



First aid

UNIS 2019

The 7 steps for first aid response – "translated"

- 1) Take charge of the situation = Dare to lead, do:
- 2) Approach the patient safely = (s)
- 3) Perform emergency rescue and urgent first aid = ABCD
- 4) Protect the patient = E
- 5) Check for other injuries + bandages & splints?
- 6) Plan what to do
- 7) Carry out the plan

The 7 steps for first aid response

- 1) Take charge of the situation = Dare to lead, do:
- 2) Approach the patient safely = (s)

(s) ABCDE

Fixing one letter allows you to move on to the next

...if earlier letter fails you have to go back

(s) = safety

- The safety of rescuers/group is **always** the priority. Take your time to think before acting.
- Maybe "smart heads" in the group can think together?
- Can ABCDE be done where you are – comfortably for helpers?
- Can **some of them** be done?



The 7 steps for first aid response

1) Take charge of the situation

Dare to lead, do:

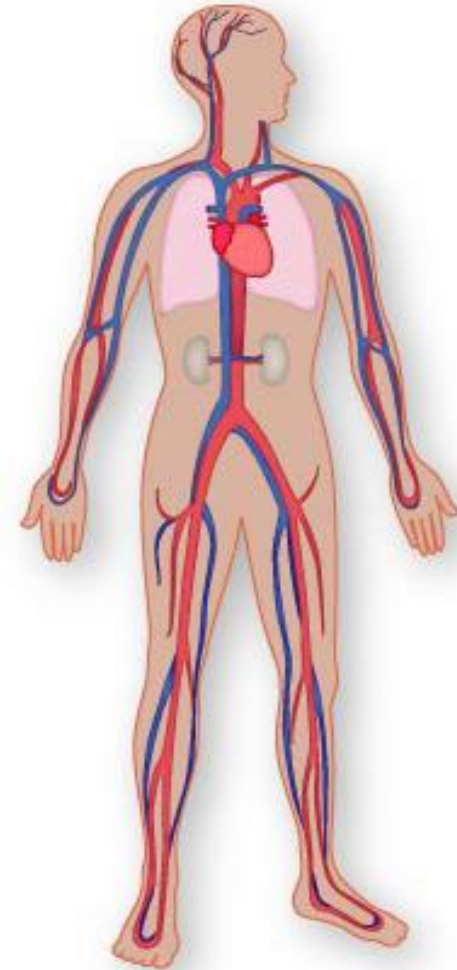
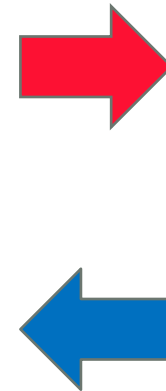
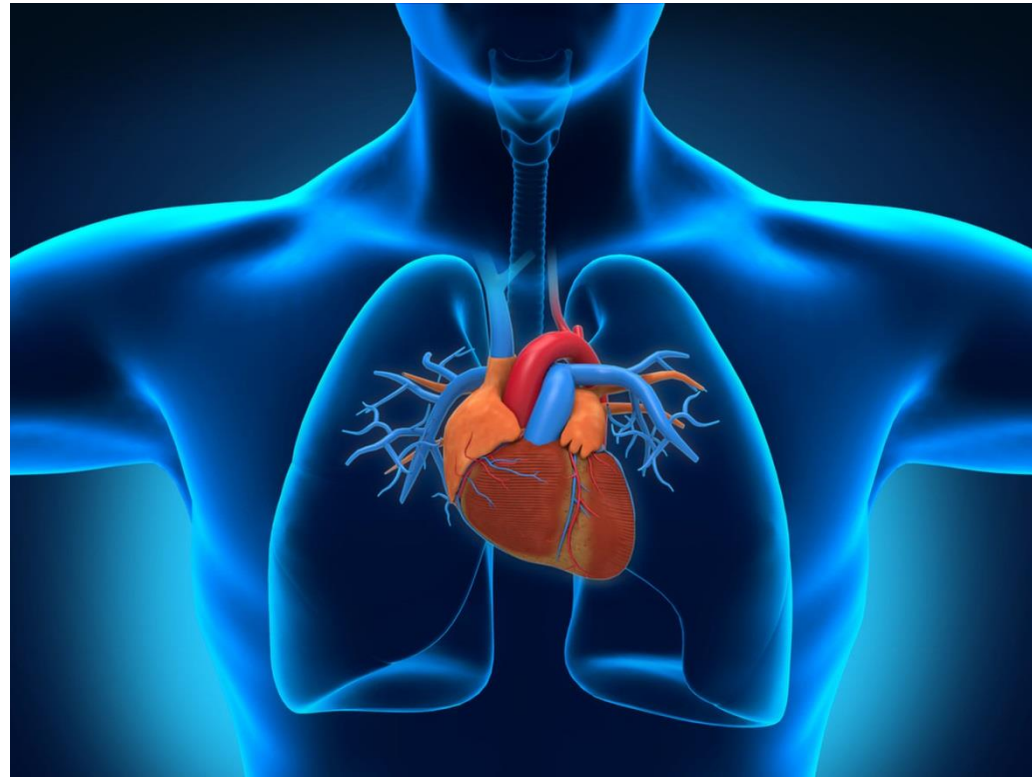
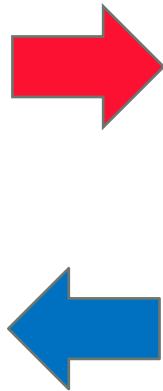
2) Approach the patient safely

(s)

3) Perform emergency rescue and urgent first aid

ABCD

What it is all about: getting fuel in (O_2)
and garbage out (CO_2) of the cells



ABCDE

Airways

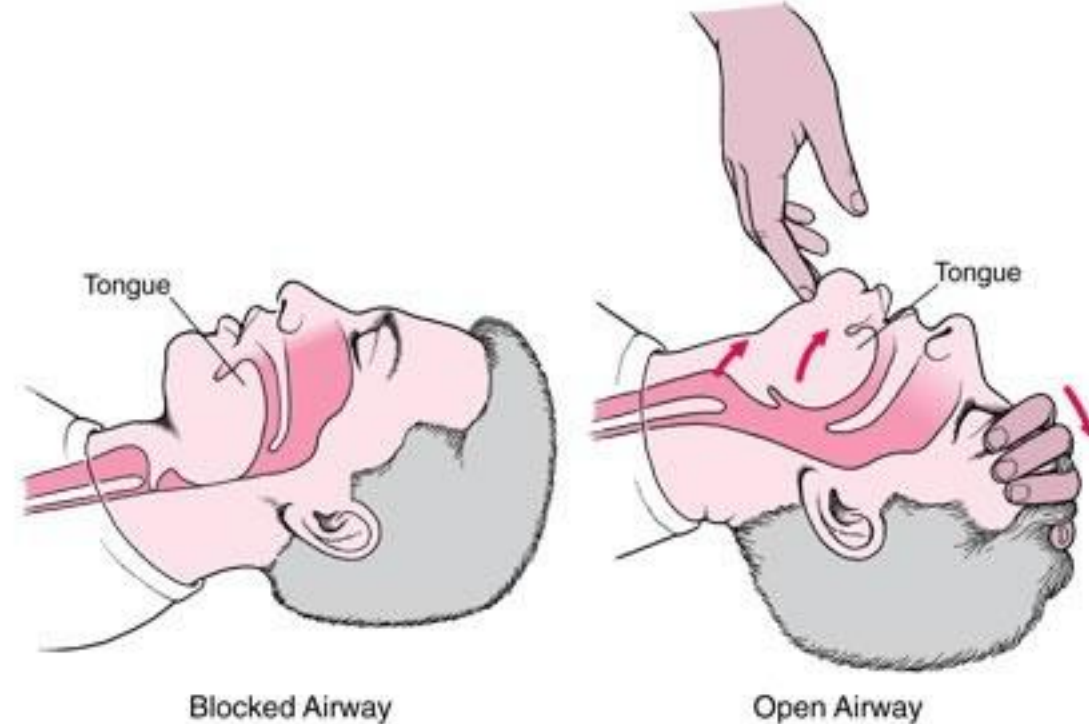
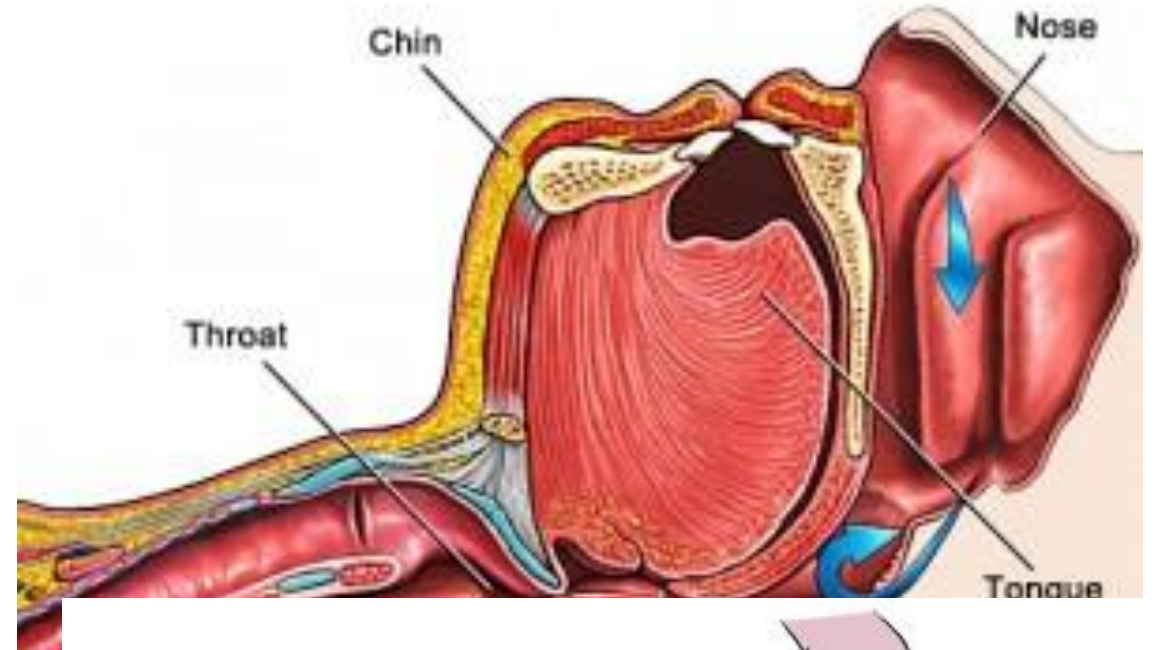
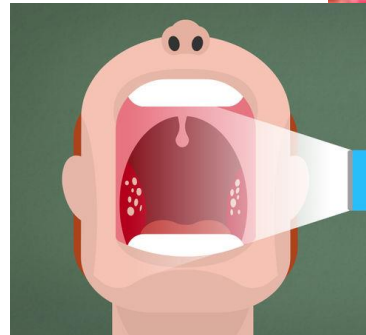
Talking = A OK 😊

Impossible to get contact?

→ Look into throat

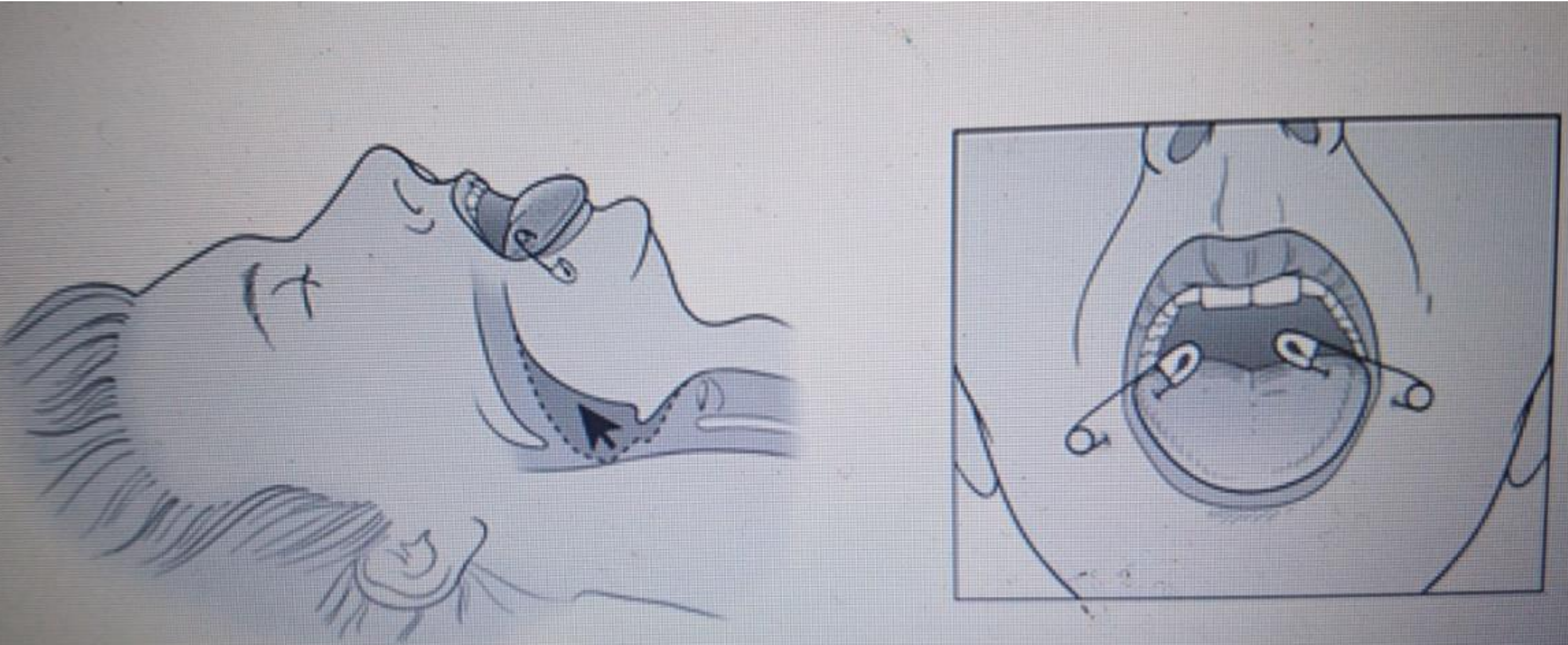
→ Tilt head, lift chin

Only push bony, not soft
chin – think tongue!



ABCDE

Transport trick



ABCDE

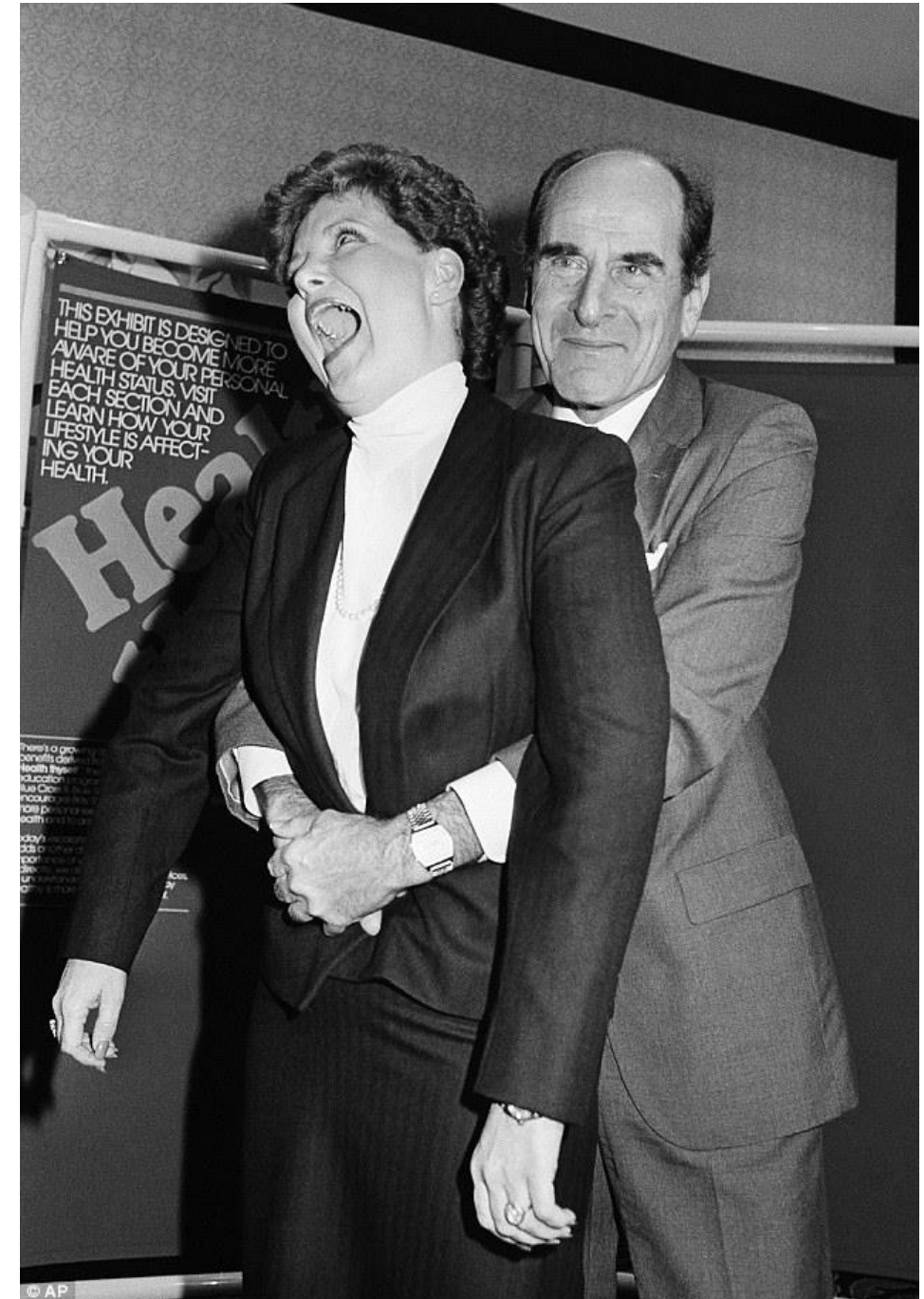
Airways: Choking

1: Cough!!

2: Stops coughing?

Call help, **Heimlich/Hits 5 x 5**

3: Falls unconscious? **CPR**



ABCDE

Breathing

Talking = A OK 😊



Use 10 seconds to feel, hear and look for breathing

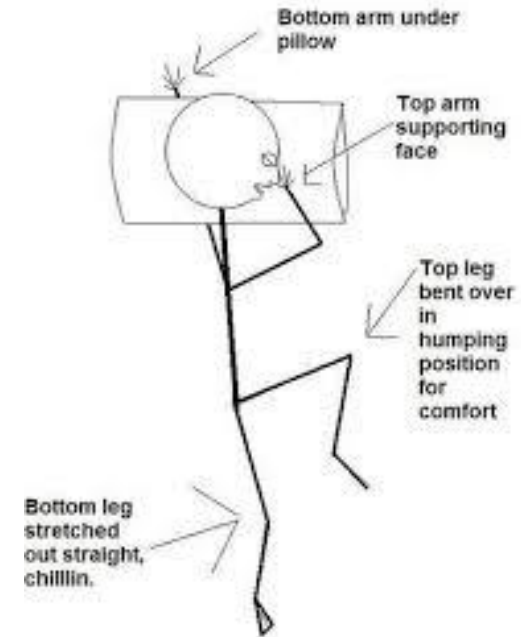
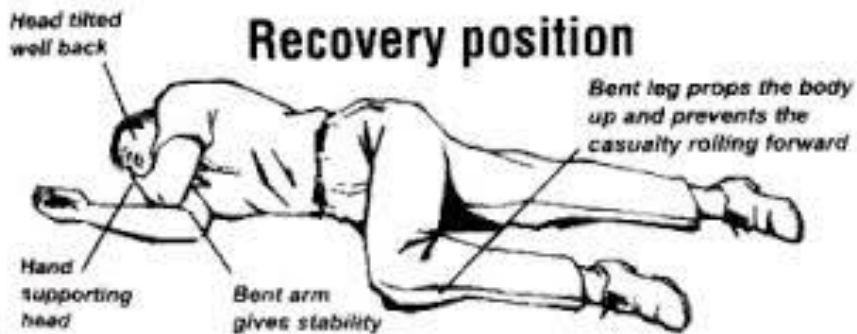
➡ **NO/IN DOUBT: Call for help – start CPR 30:2**

➡ **YES - unconscious: Check 1 min, side position**

➡ **YES – awake but struggling – comfy position (sit)**

Side position: Complicated – or?

1. Check for any injuries. **If they are hurt, don't move them!** Call 911 and ask for an ambulance.
2. Bend arm to stop person rolling over.
3. Gently roll person onto their side.
4. Bend leg to support position.
5. Tilt head back and tuck hand under chin to keep mouth open.
6. Make sure someone is keeping an eye on them.



A: Look in mouth – tilt head/lift chin

B: Feel 1 minute – side position

Notice: what is the best way to register breath?
(hand, cheek, eye, hear, feel chest..)





ABCDE

Circulation

External bleeding = **Blood on the floor:**



➡ Pressure, maybe over 10 min + absorbing material (no peeking!)

Leave the bleeding with pressure bandage AFTER it stops!

”Donut” penetrating objects

Internal bleeding = **4 more**

➡ Lay patient flat



Pale, sweaty, fast breathing/pulse, thirsty, dizzy, blue lips

Always: **calm down = blood pressure down = less bleeding**



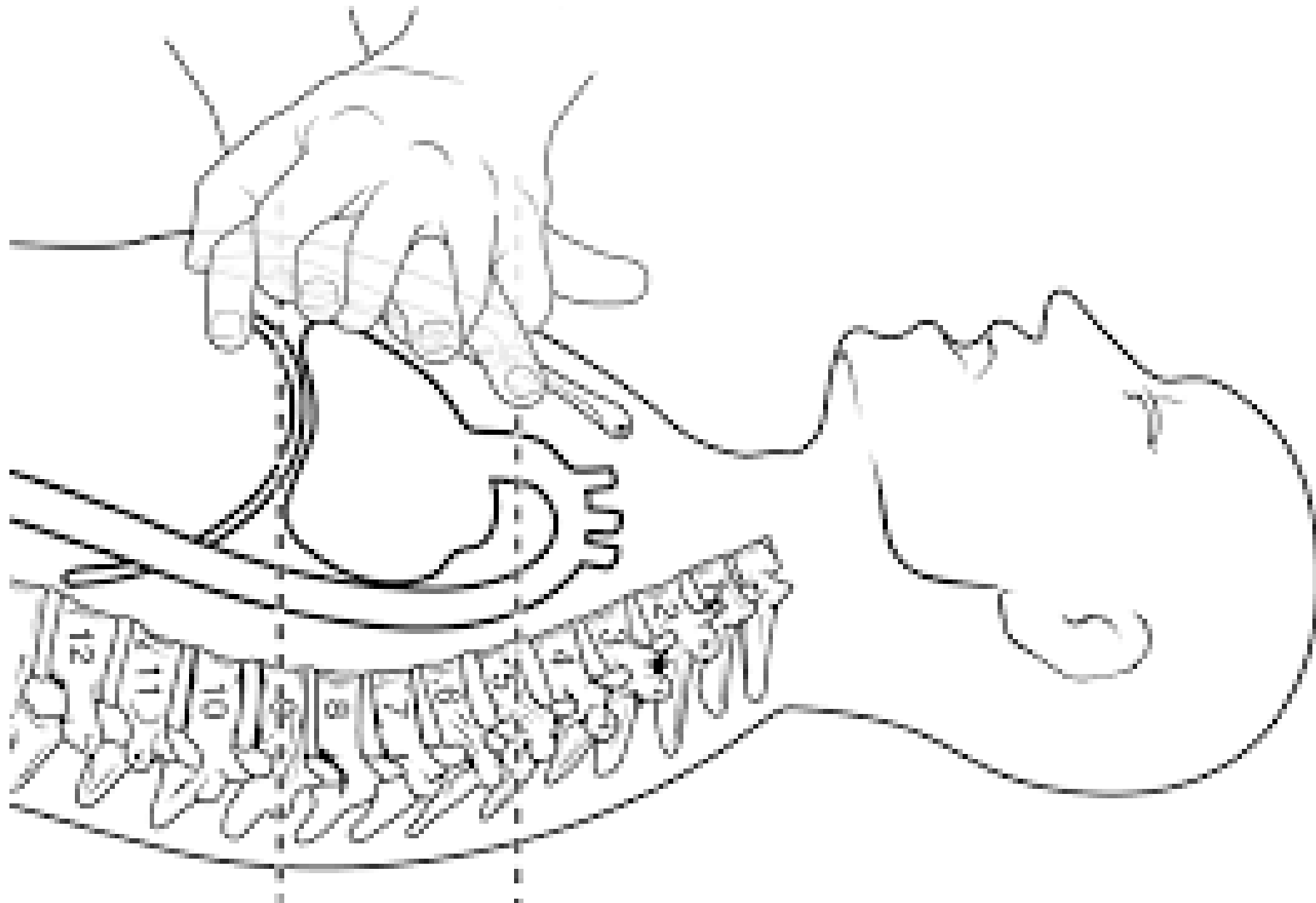
2 + 2:

Blood on the floor
-stop it!

4 more
-check
-do what you can



CPR 30:2



ABCDE

Breathing

Talking = A OK 😊



Use 10 seconds to feel, hear and look for breathing

➡ **NO/IN DOUBT: Call for help – start CPR 30:2**

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ABCDE - CPR

Heart arrest – chain of survival

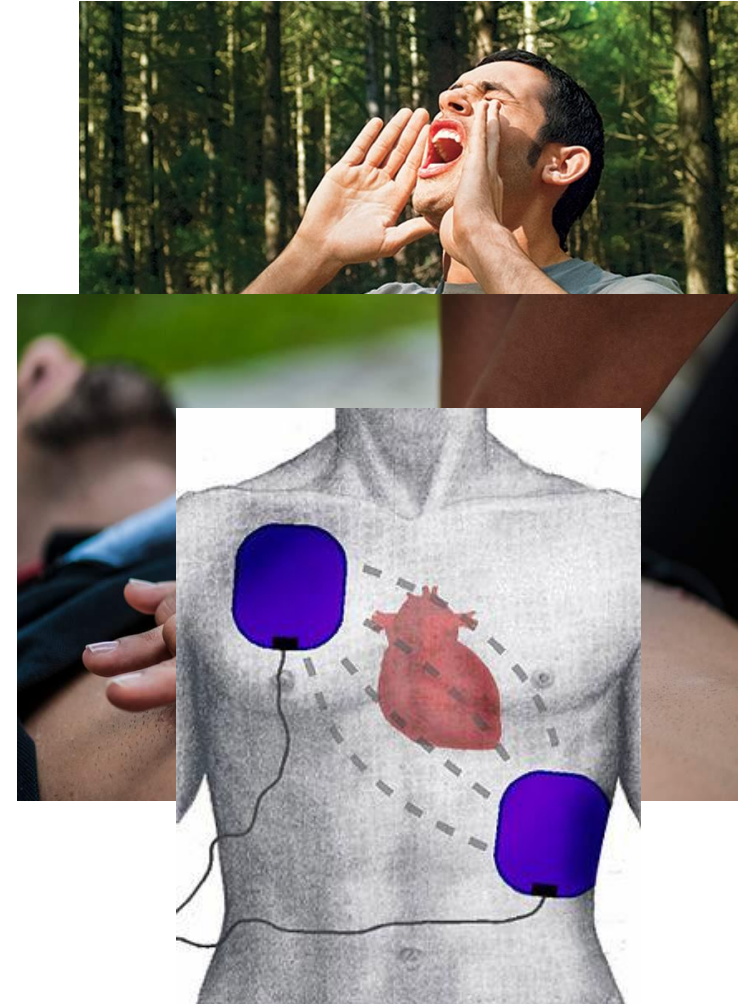
1: A + B 10 sek, no breath:

Call for help and heart starter
= bystanders AND governor

113/79 02 12 22

2: CPR right away – NO hesitation!!!!

3: Shock from heart starter ASAP



ABCDE – CPR 30:2

First 30 compressions:

- *Open clothes – hands on naked chest
- *Knees close to patient, straight arms and back
- *30 compressions 5-6 cm, no "jumping" or "leaning"
- *Count loud!!

Rhythm 100 beats per minute

= <https://www.youtube.com/watch?v=oQwNN-0AgWc>

ABCDE – CPR 30:2

Then 2 rescue breaths:

- *Headtilt/chinlift position
- *Close nose, cover mouth with your mouth
- *2 breaths until chest rises a little (no puking)
- *Breathe RIGHT after nr 30 and “compress the air out” on the 2nd breath!
- *1 second per breath

ABCDE - CPR

*If the 2 rescue breaths are difficult or takes time: **skip them**



*Change "compressor" every 6-9 rounds = better quality 😊

ABCDE - CPR

When stop?

- Obvious signs of life (not-spasmic moves, breath)
 - *If breathing: 1 minute check, side position
- Professionals arrive and take over
- If everybody are tired
- Longest CPR: 7 hours

ABCDE - CPR

Heartstarter arrives



- *Connect it while doing CPR if possible
- *As soon as it says analyzing, do NOT touch
- *If it wants to shock, heartstarter-boss says “STAY AWAY FROM THE PATIENT!!!” before pushing
- *As soon as shock is given, continue CPR
- *Continue following instructions from machine



ABCDE - CPR

***Children/drowning/avalanche: start with 5 breaths – push 1/3 of chest depth**



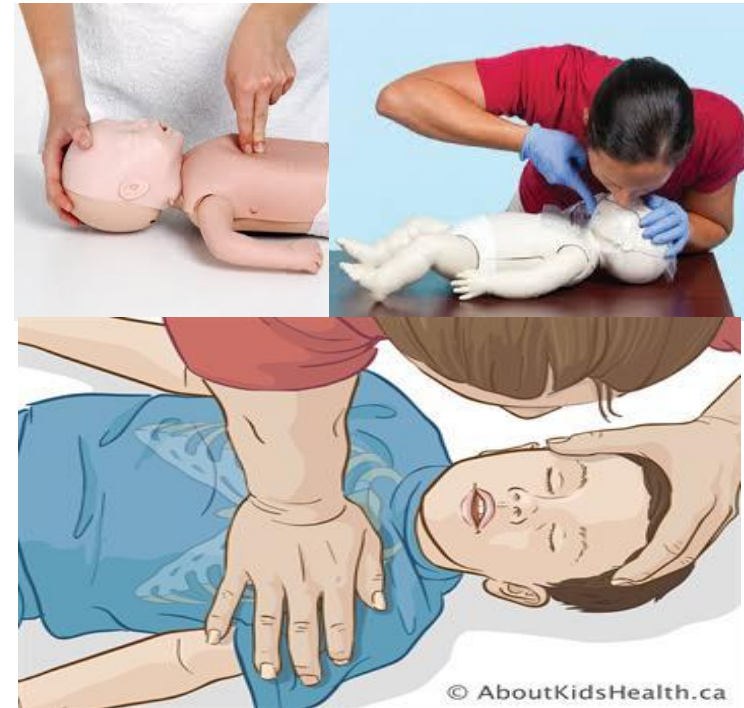
Under 1 year: neutral head, 2 fingers, blow nose + mouth



1 year - teenager: 1 hand

***Bivvy bag tricks**

***Many injured, few helpers? Maybe CPR has to be skipped**



Sum up (s) ABC

- (s) = **Safety for rescuers** – can ABC be done where you are?
- A = **Airways** → **Talking = OK 😊** No contact? Look in mouth, chinlift/headtilt
- B = **Breathing** → FEEL and SEE for 10 sec
NO/DOUBT: Call for help/heartstarter, CPR 30:2
UNCONSCIOUS, YES: Check 1 min, side position
AWAKE, YES BUT DIFFICULT: Best possible position (sit)
- C = **Circulation** →
 - *Blood on the floor => pressure/absorbing material/calm – "donut" penetrating objects
 - *4 more + pale, clammy, fast breath/pulse, dizzy, thirsty => flat/calm/warm

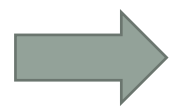
ABCDE

Disability – how disabled?

Short check – get the info we lack to call in and plan the wrap on E:

1) **How awake?** Alert – Voice – Pain – Unresponsive

2) **Signs of spine injury?** = Head injuries. Unconscious. Pain in neck/spine. Numbness/prickling/can't feel bodyparts?



Conscious: help to keep head still (simply tell the patient, sleeping mat, backpacks, sam splint neck collar)

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ABCDE

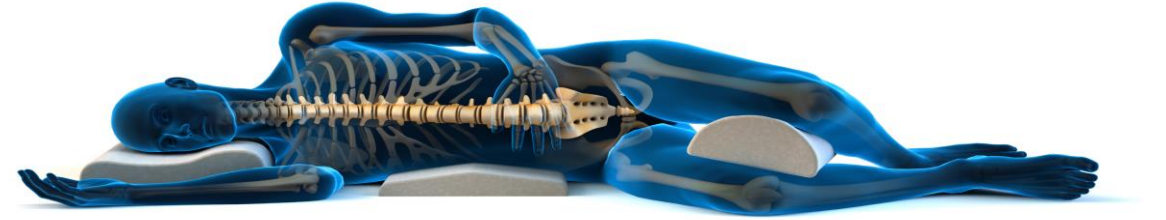
Exposure

Why hypothermia is bad:

- Moderate and severe hypothermia gives BIG risk of heart arrest
- Blood clotting slower in cold – more bleeding
- Shivering increases the oxygen need by 300%

Keep warm: into the wrap

Plan the move – as few moves as absolutely necessary!



*Suspected neck/spine injury: unconscious or results on D?

➡ **Clothes lift/log roll! One “head boss”**

*If conscious and head/neck/spine is ok:

➡ **Possible for injured to assist?**

Sum up (s) ABCDE

- (s) = **Safety for rescuers** – can ABC be done where you are?
- A = **Airways** → **Talking = OK** 😊 No contact? Look in mouth, chinlift/headtil
- B = **Breathing** → FEEL and SEE for 10 sec
 - NO/DOUBT:** Call for help/heartstarter, CPR 30:2
 - UNCONSCIOUS, YES:** Check 1 min, side position
 - AWAKE, YES BUT DIFFICULT:** Best possible position (sit)
- C = **Circulation** →
 - *Blood on the floor => pressure/absorbing material/calm – "donut" penetrating objects
 - *4 more + pale, clammy, fast breath/pulse, dizzy, thirsty => flat/calm/warm
- D = **Disability** → How awake? Signs of spine injury?
- E = **Exposure** → Wrap! Neck/spine injury: clothes lift/log roll

5, 5, 6: (s)ABCDE

*Unconscious – log roll/clothes lift

*Conscious but neck injury – log roll/clothes lift

*Conscious but pain in arm and breathing trouble

When all are wrapped, call

If you haven't called before
Often: overview better than
calling superfast. 15
minutes can be ok!

Sysseml mannen

0047 79 02 12 22



The 7 steps for first aid response – translated

- 1) Take charge of the situation
 - 2) Approach the patient safely
 - 3) Perform emergency rescue and urgent first aid
 - 4) Protect the patient
 - 5) Check for other injuries
- Dare to lead, do:
(s)
ABCD
E
+ bandages & splints?

Further check/fix: injuries/pickup plan decides

LOAD AND GO:

- *As Fred said – when your own safety gets threatened
- *Injuries that needs evacuation FAST + no helicopter
- *Be fast, but do well planned moves -> worsen injury

STAY AND PLAY:

- *tent up, burner (always ONE responsible)
- *check the whole body for more invisible injuries
- *put splints and bandages where needed

For both: always a “headguard” on unconscious – if possible, on all. No food and drink if surgery is expected

Keep re-checking ABCD! Adrenaline can delay pain

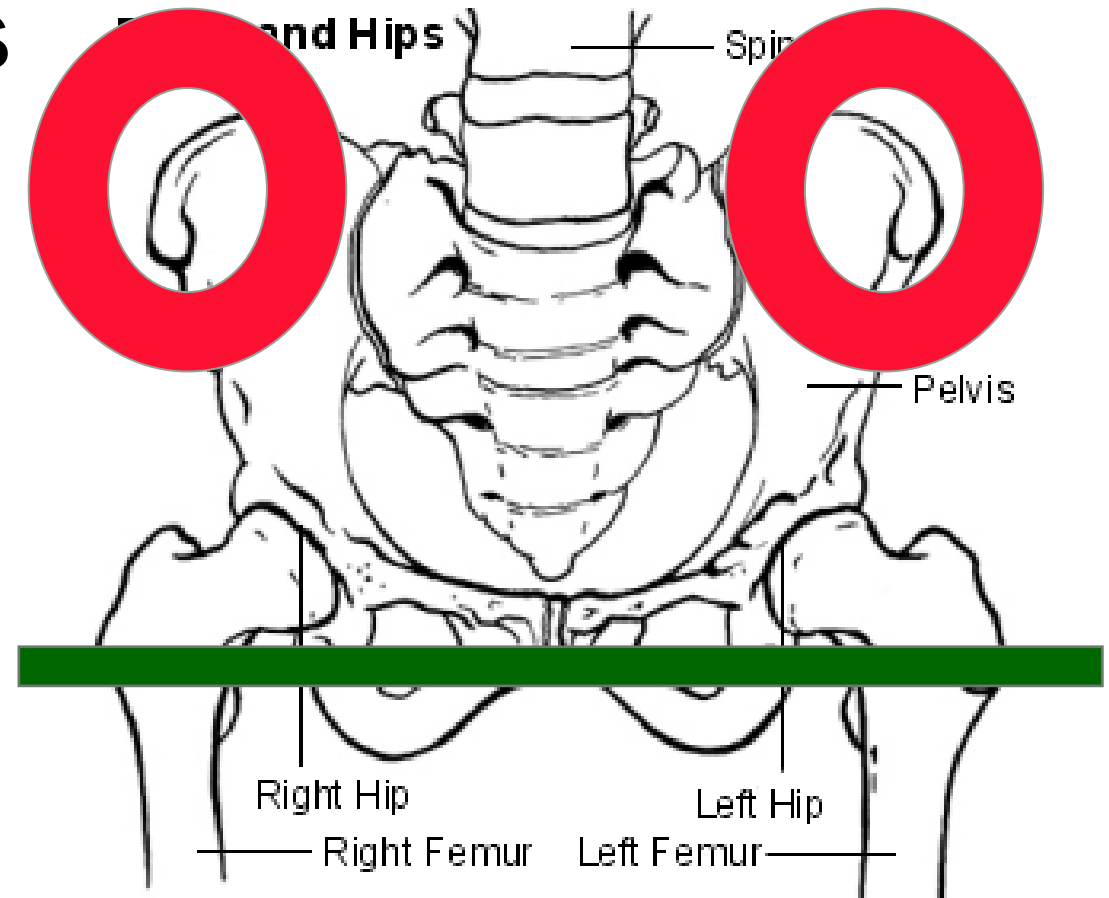
Head injuries:

- Bleeding can squeeze brain
- Passing out more than 2 minutes, increasing headache, nausea or getting more unresponsive is a danger signal of brain-bleeding
- **What you can do:**
- **Helmet off**
- **Look and feel for wounds, check symmetry, brain fluid or blood coming out of ears/nose**
- **not stop bleedings, just bandage "on top of" wounds**



Broken hip

- Often extreme pain – can bleed to death (4 litres)
- Feet can be rotated outwards
- What you can do:
- Touch "feather – gently"!
- Sleeping mat/jacket around hip knuckles (green line)
- Tie ancles and knees together





Broken bones in feet/arms

- Pain, strange angles, swollen, red/blue
- Bones sticking out
- Sometimes ignored initially because of adrenaline level
- **What you can do:**
- Rings, watches etc. go off before swelling gets big
- If strange angle: Slowly pull-and put bodypart back in place (NOT if professionals are within 1 hour)
- Compression bandage 50%
- Splint = BEST pain relief. Simple – practical
- Cover bones sticking out. Gladpack/sterile bandage

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- Dare to lead, do:
(s)
ABCD
E
+ bandages & splints?

Some mixed Svalbard injuries:

- *Hypothermia
- *Frostbites
- *Burns



Hypothermia



A hypotherm body:

Mild: SHIVER, conscious, often lower coordination and judgement. "Mumbles, fumbles, stumbles". Pale skin.

Moderat to severe: NO SHIVER, strange behaviour: desoriented, aggressive, apatic, might perform "paradoxal undressing" just before turning unconscious.

Then, pulse down to **10** per minute (normally 50-100)
breath down to **2-3** per minute (normally 12-20)



BIG heart arrest risk!

Treatment of hypothermia

**YOU WILL NEVER MANAGE TO "OVERWARM" IN FIELD –
WARM UP!**

..with all the tricks you know, and:

SHIVER (mild): Food, warm sweet drink – no up and dance until 30 minutes after turning mentally normal

NOT SHIVER (moderate-severe): Horizontal position, no raising of arms and legs – "rotten eggs"

Heart arrest in hypothermic persons

If you find a pale, cold person and do ABC, you get 1 minute and not only 10 seconds to check their breath.

➡ **NO:** CPR – extra hope 😊 "Not dead until warm and dead"

<http://www.itromso.no/nyheter/article6551311.ece>

<https://www.pingvinavisa.no/iskald-banebrytende-verdensrekord/>

➡ **YES:** Side position



Prevention of hypothermia:

- * Cold? Dance!
- * Buddy system
- * Good clothes
- * Eat, drink, pee and poop
- * Sleep enough



Frostbites





Superficial

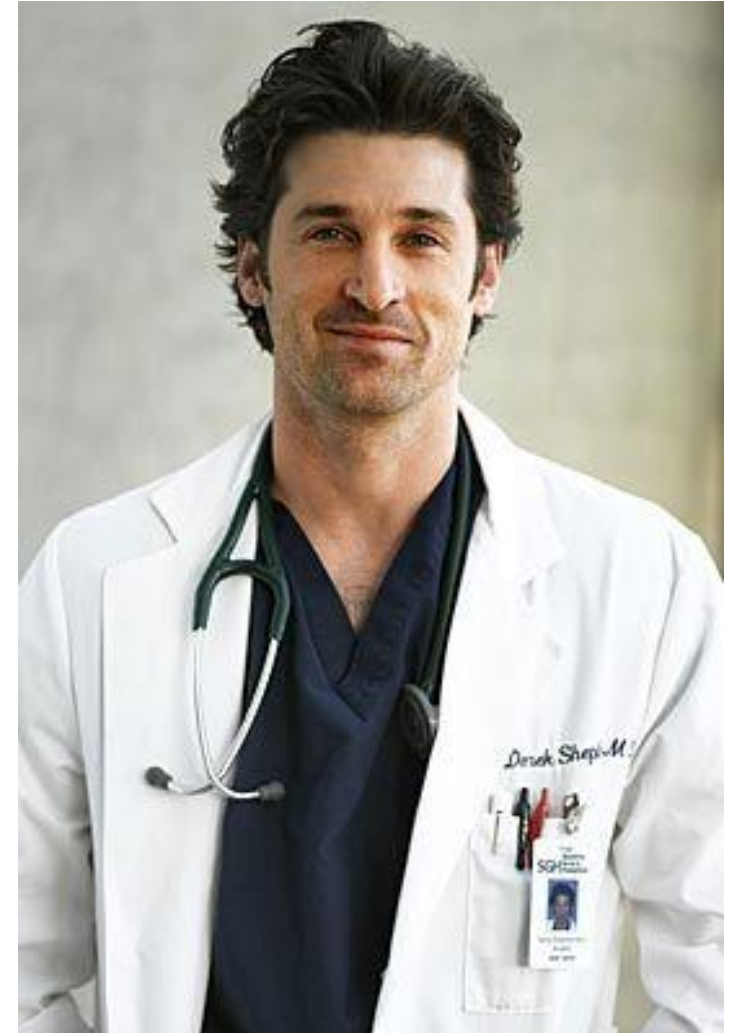


Deep frostbites



Treatment deep frostbites

- *Rings and jewelry off
- *Cover up area and protect from sharp edges etc
- *Refreezing is BAD, get home and to the doctor



Prevention of frostbites:

- * “Cant feel the toe”?

STOP – WARM UP

- * Buddy system
- * Eat, drink, pee and poop
- * Sleep enough
- * Enough space in boots



Burns



- Remove rings, jewelry etc.
- Cool down: first snow 5 min then something lukewarm (wet cloths etc) for 30-45 minutes
- Cover with gladpack
- Avoid hypothermia – wrap etc.

Preventing burns

- *Light up stove outside tent, always
- *Never leave the stove alone
- *Have a knife close when cooking in tent

