

Basic Training Module Specifications

<u>Functional Area:</u>	IV. Police Skills
<u>Subject Area:</u>	A. First Aid
<u>Module Title:</u>	3. BLEEDING AND TISSUE INJURY
<u>Hours:</u>	Not less than 3 hours

Notes to Instructor:

The more serious injuries are somewhat rare for the average citizen trained in first aid, yet they will be encountered by law enforcement officers. And sometimes officers will need to provide care under extremely stressful conditions (see IV.A.4.).

Address both internal and external bleeding. Make sure the students can identify the signs and symptoms of bleeding and can perform the proper treatment and care.

The risk of infectious diseases must also be addressed. The students must recognize the importance of using standard precautions during care.

Emphasize that the victim may be the victim of a crime in addition to needing medical care.

Module Objectives:

- IV.A.3.1. Demonstrate an Understanding of the Importance of Standard Precautions.
- a. Recognizes that standard precautions help protect the responding officer from infectious diseases such as HIV and hepatitis.
 - b. Recognizes that standard precautions must be taken to avoid contact with bodily fluids and substances, which can cause infection, such as:
 - (1) pleural fluid;
 - (2) feces;
 - (3) nasal secretions;
 - (4) blood;
 - (5) vomit; or
 - (6) tears.

IV.A.3.1. Demonstrate an Understanding of the Importance of Standard Precautions (continued).

- c. Considers equipment used to minimize contact with infectious fluids, including:
 - (1) gloves;
 - (2) goggles;
 - (3) gown;
 - (4) mask; or
 - (5) barrier devices.
- d. Recognizes that standard precautions must be part of an officer's routine to avoid direct contact with infectious bodily fluids and substances while rendering aid.

IV.A.3.2. Control Bleeding.

- a. Assesses victim to determine the extent of blood loss.
- b. Uses proper procedures for care, in the following order, until bleeding is controlled:
 - (1) determines if massive external bleeding is present;
 - (2) applies and maintains direct pressure with fingers, hands, or gauze;
 - (3) if direct pressure is successful, applies dressing and bandage;
 - (4) uses direct pressure with elevation if direct pressure alone is not successful;
 - (5) if direct pressure/elevation is successful, applies dressing and bandage;
 - (6) applies tourniquet if direct pressure/elevation are not successful.
- c. Provides care for shock (IV.A.1.3.).
- d. Treats wounds properly, using first aid supplies appropriately, by using:
 - (1) sterile dressings;
 - (2) bulky dressings for massive bleeding or large wounds;
 - (3) occlusive dressings for airtight seals;
 - (4) bandages, to hold dressings in place; and
 - (5) clotting agents (powder, gel, or contained in a dressing).

IV.A.3.3. Care for Penetrating and Puncture Wounds.

- a. Determines extent of injury, including:
 - (1) injury to bones and internal organs or impaled objects;
 - (2) entrance and exit wounds (gunshot wound, e.g.); and
 - (3) internal bleeding.
- b. Examines for possible sucking chest wound (open pneumothorax) and treats by covering the wound with anything that prevents air from entering the wound.

IV.A.3.3. Care for Penetrating and Puncture Wounds (continued).

- c. Monitors victim for tension pneumothorax (air escaping from the lung into the chest cavity).
- d. Immobilizes (does not remove) an impaled object, except when it blocks the airway, to prevent the victim from bleeding profusely.
- e. Positions victim for ease of breathing and monitors victim's vital signs.
- f. Considers the possibility that a crime has been committed.

IV.A.3.4. Care for Traumatic Amputation/Avulsion.

- a. Uses proper procedures for avulsions and amputations, by:
 - (1) using standard precautions;
 - (2) exposing the wound by cutting away surrounding clothing;
 - (3) controlling the bleeding;
 - (4) preventing further contamination; and
 - (5) providing care for shock.
- b. Retrieves severed part to preserve it.
- c. Packages or wraps the severed part for transportation, by;
 - (1) wrapping the part in plastic or a sterile dressing; or
 - (2) placing it in a plastic bag; and
 - (3) packing it to keep the part cool (not cold, avoid freezing and do not place in water or in direct contact with ice).

IV.A.3.5. Care for Internal Bleeding.

- a. Recognizes that a severe injury with internal bleeding may be the cause of unexplained shock and may be concealed from the first responder.
- b. Detects the signs of internal bleeding:
 - (1) fluids draining from the ears or nose;
 - (2) nausea and vomiting;
 - (3) bruising;
 - (4) change in mental status; and
 - (5) bone fractures.

IV.A.3.5. Care for Internal Bleeding (continued).

- c. Manages internal bleeding by:
 - (1) using standard precautions;
 - (2) conducting a primary assessment of the victim;
 - (3) providing care for shock;
 - (4) keeping the victim lying flat and still; and
 - (5) considers the possibility that a crime has been committed.

IV.A.3.6. Care for Eye Injuries.

- a. Determines the cause of the eye injury, such as:
 - (1) foreign object;
 - (2) impaled object;
 - (3) chemicals; or
 - (4) sharp object.
- b. Determines the extent of the eye injury, including:
 - (1) cuts;
 - (2) avulsion;
 - (3) laceration; or
 - (4) burns.
- c. Uses proper procedures for the care of an eye injury:
 - (1) immobilizes an impaled object (does not remove);
 - (2) does not replace a dislodged eyeball into the socket;
 - (3) does not probe the eye socket;
 - (4) covers both eyes to prevent eye movement;
 - (5) does not apply pressure to an eyeball that is cut;
 - (6) uses running water to remove foreign objects;
 - (7) flushes eyes with water for chemical burns; and
 - (8) encourages victim not to move eyes.
- d. Recognizes that eye injuries can be traumatic and that emotional support for the victim is important.

Module History

Reviewed 12/22