

**BURNSIDE**



**OCCUPIED**  
Burnside Park Downtown Providence



A  
GUIDE TO  
WINTER  
SAFETY  
FOR  
ALL  
OCCUPIERS

FROM

OCCUPY PROVIDENCE MEDICAL WORKING GROUP

WRITTEN BY

ANONYMOUS MEDIC

ALL STATEMENTS REFLECT AUTHOR'S VIEWS,  
NOT THOSE OF OCCUPY PROVIDENCE OR IT'S  
GENERAL ASSEMBLY

# OCCUPY THE WINTER!

## TAKING CARE OF YOURSELF AND OTHERS

I'M A MEDIC AT OCCUPY PROVIDENCE IN RHODE ISLAND. FOR A LOT OF DIFFERENT REASONS, INCLUDING CERTAIN ANARCHIST PRINCIPLES, I'M NOT GOING TO GET INTO IDENTIFYING MYSELF. FOR THESE PURPOSES, ALL YOU NEED TO KNOW IS THAT I AM A TRAINED MEDIC WITH FIRST AID AND CPR CERTIFICATION. MY TRAINING IS GRADED AT THE LEVEL OF FIRST RESPONDER, MEANING I AM ABLE TO HELP STABILIZE A PATIENT UNTIL THE AMBULANCE BRINGS THE SECOND RESPONDERS, AMBULANCE MEDICS.

AS AN ANARCHIST, I FUNDAMENTALLY OPPOSE THE STATE AND HIERARCHY. HOWEVER, IN THIS SITUATION, AN EMT IS NOT TRYING TO OPPRESS ME OR ASSERT POWER IN A HIERARCHICAL FASHION. BOTH OF US ARE ONLY CONCERNED WITH THE SAFETY OF THE PATIENT. AS SUCH, IN A SITUATION WHERE THE PATIENT IS EITHER UNCONSCIOUS OR AT SERIOUS RISK BUT UNABLE TO BE PROPERLY TREATED OTHERWISE, I WOULD FEEL UNCOMPROMISED IN CALLING 9-1-1. WHILE 9-1-1 ALWAYS SENDS A POLICE OFFICER ALONG WITH AN AMBULANCE, YOU AS THE CALLER ARE NOT OBLIGATED TO GIVE YOUR NAME AND CAN SAY YOU WISH TO REMAIN ANONYMOUS. AS FOR BEING PRESENT WHEN THE AUTHORITIES ARRIVE, THAT IS ALSO YOUR PREROGATIVE, AND YOU CAN LEAVE THE SCENE IF YOU WISH.

I JUST WANT TO SHARE WITH YOU SOME HEALTH AND SAFETY TIPS FOR EXTREME COLD WEATHER WE ARE DEALING WITH NOW.



# PART I: EMERGENCY!

HERE'S WHAT TO DO IN A MEDICAL EMERGENCY.

## ***PART 1 OF 9: THE PATIENT ASSESSMENT SYSTEM & THE FIRST FIVE MINUTES***

SCENE SURVEY: IS THE SCENE SAFE? AM I SAFE?  
IS EVERYONE ELSE SAFE?  
IS THE PATIENT SAFE?  
WHAT HAPPENED? (MECHANISM OF INJURY -MOI-)  
HOW DO YOU SAFELY APPROACH THE VICTIM?  
WHAT IS YOUR GENERAL IMPRESSION OF THE SITUATION'S SERIOUSNESS?

### **PRIMARY SURVEY: ARE THEY ALIVE?**

A: APPROACH AND ASSESS - ARE THEY CONSCIOUS AND CAN THEY SPEAK?

A: AIRWAY- DO THEY HAVE AN OPEN AIRWAY?

B: BREATHING- ARE THEY BREATHING?

B: BREATHING- HOW WELL ARE THEY BREATHING?

C: CIRCULATION- DO THEY HAVE A PULSE?

C: CIRCULATION- ARE THEY BLEEDING?

D: DEFORMITY- ARE THERE ANY OBVIOUS DEFORMITIES?

D: DISABILITY- IS THEIR NECK OR BACK AT RISK OF INJURY?

E: ENVIRONMENT- CAN THEY STAY WHERE THEY ARE?

E: EVERYONE ELSE- IS [HTTP://WWW.FIRSTONSCENECPR.COM/INCLUDES/IMAGES/CPR.JPG](http://www.firstonscenecpr.com/includes/images/cpr.jpg) EVERYONE ELSE HIGH AND DRY AND SAFE?

### **SECONDARY SURVEY**

HOW ARE THEY?

HOW WELL ARE THEY DOING? VITAL SIGNS

WHAT ARE THEIR INJURIES? PATIENT EXAM

WHAT IS THEIR PAST MEDICAL HISTORY? AMPLE HISTORY

WHAT IS YOUR PATIENT CARE PLAN?

### **RESCUE SURVEY**

DO WE NEED HELP?

WHAT IS OUR PLAN TO GET HELP?

WHO IS GOING TO GO TO GET HELP?

WHAT DO WE NEED TO DO TO PROTECT THE PATIENT WHILE WAITING FOR HELP TO ARRIVE?

WHAT DO WE NEED TO DO TO PROTECT OURSELVES WHILE WAITING FOR HELP TO ARRIVE?

IS THE SCENE SAFE FOR THE GROUP?



## **PART 2 OF 9: PATIENT ASSESSMENT SYSTEM -SCENE SURVEY-**

TO SURVEY SOMETHING IS TO EXAMINE IT CLOSELY AND ASCERTAIN THE CONDITION. IN THIS SYSTEM OF STOP AND SURVEY, THE INTENT IS TO TAKE THE TIME TO STOP AND TAKE A DEEP BREATH BEFORE CLOSELY EXAMINING AND ASCERTAIN THE PATIENT'S CONDITION. A SURVEY IS ORGANIZED IN A LOGICAL STEP-BY-STEP PROCESS THAT ALLOWS YOU TO GATHER THE INFORMATION AND RESPOND IN AN ORDERLY MANNER.

### **SCENE SURVEY**

IS THE SCENE SAFE?

AM I OK, AND AM I GOING TO STAY OK?

ARE THE OTHERS OK, AND ARE THEY GOING TO STAY OK?

IS THE VICTIM OF THIS CRISIS OK, AND ARE THEY GOING TO STAY OK?

WHAT HAPPENED? WHAT WAS THE MECHANISM OF INJURY (MOI)?

HOW DO I SAFELY APPROACH THE VICTIM?

WHAT IS MY GENERAL IMPRESSION OF HOW SERIOUS THIS IS?

TO ACCOMPLISH ALL THIS SCENE SURVEY:

1. STOP! STAND STILL, TAKE A DEEP BREATH, AND ASK YOURSELF, "AM I OK?" IF NOT, DO SOMETHING ABOUT IT! GO
2. STOP! TELL EVERYONE ELSE TO STOP, STAND STILL, TAKE A DEEP BREATH AND ASK THEMSELVES, "AM I OK?" IF NOT, DO SOMETHING ABOUT IT! DON'T ALLOW ANYONE TO RUN OFF TO CHECK THE VICTIM OR TO GET HELP. GO
3. STOP! IS THE VICTIM OK? FIRST SPEAK OR CALL OUT TO THEM, EVEN IF YOU CANNOT SEE THEM OR GET TO THEM. ASK THEM IF THEY ARE ALRIGHT. HOPEFULLY, THEY WILL ANSWER; EVEN IF THEY SAY THAT THEY ARE NOT ALRIGHT, AT LEAST YOU KNOW THEY ARE ALIVE, HAVE AN OPEN AIRWAY, ARE BREATHING, AND HAVE A PULSE. GO
4. STOP! ASK YOURSELF, "WHAT HAPPENED?" "WHAT WAS THE MECHANISM OF INJURY?" GO
5. STOP! SURVEY THE VICTIM'S SITUATION. WHILE FIGURING OUT HOW TO SAFELY GET TO THEM, KEEP TALKING TO THEM, BE POSITIVE, KEEP ENCOURAGING THEM, TELL THEM TO LIE STILL, THAT HELP IS ON THE WAY. GO
6. STOP! AS YOU APPROACH THE VICTIM, SURVEY THEIR POSITION. ASK YOURSELF, "CAN THEY STAY WHERE THEY ARE, OR ARE THEY IN EMINENT DANGER AND NEED TO BE MOVED?" GO
7. STOP! WHAT IS YOUR IMPRESSION OF THE VICTIM. AS YOU APPROACH THE VICTIM (THEY DO NOT BECOME YOUR PATIENT UNTIL YOU LAY YOUR HANDS ON THEM), DEVELOP A GENERAL IMPRESSION OF HOW SERIOUS THE SITUATION SEEMS TO BE, BASED ON THE POSITION THEY ARE LYING IN, HOW THEY LOOK, WHETHER THEY ARE CONSCIOUS, BLEEDING, ETC. GO



**PART 3 OF 9: PATIENT ASSESSMENT SYSTEM  
-PRIMARY SURVEY-**

ARE THEY ALIVE, AND ARE THEY GOING TO STAY ALIVE?

**A: APPROACH AND ASSESS-STATUS OF THE CENTRAL NERVOUS SYSTEM? ARE THEY CONSCIOUS AND CAN THEY SPEAK?**

**LOOK**-ARE THEY AWAKE; ARE THEIR EYES OPEN; WHAT POSITION ARE THEY LYING IN?

**LISTEN**-SPEAK TO THEM. DO THEY SPEAK BACK?

**FEEL**-WHAT IS YOUR GENERAL IMPRESSION OF THE SITUATION?

**A: AIRWAY-STATUS OF THE RESPIRATORY SYSTEM**

DO THEY HAVE AN OPEN AIRWAY?

**LOOK**-IS THERE ANYTHING IN THEIR AIRWAY?

**LISTEN**-CAN YOU HEAR AIR MOVING IN AND OUT OF THE AIRWAY?

**FEEL**-CAN YOU FEEL AIR MOVING IN AND OUT OF THE AIRWAY?

**B: BREATHING-STATUS OF THE RESPIRATORY SYSTEM**

ARE THEY BREATHING?

**LOOK**-IS THEIR CHEST WALL MOVING AS THEY BREATHE?

**LISTEN**-CAN YOU HEAR ANY DIFFICULT BREATH SOUNDS INDICATING

A PARTIALLY BLOCKED AIRWAY, SUCH AS WHEEZING, GURGLING, OR SNORING?

**FEEL**-IS THE CHEST WALL MOVING APPROPRIATELY WITH RESPIRATIONS?

### ***C: CIRCULATION-STATUS OF THE CIRCULATORY SYSTEM***

DO THEY HAVE A PULSE?

**LOOK**-IS THERE ANY BLEEDING?

**LISTEN**-CAN YOU HEAR A HEARTBEAT?

**FEEL**-CAN YOU FEEL A CAROTID PULSE?

### ***D: DEFORMITY***

DO THEY HAVE ANY OBVIOUS INJURIES OR DEFORMITIES?

**LOOK**-DO YOU SEE ANY OBVIOUS INJURIES OR DEFORMITIES?

**LISTEN**-WHERE ARE THEY COMPLAINING OF PAIN?

**FEEL**-WHERE DOES IT HURT? AS YOU TOUCH THEM, WHERE CAN YOU CAUSE PAIN?

### ***D: DISABILITY***

IS THEIR NECK OR BACK AT RISK OF INJURY?

**NOTE: BACK AND NECK SAFETY CAN BE THE DIFFERENCE BETWEEN WALKING AWAY FROM THE SCENE AND LIFELONG PARALYSIS. NEVER UNDERESTIMATE HOW SERIOUS A BACK OR NECK INJURY COULD BE AND ALWAYS TRY TO STABILIZE THE NECK OF THE PATIENT AT ALL TIMES UNTIL PARAMEDICS ARRIVE.**

**LOOK**-WHAT WAS THE MECHANISM OF INJURY (MOI)? CAN THEY MOVE THEIR EXTREMITIES?

**LISTEN**-ARE THEY COMPLAINING OF ANY NECK OR BACK PAIN?

**FEEL**-DO THEY HAVE NORMAL SENSATION IN THEIR EXTREMITIES?

### ***E: ENVIRONMENT***

CAN THEY STAY WHERE THEY ARE?

**LOOK**-WHERE ARE THEY LYING?

**LISTEN**-ARE THEY COMPLAINING ABOUT BEING HOT, COLD, OR WET?

**FEEL**-IS THEIR SKIN WARM, DRY, COLD, OR WET?

### ***E: EVERYONE ELSE***

HOW IS EVERYONE ELSE IN THE GROUP DOING?

**LOOK**-HOW DOES THE REST OF THE GROUP LOOK?

**LISTEN**-IS ANYONE COMPLAINING OF BEING COLD, WET, HUNGRY, OR THIRSTY?

**FEEL**-WHAT IS THE EMOTIONAL STATUS OF THE GROUP?

**Safety**  
**is the Bottom Line**

## **PART 4 OF 9: PATIENT ASSESSMENT SYSTEM-VITAL SIGNS**

### **SECONDARY SURVEY: HOW HURT ARE THEY?**

THE SECONDARY SURVEY CONSIST OF:  
HOW WELL ARE THEY? VITAL SIGNS  
WHAT ARE THEIR INJURIES? PATIENT EXAM  
WHAT IS THEIR PAST MEDICAL HISTORY? GET AMPLE HISTORY  
WHAT IS OUR PATIENT CARE PLAN?

### **VITAL SIGNS: HOW WELL ARE THEY DOING?**

**-RESPIRATORY RATE AND EFFORT-**

RESPIRATORY RATE AND EFFORT SHOWS US HOW WELL THE RESPIRATORY SYSTEM, THE AIRWAY AND LUNGS, IS DOING AT OXYGEN EXCHANGE AND IN PARTICULAR, IN SUPPLYING THE BRAIN WITH O<sub>2</sub>.

**LOOK**-DO THEY LOOK LIKE THEY ARE HAVING DIFFICULTY BREATHING?

**LISTEN**-ARE THEY COMPLAINING OF SHORTNESS OF BREATH OR DIFFICULTY BREATHING?

**FEEL**-IS THE CHEST MOVING PROPERLY WITH BREATHING?

**-HEART RATE AND EFFORT (BLOOD PRESSURE)-**

THE HEART RATE AND EFFORT, BLOOD PRESSURE, TELLS US HOW WELL THE CIRCULATORY SYSTEM, THE HEART AND BLOOD VESSELS, ARE DOING.

**LOOK**-DO THEY LOOK SHOCKY?

**LISTEN**-WHAT IS THERE HEART RATE, BEATS PER MINUTE.

**FEEL**-TAKE A BLOOD PRESSURE BY PALPATION (SYSTOLIC), IF YOU DO NOT HAVE A BP CLIFF.

**-LEVEL OF CONSCIOUSNESS-**

LEVEL OF CONSCIOUSNESS TELLS US HOW WELL THE CENTRAL NERVOUS SYSTEM, THE BRAIN AND SPINAL CORD, ARE DOING.

## **--ACTION--**

LEVEL OF CONSCIOUSNESS (LOC) IS DETERMINED USING THE AVPU SCALE (AWAKE, VERBAL, PAINFUL, UNRESPONSIVE).

**CONSCIOUS: "THE LIGHTS ARE ON, IS ANYONE HOME?"**

AWAKE, THEIR EYES ARE OPEN BUT, ARE THEY ALERT ORIENTED TIMES 3, PERSON, PLACE, AND TIME?

PERSON, DO THEY KNOW WHO THEY ARE?

PLACE, DO THEY KNOW WHERE THEY ARE?

TIME, TO THEY KNOW THE DAY, WEEK, AND YEAR?

**UNCONSCIOUS: IF THEIR EYES ARE CLOSED THEY ARE UNCONSCIOUS, BUT HOW RESPONSIVE ARE THEY?**

VERBAL STIMULI, "HELLO, ANYONE IN THERE?"

SPEAK TO THEM, DO THEY REACT TO HEARING THEIR NAME?  
DO THEY FOLLOW SIMPLE COMMANDS?  
PAINFUL STIMULI (LIGHT PINCH OF SKIN, POKE WITH CLEAN PIN OR NEEDLE), "THAT'S GOT TO HURT."  
A KNUCKLE RUBBED ON THEIR STERNUM?  
IS IT AN APPROPRIATE RESPONSE TO PAIN?  
UNRESPONSIVE, "SPEAK TO ME; SAY SOMETHING."  
NO RESPONSE TO VERBAL OR PAINFUL STIMULI.

-SKIN COLOR, TEMPERATURE, AND MOISTURE-  
SKIN COLOR VARIES BY INDIVIDUAL AND RACE.  
**LOOK**-WHAT IS THEIR SKIN COLOR, PALE, ASHEN, CYANOTIC?  
**LISTEN**-ARE THEY COMPLAINING ABOUT FEELING HOT OR COLD?  
**FEEL**-IS THEIR SKIN DRY, MOIST, CLAMMY, HOT, OR COLD?

### ***PART 5 OF 6: PATIENT EXAM: WHAT ARE THEIR INJURIES?***

PRINCIPLES OF THE PATIENT EXAM  
YOU ARE TRYING TO DISCOVER ALL POSSIBLE INJURIES BY:

#### ***LOOK***

INSPECT: IS THERE ANY BLEEDING, WOUNDS, IMPALED OBJECTS, OR DEFORMITIES?  
COMPARE: ARE THEIR BODY PARTS SYMMETRICAL?

#### ***LISTEN***

COMPLAINTS: ARE THEY COMPLAINING OF PAIN OR TENDERNESS, IF SO, ISOLATE WHERE IT HURTS?

#### ***FEEL***

PALPATION: IS THERE TENDERNESS IN MUSCLES, BONES, OR JOINTS?  
CIRCULATION: ARE THERE PULSES IN ALL FOUR EXTREMITIES?  
SENSATION: IS THERE NORMAL SENSATION IN ALL FOUR EXTREMITIES?  
MOTION: IS THERE NORMAL RANGE OF MOTION IN ALL FOUR EXTREMITIES?

## ***--ACTION--***

KEEPING THE ABOVE PRINCIPLES IN MIND DO A HANDS ON HEAD-TO-TOE EXAM:

HEAD: SCALP, FACE, EYES, EARS, NOSE, MOUTH.

NECK: CERVICAL SPINE, TRACHEA.

CHEST: CLAVICLES, GENTLY COMPRESS THE RIB CAGE.

ABDOMEN: COMPRESS THE ABDOMEN IN ALL FOUR QUADRANTS.

PELVIS: COMPRESS THE PELVIS FRONT TO BACK AND Laterally.

ARMS: PALPATE THE MUSCLES AND FLEX THE JOINTS.

LEGS: PALPATE THE MUSCLES AND FLEX THE JOINTS.

BACK: PALPATE THE LENGTH OF THE BACK.

## --ACTION--

TALK WITH YOUR PATIENT OR OTHERS TO DETERMINE THE FOLLOWING INFORMATION (REMEMBER TO BE SENSITIVE TO ISSUES OF PRIVACY AND TRY TO KEEP THIS SURVEY PRIVY ONLY TO THOSE WHO NEED TO KNOW, THE PARAMEDICS.):

### A-ALLERGIES:

ARE THEY ALLERGIC TO ANY MEDICATIONS, FOODS, INSECTS, ETC.? IF THEY ARE WHAT HAPPENS AND HOW IS IT TREATED?

### M-MEDICATIONS:

WHAT MEDICATIONS ARE THEY TAKING, BOTH PRESCRIPTION AND OVER-THE-COUNTER? IF THEY ARE TAKING MEDICATIONS, HOW OFTEN AND HOW MUCH DO THEY TAKE AND HAVE THEY TAKEN THEIR MEDS TODAY? ANY ISSUES OF SUBSTANCE ABUSE? DO NOT HOLD BACK ABOUT SOMEONE HAVING A HABIT, THE PARAMEDICS NEED TO KNOW WHAT DRUGS ARE IN SOMEONE'S SYSTEM REGARDLESS OF WHETHER THEY ARE LEGALIZED, AND WITH HOLDING THIS INFORMATION CAN BE DANGEROUS!

### P-PREVIOUS INJURY OR ILLNESS:

IS THERE ANY RECENT OR PAST INJURY OR ILLNESS THAT COULD CONTRIBUTE TO THE CURRENT PROBLEM? HAVE THEY EVER BEEN HOSPITALIZED OVER NIGHT FOR ANY MEDICAL PROBLEMS, IS SO WHAT?

### L-LAST INPUT AND OUTPUT:

WHEN WAS THE LAST TIME THEY HAD ANYTHING TO EAT OR DRINK? WHAT DID THEY EAT AND DRINK? WHEN WAS THE LAST THEY VOIDED OR HAD A BOWEL MOVEMENT? ANY RECENT VOMITTING?

### E-EVENTS LEADING UP TO THE CRISIS:

WHAT LEAD UP TO OR OCCURRED JUST PRIOR TO THE CRITICAL EVENT?

## *PART 7 OF 9: SOAP NOTE: WHAT IS OUR PATIENT CARE PLAN?*

THE SOAP NOTE IS ORGANIZED INTO THE SUBJECTIVE DATE, OBJECTIVE DATE, THE ASSESSMENT, AND THE PLAN.

### **SUBJECTIVE:**

THE SUBJECTIVE DATE IS THEIR AGE, SEX, THE MECHANISM OF INJURY (MOI), AND THE CHIEF COMPLAINT (C/C), I.E., WHAT THEY ARE COMPLAINING OF.

### **OBJECTIVE:**

THE OBJECTIVE DATE CONSIST OF THEIR VITAL SIGNS, THE PATIENT EXAM, AND THE AMPLE HISTORY.

### **VITAL SIGNS:**

TIME THE VITALS SIGNS ARE TAKEN:  
RR & EFFORT

HR & EFFORT(BP)

LOC

SKIN: C/T/M

PATIENT EXAM: DESCRIBE LOCATIONS OF PAIN, TENDERNESS & INJURIES.

AMPLE HISTORY:

ALLERGIES:

MEDICATIONS:

PAST PERTINENT MEDICAL HISTORY:

LAST INTAKE & OUTPUT:

EVENTS LEADING UP TO ACCIDENT:

A-ASSESSMENT: (PROBLEM LIST)

- 1.
- 2.

P-PLAN: (PLAN FOR EACH PROBLEM ON THE PROBLEM LIST)

- 1.
- 2.
3. MONITOR - RESOAP YOUR PATIENT EVERY 5-15 MINUTES.

### ***PART 8 OF 9: RESCUE SURVEY: DO WE NEED HELP?***

ARE WE STAYING OR GOING?

WHAT IS OUR PLAN TO GET HELP?

WHO IS GOING TO GO TO GET HELP?

WHAT DO WE DO TO PROTECT THE PATIENT WHILE WAITING FOR HELP TO ARRIVE?

WHAT DO WE DO TO PROTECT OURSELVES WHILE WAITING FOR HELP TO ARRIVE?

IS THE SCENE SAFE?

***HERE IS THE POINT WHEN ANYONE WORRIED ABOUT BEING AROUND COPS SHOULD LEAVE THE SCENE UNTIL EVERYTHING IS OVER.***

RESCUE PLAN: DO WE NEED HELP?

GROUP'S CONDITION:

HOW WELL IS EACH INDIVIDUAL IN THE GROUP DOING?

HOW WELL PREPARED IS THE GROUP TO STAY PUT AND BIVOUAC?

DECISIONS:

DO WE NEED TO EVACUATE THE PATIENT OR CAN WE ALL GO ON?

IF EVACUATION IS NEEDED, SEND FOR HELP.

WHILE WAITING FOR RESCUE, KEEP PATIENT WARM AND SHIELDED FROM ELEMENTS.

SENDING FOR HELP:

SEND TWO TO GET HELP IF POSSIBLE.

SEND OUT A SOAPNOTE ON THE PATIENT.

SEND OUT A LIST OF THE REST IN THE GROUP AND HOW WELL PREPARED

YOU ARE TO BIVOUAC.

SEND OUT A MAP WITH YOUR EXACT LOCATION AND TIME MARKED ON IT.

WHILE WAITING FOR HELP TO ARRIVE:

KNOW WHERE EVERYONE IS; PAIR PEOPLE UP TO KEEP EACH OTHER CALM.

KEEP EVERYONE BUSY.

CREATE SHELTER FOR EVERYONE.

GET WATER OR MELT SNOW AND MAKE SOMETHING WARM TO DRINK.

IF FOOD AVAILABLE, MAKE A MEAL & EAT.

KEEP SPIRITS UP, BE POSITIVE, REASSURE, MAKE SURE EVERYONE HAS SOMETHING TO DO.

CREATE LIGHT AND WARMTH.

MAKE YOURSELVES BIG, EASY TO FIND.

CONTINUOUSLY MONITOR YOUR PATIENT.

CONTINUOUSLY MONITOR EVERYONE ELSE IN THE GROUP.

### ***PART 9 OF 9: PATIENT ASSESSMENT CHECK LIST (A QUICK REVIEW FOR THE REST OF US)***

**SCENE SURVEY:**

IS THE SCENE SAFE?

IS THE PATIENT SAFE?

**PRIMARY SURVEY:**

ARE THEY CONSCIOUS?

DO THEY HAVE AN OPEN AIRWAY?

HOW IS THEIR BREATHING?

DO THEY HAVE A PULSE?

ARE THEY BLEEDING?

ARE THERE ANY SERIOUS INJURIES ON THE CHLUNK CHECK?

IS THEIR NECK AND SPINE STABLE?

DO THEY NEED TO BE MOVED?

DO WE NEED TO PROTECT THEM FROM THE ENVIRONMENT?

HOW IS EVERYONE ELSE DOING?

**SECONDARY SURVEY-VITAL SIGNS:**

WHAT IS THEIR RESPIRATORY RATE & EFFORT?

WHAT IS THEIR HEART RATE & EFFORT?

WHAT IS THEIR LEVEL OF CONSCIOUSNESS?

WHAT IS THEIR SKIN COLOR, TEMPERATURE, & COLOR?

**SECONDARY SURVEY-PATIENT EXAM:**

HEAD - SCALP, FACE, EYES, NOSE, MOUTH.

NECK - SPINE, TRACHEA.

CHEST - CLAVICLES, SHOULDERS, RIBS.

ABDOMEN - COMPRESS THE ABDOMEN.

PELVIS - COMPRESS THE PELVIS ANTERIOR/POSTERIOR AND LATERAL.

LEGS - CIRCULATION, SENSATION, AND MOTION.

ARMS - CIRCULATION, SENSATION, AND MOTION.

BACK - LOG ROLL AND PALPATE THE LENGTH OF THE SPINE.

**SECONDARY SURVEY-AMPLE HISTORY:**

ALLERGY - ALLERGY TO DRUGS, FOODS, INSECTS, ETC.

MEDS - PRESCRIPTION AND NON-PRESCRIPTION DRUGS.  
PREVIOUS - SIGNIFICANT PAST MEDICAL HISTORY, SURGERIES, ETC.  
LAST IN/OUT- LAST INTAKE & LAST OUTPUT.  
LAST EVENT - EVENTS LEADING UP TO THIS CRISIS.

SOAPNOTE:  
PUTTING IT ALL TOGETHER AND CREATING A TREATMENT PLAN.

RESCUE PLAN:  
LOOKING AT ALL FACTORS AND CREATING A RESCUE OR EVACUATION PLAN.

## ***PART II: COMMON ILLNESS IN COLD WEATHER***

TRY TO WATCH FOR THESE ISSUES IN FELLOW OCCUPIERS. YOU COULD SAVE SOMEONE'S LIFE! (NO JOKE)

### ***HYPOTHERMIA***

WHAT IS IT?

HYPOTHERMIA IS A CONDITION IN WHICH CORE TEMPERATURE DROPS BELOW THE REQUIRED TEMPERATURE FOR NORMAL METABOLISM AND BODY FUNCTIONS WHICH IS DEFINED AS 35.0\* C (95.0\* F). BODY TEMPERATURE IS USUALLY MAINTAINED NEAR A CONSTANT LEVEL OF 36.5-37.5 \* C (98-100 \*F) THROUGH BIOLOGIC HOMEOSTASIS OR THERMOREGULATION. IF EXPOSED TO COLD AND THE INTERNAL MECHANISMS ARE UNABLE TO REPLENISH THE HEAT THAT IS BEING LOST, A DROP IN CORE TEMPERATURE OCCURS. AS BODY TEMPERATURE DECREASES, CHARACTERISTIC SYMPTOMS OCCUR SUCH AS SHIVERING AND MENTAL CONFUSION.

HERE'S HOW TO TREAT IT!

STAY SAFE! IF IT IS COLD ENOUGH TO CAUSE HYPOTHERMIA FOR THE VICTIM, IT'S COLD ENOUGH TO CAUSE HYPOTHERMIA IN THE RESCUERS. FOLLOW UNIVERSAL PRECAUTIONS AND WEAR PERSONAL PROTECTIVE EQUIPMENT IF YOU HAVE IT.

MAKE SURE THE VICTIM HAS AN AIRWAY AND IS BREATHING. FOLLOW THE ABC'S OF FIRST AID.

CAUTION: VICTIMS MAY GET WORSE AS THEY GET WARMER. AS THE COLD BLOOD IN THE EXTREMITIES BEGINS TO FLOW BACK TOWARD THE HEART, THE VICTIM'S BODY TEMPERATURE MAY GO LOWER. BE PREPARED FOR A CHANGE IN THE VICTIM'S CONDITION.

STOP THE EXPOSURE. MOVE THE VICTIM TO WARM, DRY SHELTER.

CALL 911 FOR VICTIMS THAT SHOW SIGNS OF SEVERE HYPOTHERMIA:

***CONFUSION  
COMA  
FLUMBLING HANDS***

## *SLURRED SPEECH*

REMOVE WET CLOTHING - LEAVE DRY CLOTHING ON VICTIM.  
WRAP THE VICTIM WITH BLANKETS. WARMING BLANKETS (LIKE ELECTRIC BLANKETS) WORK THE BEST. CHEMICAL HEAT PACKS CAN BE USED ON THE VICTIM'S GROIN, NECK, AND ARMPITS. VICTIMS THAT ARE ABLE TO FOLLOW COMMANDS AND SIT UPRIGHT MAY DRINK WARM, NON-ALCOHOLIC BEVERAGES.

### TIPS:

GINGER IS A QUICK WAY TO RAISE SOMEONE'S BODY TEMPERATURE, TRY TO STASH SOME AWAY FOR EMERGENCIES.

AS HYPOTHERMIA PROGRESSES, SHIVERING STOPS IN ORDER FOR THE BODY TO CONSERVE ENERGY. A VICTIM OF HYPOTHERMIA THAT HAS STOPPED SHIVERING MAY BE GETTING WORSE RATHER THAN BETTER.

UNCONSCIOUS HYPOTHERMIA VICTIMS MAY HAVE ADDITIONAL MEDICAL PROBLEMS. THERE ARE SEVERAL CAUSES OF COMA.

VICTIMS OF COLD EXPOSURE MAY ALSO BE SUFFERING FROM FROSTBITE.

### **==NOTE==**

**ALCOHOL MAY FEEL LIKE IT WARMS THE BODY, BUT THAT'S BECAUSE IT FLUSHES THE SKIN WITH WARM BLOOD. ONCE THE BLOOD IS AT THE SURFACE OF THE SKIN, IT IS EASILY COOLED. ALCOHOL SPEEDS HYPOTHERMIA. IT CAN ALSO CAUSE DEHYDRATION. BEING WICKED DRUNK AND WICKED COLD ISN'T FUN, TRUST ME ON THIS.**

AS SEVERELY HYPOTHERMIC VICTIMS BEGIN TO RECOVER, COLD BLOOD FROM THE EXTREMITIES IS PULLED BACK TO THE CORE OF THE BODY. THIS CAN LEAD TO A DECREASE IN CORE BODY TEMPERATURE AND WORSENS THE HYPOTHERMIA. WATCH HYPOTHERMIA VICTIMS CLOSELY. THEY MAY SUFFER SUDDEN CARDIAC ARREST AND REQUIRE CPR.

## **FROSTBITE**

### WHAT IS IT?

FROSTBITE (CONGELATIO IN MEDICAL TERMINOLOGY) IS THE MEDICAL CONDITION WHERE LOCALIZED DAMAGE IS CAUSED TO SKIN AND OTHER TISSUES DUE TO EXTREME COLD. FROSTBITE IS MOST LIKELY TO HAPPEN IN BODY PARTS FARTHEST FROM THE HEART AND THOSE WITH LARGE EXPOSED AREAS. THE INITIAL STAGES OF FROSTBITE ARE SOMETIMES CALLED "FROST NIP".

AT OR BELOW 0 \*C (32 \*F), BLOOD VESSELS CLOSE TO THE SKIN START TO CONSTRICT, AND BLOOD IS SHUNTED AWAY FROM THE EXTREMITIES VIA THE ACTION OF GLOMUS BODIES. THE SAME RESPONSE MAY ALSO BE A RESULT OF EXPOSURE TO HIGH WINDS. THIS CONSTRICTION HELPS TO PRESERVE CORE BODY TEMPERATURE. IN EXTREME COLD, OR WHEN THE BODY IS EXPOSED TO COLD FOR LONG PERIODS, THIS PROTECTIVE

STRATEGY CAN REDUCE BLOOD FLOW IN SOME AREAS OF THE BODY TO DANGEROUSLY LOW LEVELS. THIS LACK OF BLOOD LEADS TO THE EVENTUAL FREEZING AND DEATH OF SKIN TISSUE IN THE AFFECTED AREAS. THERE ARE FOUR DEGREES OF FROSTBITE. EACH OF THESE DEGREES HAS VARYING DEGREES OF PAIN.

#### FIRST DEGREE

THIS IS CALLED FROSTNIP AND THIS ONLY AFFECTS THE SURFACE SKIN, WHICH IS FROZEN. ON THE ONSET, THERE IS ITCHING AND PAIN, AND THEN THE SKIN DEVELOPS WHITE, RED, AND YELLOW PATCHES AND BECOMES NUMB. THE AREA AFFECTED BY FROSTNIP USUALLY DOES NOT BECOME PERMANENTLY DAMAGED AS ONLY THE SKIN'S TOP LAYERS ARE AFFECTED. LONG-TERM SENSITIVITY TO BOTH HEAT AND COLD CAN SOMETIMES HAPPEN AFTER SUFFERING FROM FROSTNIP.

#### SECOND DEGREE

IF FREEZING CONTINUES, THE SKIN MAY FREEZE AND HARDEN, BUT THE DEEP TISSUES ARE NOT AFFECTED AND REMAIN SOFT AND NORMAL. SECOND-DEGREE INJURY USUALLY BLISTERS 1-2 DAYS AFTER BECOMING FROZEN. THE BLISTERS MAY BECOME HARD AND BLACKENED, BUT USUALLY APPEAR WORSE THAN THEY ARE. MOST OF THE INJURIES HEAL IN ONE MONTH, BUT THE AREA MAY BECOME PERMANENTLY INSENSITIVE TO BOTH HEAT AND COLD.

#### THIRD AND FOURTH DEGREES

IF THE AREA FREEZES FURTHER, DEEP FROSTBITE OCCURS. THE MUSCLES, TENDONS, BLOOD VESSELS, AND NERVES ALL FREEZE. THE SKIN IS HARD, FEELS WAXY, AND USE OF THE AREA IS LOST TEMPORARILY, AND IN SEVERE CASES, PERMANENTLY. THE DEEP FROSTBITE RESULTS IN AREAS OF PURPLISH BLISTERS WHICH TURN BLACK AND WHICH ARE GENERALLY BLOOD-FILLED. NERVE DAMAGE IN THE AREA CAN RESULT IN A LOSS OF FEELING. THIS EXTREME FROSTBITE MAY RESULT IN FINGERS AND TOES BEING AMPUTATED IF THE AREA BECOMES INFECTED WITH GANGRENE. IF THE FROSTBITE HAS GONE ON UNTREATED, THEY MAY FALL OFF. THE EXTENT OF THE DAMAGE DONE TO THE AREA BY THE FREEZING PROCESS OF THE FROSTBITE MAY TAKE SEVERAL MONTHS TO ASSESS, AND THIS OFTEN DELAYS SURGERY TO REMOVE THE DEAD TISSUE.

HERE'S HOW TO TREAT IT!

STAY SAFE! IT'S MORE IMPORTANT TO MAKE SURE NO ONE ELSE IS INJURED BY THE COLD. ONLY HELP IF YOU CAN DO SO SAFELY. FOLLOW UNIVERSAL PRECAUTIONS AND WEAR PERSONAL PROTECTIVE EQUIPMENT IF YOU HAVE IT.

REMOVE THE VICTIM FROM THE COLD. DO NOT ATTEMPT TO THAW FROSTBITTEN TISSUES IF THERE IS A POSSIBILITY THEY COULD FREEZE AGAIN.

FILL A SHALLOW CONTAINER WITH ENOUGH WATER TO COVER THE FROSTBITTEN BODY PART. THE WATER SHOULD BE ABOUT 98 TO 105 DEGREES (NORMAL BODY TEMPERATURE OR A LITTLE WARMER).

CONTINUE TO REFRESH THE WATER IN THE CONTAINER AS IT COOLS. KEEP THE WATER AT THE SAME TEMPERATURE AS CONSISTENTLY AS POSSIBLE. IT SHOULD TAKE ABOUT HALF AN HOUR TO THAW THE FROSTBITTEN TISSUE THIS WAY.

AS SOON AS FEASIBLE, GET THE VICTIM TO MEDICAL ASSISTANCE - EVEN AFTER THAWING FROSTBITE.

TIPS:

DO NOT ALLOW THAWED TISSUE TO FREEZE AGAIN. THE MORE OFTEN TISSUE FREEZES AND THAWS, THE DEEPER THE DAMAGE. IF THE VICTIM WILL SOON BE EXPOSED TO FREEZING TEMPERATURES AGAIN, WAIT TO TREAT FROSTBITE.

***NEVER RUB OR MASSAGE FROSTBITTEN TISSUE.  
RUBBING FROSTBITTEN TISSUE WILL RESULT IN MORE  
SEVERE DAMAGE.***

DO NOT USE ANY HEATING DEVICES, STOVES, OR FIRES TO TREAT FROSTBITE. VICTIMS CANNOT FEEL THE FROSTBITTEN TISSUE AND CAN BE BURNED EASILY.

IN A PINCH, BODY HEAT CAN BE USED TO THAW MILD FROSTBITE OR FROST NIP (TISSUES THAT ARE NOT QUITE FROZEN YET). FOR EXAMPLE, PLACE MILDLY FROSTBITTEN FINGERS UNDER THE ARM TO KEEP WARM.

### ***PREVENTING COLDS***

A MAJOR ISSUE IS CONTAGIOUS VIRUSES, SUCH AS COLDS, COUGHS, AND OTHER ILLNESSES. AS THE WEATHER GETS COLDER, THINK ABOUT BEING MORE CAUTIOUS ABOUT SHARING WATER BOTTLES, CIGARETTES, AND VARIOUS SMOKING PARAPHERNALIA. GERMS ARE REAL JERKS AND DON'T CARE IF YOU WERE JUST TRYING TO SHARE THE LOVE, SO BE CAREFUL.

IF POSSIBLE, INCREASE INTAKE OF FLUIDS, VITAMINS, AND ANTI-OXIDANTS, ESPECIALLY ZINC. BE WARY OF SPORTS DRINKS AND ARTIFICIAL PRODUCTS WITH LOTS OF SALT AND CORN SYRUP, TRY TO DRINK FRUIT JUICES OR EAT VEGETABLES, TOMATOES ARE DELICIOUS AND HIGH IN ANTI-OXIDANTS.

