

# First Aid Provider



Accidents and emergencies happen anywhere, at any time. According to the Centers for Disease Control and Prevention, there are hundreds of millions of emergency department visits for injuries and illnesses in the United States every year.

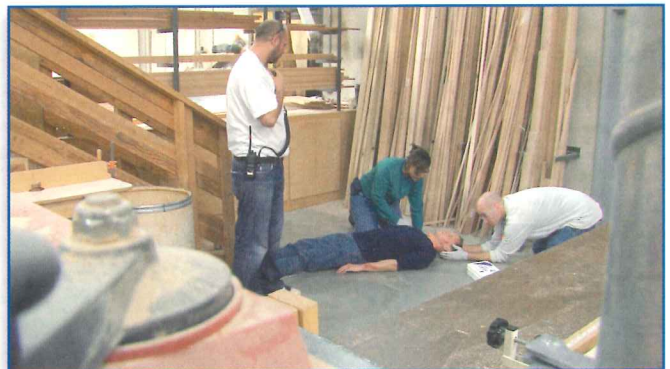
Safe practices at work, home, and play can prevent many injuries, illnesses, and deaths. However, once an injury or sudden illness has occurred, effective first aid can often improve recovery and even prevent permanent disability or death.<sup>1</sup>

## First Aid

First aid is the initial care provided for an acute illness or injury, when advanced care procedures are not readily available. First aid is intended to preserve life, alleviate suffering, prevent further illness or injury, and promote recovery. First aid can be initiated by anyone in any situation.

A first aid provider is someone trained to do the following:

- Recognize, assess, and prioritize the need for first aid
- Provide appropriate first aid care
- Recognize limitations
- Seek professional medical assistance when necessary



## Recognizing an Emergency

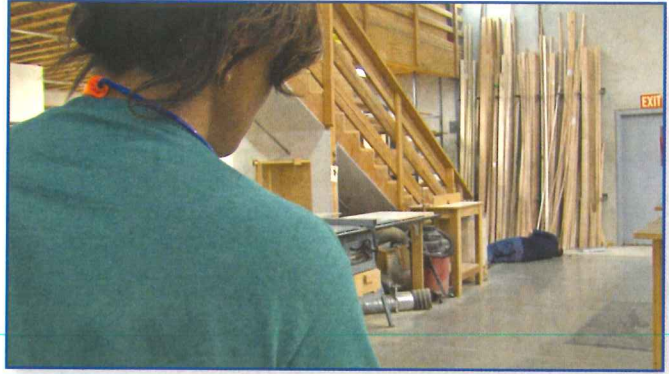
Before helping as a trained first aid provider, you must be able to recognize that a medical emergency exists. Often, emergency situations are unexpected events and can be confusing.

A general impression is a quick sense of what has occurred, or is occurring, when you first observe an emergency scene. This impression can provide important clues to help guide you as you continue:

- Where is the person located?
- How is the person's body positioned?
- Does the person look sick or injured?
- Is it safe for me to be here?

Does the person appear to be unconscious? A person who is not moving and appears to have collapsed could have experienced a sudden cardiac arrest. You could be the person's only chance for survival.

If you suspect an injury, how do you think it happened? Injuries occur due to physical force against the body. The manner in which that force creates an injury is called the mechanism of injury. Mechanisms that transfer significant force are best assumed to result in serious injury until proven otherwise.



## Personal Safety

Emergency scenes are often unsafe. Your personal safety is the highest priority, even before the safety of an ill or injured person. Putting yourself in danger to help someone can make the situation worse.

Always pause for a moment before approaching. Look for obvious hazards. Consider the possibility of hidden dangers. If the scene is unsafe, do not approach. If your current location becomes unsafe, get out!

### Setup

SETUP is a mnemonic device that can help you remember the important points of making sure it is safe to provide care:

- Stop — Pause to identify hazards
- Environment — Consider your surroundings
- Traffic — Be careful along roadways
- Unknown Hazards — Consider things that are not apparent
- Personal Safety — Use protective barriers

## Deciding to Help

One of the most difficult decisions to make is whether or not to get involved when you think a medical emergency has occurred. It is normal to feel hesitant about your ability to help.

*You might hesitate because you feel like the problem is too big for you to handle alone.*

- You are only the first link in a progressive chain of emergency care. Your involvement lasts only until relieved by another first aid provider or responding EMS personnel — in most cases, a very short period of time.



*You might hesitate for fear of making things worse.*

- Your training provides you with sound knowledge and skills designed only to help — and not harm — those in need.

*You might hesitate because you think you don't have a lot of medical knowledge.*

- Extensive medical knowledge is not necessary. First aid is simple and easy to provide.

*Finally, you might hesitate because there are others around who you think might take charge.*

- In fact, others may feel the same way, resulting in no one stepping forward to help.

If it is safe to do so, take action. Put what you learn in this program to work. Your actions can help to protect or save a life.



## Personal Protective Equipment

Personal protective equipment (PPE) describes protective barriers worn to prevent exposure to infectious diseases.

Disposable gloves are the most commonly used protective barrier. Make sure they are readily available, and always use them.

Inspect gloves for damage or tears when you put them on. If damaged, replace them immediately.

After providing care, always remove contaminated gloves carefully.

Even after using gloves, use soap and water to clean your hands and any exposed skin. Use an alcohol-based hand sanitizer if soap and water are not available.

Another commonly used PPE, a face shield, can prevent mouth, nose, and eye exposure when there is a possibility of splashing or spraying.



### Latex Allergy

Natural rubber latex allergy is a serious medical problem. Anyone who uses latex gloves frequently is at risk for developing it. Simple measures such as the use of nonpowdered latex gloves or nonlatex alternatives can stop the development of latex allergy and new cases of sensitization.<sup>2</sup>

### Disinfecting Surfaces

Decontaminate all surfaces, equipment, and other contaminated objects as soon as possible. Clean with a detergent and rinse with water. Use a bleach solution of 1/2–3/4 cup household bleach to 1 gallon cool water to disinfect the surface. Spray on the solution and leave it in place for at least 2 minutes before wiping.<sup>3</sup>



### Knowledge Check

True or false? You are caring for a coworker who has been injured and is bleeding heavily. Because she is a close friend, it is not important to use personal protective equipment to protect yourself from possible exposure to an infectious disease.

### Hybrid and Electric Car Crashes

When involved in a crash, hybrid and electric vehicles have some unique considerations. The biggest concern is accidentally coming into contact with an exposed high voltage wire. These thick wires are colored orange for easy identification. Look for, and stay clear of, these wires. Another concern is the possibility of a vehicle suddenly moving without sound or warning because the electric motor is still engaged. Stay away from the front or back of the vehicle. Place the transmission in park and turn off the vehicle motor as soon as you are able to.



### Knowledge Check

You and your coworker are loading boxes into a truck on a busy street when a bicyclist, riding on the sidewalk, collides with your coworker. The bicyclist rides away, apparently uninjured, but the man who was struck is still holding his abdomen and groaning. You have been trained as a first aid provider and think you can help, but you hesitate because you are unsure about your ability to help. What should you do?

## Protecting Yourself

When caring for someone, you can be exposed to blood or other potentially infectious body fluids. While the risk of contracting a disease is very low, it is wise to take simple measures to avoid exposure in the first place.

### Infectious Bloodborne Diseases

Infectious bloodborne diseases and pathogens include hepatitis B, hepatitis C, and HIV, the virus that causes AIDS.

Exposure can occur through the direct contact of infectious material with an open wound or sore, or by absorption through the membranes of the mouth, nose, and eyes. Exposure can also occur through a skin puncture with a contaminated, sharp object. Immediately report any exposure to your supervisor. Follow your company's written exposure control plan for additional care and advice.



### Standard Precautions

Reducing exposure lowers the chance of infection. Standard precautions is a set of protective practices used whether or not an infection is suspected. To be effective, your approach is the same for everyone, regardless of relationship or age.

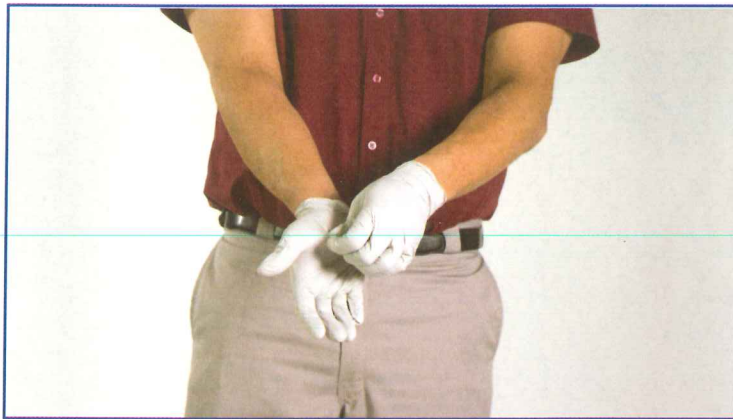
### OSHA Bloodborne Pathogens Standard

In 1991, the Occupational Safety and Health Administration (OSHA) released the Bloodborne Pathogens Standard to protect workers from the risk of exposure to bloodborne infectious diseases. The standard applies to anyone who has occupational exposure to blood or other potentially infectious materials and provides information on how to reduce the risk of exposure in the workplace.

Employees should review their company's exposure control plan for site-specific information on how to reduce exposure. More information can be found at [www.osha.gov](http://www.osha.gov) and [www.cdc.gov](http://www.cdc.gov).

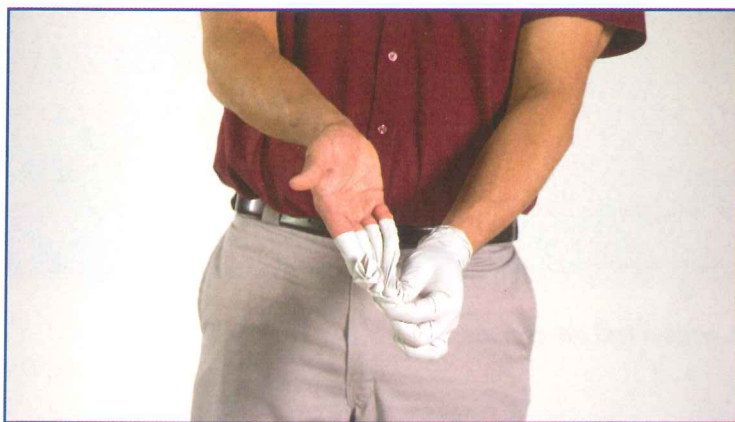


## Removing Contaminated Gloves



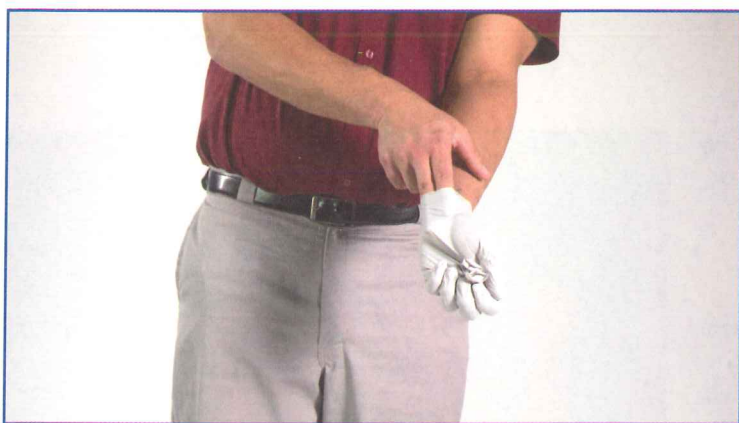
### *Grasp First Glove*

- After providing care, always remove contaminated gloves carefully.
- Avoiding bare skin, pinch the glove at either palm with the gloved fingers of the opposite hand.



### *Remove Inside Out*

- Gently pull the glove away from the palm and toward the fingers, turning the glove inside out without snapping.
- Gather the glove you just removed with your gloved hand.



### *Side Finger under Second Glove*

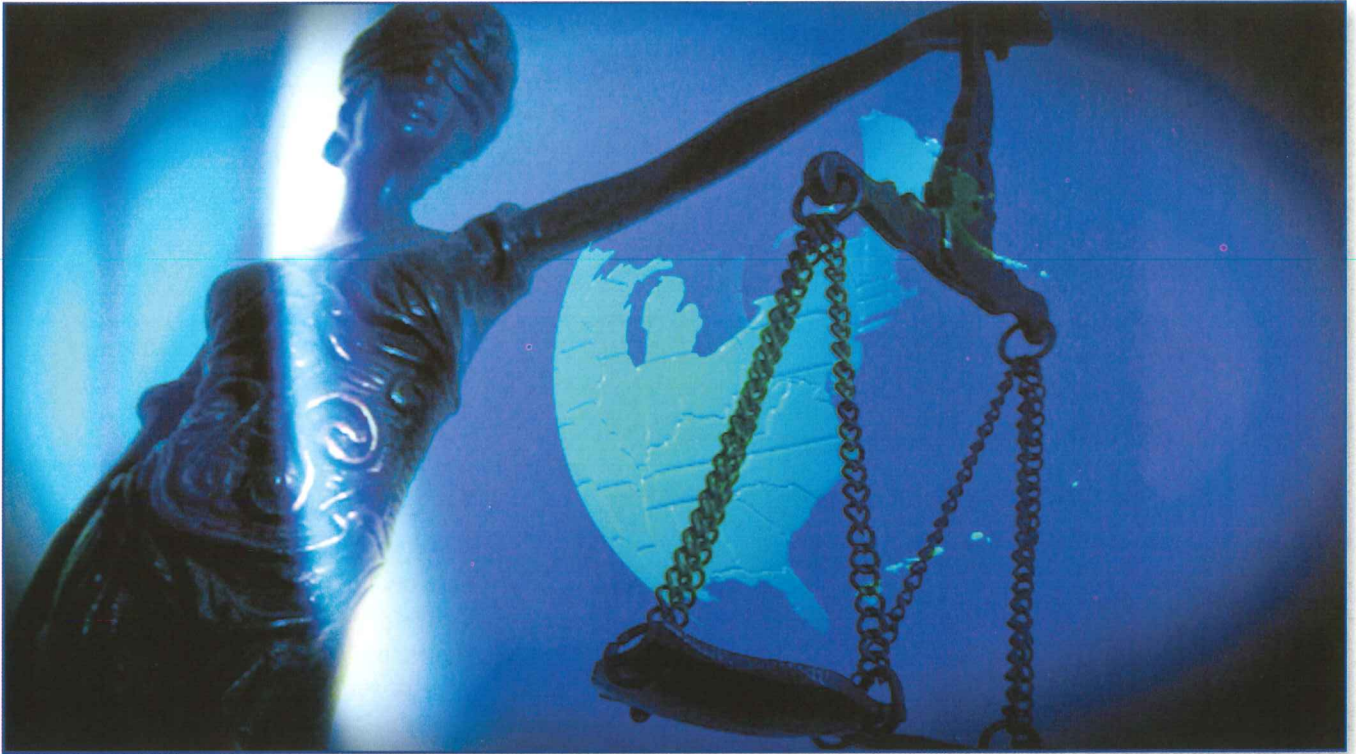
- Carefully slide your bare index finger inside the wrist band of the gloved hand.



### *Remove Inside Out*

- Gently pull outwards and down, inverting the glove and trapping the first glove inside.
- Throw away gloves in an appropriate container to prevent any further contact.
- Use soap and water to clean your hands and any exposed skin. Use an alcohol-based hand sanitizer if soap and water are not available.

# Legal Considerations



There are some basic legal considerations to be aware of as a first aid provider.

## ***Consent***

Everyone has the right to refuse medical treatment. Always ask a responsive person if he or she wants help before providing care.

## ***Implied Consent***

When a person is unresponsive, the legal concept of implied consent assumes a person would agree to be helped given the circumstances.

## ***Abandonment***

Once first aid care has begun, remain with an ill or injured person until someone with equal or greater emergency medical training takes over. If you are alone, and unable to use a mobile phone, you may need to leave to get help. Return to the person as soon as you can.



## ***Good Samaritan Laws***

Some people fear being sued as a result of incorrectly performing first aid in an emergency. In almost every case, this fear is unwarranted.

All states have passed what are known as Good Samaritan laws to help encourage bystanders to assist those in need.

These laws help protect anyone who

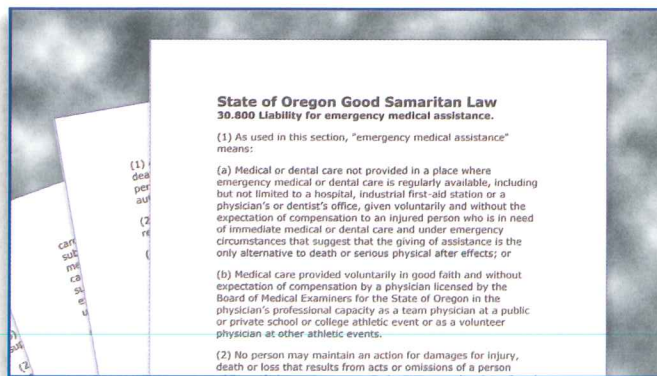
- voluntarily provides assistance, without expecting or accepting compensation;
- is reasonable and prudent;
- does not provide care beyond the training received; and
- is not grossly negligent, or completely careless, in delivering emergency care.



Good Samaritan laws vary from state to state. Become familiar with the laws in your state and other states where you work or travel.

Regardless of location, it is always appropriate to use common sense.

- Activate EMS or an occupational emergency action plan (EAP) immediately.
- If the scene is unsafe, do not enter!
- Ask a responsive person for permission before giving care.
- Never attempt skills that exceed your training.
- And, once you have started, don't stop until someone with equal or greater training relieves you.



### Other Legal Considerations

**Duty to Act** — A predetermined requirement to provide care, typically by job description (such as firefighter, police officer, or lifeguard) or by relationship (such as parent or guardian). In general, a first aid trained person is encouraged, but not required by duty, to act.

**Negligence** — Occurs when someone is caused further harm due to care that did not meet the expected standard of someone with a duty to act.

**Assault and Battery** — Placing a person in fear of bodily harm. Forcing care on a person against his or her wishes may be considered grounds for this.



### Knowledge Check

You return from your lunchbreak to your work area and discover a coworker who appears to have collapsed and does not respond to your voice or touch. You immediately begin to help. What legal concept related to providing first aid care applies in this situation?

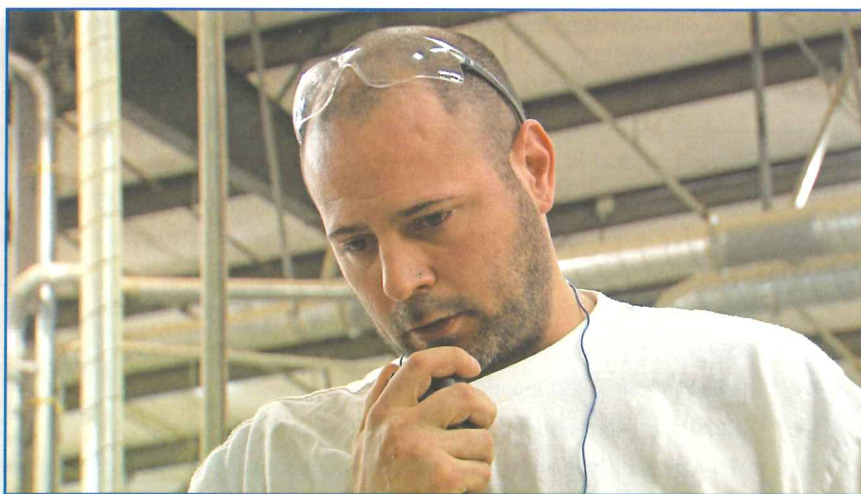
## Calling For Help

An essential role of the first aid provider is recognizing when additional help is needed and knowing how to get it. This includes learning how and when to activate the EMS system, using the emergency action plan in your workplace, and how to contact your local poison control center.

### Emergency Medical Services (EMS)

Emergency medical services (EMS) describes the prehospital emergency medical response system developed within a community. An EMS system uses specialized emergency communication equipment to gather information and dispatch appropriate emergency resources.

Trained EMS providers within the system respond directly to emergency scenes, provide advanced medical care, and transport ill or injured people to a hospital.



Activating the EMS system usually consists of calling an easy-to-remember emergency number, such as 911. This is appropriate when there are immediate threats to life, a significant mechanism of injury has occurred, warning signs of serious illness exist, or if you are unsure about the severity of a person's condition.

When you make a phone call to activate EMS, a trained dispatcher will guide you through the call. EMS dispatchers may be trained to guide you in the care you provide, especially with CPR.

The dispatcher will ask for basic information, such as the type of emergency, location, and what care is being provided. Answer questions as clearly and concisely as you can. Appropriate resources will be notified to respond while you are on the line.

The majority of emergency calls in the United States are now made on mobile phones. With a mobile phone, you can quickly activate EMS while staying in place next to the affected person. The speaker function of a phone allows you to listen to the dispatcher and provide care at the same time.

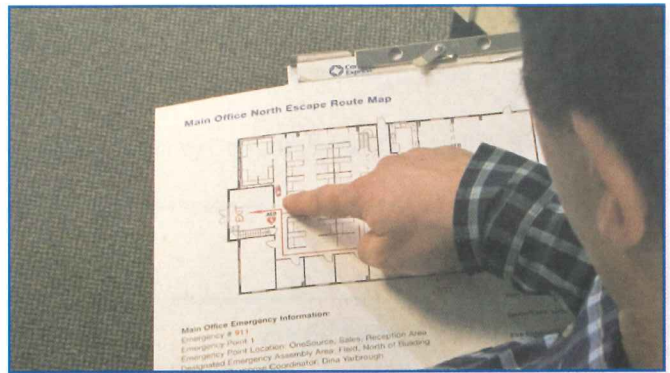


## Emergency Action Plans

An emergency action plan (EAP) is used to help ensure safe and healthy conditions at work. It provides step-by-step procedures on how to report and respond to emergencies.

EAPs take into account the specific layout, size, and features of a particular worksite. Almost every business is required to have an EAP.

Activating an EAP may be as simple as dialing 911, or it may be more involved, such as notifying a centralized communications person or activating an in-house emergency team. Make sure you understand your EAP so that you know how to report and respond to emergencies at work.



Medical emergencies also occur at home, so it is smart to develop an EAP for your home and review it frequently with members of your household.

## Poison Help Line

Poison control centers offer free, confidential medical advice 24 hours a day, 7 days a week through the national Poison Help line at 1-800-222-1222. This service provides a primary resource for poisoning information and care for suspected poisonings.

### Emergency Action Plans

In the United States, Occupational Safety and Health Administration (OSHA) regulations require employers to have an emergency action plan (EAP) in writing, kept in the workplace, and available to employees. In a typical workplace, the EAP should contain specific procedures on the following:

- How designated first aid workplace providers are notified to respond
- What is expected of workplace providers when they respond
- How to activate EMS from the worksite
- How to efficiently help EMS get to an ill or injured person

It is important to become familiar with the proper emergency response procedure in your workplace



### Knowledge Check

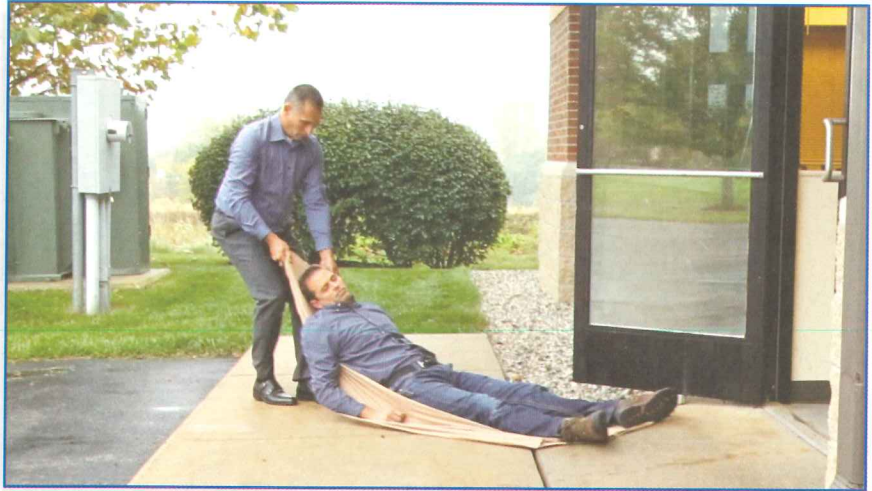
You enter a warehouse door to get to your work area and discover one of your coworkers alone and looking very ill. After talking to him, you are unsure about what is happening, but you feel it could be serious. Should you activate EMS?



## Emergency Moves

It is best not to move an ill or injured person at all unless he or she is clearly endangered or requires life-supporting care. The greatest concern in moving a seriously injured person is the chance of making existing problems, such as a spinal injury, worse.

If you decide it is necessary to move someone, the most effective move to use is a drag. When using a drag, pull in the direction of the long axis of the body to keep the spine in line. Never pull on a person's head, or pull a person's body sideways.



When moving someone, use your legs, not your back, and keep the person as close to your body as possible. Avoid twisting. Consider the person's weight. Know your physical ability and respect your limitations.

Common drags include the following:

- Extremity drag — grasp and pull on the ankles or forearms
- Clothing drag — pull on a person's shirt in the neck and shoulder area
- Blanket drag — roll the person onto a blanket and drag the blanket

Vehicle fires in traffic crashes are relatively rare. Bystanders have dragged injured people from vehicles in the mistaken belief that the vehicle will catch fire and explode. Moving a person when it is not necessary can make injuries worse. Avoid moving an injured person from a damaged vehicle unless you believe his or her life is clearly in danger.



### Knowledge Check

A fire has broken out in the building you are working in, and you are quickly evacuating with other employees. As you exit, you find an employee who has collapsed to the floor and is not moving. Smoke is quickly filling the area you are in. What should you do for the collapsed employee?

# Primary Assessment — Unresponsive Person



The primary assessment is a simple way to quickly identify if a life-threatening condition is present. It is the initial approach to anyone suspected of being ill or injured.

The steps of the primary assessment are always the same:

- If it is safe to provide care, check for responsiveness.
- If unresponsive, activate EMS and get an AED.
- Check for normal breathing.

If you determine a person is unresponsive, send a bystander to activate EMS and get an AED, if one is available. If you are alone, do this yourself and quickly return to the person.

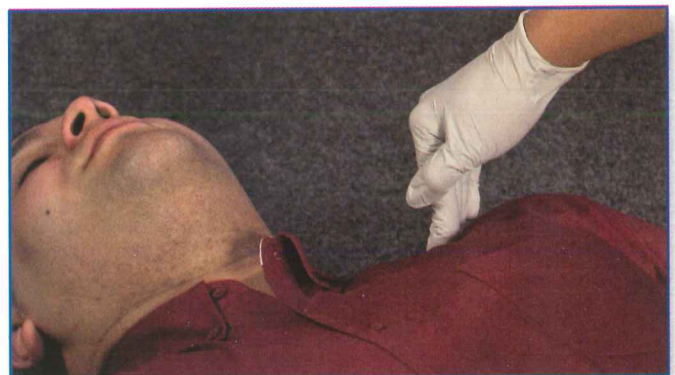
If you have a mobile phone, use it to activate EMS. The speaker function will allow you to follow instructions, especially for CPR, from an EMS dispatcher while providing care.

To check for normal breathing, quickly look at the face and chest. Take no longer than 10 seconds. Normal breathing is effortless, quiet, and regular. If you are unsure, assume breathing is not normal.

Weak, irregular gasping, snorting, or gurgling sounds can occur early in this type of situation. These actions provide no usable oxygen. This is not normal breathing.

## **Compression-only CPR**

If the person is not breathing, or only gasping, CPR and the use of an AED are required. It is highly recommended for you to supplement your first aid instruction with training in CPR. However, compression-only CPR is an approach that is being widely promoted to people who are not trained in traditional CPR, which provides both





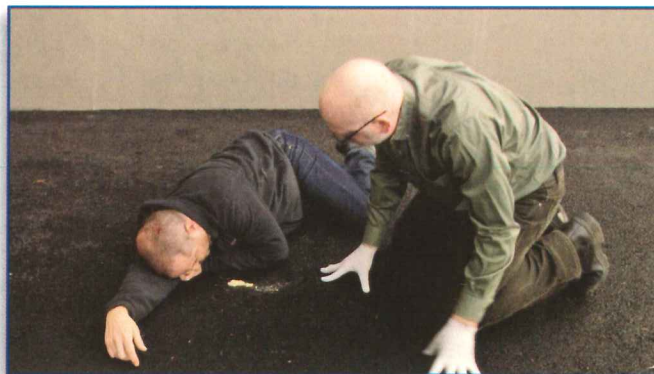
compressions and breaths. Simple instructions in compression-only CPR can be shared in many different ways including social media and as public service announcements. EMS dispatchers can also provide compression-only instructions during an emergency call. Still, compression-only CPR is a limited approach to treating cardiac arrest. At some point, rescue breaths are essential for all cardiac arrests, especially those involving an airway or breathing problem, or those involving children.

### **Recovery Position**

When an unresponsive person is breathing normally, and uninjured, place him or her in a side-lying recovery position to help protect the airway.

The recovery position helps protect the air passage between the lungs and the mouth by using gravity to drain fluids from the mouth and keep the tongue from blocking the airway.

Frequently assess the breathing of anyone placed in the recovery position. The person's condition could quickly become worse and require additional care.



### **Assess, Alert, and Attend**

Assess, alert, and attend is a convenient way of remembering the general approach to a primary assessment. Assess the scene and person, alert or activate EMS, and attend to the person's problem until EMS arrives.



### **Knowledge Check**

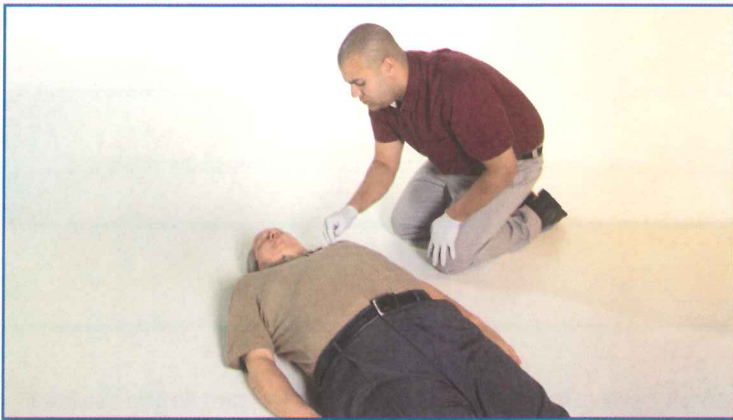
A fellow employee collapses near you during a staff meeting. As a trained first aid provider, you move to help. You kneel next to him, squeeze his shoulder, and loudly ask, "Are you all right?" He is unresponsive, so you direct other employees to activate EMS and get the company's AED. You look closely at the face and chest for breathing; he makes a brief gasping snort, but then remains still. What do you do next?

# Primary Assessment — Unresponsive Person



## Assess Scene

- Pause and assess scene for safety.
- If unsafe, or if it becomes unsafe at any time, GET OUT!



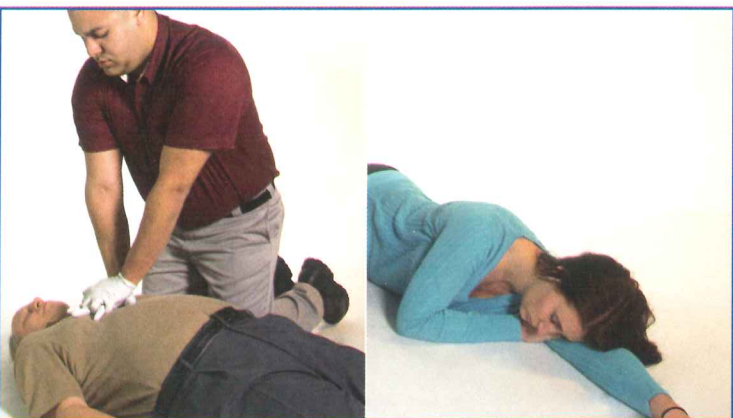
## Check for Response

- Tap or squeeze shoulder and ask loudly, “Are you all right?”
- If unresponsive, have someone activate EMS and get an AED, if one is available.



## Look for Normal Breathing

- Position person face-up on a firm, flat surface.
- Look at face and chest for normal breathing. Take no longer than 10 seconds. If unsure, assume breathing is not normal.
- Weak, irregular gasping, snorting, or gurgling is not normal breathing.



## Provide Indicated Care

- If person is not breathing, or only gasping, the indicated care is CPR and the use of an AED.
- If normal breathing is found, place an uninjured person in recovery position.

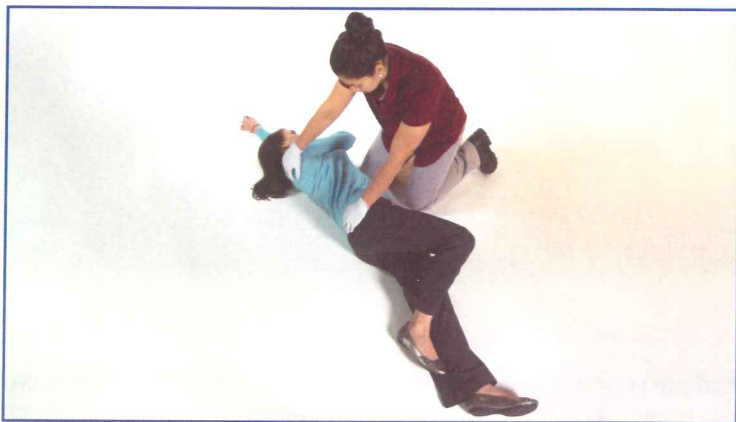


## Recovery Position



### Prepare

- Place arm nearest you up alongside head.
- Bring far arm across chest and place back of hand against cheek.
- Grasp far leg just above knee and pull it up so the foot is flat on ground.



### Roll

- Grasping shoulder and hip, roll person toward you in a single motion, keeping head, shoulders, and body from twisting.
- Roll far enough for face to be angled toward ground.



### Stabilize

- Position elbow and legs to stabilize head and body. Ensure there is no pressure on chest that restricts breathing.
- Make sure head ends up resting on extended arm and head, neck, and body are aligned.
- If person has been seriously injured, do not move unless fluids are in airway, or you need to leave to get help

# Primary Assessment — Responsive Person



The primary assessment remains the same for a responsive person as it is for an unresponsive person.

Look for any immediately life-threatening problems. Introduce yourself and see if there is any diminished level of responsiveness, altered mental status, or difficulty in breathing. Briefly scan the body for serious bleeding. If found, control it immediately.

Look for obvious signs of shock. Check the face for tissue color. Tissue color indicates the amount of blood circulating below the skin:

- Normal tissue color is light pink.
- Paleness indicates blood loss or shock.
- A bluish color indicates a lack of oxygen.

Depending on skin tone, it may be easier to look at tissue color in the palms of hands, fingernails, or inside the lip.

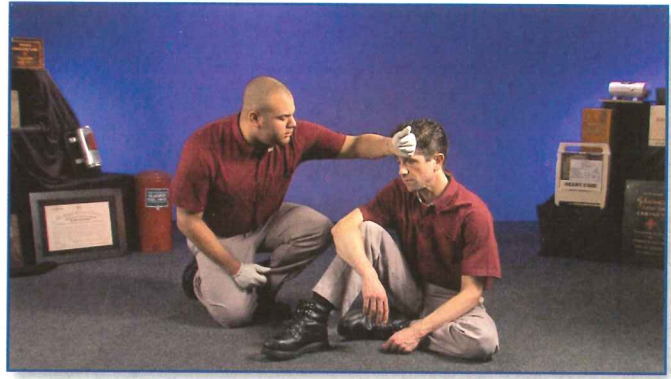




Check skin temperature by touching the forehead with your bare wrist:

- Normal skin feels warm and dry.
- Cool, wet skin can be an indication of shock.

If a life-threatening medical condition is found or suspected, immediately activate EMS and provide any indicated care.



### Ongoing Assessment

Emergencies are dynamic events that can change at any time. Reassessment is the ongoing observation of an ill or injured person to monitor his or her condition and the effectiveness of first aid.

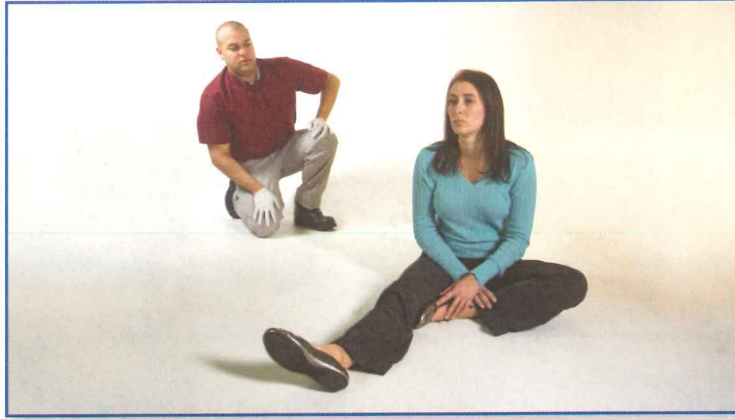
Make sure the situation remains safe for you to be there. Watch for changes in a person's level of responsiveness. Ensure the airway is open and clear and that the person is breathing normally. Reassess to ensure external bleeding is controlled. Look for changes in the person's tissue color or skin temperature. Check at regular intervals until another provider or EMS personnel take over.



### Knowledge Check

You are stacking shelves in the home goods area of the store where you work when you hear a loud crash and the sound of glass shattering. As a trained first aid provider, you cautiously move to see what happened. A frightened-looking customer is sitting on the floor next to a display that has collapsed. She is surrounded by broken glass. You carefully get to her and let her know you are trained and can help. She appears aware of what happened and is breathing normally. You scan the floor around her and see a growing pool of blood behind her. The back of her blouse is soaked with blood. What do you do next?

# Primary Assessment — Responsive Person



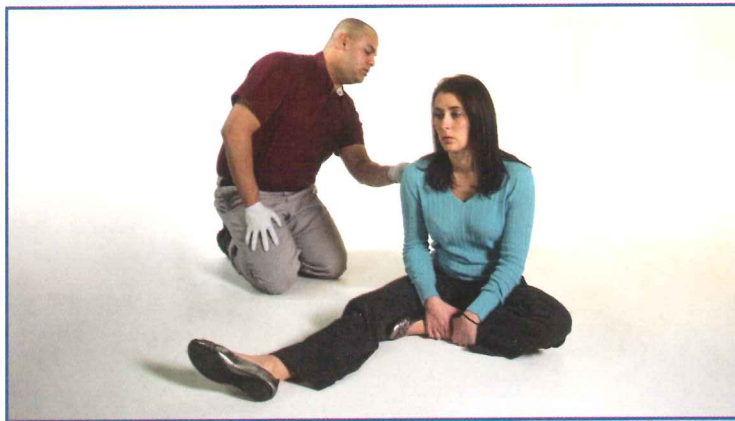
## Assess Scene

- Pause and assess scene for safety.
- If unsafe, or if it becomes unsafe at any time, GET OUT!



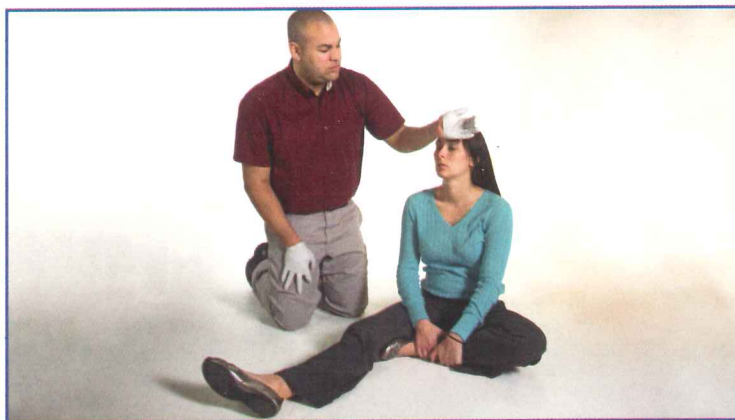
## Introduce Yourself

- Tell person you are first aid trained and ask if you can help.
- Check for diminished level of responsiveness or altered mental status.
- Assess for any breathing difficulty.



## Check for Bleeding

- Scan body for heavy bleeding. If found, control it immediately.

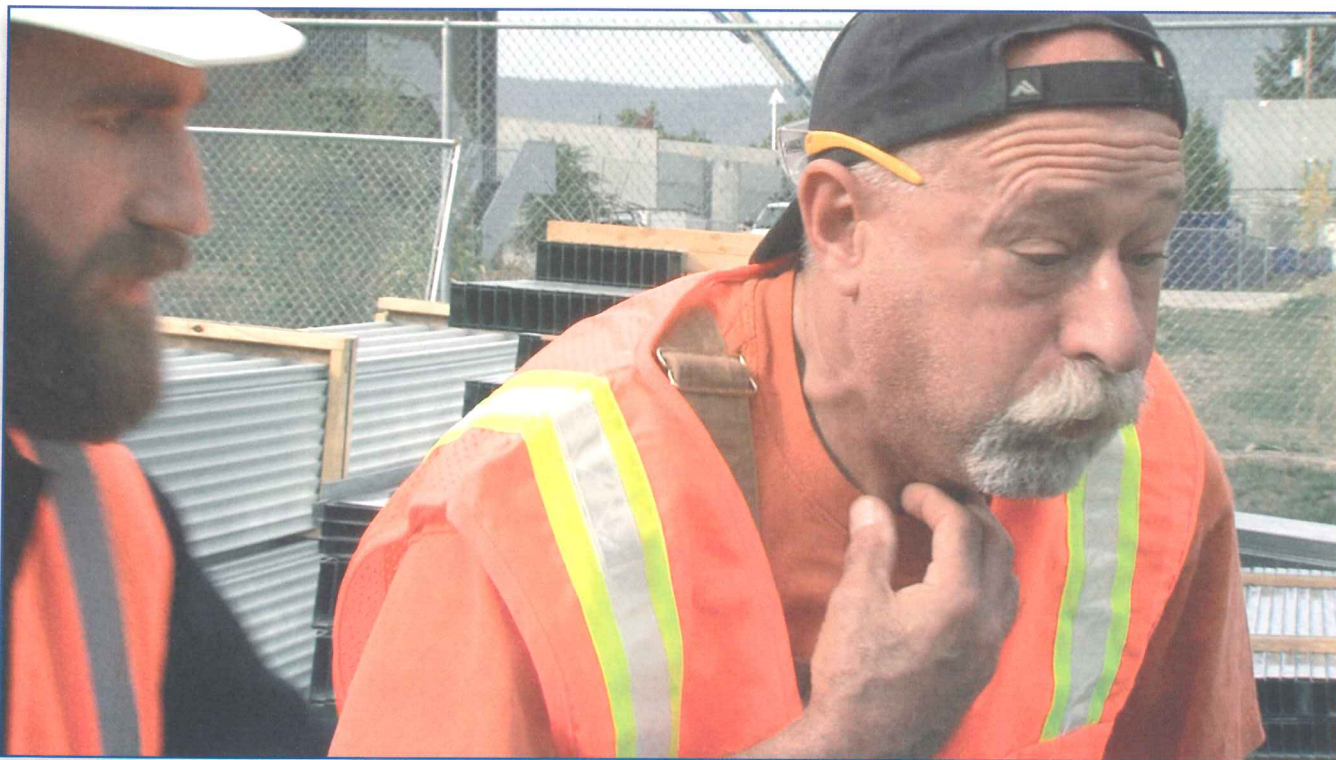


## Check Tissue Color and Temperature

- Look at face to check tissue color. Depending on skin tone, it may be easier to check tissue color on the palms, fingernails, or inside the lip.
- Touch person's forehead with your bare wrist to assess body temperature.
- Activate EMS and provide the indicated care when a life-threatening condition is found or suspected.



## Choking



Choking can occur when a solid object, such as a piece of food, or a small object, enters a narrowed part of the airway and becomes stuck. On inhalation, the object can be drawn tighter into the airway and block air from entering the lungs.

A forceful thrust beneath the ribs and up into the diaphragm can pressurize the air in the chest and pop an obstruction out of the airway. Compression of the chest over the breastbone can also create enough pressure to expel an object.

### ***Mild Obstruction***

To provide the appropriate care, you must first be able to recognize the difference between a mild blockage and a severe blockage.

With a mild blockage, a person can speak, cough, or gag. This type of blockage is typically cleared naturally through forceful coughing. Allow someone with a mild blockage to try and resolve the problem on his or her own. Stay close and be ready to take action if things worsen.



## Severe Obstruction

When a severe blockage occurs, a person cannot take in enough air to dislodge the object. Signs of severe obstruction include very little or no air exchange, lack of sound, and the inability to speak or cough forcefully. The person may hold his or her hands to the throat while attempting to clear the obstruction.

A person without any air exchange requires your help to survive.



### Pregnant or Obese

When someone is clearly pregnant or obese, use chest thrusts instead of abdominal thrusts. Position yourself directly behind the person. Reach under the armpits and place the thumb side of your fist on the center of the chest. Grasp your fist with your other hand and thrust straight backward. Try to not put pressure on the ribs.

### Self-Care

If you are choking and alone, try pressing your abdomen quickly against a rigid surface, such as falling onto the back of a chair. If one is not available, attempt abdominal thrusts on yourself.



### Knowledge Check

You are in the company cafeteria eating lunch with a coworker. He is laughing at something you said when he suddenly stops, grasps his throat with his hands, and stands up quickly. He clearly looks distressed, so you stand up next to him and ask, "Are you choking?" He is unable to answer you and completely silent. You decide to perform abdominal thrusts. Describe how to perform them.



# Choking



## Assess Person

- Ask, “Are you choking?”
- If person nods yes, or is unable to speak or cough, act quickly.
- If available, have a bystander activate EMS.



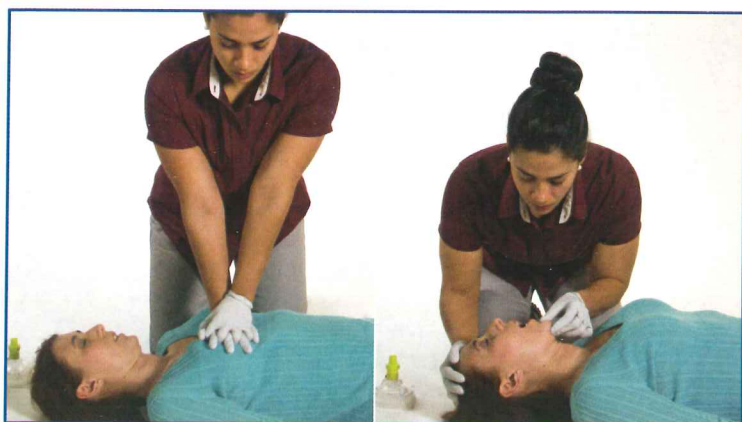
## Position Yourself

- Stand behind person. Reach around and locate navel.
- Make a fist with other hand and place thumb side against abdomen, just above navel and below ribs.
- Grasp fist with other hand.



## Give Thrusts

- Quickly thrust inward and upward into abdomen.
- Repeat. Each thrust needs to be given with intent of expelling object.
- Continue until person can breathe normally.



## If Person Becomes Unresponsive

- Carefully lower person to ground.
- If not already done, activate EMS and get an AED, if one is available.
- If possible, perform compression-only CPR
- If you think something has been dislodged by your compressions, look in the mouth for an object.
- Continue compression-only CPR until person shows obvious signs of life, or another provider or EMS personnel take over.

# Secondary Assessment



When a primary assessment indicates no life-threatening problems, consider performing a secondary assessment. A secondary assessment is an organized approach to gather more information about an ill or injured person. It is the same regardless of the situation.

If you find or begin to suspect a life-threatening problem is occurring while performing a secondary assessment, stop, quickly activate EMS, and provide the necessary care.

Begin by trying to identify what happened. Determine if the person has a primary, or chief, complaint.

- If the person cannot answer, ask bystanders.
- Consider hidden injuries if any significant force impacted the body.
- If at any time you suspect an injury to the head, neck, or back, immediately instruct the person to remain still.
- Look around. Clues, such as the presence of medications or containers, may also help identify what happened.
- Check if the person has a medical alert bracelet or necklace identifying an underlying medical condition.

Physically assess the person. Briefly evaluate the body moving from head to toe. Look and feel for signs of illness and injury.

The DOTS mnemonic device can help you remember what to look for during a physical assessment:

- **D**eformities: Unusual body presentation, differences from other side
- **O**pen injuries: Bleeding injuries
- **T**enderness: Painful areas, especially when touched
- **S**welling: Swollen and discolored body areas

If covered, remove or cut away clothing to get a better look at an injured or painful body part.



Ask questions to gather more information. Use the mnemonic device SAMPLE to help you remember what to ask about:

- **Signs and symptoms:** Things the person is feeling, such as pain, nausea, dizziness; anything related to the situation
- **Allergies:** Things the person may be allergic to
- **Medications:** Medications the person has been prescribed or is taking
- **Past medical problems:** Medical problems that may be related to what is going on
- **Last oral intake:** When and what the person last ate or drank
- **Events leading to the problem:** What the person was doing just prior to the problem occurring

If a secondary assessment reveals any specific problems, provide the indicated care. If you are unsure or concerned about what is going on, activate EMS.

### **Prioritization of Care**

When there are multiple people affected in an emergency, treat the most seriously ill or injured first. Bypass those with minor problems or even ask them for their help. Leave anyone who is obviously dead alone. Focus first on those who have immediate life threatening problems, and then move on to those who still need intervention.



### **Knowledge Check**

A visitor has tripped on a short staircase at the government building where you work. As a trained first aid provider, you have been asked to respond. You find him seated on a bench near the stairs with another employee talking to him. A quick primary assessment shows there are no immediate life-threats. He describes tripping on a step and falling down onto his hands and knees. What are the two techniques you will use to gather more information?

## Secondary Assessment



### **Determine Chief Complaint**

- Ask what happened. If person cannot answer, ask bystanders.
- Look for medical alert bracelet or necklace.
- Consider if any mechanism or significant force impacted the body.



### **Look at Person**

- Quickly scan the body from head to toe.
- Look and feel for signs of illness and injury (DOTS):
  - **D**eformities
  - **O**pen injuries
  - **T**enderness
  - **S**welling



### **Ask Questions**

- Gather more information related to what is going on (SAMPLE):
  - **S**ymptoms?
  - **A**llergies?
  - **M**edications?
  - **P**ast medical history?
  - **L**ast oral intake?
  - **E**vents leading up?
- Activate EMS anytime a serious condition is found or suspected.