible
 - d. Patient/client personal record of immunization

**EMERGENCY
CARE BITES -
HUMAN**

PURPOSE:

To prevent infection or the complications from a human bite.

CONSIDERATIONS:

Human bites that break the skin may become seriously infected because the mouth is a source of bacteria.

EQUIPMENT:

Gloves
Soap and water
Clean or sterile
gauze Tape

PROCEDURE:

1. Wash hands and don gloves
2. Cleanse the wound with soap and water.
3. Control bleeding.
4. Cover with gauze.
5. Determine Tetanus status.
6. Remove gloves and discard. Wash hands

AFTERCARE:

1. Document:
 - a. The incident
 - b. Patient's condition:
 - c. Care provided.
 - d. Patient/client personal record of immunizations.
2. Refer for follow-up treatment.

EMERGENCY CARE

BLUNT TRAUMA

PURPOSE:

Prevent further injury, swelling and pain.

CONSIDERATIONS:

1. A hemophiliac or person on anticoagulant therapy who injures him/herself could deteriorate rapidly and medical treatment must be obtained as soon as possible.
2. If trauma occurs to the eye area, medical treatment must be sought as soon as possible.

EQUIPMENT:

Cold compresses or ice pack
Stethoscope and BP cuff

PROCEDURE:

1. If life threatening, activate EMS system
2. Inspect affected body part for injuries, i.e., abrasions, cuts, fractures, dislocations, swelling.
3. If extremity is affected, elevate above the level of the heart.
4. Apply cold compresses or ice pack for 30 minutes.
5. If swelling or pain persists, reapply ice packs intermittently for comfort and refer to medical care as soon as possible.
6. Monitor vital signs every half-hour for the first hour, then hourly, watching for signs of shock and mental status changes.

AFTERCARE:

1. Notify physician if other injuries are suspected or swelling continues to progress past one-half hour.
2. Document in patient's record:
 - a. Incident of injury
 - b. Patient's condition.
 - c. Care provided.

**EMERGENCY
CARE BURNS:
CHEMICAL**

PURPOSE:

To provide care for chemical burns.

CONSIDERATIONS:

1. Follow first aid instructions on the label of chemical container if available.
2. Water temperature should be cold to tepid. Washing should be done with gentle flow.

EQUIPMENT:

Water
Tape
Dry sterile dressing
Gloves

PROCEDURE:

Chemical Burns of Skin

1. Wash away chemical with large amounts of water, using a hose or shower if possible, for at least 5 minutes.
2. Remove victim's clothing from the involved areas. Cover the burned area with clean, dry dressing.
3. Refer for follow-up emergency medical treatment as soon as possible.

Chemical Burns of Eye

1. Wash face, eyelid, and eye with large amounts of water for at least 5 minutes.
2. Turn victim's head to the side, hold the eyelid open, pour water from the inner corner of the eye outward, making sure the chemical does not wash into the other eye.
3. Cover affected eye with dry sterile dressing and tape in place. Do not permit patient to rub his/her eyes.
4. Refer for follow-up emergency medical treatment as soon as possible.

EMERGENCY

CARE BURNS:

THERMAL

PURPOSE:

To prevent further tissue damage and lessen pain.

CONSIDERATIONS:

1. Do not open blisters or remove burned tissue.
2. Do not apply antiseptic preparations, sprays, ointments, oil based products or other home remedies to burns.
3. Consider any second or third degree burn serious and seek medical attention as soon as possible.
4. A first degree burn covering 15% of body surface of an adult (10% of a child) may require hospitalization. Percentage of the body surface area involved can be roughly estimated using the "Rule of Nines":

Head and neck	=	9%
Front of trunk	=	18%
Back of trunk	=	18%
Front of leg	=	9% x 2
Back of leg	=	9% x 2
Each arm	=	9% x 2
Perineum	=	1 %

The rule of nines commonly used in adults is inaccurate in the younger child and can lead to marked discrepancies in estimated fluid needs.

5. Treat for shock as necessary.
6. Elevate burned feet or legs. Keep burned hands above heart level.
7. If person has facial burns, sit or prop him/her up and observe for difficulty in breathing.
8. Do not immerse large areas of body in cold water or apply ice water over large areas because cold may intensify shock.
9. Determine Tetanus status.

EQUIPMENT:

Cold water/Ice
Blanket and Sheet
TD Immunization
Telfa dressing

Gloves
Silvadene Cream
Dry sterile gauze

PROCEDURE:

1. Wash hands and don gloves.
2. **First degree burn** - redness or discoloration, mild swelling and/or pain.

- a. Submerge the burned area in cold water for 2-3 minutes or apply ice.
 - b. Blot dry gently with clean cloth or dry sterile gauze.
 - c. Apply dry sterile gauze as a protective bandage if needed and elevate.
3. **Second degree burn** - redness, mottling, blisters, pain, swelling, wet appearance of the skin.
- a. If skin is not broken, immerse in cold water for 1-2 minutes.
 - b. Blot area dry gently, apply layer of Silvadene Cream and cover with dry sterile gauze or a clean cloth and elevate.
4. **Third degree burn** - deep tissue destruction, white or charred appearance, loss of all layers of skin.
- a. Protect burned area from the air with a thick, sterile dry dressing, gauze or clean cloth.
 - b. Immediately arrange for transportation to the hospital or as soon as possible.
 - c. Make no attempt to strip away clothing from charred areas.
 - d. Apply cold pack to face, hands, and/or feet after bandaging.

**EMERGENCY
CARE CHEST PAIN**

PURPOSE:

To maintain adequate cardiovascular circulation.

CONSIDERATION:

1. If possible determine patient's normal pulse rate and blood pressure.
2. Determine if the patient has a pace maker.

EQUIPMENT:

Stethoscope
Oxygen

PROCEDURE:

1. Activate EMS system.
2. Monitor vital signs and document. * Count apical, radial, and carotid pulses.
3. Document the location, duration and radiation of chest pains.
4. Evaluate general appearance - pallor, cyanosis, sweating.
5. Evaluate respiratory status - rate, depth, effort.
6. Evaluate mental status - orientation, dizziness.
7. Allow patient to assume the position of choice for comfort. Allow patient to self administer sublingual NTG if patient has his/her medication. May repeat NTG 3 times. Monitor vital signs closely.
8. Move to quiet area, if possible.
9. Administer oxygen by nasal cannula at 3 to 4 liters. * If patient has Chronic Obstructive Pulmonary Disease only administer 2 liters via nasal cannula.
10. Initiate CPR if indicated.
11. Observe for 1 hour after normal pulse returns.
12. Check status every 4 hours for 24 hours, or more frequently if indicated.
13. Seek medical attention as soon as possible.

**EMERGENCY
CARE CONVULSION
S**

PURPOSE:

To provide a safe environment and protect patient from injury.

CONSIDERATIONS:

1. Do not place hard objects or fingers between patient's teeth.
2. Do not restrain victim.
3. Do not pour liquid into victim's mouth.
4. Do not place victim in a tub of water.
5. In most cases, a seizure will last 2-5 minutes.

EQUIPMENT:

Bite stick

PROCEDURE:

1. Activate EMS system.
2. Prevent injury by removing sharp or other dangerous objects from victim's vicinity.
Patient should be in supine position in a safe area.
3. Maintain open airway. Keep air passage free of mucus. Turn victim's face to one side to prevent aspiration of saliva or vomitus.
4. Contact Medical Control for further instructions.
5. Initiate cardiopulmonary Resuscitation (CPR) if indicated.
6. After seizure, allow victim to sleep or rest.
7. Observe regularly for repeated seizures, difficulty breathing, etc.
8. Record length and characteristics of seizure and report.

**EMERGENCY
CARE CUTS AND
ABRASIONS**

PURPOSE:

Provide treatment to prevent hemorrhage; relieve shock; prevent infection; and avoid tetanus.

CONSIDERATIONS:

1. Wounds may vary from minor lacerations to severe injuries.

EQUIPMENT:

Gloves	Scissors	Tweezers
Sterile gauze or clean cloth	Sphygmomanometer	Blanket
Soap & water/Normal Saline	Tape	Ice/cold pack Band-
Stethoscope		Aids/Steri-strips

PROCEDURE:

1. Wash hands and don gloves.

Abrasions:

- a. Cleanse with soap and water, normal saline or sterile water
- b. Apply clean dressing as needed
- c. Assess tetanus status
- d. Remove and discard gloves and Wash Hands!

Punctures:

- a. Cleanse with soap and water, normal saline or sterile water
- b. Use tweezers sterilized over flame or in boiling water to pull out any foreign matter from the surface tissues.
- c. Embedded objects may be lifted out with the tip of a needle that has been sterilized in rubbing alcohol or the heat of a flame. Any object embedded deeper in the tissue should not be removed in the shelter.
- d. Cover with clean dressing
- e. Assess tetanus status
- f. Remove and discard gloves. Wash Hands!

Small lacerations:

- a. Cleanse with soap and water, normal saline or a bacteriostatic solution if available.
- b. Apply steri-strips and cover with a clean dressing.
- c. Assess tetanus status. Give Td as indicated.
- d. Remove and discard gloves and Wash hands!

Deep lacerations, Avulsion, and Open Wounds:

* If wound is deep and spurting blood, don mask, gloves, goggles, gloves and then:

- a. Activate EMS system.
- b. Apply sterile dressing. Use pressure if bleeding is uncontrolled by placing the palm of your hand on the dressing directly over the entire area of the wound. Reinforce dressing with additional layers of gauze or cloth, continuing direct hand pressure. Note: Do not disturb blood clots formed on dressing.
- c. Apply pressure bandage.
- d. Elevate involved extremity above the level of the heart.
- e. If direct pressure and elevation of the part do not stop the bleeding, pressure should also be applied to the artery supplying blood to the area, e.g., femoral or brachial arteries.
- f. Continuously monitor vital signs.
- g. Treat for shock. Keep victims lying down and cover with blanket.
- h. Remove all protective attire. Wash hands!

**EMERGENCY
CARE DIFFICULTY
BREATHING**

PURPOSE:

To deal with the cause, maintain a patent airway, provide adequate air exchange and an adequate supply of oxygen.

CONSIDERATIONS:

1. A patent airway is essential for adequate ventilation.
2. Hypoxia can occur in any person with an obstruction of the airway passages, a disease of the lung or respiratory tract, or a reduced respiratory drive.
3. The brain and heart are very sensitive to the effects of hypoxia.

The first signs of hypoxia are:

- Confusion
- Anxiety
- Restlessness
- Elevated blood pressure
- Rapid pulse

4. Cyanosis is one of the latest symptoms of hypoxemia.
5. Continued hypoxia may lead to serious cardiac arrhythmias and eventual death.

6. **Frequent causes of Hypoxemia:**

- a. Obstruction of the airway, due to:
 - Mucus and secretions;
 - Inflammation: "croup", asthma, laryngitis
 - Foreign bodies: aspiration, vomitus
 - Chemical and heat burns
 - Near-drowning
- b. Restricted movement of the thoracic cage or pleura, due to:
 - Chest injuries: flail chest, penetrating wounds
 - Pneumothorax: spontaneous or traumatic
 - Extreme Obesity
 - Diseases: spinal arthritis, peritonitis, ascites
- c. Decreased neuromuscular function, due to:
 - Depressed central nervous system: drugs, brain trauma, CVA
 - Coma: diabetic, uremic, head injuries
 - Diseases: multiple sclerosis, myasthenia gravis, poliomyelitis, Guillain -Barre'

EQUIPMENT:

Oxygen	Gloves	Stethoscope
Reservoir tube		Oxygen tubing
Disposable ambu bag/Pocket Mask/Nasal Cannula / Simple face mask		

1. Activate EMS system
2. Allow patient to assume a comfortable position. Open and maintain a patent airway, by:
3. Removing any foreign bodies, such as - vomitus, secretions, etc.
4. Apply oxygen:
 - a. Administer 100% OXYGEN by a simple face mask or Bag-Valve-Mask (BVM) with reservoir to **PATIENTS WITH SEVERE RESPIRATORY DISTRESS**, including but not limited to:
 - * Congestive heart failure (CHF) with suspected pulmonary edema.
 - * Patients with obstructive pulmonary disease in severe respiratory distress.
 - * Patients with upper airway burns and toxic inhalations.
 - b. Guidelines for patients with **CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**:
 - * If the patient is showing signs of respiratory distress, use 100% OXYGEN as in any other critical patient.
 - * If the patient is awake, alert and not showing signs of respiratory distress and on home OXYGEN therapy, the initial dose of OXYGEN will be 1 liter/minute higher than the dose at home. If the rate is not known or if the patient is awake, alert, and not showing signs of acute respiratory distress, administer OXYGEN at 3 liters/minute via nasal cannula and monitor respirations.
 - c. Patients not falling under the above categories will be treated based on their need for supplemental OXYGEN with either:
 - d. Disturbances in diffusion of gases, due to:
 - Diseases: pulmonary fibrosis, emphysema
 - Trauma: "shock lung", contusion Emboli, fat embolus, pulmonary embolus
 - * OXYGEN at 6-10 liters/min via simple face mask
 - * OXYGEN at 2-6 liters/min via nasal cannula

 - Tumors, benign or malignant.
 - e. Environmental causes, due to: Decreased oxygen in the atmosphere.
5. Monitor vital signs
6. Administer artificial respirations. if indicated with use of a pocket mask or ambu bag.
7. Seek medical attention as soon as possible

**EMERGENCY
CARE EARACHE**

PURPOSE:

To reduce pain.

CONSIDERATIONS:

1. Infection can be present in both painful and nonpainful ears.
2. Upper respiratory infections commonly lead to middle ear complications.
3. Children usually present by pulling on the affected ear.

EQUIPMENT:

Sterile gauze
Hydrogen
peroxide

PROCEDURE:

1. Determine onset, character, and duration of pain.
2. Determine if associated with vertigo.
3. Observe for evidence of hearing loss.
4. Inspect ear for drainage.
5. To relieve pain:
 - a. Apply heat (if available) while patient is lying on affected side.
 - b. Give Aspirin to adults and Tylenol to children.
* See dosage table under **FEVER SOP**.
6. Clean drainage from external ear with sterile gauze soaked in hydrogen peroxide.

EMERGENCY CARE

EYE INJURY INFLAMMATION

PURPOSE:

To prevent loss of vision and reduction of pain.

CONSIDERATIONS:

1. Eye infections may be highly contagious, especially among children.
2. Eye injuries usually heal quickly, if movement and use is reduced.

EQUIPMENT:

Gloves Eye patches Tape Sterile water for irrigation

PROCEDURE:

Inflammation:

1. Determine onset/progression of symptoms, amount and characteristics of drainage, vision loss or impairment.
2. Wash hands and don gloves!
3. For inflammation without foreign body:
 - a. Suggest patient wear dark glasses to avoid or relieve photophobia.
 - b. Advise patient to use separate face cloth and towel.
4. If patient wears contact lenses have them remove them.
5. Refer to medical assistance as soon as possible ..
6. Remove and discard gloves, Wash hands!!

Injury/Foreign Body:

1. Wash hands and don gloves.
2. Determine:
 - a. If something is in eye.
 - b. If blow to eye was sustained.
 - c. If puncture wound was sustained.
 - d. Duration of time since injury.
3. Check for:
 - a. Redness of conjunctiva.
 - b. Sensitivity to light.
 - c. Burning sensation in eye.
 - d. Overproduction of tears.
 - e. Pain and headache.
 - f. Bleeding.
4. To remove foreign object from eye, pull down lower lid to locate object. Lift object gently with corner of sterile cotton applicator. If object is under upper lid, grasp lid gently between thumb and forefinger while having victim look down. Pull upper lid forward and down over lower lid. If foreign body does not dislodge by tears, depress upper lid with matchstick or similar object placed

horizontally on top of cartilage, and invert lid by pulling upward on lashes against matchstick. Lift off foreign object with clean cotton applicator and replace lid by pulling gently downward on the lashes. Flush eye with water. If object is still not removed, apply dry, protective dressing.

5. **If object is impaled DO NOT REMOVE!!!** Stabilize the object and patch unaffected eye. Keep lying down to reduce movement to eye.
6. Seek medical attention as soon as possible.

Blunt Injury:

1. Apply sterile or clean dressing.
2. Keep patient lying down until other medical personnel arrive.

Eyelid Injury:

1. Stop bleeding with gentle pressure.
2. Cleanse wound.
3. Apply dressing.

EMERGENCY CARE FAINING

PURPOSE:

To prevent injury and aspiration.

CONSIDERATIONS:

1. An unconscious person should not be given anything orally.
2. Fainting is usually accompanied by pallor, diaphoresis, coldness of skin, dizziness, numbness and tingling of hands and feet, nausea, and possible visual disturbances.
3. Patient should be observed carefully after fainting as this might be a symptom of a serious condition.

EQUIPMENT:

Washcloth
Fluids
Ammonia ampules

PROCEDURE:

1. If patient feels weak and dizzy, assist to lying position or lower head to knee level.
2. If available, break ammonia ampule under patient's nose.
3. Loosen tight clothing.
4. If patient vomits, roll onto side or turn head to the side, wiping vomitus from mouth.
5. Maintain an open airway by tilting the patient's head back. If neck injury is suspected, use jaw thrust method of opening the airway.
6. Examine the patient to determine if any other injury was sustained from falling.
7. Keep patient warm.
8. Monitor vital signs.

EMERGENCY CARE

FRACTURES: OPEN AND CLOSED

PURPOSE:

To render first aid to the person suffering a fracture.

CONSIDERATIONS:

1. The person suffering a fracture may have suffered additional injuries, which require immediate emergency treatment before initiating care for the obvious injury. .
2. Signs and symptoms of a fracture are:
 - a. Pain, continues with increasing severity until bone fragments are immobilized;
 - b. Loss of function; inability to use part;
 - c. False motion; abnormal mobility;
 - d. Deformity (visible or palpable);
 - e. Localized swelling and discoloration of the skin from the trauma and/or from the hemorrhage that follows; and
 - f. Crepitation, grating sensation from examination, due to rubbing together of the bone fragments.
3. An open fracture means skin integrity has been broken.
4. Fractures are classified as:
 - a. **Open:** when skin integrity has been broken.
 - b. **Closed:** when the fracture does not break the skin integrity.
5. Fractures may impair circulation requiring immediate medical attention. Signs of circulatory impairment include coolness, blanching, decreased sensation and diminished or absent pulses.
6. Splints to immobilize fractures may be provided with household items such as pillows, magazines, blanket rolls, newspapers, and boards.

EQUIPMENT:

Splinting material

Gloves

Sterile or clean dressing

Tape

Cold compress or ice bag

PROCEDURE:

1. Wash hands and don gloves.
2. Give immediate attention to the patient's respiratory and circulatory condition.
 - a. Evaluate for airway and breathing difficulties. Initiate the steps for CPR if necessary.
 - b. Control hemorrhage.
 - 1) Control bleeding by direct pressure.
 - 2) If not effective, apply digital pressure over the artery closest to the bleeding area.
 - c. Treat for shock.
 - 1) Assess for signs and symptoms of shock, including falling blood pressure, cold and clammy skin, and rapid, thready pulse.
3. Observe the entire body using methodical head to toe system assessment for angulation, shortening or asymmetry to indicate a fracture.
4. Cut away clothing if necessary to inspect fractured part.
5. Assess the vascular status of the extremity (below the fracture site)
6. Cover open fracture with sterile or clean dressing.
7. Immobilize the joint above and below the fracture site.
8. Assess the vascular status of the extremity again after splinting.
9. Apply cold compress or ice bag to aid in reducing swelling.
10. Arrange for medical attention as soon as possible.
11. Remove and discard gloves. Wash hands!

**EMERGENCY
CARE HEADACHE**

PURPOSE:

To reduce or eliminate head pain.

CONSIDERATIONS:

1. Headaches are frequent symptoms of infectious diseases.
2. Headaches may be a symptom of elevated blood pressure.
3. Migraine headaches may be accompanied by visual changes, nausea, or vomiting, and pain may be unilateral.

EQUIPMENT:

Hot or cold compresses
Quiet, dark environment

PROCEDURE:

1. Inspect head and face for evidence of trauma or of swelling or pain over sinus area or in temporal area.
2. Inspect neck for stiffness and pain. If positive for stiffness, not associated with muscular injury, and fever present, separate patient from population and use mask and gloves when attending. **Seek medical attention as soon as possible.**
3. Advise to rest in darkened room to allow patient to relax.
4. Apply hot or cold compresses.
5. Encourage sips of clear fluids.

**EMERGENCY
CARE HEAD
INJURY**

PURPOSE:

To prevent further injury and reduce pain.

PROCEDURE:

1. Determine:
 - * time and type of injury.
 - * loss of consciousness.
2. Assess:
 - * level of consciousness.
 - * amount of blood loss.
 - * whether there is paralysis, convulsion, or speech disturbance.
3. Observe for:
 - * bleeding from nose, ear, or mouth.
 - * pupils of unequal size.
 - * vomiting or headache.
 - * loss of bowel or bladder control.
 - * pale or flushed face.
4. Activate EMS system.
5. Control bleeding, do not apply pressure.
6. Spinal immobilization and cervical collar is possible
7. Keep patient lying down.
8. Loosen clothing around neck and waist.
9. Always assume possible neck/spine injury - log roll if unconscious.
10. Give nothing (food or drink) by mouth.
11. Monitor vital signs.
12. Obtain medical assistance as soon as possible.

EMERGENCY CARE
HEAT STROKE, CRAMPS, AND EXHAUSTION

PURPOSE:

To stabilize patient's condition until crisis passes or patient is transported to an emergency facility.

CONSIDERATIONS:

1. It is important to instruct patients and caregivers to maintain adequate fluid and salt intake, wear loose fitting clothing and rest frequently during hot weather.
2. Persons who are hot and perspiring a lot should avoid drinking ice cold water/drinks too quickly, or in too large of a quantity, as this may result in muscle cramps of the abdomen.
3. Persons who experience heat cramps, exhaustion, or stroke should avoid immediate re-exposure to high temperatures. This person may remain hypersensitive to increased temperatures for a considerable length of time.
4. Persons most vulnerable to heat cramps, exhaustion or stroke are the elderly, alcoholics, athletes, those who have cardiovascular disease, and persons working in a hot environment who perspire a lot.
5. Stimulants such as coffee or tea should not be given to patients with symptoms of heat stroke.

EQUIPMENT:

Cool water
Salt

Pedialyte
Ice Packs

Thermometer

PROCEDURE:

1. **Heat cramps and muscular spasms** in legs and abdomen with faintness and profuse perspiration.
 - a. Move patient to cool place.
 - b. ***ADULT:** Administer sips of salted drinking water (one tsp. salt: one qt water). ***CHILD:** Give Pedialyte.
 - c. Massage gently to relieve muscle spasms.
 - d. Restrict further activity until cool and well rested.

2. Heat exhaustion is manifested by weak pulse, rapid/shallow breathing, generalized weakness, paleness, clammy skin, profuse perspiration, dizziness, and/or unconsciousness.
 - a. Treat for shock and arrange transportation to hospital.
 - b. Move patient to cool place.
 - c. Remove as much clothing as possible.
 - d. * **ADULT**: Administer sips of salted drinking water if conscious.
* **CHILD**: Give Pedialyte.
 - e. Fan body to cool, but don't chill.
 - f. Monitor vital signs.

3. Heat Stroke is manifested by temperature of 106 degrees F. (41.1 degrees C.) or higher, central nervous system dysfunction (delirium, psychosis, stupor, convulsions, coma); weak, rapid, irregular pulse; dry, hot, flushed skin and/or dilated pupils.
 - a. Obtain medical assistance as soon as possible.
 - b. Move patient to cool place.
 - c. Remove clothing, assure open airway.
 - d. Cool body temperature promptly by sponging continuously with ice water or wrap in wet sheets. (NOTE: if ice packs are available place around neck, underarms and at the ankles.)
 - e. Monitor vital signs and level of consciousness.

**EMERGENCY
CARE JOINT
DISLOCATIONS**

PURPOSE:

To render first aid to the person suffering a joint dislocation.

CONSIDERATIONS:

1. A dislocation is a displacement of a bone from the joint, particularly at the shoulder, elbow, finger or thumb, usually as a result of a fall or direct blow.
2. Signs and symptoms of a dislocation are:
 - a. Pain
 - b. Change in the contour of a joint
 - c. Change in the length of an extremity
 - d. Loss of normal movement
 - e. Change in axis of the dislocated bone
3. Children under six years of age are prone to dislocation of the elbow because of an immature head of the radius.
4. Dislocation may impair circulation requiring medical attention.

Signs of circulatory impairment include:

- | | |
|-----------------------|---------------------------|
| * coolness | *blanching |
| * decreased sensation | *diminished/absent pulses |

EQUIPMENT:

Splint and/or sling

Cold compresses or ice bag

PROCEDURE:

1. Assess for adequate circulation.
2. Immobilize the affected limb.
3. Apply splint or sling as appropriate.
4. Apply cold compress or ice, if available, to reduce swelling.
5. Arrange for medical attention as soon as possible.

EMERGENCY CARE
MANUAL VENTILATION WITH A HAND-HELD RESUSCITATOR (AMBU BAG)

PURPOSE:

To provide manual ventilation to a person unable to ventilate independently.

CONSIDERATIONS:

1. Manual ventilation with a hand-held resuscitation bag provides the delivery of oxygen or room air to the lungs of a patient who is unable to ventilate independently. The use of manual ventilation can be employed in a respiratory emergency.
2. When using a handheld resuscitator, observe for vomiting as gastric distention may be caused by forcing air into the person's stomach.
3. For persons whose conditions are likely to require the use of a hand-held resuscitator, the resuscitator should be kept at the person's side, visible at all times and fully assembled with the appropriate sized pediatric or adult mask.
4. The mask should not be secured in place over the face or tracheotomy tube with straps, as quick removal may be necessary to prevent aspiration of vomitus or secretions.
5. The resuscitator will supply room air (21% oxygen) if used without supplemental oxygen.

EQUIPMENT:

Resuscitator bag / Ambu bag Cuffed face mask Oxygen
Tubing Nipple adaptor attached to oxygen flow meter

POCKET VENTILATOR - use mouth to mask ventilation technique

PROCEDURE:

1. If there is an emergency situation marked by the cessation of breathing, **ATTEMPT TO ACCESS THE EMS SYSTEM IMMEDIATELY!!!**
2. If resuscitator is to be used with oxygen, connect tubing to oxygen source and attach mask.
3. Check the person's airway for any signs of obstruction.
4. If person has a tracheotomy tube, suction first to remove any secretions that may block the airway.
5. Using your non-dominant hand, place the mask over the person's face (so that the apex of the triangle covers the bridge of the nose, and the base lies between the lower lip and the chin). If the person has a tracheotomy, attach the bag directly to the tube.
6. Use your dominant hand to ventilate. Allow time between compressions for passive exhalation and bag re-expansion. Compress bag every 5 seconds to deliver one liter of air.
7. If using a pocket ventilator, ventilate as per CPR SOPs.
8. Observe person's chest to insure that air is inspired and exhaled with each compression of the bag. Observe the patient's color.

**EMERGENCY
CARE NOSEBLEED
(EPISTAXIS)**

PURPOSE:

To control bleeding and prevent hemorrhage.

CONSIDERATIONS:

1. Nosebleed may indicate an underlying disease, e.g., hypertension, a blood dyscrasia, anticoagulant therapy, coronary artery disease, alcoholism, or recent upper respiratory tract infection.
2. Most nosebleeds stop when direct pressure is applied.
3. Assess for symptoms of hypovolemic shock caused by severe blood loss.
4. Check for Medic-Alert bracelet which may indicate that patient has a blood dyscrasia.
5. A patient with a nosebleed should remain quiet, sitting up and leaning slightly forward. If is necessary" to lie down, the head and shoulders should be elevated.

EQUIPMENT:

4 x 4 gauze pads

Gloves

Cold compress or ice pack

PROCEDURE:

1. Wash hands and don gloves.
2. Place patient in a seated position with head slightly forward.
3. Have patient press the bleeding nostril toward the center using a 4 x 4 gauze pad, continuously for 20 minutes. (The nurse may have to do this for the patient)
4. An ice pack may be applied to the site of bleeding.
5. Obtain medical history and current medications if possible.
6. "Remove and discard gloves.
7. Wash hands!

EMERGENCY CARE

SPLINTING: FRACTURE OR DISLOCATION

PURPOSE:

To immobilize the affected body parts when a fracture or dislocation is suspected prior to transporting.

CONSIDERATIONS:

1. Unless there is threat to life or loss of limb, there is usually time to splint the affected body part.
2. When placing the patient in a position of comfort, consider the fracture site and length of time until emergency care and transportation is to be provided.
3. Avoid twisting, turning, or pulling the spine when moving or transporting the patient.

EQUIPMENT:

Splinting materials

PROCEDURE:

1. Arrange for emergency care and transportation as soon as possible.
2. Place patient in position appropriate for site of fracture/dislocation.
3. Immobilize the joint above and below the fracture; place one hand distal to the fracture and apply some traction by placing the other hand underneath the fracture for support.
4. Extend the splints well beyond the joints adjacent to the fracture. The patient's opposite leg, and board, etc, may be used for a splint if necessary. Splint joints in functional position.
5. Check the vascular status of the extremity after splinting; check color, temperature, pulse, blanching of nail beds.

**EMERGENCY
CARE SPRAINS AND
STRAINS**

PURPOSE:

To render first aid to a person suffering from a sprain and/or strain.

CONSIDERATIONS:

1. A sprain usually occurs by forcing a joint beyond the normal range of motion. This motion causes injury to the soft tissue surrounding the joints by stretching or tearing ligaments, muscles, tendons and blood vessels.

The signs and symptoms of a sprain are:

- a. rapid swelling;
 - b. bruising, discoloration of the skin; and
 - c. pain upon movement of the joint.
2. It is usually impossible to tell a sprain from a closed fracture without an x-ray.

EQUIPMENT:

Cold compress or ice bag

Ace wrap

*...z

PROCEDURE:

1. Elevate and rest the affected part (above the level of the heart. if possible) for at least 24 hours.
2. Apply cold compresses or ice bag intermittently (15 minutes on. 15 minutes off during waking hours) for the first 24-48 hours in order to reduce swelling and pain.
3. Ambulate as tolerated.

EMERGENCY CARE STROKE

PURPOSE:

To identify signs and symptoms of stroke and take appropriate action in order to maintain life.

CONSIDERATIONS:

Signs and Symptoms of stroke are:

1. . Partial/total paralysis (unilateral or bilateral)
2. Loss of consciousness
3. Aphasia
4. Headache
5. Hyper or hypotonia
6. Sensory impairment (touch, visual)
7. Convulsions
8. Incoordination
9. Incontinence
10. Lethargy
11. Nausea and/or vomiting .

EQUIPMENT:

Sphygmomanometer
Stethoscope
Otoscope (if available)

PROCEDURE:

1. Check for patient airway - initiate CPR if indicated.
2. Determine the level of consciousness.
3. Measure and assess patient's response to commands. Determine loss of impaired vision, speech, and motor ability.
4. Continuously monitor vital signs.
5. Obtain medical assistance as soon as possible.
6. Reassure and calm the patient and family.

**EMERGENCY
CARE VOMITING**

PURPOSE:

To treat those who are vomiting, preventing dehydration.

CONSIDERATIONS:

1. Vomiting in infants and small children is often the first symptom of an acute or contagious illness. They should be checked for fever, rash, etc. and be isolated from other people as much as possible.

EQUIPMENT:

Ice chips

Warm soda, preferably 7 -up or Ginger Ale

PROCEDURE:

1. Give nothing by mouth for 3 to 4 hours.
2. May have ice chips or small sips of warm soda.
3. If ice chips and warm sodas are retained, gradually add clear liquids.
4. Start light; no fatty or fried foods for 12 to 24 hours.
5. If vomiting persists, seek medical attention as soon as possible.

EMERGENCY CARE EXPIRATION

PURPOSE:

If an individual can not be resuscitated, an area - will be designated as the Morgue to hold the body until after the event. To preserve as much dignity for the individual as possible and privacy for the family until which time the remains may be removed.

CONSIDERATION:

1. Individuals who have expired may not be during the height of the storm (event). It will be necessary to locate them in an inconspicuous location until such time when the remains can be removed.

PROCEDURE:

1. After it has been determined that the individual is no longer living and further medical intervention will not revive the person, it will be necessary to remove them to a more inconspicuous location
2. If space is not available to permit a separate "morgue", the remains may be moved to the isolation area and covered with a sheet or blanket at the perimeter of the room.
3. Care must be taken to log the person's name, time of death, and any extenuating issues for further follow up by the law enforcement agency which will need to be notified.
4. Call the Incident Commander to notify of the expiration, allowing them to notify the appropriate law enforcement agency and to arrange for the removal of the remains.
5. Keep any personal effects of the deceased with the body.

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