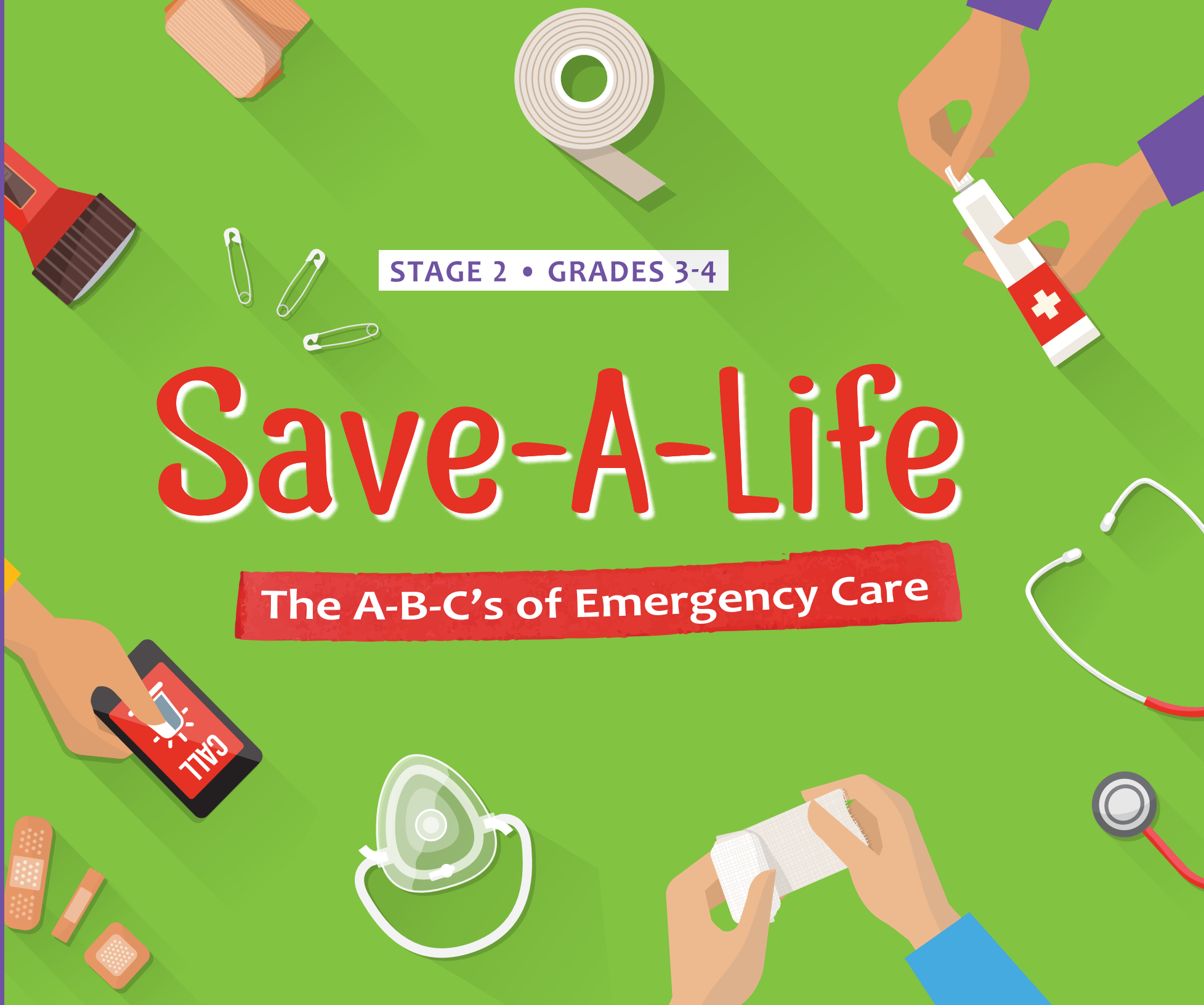


STAGE 2 • GRADES 3-4

Save-A-Life

The A-B-C's of Emergency Care



EMERGENCY NUMBERS

POLICE/FIRE

HATZOLAH

POISON CONTROL

DOCTOR

DENTIST

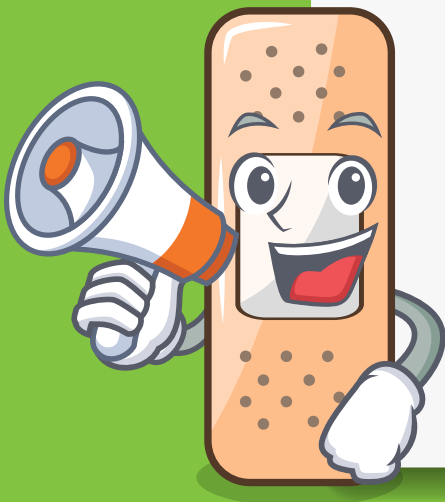




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PROTECT THE PATIENT'S **PRIVACY!**

- ⇒ make sure people don't stand around and stare
- ⇒ try to cover the patient so they are not embarrassed
- ⇒ NEVER share a patient's name or private information with anyone except for emergency personnel

MAKE SURE THE AREA IS
SAFE FOR YOU
BEFORE YOU HELP THE
PATIENT

TAKE A
DEEP BREATH &
STAY CALM

YOU CAN DO IT!
YOU CAN HELP
SAVE A LIFE!

ALWAYS CALL
HATZOLAH or 911 IN AN
EMERGENCY
**EVEN ON
SHABBOS!**

PROTECT YOURSELF:

- ⇒ Wear disposable gloves if available
- ⇒ Wash your hands with soap and water after the emergency is over



Save-A-Life

INTRODUCTION

Dear Student,

Welcome to Stage 2 of the Save-a-Life program.

Save-A-Life is designed to teach you how to help people when they are in an emergency situation. You will even learn how YOU CAN SAVE SOMEONE'S LIFE. At the beginning, it might seem overwhelming to think that YOU can actually help save a person's life, but you will see that this is really possible.

The program is set up with a different topic for each lesson.

Lesson #2 is the **Always/Never** lesson where you will learn what you should always do and what you should never do in an emergency.

The rest of the lessons deal with specific emergency situations. You will learn what steps are necessary in order to make sure that the patient can have the best outcome in each situation.

Save-A-Life is NOT designed to make you an emergency professional. You will be the **'first responder'** who will help before the trained professionals arrive to take over. This is a most important job and can mean the DIFFERENCE BETWEEN LIFE AND DEATH. It might seem **SCARY** if you don't know what to do, but this program will go through all the steps clearly so you will be able to stay CALM and feel confident that YOU CAN DO IT!

You will be able to master this program and make the most difference by reviewing the lessons over and over again. This is the best way to make sure that you don't forget what to do and you will be able to keep calm during an emergency.

You might think *"I'm just a kid so what could I possibly do?"* Research has shown that children even younger than you have saved a life by

- calling for help
- calmly explaining what the emergency was
- answering questions from the operator

Most of the instructions are quite simple to learn, but if you don't know what to do you won't be able to help even if you would like to. Once you learn and review the **Save-A-Life** program, you will never again feel helpless if you come upon someone who is experiencing an emergency. Whether it be a classmate or family member, or even a stranger, you will feel EMPOWERED. You will have a LIFELONG SKILL which will enable you to make a great DIFFERENCE IN SOMEONE'S LIFE!

Yaad Refuah

ALWAYS/NEVER

ALWAYS

- ✓ Call Hatzolah/911 in an emergency. Call even if you're not sure - **even on Shabbos**. Calling Hatzolah/911 is the most important thing you can do to save a life.
- ✓ Make sure the area is safe before trying to help the patient. Some examples of unsafe surroundings are: electrical dangers, fire, traffic, etc. If you don't feel safe, don't put your own life in danger! Call for help.
- ✓ If there's an emergency and you are alone and don't have a phone, yell for help. Hopefully, someone will hear and come.
- ✓ If there's an emergency and someone is with you, tell the person to call Hatzolah/911 while you help the patient. Look directly at that person and call them by name or say 'You in the blue shirt, call Hatzolah.' Tell the person the reason for the call and to stay on the phone until the dispatcher tells them to hang up.
- ✓ When you call Hatzolah/911, use a landline phone, if possible. Use a cell phone if you don't have a landline phone. Leave the phone off the hook and use the speakerphone so the dispatcher knows what's going on and can give you instructions on the phone while they are sending help. Don't hang up before the Hatzolah/911 dispatcher tells you to.
- ✓ If you are indoors, open the door so Hatzolah/911 can get in. If someone is with you, have that person wait outside to guide Hatzolah/911 to the patient. If it's dark outside, have them take a flashlight along.
- ✓ Keep calm. Speak calmly to the patient and tell them that help is on the way. Talk to them as if they can hear you even if they look like they are **unconscious***. They probably can hear you.



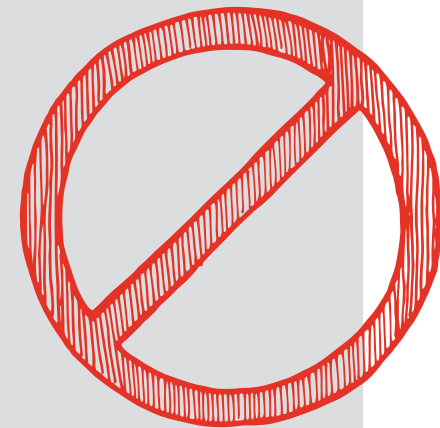
- ✓ If you don't have a phone and have to leave a patient to get help, tell the patient why you are leaving and that you will be back very quickly.
- ✓ Protect yourself by wearing disposable gloves if you can. This is especially important because you don't know if the patient has an infection.
- ✓ Protect the patient's privacy as much as possible. This includes not exposing the patient more than necessary and discouraging people from standing around and staring.
- ✓ Wash your hands very well with soap and warm water after the emergency is over.



***Unconscious** is when someone looks like they are asleep but they do not respond to sound or touch.

NEVER

- ✗ **NEVER** hesitate to call Hatzolah/911 if you think it's necessary, **even on Shabbos**.
- ✗ **NEVER** try to help the patient if the area is not safe for you.
- ✗ **NEVER** leave the patient alone except to go get help. Stay with the patient until help comes.
- ✗ **NEVER** give an unconscious patient anything to eat or drink. They can choke.
- ✗ **NEVER** do a finger sweep in someone's mouth if they are choking and you cannot see an object in their mouth.
- ✗ **NEVER** put anything in the mouth of someone who is having a seizure.



LESSON 3

CHOKING – ADULT/CHILD

WHAT IS IT?


Choking is when food or an object completely blocks a person's airway, preventing air from reaching the lungs.

 A person who is coughing is **NOT** considered to be choking. They should be encouraged to continue coughing. This will help get the food or object out.

WHAT ARE THE SYMPTOMS?

The person cannot cough, speak or breathe. Their skin, lips and nails can turn blue or purplish.

UNIVERSAL CHOKING SIGN: HANDS CLUTCHED TO THE THROAT.

 Sometimes, the patient can't breathe because their tongue or throat is swollen. This could be because the patient is having an allergic reaction – to food, an insect bite, etc. If you know **FOR SURE** this is the case, **CALL HATZOLAH/911 IMMEDIATELY**. There is no obstruction to remove.

WHAT SHOULD YOU DO?


- 1 YOU SEE A PERSON CHOKING. IF SOMEONE IS WITH YOU, HAVE THEM CALL HATZOLAH / 911; IF YOU'RE ALONE, YELL FOR HELP.**
- 2 PERFORM ABDOMINAL THRUSTS**
 - Stand or kneel behind the person, depending on their height.
 - Wrap your arms around the person's waist, putting the thumb of one hand against the middle of the person's stomach just above the navel (belly button).
 - Close the fingers of the same hand, making a fist.
 - Cover that fist with your other hand.
 - **GIVE ABDOMINAL THRUSTS** by pushing your fist in and up as if you are trying to lift the person.

3 CONTINUE CARE

Continue giving Abdominal Thrusts until the object is forced out and the person starts coughing or breathing, or the person becomes unconscious, or help arrives.

4 IF THE PERSON BECOMES UNCONSCIOUS

- Call Hatzolah/911 immediately if they have not yet been called.

 If you must leave the patient to call Hatzolah/911, position the patient on their side for safety.

- Position the patient on their back on the floor or on a hard surface.
- Speak to the patient calmly (even if you think they can't hear you) and tell them help is on the way.
- Stay with the patient until help comes.
- While you are waiting for help, you can perform Abdominal Thrusts in the following way:
 - Straddle the patient and place the heel of your hand just above the person's belly button.
 - Place your other hand on top of your first hand.
 - While keeping your elbows straight, use the weight of your body to give quick upward thrusts until the obstructing object is coughed out or help arrives.



When emergency professionals arrive, they will continue care; if the patient is not breathing, they will perform CPR.



FIRST AID FOR CHOKING

ADULT/CHILD



ABDOMINAL THRUSTS

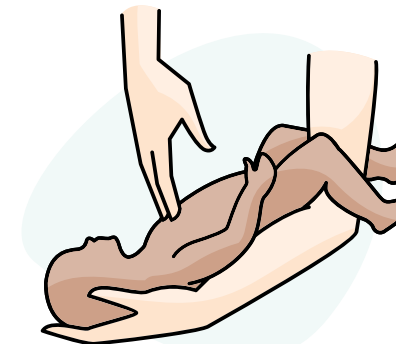
INFANT

(under 1 year of age)

ALTERNATE:



5 BACK BLOWS

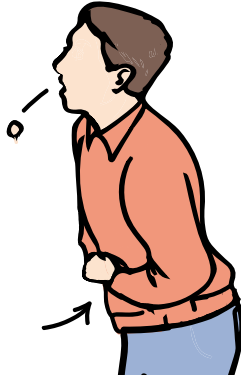


5 CHEST THRUSTS

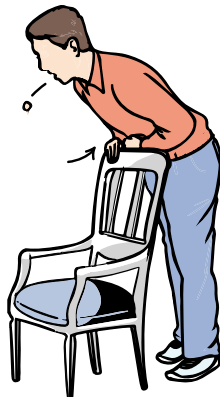
FIRST AID FOR CHOKING

CHOKING IF ALONE - A

ABDOMINAL THRUSTS



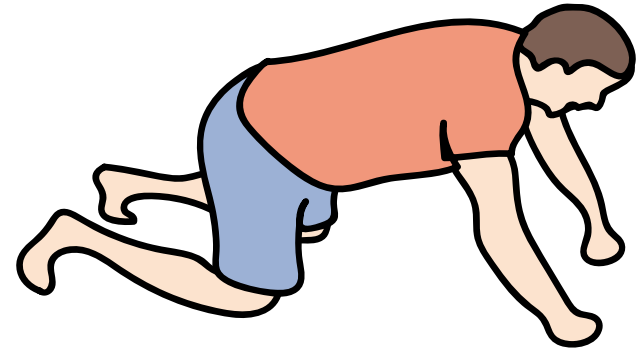
USE FISTS



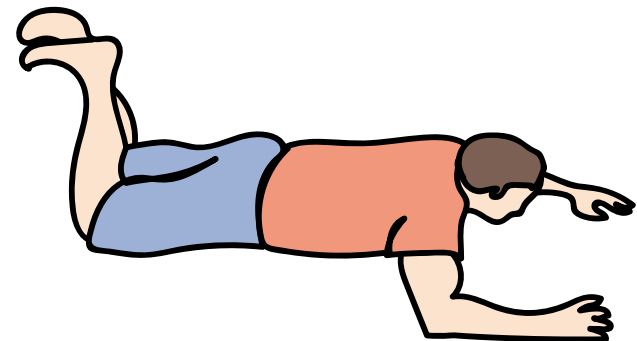
OR BEND OVER AN OBJECT

CHOKING IF ALONE - B

BELLY FLOP



ASSUME PUSH UP POSITION



THRUST DOWN

CHOKING – INFANT (under 1 year)

WHAT IS IT?

When food or an object completely blocks an infant's airway, preventing air from reaching the lungs, the infant will choke.



If the infant is coughing, they are **NOT** considered to be choking.

WHAT ARE THE SYMPTOMS?

The infant cannot cough, speak or breathe (except possibly make high pitched noises). Their skin, lips and nails can turn blue or purplish.

WHAT SHOULD YOU DO?

1 HAVE SOMEONE CALL HATZOLAH/911 IMMEDIATELY

If you are alone, perform Choking Care for Infant (see Step 2 below) for 2 minutes, then call Hatzolah/911, taking the infant with you if you have to leave to get a phone; continue Choking Care for Infant until the object comes out, or the infant becomes unconscious, or help arrives.

2 CHOKING CARE FOR INFANT

- **Position infant**
Sit down. Rest your forearm on your thigh. Hold the infant face down on your forearm. Support the infant's head and neck with your hand. Take care not to put any pressure on the infant's throat. The infant should be lying at a downward angle, with their head being lower than their body.
- **Give 5 Back Blows**
With the heel of your other hand, firmly but gently thump the infant 5 times on the back between the shoulder blades.
The combination of gravity and back blows should release the blocking object.



3 IF THE BABY IS STILL CHOKING


- Reposition infant
Put the palm of your free hand on the baby's head and sandwich the infant between your forearms. Roll the infant from one arm to the other so that the infant is now lying face up.
Support the infant's head and neck with your hand which is resting on your thigh.
Keep the infant at a downward angle, with their head lower than their body.
- Check the infant's mouth
See if the object has come up. Take the object out **ONLY IF YOU CAN SEE IT AND IT CAN EASILY BE SWEEPED OUT WITH A FINGER.**
- Give 5 chest thrusts
Put two fingers of your free hand in the center of the infant's chest, just below the nipple line. Push straight down on the chest about 1/3 of the depth of the chest. Do this 5 times.

4 CONTINUE CARE

Alternate between 5 back blows, turning the infant, checking the infant's mouth, and 5 chest thrusts until the object is forced out and the infant starts crying, breathing or coughing, or the infant becomes unconscious.

5 IF THE INFANT BECOMES UNCONSCIOUS

- **CALL HATZOLAH/911 IMMEDIATELY** - if they have not yet been called. Take the infant with you if you have to leave to get help.
- Continue giving Chest Thrusts until help arrives or the infant starts breathing again.

 When emergency professionals arrive, they will continue care; if the infant is not breathing, they will perform CPR.

 Sometimes, the infant's airway is closed because their tongue or throat is swollen. This could be because the infant is having an allergic reaction – to food, an insect bite, etc. – or they may have an illness. If you know **FOR SURE** this is the case, **CALL HATZOLAH/911 IMMEDIATELY.** There is no obstruction to remove.

CHOKING WHEN YOU ARE ALONE

WHAT IS IT?

You're alone and you cannot cough, speak or breathe because your airway is blocked, by food or by an object.

If you can cough, you are **NOT** considered to be choking. Continue coughing; this will help get the food or object out.

WHAT SHOULD YOU DO?

1 CALL HATZOLAH/911

Since you can't speak, it's best if you call from a landline phone so emergency services can find your location. If you only have a cell phone, call from the cell. Put the phone on speaker.

2 OPEN YOUR DOOR, IF POSSIBLE

3 GIVE YOURSELF ABDOMINAL THRUSTS

- Place the thumb of one hand against the middle of your stomach – just above the navel.
- Close the fingers of the same hand, making a fist.
- Cover your fist with your other hand.
- Push your fist with force in and up as if trying to lift yourself up.

If that doesn't help:

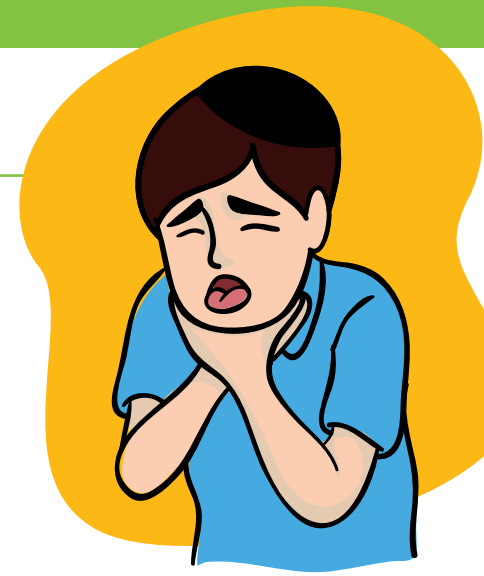
- Bend over a countertop, chair, railing, or other unmovable object.
- Forcefully push the area just above your navel (belly button) against the object several times.

4 IF THE ABDOMINAL THRUSTS DON'T WORK, USE THE 'BELLY FLOP' METHOD

- Get on your hands and knees as if you are ready to do push-ups.
- Stretch your arms straight out while plopping your stomach and upper part of your body to the floor.

5 CONTINUE CARE

Repeat steps 3 and 4 above until the food or object comes out or help arrives.



LESSON 6

POISONING

WHAT IS IT?

Poison is any substance which can cause severe harm if ingested, breathed in, injected into the body or absorbed through the skin.

WHAT ARE THE SYMPTOMS?

Symptoms might include: burns or redness around the mouth and lips, vomiting, difficulty breathing, drowsiness, mental confusion, rash, breath that smells like gasoline/paint thinner/other chemicals.

WHAT SHOULD YOU DO?

1 IF POSSIBLE, FIGURE OUT WHAT/HOW MUCH POISON THE PERSON SWALLOWED OR WAS EXPOSED TO, AND WHEN IT HAPPENED

Keep the pill bottle, medication package or other suspect container so you can refer to its label when you call Hatzolah/911 or Poison control.

2 CALL HATZOLAH/911 OR THE POISON CONTROL HOTLINE

If the person is unconscious, or if their level of consciousness changes, call Hatzolah/911. If you don't have a phone, leave the patient to get help. Don't forget to tell the patient why you are leaving and that you will be back quickly. If the person is conscious and alert, call the poison control hotline and follow their instructions.

4 DO NOT MAKE THE PERSON VOMIT OR GIVE THEM ANYTHING TO EAT OR DRINK UNLESS MEDICAL PROFESSIONALS TELL YOU TO DO SO

5 REASSURE THE PATIENT AND KEEP THEM CALM



LESSON 7

TICK BITES

WHAT IS IT?

A tick is an insect that can transmit an infection to people through its bite.

WHAT ARE THE SYMPTOMS?

A small red bump may appear at the site of the tick bite. This is normal. If it develops into a larger rash, possibly with a bull's-eye pattern, it may indicate Lyme Disease.



The longer the tick remains attached to the skin, the greater the risk of getting a disease from it.

WHAT SHOULD YOU DO?

1 REMOVE THE TICK PROMPTLY AND CAREFULLY

Use tweezers (best are pointy tweezers) to grasp the tick near its head or mouth. Pull gently straight up to remove the whole tick without crushing it. Do not twist it.

2 SEAL THE TICK IN A CONTAINER AND PUT IT IN THE FREEZER

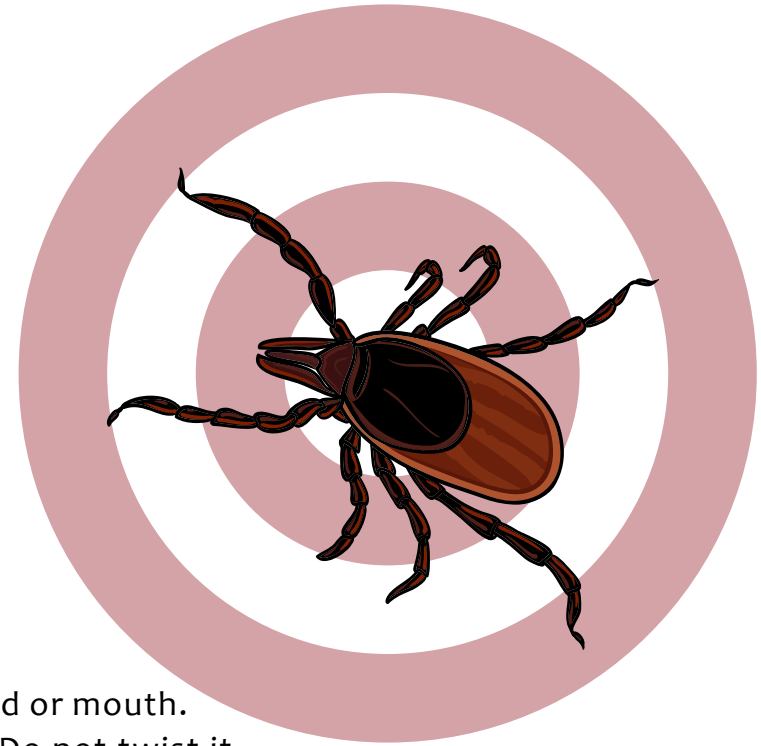
The doctor may want to see the tick if the person develops symptoms of illness after a tick bite.

3 WASH YOUR HANDS AND WASH AROUND THE BITE WITH SOAP AND WATER

4 IF THE PERSON HAS A SEVERE HEADACHE, DIFFICULTY BREATHING, TROUBLE MOVING THEIR FEET OR LEGS, OR HEART PALPITATIONS, CALL HATZOLAH/911

5 CONTACT THE DOCTOR IF:

- You can't completely remove the tick
- The rash gets bigger
- The person develops flu-like signs and symptoms (fever, chills, fatigue, body aches, headache)
- The bite site is infected - symptoms include redness/oozing/warmth



ASTHMA ATTACK

WHAT IS IT?

Asthma is a chronic medical condition that affects the airways – the tubes that carry air in and out of the lungs. When someone has an asthma attack, these tubes become narrowed, making it difficult to breathe.

WHAT ARE THE SYMPTOMS?

Wheezing, breathlessness, chest tightness, coughing and difficulty speaking. The person will be very anxious and distressed as they struggle to breathe. In extreme cases, the person's lips, earlobes and nail beds can become greyish-blue because of a lack of oxygen in the blood.

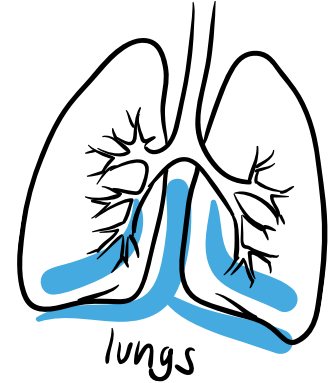
WHAT SHOULD YOU DO?

- 1 HELP THE PATIENT SIT IN A COMFORTABLE POSITION AND TRY TO KEEP THEM CALM**
- 2 GIVE THE PATIENT THEIR MEDICATION**

Most asthma patients carry an inhaler with them which contains medication. This medication provides fast-acting relief from wheezing, tightness of the chest and coughing. It does this by relaxing the muscles. This allows the air passages to expand so the patient can breathe more easily.

- 3 IF THE PATIENT DOESN'T HAVE MEDICATION, OR IF THE ATTACK CONTINUES OR GETS WORSE, OR IF THE PATIENT IS UNCONSCIOUS, CALL HATZOLAH/911**

If you're alone and don't have a phone, leave the patient and go get help. If the patient is unconscious, position them on their side for safety before you leave. Don't forget to tell the patient why you are leaving and that you will be back quickly.

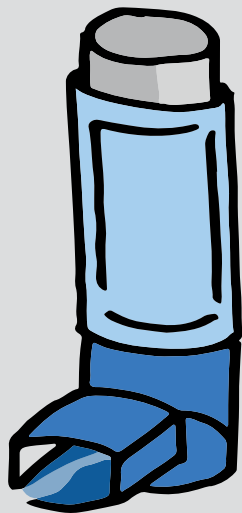


HOW TO HELP A PATIENT USE AN INHALER

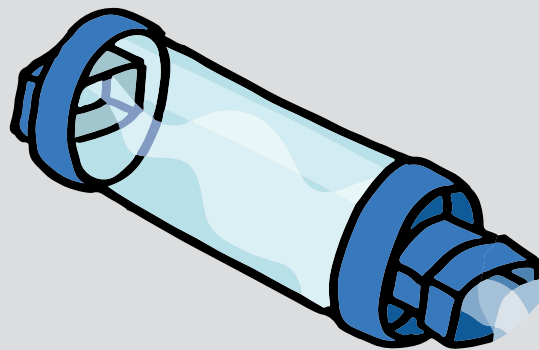
- ▶ Shake the inhaler
- ▶ Remove the mouthpiece cover
- ▶ If the patient has a spacer, attach it to the inhaler
- ▶ Put the mouthpiece between the patient's lips
- ▶ Have the patient administer the medication according to their doctor's instructions



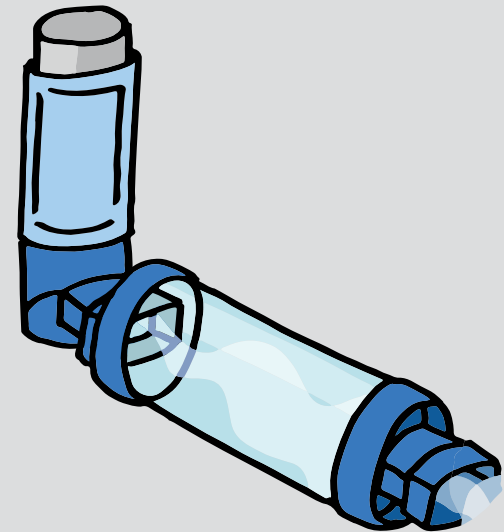
REMEMBER: ALWAYS SHAKE THE INHALER BEFORE EACH USE.



INHALER



SPACER



INHALER WITH SPACER

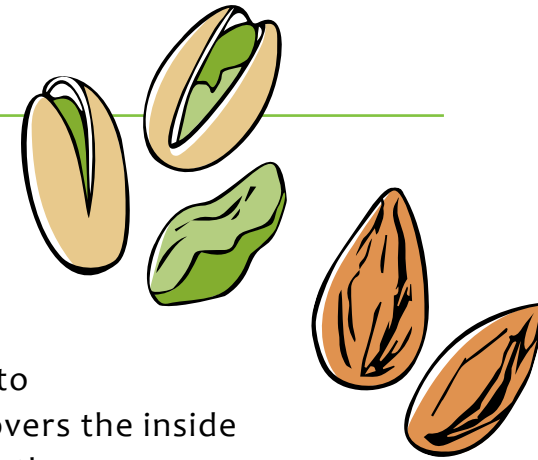
ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

WHAT IS IT?

Anaphylaxis is a severe, potentially life-threatening allergic reaction.

Common triggers of allergic reactions are: pollen, mold, insect stings, latex, medications, foods such as nuts or dairy products, etc.

The allergic reaction can be caused by something which is swallowed, inhaled, or comes into contact with the skin or mucous membrane. The mucous membrane is the thin lining that covers the inside surfaces of parts of the body such as the nose and mouth, and produces mucous to protect them.



WHAT ARE THE SYMPTOMS?

Difficulty breathing, tightness in throat, trouble speaking, swollen lips/ tongue/throat, nausea, abdominal pain or vomiting, rapid pulse, rash, itching, hives on hands/feet/face, diarrhea, anxiety or dizziness, change in mental status, loss of consciousness.

WHAT SHOULD YOU DO?

1 IF SOMEONE IS WITH YOU, TELL THEM TO CALL HATZOLAH/911

They should tell Hatzolah/911 that the patient is having a severe allergic reaction.

2 IF THE PATIENT HAS AN EPIPEN, HELP THEM USE IT

See follow-up page for instructions on how to use the EpiPen.

3 CALL HATZOLAH/911 IF THEY HAVE NOT YET BEEN CALLED

Tell them that the patient is having a severe allergic reaction.

If you don't have a phone, leave the patient and get help; tell the patient why you are leaving and that you will be back quickly.

4 IF THE PATIENT IS NOT BETTER AFTER 5 MINUTES. USE ANOTHER EPIPEN.




5 POSITION THE PATIENT

Lay the patient flat on their back and raise their legs. This will help the blood flow back to the vital organs. If the patient is having difficulty breathing, or they are vomiting, sit them up or lay them on their side so they won't choke.

6 REASSURE AND KEEP THE PATIENT CALM UNTIL HELP ARRIVES

HOW TO USE AN EPIPEN

- The EpiPen for adults has a yellow outside cap.
 - The EpiPen Junior is for children and has a green outside cap.
 - There is no need to remove clothing when administering the EpiPen.
 - The needle from the EpiPen is covered and is never seen.
 - If anyone you know uses an EpiPen, remind them to check the expiration date and color periodically so they will know when to replace it.
-
- ▶ Take the EpiPen out of the carrier tube.
 - ▶ Check the expiration date. For best results, use an EpiPen which has not yet expired. If you only have an EpiPen with an expired date, it might be less effective but you can still use it. Remember to tell emergency personnel that the EpiPen was past its expiration date.
 - ▶ There is a little window on the EpiPen where you can look at the medication. The color of the liquid should be clear. If the EpiPen is exposed to light, heat or air, it can degrade, turning rust colored, in which case it will be less effective. If it's discolored and you don't have any other EpiPen, you should use it because it's better than nothing.
 - ▶ Hold the EpiPen firmly with the orange tip pointing downward.
 - ▶ Remove the blue safety cap by pulling straight up. Don't bend or twist.
 Blue to the sky, orange to the thigh!
 - ▶ Push the orange tip firmly into the mid-outer thigh until you hear a 'click.'
 - ▶ Hold on the thigh for 3 seconds to deliver the medication.
 - ▶ Remove the auto-injector from the thigh and massage the injection area for 10 seconds.
 - ▶ There may still be liquid left in the EpiPen. This is normal.
 - ▶ After 5 minutes, if the patient doesn't feel better, use another EpiPen to give another dose.

SEIZURES

WHAT IS IT?

Seizures are strange movements caused by abnormal electrical activity in the brain which may be triggered by fever, injury, disease or certain medications.

WHAT ARE THE SYMPTOMS?

Sudden unresponsiveness, rigid body and arching back, convulsions. The person may fall down or make erratic movements, head might jerk, eyes flutter, they might cry out, shake, fall, or become unaware of what's going on around them.

There is also something called 'absence seizure' where the person suddenly 'switches off', stares blankly, has small twitching movements and/or repetitive movements such as lip smacking.

WHAT SHOULD YOU DO?

1 PROTECT THE PERSON FROM HURTING THEMSELVES

To prevent injury to the head, put something soft – like a pillow or a folded jacket – under their head. Look out for any hard or sharp objects nearby that might cause injury and move them out of the way. If you can do it safely, remove the person's eyeglasses, tie, scarf, or anything which might hurt them.

2 DON'T HOLD THE PERSON DOWN OR TRY TO STOP THEIR MOVEMENTS

3 POSITION THE PATIENT ON THEIR SIDE, IF POSSIBLE

This will ensure that anything in the patient's mouth (saliva, etc.) will drain out and the patient won't choke.

4 DON'T PUT ANYTHING IN THE PATIENT'S MOUTH

While the patient may bite their tongue during a seizure, it's impossible for them to swallow their tongue and choke.

5 TIME THE SEIZURE, IF POSSIBLE



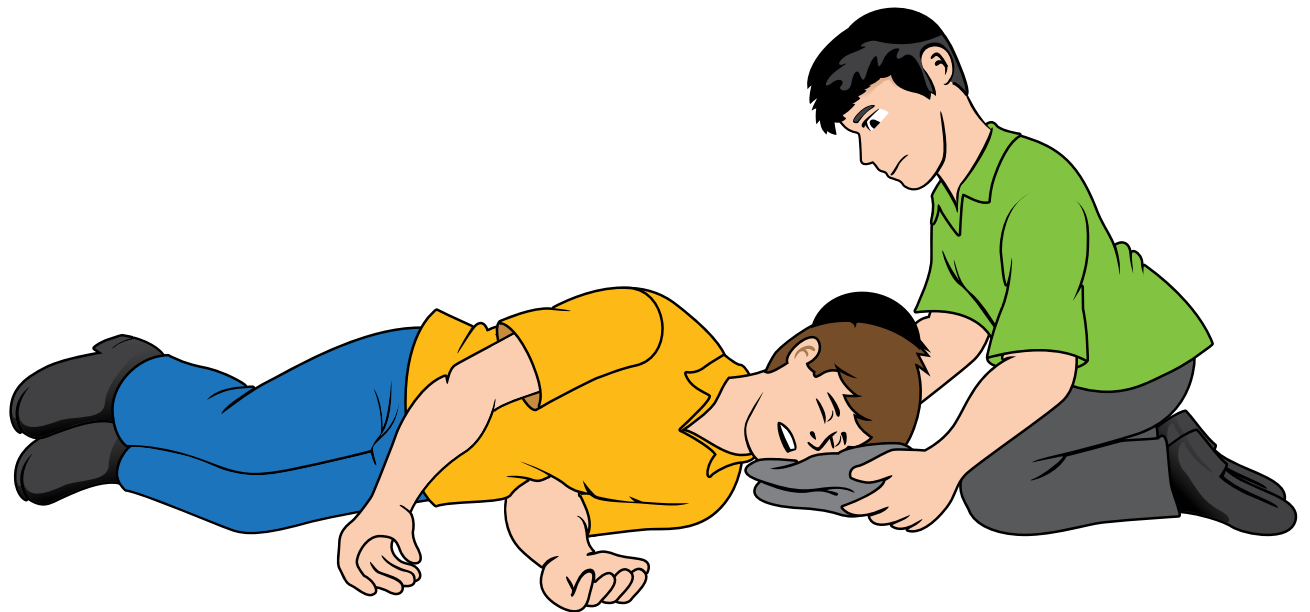
6 RESPECT THE PATIENT'S PRIVACY BY KEEPING ONLOOKERS AWAY

7 COMFORT AND REASSURE THE PATIENT AS THEY REGAIN CONSCIOUSNESS

 You should call Hatzolah / 911 if the patient:

- stops breathing
- doesn't have any medication with them
- is not helped by the medication
- has difficulty talking
- is becoming exhausted
- has never had an attack before

If you don't have a phone, wait until the seizure ends and go get help. If the patient is unconscious, position them on their side for safety. Leave the patient and go get help. Tell them you are leaving to get help and you will be back quickly.



To find out more information or
to be a part of the
SAVE-A-LIFE program contact:

LEAH KRAUSZ

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lkrausz@vaadrefuah.org

We welcome your comments &
suggestions.

A PROJECT OF:

