POLICE
SCOTLAND
Keeping people safe

Operational First Aid
Version 2.0

Our Standards of Professional Behaviour

These standards reflect our expectations of our officers, whether on or off duty.

Honesty and integrity

We act with honesty and integrity and do not compromise or abuse our position.

Authority, respect and courtesy

We act with self-control and tolerance, treating members of the public and colleagues with respect and courtesy. We deal with our police powers to act fairly and respect the rights of all individuals.

Equality and diversity

We act with fairness and impartiality. We do not discriminate unlawfully or unfairly.

Use of force

We use force only to the extent that it is necessary, proportionate and reasonable in all the circumstances.

Orders and instructions

We give and carry out only lawful orders and instructions.

Duties and responsibilities

We are diligent in the exercise of our duties and responsibilities.

Confidentiality

We treat information with respect and access or disclose it only in the proper course of our duties.

Fitness for duty

When on duty or presenting ourselves for duty, we are fit to carry out our responsibilities.

Discreditable conduct

We behave in a manner which does not discredit the Police Service or undermine public confidence, whether on or off duty.

Challenging and reporting improper conduct

We report, challenge or take action against the conduct of others which falls below the Standards of Professional Behaviour.

For more information on our standards visit the Intranet.

POLICE SCOTLAND

Operational Safety & First Aid

Whilst all aspects are to be respected, the following points are worthy of special note during Operational Safety and First Aid Recertification;

- *Respect and Courtesy*:

Students will attend from various business areas and backgrounds, and will have differing experiences and skill-levels on aspects of the course. Being respectful and courteous to fellow students undertaking training will ensure a positive learning environment.

- *Challenging and reporting improper conduct*:

We expect any instances of conduct or behaviour which falls short of the standards expected, or, has made you feel uncomfortable to be reported to course Instructors and/or their line management.

Lesson Aim

To apply the principle techniques involved in Emergency Life Support

Learning Outcomes

After this lesson you will be able to:—

- Conduct a Primary Survey
- Demonstrate the correct method to control external bleeding
- Use the A.V.P.U. scale to determine a casualty's consciousness level
- Deliver Cardiopulmonary Resuscitation
- Demonstrate the use of an Automated External Defibrillator (AED)
- Place a casualty in the Recovery Position
- Recognise and treat a casualty who is choking
- Recognise and treat a casualty who is experiencing chest pains
- Recognise and treat a casualty suffering from a seizure
- Explain the risk factors associated with positional asphyxia
- Recognise and manage a casualty who is suffering from Acute Behavioural Disturbance
- Recognise and manage a casualty who is suffering from a head injury
- Recognise and manage a casualty who is suffering from alcohol intoxication
- Recognise and manage a casualty who is suffering from drug intoxication

Introduction

- Health and Safety
  - Needlestick and Body Fluid Exposure
  - Resus Mouth Shield – Form No. 111-002 for replenishment

- Priorities of Treatment
  1. Catastrophic Bleeding
  2. Airway
  3. Breathing

- Multiple Casualties
  - Triage system based on priorities of treatment

Primary Survey

- **<C>** Catastrophic Bleeding
- **D** Danger
- **R** Response
- **S** Summon Help
- **A** Airway
- **B** Breathing

Catastrophic Bleeding

1. Evidence of major blood loss?
2. Method of blood loss i.e. blood spurting from a wound
3. Critical injury sites i.e. the neck, chest, groin or abdomen

- Apply immediate direct pressure

- Use a bandage or clean material if available
- Call an ambulance
- Keep the casualty warm

WARNING
GRAPHIC CONTENT

THE VIDEO YOU ARE ABOUT TO WATCH MAY CONTAIN CONTENT THAT IS DISTRUBING AND UNSUITABLE FOR SOME VIEWERS

VIEWER DISCRETION IS ADVISED

Treatment of Bleeding

- Position
- Examine
- Elevate
- Pressure

DO NOT: remove imbedded objects, give the casualty anything to eat or drink or allow them to smoke

Response (A.V.P.U)

- **A**LERT (e.g. orientated and fully alert)
- **V**OICE (respond to voice? – “can you open your eyes?”)
- **P**AIN (responds to squeezing of the shoulder)
- **U**NRESPONSIVE (unresponsive to all previous steps)
- If no response, summon help immediately

Airway

If the casualty is unresponsive and catastrophic bleeding has been ruled out or been treated, the casualty's airway should be opened so that oxygen can continue to pass into the lungs.

Head Tilt/Chin Lift Technique

1. Gently tilt the casualty's head back
2. Lift the casualty's chin to open the airway

Breathing

Keeping the airway open, check to see if the casualty is breathing normally. Take no more than 10 seconds to do so.

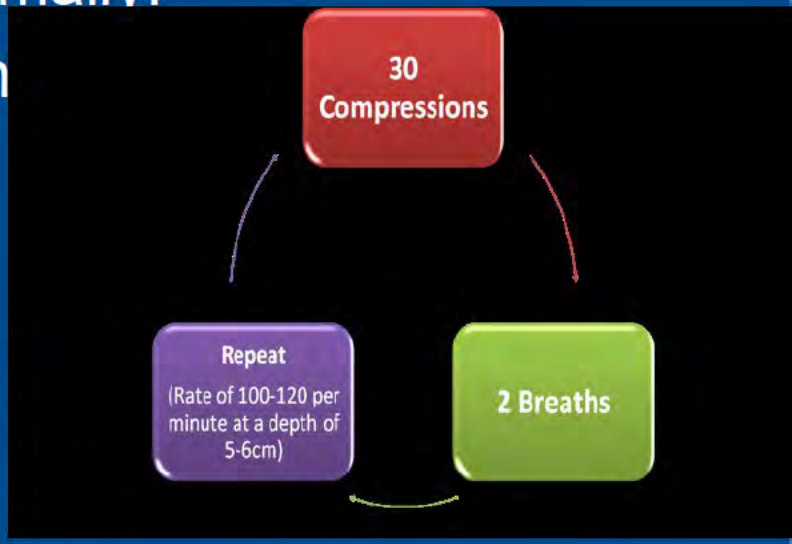
- Look for chest movement
- Listen at the mouth for breathing sounds
- Feel for air on your cheek
- Be aware of irregular breathing or noisy gasps which can indicate cardiac arrest


rescue.com
Gordon Jigsaw 2006

Cardiopulmonary Resuscitation

If the casualty is not breathing normally:

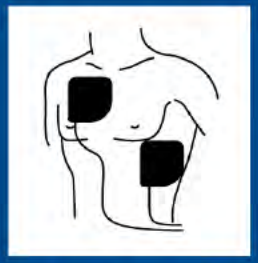
- Ensure an ambulance has been
- Request an AED
- Commence CPR



- Rescue breaths are optional

Automated External Defibrillator

- AED's analyse heart rhythms
- Dose of electricity can shock the heart back into a normal rhythm
- Survivability rates can be up to 75% within the first 2 minutes
- This diminishes by 10% for every minute of delay
- Pad placement needs to be accurate and on clean, dry skin



- Excessive chest hair may need to be removed
- Appropriate to use on children. Not recommended for infants


www.heartsandgoals.org
BBC

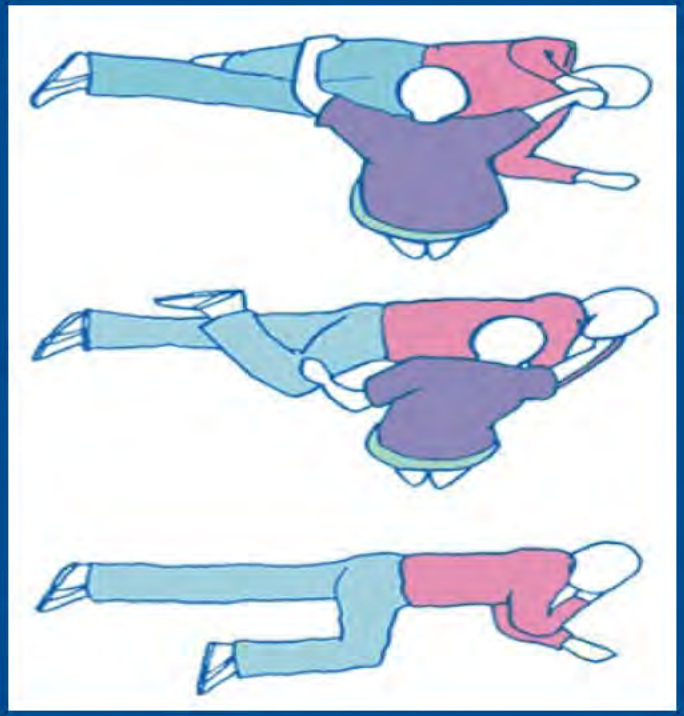
Resuscitation for Children/Infants

The following minor adjustments to the adult sequence should be made

- Deliver 5 initial rescue breaths
- Breaths should be of an appropriate force
- Thereafter, continue with 30:2
- Compressions should be delivered to a third of the depth of the chest
- For children – one or two hands can be used for compressions
- For infants – two fingers placed on the nipple line for compressions

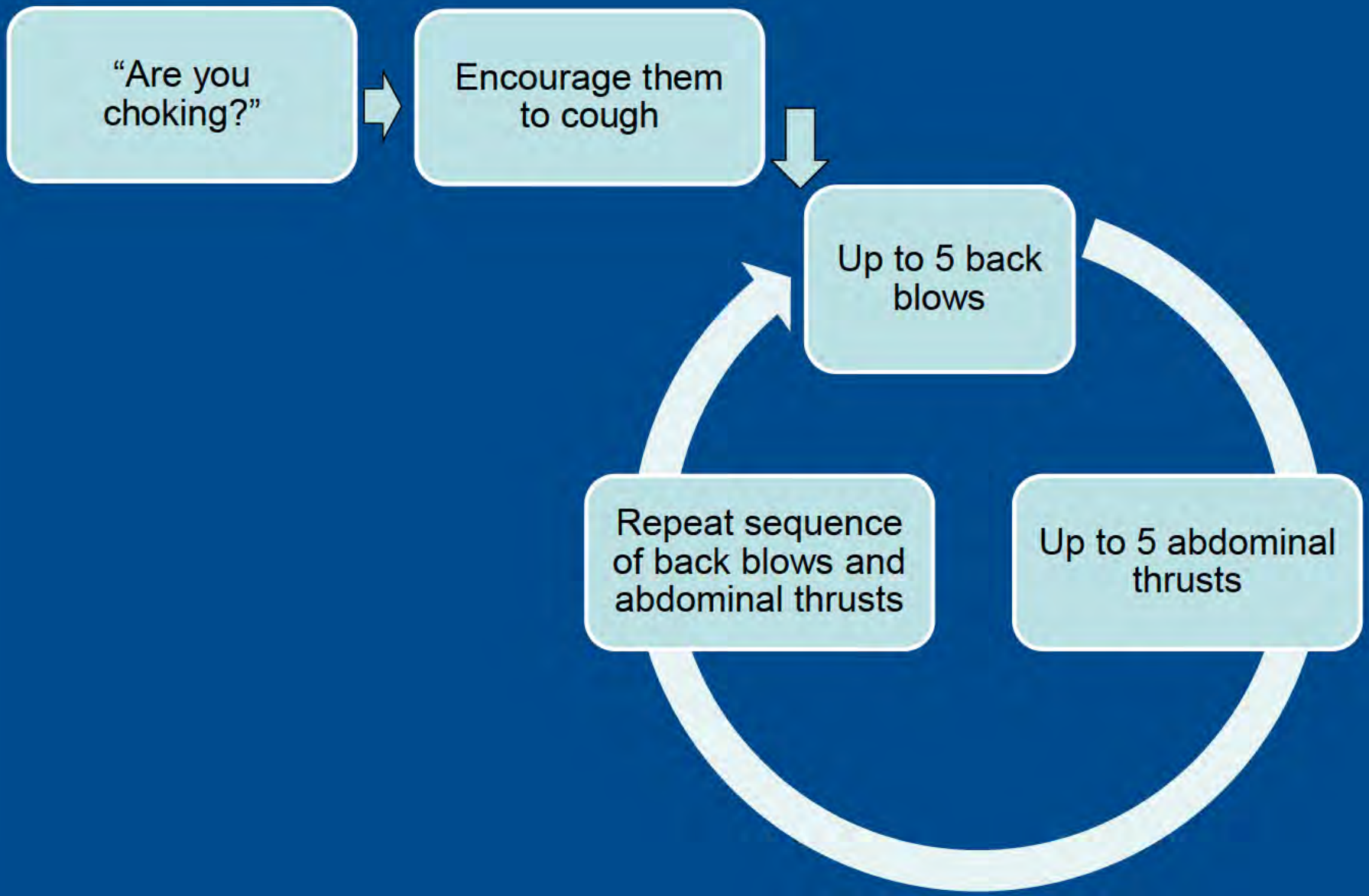
Recovery Position

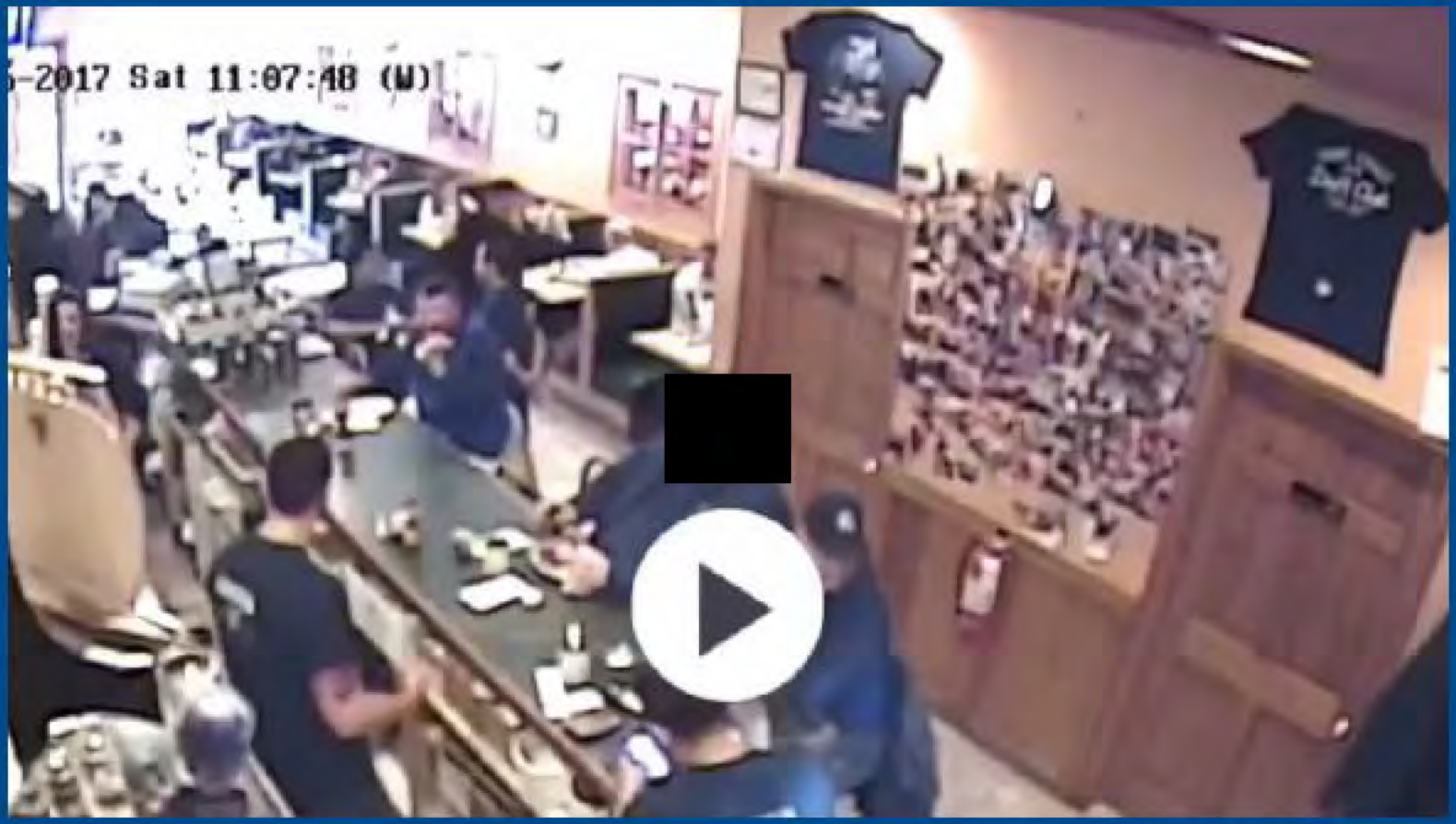
If the casualty is unconscious but breathing normally, and life threatening conditions treated (such as bleeding) you should place the casualty in the Recovery Position.



- Maintains an open airway
- Allows for safe drainage of fluids from the mouth
- Stable position

Choking

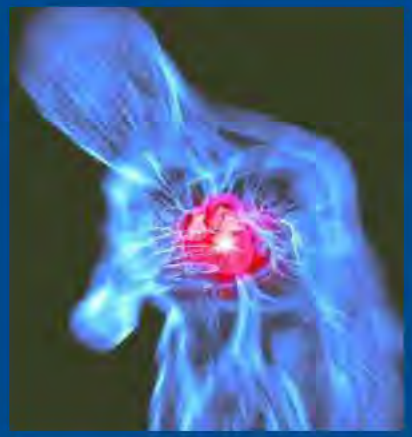

"Are you choking?"
Encourage them to cough
Up to 5 back blows
Up to 5 abdominal thrusts
Repeat sequence of back blows and abdominal thrusts


-2017 Sat 11:07:48 (M)

Chest Pains

SIGNS & SYMPTOMS

- Crushing chest pain
- Pain in the arms, neck, shoulders or the jaw
- Pale, clammy skin
- Sweating
- Nausea/vomiting
- Difficulty breathing
- Anxiety
- Feeling faint or dizzy



TREATMENT

- Make casualty comfortable – 'W' position
- Allow casualty to take any prescribed medication
- Call for an Ambulance and reassure
- Monitor their condition
- Be prepared to administer CPR

Seizures

- Seizures are caused by sudden, temporary burst of electrical activity in the brain
- The normal electrical messages become mixed up or halted
- Causes include reactions to alcohol/drugs, head injuries, poisoning, stroke and certain medical conditions such as epilepsy

There are two main types of seizures:

- **Partial or absence seizures**
- **Convulsive seizures**

Partial/Absence Seizures

WHAT ARE THEY?

The electrical activity only occurs in a part of the brain, and does not result in unconsciousness or convulsions unless the electrical activity spreads to the rest of the brain.

SIGNS & SYMPTOMS

- Daydreaming
- Localised jerking/twitching
- Plucking at the clothes
- Smacking of their lips
- Repeatedly swallowing
- Dazed
- Wandering
- Lasts only for a short time

Management of Seizures

Partial/Absence Seizures

- Guide away from **dangers**
- **Stay with the casualty** until they become fully alert
- **Advise** the casualty of the event
- If the casualty is unaware of their condition, advise them to see their doctor

Convulsive Seizures

WHAT ARE THEY?

The electrical activity affects the whole brain, resulting in unconsciousness and convulsive movements.

SIGNS & SYMPTOMS

- Rigidity/arching Back
- Sudden unconsciousness
- Violent jerking movements
- Teeth clenching
- Saliva (and possibly blood) from the mouth
- Loud ‘snoring’ breathing post seizure

Management of Seizures

Convulsive Seizures

- Remove **dangers** and **protect** the head
- Monitor the **airway**
- Note the start time and **duration** of the seizure
- **Recovery Position**
- Continue to **monitor** the casualty

Management of Seizures (cont.)

Call an Ambulance/Seek Medical Help when..

- The seizure lasts for more that 5 minutes
- Levels of response don't improve within 10 minutes post seizure
- If this is the casualty's first seizure or if this is unknown
- The seizure lasts 2 minutes longer than is 'normal' for them
- The casualty suffers a second, or subsequent seizures
- If the casualty is a child

……..Or if you are at all unsure

Positional Asphyxia

Can occur when a person is placed in a position that interferes with inhalation and/or exhalation.

RISK FACTORS INCLUDE

- Physical position and restraint(s)
- Alcohol and/or drugs
- Age
- Obesity
- Exhaustion/fatigue
- Respiratory illness
- Disability

Positional Asphyxia

Signs and Symptoms

- Body Position
- Gurgling/Gasping
- Behavioural Changes
- Panic
- Verbalising that they cannot breathe

Treatment

- Remove from prone ASAP
- Treat as a medical emergency
- Continue to monitor the casualty's condition
- CPR if indicated

Acute Behavioural Disturbance

ABD is characterised by three factors;

- Delirium (altered thought processes, confusion, hallucinations)
- Agitation and/or aggression
- Abnormal physiology (raised body temperature, fast heart rate)

Subjects can die suddenly, or shortly after a violent struggle.

There are no warning signs to indicate when a subject may suffer cardiac arrest.


2014/03/04 11:42:57

Causes of ABD

- Drug intoxication (including Psychoactive Substances)
- Cocaine is the best known cause of drug induced ABD
- Alcohol intoxication
- Drug/alcohol withdrawal states
- Psychiatric illness
- Acute brain injury or illnesses (inflammation) or limited supply of oxygen to the brain
- Hypoglycaemia (low blood sugar)

General signs of ABD

- Constant/near constant activity
- Abnormal strength and pain tolerance - irritant sprays may not work
- Rapid breathing or panting
- Non-responsive to presence of authority figures/unable to follow commands
- Violent, shouting or panicking
- Does not fatigue
- Hot skin and sweating
- Attracted to/attempt to destroy glass and reflective items
- Hallucinations, hiding objects, running around, pulling clothes off
- May suddenly become subdued or collapse

ABD – Emergency actions

- Once controlled, try not to hold the person face down
- Place the person onto their side or into sitting or kneeling position
- Call for immediate emergency medical assistance
- Monitor the person’s condition as cardiac arrest can occur suddenly
- If the casualty becomes unconscious and stops breathing normally, begin CPR

- Collapse can occur even in the recovery position, especially if the person continues to struggle against the restraint

Head Injury

SIGNS & SYMPTOMS

- A history supporting possible head injury
- Blood or clear fluid from the ears or nose
- Confusion, irritability
- Behavioural issues
- Short term memory loss
- Bleeding, swelling or bruising
- Soft areas or deformities on the skull

TREATMENT

- Maintain and monitor airway and breathing
- Control any bleeding
- Call for an Ambulance
- Provide reassurance
- Recovery position if unconscious

Alcohol Intoxication

SIGNS & SYMPTOMS

- Strong smell of alcohol
- Evidence of drinking
- Confusion
- Slurred speech
- Vomiting
- Deep, noisy breathing
- Unresponsiveness

TREATMENT

- Maintain and monitor airway and breathing
- Check the person for any injuries or medical conditions
- Recovery position if not fully responsive
- Call for an Ambulance if deemed necessary