First Aid Review RED



Reviewed Staff: _____ Date: _____

Reviewers:

Situation: A student was playing basketball when he/she got hit above his/her eye. The student has a laceration above his/her eye.

Victim: Approach your friend and hold your eye indicating where the laceration happened and explain the situation to the staff member. Begin to show signs of shock*

Witness: Run to the information counter and explain that your friend is bleeding badly.

<u>Checklist</u> - (Facilitator/victim will verbalize bold words in parenthesis):

____ Grab AED, first aid kit, radio and cell phone*

- ____ Check the scene (Facilitator: scene is safe)
- Tell him/her you are first aid certified and want to help; obtain consent
- ____ Assist person to a seated position
- ____ Before dealing with blood, put on gloves*
- ____ Apply pressure with a clean gauze pad*
- Continue applying additional gauze pads until cut stops bleeding, and white stretchy tape as needed*

(Facilitator: Victim shows signs of shock)

- ____ Direct someone to call 911 and University Police*
- ____ Ensure bystanders or other staff open doors and meet EMS
- ____ Assist person to a lying down position
- ____ Monitor signs of life until EMS arrives*

Fill out an accident report* (Facilitator: What information should be included on the report?) Explain what SAMPLE stands for

After EMS departs:

- ____ Clean the scene with appropriate solution*
- ____ Place all saturated materials into biohazard bag and place bag in biohazard container; place all other materials (band-aids, gauze) into a garbage can*
- ____ Inform Pro Staff about the emergency, call Mo if after hours*

Other

- Check for knowledge of building address and appropriate phone number
- Does staff member have CPR pocket mask • clipped on?

Location	Phone Number	Address
REC	608-785-5225	1601 Badger St
Mitchell Hall	608-785-8696	1820 Pine St

Rec info: all staff members MH info: only if staff member works there

Symptoms of shock: confusion, altered level of consciousness, pale/ashen appearance, cool/moist skin, rapid breathing, excessive thirst, nausea or vomiting

Please write comments on back of sheet \rightarrow

Met Requirements Did not meet requirements (Facilitator: Paige will contact you)

Signature of Facilitator: Signature of Reviewee:

If 3 (*) missed, staff automatically does not meet requirements