



AWARENESS TRAINING PACKAGE

PLEASE NOTE: All casualty images used are simulations, not real injuries.

33.3KM | 4 DAYS



LEARNING OUTCOMES

The aim of this presentation is to improve awareness and understand in the topic areas below:

1. Undertaking a 'Primary Survey'
2. Performing CPR
3. Using an AED (Defib) Safely
4. Controlling significant bleeding

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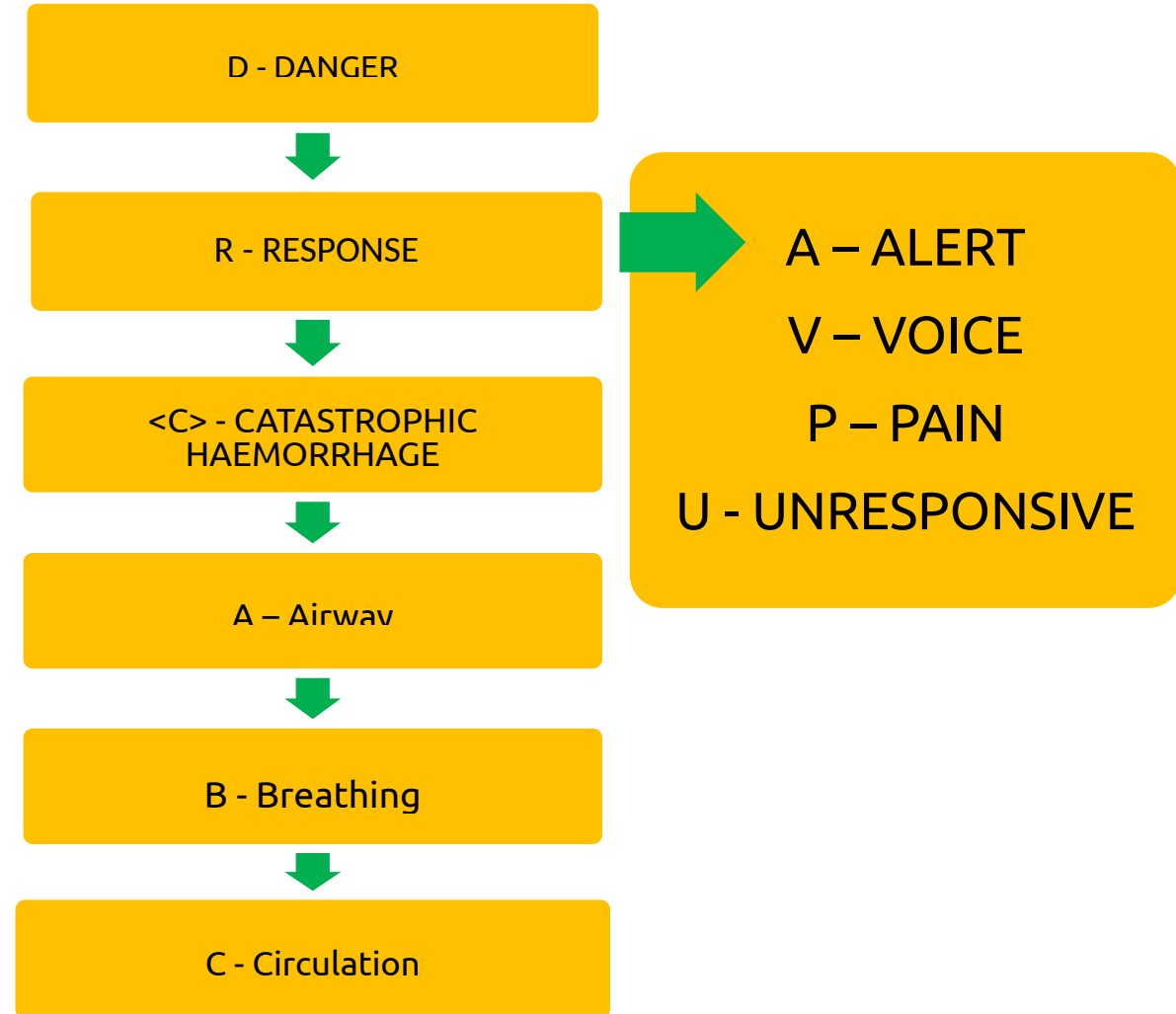


***WATCH: PRIMARY SURVEY
(CLICK HERE FOR VIDEO)***



PRIMARY SURVEY

The Primary Survey is the first impressions of the patient's condition.



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***WATCH: PERFORM CPR
(CLICK HERE FOR VIDEO)***





CHAIN OF SURVIVAL



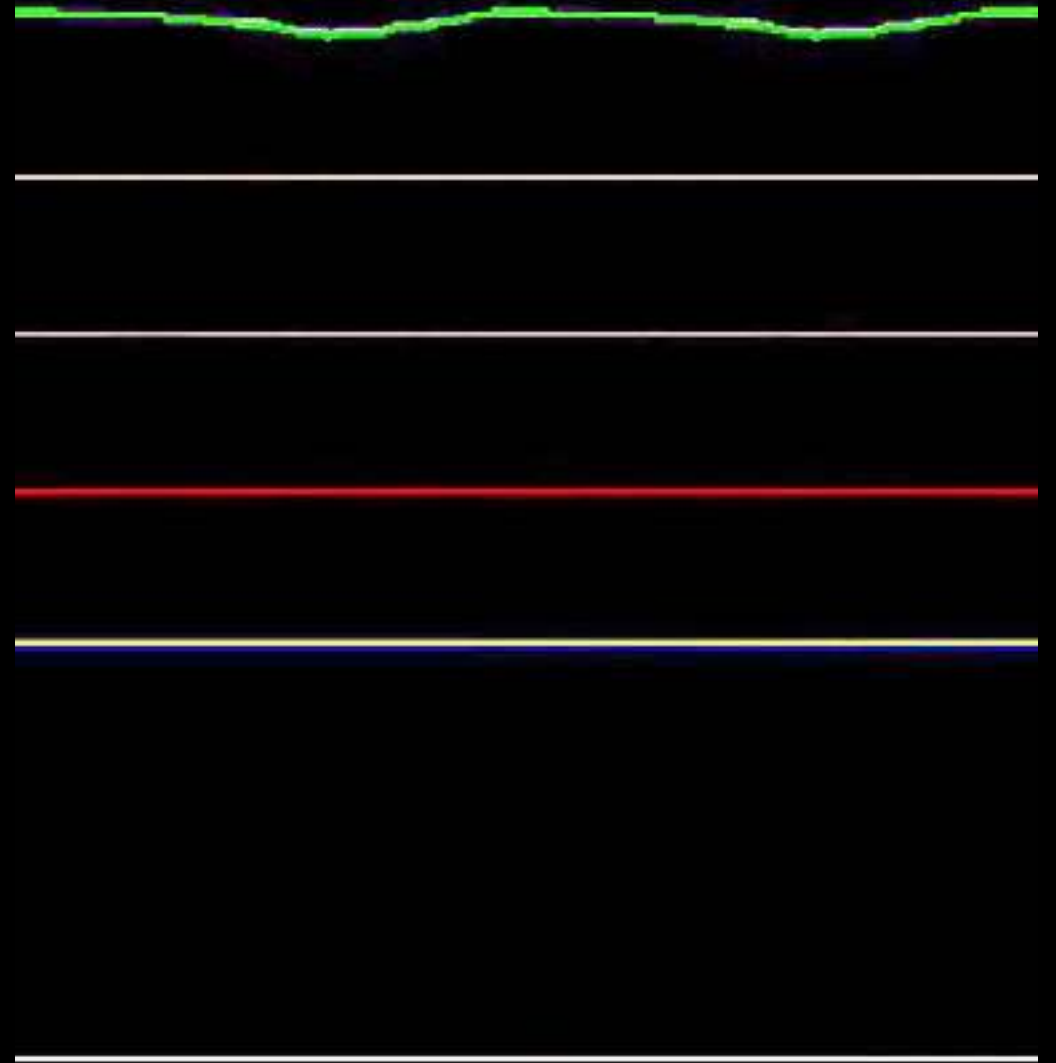
PRIMARY SURVEY

A casualty can be identified as in cardiac arrest if they are:

- Unconscious and not breathing, or not breathing normally
- Are agonal breathing (irregular gasping breaths)

Patients may continue to move even after their heart has stopped, this should not be mistaken for a return of spontaneous circulation (ROSC = when the heart starts beating again)

CPR should be commenced immediately once a Cardiac Arrest has been identified.



CPR

- Compressions are performed in the centre of the casualty's chest
- Rate of 100-120 compressions per minute (<2 Per Second)
- Depress approximately 5-6 cm in an **adult** (2 Inches)
- Allow full recoil of the chest between compressions
- Perform continuous compressions until a defibrillator is applied that advises CPR to stop for the first analysis
- Then continue to perform a cycle of Compressions and Ventilations at a ratio of 30:2 (30 compressions / 2 breaths)
- If help is available, change the person performing compressions at least every 2 minutes to avoid fatigue

Apply the defibrillator immediately, even if solo – but do not delay the start of CPR to wait for a defibrillator to become available or arrive.



AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

The AED (defib) should be applied immediately if available, but do not delay the start of CPR to wait for the AED (defib) to arrive.

It delivers an electrical shock across the heart, interrupting chaotic electrical activity by silencing pacemakers and stopping the heart. This will allow normal heart function to resume.

The earlier the AED (defib) is applied, the higher the chance of a normal rhythm returning. Some models are semi-automatic (the shock button has to be pressed to deliver the shock), other models are fully automatic and deliver the shock using an audible count-down.



AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

The AED (defib) will usually instruct CPR to be stopped every 2 minutes whilst it reanalyses the heart's electrical activity (this is a perfect opportunity to switch the person performing compressions).

It is vital that the AED instructions are listened to and followed. It should not be used in explosive or flammable atmospheres, and **extreme caution should be applied when using in wet environments (e.g. boats) due to electrical conductivity risks.**

If relevant, move the casualty to a safer location, without unduly delaying AED (defib) use.



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AED CONSIDERATIONS

Efficiency Considerations	Safety Considerations
Chest Hair present	Explosive / flammable atmospheres (e.g. fuel leaks)
Pads not placed correctly	Oxygen source within 1m of casualty during shock
Pads not adhering correctly	Deep water or puddles
	Person touching the casualty, or casualty moving whilst AED is analysing – may lead to inappropriate shock
	Person touching the casualty whilst shock is being delivered
	Placing pads over any of the 5 Ps (Pacemakers · Piercings · Perspiration · Patches · Pendants)

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WATCH: USE AN AED
([CLICK HERE FOR VIDEO](#))



CATASTROPHIC HAEMORRHAGE

A Catastrophic Haemorrhage is a life-threatening bleed, likely to cause death within minutes from an onset of Hypovolemic Shock.

Mostly associated with arterial blood loss, however venous bleeds can also be catastrophic.

The amount of blood lost denotes its severity.

It is vital that a catastrophic bleed is managed quickly if the patient is to survive the event.



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INTERNAL HAEMORRHAGE

Common in Chest / Abdomen / Pelvis
/ Thighs

Bleeding in these areas can be
catastrophic, despite not being
externally obvious.

e.g. impact injury (hit by blunt force)



33-34CM | 4 DAYS

EXTERNAL HAEMORRHAGE

Common in limbs (arterial wounds or amputation) / neck / groin

Spurting / Bright Red Blood Loss

e.g. laceration injury (hit by propeller)



MANAGEMENT

Apply immediate direct pressure

Indirect pressure can also be utilised to slow the bleed whilst waiting for life saving kit

Visualise and assess the bleed, remove/cut clothes and assess where the bleed is coming from

Stop the bleed! You should treat the bleed until it stops, methods include:

- Tourniquet (if available) on a limb bleed

- Haemostatic gauze (if available) and/or wound packing

- Trauma dressing

The first clot is the patient's best clot! Movement disturbs clots; apply more dressings rather than removing those already applied.





WATCH: TRAUMA DRESSINGS
(CLICK HERE FOR VIDEO)





***THANK YOU FOR
YOUR TIME!***

Any questions?

Contact ops@ultraswim333.com

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