



Standard Operating Procedures

Purdue University Stadium Rescue Squad

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Introduction: This document serves as the standard operating procedures (SOP) for members of the Purdue University Stadium Rescue Squad. The goal of the Rescue Squad is to detect, respond, and report emergencies at scheduled events, and to transfer patients to definitive care. (We are NOT an Emergency Medical Services (EMS) organization.) This document contains guidelines for the scope of practice, identification of possible medical emergencies, and use of the materials provided in the basic life support (BLS) packs.

Liability: This document provides general instructions and does not represent a method of definitive treatment. Even when following the SOP presented here, you are responsible and liable for any action you undertake. Remember that as a first aid provider, you have the right to refuse to provide treatment; however, you have an obligation to contact higher medical authorities as the need arises. Trained medical personnel should always be contacted to treat serious injuries and persistent conditions as soon as possible.

Contact: If at any point you have any questions, please feel free to contact the officers listed below.

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I. General Guidelines

Dress: The full Rescue Squad uniform consists of the red Rescue Squad polo, black or very dark blue pants, black belt, and black shoes/boots. Jeans are strictly prohibited. Failure to wear the required uniform makes you ineligible to participate in any event as a Rescue Squad member. Wearing the appropriate uniform is a serious part of maintaining our organization's professionalism.

Personal Safety: You should never undertake actions that could jeopardize your personal safety. It is expected that all members will make a concerted effort to protect their personal safety at all times. If any safety issue arises, it is your responsibility to remove yourself from danger and contact the proper authorities immediately.

Personal protective equipment (PPE), like gloves and mouth-to-mouth masks, are required for all patient care. Personal discretion is required to determine which PPE devices are necessary.

Patient Care: You are generally the first line of contact for the patient. It is your responsibility to provide prompt and courteous care at the first-aid level only. We are **NOT** an EMS organization; as a result, you are strictly prohibited from performing in a capacity greater than basic first aid—unless you are directed to do so by a higher medical authority. Even if you have a higher certification (i.e. EMT-B, First Responder), you may only operate at the level of a first responder if an emergency situation dictates the need for higher-level care.

Patient Rights: Always keep the patient's name, condition, and other relevant information in the strictest confidence. Information may only be shared with other healthcare providers, so long as they are assuming care and have a reason to know personal information. This includes protecting the patient's dignity. Patients may also have the right to refuse care; consult the Arrival and Obtainment of Consent section that follows.

Violations of any part of the general guidelines may result in the immediate termination of the violator's service work with the Stadium Rescue Squad.

II. On-Scene Procedures

1. Notification

There are two main ways in which you will be notified of a patient in need. Command, the people in charge of event operations, will send a radio message with information about the patient's problem and location. Alternatively, you may be flagged down by a person asking for help. In any case, you should always be alert for potential problems. In this case, you must contact Command to inform them of your location; then, respond appropriately.

2. Arrival and Obtainment of Consent

Before responding to any emergency, you must make sure that the scene is safe. This includes avoiding fights and wearing the appropriate PPE. In the event of an unsafe scene, be sure to contact Command for clearance to respond to the emergency.

Once you have arrived at a safe scene, identify yourself to the patient in a manner similar to the following: *"Hi, my name is Joe, and I'm here to help you. Can you tell me what is going on with you right now?"* If the patient is unconscious or unable to respond, follow the treatment guidelines outlined in this document for unresponsive patients.

You must be sure to establish whether or not the patient consents to treatment. Consent is the idea that the patient is allowing you to treat them. This is very important and should never be ignored. You may be held liable for treating non-consenting patients. The following guidelines for consent should be followed. Asking for help from a Rescue Squad member is considered consent for treatment, unless otherwise stated by the patient.

a) Adults

Adults have the right to refuse treatment, as long as they are: conscious, not under the influence of any drugs or alcohol, fully coherent, and able to take care of their injuries themselves. Adults are those who are at least 18 years old. If you need to verify age, refer to PUPD.

b) Minors

You must obtain parental or guardian consent in order to treat minors. In the event that the minor's parent/guardian is not available, consent is implied.

c) Implied Consent

Consent is implied when the patient is not able to expressly give or deny consent for treatment. The most common application of implied consent is for unconscious patients: the idea is that if the patient was conscious, he would want life-saving treatment.

3. Radio Communication with Command

Any contact that is done over the radio must be taken seriously and done professionally. People have found themselves in trouble for inappropriate radio contact and procedures. Rescue Squad members should never contact other squads via the radio; all radio communication by Rescue Squad members should strictly be with Command. Furthermore, patient names should **NEVER** be given over the radio.

Establish radio contact with Command by saying, "*Command, Squad x.*"

Wait for return communication, which will usually be, "*Squad x, go ahead.*"

Give the following necessary information regarding the incident:

- a) Nature of the incident
- b) Location
- c) Number of patients involved
- d) Request for aid from the Purdue University Fire Department (PUFD) or Police Department (PUPD) if necessary
- e) Clearance to respond

4. Response to the Emergency

Follow the guidelines outlined in the Treatment Guidelines section. Then, obtain secondary information from the patient or any bystanders as necessary.

5. Radio Command Follow-Up

Inform Command of your status. When you are en-route to the First Aid station, say, "*Escorting patient to First Aid West.*" Once you have finished escorting the patient and have returned to your primary location, contact Command and say, "*Squad x back in service.*"

III. Treatment Guidelines

Before you provide any treatment, make sure that you have followed the guidelines that have been given up to this point. This includes an evaluation of the scene safety, use of proper PPE, and obtainment of consent.

1. Fundamentals

This section outlines the fundamentals of treatment, and overviews cases where higher-level treatment may be necessary. All sections after this one provide specific information on treatment methods and control.

- Higher-level treatment is necessary for any emergency that could compromise the patient's basic functions of life. The mnemonic "ABCs," which refer to **a**irway, **b**reathing, and **c**irculation, is used to define the basic functions of life. Always provide care in the order of airway (A), breathing (B), then circulation (C).
- In the event that the person is not breathing and/or does not have a pulse, contact Command immediately and initiate CPR.
- **Never** move a patient that cannot move on his own or has sustained any injury to the back or neck.
- **Never** provide the patient with any medication unless instructed otherwise by Command or higher-level authorities.

Airway (A) and Breathing (B)

Situation: The patient is having a respiratory issue. For example, the patient has an abnormal respiratory rate (defined as 12-20 breaths/minute, though this will vary by person), inadequate tidal volume (shallow breathing), allergic reaction that restricts the airway, and trauma to the airway.

Action: Contact Command immediately. This is an immediate medical emergency. Make sure that a higher-level provider is contacted. You can then perform techniques such as CPR or the Heimlich maneuver (abdominal thrusts) if the emergency requires it. The following care should be provided as necessary. Once this care has been provided, make sure to gather secondary information from bystanders. Examples of secondary information are also outlined below.

Artificial Respirations

- 1) Look, listen, and feel for respirations.
- 2) Contact a higher-level provider.
- 3) Position the patient on his back.
- 4) Perform the head-tilt chin-left technique.

- 5) Remove the mouth-to-mouth mask from your BLS pack.
- 6) Place the mask on the patient; create a good seal around the patient's mouth and nose using the "E-C" grip.
- 7) Blow air into the mouthpiece until the patient's lungs noticeably rise (1-2 inches maximum).
- 8) Listen and wait for exhalation.
- 9) Check for a pulse. If there is no pulse, initiate CPR.
- 10) Repeat steps 7 and 8 twelve to twenty times per minute (every 3-5 seconds).
- 11) While performing artificial respirations, have your partner gather additional information about the patient (from bystanders or nearby family members) to relay to higher authorities.

Difficulty Breathing

- 1) Place the patient in a position of comfort for breathing. This usually means having the patient lean forward in a sitting position with his hands on his knees.
- 2) Do not ask the patient to talk. Instead, gather information from bystanders.

Secondary Information (examples)

- How long has the patient had trouble breathing? How long has he been down/unconscious/unresponsive?
- What caused this to happen?
- What relevant past medical history does the patient have?

First Responders/EMTs will recognize the SAMPLE and OPQRST acronyms; obtaining this information will help higher-level authorities.

Circulation (C)

Situation: The patient has experienced a significant mechanism of injury. (This means that the patient has sustained a serious traumatic injury. The mechanism of injury is the way that the patient became injured.)

Action: Contact Command immediately. This is an immediate medical emergency. If the bleeding is serious, be sure to request aid from PUFD over the radio. Then, attempt to control the patient's bleeding, based on the following guidelines.

Minor Scrapes and Cuts

Apply bandages from the BLS pack.

Uncontrollable Bleeding

Apply the 4x4 gauze pad from the BLS pack onto the wound, then apply direct pressure. If possible, hold the wound above the patient's heart level. Secure this wound dressing with Kerlix (the gauze bandage roll). Escort the patient to the first-aid station.

2. Specific Scenarios and Recommended Actions

This section outlines a few specific commonly-encountered scenarios and provides recommendations on what actions to take. The fundamentals (i.e. ABCs) described above always apply.

Chest Pain

Situation: The patient is complaining of chest pain.

Action: Contact Command immediately. Make sure that the patient is in a position of comfort. Gather pertinent background information. Try to gather information regarding the patient's pain (the OPQRST acronym, described below, applies). **NEVER** administer any medications unless instructed to do so by a higher-level medical authority.

OPQRST:

- 1) **O**nset: What was the patient doing when the pain started?
- 2) **P**rovocation: What makes the pain worse? Better?
- 3) **Q**uality: What kind of pain is the patient feeling? Is in a sharp pain? Does it feel like someone is standing on the patient's chest?
- 4) **R**adiation: Is the patient's pain radiating? That is, does the patient's pain spread to any part of the body other than the chest?
- 5) **S**everity: On a scale of 1 to 10, how bad is the pain?
- 6) **T**ime: When did the patient begin feeling pain?

Cardiac Arrest

Situation: The patient is experiencing cardiac arrest.

Action: Contact Command and request aid from PUF. Then, perform CPR as you have been trained.

Allergic Reaction (non-serious)

Situation: The patient is experiencing a non-serious (i.e. localized) allergic reaction. Bee stings are the most common non-serious reaction. This can be identified by localized swelling around the site of the sting/bite. (If the sting site is located in the oral mucous membranes or throat, this is instead considered to be a serious medical emergency as the patient's airway may become compromised.)

Action: Use a plastic card to "sweep" the stinger off of the body. **NEVER** use fingers or tools like tweezers to remove the stinger, even if you are wearing gloves. Use the bee-sting kit as shown:

Use of the Bee-Sting Kit:

Remove the swab from the small bag in the BLS pack. Pop the inner tube of the bee-sting tube by squeezing it firmly in a sort of breaking motion; there should be a resulting

popping sound. Hold the swab downwards so that the fluid saturates the swab tip. Finally, rub the swab end of the tube against the sting area.

Allergic Reaction (serious)

Situation: The patient is experiencing a serious (i.e. systemic) allergic reaction. This can be identified by large reactions, such as: limb or whole-body itching, scratchy throat, and hives.

Action: Contact Command and request aid from PUFD immediately. Escort the patient to the first-aid station for higher-level treatment and evaluation.

Drugs and Alcohol

Situation: The patient is under the influence of drugs and/or alcohol.

Action: If the patient is conscious, responsive, and able to walk, transport the patient to the first-aid station. Continuously monitor the patient for asphyxiation or emesis (vomit). Do not provide the patient with liquids (which presents a choking hazard)—this determination should be made by the medical authority in the first-aid station.

If the patient is unconscious, partially responsive, or unable to walk, contact Command and request aid from PUFD and PUPD. Continuously monitor the patient's ABCs, and initiate artificial respirations and/or CPR as necessary. Encourage the patient to stay still in order to avoid any injuries. Let PUPD and PUFD make the medical determination on whether or not the patient needs to go to the hospital.

Heat-Related Emergency

Situation: The patient is having trouble dealing with the heat.

Action: If the patient is responsive and stable, escort the patient to the first-aid station. Have the patient sit down or lay on the bed. Provide the patient with drinking water. Help the patient remove any excess clothing while maintaining the patient's privacy. Then, place ice packs under the patient's armpits, around the groin area, and on the forehead to help the patient cool down. The patient will be released under the direction of the medical authority in the first-aid station.

If the patient is unresponsive or appears unstable, contact Command and request aid from PUFD. Remember to evaluate and maintain the patient's ABCs.