

# EFR Course Fact Sheet

## Responding to an Emergency (Primary Care)

In all Emergency First Response courses you learn to provide emergency care based on the same priorities used by medical professionals. When someone needs emergency care, time is critical because the chances of recovery get less with time. In most cases you should immediately activate the Emergency Medical Services (EMS) in Thailand by calling 191 or 1669.

**Call First** - Alert EMS when someone is unresponsive and not breathing normally.

**Give Care First** - Give care for up to two minutes if you are alone and the patient is not breathing due to drowning or a recognised respiratory problem. Then Call EMS.

## Recognising Common Life-threatening Emergencies

Heart Attack [often causes crushing chest pain/laboured breathing/dizziness]

Cardiac Arrest [person does not respond/not breathing normally/no circulation]

Stroke [sudden confusion/drowsiness/numbness in face/arm/leg/vision problems in one or both eyes]

Choking [grabbing or clutching neck or throat/can't speak]

Common reasons that cause people to stop breathing;

- Drug overdose
- Heart attack
- Sudden cardiac arrest
- Submersion or Drowning
- Stroke
- Airway obstruction/choking
- Severe Asthma

## Helping Others in Need

Some reasons that people hesitate to provide emergency care include;

- Anxiety/Guilt
- Fear of infection
- Fear of making a person worse
- Fear of being sued

The general guidelines of the Good Samaritan Law include;

1. Only offer treatment for which you have been trained

2. Ask for permission to help ("My name is .... I am an emergency responder may I help you?")
3. Act in good faith (be honest)
4. Not be reckless or negligent
5. Act prudently (with safety)
6. Do not abandon the patient during care\*

Benefits of assisting someone who needs emergency care include;

- You can save a life
- You can reduce their recovery time
- You could lessen the risk of a permanent disability

The Chain of Survival links between the public and the professionals are represented by;

1. Recognising an emergency and call for help (EMS)
2. Administer early CPR
3. Early use of an AED
4. EMS response and follow-up

#### AB-CABS

AHA Primary Assessment & Cycle of Care [Assess for danger/Apply barriers/Ask for permission/Alert EMS]

A - Open the patient's airway using the head-tilt chin-lift method and check for a blockage

B - Breathing Normally? Tap the patient on the collarbone and look, listen, and feel for breathing for 10 seconds

C - Chest Compressions

A - Open the Airway

B - Breathe for the Patient

S - Serious Bleeding/Shock Management/Spinal Injury Management

#### CPR Facts

CPR stands for Cardiopulmonary Resuscitation

CPR is a temporary procedure combining chest compressions and rescue breaths until EMS or an AED arrives

CPR alone almost never restarts the patient's heart without the use of an AED

Performing CPR correctly on a person with no heartbeat cannot make them worse

Rescue breaths can provide enough oxygen to support a non-breathing patient

An unconscious breathing person does not need CPR and should be placed in the recovery position if no spinal injury is suspected

Performing Adult CPR - Push Hard & Push Fast

If you are uncomfortable or unable to give rescue breaths you should provide uninterrupted chest compressions

The rate of compression should be a minimum of 100 compressions per minute

The depth of compression should be a minimum of 5 centimeters

The ratio should be thirty (30) compressions to two (2) rescue breaths

AED Facts

AED stands for Automated External Defibrillator

AED is a portable machine that automatically delivers a shock to a patient in cardiac arrest. The shock often disrupts the abnormal twitching heart rhythm and restores a normal heart beat.

Serious Bleeding Wounds

Place a barrier (rubber gloves/ventilation mask) between your skin and the patient's blood or body fluids to help avoid infection from blood-borne pathogens (hepatitis/hiv).

Arterial bleeding produces bright red blood which spurts in rhythm with heartbeats

Venous bleeding is dark red and does not spurt from the wound

Capillary bleeding oozes slowly from the wound

The primary treatment for severe bleeding is to apply sustained direct pressure on the wound and elevate the injury above the heart if possible. Clean dressings should not be removed from the wound even if the bandage becomes soaked with blood. Place another clean dressing and more pressure on the wound.

Shock Management

Patients often suffer from shock following a trauma and indications include;

- Rapid weak pulse
- Pale bluish tissue colour
- Moist clammy skin/shivering
- Mental confusion/restlessness
- Altered consciousness

- Lacklustre dazed eyes
- Shallow laboured breathing
- Dehydration

Shock management usually means maintaining normal body temperature for the patient, slightly elevating their legs and feet (if no spinal injury), and monitoring their breathing.

## Spinal Injury Management

Common causes of spinal injuries include;

- Traffic accidents
- Falling from a height
- Lightning Strike
- Penetration wounds
- Severe blow to head, neck, or back
- Diving into shallow swimming pools

Indications that someone may have a spinal injury include;

- Headache
- Difficulty breathing
- Vision problems
- Inability to move a body part/numbness
- Vomiting
- Fainting/loss of balance
- Pain in the back or neck area

**\*Never move someone with a suspected spinal injury unless absolutely necessary (e.g. Fire/Flood/Unstable building/Roadway).** Use the log roll technique if you need to turn them on to their back (e.g. to administer CPR).

## Secondary Care - First Aid for non life-threatening injury or illness

Always perform a responsiveness check (primary assessment) using AB-CABS before you perform your secondary assessment. You recognise an injury or an illness using signs (something you can see or hear) and symptoms (something the patient tells you).

Stop your assessment if the patient complains of head, neck, or back pain, otherwise you may treat non life-threatening injuries or common medical illnesses while waiting for EMS.

Injury Assessment [Evaluation from head to toe/provide bandaging or splinting for common injuries]

An Injury is defined as physical harm to the body (examples include bone fracture, dislocation, bruise)

Illness Assessment [SAMPLE]

An Illness is defined as an unhealthy condition of the body (examples include diabetes, asthma, epilepsy)

S - Signs & Symptoms (pulse rate/respiration rate/tissue temperature/colour)

A - Allergies (e.g. peanuts/seafood/medication/stings)

M - Medications (e.g. asthma/diabetes)

P - Pre-existing medical conditions (heart disease/epilepsy)

L - Last meal

E - Events

If in doubt always seek medical attention.