DUBLIN POLICE DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**SECTION: M-010 FIRST AID**

**EFFECTIVE DATE: 1 NOV 2007 NUMBER OF PAGES: 03**

**REVISED DATE: 13 FEB 2023 DISTRIBUTION AUTHORIZATION:**

**STANDARD COVERED: *CHIEF KEITH MOON***

**N/A**

**I. PURPOSE**

To define and establish guidelines for the use of first aid by department personnel; this SOP applies to all department personnel.

**II. OVERVIEW**

First aid is the provision of limited care for an illness or injury, which is provided to a sick or injured person until definitive medical treatment can be accessed, or until the illness or injury is dealt with (as not all illnesses or injuries will require a higher level of treatment). It generally consists of a series of simple, sometimes life-saving, medical techniques, that an individual, either with or without formal medical training, can be trained to perform with minimal equipment.

This SOP provides the authorization for an officer to perform first aid if the officer feels that first aid is needed and that he/she feels competent enough to render the type of aid needed. This document does not provide all possible information about first aid and/or medical topics. Proficiency in first aid is an ongoing process and will, of course, require additional study and training.

**III. FIRST AID GOALS AND ACTIONS**

A. Three common goals of first aid, commonly referred to as the “3 Ps,” are:

 **Preserve life** **Prevent further injury** **Promote recovery**

In addition, some also advocate a 4th ‘P’ - **Protect yourself**, although this is not technically a goal of providing first aid. Protecting yourself is important, and includes protection from injury and blood-borne pathogens. First aid can also be performed on animals, although the officer should remember that a wounded animal may be self-protective.

B. Much of first aid is common sense, and people are almost certain to learn some elements as they go through life (such as knowing how to apply an adhesive bandage to a small cut on a finger). However, effective life-saving first aid requires hands-on training, especially where it relates to potentially fatal illnesses and injuries, such as those that require cardiopulmonary resuscitation (CPR), as the procedures may be invasive, and carry a risk of further injury to the patient - which the goals of first aid above clearly try to avoid.

C. Most officers were trained in basic first aid CPR during basic mandated training. However, in order to remain proficient in certain techniques, especially due to changes in first aid procedures and protocols, officers should attend refresher courses if possible. CPR requires re-certification on a regular basis.

D. There are certain skills that can be regarded as first aid core skills. Responders are taught to focus on the "ABCs” of first aid before attempting any other type of aid. These ABCs are Airway, Breathing, and Circulation. This means any responder should first evaluate and attempt to treat problems with a casualty's airway. If the airway is open and the subject is breathing, the responder should then evaluate and attempt to treat problems with circulation (circulation of blood). Once the ABCs are secured first aiders can begin more advanced treatments, if required. In addition, there is another priority called the "3 Bs." These are Breathing, Bleeding, and Bones. This means that any responder should first seek to treat any problems with breathing, before attempting to deal with bleeding or broken bones.

E. If there is no breathing, or the patient is not breathing normally, the responder may be required to undertake CPR. See section V. below.

F. The responder must remember that he/she may be required to maintain the condition of something like a broken bone, until the next stage of definitive care, such as EMS, arrives.

**IV. CONDITIONS THAT OFTEN REQUIRE FIRST AID**

* [Anaphylaxis](http://en.wikipedia.org/wiki/Anaphylaxis) is a life-threatening condition in which the airway can become constricted and the patient may go into shock. The reaction can be caused by an allergic reaction.
* Bone Fracture.
* Burns, which can result in damage to tissues and loss of body fluids through the burn site.
* Choking, blockage of the airway which can quickly result in death due to lack of oxygen if the patient’s trachea is not cleared.
* [Childbirth](http://en.wikipedia.org/wiki/Childbirth).
* Cramps, in muscles due to lactic acid build-up caused either by inadequate oxygenation of muscle or lack of water or salt.
* Joint dislocation.
* Near drowning or asphyxiation.
* Gastrointestinal bleeding.
* Heart attack, or inadequate blood flow to the blood vessels supplying the heart muscle.
* Heat stroke, also known as sunstroke, which tends to occur during heavy exercise in high humidity, or with inadequate water, though it may occur spontaneously in some chronically ill persons. Sunstroke, especially when the victim is unconscious, often causes major damage to body systems such as the brain, kidney, liver, and gastric tract.
* [Unconsciousness for more than two hours](http://en.wikipedia.org/wiki/Coma) usually leads to permanent disability. Emergency treatment involves rapid cooling of the patient.
* Hyperglycemia (diabetic coma) and Hypoglycemia (insulin shock).
* Hypothermia, or Exposure, occurs when a person’s core body temperature falls below 92.6°F. First aid for a mildly hypothermic patient includes rewarming, but rewarming a severely hypothermic person could result in a fatal irregular heart rhythm.
* Insect and animal bites and stings.
* Muscle strain.
* Poisoning, which can occur by injection, inhalation, absorption, or ingestion.
* Seizures, or a malfunction in the electrical activity in the brain. Three types of seizures include a grand mal (which usually features convulsions as well as temporary respiratory abnormalities, change in skin complexion, etc.) and petit mal (which usually features twitching, rapid blinking, and/or fidgeting as well as altered consciousness and temporary respiratory abnormalities).
* Sprain, a temporary dislocation of a joint that immediately reduces automatically but may result in ligament damage.
* Stroke, a temporary loss of blood supply to the brain.
* A sucking chest wound, a life-threatening hole in the chest that can cause the chest cavity to fill with air and prevent the lung from filling.
* Wounds and bleeding, including lacerations, incisions, abrasions, and avulsions.

**V. CARDIOPULMONARY RESUSCITATION (CPR)**

A. CPR is an emergency medical procedure for a victim of a heart attack (cardiac arrest or respiratory arrest). It consists of artificial blood circulation and artificial respiration (i.e. chest compressions and lung ventilation). CPR is generally continued until the provider is relieved by trained medical personnel, the patient regains a heartbeat or is declared dead.

CPR is unlikely to restart the heart, but rather its purpose is to maintain a flow of oxygenated blood to the brain and the heart, thereby delaying tissue death and extending the brief window of opportunity for a successful resuscitation without permanent brain damage. Defibrillation and advanced life support by trained medical personnel are usually needed to restart the heart.

B. Officers who are certified to provide CPR may utilize the procedure if needed in a situation. Those who provide CPR will take all necessary health precautions prior to beginning the process and will use any related safety equipment, such as masks, provided by the department.

**VI. FIRST AID KITS AND SUPPLIES**

The department does not normally issue first aid kits due to problems associated with keeping the kits properly supplied and current. However, this does not preclude officers from procuring and maintaining their own kits, especially those trained as first responders. Those who have their own kits are reminded to survey their kits on a regular basis. Equipment purchased by the department, such as for health precautions, will be utilized in situations where it is required or necessary.

**VII. PRECAUTIONS AND REPORTS**

As stated in Section III A above, officers who render first aid must first protect themselves. All available precautions will be taken prior to rendering aid; officers will not unduly place themselves in jeopardy in order to render aid. In addition, information about any aid rendered will be included in the associated incident or accident report.