



First Responder Support in Trauma

Provider Manual

First Responder Support in Trauma (FIRST) Provider Course Using the Cardiff Trauma Pack

Target Provider Group

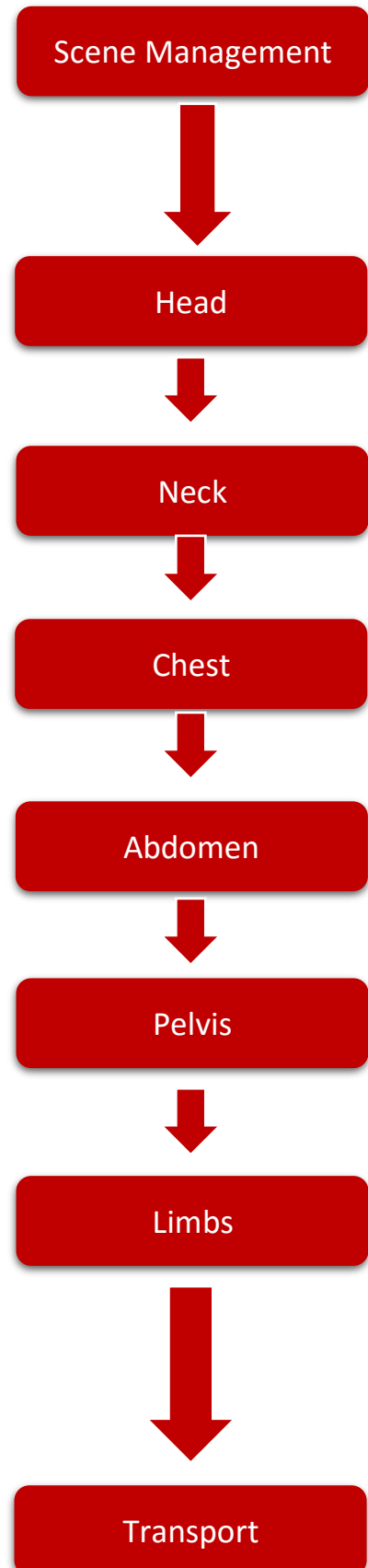
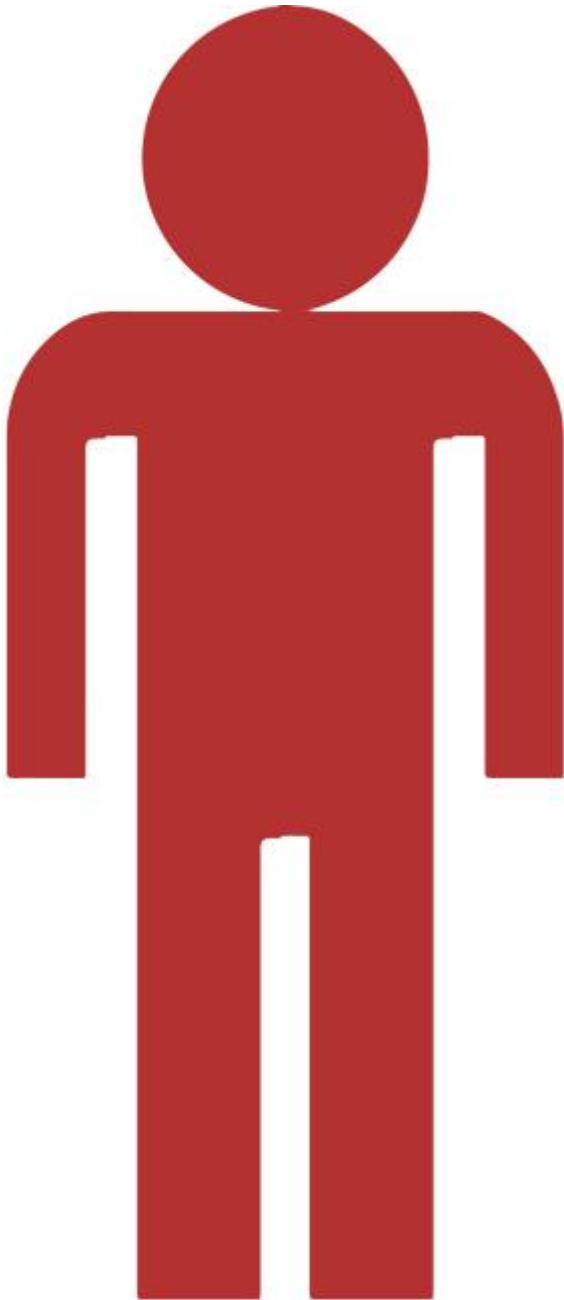
- ✓ Non-health-care trained personnel in Namibia
- ✓ Public officials who have the opportunity to be the first responders at trauma scene

Aims

- ✓ Maintain personal safety at all times
- ✓ Learn the layout and contents of the Cardiff Trauma Pack
- ✓ Develop the ability to provide initial support during trauma with the tools provided in the Cardiff Trauma Pack
- ✓ Understand the importance of rapid, safe transfer to medical care with gentle, minimal handling
- ✓ Develop the ability to prioritise and perform critical treatments safely and effectively

0830-0900	Registration
0900-0945	Introduction
0945-1000	Real-time demonstration of Cardiff Trauma Pack
1000-1100	Small Group Teaching (Big bleed, head, neck, chest, abdomen)
1100-1130	Coffee
1130-1230	Small Group Teaching (Pelvis, limbs, transport)
1230-1330	Lunch
1330-1445	Candidate Trauma Scenarios Practice
1445-1515	Coffee
1515-1645	Candidate Exam
1645-1700	Summary and Results

THE FiRST APPROACH = BIG BLEED, HEAD TO TOE



1.0 SCENE MANAGEMENT & OVERVIEW

Aims

1. Ensure own safety throughout FiRST treatments
2. Transfer patients to a safe place with gentle minimal handling

Tools

1. Stretcher

Steps

- ✓ Put on personal protective equipment (gloves)
- ✓ Roll out Stretcher in Place of Safety
- ✓ Get patient to the Place of Safety before initiating FiRST treatments
- ✓ Only perform FiRST treatments if you intend to bring them to the hospital
- ✓ Put the patient in the Treatment Position - Lying on back, face upward
- ✓ Perform FiRST treatments
- ✓ Once completed, confirm that BIG BLEED is controlled & HEAD is okay
- ✓ Put the patient in the Transport Position - Lying on side on stretcher
- ✓ Rapid, safe transport to medical care



Ensure the scene is safe
for you



Rolling out stretcher in
Place of Safety

2.0 ACTIVE BLEEDING CONTROL (BIG BLEED)

Aim

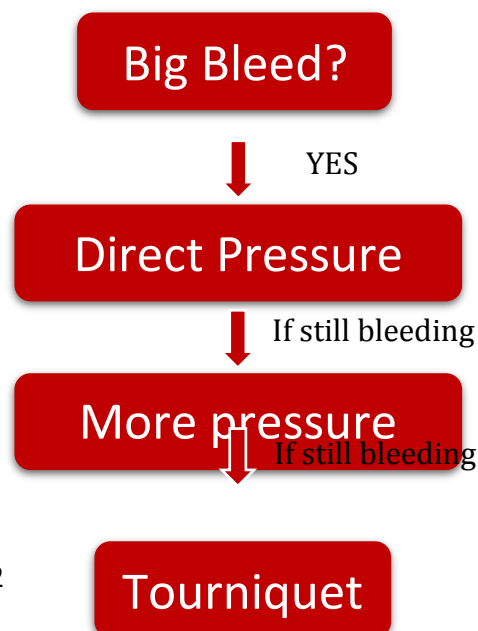
- ✓ Control visible severe bleeding

Tools

- ✓ Gauze
- ✓ Tourniquet

Steps

- ✓ Big Bleed treatment is the most important – it is the biggest cause of death for road traffic collision
- ✓ Quickly check all over for severe bleeding. Remove blankets and clothes as needed
- ✓ If severe bleeding is seen, apply firm, direct pressure (ideally using a dressing)
- ✓ Most bleeding will stop with firm, direct pressure
- ✓ If bleeding continues, put another dressing on top of the first and apply more direct pressure
- ✓ If possible, ask someone else to take over direct pressure so that you can move on
- ✓ Once bleeding stop, secure bandage with pressure bandage
- ✓ If arm or leg bleeding does not stop with direct pressure, put on a tourniquet above the bleed and tie tightly
- ✓ Remember to write down the time the tourniquet was put on





Applying direct pressure on
Big Bleed



If bleeding stop, use pressure
bandage to secure the dressing



If bleeding persists despite more
pressure, apply tourniquet above
the wound



Tie the tourniquet several times
around the limb to ensure it is
tight

Aim

- ✓ Check Bleeding
- ✓ Assess if Awake
- ✓ Keep Breathing Tube Open

Tools

- ✓ Mouth airway

Steps

TALKING PATIENT

- ✓ If patient is talking to you - assume they are conscious and the breathing tube is open

NON-TALKING PATIENT

- ✓ If patient is not talking - look for evidence of breathing OR noisy breathing OR blue lips

NON-TALKING PATIENT BUT BREATHING NORMALLY

- ✓ If patient is not talking, but they are breathing with no noisy breathing and no blue lips then no treatment required at this time

NON-TALKING PATIENT WITH TROUBLE BREATHING

- ✓ If NO BREATHING, NOISY BREATHING or BLUE LIPS:
 - Open mouth
 - If foreign body seen, this includes dentures, remove if it is safe to do so
 - Insert Mouth Airway to stop tongue from blocking the breathing tube - BIG for male, SMALL for female
 - If they gag, cough or fight the mouth airway, remove it and do the jaw thrust
 - If no mouth airway available, do jaw thrust

PERSISTENT NON-TALKING NON BREATHING PATIENT

- ✓ If still no breathing despite above steps – STOP TREATMENT, await ambulance – go to next patient



Head bleeding can be severe. Pressure bandage can be used to stop bleeding



Open the mouth to examine for foreign body. In doing this, try to keep neck still. If foreign body seen, remove it.

Inserting the Mouth Airway



Step 1 : Use a rigid stick (such as another mouth airway) to press the tongue forward



Step 2 : Insert the mouth airway to the far end of the mouth to keep the tongue from falling back



Step 3 : Once correctly in place, mouth airway sits comfortably in the mouth

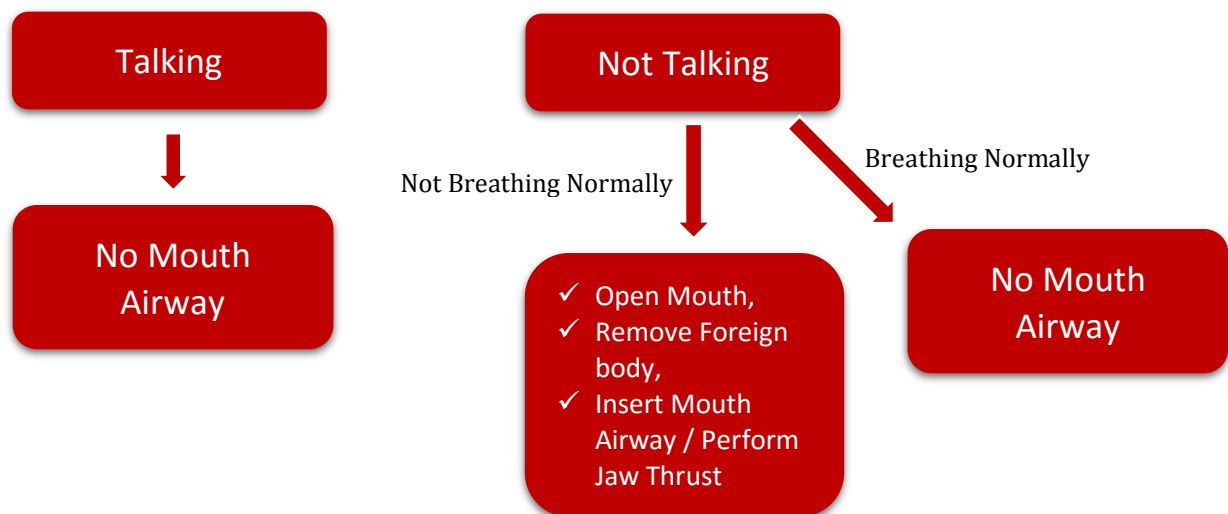
Performing Jaw Thrust



Step 1 : Place palms over each cheek bone, fingers behind angle of jaw



Step 2 : Apply firm upward pressure from fingers, bringing jaw upward



4.0 NECK

Aim

- ✓ Neck Spine Support

Tools

- ✓ Neck Collar

Steps

- ✓ If there is active bleeding wound, do not apply collar, apply direct pressure just enough to stop bleeding
- ✓ Otherwise, apply neck collar, as it is difficult to determine if someone has a spinal injury
- ✓ Remember : gentle, minimal handling

Teaching

- ✓ Size collar



If there is active bleeding wound, do not apply collar, apply direct pressure just enough to stop bleeding



Step 1 : Measure collar between jaw line and shoulder



Step 2 : Apply collar by sliding behind neck and bringing forward



Step 3 : Secure at the front using string

5.0 CHEST

Aim

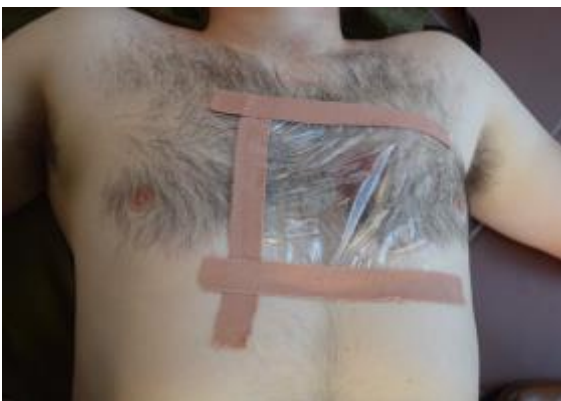
- ✓ Check Bleeding
- ✓ Cover open wound

Tools

- ✓ 3 Sided Clear Dressing
- ✓ Gauze

Steps

- ✓ Check bleeding control (BIG BLEED)
- ✓ Check chest fully for wounds, cut/remove clothes as needed
- ✓ Check for deep chest wound, if there is an open wound, especially if you hear air being sucked into wound, apply 3 sided clear dressing
- ✓ For stab wounds, if object is still in chest, do not remove, unless it would make transport unsafe. Pack around object.
- ✓ Dress all actively bleeding wounds



A 3-way dressing is only taped on 3 sides



If difficulty breathing, check fourth side not blocked

Aim

- ✓ Cover open wound

Tools

- ✓ Cling film
- ✓ Tape
- ✓ Gauze

Steps

- ✓ Recheck bleeding control (BIG BLEED)
- ✓ Check abdomen fully for wounds, cut/remove clothes as needed
- ✓ Abdominal bleeding wounds require direct pressure, NEVER apply tourniquet
- ✓ If open wound with exposed bowel, cover loosely with moist dressings (if clean water available) then cover loosely with cling film
- ✓ For stab wounds, if object is still in abdomen, do not remove, unless it would make transport unsafe. Pack around object.
- ✓ Dress all actively bleeding wounds



If available, apply clean soaked gauze to exposed bowel, sealed with cling film



If no clean water available, apply cling film directly onto bowel. DO NOT use dry gauze

Aim

- ✓ Apply pelvic binder

Tools

- ✓ Pelvic Binder

Steps

WALKING PATIENTS

- ✓ If patient has already walked at the scene, do not apply pelvic binder

NON WALKING PATIENTS

- ✓ Otherwise apply pelvic binder around the top of the legs
- ✓ Ensure feet are close together, if necessary, use bandages to tie feet together



To apply pelvic binder, slide it up behind the back of the legs



Secure at top of legs by pulling tightly, needs two people



If legs not together after applying pelvic binder, must bring legs together



Secure at ankles with tourniquet

8.0 LIMBS : ARMS AND LEGS

Aim

- ✓ Active bleeding control
- ✓ Limbs splinting

Tools

- ✓ Gauze
- ✓ Limb Splints

Steps

- ✓ Recheck bleeding control
- ✓ If suspected broken limb, apply limb splint

TALKING PATIENTS

- ✓ Apply limb splint to support the limbs in the most comfortable position

NON TALKING PATIENTS

- ✓ Pull the injured limb to a normal straight position
- ✓ Then apply the limb splint



For arms, use 1 splint



For legs, use 2 splints

Aim

- ✓ Transfer patient to hospital

Tools

- ✓ Stretcher
- ✓ Blankets
- ✓ Plastic Blanket

Steps

TALKING PATIENTS

- ✓ Transport on stretcher in position of most comfort (lying flat or lying on side)
- ✓ Keep patient warm. You may use the plastic blanket

NON TALKING PATIENTS

- ✓ Keep patient warm. Use the plastic blanket to cover them
- ✓ Roll the patient onto the stretcher (if they are not already on) so that they are lying on their side (most injured side facing up), this is a safer transport position for non talking patients
- ✓ Support head with blankets (plus back, abdomen & legs if needed)
- ✓ Move patient + stretcher into vehicle head first
- ✓ Make sure back of patient supported (against seat/against side of vehicle)
- ✓ Consider moving knees up if needed to secure patient in vehicle
- ✓ Secure with seatbelts/straps
- ✓ Get the patient to hospital as quickly and safely as possible
- ✓ Use as many people as possible to keep patient straight during transfer



Before transfer, always ensure patient is kept warm using plastic blanket and any other clothes

Putting patient in Transport Position



Lead responder gives instructions and co-ordinates roll to ensure head kept in line with the body



Always ensure neck is well supported during transport

Lifting the Patient



When lifting, always try to keep patient as straight as possible

KEY WORDS

1. **BIG BLEED** – severe bleeding that can cause compromise to the patients.
This requires immediate treatment
2. **FiRST TREATMENTS** – Treatments as outlined in FiRST approach – BIG BLEED, HEAD TO TOE
3. **PLACE OF SAFETY** – A location that is safe for you to initiate FiRST treatments, without further risk to you or the patients
4. **TALKING PATIENTS** – Patient who are conscious, in simple terms, those who can talk are considered conscious for the purpose of FiRST Treatments
5. **NON TALKING PATIENTS** – Patients who are unconscious, in simple terms, those who cannot talk are considered unconscious for the purpose of FiRST Treatments
6. **TREATMENT POSITION** - Lying on back, face upward
7. **TRANSPORT POSITION** - Lying on side on stretcher