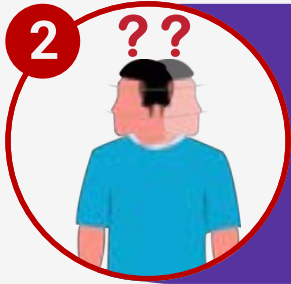


# Priorities of Emergency Medical Care and Improvising Medical Kit

## Priorities of Emergency Medical Care



Look out for **DANGER**



**SURVEY** the scene



Contact **EMERGENCY MEDICAL SERVICES**



Stop life-threatening **BLEEDING**



Open the **AIRWAY**



Check for **BREATHING**



**Secondary survey of the body**

# Improvising Medical Kit

## Tape

Strong, durable, and waterproof material such as duct tape is recommended, and/or long strips of cloth to tie knots.



## Tourniquets

Lengthy and strong cloth material, such as scarves, table cloths, or bed sheets that could be prepared (cut into long and durable strips) before an emergency situation.

Rigid, long, and durable objects to tighten cloth around the affected arms and legs.



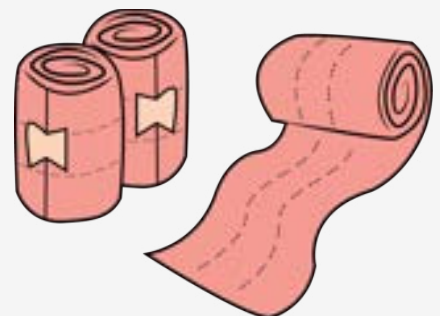
## Wound packing material

Clean cloth, cut into long, thin, and continuous strips.



## Pressure dressings, and compression bandages

Clean, folded cloth for compression on a wound, and lengthy cloth material to wrap around it.



# Improvising Medical Kit

## Chest wound seals

Durable and airtight wrapping material, such as common plastic packaging, combined with strong, durable, and waterproof tape.



## Stretchers

Flat, rigid objects such as folding tables, ladders, and chairs to move and/or drag casualties.



## Warming material

Durable and warm material, such as jackets or blankets, to place under and/or drag casualties.



## Flashlight

Preferably outdoor headlamp, or small, hands-free flashlight, taped to a helmet / hat.



## Scissors

Must be durable and strong, to cut clothing and expose skin and injuries.



## About this document

This guidance is intended for journalists dealing with medical emergencies on assignment in conflict zones and with limited field medical support. Before using the information within this document, one should read it in full, and verify it by conducting their own research, and approval from other trusted sources. The methods used (especially improvised medical kit) should be viewed as a last resort effort when there are no better alternatives available. Before being used in a real emergency situation, the techniques described in this document should be practiced and mastered in training. Emergency medical care priority steps should be conducted in the order provided and immediately following life-threatening injuries; ideally, this should take place within the first 15 minutes of care, just as casualties are being transferred to professional medical care, which is a requirement to preserve life following life-threatening injuries. Use Personal Protective Equipment (such as medical gloves) to keep both the emergency care provider and the casualty safe.

# Explanation of Priorities of Emergency Medical Care

## 1

### Look out for **DANGER**

Look in all directions and before entering a scene of injuries. If DANGER is present, DO NOT ENTER the scene and put your life at risk. Wait until the scene is safer to enter.



When providing medical care, it is most important to not become a casualty in the process. This step always takes priority over anything else, so be sure to look for danger repeatedly; if you begin to provide medical care and the scene becomes dangerous, you must immediately move away to safety and you cannot return to the scene until it is safe to do so.

If the scene remains dangerous, you may have to verbally command the casualties to move to a safer location by themselves, and instruct them on how to apply treatment, while you throw medical kit their way and as you stay in a safe location.

# Explanation of Priorities of Emergency Medical Care

## 2



### Survey the Scene



Once you've ensured that no danger is present, begin to survey the scene as you approach.

1. While surveying the scene, start putting on Personal Protective Equipment (such as medical gloves), if they are available.
2. Gather information on the mechanisms of injury (explosions, gunshots, falling debris, burns, etc.); this helps you avoid related hazards and assists in identifying associated injuries.
3. Find out how many casualties will need treatment and note their ability to walk and consciousness status, so that you can pass this information to emergency medical services. Apply treatment and transportation to those who need it first and most.
4. Request consent to help the casualty, if they are conscious.

In order to begin treating life-threatening bleeds as soon as possible, the scene survey (priority #2) can be designated to other team members on the scene; but those steps must still be in higher priority order to ensure timely professional medical care is provided. Instruct the designated team members to let you know when they have completed their tasks.

## Explanation of Priorities of Emergency Medical Care

# 3

### Contact **EMERGENCY MEDICAL SERVICES**

Pass along the information from the scene survey and **begin coordinating the transfer / pick-up of casualties to professional medical care.**

You must expedite the transfer of casualties to professional medical care as soon as possible.

**Prioritizing expedited transport and transfer of casualties should generally be for those impacted by: life-threatening bleeding, penetrating injuries (such as gunshot, explosion, or stab wounds), and/or those who are still breathing.**

In order to begin treating life-threatening bleeds as soon as possible, contact with emergency medical services and coordination of casualty transportation (priority #3) can be designated to other team members on the scene; but those steps must still be in higher priority order to ensure timely professional medical care is provided. Instruct the designated team members to let you know when they have completed their tasks.





# Explanation of Priorities of Emergency Medical Care

## 4 A

### Look for and Stop Life- Threatening BLEEDING



**Signs of life-threatening bleeding:** pulsating, high pressure bright red blood and/or fast, steady flow of dark red blood. If in doubt, treat it as a life-threatening bleed.

Stop bleeding by using a combination of the following methods:

**Gravity:** Raise the bleeding body part above the heart to reduce the blood flow and bleeding from that wound. This should be combined with other bleeding control methods.

**Direct pressure:** Use your hands (with compression material, preferably gauze or clean folded cloth, if nothing else is available) to apply pressure directly over the source of the bleed to slow down or stop the bleeding. Keep pressure over the wound site for 5-10 minutes to allow a blood clot to develop. When checking to see if the bleeding has slowed down or stopped, remove your hands slowly and cautiously, and DO NOT remove compress material when lifting your hands. If blood loss is still significant, continue to apply pressure. If compression material gets soaked through with blood, don't remove it; instead add another compress on top. You can simultaneously apply a pressure dressing or tourniquet. Note: DO NOT ATTEMPT this method if you suspect the presence of SHARP FRAGMENTS (broken bones, shrapnel, etc.) at the source of the bleed; in this case, indirect pressure is recommended.



## Explanation of Priorities of Emergency Medical Care

# 4 B

**Tourniquet:** a commercial product (or improvised tool, only when there is no other option) to stop bleeding on arms and legs



nylon belt, used for  
improvised tourniquet

Place a commercial tourniquet (or improvise one) higher above the wound and closer to the heart, and, ideally, directly on the skin. Tighten the tourniquet as per instructions, until the bleeding stops. Note that a tourniquet was used by writing “T” with the time-stamp on the casualty’s forehead so that emergency medical services are aware.

## Explanation of Priorities of Emergency Medical Care

# 4 c

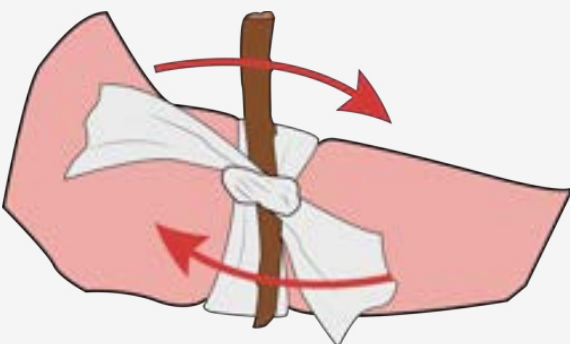
If improvising a tourniquet, you will need to use long and sturdy cloth material (that's not too thin that it cuts into skin with pressure) in combination with a long, rigid, and strong object to tighten the material.

1



Wrap the material higher above the source of the wound (closer to the heart) by roughly 4 fingers' width in distance. NOTE: Don't place a tourniquet on top of a joint; instead go higher above. Create a knot, and place the rigid object over the knot, then tie another knot above both to secure the rigid object. Keep a long tail on the wrapping material (or use sturdy tape) to secure everything once complete. Twist the rigid object to tighten the wrapped material until the bleeding stops. Use the long tail to wrap (and/or tape) over everything, along with the rigid object, to keep everything in place. DO NOT loosen the tourniquet once you've stopped the bleeding. You may need to apply a second tourniquet (even higher on the limb) if the first tourniquet isn't effective in stopping the bleed. Note that applying a tourniquet with proper pressure will cause pain to the casualty.

2



3



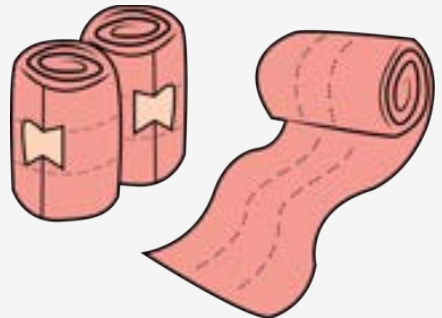
## Explanation of Priorities of Emergency Medical Care

# 4 D

**Wound packing:** method for filling an open wound to apply pressure within a cavity, in order to slow down and stop bleeding. Necessary when there is a large, gaping wound. Note: this should ONLY be done ON ARMS AND LEGS.

Use packing gauze or improvise with a clean long continuous strip of cloth (strips of table cloth or thin mattress cover) to stuff the wound until it is packed tightly. Once complete, place compress material over the wound and maintain direct pressure. Hold direct pressure for 5-10 minutes. Combine this with a pressure dressing.

**Pressure dressing:** method of applying bandages directly over a wound site (or after wound packing) and using pressure with wrapping material to stop the bleeding.



Pressure Dressing

A combination of a compress and stretchable wrapping material, which can be improvised by the use of clean folded cloth and wrapping material such as a sports wrap or long cloth material that can be wrapped around the wound more than several times over. When wrapping a pressure dressing, apply more pressure (tighten the wrap) with each revolution around the wound.

## Explanation of Priorities of Emergency Medical Care

# 5 A

### Open the AIRWAY

**Note:** if a casualty is **conscious and speaking**, then they are **able to maintain their airway and breathing**.



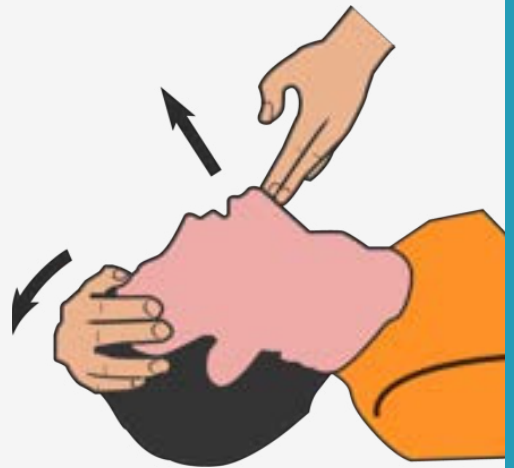
If the casualty is unconscious, visually check inside their mouth to ensure that it's unobstructed; in case there is debris (e.g. bone / tooth fragments) or fluid (e.g. vomit or blood) inside the mouth, roll the casualty on their side (while carefully keeping the head and body aligned) and use gravity to clear the mouth and throat before placing the casualty on their back. Once you've checked and ensured the inside of the mouth is unobstructed, use the "head-tilt / chin-lift" maneuver to maintain an open airway structure for unconscious casualties. Whether conscious or unconscious, be sure to also check the casualty's upper torso area (front and back of the chest / upper body area) and seal off any open chest wounds with a commercial chest seal (as instructed) or improvise by using waterproof and airtight material such as plastic wrap, to cover the entire chest wound, and strong tape to seal all sides.

## Explanation of Priorities of Emergency Medical Care

# 5 B

### Open the AIRWAY

“Head-tilt / chin-lift” maneuver: place the casualty flat on their back. Make sure their body is aligned and that their head is positioned straight forward in a neutral position. Place one hand on the forehead and the other right below the chin bone; in a controlled motion, tilt the head back and lift the chin up until the chin is pointed straight up.



“Head-tilt / chin-lift”  
maneuver

If stepping away from an unconscious casualty, make sure they are laying on their side.

# Explanation of Priorities of Emergency Medical Care

## 6 A

### Check for **BREATHING**

Kneel near the head of casualty, on the side, and look towards their body. Look (and/or feel with your hand on the chest) for normal chest “rise and fall” and listen for breathing.



Checking for  
Breathing

If an unconscious casualty is snoring, you need to maintain the “head-tilt / chin-lift” maneuver. If the casualty is NOT breathing, begin administering CPR and continue to do so (1) as long as it is safe, and (2) until breathing resumes, or (3) hand-off of the casualty to professional medical care. If not properly trained on CPR administration, then compressions-only CPR may be more effective.



## Explanation of Priorities of Emergency Medical Care

# 6 B

### Check for **BREATHING**

For an adult, lay the casualty flat on their back, and on top of a hard surface. Kneel along the side of the casualty, perpendicularly and by their chest. With both your palms facing the casualty, place one hand on top of the other and interlock your fingers.



CPR

Note the location where the ribs meet in the middle of the chest, along with the natural nipple line. You will use the meaty portion of your lower palm to provide chest compressions at the rate of 100-120 compressions per minute, and at the depth of 5-6 cm (exception: 5 cm for a pregnant person). Allow the chest to relax completely between compressions. Keep arms straight and bend at the hip rather than the elbows so you don't tire yourself too quickly. In case you get tired, have someone available to switch with you and to seamlessly continue CPR.



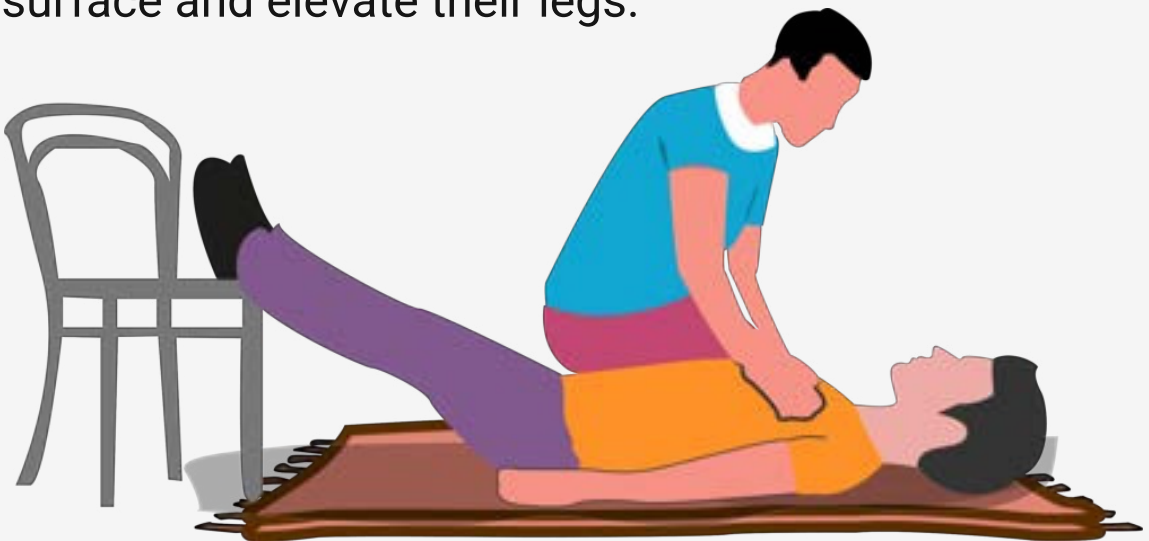
# Explanation of Priorities of Emergency Medical Care

## 7 A

### Secondary Survey of the Body

As long as it is not delaying the transfer / pick-up of casualties, **conduct a secondary and thorough survey of the body** (from head-to-toe), to make sure you didn't miss any life-threatening injuries and then to treat less threatening injuries.

Casualties with blood-loss injuries need to be kept warm. Place blankets, jackets, etc. between them and cold surfaces. Lay them on their backs over a flat surface and elevate their legs.



If life-threatening injuries have been treated and all other priorities are completed, move on to treat other (less-threatening) injuries.

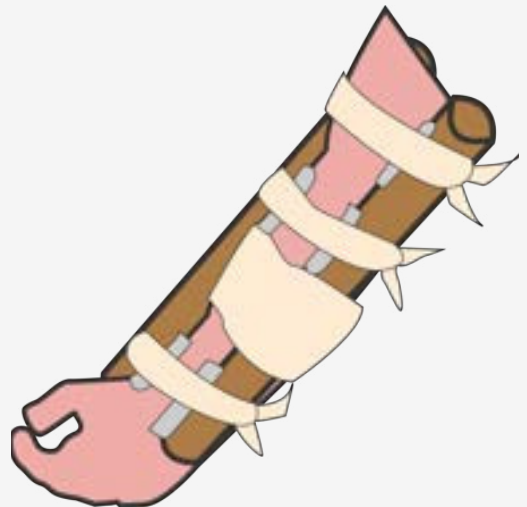
# Explanation of Priorities of Emergency Medical Care

## 7 B

### Secondary Survey of the Body

For **broken bones**, stabilize the wound site as you found it. Also stabilize the joints above and below the broken bone. Using long rigid objects and/or cloth or tape to anchor the affected area to a more stable body part.

For **protruding bones and/or embedded foreign objects**, DO NOT attempt to move or remove the object. Stabilize it carefully by wrapping cloth and/or bandages around it and securing everything with tape.



For **burns and/or exposed abdominal organs**, LIGHTLY cover and wrap the affected area with wet bandages (or clean cloth material, etc.) and/or plastic wrap, and be sure to keep the wrapping wet with water.

## Note

Once you've completed the full "priorities of emergency medical care" cycle, return to the top of the cycle and go down the list of priorities again (e.g. Is the scene still safe? Has the scene's situation changed? Are emergency medical services on their way, or have we started transporting casualties to professional medical care? Have the life-threatening bleeds been properly controlled? Is the airway still open and unobstructed? Is the casualty still breathing normally? Etc.) and do so until casualties are transferred to professional medical care.

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### **Disclaimer:**

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