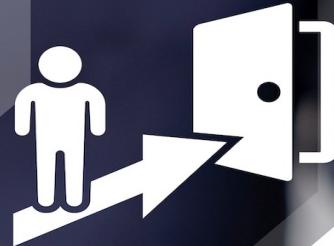


EMERGENCY ACTION  
**PLAN**



How to Use the EAP

Building Captains

Medical Emergencies

Injury/Environmental  
Emergencies & Pain

Shortness of Breath  
(S.O.B)

SMCCD's Emergency  
Drill/Equipment  
Protocol

The Big Five (Common  
Response Protocols)



# OVERVIEW

# Purpose

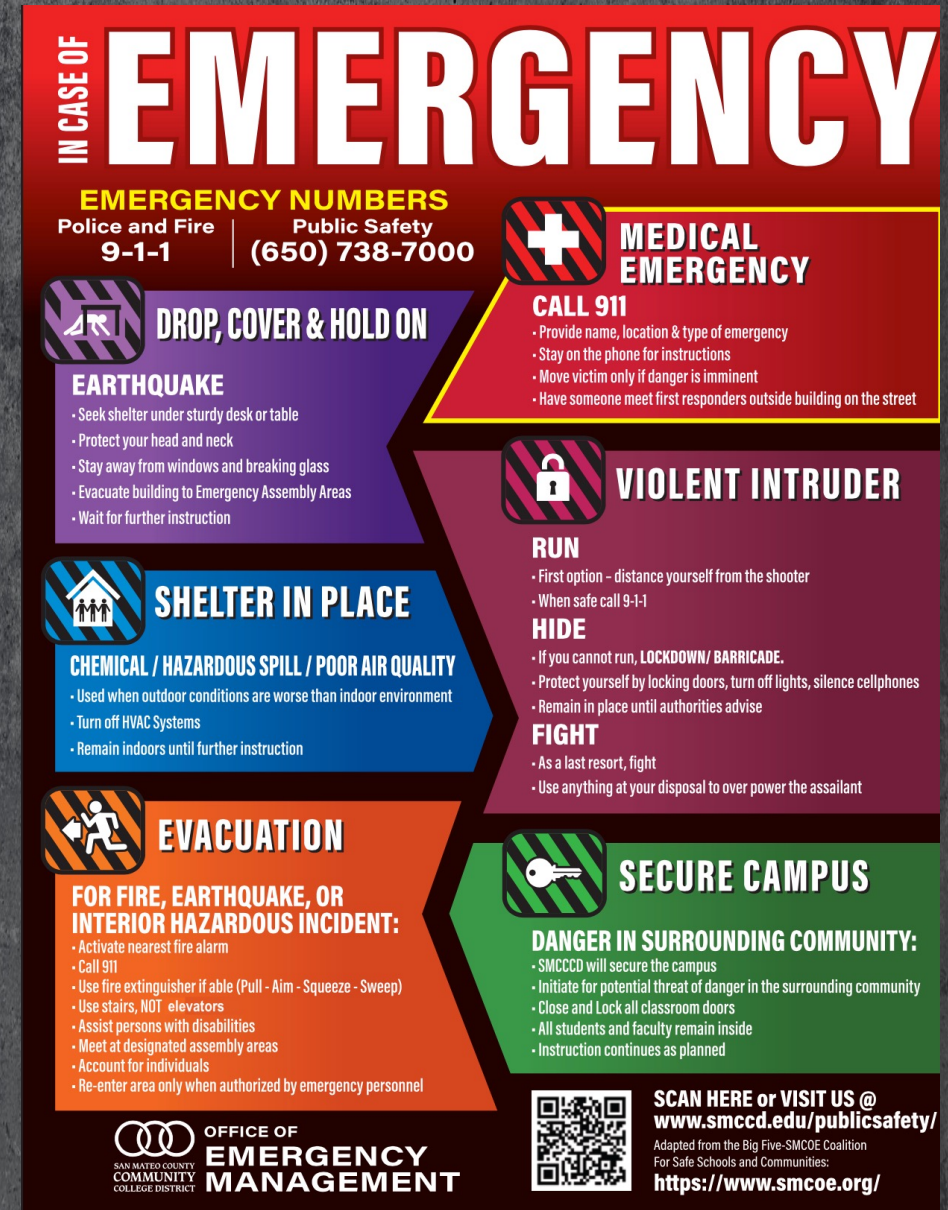
The Emergency Action Plan (EAP) is a condensed and more granular version of the San Mateo Community College Emergency Operations Plan (EOP). This Action Plan meets the requirements set forth by Title 8, §3220 Emergency Action Plan (Inclusive), and CCR 3100, Ch. 8, Oath or Affirmation of Allegiance for Disaster Service Workers and Public Employees. These regulations cover those designated actions employers and employees must take to ensure safety from fire and other emergencies. This EAP shall meet all requirements of Subchapter 7. General Industry Safety Orders, Group 1, General Physical Conditions and Structures Orders. Article 2. Standard Specifications. These elements include:

1. Procedures for emergency evacuation, including type of evacuation and exit route assignments;
2. Procedures to be followed by employees who remain to operate critical plant operations before they evacuate;
3. Procedures to account for all employees after emergency evacuation has been completed;
4. Procedures to be followed by employees performing rescue or medical duties;
5. The preferred means of reporting fires and other emergencies; and
6. Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.



# How to Use the EAP

The *Emergency Action Plan* provides designated actions employers and employees must take to ensure employee safety from fire and other emergencies. The booklet provides District personnel specific emergency procedures, methods to account for personnel, rescue/medical procedures, shutdown guidelines, and emergency mapping. This plan shall be maintained in written form, to be printed and available to all employees, and also linked to the Quick Response Code (QR) located on the bottom right of the SMCCCD Emergency Poster. Posters shall be located throughout all SMCCCD facilities, and accessible to all access and functional needs personnel



**IN CASE OF EMERGENCY**

**EMERGENCY NUMBERS**  
Police and Fire 9-1-1 | Public Safety (650) 738-7000

**DROP, COVER & HOLD ON**  
**EARTHQUAKE**  
• Seek shelter under sturdy desk or table  
• Protect your head and neck  
• Stay away from windows and breaking glass  
• Evacuate building to Emergency Assembly Areas  
• Wait for further instruction

**SHELTER IN PLACE**  
**CHEMICAL / HAZARDOUS SPILL / POOR AIR QUALITY**  
• Used when outdoor conditions are worse than indoor environment  
• Turn off HVAC Systems  
• Remain indoors until further instruction

**EVACUATION**  
**FOR FIRE, EARTHQUAKE, OR INTERIOR HAZARDOUS INCIDENT:**  
• Activate nearest fire alarm  
• Call 911  
• Use fire extinguisher if able (Pull - Aim - Squeeze - Sweep)  
• Use stairs, NOT elevators  
• Assist persons with disabilities  
• Meet at designated assembly areas  
• Account for individuals  
• Re-enter area only when authorized by emergency personnel

**MEDICAL EMERGENCY**  
**CALL 911**  
• Provide name, location & type of emergency  
• Stay on the phone for instructions  
• Move victim only if danger is imminent  
• Have someone meet first responders outside building on the street

**VIOLENT INTRUDER**  
**RUN**  
• First option - distance yourself from the shooter  
• When safe call 9-1-1  
**HIDE**  
• If you cannot run, LOCKDOWN/ BARRICADE.  
• Protect yourself by locking doors, turn off lights, silence cellphones  
• Remain in place until authorities advise  
**FIGHT**  
• As a last resort, fight  
• Use anything at your disposal to over power the assailant

**SECURE CAMPUS**  
**DANGER IN SURROUNDING COMMUNITY:**  
• SMCCCD will secure the campus  
• Initiate for potential threat of danger in the surrounding community  
• Close and Lock all classroom doors  
• All students and faculty remain inside  
• Instruction continues as planned

**OFFICE OF EMERGENCY MANAGEMENT**  
SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

SCAN HERE or VISIT US @ [www.smccd.edu/publicsafety/](http://www.smccd.edu/publicsafety/)  
Adapted from the Big Five-SMCOE Coalition For Safe Schools and Communities:  
<https://www.smcoe.org/>

# Building Captains

The Building Captain and Floor Manager program is established to facilitate enhanced emergency preparedness and coordinated initial emergency procedures in every regularly occupied SMCCCD campus building. The program is a critical component of the District's Emergency Preparedness, Operations, and Recovery Plan. Building Captains are campus employees who work in regularly occupied campus buildings and volunteer to perform essential activities for the purpose of minimizing injury to campus faculty, staff and students in the event of an emergency. The immediate actions of Building Captains can reduce the number and severity of injuries, instill calm and order in the midst of a crisis, and lessen the burden on first responders.

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## Altered Level of Consciousness (ALOC)

Altered level of consciousness (ALOC) means that you are not as coherent, alert, or able to understand or react as you are normally. ALOC can be caused by a head injury, medicines, alcohol or drugs, dehydration, or some diseases, such as diabetes.



# Assessment Acronym: A.E.I.O.U.T.I.P.S



<b>A. – Alcohol</b>	<ul style="list-style-type: none"> <li>• Ask patient if they have been drinking alcohol and utilize sense of smell to detect possible alcohol on patient</li> </ul>
<b>E. – Epilepsy</b>	<ul style="list-style-type: none"> <li>• Ask patient if they suffer from epilepsy or routine seizures</li> <li>• If patient is unconscious check neck and wrists for medical alert tags indicating epilepsy</li> </ul>
<b>I. – Insulin</b>	<ul style="list-style-type: none"> <li>• Ask patient if they suffer from diabetes</li> <li>• If patient is unconscious check neck and wrists for medical alert tags indicating diabetes</li> </ul>
<b>O. – Overdose</b>	<ul style="list-style-type: none"> <li>• Ask patient if they have consumed illicit, prescribed, or over the counter drugs</li> <li>• Ask patient if they have over consumed prescribed or over the counter drugs</li> <li>• Access patient’s pupils to be equal and reactive to light</li> <li>• Visualize patients antecubital (anterior elbow) for track marks (needle marks)</li> <li>• If patient is unconscious, search for pill bottles, containers, on person/possessions</li> </ul>
<b>U. – Underdose</b>	<ul style="list-style-type: none"> <li>• Ask patient if they have been compliant (consistent with past behavior) with illicit, prescribed, or over the counter drugs</li> <li>• Ask patient if they have under consumed prescribed or over the counter drugs</li> <li>• Access patient’s pupils to be equal and reactive to light</li> <li>• Visualize patients antecubital (anterior elbow) for track marks (needle marks)</li> <li>• If patient is unconscious, search for pill bottles, containers, on person/possessions</li> </ul>
<b>T. – Trauma</b>	<ul style="list-style-type: none"> <li>• Ask patient if they have experienced any recent trauma <ul style="list-style-type: none"> <li>○ Slips, Trips, Falls</li> <li>○ Car accidents</li> <li>○ Wellness or workout routines</li> </ul> </li> <li>• Perform quick head to toe assessment. If patient is unconscious, consent is implied</li> </ul>
<b>I. – Infection</b>	<ul style="list-style-type: none"> <li>• Palpate forehead with back of gloved hand to assess body temperature</li> <li>• Utilize thermometer to assess body temperature</li> <li>• Assess skin signs (red or mottled skin)</li> <li>• Ask if patient has had a fever or chills</li> <li>• Ask if patient has had a recent surgery</li> </ul>
<b>P. – Psychogenic</b>	<ul style="list-style-type: none"> <li>• Ask patient if they have been diagnosed with any behavioral conditions (Depression, Schizophrenia, Bi-Polar)</li> <li>• Check medical alert tags</li> </ul>
<b>S. – Stroke</b>	<ul style="list-style-type: none"> <li>• Cincinnati stroke scale <ul style="list-style-type: none"> <li>○ Speech – Ask patient to repeat “The sky is blue over California”</li> <li>○ Facial Droop – Instruct patient to smile</li> <li>○ Upper extremities – Have patient squeeze your hands with both of their hands to test equal grip strength</li> <li>○ Arm drift – Have patient close eyes and extend arms straight out with palms facing ceiling</li> <li>○ Lower extremities – Have patient sit in chair and ask patient to flex both feet toward ceiling while applying resistance</li> </ul> </li> </ul>

# Seizure

A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in behavior, movements, or feelings, an in levels of consciousness.

1. Stay calm and begin timing seizure. Call 911 and Public Safety (650-738-7000)
2. Keep the person safe
  - a) If necessary, ease the person to the floor.
  - b) Don PPE (gloves and eye protection) if available
  - c) Have a fellow employee or student clear-out onlookers to protect the patient's privacy. Public Safety shall assist in this endeavor if needed
  - d) Turn the person gently onto one side, facing away from you. This will help prevent the patient from aspirating (inhaling vomit into the airway) if vomiting occurs.
  - e) Clear the area around the person of anything hard or sharp. This can prevent injury.
  - f) Put something soft and flat, like a folded jacket, under his or her head.
  - g) Remove eyeglasses.
  - h) Check for medical alert tags around the patient's neck and wrists.
3. Stay with the person until first responders arrive on scene and have assumed patient care. After the seizure ends, make note of seizure duration. Patient may be postictal for some time (The postictal phase refers to the period of time immediately following a seizure. (The postictal phase can last for seconds, minutes, hours, and sometimes even days. It is commonly thought of as the time during which the brain recovers from a seizure.) Once patient is alert and able to communicate, tell them what happened in very simple terms. Comfort the person and speak calmly. Keep yourself and other people calm



# Seizure Response Plan

*Do & Don't*



*Keep other people out*



*Clear Dangerous Objects*



*Time the Seizure*



*Cushion Head*



*Roll the Patient onto their left side*



*Stay & Reassure*



*Call for Medical Help*



*Regaining Consciousness*



*Do Not Panic*



*Do Not Restrain Movements*



*Do Not Put Anything in Mouth*

# What Can Cause a Seizure?

Head Trauma

Metabolic,  
hepatic or renal  
failure

Tumor

Hypoxia (low  
oxygen)

Drugs or  
medication  
non-compliance

Electrolyte  
abnormality

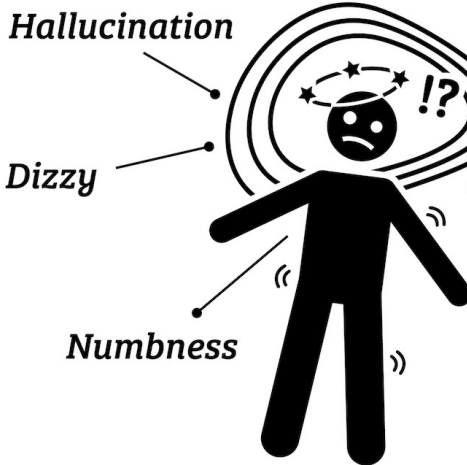
Stroke

Eclampsia

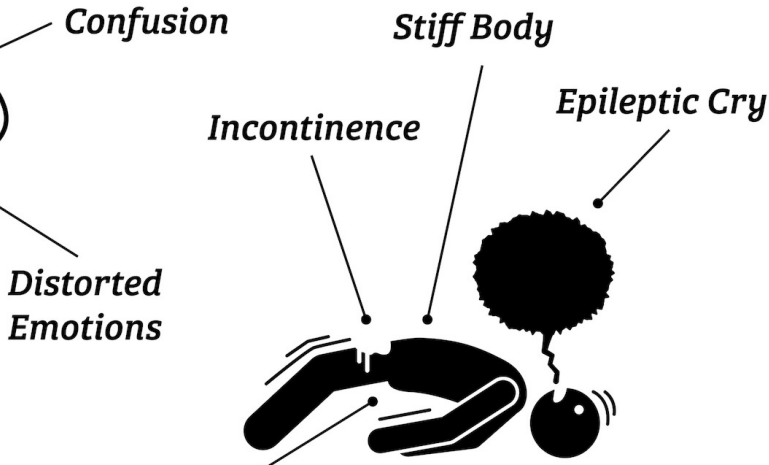
Alcohol  
withdrawal



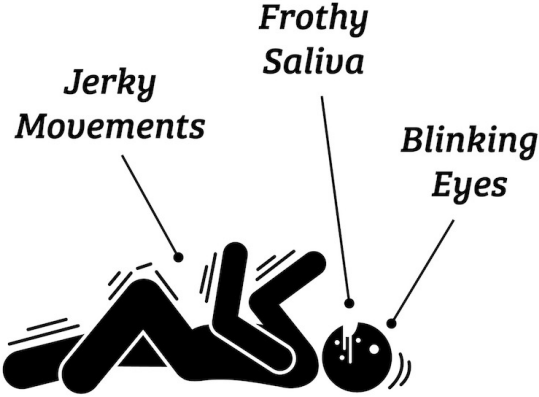
# Stages of a Seizure



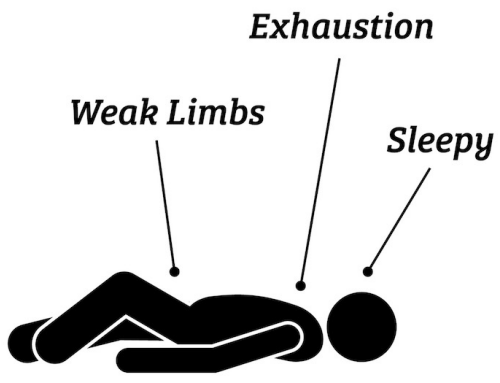
**Aura Stage**



**Tonic Stage**



**Clonic Stage**



**Postictal Stage**



# What are the Signs & Symptoms of a Seizure?

Altered mental status

Tonic/clonic movements

Incontinence

Seizure activity

Evidence of Trauma

Unconscious

Oral trauma

Blank stare

Rhythmic facial movements





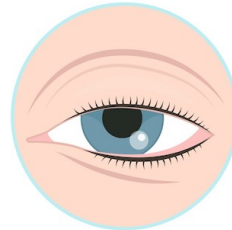
# Know the Signs of a Stroke



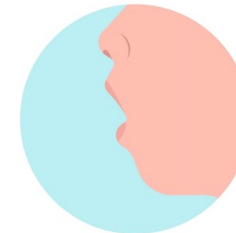
**B** BALANCE  
LOSS OF BALANCE



**A** ARM  
ARM OR LEG WEAKNESS



**E** EYES  
BLURRED VISION



**S** SPEECH  
SPEECH DIFFICULTY

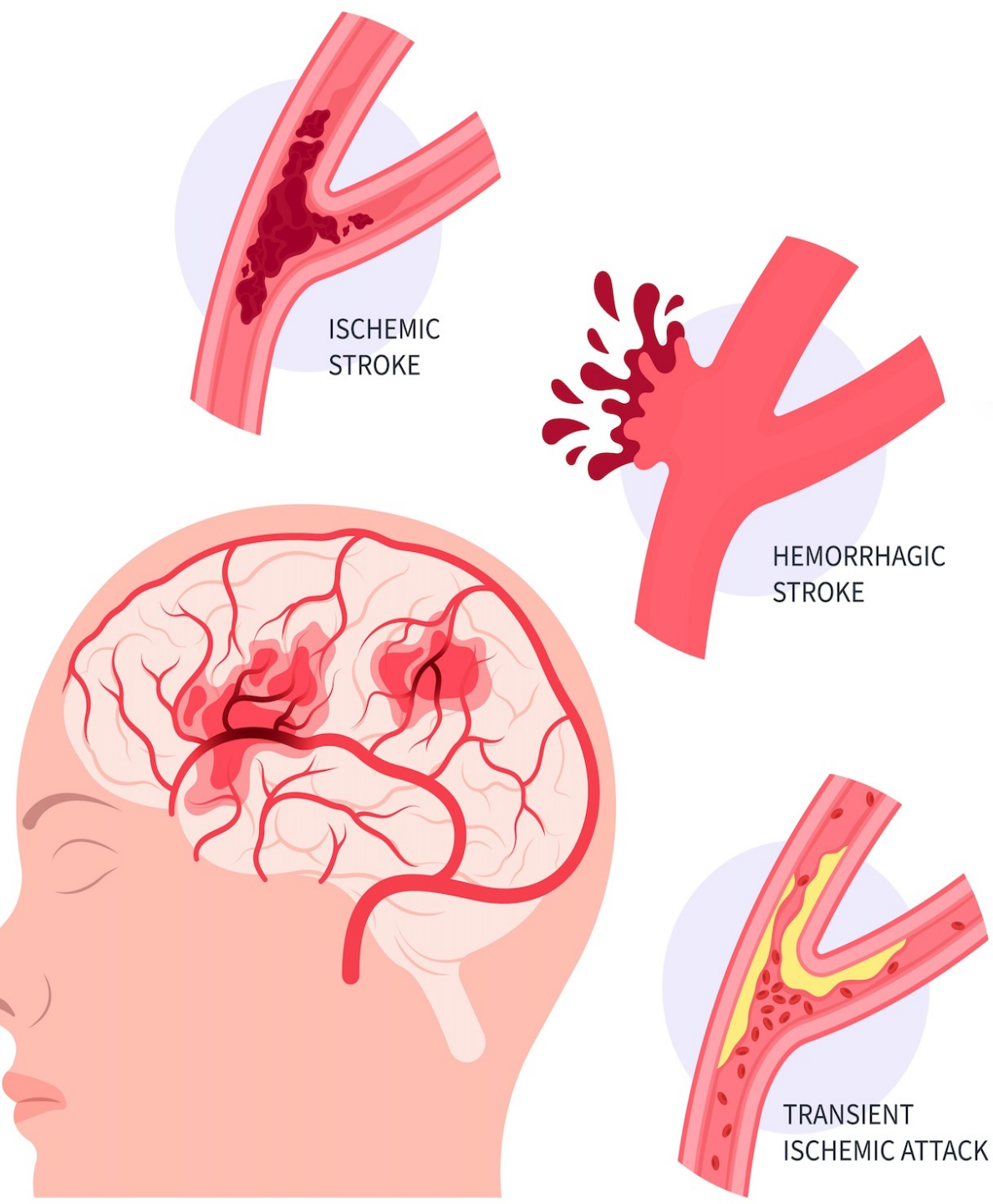


**F** FACE  
FACIAL DROOP



**T** TIME  
TIME TO CALL AN AMBULANCE

# Types of Stroke



- **Ischemic Stroke:**
  - Most strokes are ischemic strokes. An ischemic stroke occurs when blood clots or other particles block fatty deposits called plaque can also cause blockages by building up in the blood vessels.
- **Hemorrhagic Stroke:**
  - A hemorrhagic stroke happens when an artery in the brain leaks blood or ruptures (breaks open). The leaked blood puts too much pressure on brain cells, which damages them.
  - High blood pressure and aneurysms—balloon-like bulges in an artery that can stretch and burst—are examples of conditions that can cause a hemorrhagic stroke.
- **Transient Ischemic Attack**
  - A transient ischemic attack (TIA) is sometimes called a “mini-stroke.” It is different from the major types of stroke, because blood flow to the brain is blocked for only a short time—usually no more than 5 minutes.

# Quick Treatment is Critical for Stroke

- A stroke is a serious medical condition that requires emergency care.
- Act F.A.S.T
- Call 9-1-1 right away if you or someone you are with shows any signs of a stroke.

## **F.** - Face Drooping

- Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?

## **A.** - Arm Weakness

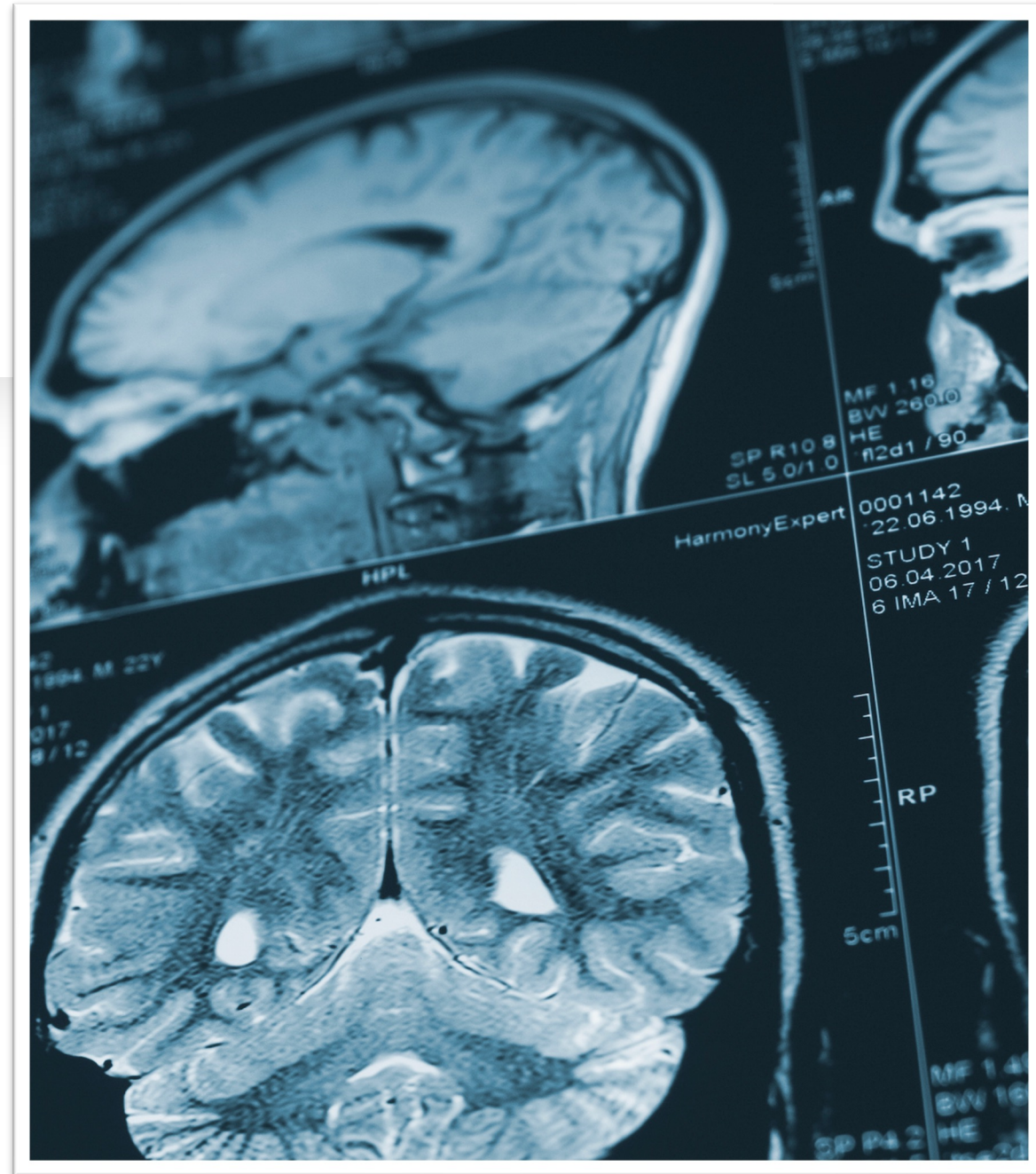
- Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

## **S.** - Speech Difficulty

- Is speech slurred?

## **T.** - Time to Call 911

- Call 911 or 9-911 from campus phones





# Diabetes & Low Blood Sugar

Diabetes occurs when blood glucose (sugar) levels are raised due to problems producing or processing insulin. Diabetes may be genetic, pregnancy related or caused by obesity or illness and may be type 1 or type 2.



# Type 1 Diabetes Symptoms



frequent urination



irritability



weight loss



blurred vision



increased thirst



extreme hunger



fatigue

- This usually develops early in life and is the most common type of diabetes in children.
- It occurs when the body is unable to produce any insulin.
- Type 1 diabetes is treated with insulin injections, or by using an insulin pump



**frequent need  
to urinate**



**excessive thirst**



**sever hunger  
urges**



**slow healing  
wounds**



**blurred vision**



**extreme fatigue**



**nerve tingling**



**unexplained  
weight loss**



**cuts and bruises  
that are slow  
to heal**

# Type 2 Diabetes Symptoms

- Tends to develop later in life, and it often has links with obesity.
- Type 2 diabetes develops when the body is unable to make enough insulin, or when it produces insulin, but this does not work properly (known as insulin resistance).
- Diet, exercise, or oral medication – or a combination of all 3-control type 2 Diabetes.

# Signs and Symptoms of Low Blood Sugar

Hypoglycemia (Low)



Normal



Behaving unusually

Could appear slightly confused or drunk

They have shallow, rapid breathing and a fast, strong pulse

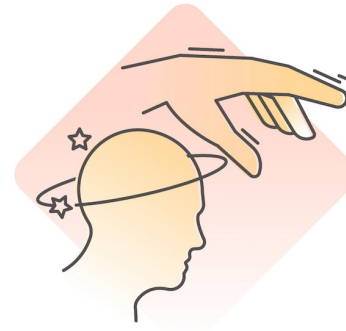
May be aggressive

Might be pale, cold, shaky, and sweaty

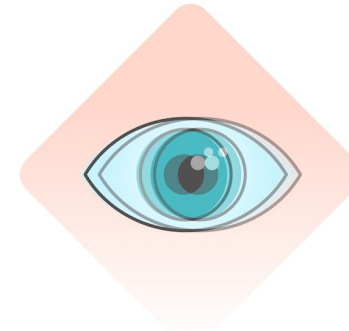
They could have seizures.

# Low Blood Sugar (Hypoglycemia) Warning Signs

- Blood glucose levels can drop very fast if someone who is diabetic has skipped a meal, taken a lot of exercise, if they are ill, or took too much insulin.
- If this is not treated quickly, they can rapidly start to lose consciousness and fall into a diabetic coma. This can be fatal.



**Shaky or Dizzy**



**Blurry Vision**



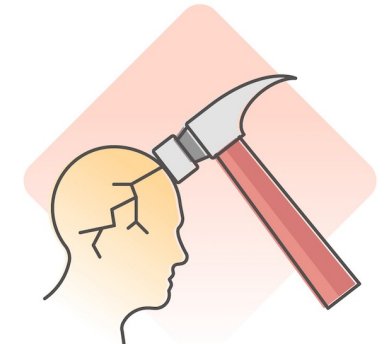
**Sweaty**



**Weak or Tired**



**Upset or Nervous**



**Headache**



**Hungry**



# Treatment for Low Blood Sugar

1. Stay calm call 911 and Public Safety at (650 – 738 – 7000)
2. If rescuer suspects low blood sugar, (patient provides his or her own glucose level, states that their blood sugar is low, and/or patient displays medical alert tag) continue with step 3.
3. Sit them down and give them a sugary drink, or glucose sweets (not a diet drink).
  - Do Not give anything orally (PO) if patient is too altered to eat and drink
  - Glucose pastes and sweets are high density sugars that diabetics may carry in case of an emergency.
  - Ask patient if they have diabetic foods on their person that you may assist them during consumption
4. If they begin to feel better, give more drinks and some food, particularly biscuits or bread to sustain their blood sugar – a peanut butter and jam sandwich is great.
5. In case they don't feel better within 10 minutes, or they begin to get worse phone the emergency services.
6. If they lose consciousness but are breathing, put into the recovery position and update emergency services.
7. If they stop breathing, prepare to give CPR.

# Treatment for Low Blood Sugar Cont.

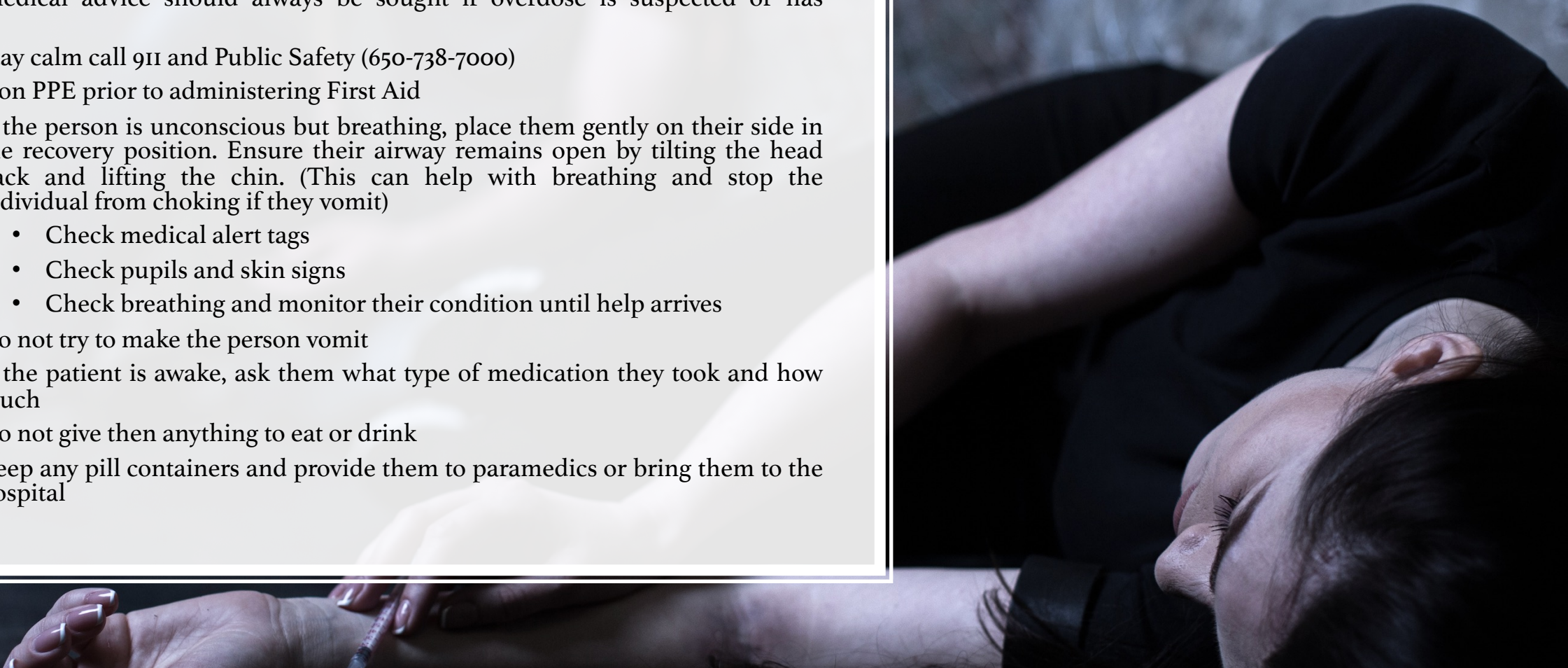
- Do not attempt to give an unconscious patient anything to eat or drink, and **never** give them insulin as this will further lower their blood sugar and could be fatal.
- Even if someone appears to have recovered, ensure they receive urgent medical advice.
- This is particularly important at night, as insulin will still be active in the blood stream while they are asleep, and the blood sugar levels will therefore drop again, and they could drift from sleeping to unconsciousness. In other words, call 911 and ensure the patient is assessed by on scene paramedics.



# Drug Overdose

An overdose is when an individual takes a toxic (poisonous) amount of a drug or medicine. It is important to remember that not all overdoses are fatal or life threatening, however medical advice should always be sought if overdose is suspected or has occurred.

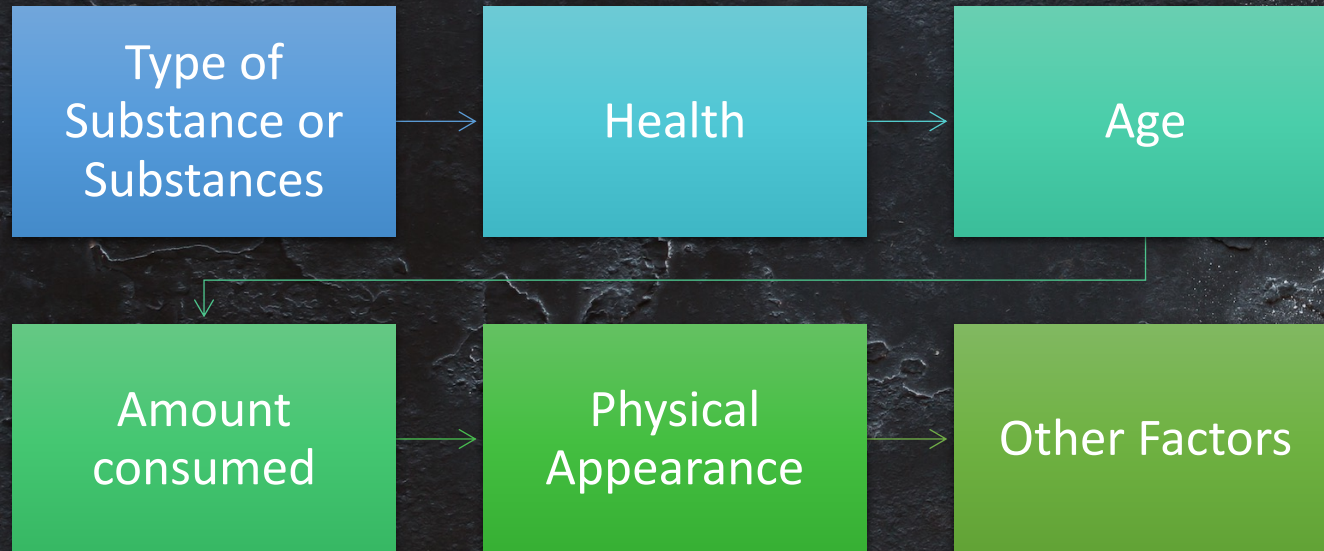
- Stay calm call 911 and Public Safety (650-738-7000)
- Don PPE prior to administering First Aid
- If the person is unconscious but breathing, place them gently on their side in the recovery position. Ensure their airway remains open by tilting the head back and lifting the chin. (This can help with breathing and stop the individual from choking if they vomit)
  - Check medical alert tags
  - Check pupils and skin signs
  - Check breathing and monitor their condition until help arrives
- Do not try to make the person vomit
- If the patient is awake, ask them what type of medication they took and how much
- Do not give them anything to eat or drink
- Keep any pill containers and provide them to paramedics or bring them to the hospital





# Signs and Symptoms of an Overdose

A wide range of signs and symptoms can occur when a person overdoses, and everyone responds differently. Signs and symptoms depend on a variety of factors including:



# Symptoms of a Drug Overdose (Including Alcohol Poisoning) May Include:

nausea and vomiting

severe stomach pain and abdominal cramps

diarrhea

chest pain

dizziness

loss of balance

loss of co-ordination

being unresponsive, but awake

limp body

seizures (fitting)

drowsiness and confusion

agitation

paranoia

slow or erratic pulse

difficulty breathing, shallow or erratic breathing or not breathing at all

hallucination

visual disturbances

choking or gurgling sounds

snoring deeply

blue fingernails or lips

pale or clammy face

loss of consciousness

NDC 69547-353-02

0.1 mL intranasal per unit  
For use only



# NARCAN<sup>®</sup> NASAL

Use NARCAN<sup>®</sup> for  
opioid overdose

Important:

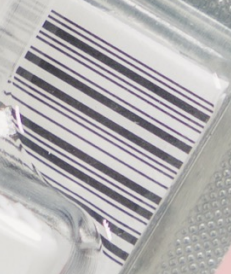
Do not use

CHECK PRODUCT EXP



4 mg  
NARCAN<sup>®</sup> NASAL SPRAY  
(naloxone HCl)

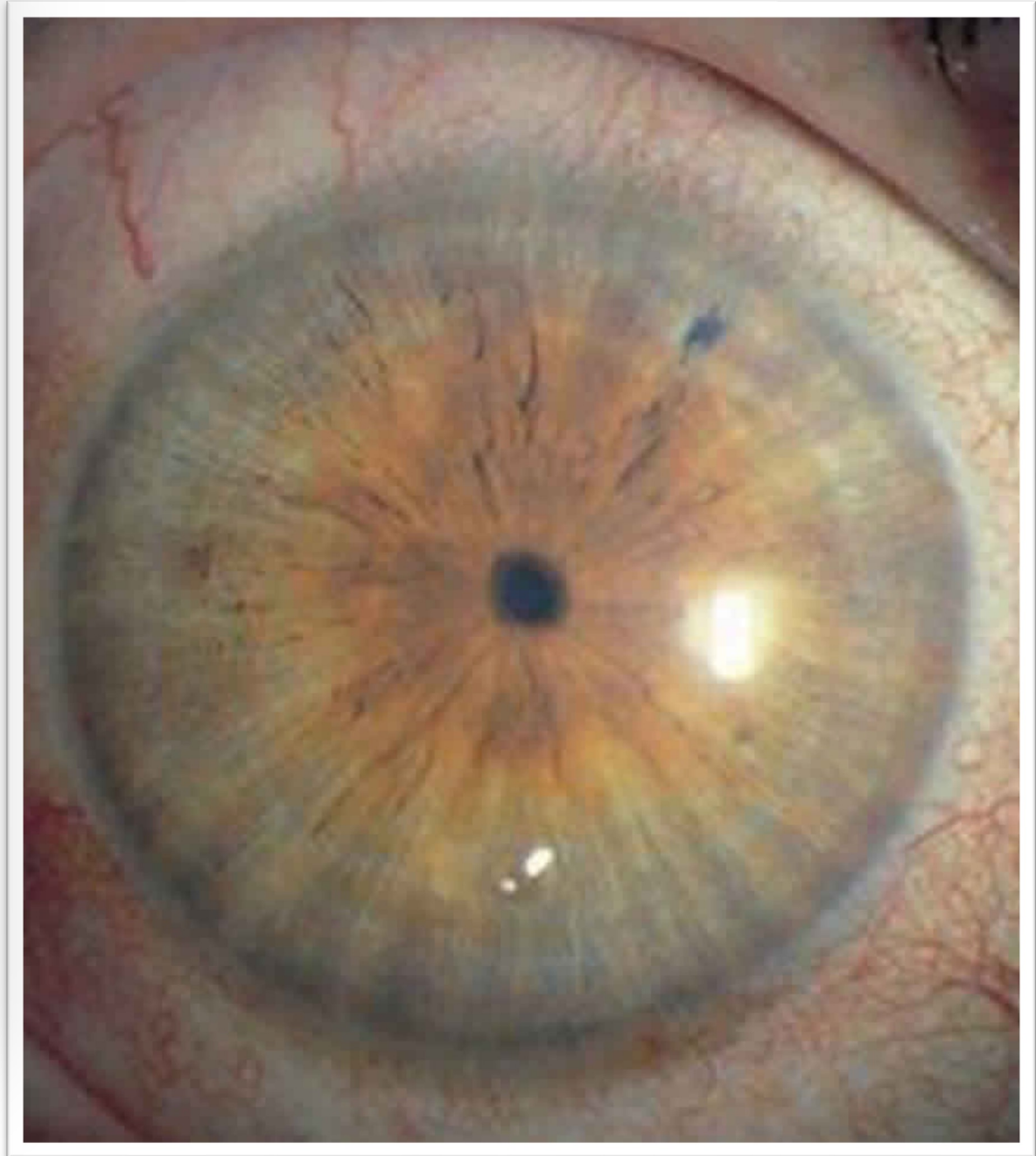
FOR USE IN THE NOSE ONLY  
NDC 69547-353-02



# Naloxone (NARCAN) Administration Protocols

- I. Identify Opioid Overdose and Check for Response
  - Ask person if he or she is okay and shout name
  - Shake shoulders and firmly rub the middle of their chest
  - Check for signs of overdose (must have respiratory depression):
    - Will not wake up or respond to your voice or touch
    - Breathing is very low, irregular, or has stopped
    - Center part of their eye is very small “pinpoint pupils”

Lay the person on their side facing away from you to receive a dose of NARCAN Nasal Spray





# Naloxone (NARCAN) Administration Protocols Cont.

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## 2. Give NARCAN Nasal Spray

- **Remove** NARCAN nasal Spray from the box. Peel back the tab with the circle to open NARCAN
- **Hold** the NARCAN Nasal Spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle
- **Gently insert the tip of the nozzle into either nostril.** Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose
- **Press the red plunger firmly** to give the dose of NARCAN Spray.
- **Remove** the NARCAN Nasal Spray from the nostril after giving the dose.

# Naloxone (NARCAN) Administration Protocols Cont.

3. Call for Emergency Medical Help, Evaluate, and Support
  - Get emergency medical help right away
  - Move the person on their side (recovery position) after giving NARCAN Nasal Spray
  - Watch the person closely
  - If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be repeated every 2 to 3 minutes, if available.
  - Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.
  - There is no max dosage for NARCAN



A photograph showing a person lying face down on a blue and white floral patterned blanket outdoors. Another person's hand is resting on the person's back. The background is a blurred green forest with sunlight filtering through the trees.

# Unresponsive

If someone is not moving and does not respond when you call them or gently shake their shoulders, they are unresponsive.

# Unresponsive and Breathing

- Stay calm call 911 and Public Safety (650-738-7000)
- Obtain AED and PPE
- Make sure the scene is safe, and ensure all PPE is donned
- Check for breathing by scanning the body for no more than 10 seconds
- If breathing, move patient to left lateral and monitor breathing (no suspected injuries)

If	Then
<p><b>The person is unresponsive and is breathing</b></p>	<ul style="list-style-type: none"> <li>• This person does not need CPR</li> <li>• Roll the person onto their side (if you do not think this person has a neck or back injury). This will help keep the airway clear in the event the person vomits.</li> <li>• Stay with the person until advanced help arrives</li> </ul>

**The person is unresponsive and not breathing normally or is only gasping but has pulses**

- This person needs CPR
- Make sure the person is lying on their back on a firm, flat surface
- Begin chest compressions at least 100x per minute
- Deliver 1 rescue breath every 3-5 seconds if rescuer has a barrier device

<b>REMEMBER</b>	<b>Unresponsive</b>	
	<b>No normal breathing or only gasping</b>	<b>= Provide CPR</b>



# Fainting

Many conditions can cause someone to faint. While assessing the patient, inquire to the following medical history:

- History of cardiac stroke or seizures
- Any recent GI bleeding or ectopic pregnancy
- History of nausea, vomiting, diarrhea
- Recent air travel
- In all fainting's, call 911 and Public Safety

If someone is feeling faint, advise them to lie down on their back, if there are no signs of injuries and it does not cause the person any pain, you can raise their legs to help with circulation and improve blood flow to the brain. Fainting is caused by a temporary reduction in the flow of blood to the brain and can result in a brief loss of consciousness. A person who has fainted should quickly regain consciousness. If they don't, treat them as an unconscious person.





# Additional Causes for Fainting

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- **Hyperventilation:** Hyperventilation (breathing rapidly) causes a reduction of carbon dioxide in the blood. Hyperventilation may happen if a person is extremely stressed, has anxiety disorders or is in shock.
- **Low blood sugar.** Low blood sugar levels can be caused by several different things such as going without food for a long time (or crash dieting). Also at risk are people with diabetes who take insulin shots or other medication. If they don't eat enough or they take too much medication, their blood sugar levels can drop low enough to make them faint.
- **Being pregnant.** During pregnancy, the body needs more fluid so it's easy for pregnant women to become dehydrated. There are also changes to the body, including hormonal changes and changes in the circulatory system. Also, as the uterus grows it can partially block larger blood vessels and decrease the amount of blood that gets to the brain.
- **Having anemia.** Being anemic means you have fewer red blood cells than normal, and this will decrease the amount of oxygen in the blood supply that is delivered to the brain. A common cause of anemia is iron deficiency.
- **Other physical triggers.** Being in poorly ventilated rooms, exercising in hot weather, allowing yourself to become dehydrated or too hungry are common physical triggers that can cause fainting. Also, standing up too quickly after sitting for a long period or just standing for a long time can make you faint.
- **Emotional stress.** Sudden fright, shock, anxiety, or pain all affect the body's nervous system and can cause a drop in blood pressure, which results in fainting.

Injury Emergencies &  
Pain  
*(Including Chest Pain)*

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# Trauma Acronym: O.P.Q.R.S.T

## O - Onset

- When did the pain begin?
- How long have you been feeling like this?

## P - Progression/Provoke

- Did the pain come on fast or slow, and what were you doing when the pain began?
- Does anything make the pain better or worse?

## Q - Quality

- Please describe the pain to me
- Pain Descriptors



- SHARP
- DULL
- HEAVY

- STABBING
- PRESSURE
- THROBBING

## R - Region / Radiation

- Show me where the pain is, and does the pain go anywhere?

## S - Severity

- What is the number of your pain on a 1 - 10 scale?

## T - Time

- What time did the pain start?
- Is this the first time you have had this pain?



# Traumatic Injury

Traumatic injury is a term which refers to physical injuries of sudden onset and severity which require immediate medical attention.

The injury may cause systemic shock called “**shock trauma**” and may require immediate resuscitation and interventions to save life and limb.

Traumatic injuries are the result of a wide variety of blunt, penetrating and burn mechanisms.

They include **motor vehicle collisions, sports injuries, falls, natural disasters,** and a multitude of other physical injuries which can occur at home, on the street, or while at work and require immediate care.

# Types of Traumatic Pain





# Non-Traumatic Pain

Not causing, caused by, or associated with trauma and especially traumatic injury.

## Types of Non-Traumatic Pain

- Abdominal pain
- Premenstrual symptoms
- Headaches
- Ischemic chest pain
- Non-traumatic neck and lower back pain
- Localized infection



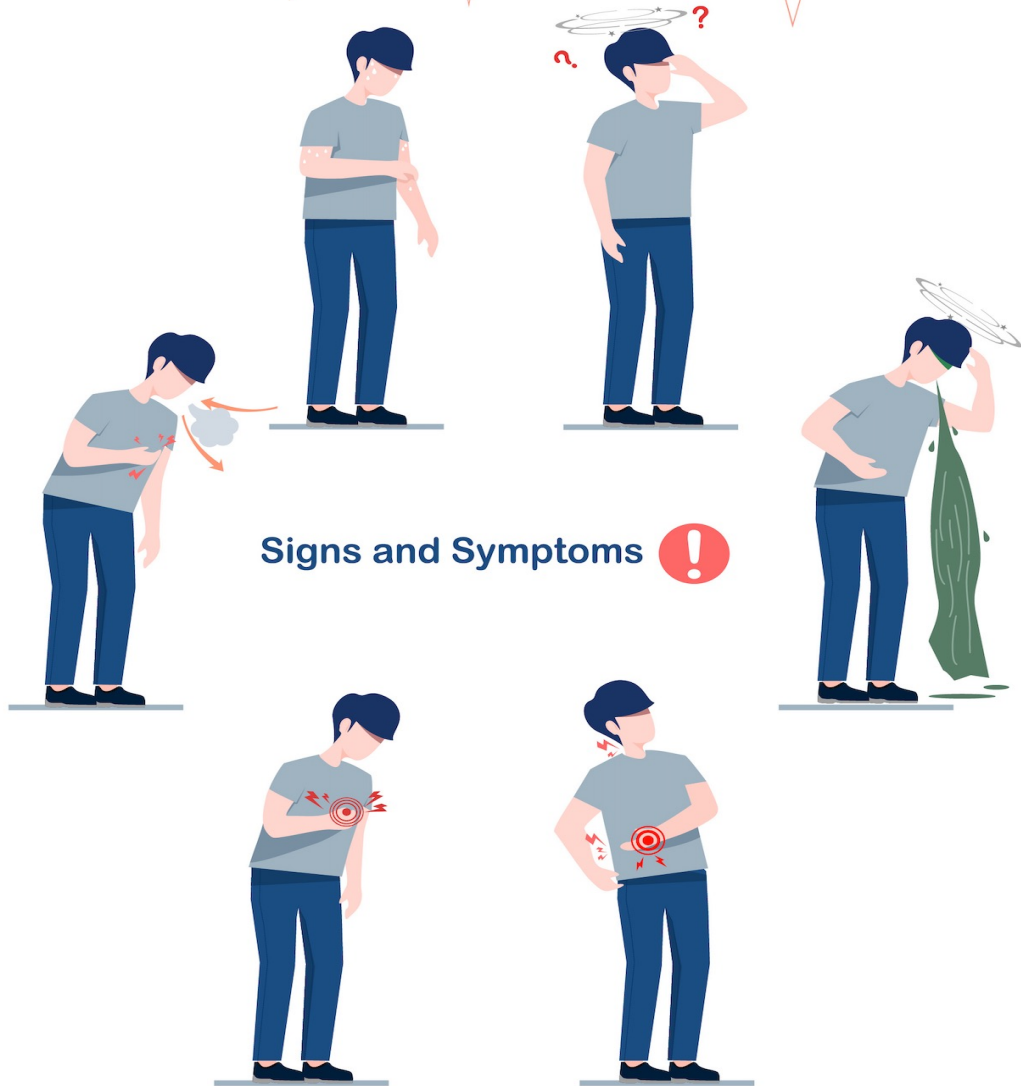
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## Chest Pain

- First aid for chest pain depends on the cause. Causes of chest pain can vary from minor problems, such as heartburn or emotional stress, to serious medical emergencies, such as a heart attack or blood clot in the lungs (pulmonary embolism).
- It can be difficult to tell if your chest pain is due to a heart attack or other health condition, especially if you've never had chest pain before. Don't try to diagnose the cause yourself. Seek emergency medical help if the patient has unexplained chest pain that lasts more than a few minutes
- Stay calm call 911 and Public Safety (650-738-7000)
- If patient is prescribed aspirin for cardiac care, you may help the patient self-administer aspirin
- If patient is prescribed nitroglycerin, you may help the patient self-administer
- Begin CPR on the person if they are unresponsive and not breathing
- Use an Automated External Defibrillator (AED)



# Heart Attack



Signs and Symptoms !

## ! Risk factors



## + Preventions



# Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED)

## *Adult and Child CPR and AED*

- **CHECK** the scene for safety, form an initial impression and use personal protective equipment (PPE)
- If the person appears unresponsive, **CHECK** for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout
- If the person does not respond and is not breathing or only gasping, **CALL 9-1-1 and get an AED**
- Place person on their back on a firm flat surface
- **Give 30 chest compressions**
  - Hand Position: Two hands centered on the chest
  - Body Position: Shoulders directly over hands; elbows locked
  - Depth: At least 2 inches or  $\frac{2}{3}$
  - Rate: 100 to 120 compressions per minute
  - Allow chest to return to normal position after each compression
- **Give 2 rescue breaths**
  - Open the airway to a neutral position using the head-tilt/chin-lift technique
  - Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath
- Continue giving sets of **30 chest compressions and 2 rescue breaths. Use an AED as soon as one is available**





# Infant CPR & AED

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- Tap and Shout
- Yell for help. Send someone to phone 911
- Look for no breathing or only gasping
- Push hard and fast. **Give 30 compressions and 2 breaths**
- Open the airway and give 2 breaths
- Repeat sets of 30 compressions and 2 breaths

# LIFEPAK CR<sub>2</sub> AED

- The Office of Emergency Management have chosen the Physio Control LIFEPAK CR<sub>2</sub> AED as the standardized model which has been implemented at Cañada College, the College of San Mateo, Skyline College, and the District Office.
- The CR<sub>2</sub> offers industry leading technology which allows continual chest compressions during electrocardiogram (EKG) rhythm analysis thereby reducing pauses between CPR and defibrillation.
- In an AED comparison study, the CR<sub>2</sub> helped lay responders deliver the highest overall CPR quality.





**No buttons!**  
Just lift the lid and follow the commands



**Easy switch to paediatric mode,**  
no separate pads needed



**More effective CPR**  
chest compressions do not have to be stopped for heart analysis



**Fast time to shock**  
if required will administer first shock within 10 seconds



**Easy to manage**  
battery & pads only need to be replaced after four years



**WiFi Connectivity**  
online portal & email notifications keep you up to date on the status of your device

# Physio-Control LIFEPAK CR2 AED

- The Physio-Control LIFEPAK CR2 AED as the standardized model, which will be implemented at Cañada College, the College of San Mateo, Skyline College, and the District Office.
- The CR2 offers industry-leading technology which allows continual chest compressions during electrocardiogram (EKG) rhythm analysis thereby reducing pauses between CPR and defibrillation.
- In an AED comparison study, the CR2 helped lay responders, deliver the highest overall CPR quality



# CR2 Configurations

## *Fully Automatic Configuration*

**Does NOT require a manual press** of the “**shock**” button to deliver the defibrillation.

The AED will alert the rescuer that the AED will deliver a shock.

It is the rescuer’s responsibility to ensure no one is touching the victim prior or during the delivery of the shock.

Use, “**I’m clear, you’re clear, we’re all clear**”, prior to the AED delivering the shock to the patient.

## *Semi Automatic Configuration*

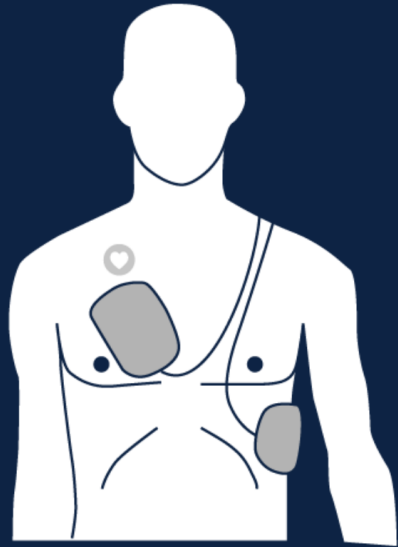
**Requires manual press** of the “**shock**” button to deliver the defibrillation.

Ensure no one is in contact with the patient prior to delivering the shock.

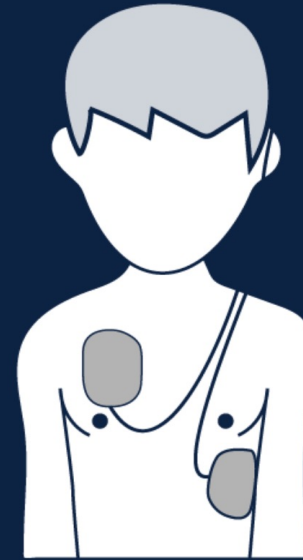
Use, “**I’m clear, you’re clear, we’re all clear**”, prior to delivering the shock to the patient.

# AED Pad Placement

## *Adult & Child*

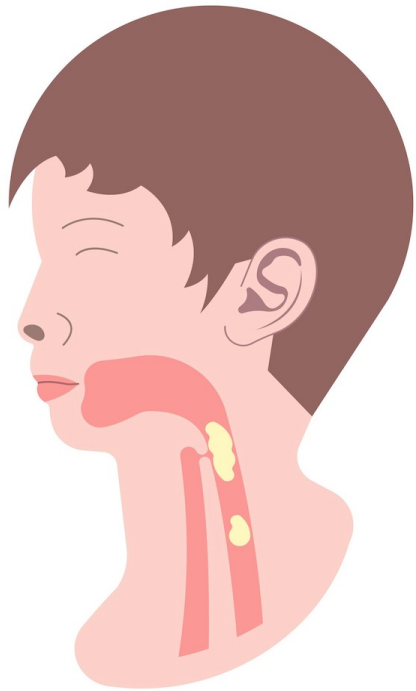


- 1: Right below right collarbone**  
At least one inch from implanted medical device.
- 2: Lower left chest**

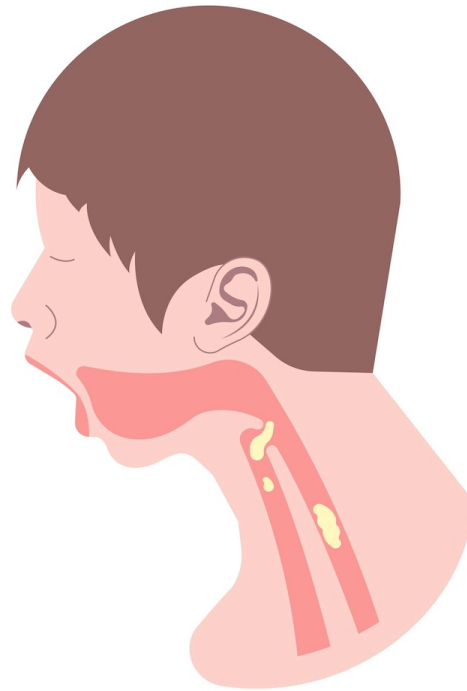


- 1: Right below right collarbone**
- 2: Lower left chest**

# Adult & Child Choking



**SWALLOWING**



**CHOKING**

- Recognize a severe airway block
  - Make the choking sign
  - Cannot breathe, cough, speak, or make sounds
- Ask, “Are you choking?”, If the person nods yes, say “Can I help you?”
- Give thrust slightly above the belly button until

A	B	C
Object is forced out	Person can breathe and make sounds	Person becomes unresponsive

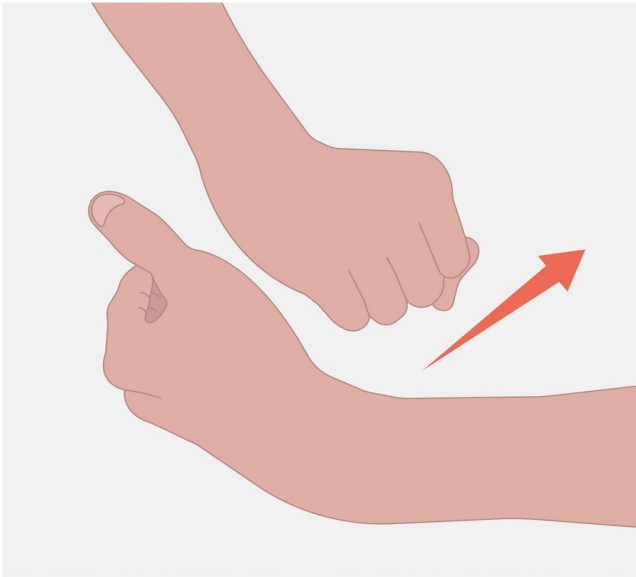
- If the person stops responding
  - Shout for help
  - Phone or have someone else phone 9-1-1 and get an AED. Put the phone on speaker mode so that you can talk to the dispatcher
  - Provide CPR if needed, starting with compressions
  - Look in the mouth. If you see an object in the mouth, take it out.
    - Give 2 breaths and then repeat 30 compressions
  - Continue CPR until
    - The person moves, speaks, blinks, or otherwise reacts
    - Someone with more advanced training arrives and takes over



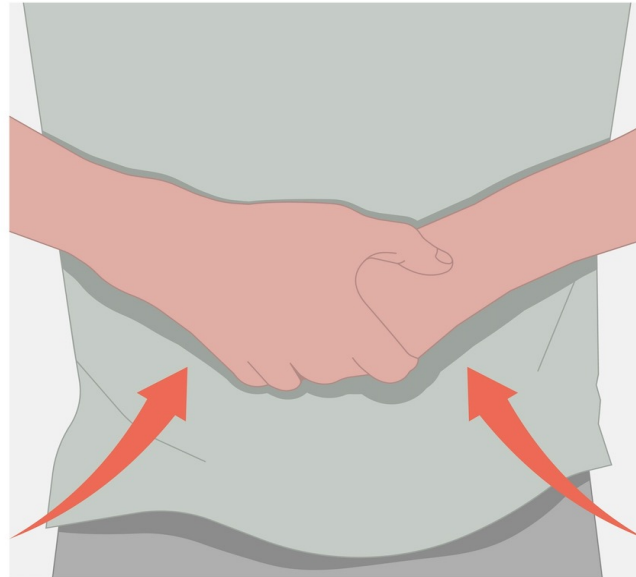
# HEIMLICH MANEUVER

**1** STAND BEHIND THE PERSON

**2** GRASP YOUR FIST WITH YOUR OTHER HAND



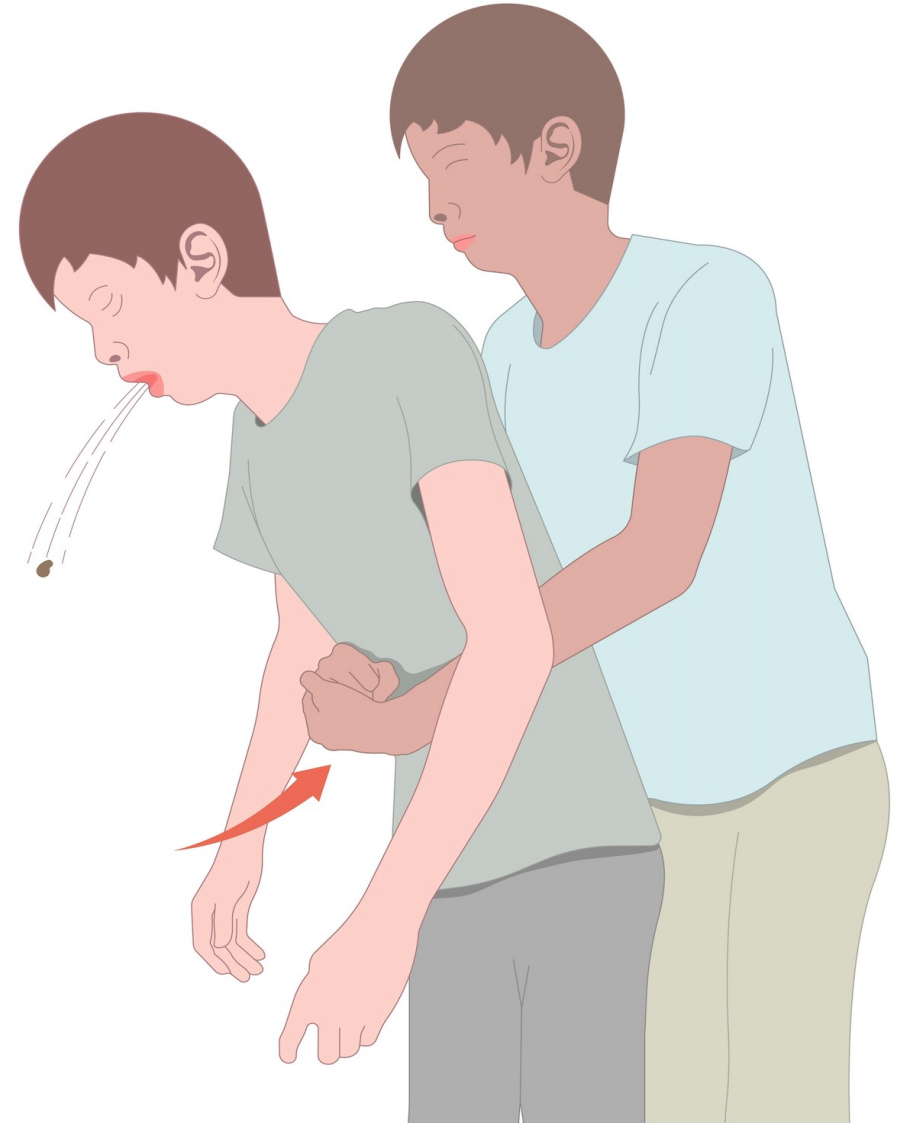
**3** PLACE A FIST SLIGHTLY ABOVE THE UPPER ABDOMINAL AREA



**5** REPEAT UNTIL THE OBJECT IS EJECTED OR THE PERSON FORCEFULLY COUGHS

**DIAL FOR AN AMBULANCE IMMEDIATELY IF THE OBJECT HAS NOT DISLODGED AFTER 3 REPETITIONS**

**4** PRESS YOUR FIST HARD INTO THE UPPER ABDOMINAL AREA WITH A QUICK INWARD AND UPWARD



# Infant Choking



Recognize a severe airway block

Cannot breathe or make a sound

Has a cough that has no sound

Remove object (support infant's head)

Give 5 back blows; hold the infant facedown and give slaps with the heel of your hand between the

If the infant stops responding

Shout for help

Check breathing

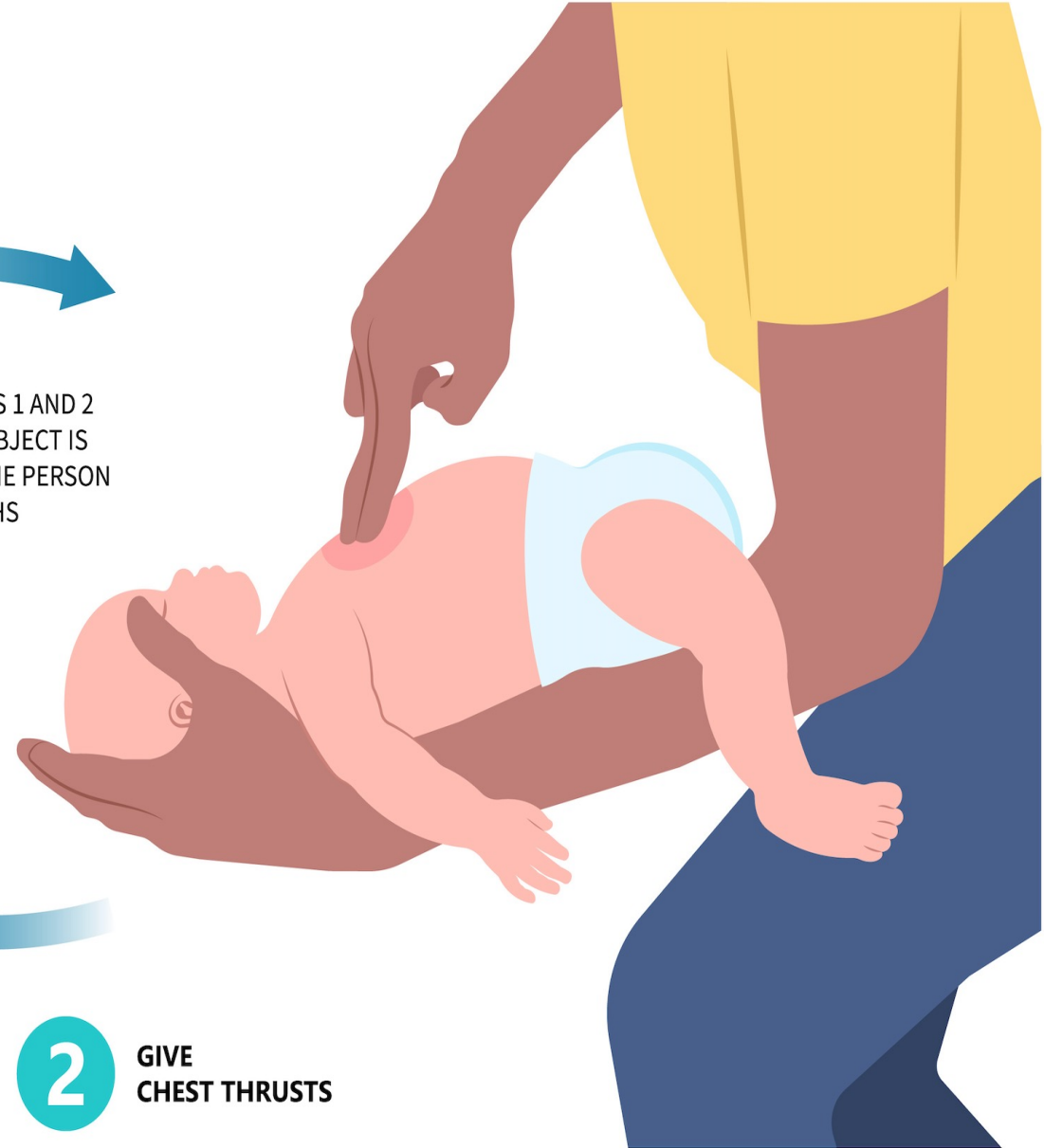
Give sets of **30 compressions** and **2 breaths**, checking the mouth for objects after each set of compressions (remove if seen) shoulder blades

Then continue CPR until the infant starts to respond or EMS takes over

# CHOCKING FIRST AID FOR INFANT



REPEAT STEPS 1 AND 2  
UNTIL THE OBJECT IS  
EJECTED OR THE PERSON  
COUGHS



# Traumatic Cervical Neck Pain

Traumatic cervical neck pain is defined as the “biological and neurological consequences for the cervical spine and nervous system caused by neck trauma and is a syndrome comprising various symptoms of the motor and nervous system but also mental, neurological, as well as ontological and visual balance dysfunction”. The cervical spine includes the top seven (7) most vertebrae.

If you suspect a back or neck (spinal) injury, **do not move the affected person**. Permanent paralysis and other serious complications can result. Assume a person has a spinal injury if:

- There's evidence of a head injury with an ongoing change in the person's level of consciousness
- The person complains of severe pain in his or her neck or back
- An injury has exerted substantial force on the back or head
- The person complains of weakness, numbness, or paralysis or lacks control of his or her limbs, bladder, or bowels
- The neck or body is twisted or positioned oddly





# If you suspect someone has a spinal injury:

1. Stay calm call 911 and Public Safety (650-738-7000)
2. Make sure the scene is safe, and ensure all PPE is donned
3. **Avoid moving the head or neck.** Provide as much first aid as possible without moving the person's head or neck. To stabilize the neck, ensure the patient is laying supine (flat on back) on the floor.
4. Place both palms over the ears while seated at the patient's head. Keep the head in a neutral position
5. If the person shows no signs of circulation (breathing, coughing or movement), begin CPR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward (jaw thrust). If the person has no pulse, begin chest compressions.
6. **Keep helmet on.** If the person suffered a moving accident (bicycle, motorcycle, skateboard, etc.) while wearing a helmet, leave the helmet in place.
7. Do not release cervical spine immobilization until paramedics arrive on scene.



# Extremity Injuries

**Upper extremity injuries** can include any injury to the hand, elbow, arm, and shoulder. There are two types of upper extremity injury: Acute injuries, which are caused by a specific event or accident. Overuse injuries, which occur overtime from repetition.

**Lower limb injuries** are very common injuries among athletes and non-athletes alike. Ranging from injuries and pain in the feet and ankles through to knee and hip issues, these injuries can be very debilitating.



# Treatment for Dislocation

1. Advise the casualty to stay still. Help them to support their dislocated joint in the most comfortable position.
2. Do not try to put the dislocated bone back into its socket, as this may cause further injury.
3. Call 911 and Public Safety
4. Stop the joint from moving.
  - a. If you think they have dislocated their shoulder or elbow, support the injured arm using a sling. To give extra support, tie a broad-fold bandage (wide bandage) around the chest and the sling. If a hand or arm is injured, remove any rings or watches in case of swelling.
  - b. If you think they have dislocated their ankle, knee, or hip joint, support the injured leg using padding and broad-fold bandage (SAM Splint)
5. While waiting for help, treat for shock if necessary. Monitor their level of response.
6. Do not raise an injured leg. Only raise the uninjured leg.
7. Check the circulation beyond any bandages every 10 minutes and loosen if necessary