



BASIC MEDICAL EMERGENCY GUIDELINES

BASIC FIRST AID

DEFINITION: First aid is the initial care that is provided for an acute illness/injury, when advanced care is not available. It is intended to preserve life, alleviate suffering, prevent further illness/injury and promote recovery. It can be initiated by anyone in any situation.

GUIDELINES

1. **Recognize, assess and prioritize** the need for first aid
2. **Provide the appropriate** first aid
3. **Recognize** any limitations
4. **Seek professional medical assistance** when necessary

RECOGNIZING AN EMERGENCY

1. Where is the person located?
2. How is the person's body positioned?
3. Does the person look sick or injured?
4. It is safe for me to be here?

PERSONAL SAFETY (SETUP – use this mnemonic device to help you remember imp.points)

1. **Stop** – pause to identify any hazards
2. **Environment** – consider your surroundings
3. **Traffic** – Be careful along roadways
4. **Unknown Hazards** – Consider things that are not apparent
5. **Personal Safety** – Use protective barriers

BASIC MEDICAL EMERGENCY PROCEDURES

1. Assess the situation. STAY CALM. If the situation is unsafe for you initially or at any time, seek safety and activate (or have another person activate) an emergency medical services system (call 911) as soon as possible.
2. Identify the nature of the emergency. Determine if it is a life-threatening illness or injury. Err on the side of caution.

3. Examine the victim for a medical ID and other pertinent information.
4. Designate someone as your assistant.
5. Have someone retrieve the First Aid Kit. It is in the marked cabinet in the Altar Servers room.
6. Only when necessary, perform CPR attending to the ABCs (airway, breathing, circulation) and following the instructions of the EMS.
7. Only when necessary or if instructed by the EMS, have someone retrieve the automatic external defibrillator (AED). It is located in the Altar Servers room by the door near the confessional.
8. If possible, move the victim to a more accessible isolated location such as the Altar Servers room or the sacristy. Keep the area clear of spectators. This allows for less confusion, less embarrassment to the victim and better access to medical equipment. **DO NOT MOVE THE VICTIM WITH A BACK OR NECK INJURY OR IF OBVIOUS FURTHER INJURY COULD BE INCURRED.**
9. Use gloves anytime you are dealing with any type of body fluids.
10. Designate someone to meet the EMS and to assist emergency personnel if necessary.

EQUIPMENT LOCATIONS

- A **First Aid Kit** is located in the marked cabinet in the Altar Servers room.
 - The **AED** is located in the Altar Servers room by the door near the confessional.
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BASIC FIRST AID GUIDELINES BY INJURY DESIGNATION

In the event you witness someone having one of the following problems, these simple guidelines may help you know what to do. If available, always allow a qualified medical person to check the person. It is best to not have a lot of people crowding around the person who needs assistance. Ask one of the ushers to call 911 if an ambulance is needed.

ALLERGIC REACTION

Be aware that allergic reactions are becoming more common in our communities. Common irritants are bee stings, peanuts, latex and penicillin. Common symptoms include swelling of lips, eyelids and face, itchy raised lumps or hives on the face and chest, nausea and abdominal cramping.

BLEEDING

Apply direct pressure on wound with dressing or clean covering. If bleeding from arm or leg, elevate limb. If person becomes faint, see "FAINTING." If bleeding does not stop or requires stitches, person should be taken to the emergency room.

BURNS

Apply cool moist compress with clean towel or hankie over burned area. If blister forms and burned area is larger than 2x2 inches or involves hands, person should be seen by doctor or taken to emergency room or call EMS.

CHOKING

If person can cough or speak, encourage to keep coughing. If person cannot cough or speak, perform Heimlich or find someone who can. If person becomes unconscious, call 911. Get nurse or doctor to help.

DIABETIC CARE

If the person is a known diabetic and has diminished level of responsiveness and has difficulty swallowing, call 911. Do not give anything to eat or drink. If the person is a known diabetic and is awake and able to swallow, Attempt to raise blood sugar as quickly as possible by giving 6 oz. of fruit juice. If the person does not behave normally within about 15 minutes or condition worsens, call 911.

ELECTRIC SHOCK

Be safe. Cut off source of power. Check person's breathing and pulse. If no breathing or pulse, call 911 and get help to start CPR.

FAINTING

Keep the person safe. Lay the person flat. If no evidence of injury, raise the feet about 6 to 12 inches. If not possible, sit the person forward and place his head between his knees. Keep the person still and quiet until he or she feels better. Call 911 if person is blue or remains unresponsive. Check for breathing – if none get help to start rescue breathing and/or CPR.

FALLS

Keep person safe by convincing them not to move until they have been checked for serious injury. Always consider the possibility of a head concussion after a significant blow to the head or body. Signs of concussion include: person is unable to remember what happened just before or after the incident, may move clumsily, may answer questions slowly, may have a change in mood or personality, look stunned or dazed, headache, nausea, dizziness, difficulty in balance and/or vision problems. If serious injury present, call 911. If no serious injury present, assist person in getting up.

FOREIGN OBJECT IN EYE

Activate EMS. Immediate care requires stabilization of the object and reducing additional injury. Do not allow the person to rub the eye. Never try to remove an embedded object. For small objects, cover both eyes with loose pads. Eyes move together. Covering both eyes prevents movement of the affected eye. Stabilize larger objects with a bulky, clean pad. Cover the uninjured eye with a loose pad. Stay with the person and calm, comfort, and reassure him or her to help reduce anxiety. Regularly assess the person until EMS arrives.

HEART ATTACK OR STROKE (SUSPECTED)

Check for breathing and pulse. Call for help and call 911. If no breathing or pulse, start CPR.

NOSEBLEED

Have person sit up straight with his or her head tilted forward, with chin toward chest. Have person pinch the nose with their thumb and index finger and hold it for about for 10 minutes. If bleeding will not stop, person should seek immediate medical attention.

SEIZURES

Keep the person safe by protecting them from hitting something. Do NOT restrain. Allow seizure to complete. Do not attempt to put anything in the mouth. Call for help. Ask if there is a doctor or nurse to help. Call 911 if the person is injured during the seizure, has not history of seizure or continues to seize for more than 10 minutes.

DO NOT GIVE ANYTHING BY MOUTH

If the victim is unresponsive or semi-conscious and unable to swallow.

UNIVERSAL PRECAUTIONS

Protection yourself from the chance of infection. Your personal safety is always the highest priority in an emergency situation.

AUTOMATED EXTERNAL DEFIBRILLATOR

DEFINITION: An AED (Automated External Defibrillator) is a portable device used to shock the heart into a functional rhythm if needed. When the AED is applied to the chest and turned on, it will assess the patient's heart rhythm, determine if a shock is needed, and provide the shock when the rescuer pushes the defibrillator button. This shock is only advised for ventricular fibrillation and ventricular tachycardia. The AED has audible and visual prompts, which guide the rescuer's actions.

CAN AN AED BE USED BY ANYONE?

Any person may perform automated external defibrillation (AED). Training in AED and CPR is recommended but not required.

ACTIONS FOLLOWING DEFIBRILLATION

A person performing AED must make a good faith effort to activate or have another person activate an emergency medical services system (call 911) as soon as possible.

QUALIFIED IMMUNITY FROM CIVIL LIABILITY

Any person acting in good faith and gratuitously shall be immune from civil liability for the application of an AED unless the person was grossly negligent in the application.

NO PRIEST, NO PURIFICATION OF THE SACRED VESSELS

IF A PRIEST HAS A MEDICAL EMERGENCY, CAN MINISTERS OF THE EUCHARIST PURIFY THE SACRED VESSELS INSTEAD?

Under no circumstances. The extraordinary ministers of Holy Communion may only

assist in the purification of the sacred vessels if the priest is still present in the celebration of the Mass.

THEN WHAT SHOULD WE DO WITH THE CIBORIUM AND CHALICE?

After the distribution of Holy Communion, the chalice and all ciborium (with or without remains of consecrated hosts) will be put inside the tabernacle. This will guarantee any fragments that may remain are reposed in the tabernacle.

SHOULD I CONTACT THE PARISH OFFICE?

Yes. Please contact the Pastor and/or the Pastoral Associate at (803) 359-4391 as soon as possible.