

Basic Training Module Specifications

Functional Area: IV. Police Skills
Subject Area: A. First Aid
Module Title: 5. CARE FOR MEDICAL EMERGENCIES
Hours: Not less than 5 hours

Notes to Instructor:

In general, common medical emergencies may be caused by infections, poisons, or the failure of the body's organ systems. Emphasize the types of situations encountered by law enforcement officers when rendering care for medical emergencies.

The signs and symptoms of many medical emergencies include altered mental state, abnormal pulse rate, abnormal breathing, and bleeding or discharges from the body. The victim may complain of shortness of breath, upset stomach, dizziness or thirst.

Responding to an altered mental status may be the most common medical emergency, characterized by a decrease in the victim's alertness and responsiveness.

Module Objectives start on next page:

IV.A.5.1. Provide Emergency Care for Stroke.

- a. Identifies the signs of major stroke:
 - (1) unconsciousness or fainting;
 - (2) paralysis, numbness, or weakness, usually involving the extremities;
 - (3) difficulty breathing or swallowing;
 - (4) loss of bladder or bowel control;
 - (5) unequal pupil size; or
 - (6) slurred speech or the inability to talk.
- b. Provides emergency care for stroke:
 - (1) uses standard precautions and performs primary assessment;
 - (2) maintains an open airway;
 - (3) gives artificial respiration, if necessary;
 - (4) keeps victim at rest;
 - (5) positions victim in a recovery position;
 - (6) gives no fluids unless victim is fully conscious; and
 - (7) monitors victim until the arrival of EMS.
- c. Recognizes that a stroke occurs when blood flow to the brain is disrupted.
- d. Treats for minor stroke:
 - (1) seeks immediate medical treatment; and
 - (2) protects victim from accident or additional exertion.

Notes to Instructor;

A common assessment tool to use when responding to a stroke is the Cincinnati Pre-hospital Stroke Scale (CPSS), which includes characteristics such as facial droop, arm drift, or abnormal speech.

IV.A.5.2. Care for Diabetic Emergencies.

- a. Identifies the signs of diabetic emergencies:
 - (1) fainting, dizziness, and convulsions;
 - (2) abdominal pain;
 - (3) rapid, weak pulse;
 - (4) dry, warm skin, sometimes reddened;
 - (5) acetone odor on breath (may smell like fingernail polish remover);
 - (6) extreme thirst;
 - (7) restlessness or stupor; or
 - (8) history of diabetes.
- b. Recognizes that the victim may be hyperglycemic (too much blood sugar) or hypoglycemic (too much insulin).
- c. Uses proper procedures to treat for hyperglycemia:
 - (1) uses standard precautions and performs a primary assessment;
 - (2) maintains an open airway and ensures adequate breathing;
 - (3) administer oxygen per local protocols; and
 - (4) keeps patient at rest.
- d. Uses proper procedures to treat for hypoglycemia:
 - (1) uses standard precautions and performs a primary assessment;
 - (2) maintains an open airway and provides ventilation, as necessary;
 - (3) if victim is alert, provides glucose, gel, candy, honey, etc; and
 - (4) treats for shock.

Notes to Instructor:

An individual having a diabetic reaction can often be confused with being drunk.

There are different types of diabetic emergencies—low and high blood sugar. Low blood sugar emergencies are much more common than high blood sugar emergencies and the primary objective is to recognize there is a diabetic emergency occurring.

IV.A.5.3. Provide Emergency Care for Seizures.

- a. Identifies symptoms of convulsions or seizures.
 - (1) rigidity of body muscles (lasts a few seconds to five minutes) followed by jerking movements (grand mal);
 - (2) loss of bladder and/or bowel control;
 - (3) labored breathing;
 - (4) headache, prior to or following a seizure; or
 - (5) convulsions.

IV.A.5.3. Provide Emergency Care for Seizures (continued).

- b. Checks for medic-alert information (e.g., checks tag or card or talks to relative).
- c. Uses proper procedures for the treatment of seizure:
 - (1) protects victim from self-inflicted injury;
 - (2) monitors airway;
 - (3) does not place anything in mouth;
 - (4) loosens clothing around victim's neck;
 - (5) administers rescue breathing if breathing stops;
 - (6) reassures and reorients victim following seizure; and
 - (7) seeks immediate medical assistance or arranges for EMS transport.
- d. Identifies the circumstances surrounding a seizure that requires additional medical assistance or transportation to a hospital, including:
 - (1) first time seizure;
 - (2) seizure lasting more than 5 minutes;
 - (3) seizure after head injury; or
 - (4) seizure secondary to ingestion.

IV.A.5.4. Provide Emergency Care for Poisoning.

- a. Monitors victim's vital signs.
- b. Determines the type of poisoning (e.g., chemical, snake bite) and manner of poisoning (e.g., ingestion, injection, inhalation, absorption through the skin) by:
 - (1) interviewing and/or examining the victim;
 - (2) searching the immediate area for sources of poison; and
 - (3) talking to witnesses, family members, or bystanders.
- c. Contacts poison control center for treatment instructions (preferred) or seeks medical advice (e.g., physician, EMS, or hospital)..
- d. Uses proper procedures to treat for poisoning in a responsive victim:
 - (1) use standard precautions and perform a primary assessment;
 - (2) ensure an open airway and adequate breathing;
 - (3) call the poison control center for instructions;
 - (4) position victim so no vomit is inhaled; and
 - (5) give activated charcoal, if directed to do so.

IV.A.5.4. Provide Emergency Care for Poisoning (continued).

- e. Uses proper procedures to treat for poisoning in an unresponsive victim:
 - (1) maintains airway;
 - (2) gives CPR, if necessary;
 - (3) treats for seizures, if necessary;
 - (4) secures poison container and vomit, if any; and
 - (5) seeks medical assistance.
- f. Provides medical personnel with information and evidence related to the poisoning/overdose (e.g., pill container, sample of vomit, type of snake, etc.).

IV.A.5.5. Provide Emergency Care for Overdose.

- a. Monitors victim's vital signs.
- b. Determines cause of overdose (e.g., drugs, alcohol, other chemicals) and manner of overdose (e.g., ingestion, injection, inhalation).
- c. Uses proper procedures to treat for overdose (same as poisoning).
- d. Provides medical personnel with information and evidence related to the overdose (e.g., pill container, vomit sample, etc.).

Notes to Instructor:

Emphasize the differences between the scene of an apparent overdose and the scene of an apparent poisoning. Talk about protocols for the collection of evidence, the criminal implications of the incident, and the handling of the scene (or crime scene).

IV.A.5.6. Assist in Childbirth.

- a. Presents a professional and appropriate demeanor:
 - (1) controls emotions;
 - (2) maintains a professional appearance to instill confidence in the mother and bystanders;
 - (3) uses a normal tone of voice; and
 - (4) maintains a calm demeanor.

IV.A.5.6. Assist in Childbirth (continued).

- b. Prepares the mother for delivery:
 - (1) uses standard precautions and activates EMS;
 - (2) controls the scene so the mother has privacy;
 - (3) positions the mother on her back with her knees bent;
 - (4) feels the abdomen for contractions;
 - (5) prepares the mother for an external examination; and
 - (6) checks for crowning.

- c. Delivers the child (or assists) using accepted techniques when delivery is imminent, and transportation is not appropriate:
 - (1) prepares self (e.g., washes hands, uses standard precautions, etc.);
 - (2) reassures mother;
 - (3) supports baby and does not pull;
 - (4) keeps amniotic sac away from baby's mouth and nose;
 - (5) positions baby on side and clamps or ties umbilical cord;
 - (6) clears baby's airway;
 - (7) checks for breathing, and if not within 30 seconds, then encourages it;
 - (8) clamps or ties-off cord as appropriate or as directed by authorized EMS;
 - (9) protects baby;
 - (10) appropriately captures placenta and has EMS transport to hospital with mother and baby.

- d. Recognizes the signs of complications or abnormal birth and responds with immediate first aid measures:
 - (1) non-breathing infant:
 - (a) administers rescue breathing;
 - (b) if no breathing and no pulse, begins CPR;
 - (2) breach birth (buttocks or both feet delivered first):
 - (a) supports infant as it is delivered;
 - (b) creates and maintains airway if head does not deliver in three minutes and alerts EMS;
 - (3) limb presentation (one leg or arm):
 - (a) alerts and updates EMS;
 - (b) does not pull-on limb or place it back into the vagina; and
 - (c) keeps mother in typical delivery position;
 - (4) prolapsed cord (cord delivered first):
 - (a) relieves pressure on cord;
 - (b) alerts and updates EMS;
 - (5) excessive pre-birth bleeding or miscarriage:
 - (a) treats for shock;
 - (b) places sterile dressing over opening of vagina;
 - (c) saves blood-soaked dressings;
 - (d) transports.

IV.A.5.6. Assist in Childbirth (continued).

- (6) premature births:
 - (a) delivers using normal birth procedures;
 - (b) wraps baby to warm to 90 - 100 degrees;
- (7) stillborn:
 - (a) administer CPR, unless baby shows signs of non-recent death; and
 - (b) provides comfort to mother and family members.

IV.A.5.7. Provide Care for Heart Attack.

- a. Recognizes common signs and symptoms of heart attack (myocardial infarction):
 - (1) chest pains (persistent chest pain, including tightness and heaviness);
 - (2) perspiration;
 - (3) difficulty in breathing;
 - (4) radiating discomfort in neck, jaws, arms, back, or shoulders;
 - (5) heart burn (epigastric discomfort); and
 - (6) victim's use of medication without pain relief.
- b. Activates advanced medical care (EMS system).
- c. Uses appropriate procedures to care for the heart attack victim:
 - (1) use standard precautions and perform primary assessment;
 - (2) comfort and calms victim;
 - (3) monitor vital signs;
 - (4) talk to bystanders and victim to obtain complete information;
 - (5) be calm and reassuring and obtain medical history;
 - (6) allow the individual to maintain a position of comfort; and
 - (7) arrange for immediate transportation.
- d. Recognizes that cardiac arrest and heart attack are not the same and that cardiac arrest patients must receive immediate CPR and the application of AED.

IV.A.5.8. Treat for Broken Bones.

- a. Recognizes that isolated fractures are not usually life-threatening but broken pelvic bones and femurs can result in serious blood loss.
- b. Monitors victim until the arrival of EMS.

IV.A.5.8. Treat for Broken Bones (continued).

- c. Provides emergency medical care for bone injuries:
 - (1) controls life threats;
 - (2) stabilizes or immobilizes the body part;
 - (3) reduces swelling and pain;
 - (4) does not replace protruding bones; and
 - (5) treats for shock.

Module History

Revised October 2006

Revised January 2015