

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

MANAGING MEDICAL AND ENVIRONMENTAL EMERGENCIES

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Emergency management is the organization and management of resources and responsibilities for dealing with all **humanitarian** aspects of emergencies (**preparedness, response, and recovery**). The aim is to reduce the harmful effects of all hazards, including disasters. All the hazards can be in many forms like fluid, gas, substance, etc.

Physical

- Flood-associated injuries
- Earthquake-associated injuries

Biological

- Mold exposures after some natural disasters like hurricane, tsunami, flood that leads to eye irritation, cough to severe life-threatening asthmatic or allergic reactions
- Body remains (human, animal)
- Flood-associated skin infections

Chemical

- Asbestos fibers released from a building collapses during hurricane
- Silica from volcanic eruptions
- Insecticides, chlorine, ammonia, etc.





Medical emergency is any condition of undifferentiated, unscheduled patients with acute illnesses or injuries that require immediate medical attention. While not usually providing long-term or continuing care, emergency physicians undertake acute investigations and interventions to **resuscitate and stabilize patients**.

Not all medical emergencies are life-threatening; some conditions require medical attention in order to prevent significant and long-lasting effects on physical or mental health.

- Blood
- Children
- Endocrine
- Environmental
- Eyes
- Gastrointestinal
- Genitourinary
- Heart and blood vessels
- Infectious disease
- Inflammatory
- Injury
- Lungs and airway
- Nervous system
- Pregnancy
- Psychiatric
- Skin
- Toxicological
- Gynecologic

Environmental

- Accidental hypothermia
- Frostbite
- Heat illness
- Drowning
- Electric shock

Universal precautions refers to the practice, in **medicine**, of avoiding contact with patients' bodily fluids, by means of the wearing of nonporous articles such as **medical gloves, goggles, and face shields**.

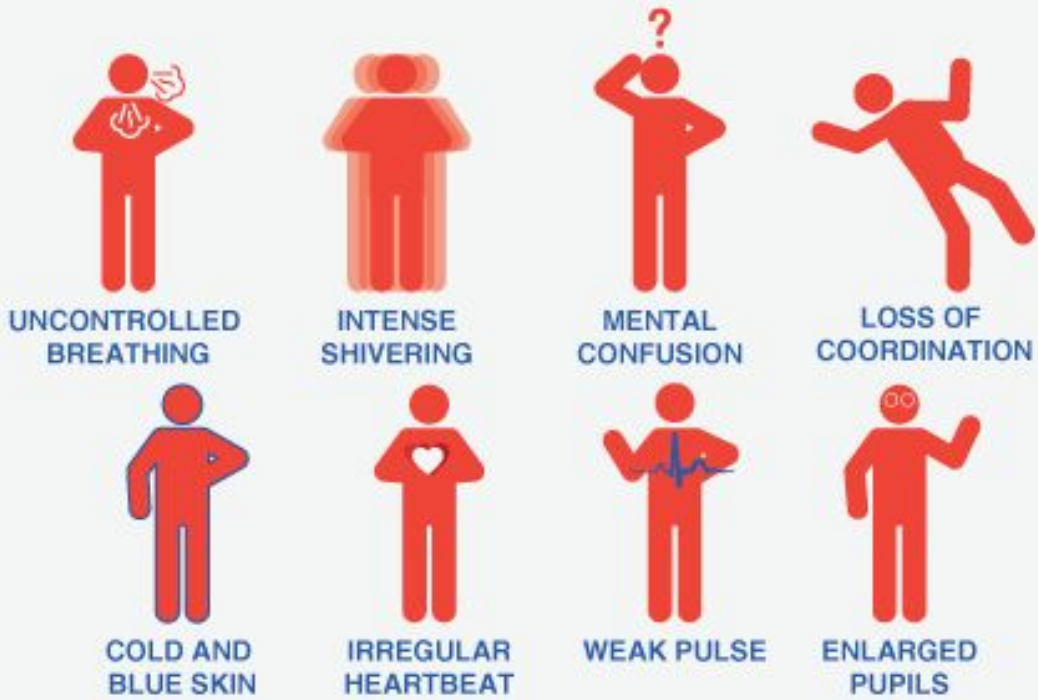
Universal precautions were the infection control techniques that were recommended following the AIDS outbreak in the 1980s. Every patient was treated as if infected and therefore precautions were taken to minimize risk.

Universal precautions were typically practiced in any environment where workers were exposed to bodily fluids, such as:

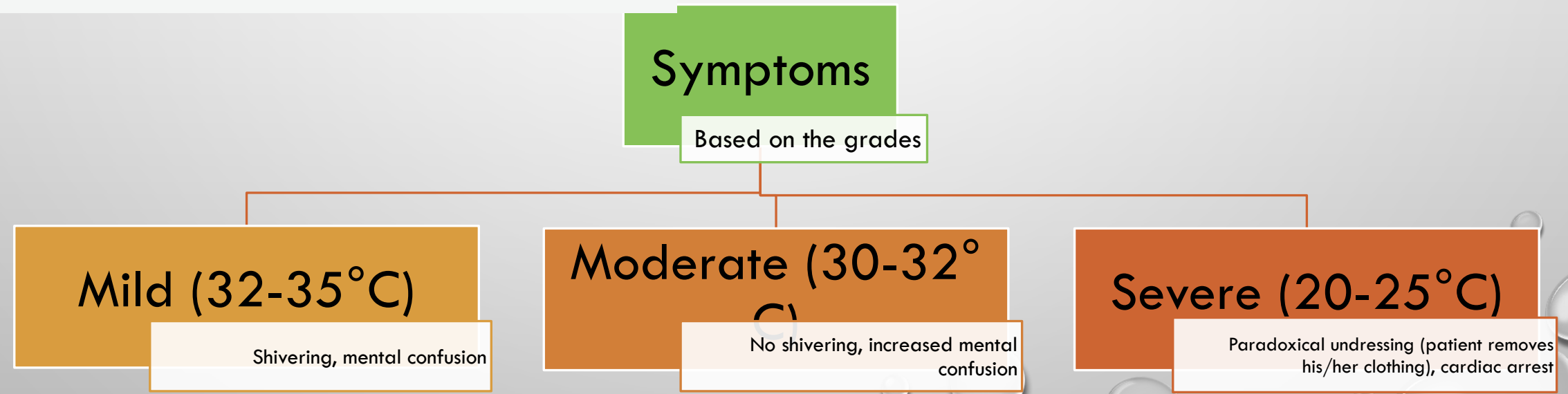
- Blood
- Semen
- Vaginal secretions
- Synovial fluid
- Amniotic fluid
- Cerebrospinal fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid
- Feces
- Urine

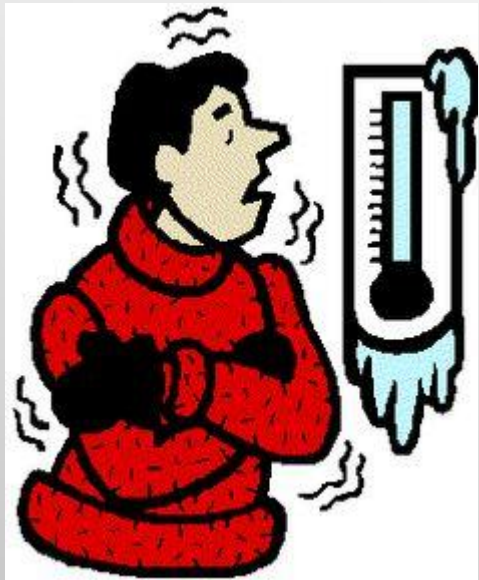
Universal precautions were designed for doctors, nurses, patients, and health care support workers who **were required to come into contact with patients or bodily fluids**. This included staff and others who might not come into direct contact with patients.



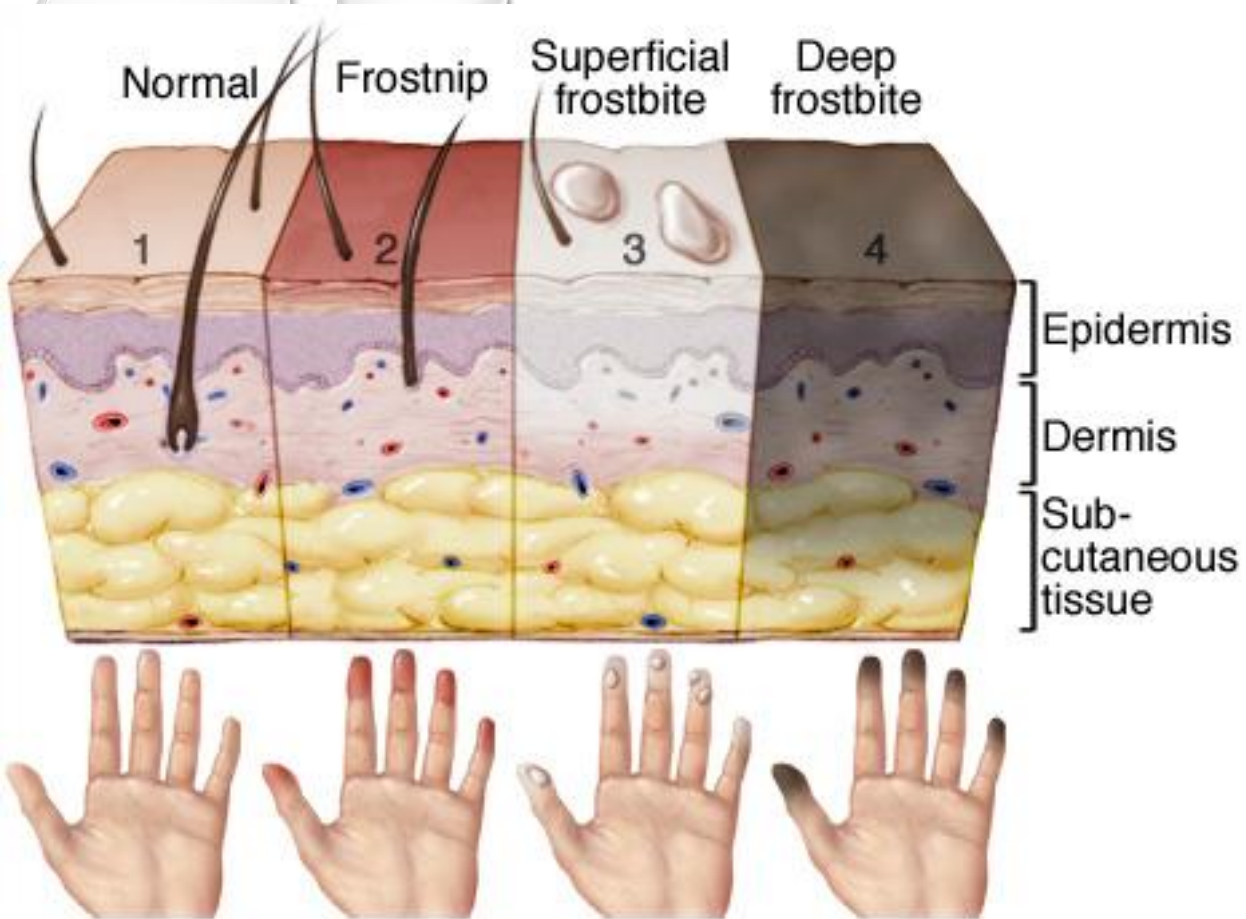


Hypothermia is reduced body temperature that happens when a body dissipates more heat than it absorbs. In humans, it is defined as a body core temperature below 35.0 °C (95.0 °F). Symptoms depend on the temperature.





Conscious	Shivering	Passive Rewarming Remove wet clothing and dry Insulate from all heat loss High Sugar food and drink Encourage movement	
	Not Shivering	Active Rewarming Minimise movement Cut away wet clothing and gently dry Gently warm – heat packs and creating a warm environment Insulate from all heat loss	
Unconscious	Do not move: Treat as a Spinal Casualty		
	No Vital Signs	Check for breathing and Pulse for 60 seconds Provide 3 minutes of mouth-to-mouth ventilations Recheck for breathing and pulse for 60 seconds	
		Vital Signs detected and Definitive Care < 3hrs Continue ventilations only	No Vital Signs detected or Definitive Care > 3hrs CPR for up to 30 mins



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(4) **Deep frostbite.** Numbness, joints or muscles may no longer work. Large blisters may form a day or two after rewarming. Afterward, the area turns black and hard as the tissue dies.

Frostbite occurs when exposure to low temperatures causes freezing of the skin or other tissues. The initial symptom is typically numbness.

(1) Skin without cold damage is **normal**

(2) **Frostnip** is mild frostbite that irritates the skin, causing redness, prickling and a cold feeling followed by numbness. Frostnip doesn't permanently damage the skin and can be treated with first-aid measures.

(3) **Superficial frostbite**, your skin feels warm, a sign of serious skin involvement. A fluid-filled blister may appear within 24 hours after rewarming the skin

Most Common Sites of Frostbite



Early Signs of Frostbite:

- Skin that is paler than normal, cold, firm and dry
- Pain, tingling, burning or aching
- Swelling
- Blisters in the first 24 hours after exposure

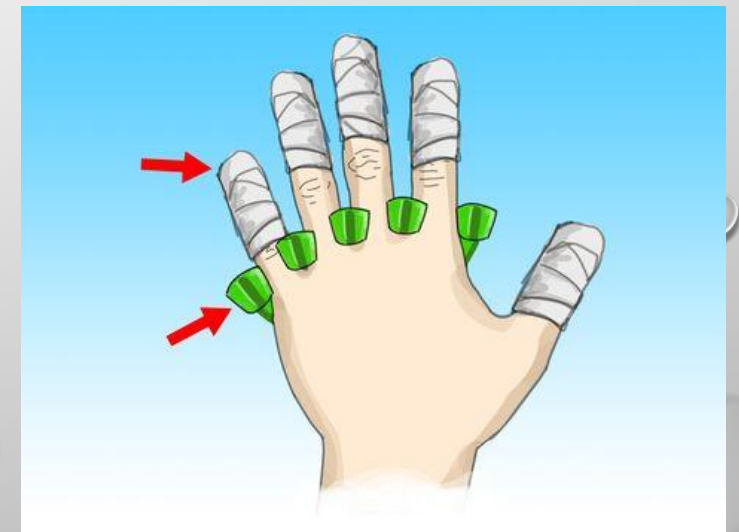
Do

- Drink warm liquids
- Remove any wet clothing
- Immerse area in warm (not hot) water for 30 minutes
- Rewarm face and ears with warm washcloths

Don't

- Try to re-warm skin by rubbing
- Re-warm skin that may freeze again
- Pop any blisters that may develop

Once the skin turns pink and starts to tingle, you can stop heat therapy. If skin remains white and hard or turns black or purple, go to the Emergency Response.



The differences :

FROSTBITE

A victim is often unaware of frostbite because frozen tissue is numb.



Signs & Symptoms

- Redness or pain in any skin area may be the first sign of frostbite.

Other signs include:

- a white or grayish-yellow skin area
- skin that feels unusually firm or waxy
- numbness

HYPOTHERMIA

Hypothermia often occurs at very cold T°, but can occur at cool T° (above 40°F). If a person is wet (from rain, sweat, cold water) and becomes chilled.

Signs & Symptoms

Adults:

- shivering
- exhaustion
- confusion
- fumbling hands
- memory loss
- slurred speech
- drowsiness

Infants:

- bright red, cold skin
- very low energy



If a person's temperature is below 95° get medical attention immediately.

Heat illness or heat-related illness is a spectrum of disorders due to environmental exposure to heat.

Heat
stroke

Heat
exhaustion

Heat
cramps

Heat
edema

Heat
syncope

Heat rash

Heat
tetany

Heat stroke - Defined by a body temperature of greater than 40 °C (104 °F) due to environmental heat exposure with lack of thermoregulation. Symptoms include dry skin, rapid, strong pulse and dizziness.

Heat exhaustion - Can be a precursor of heatstroke; the symptoms include heavy sweating, rapid breathing and a fast, weak pulse.

Heat cramps - Muscle pains that happen during heavy exercise in hot weather.

Heat edema is a cutaneous condition characterized by dependent edema from vasodilatory pooling. Heat causes the blood vessels to expand (dilate), so body fluid moves into the hands or legs by gravity.

Heat syncope - Fainting or dizziness as a result of overheating.

Heat rash - Skin irritation from excessive sweating.

Heat tetany - Usually results from short periods of stress in intense heat. Symptoms may include hyperventilation, respiratory problems, numbness or tingling, or muscle spasms

Major Heat Related Illnesses: These illnesses include heat cramps, heat exhaustion, and heat stroke. These illnesses are all directly related to the air temperature and relative humidity that a person is exposed to while working.

Heat Cramps

- Severe, sometimes disabling, cramps that typically begin suddenly in the hands, calves, or feet
- Hard, tense muscles

Heat Exhaustion

- Heavy sweating
- Weakness
- Cold, pale, and clammy skin
- Fast, weak pulse
- Nausea or vomiting
- Fainting

Heat Stroke

- High body temperature (above 103°F)*
- Hot, red, dry or moist skin
- Rapid and strong pulse
- Possible unconsciousness

What You Should Do:

- Move to a cooler or air conditioned area.
- Sip water slowly until the cramps go away.

What You Should Do:

- Move to a cooler location.
- Lie down and loosen your clothing.
- Apply cool, wet cloths to as much of your body as possible.
- Sip water.
- If you have vomited and it continues, seek medical attention immediately.

What You Should Do:

- Call 911 immediately — **this is a medical emergency.**
- Move the person to a cooler environment.
- Reduce the person's body temperature with cool cloths or even a bath.
- Do **NOT** give fluids.

According to the World Health Organization, **drowning** is defined as the process of experiencing respiratory impairment from submersion/immersion in liquid.

Generally, in the early stages of drowning, very little water enters the lungs: a small amount of water entering the trachea causes a muscular spasm that seals the airway and prevents the passage of both air and water until unconsciousness occurs.

Active drowning

Instinctively, people in such cases **perform well-known behaviors in the last 20–60 seconds before being submerged, representing the body's last efforts to obtain air.** Notably, such people are unable to call for help, talk, reach for rescue equipment, or alert swimmers even feet away, and they may drown quickly and silently close to other swimmers or safety

Passive drowning

People who **suddenly sink or have sunk** due to change in their circumstances. Examples include people who drown in an accident, or due to sudden loss of consciousness or sudden medical condition

Dry drowning

Drowning in which **no water enters** the lungs.

Wet drowning

In which **water enters** the lungs.



DROWNING

SIGNS AND TREATMENT



SIGNS OF DROWNING

+ TREATMENT +



CALL FOR HELP



LIFE GUARD



GET HELP



911



CHECK BREATH



CHECK PULSE



CPR



REPEAT CPR



HOSPITAL

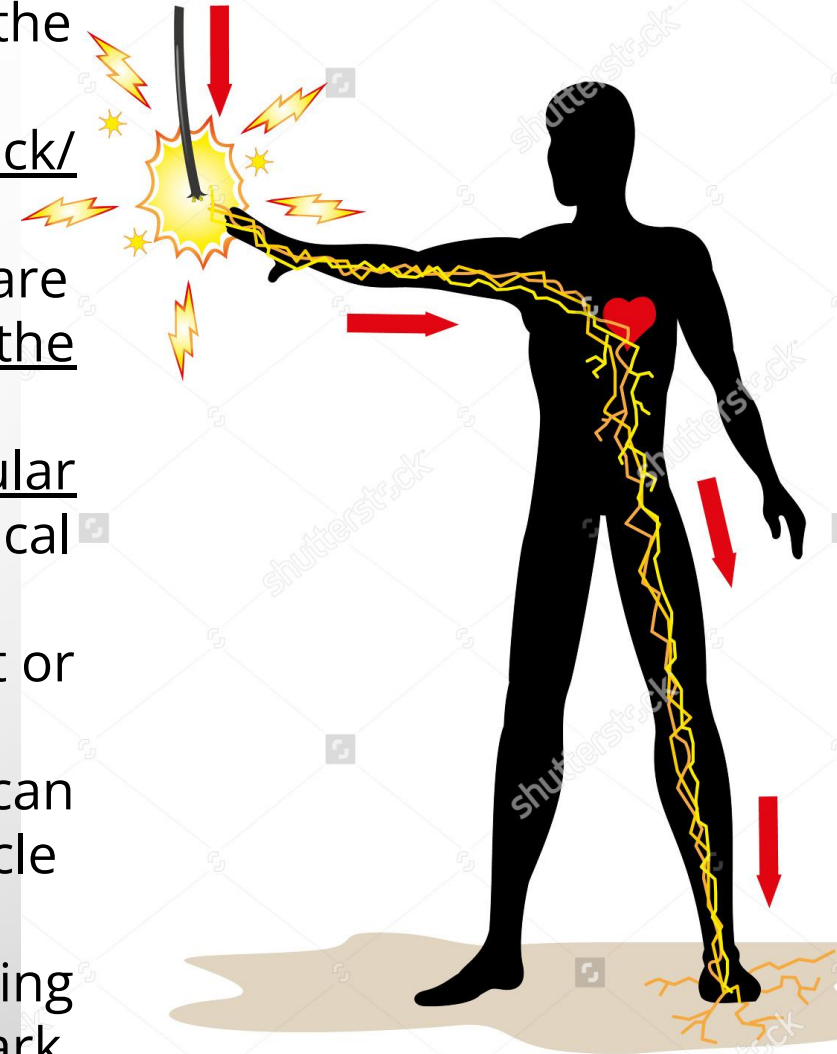
Electric Shock

People commonly experience electric shocks from man-made objects like electrical appliances, electrical circuitry and electrical wires. Other than the manmade objects, a person can also experience an electric shock from natural sources, such as lightning strikes.



Signs & Symptoms Of Electric Shock

- No obvious external injury or any evidence of electric shock; or the patient can have severe external burns.
- Some patients can suffer from cardiac arrest after an electric shock/ lightning strike.
- The burns which the patient experiences from electric shock are often severe at the site of contact with the electrical source and the ground. Common points of contact are hands, head and heels.
- Other than burns, injuries can occur from forceful muscular contraction due to which the patient is thrown clear from electrical source. In such cases, patient may have a spinal injury.
- If the patient is having shortness of breath, pain in the chest or abdomen, then it may indicate internal injuries.
- Pain with deformity of the hand or foot or other body part can indicate a possible fracture resulting from extreme muscle contraction from the electric shock.
- Children who suffer from electrical mouth burn, as a result of biting an electric cord, have a burn on the lip which has a red/ dark, charred appearance.
- Patient who has experienced electric shock should be examined for entry and exit marks to help assess the extent of the electric shock.



1. NOTIFY

- Notify surrounding that someone is down and to send help

2. EVALUATE

- Look first, but **DON'T TOUCH!**
- Turn off the electrical source in a safe manner. Use a non-conducting object to move it away.
- Do not move the person unless they are in immediate danger

3. ASSESS

- Check the victim's consciousness and response. Check the vital signs.

4. CPR

- 30 : 2

5. PREVENT SHOCK

- Lay down the person with the head slightly lower than the trunk, the legs elevated.
- Symptoms of shock include : cold sweat, irregular breathing, weakness, pale or blue color lips, fast and weak pulse, nausea.

6. BURNS

- Lightly cover any burned areas with sterile bandage or a clean cloth.
- Do not use a blanket or towel because loose fibers can stick to the burns.

7. FOLLOW UP

- Any electrical shock victim who experiences an altered level of consciousness requires urgent medical care

HEART ATTACK

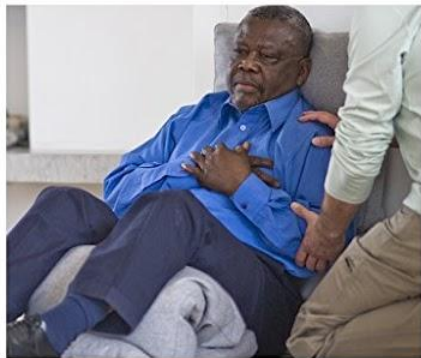
Symptoms:

- Chest pain, spreading to one or both arms or jaw that does not ease with rest
- Breathlessness
- Discomfort, like indigestion in upper abdomen
- Collapse, with no warning
- Sudden dizziness or faintness
- Pale skin or blueness of lips
- Rapid, weak or irregular pulse
- Profuse sweating
- Extreme gasping for air (air hunger)



1 CALL FOR EMERGENCY HELP

Call 999/112 for emergency help. Tell ambulance control that you suspect a heart attack.



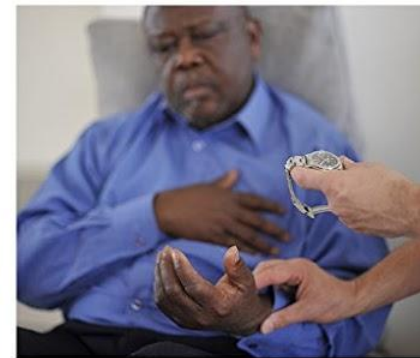
2 MAKE CASUALTY COMFORTABLE

Help the casualty into a comfortable position; a half-sitting position is often best. Support his head and shoulders and place cushions under his knees. Reassure the casualty.



3 GIVE CASUALTY MEDICATION

If the casualty is fully conscious, assist him to take one full dose aspirin tablet (300mg in total); advise him to chew it slowly. If the casualty has tablets or a puffer for angina, allow him to take it. Help him if necessary.



4 MONITOR CASUALTY

Encourage the casualty to rest. Keep any bystanders away. Monitor and record the casualty's vital signs – breathing, pulse and level of response – while waiting for help to arrive.

CAUTION

- Be aware of the possibility of collapse without warning.
- Do not give the casualty aspirin if you know that he is allergic to it.
- If the casualty loses consciousness, open the airway and check breathing (p.256). Be prepared to begin CPR (pp.258–59).

STROKE

F Face

A Arms

S Speech

T Time

Facial weakness – unable to smile evenly

Arm weakness- may only be able to move his arms on one side of his body

Speech problems

There may also be :

- Sudden weakness or numbness along one side or both sides of body
- Sudden blurring or loss of vision
- Sudden difficulty understanding the spoken word
- Sudden confusion
- Dizziness, unsteadiness of a sudden fall



1 CHECK CASUALTY'S FACE

Keep the casualty comfortable. Ask him to smile. If he has had a stroke, he may only be able to smile on one side – the other side of his face may droop.



2 CHECK CASUALTY'S ARMS

Ask the casualty to raise his arms. If he has had a stroke, he may only be able to lift one arm.



3 CHECK CASUALTY'S SPEECH

Ask the casualty some questions. Can he speak and/or understand what you are saying?



4 CALL FOR EMERGENCY HELP

Call 999/112 for emergency help. Tell ambulance control that you suspect a stroke. Reassure the casualty and monitor and record his vital signs – breathing, pulse and level of response – while waiting for help to arrive.

CAUTION

- Do not give the casualty anything to eat or drink; he will probably find it difficult to swallow.
- If the casualty loses consciousness, open the airway and check breathing (p.256). Be prepared to begin CPR (pp.258–59).

- Sudden severe headache with no apparent cause

EPILEPSY & SEIZURES





Know What To Do!

Epilepsy is a central nervous system disorder (neurological disorder) in which nerve cell activity in the brain becomes disrupted, causing seizures or periods of unusual behavior, sensations and sometimes loss of consciousness.




Symptoms :

- Temporary confusion
- A staring spell
- Uncontrollable jerking movements of the arms and legs
- Loss of consciousness or awareness
- Psychic symptoms

DO

-  Cushion the person's head and remove dangerous obstacles.
-  Turn the person on his side.
-  Time the seizure.
-  Loosen tight clothing, especially ties and collars.

DON'T

-  Hold the person down.
-  Put anything in the person's mouth.
-  Panic. Stay calm, and call 911 if necessary.

The background features a light gray gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text 'Thank You' is centered in a bold, purple font.

Thank You