

Basic Training Module Specifications

Functional Area: IV. Police Skills
Subject Area: A. First Aid
Module Title: 6. CARE FOR ENVIRONMENTAL EMERGENCIES
Hours: Not less than 2 hours

Notes to Instructor:

The human body maintains an ideal internal body temperature in a wide variety of environments. But overexposure to hot or cold environments can affect the body's core temperature. This can result in hyperthermia (high core temperature) or hypothermia (low core temperature).

Remember that young children, the elderly, and those with previous medical conditions are more susceptible to environment emergencies.

Module Objectives start on the next page:

IV.A.6.1. Provide Care for Cold Emergencies.

- a. Describes the signs and symptoms of exposure to cold (hypothermia):
 - (1) cold or cool skin temperature;
 - (2) shivering and low body temperature;
 - (3) decreased mental status (impaired judgment, memory lapse, etc.);
 - (4) lack of coordination or muscle rigidity; or
 - (5) muscle/joint stiffness or loss of sensation.

- b. Describes first aid techniques and victim care for:
 - (1) localized cold injury (frostbite):
 - (a) stabilize the extremity or part (if an early injury);
 - (b) cover the affected part (if an early injury);
 - (c) do not rub or massage the part;
 - (d) cover the part with dry, sterile dressings (if a late injury); and
 - (e) do not rub, apply heat, or rewarm (if a late injury).
 - (2) hypothermia:
 - (a) take appropriate standard precautions;
 - (b) perform primary assessment;
 - (c) remove victim from cold;
 - (d) remove wet, frozen, or constricting clothing; and
 - (e) monitor vital signs.
 - (3) cold water near drowning:
 - (a) perform a primary assessment;
 - (b) administer artificial respiration, if needed;
 - (c) place something under the victim to prevent heat loss;
 - (d) cover only trunk of body to conserve body heat; and
 - (e) remove wet, frozen, or constricting clothing.

IV.A.6.2. Provide Care for Heat Exhaustion.

- a. Identifies the signs of heat exhaustion as:
 - (1) mild to moderate sweating;
 - (2) pale, moist skin;
 - (3) tiredness, weakness;
 - (4) muscle cramps; or
 - (5) nausea and vomiting.

- b. Uses proper procedures to care for heat exhaustion:
 - (1) perform primary assessment;
 - (2) move victim to cool area;
 - (3) loosen or remove excess clothing; and
 - (4) place victim in recovery position.

Notes to Instructor:

Heat exhaustion is a condition that can occur when an individual is exposed to excessive heat for a long time. The body's normal cooling mechanisms become overloaded and begin to fail. The typical patient will present with skin that is moist, pale, and cool to the touch.

IV.A.6.3. Provide Care for Heat Stroke.

- a. Identifies the signs of heat stroke, which is a life-threatening emergency, as:
 - (1) hot, red dry skin (flushed face);
 - (2) rapid pulse;
 - (3) decreased level of consciousness; and
 - (4) convulsions.
- b. Monitors victim's vital signs due to life threatening nature of heat stroke.
- c. Uses proper procedures to treat for heat stroke:
 - (1) use immediate measures to cool the body;
 - (2) treat for shock; and
 - (3) ensure EMS activation.

Notes to Instructor:

Prolonged exposure to heat creates dry or moist skin, which may feel warm or hot to the touch. Emphasize that heat stroke is a life-threatening emergency. A victim's body temperature may increase to 105 degrees or higher. The victim will almost always present with an altered mental status.

IV.A.6.4. Provide Care for Burns.

- a. Determines the source of the burns (e.g., fire, chemicals, scalding water, radiation) and the extent of the burns (e.g., which body portions are affected, whether respiratory system is affected).
- b. Removes victim if the situation may produce additional injury (e.g., remove from burning car, remove from pool of caustic material, etc.).
- c. Uses proper procedures to treat for burns:
 - (1) saturate with water for superficial burns;
 - (2) care for shock;
 - (3) monitor vital signs; and
 - (4) cover the burned area with dry, clean dressing to reduce the potential for infection.

IV.A.6.5. Provide Care for Electric Shock.

- a. Determines if there is a potential electrical danger to victim, officers, and bystanders (e.g., downed wires, electrified water, etc.).
- b. Takes appropriate corrective action to eliminate the electrical danger:
 - (1) takes action when such action is safe (e.g., unplugs fixture, shuts off power, etc.); and
 - (2) notifies power company when situation endangers people (e.g., downed power lines, etc.).
- c. Determines need for first aid:
 - (1) lack of pulse and/or respiration;
 - (2) severe bleeding;
 - (3) burns (entrance and exit); and
 - (4) other injuries.
- d. Uses proper procedures to treat electrical shock:
 - (1) administers CPR, if necessary;
 - (2) controls bleeding;
 - (3) treats for shock.

IV.A.6.6. Provide Care for Anaphylactic Shock.

- a. Recognizes that anaphylactic shock occurs when people come in contact with a substance to which they are severely allergic, which is a life-threatening emergency.
- b. Determines there are different causes of anaphylactic shock, including:
 - (1) insect bites and stings;
 - (2) foods (nuts, spices, shellfish, etc.);
 - (3) inhaled substances; or
 - (4) certain chemicals or medications.
- c. Identifies the signs and symptoms of anaphylactic shock, which include:
 - (1) burning, itching, or breaking out of the skin;
 - (2) difficult breathing, with possible chest pains and wheezing;
 - (3) weak, rapid pulse; or
 - (4) lips that turn blue (cyanosis).
- d. Uses proper procedures to care for anaphylactic shock:
 - (1) conduct a primary assessment of the victim;
 - (2) talk to the victim about possible allergies;
 - (3) look for medical identification jewelry;
 - (4) monitor and support the ABCs; and
 - (5) keep the victim in a supine position.

Notes to Instructor:

People who have a history of life-threatening allergic reactions may have an EpiPen Auto Injector. It is a self-injectable device that contains epinephrine.

Module History

Revised	10/06
Revised	01/15
Reviewed	12/22