

Primary assessment: conscious victim

Demonstrate primary assessment of a conscious and cooperative victim who describes his or her chief complaint and how injury occurred.

Purpose

To assess a conscious victim and ask what is wrong.

Notes

- While a written record is not required, candidates should explore options for sharing accurate assessment information with EMS.
- See suggested learning activities, p. 68.
- See *Canadian Lifesaving Manual*, Appendix B for guidelines on rescue breathing practice.
- Reference: CLM Chapter 6.3 *Assess the Rescue Environment*, and *Remove Hazards*

Must See

- Assessment of environment for hazards
- Establish responsiveness
- Check for obvious signs of bleeding
- Collection of information from victim about chief complaint and how injury occurred
- (If required) EMS activated and AED obtained

Care for bleeding

Item 13

Demonstrate primary assessment and appropriate care for external bleeding.

Purpose

To prevent further blood loss.

Notes

- Candidates should understand some causes and dangers of external bleeding.
- Situations should be designed based on simple, real-world contexts that candidates are likely to encounter such as nosebleeds, scrapes and cuts. (Injury will *not* include embedded object.)
- Candidates should develop and practice simple strategies to avoid or minimize direct contact with victim's blood (e.g., improvise using T-shirt, towel or other cloth).
- See suggested learning activities, p. 71.
- Reference: CLM Chapter 8.5 *Bleeding*

Must See

- Assessment of environment for hazards
- Establish responsiveness
- Assess ABCs
- Check for obvious signs of bleeding
- Direct pressure
- Rest and reassurance for victim
- Recruit bystanders to assist rescuer
- (If required) EMS activated and AED obtained

Primary assessment: hazards & ABCs

Demonstrate a primary assessment including hazards and ABCs on an unconscious, breathing victim.

Notes

- Victim is an adult. Send bystander to call EMS and find an AED. If alone, rescuer phones EMS first and returns with an AED if available.
- To establish unresponsiveness, rescuer may shake shoulder and ask "Are you OK?" Other techniques are acceptable.
- See suggested learning activities p. 69, 70.
- Reference: CLM Chapter 6.4 *Conduct the Primary Assessment*

Purpose

To assess an unconscious breathing victim with respect to hazards and ABCs.

Must See

- Assessment of environment for hazards
- Unresponsiveness established
- Emergency Medical Services activated
- Attempt to obtain an AED
- Victim positioned (turn if necessary)
- Airway opened: head-tilt/chin-lift
- Quick, visual check for breathing (5 sec.)
- Recovery position

Shock

Demonstrate emergency care for a victim in shock.

Purpose

To treat and prevent further shock.

Notes

- Candidates should understand the basic causes and dangers of shock.
- See suggested learning activities, p. 72.
- Reference: CLM Chapter 6.4 *Conduct the Primary Assessment*; 8.2 *Shock*

Must See

- Assessment of environment for hazards
- Establish responsiveness
- Assess ABCs
- EMS activated and AED obtained (if available)
- Maintenance of natural warmth
- Rest and reassurance
- Recovery position (unless injury dictates otherwise)
- Bystanders recruited to assist rescuer

Obstructed airway – conscious victim

Simulate the appearance and treatment of a conscious adult or child victim with an obstructed airway.

Purpose

To acquaint lifesavers with the appearance of a conscious adult or child victim with an obstructed airway and to introduce the appropriate lifesaving skills.

Notes

- Discuss common causes of airway obstruction.
- Supervise candidates carefully during training in obstructed airway techniques. Caution rescuers to *simulate* treatment: misplaced or excessive thrusts can be dangerous.
- Conscious victim simulates *either* mild or severe airway obstruction. To signal the type of assistance needed, teach the universal choking signal.
- Rescuer assumes severe obstruction if victim nods “yes” when asked “Are you choking?” or if victim clutches neck or cannot speak or breathe.
- Back blows, abdominal thrusts or chest thrusts are effective for relieving severe airway obstruction in conscious adults and children. These techniques should be applied in rapid sequence until the obstruction is relieved or the victim becomes unconscious. More than one technique may be needed; there is insufficient evidence to determine which should be used first.

Some jurisdictions follow a standardized protocol. E.g., for Emergency or Standard First Aid in Quebec, abdominal thrusts or chest thrusts are used; while in Ontario, 5 back blows alternate with 5 abdominal thrusts. Follow provincial protocols.

- See suggested learning activities, p. 71.
- Reference: CLM Chapter 7.3 *Coping with Complications during the ABCs*

Must See

- Assessment of degree of obstruction – ask: “Are you choking?”

- Selection of appropriate procedures:

Mild obstruction

- Coughing encouraged
- Reassurance for victim

Severe obstruction

- Shout for help
- Careful landmarking
- Appropriate obstructed airway technique(s)
- If successful, victim directed to see a physician to rule out complications from the obstruction or treatment

Respiratory emergencies

Demonstrate the recognition and care of a victim suffering respiratory distress from:

- asthma, or
- severe allergic reaction

Purpose

To demonstrate appropriate care for a respiratory emergency.

Notes

- Victim is conscious and cooperative.
- Rescuer assists victim to find his or her own prescribed medication and prepare it for administration. The victim administers the medication; e.g., using asthma inhaler or injecting epinephrine with the auto-injector.

Rescuer should know how to assist with an auto-injector and how to administer it if the victim is unable to do so.

- See suggested learning activities, p. 72.
- Reference: CLM Chapter 8.3 *Airway and Breathing Problems*

Must See

- Assessment of environment for hazards
- Establish responsiveness
- Determination of cause (and removal if possible) of emergency
- Victim placed in most comfortable position
- Victim assisted to find and use medication (asthma inhaler or epinephrine auto-injector)
- (If required) EMS activated and AED obtained

Shock

Recovery roll (Ranger 11)

Review rolling a victim into a recovery position. Then partner candidates one behind the other. The first person lies down. The second person rolls the "victim" over and safely places him or her into recovery position. Continue until everyone has turned the victim from various positions.

Variations

- ❑ Try as a race, with penalties for unsafe practices.
- ❑ Each team starts with ten points. Dock a point each time a roll is performed in an unsafe manner or recovery position is done incorrectly. The winning team is the one with the most points remaining at the end.

Can't blame it on a toad (Ranger 11)

Introduce the acronym WARTS as a method for remembering how to treat shock:

W for Warmth
 A for ABCs (Airway, Breathing, Circulation)
 R for Rest and reassurance
 T for Treatment
 S for Semi-prone (recovery) position

Variations

- ❑ Shout out, "W!" In response, candidates shout, "WARMTH!" Repeat through all the letters. At the end shout, "Whatcha' got?" Candidates respond, "WARTS!"
- ❑ Have a candidate lead the activity.
- ❑ Perform at times when it is unexpected. For example, at the finish of a fitness drill or rescue relay, or at the end of the class, initiate the sequence by shouting "W."
- ❑ Laminate or waterproof cards that each feature a letter in the word WARTS! Candidates tread water in the deep end. Give each a card. They organize themselves into lines to spell the word WARTS! On signal, they lift up their cards in order while performing eggbeater!

Fractures & dislocations

Breaking news! (Star 12)

Candidates choose a partner with a broken leg or arm (simple closed injury of lower arms or legs). Instruct victims to assume varying postures, e.g., lying down or simulating falling off a chair or skateboard. Take candidates through the Must See requirements as a guide.

Candidates watch and then imitate each step. Give verbal instruction as cues for the candidates during their demonstration. After one partner has completed simulation of the complete sequence, switch roles.

Respiratory distress

I needed that! (Star 13)

Ask candidates if they know of anyone who is asthmatic or severely allergic and ask what type of medication they carry and what it looks like. Candidates choose a partner. One person starts as the rescuer; the other simulates a conscious victim (asthmatic or severe allergic reaction). Using props for an auto-injector or inhaler have patrollers practice retrieving and preparing a victim's medication for self administration. Note: Only use demos or props not real auto-injectors or inhalers for learning activity. If candidate is unsure if the victim is asthmatic or suffering a severe allergic reaction, instruct rescuers to use the auto-injector first.