
FIRST AID IN HOSTILE ENVIRONMENTS

Send for help, first. If you are alone, do the following primary and secondary examinations and then go for help.

- I. **Primary Examination:** the acronym for rendering Primary First Aid is “DR. ABC.” No matter what other conditions are present, follow this order of care.
 - A. **D = Danger:** First, assess whether there is danger to you, the first aider. Second, assess whether there is danger to the injured party e.g. gunfire, mortars, fire, live electricity, falling masonry. If danger is present, try to remove the danger from the injured party, or remove the injured party from the danger using appropriate “carry” techniques (solo with arms or on a blanket, multiple people using make-shift stretcher from blanket, blanket and poles, coats and poles, etc.)
 - B. **R = Responsiveness of the patient**
 1. Kneel near the person’s feet. Call the person’s name while you tap their legs to assess whether they are conscious and what they say about their injuries.
 2. Identify yourself and that you are here to help.
 3. Keep talking reassuringly
 - C. **A = Airway**
 1. Make sure the airway is open. First, open the mouth and look in. If you see any obstructions (e.g. vomit, broken teeth), turn patient’s head and try and get these to fall out. Only if absolutely necessary, insert two fingers to scoop out obstructions. The tongue may be lodged at the back of the mouth and obstructing – especially if lying on back unconscious.
 2. Tilt head back – use one hand on forehead, and other hand under chin. This will open up air passage from nose
 - D. **B = Breathing**
 1. Are they? Check for breathing using as many senses as possible: with your ear close to their mouth/nose, look down the center of the body to check visually for breathing and place your hand on their belly to feel for respiration. In a period of 10 seconds, the injured party should breathe 2 ½ to 3 times.
 2. If they are not breathing, make sure head is tilted back to keep airway open. As you treat the injured party, continue to check for breathing, and whether rate of breathing is increasing, steady, or decreasing.
 3. if patient is lying on front, or you can’t get your ear close to their mouth/nose, use the back of your hand to check for breath
 - E. **C = Circulation – Control Bleeding:** Examine and treat major bleeding in this order
 1. aortic blood – bright red and pulsing out. Can bleed to death in 20 minutes. Apply major pressure at points on upper arm or groin and observe whether bleeding stops. Keep applying pressure for 10 minutes for clot formation and check whether bleeding stopped before dressing wound.
 2. venous blood – darker color and tends to pool under body. Dress wound.
 3. capillary blood – oozes out from grazes and scratches. Not life-threatening.
- II. **Secondary Examination:**
 - A. after the Primary Examination and treatment above, move on to a full Secondary Examination. This is for the purpose of identifying other problems and attending to them if possible. To extent possible run one hand over one side of body and other hand over the other side looking for differences in what you feel on both sides
 1. Head
 - a. check eyes for size of pupils and differences in size
 - b. check ears for presence of blood/cerebro-spinal fluid
 - c. run hands over front and back of head looking for fractures and blood
 2. Chest
 - a. run hands down front and back of chest looking for fractures and bleeding
 - b. run both hands down each arm looking for fractures and bleeding
 3. Abdomen: check each quadrant of abdomen above and below navel looking for hardness as evidence of internal bleeding or other injury. Press fingers of one hand on area and fingers of other hand over top and press in a couple of inches.

4. Pelvis
 - a. if patient is on their back, place a hand on each "horn" of the pelvis and press down with all your weight. Pelvis will "give" a little unless fractured.
 - b. check genitals and anal area for bleeding
5. Legs: run both hands down each leg looking for fractures and blood

III. Recovery Position: if you are alone, you now need to put the patient in "recovery position" to keep their airway open while you go for help:

- A. use patient's knee as lever to roll patient onto their front taking care to protect head as they roll over
- B. place patient's cheek on back of their hand to keep airway off ground
- C. tilt patient's head back to keep airway open
- D. check that patient is still breathing steadily
- E. spread patient's legs and move one knee forward at right angle to stabilize this position

IV. Wound Dressing – elevate wound wherever possible

- A. Basic Laceration – bulky dressing pad on top and wrapped with tight elastic bandage from above wound to and below
- B. Impaled Object – stabilize with bulky dressings, do not remove it (don't know shape of object and so removal might be damaging, removal might also accelerate bleeding)
- C. Fractures – stabilize with bulky dressings, splints
- D. Burns – pour water above to cool, cover with plastic to keep wound clean, weave something between fingers and into fist to avoid "claw hand"
- E. Amputation – stop arterial bleed, dressing over stump, keep amputated part cool and clean for possible reattachment and out of patient's sight to reduce distress
- F. Chest (punctured lung) – roll patient onto side so wound side is down, apply "3-sided" patch
- G. Abdominal – do not try to push intestines back in (infection, impaction etc.), apply plastic over top and dress with elastic bandage
- H. Head – scalp lacerations can bleed a lot. Skull fractures need immediate professional care

V. Shock

- A. Symptoms – pale, shallow breathing, chills, nausea, thirst
- B. Treatment – lay down with head lower than legs, keep warm

VI. CPR

- A. Little use unless ambulance is coming in 15 minutes to apply defibrillator, drugs, other expertise, etc.
- B. Check first for clear airway. Basic rhythm is 2 breaths (to put oxygen into the lungs) and then 15-30 compressions of the breast bone to a depth of 5 cm (to move that oxygen around the body manually). This will keep major organs from deteriorating as fast from lack of oxygen until the ambulance arrives.

VII. Minimal First Aid Kit

- A. bulky dressings
- B. elastic bandages
- C. scissors to cut clothing
- D. plastic to cover burns
- E. headlamp

VIII. Questions for team discussion:

- A. protocols for rendering first aid – do we attempt this? For whom? Teammates? Colleagues? Neighbors? Strangers? In what settings, if any?
- B. gender limitations?
- C. cultural considerations, e.g. need to cut away clothing for proper examination, wound dressing
- D. contents of team first aid kit and when/where to carry