

Rescue Swimmer Refresher Course



Practical First Aid Training/Mock Trauma

LT 2.2

Enabling Objectives

- Respond to an emergency per current American Red Cross standards.
- Administer CPR per current American Red Cross standards.
- Administer Standard First Aid per NAVEDTRA 12081 standards.
- Administer Practical First Aid in a mock trauma (moulage) scenario.

First Aid

Purpose of first aid for Rescue Swimmers:

- Save life.
- Prevent further injury.
- Preserve resistance and vitality.
(prevent infection and treat for shock)

First Aid

(cont.)

Basic principles which further the purposes of First Aid:

- Act quickly, but effectively.
- Reassure the survivor in a calm manner.
- Reveal only enough of the survivor's injuries to ensure cooperation.
- Don't talk to others of the survivor's injuries while the survivor is in hearing range.
- If survivor is in danger of further injury, remove them from the danger as quickly and smoothly as possible.

Basic Order of Treatment

- If survivor is in the water and not breathing, give two full breaths.
- If survivor is unconscious or has ejected, always treat as a possible head, neck, and/or back injury. The spine shall be stabilized prior to moving the survivor whenever circumstances permit.

NOTE

As a SAR swimmer, your primary objective is to get the survivor into the rescue platform before attempting an advanced first aid.

- Advanced first aid begins once the survivor is in the rescue vehicle.

Basic Order of Treatment

(cont.)

- Conduct primary survey
 - Establish a working airway, breathing and circulation.
 - Stop severe bleeding.
 - Place cervical collar on the survivor if spinal injury is suspected.
- Conduct secondary survey

Primary Survey

Hemorrhage Control

- During Primary Survey procedures, hemorrhage control is performed by the following five methods:
 - Direct pressure
 - Elevation (contraindicated with a known/suspected fracture)
 - Bandage (followed by second bandage as necessary)
 - Pressure points
 - Tourniquet (used as a last resort!)

WARNING

When practicing on a simulated survivor, do not tighten tourniquet.

Applying a Tourniquet

- When you use a tourniquet, you risk sacrifice of a limb in order to save a life.
- Tourniquets are only placed on the extremities (arms and legs). They are normally placed 1 to 1.5 inches above the wound.
- Write down the time and location of tourniquet, place on front of survivor's shirt.
- Write a capital "T" on the survivor's forehead.
- Leave the tourniquet visible.
- Never use string or wire or thin materials. Use a ready-made or improvised material **at least one inch wide**.
- Tighten only enough to stop the bleeding.
- Never loosen unless advised by a physician.

Secondary Survey

- During the secondary survey, examine the survivor from head to toe and treat for further injuries that are found.
 - Remove only enough of the survivor's clothing to ensure a thorough survey, yet not chill the survivor.
 - Rip or cut clothes along a seam to expose injury.
- The treatment of secondary injuries and illness is a combination of first aid and common sense.
 - The basic order of treatment can vary depending on the situation and injuries.
 - If survivor is having trouble breathing, place the survivor in a comfortable position (semi-seated) which allows treatment to occur without worsening injuries. If this position worsens injuries, but the survivor can breathe okay until treated, treat injuries first.

NOTE

Place in semi-seated position only if neck and/or back injuries are not suspected.

Wounds & Treatment Procedures

- Facial and Scalp Wounds
 - Ensure that the tongue, injured soft tissue, or other material, do not obstruct the airway.
 - Position the survivor so that blood will drain out of the mouth and nose.
 - Remember that facial wounds, as well as scalp wounds, bleed freely. Do not let that scare you and keep you from properly treating the survivor.
- Open Fractures
 - An open fracture is a broken bone with an open wound.
 - Treat the wound first. Most bleeding can be stopped by applying direct pressure on the wound or by applying digital pressure at the appropriate pressure point.
 - Dress the wound.
 - Do not attempt to set a broken bone.

Wounds & Treatment Procedures

(cont.)

- Once the survivor is aboard the rescue platform, the medical equipment available to the rescue swimmer is the Level "A" medical kit. Nomenclature and quantity is described in the NWP 3-50.1 manual.
- Keep the rescue vehicle commander informed of survivor's condition to include the following pertinent information:
 - Age (approximate)
 - Sex
 - Blood type, allergies, and medications (if known)
 - State all injuries

Treating Shock

- Most survivors will be in shock.

WARNING

In a water rescue situation, the survivor may be placed in a litter and hoisted horizontally to prevent the effects of hydrostatic squeeze.

- Hydrostatic Squeeze is caused by the relief of outside water pressure against the body.
- Removal from water has similar effect as shock or near shock, and causes a pooling of blood in the extremities increasing shock.

Treating Shock

(cont.)

- Position the survivor for transport in the rescue vehicle in one of the following five positions:
 - Traditional Shock Position – feet elevated above the level of the heart. Use this position unless survivor's injuries indicate the use of another position.
 - Flat on Back Shock Position – use when serious head and/or spinal injuries suspected. Position survivor on their back, keeping the body as straight as possible. Maintain in-line stabilization of the head and neck.

Treating Shock

(cont.)

- Semi-Seated Shock Position – used for survivor with difficulty breathing, or with **superficial** head, neck, or chest injuries. Not to be used if head, neck, or spinal injuries are suspected.
- Knee's Flexed Shock Position – used for survivor with abdominal injuries. Lie survivor on their back and raise their knees to approximately 45 degrees. This will ease tension on the abdominal muscles.
- Side shock Position – used for survivor with nausea and vomiting, bleeding from the mouth, large amounts of oral secretions, or an open (sucking) chest wound. With a sucking chest wound, place survivor injured side down.

Underwater Injuries

- May occur any time a survivor breathes compressed gases underwater.
 - Helicopter Emergency Egress Device Systems (HEEDS)
 - Seat pan oxygen
 - Self-Contained Underwater Breathing Apparatus (SCUBA)
- Two life threatening conditions may occur:
 - Air Embolism
 - Decompression Sickness (the Bends)

Underwater Injuries

(cont.)

- Signs and Symptoms:
 - Air Embolism
 - Dizziness
 - Blurred vision
 - Chest pain
 - Disorientation
 - Personality change
 - Paralysis or weakness
 - Bloody froth from the mouth or nose
 - Convulsions
 - Decompression Sickness
 - Unusual fatigue or weakness
 - Skin itch
 - Pain in the arms, legs, and/or torso
 - Dizziness
 - Coughing and/or shortness of breath
 - Numbness, tingling, or paralysis

Underwater Injuries

(cont.)

- Treatment:
 - Both Air Embolism and Decompression Sickness require urgent recompression.
 - Administer CPR as required.
 - Keep the airway open as survivor may vomit.
 - Keep survivor lying down (left side down) and quiet. Embolism bubble will rise away from the heart in this position.

Underwater Injuries

(cont.)

- Transportation:
 - Unpressurized aircraft fly at lowest safe altitude and limit altitude changes.
 - Ensure rescue vehicle commander contacts hyperbaric chamber **before** arrival of the survivor.
 - Keep rescue vehicle commander informed of the survivor's condition.

Review

1. What are the five steps in controlling hemorrhage?
 - *Direct Pressure, Elevation, Bandage, Pressure Points, and Tourniquet*
2. What should never be done to a fractured extremity?
 - *Never attempt to set a broken bone*
3. Which shock position is used unless injuries indicate otherwise?
 - *Traditional Shock Position*
4. What are the two types of underwater injuries?
 - *Air Embolism and Decompression Sickness*

