

LP Health Directions

Basic First Aid, CPR, and AED Training Program (Adult,
Pediatrics)

Core Topics

2015 Guidelines



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Program Goal

To develop the knowledge, skills, and confidence to respond in a medical emergency.

What is First aid?

First aid is the initial care provided for an acute illness or injury when advanced care procedures are not readily available. A first aid provider is someone trained to do the following:

- Recognize assess and prioritize the need for first aid
 - Provide appropriate first aid care
 - Recognize limitations
 - Seek professional medical assistance when necessary
-

First Aid Considerations

There are a few things to consider before deciding to help in a medical emergency. Review the topics below to get a better understanding of your role as a first aid provider.

Legal Considerations

Consent

Everyone has the right to refuse medical treatment. If the person is responsive, ask if he or she wants help before providing care.

Implied consent

A legal concept that assumes a would agree to be helped if they are unresponsive.

Abandonment

Once first aid care has begun, remain with the person until someone with equal or greater emergency training takes over.

Good Samaritan Laws

These laws protect anyone who

- Voluntarily aids, without expecting or accepting compensation
- Does not provide care beyond their training
- Is not grossly negligent, or completely careless, in delivering emergency care

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Activating Emergency Medical Services (EMS), Emergency Action Plan (EAP)

If a medical emergency has been recognized, **activate EMS**, or follow your company's Emergency Action Plan.

- **Call 911** or get someone to call for help
- **Text 911**, in certain areas (in AZ, only Maricopa county and Lake Havasu City as of 12/2019)
- Grab or call for tools that may be available for first aid response (first aid kit, AED)
- **National Poison Control HelpLine 1-800-222-1222**. Free, confidential medical advice 24 hours a day, 7 days a week.

Emergency Action Plan

<https://www.osha.gov/SLTC/etools/evacuation/eap.html>

Emergency Action Plan Template (CDC)

<https://www.cdc.gov/niosh/docs/2004-101/emrgact/emrgact.pdf>

Safety

Standard precautions are a set of proactive practices used if an infection is suspected. Your approach should be the same for everyone. Suspect all bodily fluids or potential bodily fluids to be infectious regardless of the person's relationship to you or their age. To protect yourself, the use of Protective Equipment (PPE) is recommended, which includes:

- Gloves
- CPR face mask/face shield
- Non-surgical face mask (General) – These masks protect other people from fluids leaving your airway as well as protecting yourself

If your gloves are soiled, use the following guidelines to safely remove gloves from your hands. Remember to dispose of contaminated gloves in an appropriate container designed for containment and prevention of bloodborne contamination.

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Removing Contaminated Gloves

		
<p>After providing care, always remove contaminated gloves carefully.</p>	<p>Grasp the first glove by pinching the center of the glove, away from the skin.</p>	<p>Gently pull the glove away from the palm and toward the fingers turning the glove inside out.</p>
		
<p>Pull glove over your fingers, away from your hand making sure not to touch glove with the bare hand</p>	<p>Gather the removed glove with your gloved hand.</p>	<p>Carefully slide your bare index finger inside the wrist band of the gloved hand.</p>
		
<p>Slowly pull outwards and down,</p>	<p>Turn the glove inside out, and over your fingers, trapping the first glove.</p>	<p>Throw away gloves in an appropriate container to prevent any further contact.</p>

Use soap and water to clean your hands and any exposed skin after using gloves. Use an alcohol-based hand sanitizer if soap and water are not available. Wash your hands for at least 20 seconds.

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Assessment

An assessment is necessary to best determine which action to take next in a medical emergency.

1st assessment (Scene Safety)

Is it safe?

- Pause to identify hazards
- What's happening?
- Who's involved?
- Consider your surroundings
- Be careful along roadways
- Consider things that are not apparent
- Use protective barriers

If you are unsafe, no one is safe.

2nd assessment (Responsiveness)

Is the person alert or responsive?

If it is not obvious that the person is alert or responsive, assess for responsiveness.

- Tap and/or pinch the shoulder of the person
- (Infants) Tap or tickle the bottom of feet
- Call out the person's name if known
- If the person is unresponsive, immediately **activate EMS**
 - Grab a defibrillator or get someone to grab an AED if available
 - Grab a first aid kit if available

3rd assessment (Breathing)

Is the person breathing? If it is not obvious that the person is breathing, assess for breathing.

- Look, listen and feel for breathing
- Bring your ear to the person's mouth and nose
- Look at the chest and stomach for rising and fall of the chest
- Assess for at least 5 seconds, but no more than 10 seconds

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Algorithms for Non-responsive Person

If a person is found, non-responsive

- ✓ Activate EMS, and follow your emergency action plan

If a person is found, non-responsive, breathing, and laying on their back

- ✓ Consider placing the person in a side-lying recovery position to maintain and protect the person's airway
- ✓ Do not attempt if you suspect the person has experienced a spinal injury
- ✓ Side-lying recovery position skills are listed on page 6 of this booklet

If a person is found, non-responsive with no signs of breathing or signs of agonal breathing

- ✓ More than likely, this person is in cardiac arrest. Immediately start CPR, beginning with compressions and defibrillate as soon as possible.
- ✓ CPR skills begin on page 9 of this booklet

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Side-lying Recovery Position Skills

If a person is found to be unresponsive, laying on their back and their breathing sounds normal, consider rolling the person to their side. Placing the person on their side can help maintain and protect their airway until help arrives.

Skills

- Kneel next to the person
- Place the arm that is near you, up and away from the body
- Grab the arm that is away from you, and bring it across the chest of the person
- Place the person's hand on their shoulder or place the back of the hand against their cheek
- Lift the leg that is away from you by bending their knee
- Keep the foot flat on the floor and bring the heel of their foot closer to the body
- Grab the person's knee and shoulder and pull towards you
- Let the person roll to their side allowing gravity to assist.
- Make sure their elbow and knee prevent the person from laying on their stomach
- Continue to assess the person's breathing

Do not use the **side-lying recovery** technique if you suspect the person has suffered a spinal injury!

Suspect a spinal injury if the person is lying next to a:

- Ladder
- Stepstool
- Walker
- Stairwell

Suspect a spinal injury if the person:

- Was hit by a blunt object, especially in the head
- Was hit by a large object, like a car
- Fell of a platform

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CPR

Cardiopulmonary Resuscitation

CPR is the immediate treatment for suspected **Cardiac Arrest**. **Cardiac arrest** results in the heart's inability to pump blood, preventing oxygen from reaching vital organs. **CPR** allows a bystander to restore limited oxygen to the brain through a combination of **quality chest compressions** and **rescue breaths**.



AED

Defibrillation

Ventricular fibrillation of the heart is the most likely cause of sudden cardiac arrest and early defibrillation from a defibrillator is key to survival. Successful defibrillation is dependent on how quickly an AED gets to the person.

- Each minute in cardiac arrest, the chance of survival decreases by 10%.
- Within minutes, the person may suffer from permanent irreversible brain damage.
- After as few as 10 minutes, survival is unlikely.

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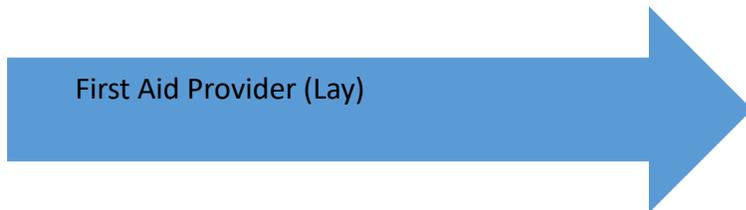
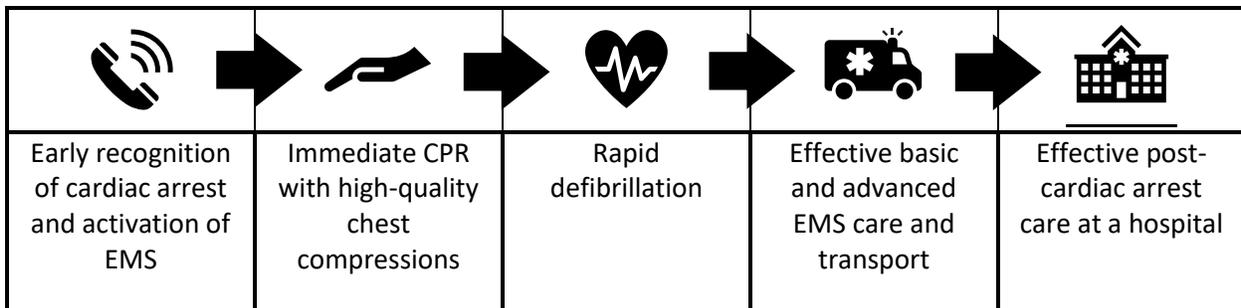
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Chain of Survival

Sudden cardiac arrest is the most common cause of cardiac arrest but primarily affects adults. The Chain of Survival is the best approach for treating sudden cardiac arrest. Each link in the chain of survival is essential for a person to survive. A weak link may result in a decreased chance of survival. When all links are strong, the chance of survival increases.

- Early recognition of cardiac arrest and activation of EMS
- Immediate CPR with high-quality chest compressions
- Rapid defibrillation
- Effective basic and advanced EMS care and transport
- Effective post-cardiac arrest care at a hospital



If you are not sure what to do, leave the person on their back and continue to monitor their breathing. Help should arrive quickly.

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CPR Skills (Adult)



Quality compressions

- Two hand compressions
- Press down in the center of the chest at a **depth of at least 2"**
- Allow the chest to fully rebound
- Provide compressions at a rate of at least **100 to 120 compressions per minute**

Rescue breathing

Consider providing rescue breathing if appropriate.

- Place two fingers just below the bony part of the person's chin
- Place your other hand on the forehead of the person
- Lift up and back on the chin
- Provide **2 rescue breaths** by placing your mouth over the person's mouth or using a CPR face mask/shield
- Provide enough air to see the chest visibly rise, and no more

CPR Ratio for Adult (30:2)

30 compressions

2 rescue breaths

Providing compressions only CPR for adults is just as effective as providing CPR with rescue breathing, but it is limited.

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CPR Skills (Child)



Quality Compressions

- One hand compression recommended
- Press down in the center of the chest at a depth of at least **1/3 the depth of the child's chest**
- Allow the chest to fully rebound
- Provide compressions at a rate of at least **100 to 120 compressions per minute**

Rescue breathing

Emphasis should be on providing rescue breaths for children in cardiac arrest.

- Place two fingers just below the bony part of the person's chin
- Place your other hand on the forehead of the person
- Lift up and back on the chin
- Provide **2 rescue breaths** by placing your mouth over the person's mouth or using a CPR face mask/shield
- Provide enough air to see the chest visibly rise, and no more

CPR Ratio for Children (30:2)

30 compressions

2 rescue breaths

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CPR Skills (Infant)



Quality Compressions

- Two-finger compressions (index and middle finger, or both thumbs) are recommended
- Place fingers in the center of the chest
- Push down to a depth of at least a **1/3 the depth of the person's chest**
- Allow the chest to fully rebound
- Provide compressions at a rate of at least **100 to 120 compressions per minute**

Rescue breathing

Emphasis should be on providing rescue breaths for infants in cardiac arrest.

- Place your finger just below the chin
- Tilt head back to a neutral position, being careful not to pull back too far
- Place your mouth over the infant's mouth and nose to make a complete seal, or use a protective barrier
- Provide enough air to make the chest visibly rise

CPR Ratio for infants (30:2)

30 compressions

2 rescue breaths

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AED (Automated External Defibrillator) Skills

- Immediately call for and administer AED if the person is unresponsive and not breathing, or showing signs of abnormal breathing
- Immediately turn the device on
- Follow voice prompts
- Make sure the person's chest is exposed and dry
- Adult pads are initially installed in the AED and can be used on anyone above 55 lbs.
- If the patient is under 55 lbs., pediatric pads may be required.
- Place pads directly on the person's chest as indicated
- Do not touch the person while AED is analyzing heart rhythm
- If the person starts to breathe after the initial shock, immediately place the person in the recovery position
- AED pads should only be removed by EMS providers

 A semi-automated defibrillator (AED) with a red carrying case and a blue control panel. The control panel has a screen and several buttons. The carrying case has a white heart icon and the word 'PHILIPS' on it.	 A fully automated defibrillator (AED) with a red carrying case and a yellow control panel. The control panel has a screen and several buttons. The carrying case has a white heart icon and the word 'PHILIPS' on it.
<p>Semi-automated defibrillators require the user to shock the patient if required.</p>	<p>Fully automated defibrillators do not require the user to shock the patient. The device will shock the patient after warning the user to stand clear of the patient while shocking.</p>

Remember

Successful defibrillation is dependent on how quickly an AED gets to the person.

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Choking (full airway obstruction)



Full airway obstruction can result in an inability of a person to speak, breath, or cough. A person choking may clutch their throat, which is a universal sign of choking. Smaller children and infants may display blue lips, or face and an inability to make sounds. Following are techniques to remove an object from the person's airway if they are responsive.

First aid Skills – Choking (Adult, child)

Abdominal thrust

Use of the abdominal thrust is recommended for adults and children suffering from full airway obstruction

- Stand behind the person
- Wrap arms around the person
- Place your fist over the navel of the person
- Place your other hand over your fist
- Thrust in and up towards the diaphragm in a “J” motion, repeat the motion until the object is out or the person loses responsiveness

Back Blow

Providing back blows for someone who is suffering from full airway obstruction should be considered, in addition to the abdominal thrust, or as an alternative, if wrapping your arms around the choking victim is not possible.

- Have the choking victim lean forward
- With the heel of your dominant palm, thrust forward between the shoulder blades
- Continue to provide forward thrusts until the object dislodges

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First Aid Skills Choking (Infants)

Choking is a major cause of injury and death in children. Infants suffering from full airway blockage cannot cry, make sounds, or breathe. Providing a combination of back blows and chest thrusts is an effective approach.

- Check the infant's mouth for an object
- Remove the object with your finger if possible
- If the object is too deep, start back blows immediately
- Place the infant on your forearm with infants face down while supporting head and neck
- Provide 5 back blows downward towards the middle of the back
- With your other arm, sandwich infant, flip infant with face-up
- Place two fingers in the center of the chest
- Provide 5 chest thrusts continuously until the object is out or person loses responsiveness

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Responsive Person

Primary Assessment and Treatment for, Sudden Illness and Injuries

Assessment

A primary assessment is the simplest way to quickly identify if a life-threatening condition is present.

- **Briefly scan the person's body for any serious bleeding, obvious injuries, or medical jewelry such as a bracelet or a necklace**
 - Activate EMS if there are obvious signs of broken or fractured bones
 - Activate EMS if there is excessive bleeding or the person is laying on a pool of their blood
- **Look for an indication of an altered mental status**
 - Activate EMS if the person is experiencing an altered mental status
- **Assess for any difficulty in breathing. Breathing should be effortless and normal**
 - Activate EMS if the person's breathing is shallow and fast, or shallow and slow, or if the person is having difficulty breathing
- **Look for obvious signs of shock by checking tissue color and skin temperature. Tissue should be warm, dry, and pink for all skin tones. Check the skin or tissue inside the lips, the palms, or fingernails.**
 - Activate EMS if tissue is pale, discolored, cold, or clammy and associated with an injury or sudden illness
 - Pale, discolored, cold, or clammy tissue can be a sign of shock and should be taken seriously
- **Assess for excessive pain**
 - Activate EMS if the person experiences pain that is debilitating and not able to talk or move
 - Activate EMS immediately if the person is pregnant and experiencing severe pain in the abdomen
 - Take special consideration for pain in the chest, jaw, lower back, or arm, as these may be indications of a heart attack

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Treatment

Treatment for sudden illness or sudden injury is temporary until help from EMS arrives.

- **Calm and reassure the person.**
 - Calming and reassuring helps to improve breathing, reduces heart rate, and can reduce pain
 - Requires the first aid responder to remain calm
 - **Make sure the person is in a position that is comfortable and safe**
 - If the person is laying on their back, consider elevating their feet 6” off the ground to improve blood circulation
 - **Cover the person if they mention that they are cold, or if they look cold**
 - **Provide nothing to eat or drink**
-
- Consider placing the person in the recovery position if they become unresponsive but still breathing
 - Immediately initiate CPR if the person becomes unresponsive, not breathing, or showing signs of agonal breathing
-

Core First Aid Topics

Assessing a person for a life-threatening condition is easy but may require more information from the person suffering sudden illness or injury. Following is a list of core first aid topics that provide more information that may be needed to add to your assessment.

Sudden Illness

Fainting

Fainting is a momentary loss of consciousness due to an unexpected drop in blood pressure and blood flow to the brain which can be caused by

- Anxiety
- Fear
- Pain
- Stress
- Standing in place too long
- Rapid movements such as standing up quickly

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- A medication or underlying medical condition

Treatment

- Layperson flat on his or her back on the ground
- Elevate feet 6-12 inches from the ground
 - Do not elevate feet if you suspect an injury or if it causes pain
- Fainting is temporary and should pass quickly

Stroke

A stroke is a brain attack that occurs when the blood supply to the brain is suddenly interrupted. The most common cause is a blood clot that obstructs a blood vessel in the brain. A stroke can also be caused when a weak spot in a blood vessel wall bursts open and bleeds into surrounding brain tissue, known as an aneurysm.

Signs of a stroke can vary depending on where the damage is located. Signs of a stroke tend to appear suddenly.

A simple stroke assessment helps decrease the time to recognize a stroke. use the acronym, **FAST**

Face droop: Ask the person to smile. Look for an uneven smile or crooked mouth.
Arm drift: Ask the person to raise both arms. Look for drifting down of one of the arms.

Speech difficulty: Ask the person to speak a simple sentence. Listen for slurring or difficulty speaking.

Time to **activate EMS:** Early recognition, along with rapid transport to a hospital, is critical for limiting damage to the brain, or even survival.

Treatment

Refer to the initial treatment plan discussed earlier.

Severe Heat Exhaustion

Staying in a hot space for a long period or overexertion of the body may lead to heat exhaustion and may progress to a serious condition. Medical attention may be required if not identified and treated immediately. A person experiencing severe heat exhaustion loses moisture, electrolytes, and potassium from excessive sweating. Assess the person for signs of heat exhaustion.

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Signs of heat exhaustion include:

- Flush skin
- Excessive sweating
- Headache
- Nausea
- Fatigue
- Extreme thirst
- Muscle cramping

Treatment

- Place person in a cooler area, under shade or air-conditioned room
- Loosen the person's clothing
- Sit the person in front of a fan
- Provide plenty of fluids

The person should feel better within an hour from continuous cooling and hydrating.

Heatstroke

If action is not taken to treat severe heat exhaustion, a person may progress into a dangerous condition called Heatstroke. Major organs of the body, including the brain, start to fail if the person's core body temperature increases to dangerous levels. Heatstroke can be prevented by identifying a person's symptoms and action is taken to reverse the effects. A person may be experiencing heatstroke if they display signs and symptoms of:

- Skin that is hot, dry, and pale
- Altered mental status
- Cramping of muscles
- Loss of consciousness

Treatment

- Activate EMS immediately
- Place person in a tub of ice water up to their neck, or
- Moisten skin by soaking all clothing with cool or cold water
- Spray exposed skin with mister or wrap with cold towels
- Sit the person in front of a fan to reduce ambient temperature
- Place ice packs at the pressure points
 - Side of the neck

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- Underarms
- Groin area between the legs

Heatstroke can lead to death if quick action is not taken to reduce the person's core body temperature.

Heart Attack

Heart attack or acute coronary syndrome (ACS) is a serious condition that can result in damage to the heart. Immediate action should be taken if a heart attack is suspected. Signs of a heart attack may include:

- Pain, pressure
- Chest
- Arm (usually left arm)
- Jaw
- Lower back
- Between shoulder blades
- Pale, cool, and sweaty skin
- Shortness of breath
- Stomach pain, nausea

Treatment

- Activate EMS (Grab AED if available)
- Refer to the initial treatment on page 16
- Consider offering 325mg, or 2 to 4 low-dose 81mg baby aspirin
- Chewing aspirin until it dissolves, nothing to wash it down
- If the person is carrying nitroglycerin, assist in self-administration

Hypoglycemia

If a known diabetic becomes suddenly ill, assess for signs of a diabetic emergency. Signs of a diabetic emergency may include:

- Dizziness
- Excessive sweating
- Shakes
- Fatigue
- Extreme thirst or hunger
- Irritability

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Treatment

If the person is responsive and can swallow without difficulty

- provide 15 to 20 grams of oral glucose

If oral glucose is not available, provide,

- something with sugar
- non-diet orange juice
- non-diet soda
- hard or soft candy

If swallowing is not possible or if the person is experiencing an altered mental status, activate EMS immediately and do not provide anything to eat or drink

Seizures (Grand Mal, or generalized Tonic-Clonic)

A grand mal seizure, or generalized tonic-clonic seizure, causes loss of consciousness and violent muscle contractions. Most people picture this type of seizure when they think about seizures. A seizure can be caused by abnormal electrical activity throughout the brain, epilepsy or other health problems.

Treatment

- Move items away from the body
- Do not move or hold down body
- Do not place anything inside the mouth
- Document time
- Consider log rolling the person to their side if breathing becomes difficult
- When convulsing stops, place the person in the side-lying recovery position
- Calm and reassure the person

Activate EMS if:

- The person has no history of seizures
- The seizure lasts more than 5 minutes
- An injury occurs during a seizure
- Person is pregnant

Epinephrine administration

Epinephrine is prescribed for individuals who have experienced a severe allergic reaction in the past. Epinephrine is usually contained in an auto-injector that is

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administered into the person's outer thigh. An epinephrine auto-injector should be administered immediately if the person is showing signs of:

- Swelling of the upper body
- Difficulty breathing, wheezing sounds, shortness of breath, coughing
- Pale or discolored skin
- Nausea, vomiting

Consent is needed if assisting with the administration of epi auto-injector, follow workplace guidelines regarding epi administration

- Inject into the outer thigh, between the knee and hip
- Massage injection site after administration to draw more blood to the injection site
- Immediately activate EMS
- The use of a second epi auto-injector should be under the direction of EMS

Injuries

Control of bleeding

Bleeding reduces the oxygen-carrying capacity of the body. If it is not controlled, heavy bleeding can quickly become a life-threatening condition. Applying pressure directly to a bleeding site until bleeding stops is the standard method for controlling bleeding.

- Use protective barriers (PPE)
- Consider the use of sterile gauze if available
 - Improvise if sterile gauze is not available
- Assess for signs of shock
- *Signs of shock include:*
 - Tissue that is pale, discolored
 - Skin that is cold or clammy
 - Altered mental status
 - Rapid breathing
 - Rapid pulse
 - Feeling cold
 - Feeling anxious

Activate EMS immediately if

- Bleeding is excessive and difficult to control
- The person is displaying signs of shock

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Treat for shock

- Calm and reassure
- Consider placing the person on their back and elevate feet for improved blood circulation
- Cover the person if cold
- Provide nothing to eat or drink

Tourniquets

If direct pressure is unable to control bleeding on a limb, the use of a commercial tourniquet that binds around the limb to stop blood flow is recommended. A commercial tourniquet can also be considered as the first step in bleeding control when direct pressure cannot be applied effectively. It is recommended that your first aid kit include a commercial tourniquet due to its ease and efficiency of use

- Tourniquets should only be used around the limbs
- Place the tourniquet about 3" above the wound
- Tighten the tourniquet by adjusting the Velcro strap
- Twist and tighten the plastic or metal windlass stick until it is unable to twist
- Lock the windlass stick into the secure latch
- Document the time the tourniquet was administered
- Do not loosen the tourniquet
- Continue to assess for shock
- Treat for shock

If a commercial tourniquet is not available, focus on applying direct pressure to the wound. Do not attempt to use an improvised tourniquet unless trained to.

Internal bleeding

A direct blow to the body can cause an injury and bleeding inside the body. Signs of shock may be the earliest indication of internal bleeding. If you suspect internal bleeding

- Activate EMS
- Treat for shock

Nosebleed

- Apply direct pressure to the soft portion of the nose to control bleeding.

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- Tilt the head forward
- Consider a cool compress on or above the nose to help restrict blood vessels and control bleeding
- Assess for signs of shock – signs of shock are listed under, **Control of Bleeding** section of this booklet

Head and neck injuries

- If a spinal injury is suspected, activate EMS immediately
- Scan the person's body for external bleeding
- Focus on stopping excessive external bleeding first
- Immobilize the person's head and neck if there are no other injuries
- Calm and reassure the person until help arrives
- Continue to assess breathing

Concussions

A concussion is considered a brain injury and should be taken seriously. Suspect a concussion after a significant head or body blow

Signs of a concussion include:

- Dizziness
- Headache
- Blurred vision
- Difficulty breathing
- Fatigue
- Change in mood or personality

Children may display signs of a concussion up to 48 hours after the initial blow to the head or body. Continue to assess the child and do not allow the child to participate in any physical activities. If a concussion is suspected, have the person evaluated by a healthcare provider or EMS as soon as possible.

Treatment

Follow the treatment plan discussed above.

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Bone and joint injuries

Bone and joint injuries can occur as a result of accidents, such as falls, vehicle crashes, or forced impact on the body by blunt force.

Fracture wounds

- may result in a complete break, or crack in the bone
- Can be an open wound (skin is broken)
- Can also be a closed wound (skin is not broken)
- Bone and joint injuries may be life-threatening if they involve large bones, severed arteries, or affects breathing.

Suspect a serious injury if you notice

- Bruising and swelling
- Inability to use the affected limb
- Bone sticking out of a wound
- The person feels bones grating or if a snap was heard or felt at the time of injury
- The injured area is cold and numb

Treatment

- Immobilization of the affected limb is necessary
- If a child guards their arm, do not attempt to move or touch the child's arm. Allow the child to hold the arm in place and provide a cushion to assist with immobilization

Open fracture

An open fracture occurs when a bone is severely injured, causing the bone end to tear through the skin and surrounding tissue.

- Activate EMS immediately
- Place sterile dressings around the open fracture
- Bandage the dressings in place around the fracture

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AED Sales and Leasing

Preparing your organization for an emergency saves lives!

AED Sales

LP Health Directions offers the best selling AED's on the market at a price that fits your budget.

Cardiac Science

Defibtech

HeartSine

Physio-Control

ZOLL

AED packages are available

AED

Wall cabinet

Signs

Pediatric Pads

Each purchase includes:

Free CPR fast response kit

Free training

Medical oversight

Monthly check-up reminders

AED Leasing

Saving a life is now affordable!
LP Health Directions Leasing Program provides your organization with a life-saving device when you need it.

\$79/month

Requires 2/year contract

No down payment

No credit check

AED leasing includes:

AED

Wall cabinet

Pediatric Pads

Signs

Stop the bleed kit

Maintenance throughout the term of the contract

Monthly inspection of the device(s)

Technical support

Physician oversight

Free training

Replacement of pads and battery

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Scan the QR code below for more information
regarding AED Sales and Leasing



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Contact us to book a class for your organization

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www.cpr4az.com