Protest Emergency Medical Aid Training

(PEMA)

2026 edition, version 1
https://www.protestmedicine.org

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Introduction

Thank you for your interest in learning basic medical aid for protests. This book is intended to ensure that all those who serve as medics in a protest environment meet a minimum standard for basic medical care, adapted to the protest environment.

This book, along with the online training (https://www.protestmedic.org), takes current medical information and applies it specifically to protest environments. It's a combination of information from the following organizations:

- US Department of Transportation (DoT) National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services
- NOLS Wilderness Medicine Wilderness First Responder / First Aid
- University of Utah's Wilderness Medicine Wilderness First Responder / First Aid
- The Committee for Tactical Emergency Casualty Care (C-TECC) Combat Life Saver (TCCC-CLS)
- American College of Surgeons - Pre Hospital Trauma Life Support (PHTLS)
- American Society of Addiction Medicine
- Wilderness Medical Society.

The idea was to take current, science backed data on basic life support skills and apply them to situations that require an immediate response to prevent death or further injury. During a protest, the responder might have limited equipment, delayed response by advanced medical providers, and delayed transport to a facility to provide definitive care.

The goal for this book and online training is to not only provide a minimum standard of training for protest medicine, but to also provide a standard for other groups who need a baseline for "street medics".

Although this course is designed for people with little to no medical training, there is other information that will be useful for people who do have medical training to help with injuries that occur during protests. Prior to beginning this training, the student is expected to complete prerequisite classes (see below). After completing those and the online training the student should work with their respective group to have hands-on practical exercises to practice performing the skills learned.

We hope this training provides you with the skills you need to help those in need.

Prerequisite Training

This training was designed to be part of a group of trainings that together make up the Protest Emergency Medical Aide (PEMA) program. Although there is some material within this document that overlaps in each of these other areas, the student is required to take and complete these additional trainings.

CPR

You only need one or the other of the below CPR trainings to meet the requirement. The CPR class needs to include pediatric, child, and adult CPR along with use of an Automated External Defibrillator (AED).

https://www.redcross.org/take-a-class/bls

http://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/basic-life-support-bls-training

Stop The Bleed

https://www.stopthebleed.org/get-trained/online-course/

Naloxone (Narcan) Use

https://elearning.asam.org/naloxone

EpiPen Use

https://www.epipen.com/epipen-for-anaphylaxis/using-your-epipen

FEMA ICS 100 (optional)

This training is optional but it is highly suggested that it be taken, especially if someone wants to be a lead provider for their group.
https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c

Post PEMA Hands On

Once students have completed the prerequisite classes and this training, it is ***HIGHLY*** encouraged that students have hands on scenario based and practical labs to reinforce the training and to gain hands on experience. This should be provided by the group with which the student belongs. Guides for these exercises and labs are provided on the ProtestMedic website for use.

Safety & Equipment

BSI / PPE

To ensure the safety of you, the provider, taking some basic safety precautions is necessary. Body Substance Isolation (BSI) is a set of precautions used to prevent contact with potentially infectious body fluids. This includes blood, vomit, saliva, urine, feces, and respiratory secretions.

BSI is part of the Standard Precautions, a cornerstone of infection control recommended by health authorities and the US Centers for Disease Control (CDC). BSI assumes that anyone could be carrying an infectious disease, whether or not symptoms are visible.

Diseases can be transmitted through:

- Cuts or broken skin
- Mucous membranes (eyes, mouth)
- Inhalation (coughs, sneezes)
- Contaminated surfaces or medical equipment

Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other hazards. PPE may include items such as gloves, safety glasses and close-toed shoes, earplugs, hard hats, respirators, or coveralls, vests, and full body suits.

Based on your pre-planning of the event and what may occur, you'll want to ensure you have the proper PPE with you. At a minimum you should have,

- helmet
- eye protection (safety glasses or goggles)
- ear protection
- N95 mask
- leather gloves
- nitrile gloves
- closed-toed shoes

Gloves

Used for every patient contact. Always don gloves before patient contact, even when no fluids are visible. Use nitrile gloves for latex-sensitive patients and for better chemical resistance.

Eye Protection & Face Shield

Use for any situation involving a splash risk (e.g., severe bleeding, vomiting). Goggles or a full face shield help protect your mucous membranes from exposure. It is highly recommended that glasses/goggles meet the ANSI/ISEA Z87.1-2020 standard.

Helmet

A helmet is good to have on you for when things start to become violent, such as when objects are being thrown or when fighting occurs. The helmet should fit well and be easy to get on and off. You should also be able to run without the helmet falling off. Though bicycle helmets are not uncommonly seen, it is recommend that you use a climbing or industrial helmet. Helmets should meet the ANSI/ISEA Z89.1 standard.

Masks

Surgical Mask: For droplet protection during coughing, vomiting, or respiratory distress.

N95 Respirator: Use when airborne illness is suspected (e.g., suspected TB, COVID-19) and when performing aerosol-generating procedures like CPR or suctioning.

An additional piece of PPE that you might consider (and which is recommended) is a full face mask respirator that accepts the 3M P100 60923 filters. This will provide the best protection against pepper spray and tear gas, if that is deployed by law enforcement.

You should practice donning and doffing your respirator so that you can quickly get it on. You also want to make sure you have a good fit with your mask and helmet on.

Clothing

It might not be obvious, but even the clothes you wear can impact your safety. In the summer wearing long sleeves and pants that are made of light weight cotton is preferred. Cotton breathes well and more importantly has a very high ignition temperature meaning that it will protect you well against incendiaries/fires. In colder weather the preference is to wear wool in because it does not retain water and will keep you warm even when damp. Synthetics may be less expensive but they can melt with very little heat...and they melt onto your skin. For colder temperatures using wool as a base layer with synthetic top layers is acceptable in that the wool acts a barrier against your skin from the synthetics. Cotton is not recommended for cold weather due to it's ability to hold moisture and slow drying which can increase the likelihood of hypothermia.

BSI Tips

Where You Put Your Bag Matters

- Be mindful of where you put your equipment on the ground.
- Keep away from pools of fluid.

Watch Where You Kneel

- Glass, needles, body fluids, and animal waste can all be on the ground.
- Wear durable, washable clothing and clean your gear after protesting.

Double Glove for Safety

- In high-risk situations (e.g., trauma, unknown environment), wear two pairs of gloves and peel the outer layer off after initial contact. Using heavier thickness nitrile gloves used by mechanics is also an option.

Avoid Touching Your Face

- It's a reflex, but it’s dangerous. You could unknowingly transfer pathogens or chemical agents to your eyes, nose, or mouth. This is especially important if chemical or pepper spray is used.

Proper Doffing Technique

- Removing BSI protection incorrectly can contaminate you. Practice safe removal: helmet off first, then gown, goggles, gloves, and finally mask.

Use a Buddy System

- Have a partner check you for contamination before you remove gear or go back into service.

BSI After the Incident

- Disinfect your equipment: Bags, trauma shears, radios, pens can all carry pathogens and chemicals.
- Change out of contaminated clothing. Always bring an extra change of clothing. Launder contaminated items ASAP (separately from other clothing).
- Hand hygiene: Wash thoroughly or use alcohol-based sanitizer (60–90%) after glove removal—even if your hands “feel clean.”
- Be careful opening your bag if you have been in a situation where chemical or pepper spray was used. It might still be in your bag when you open it up at home.

Medical Kit

When you are out and available to provide medical aid you want to be sure you are able to move and maneuver easily while carrying your medical kit. You'll want to use a good fitting backpack. A 25-35L pack is all you will need. Be sure to fit test it, loaded with your equipment, before going out to a protest. Bags designed for EMS

may carry a lot and be organized well, but generally aren't designed for all day use or allow for a freedom of movement.

Your pack should have the following supplies:

- glucose (tablets or paste)
- water (for both drinking, pouring on hyperthermic patients, and for eye wash from pepper/chemical sprays)
- ace bandage
- band aids
- tourniquet
- gauze (4x4, 5x9, some should have imbedded clotting agent - Quik Clot™)
- cling wrap
- alcohol wipes / anti-septic
- medical tape (latex-free)
- non-latex gloves (nitrile is commonly used)
- chest seal
- trauma shears
- moleskin
- hydration/electrolyte tablets
- sharpie
- weatherproof pocket notebook and pen
- emergency blanket
- N95 masks
- whistle
- small flashlight
- hand sanitizer
- paper towels
- ice packs
- heat packs
- CPR mask
- a large plastic trash bag (can be used as a makeshift rain coat and emergency blanket as well as just picking up trash)

If you are in an area that is usually hot or cold, getting a phase change cooling blanket or battery/chemical powered heated blanket is also an option for hyper/hypo-thermic patients.

You should adjust your equipment, as needed, to situations and the environment that are common in your area. For example, bringing a headlamp and flashlight to a midnight vigil.

Legal

This is an overview of current laws regarding first responders/good samaritans. It does not constitute legal advice. You should not consider this legal guidance and should research the laws in the areas in which you are providing care.

Your Role as a First Responder

A medic providing first aid at a protest should not be participating in that protest. It is essential that while you are providing aid, the medical care of those around you is your highest priority, above and beyond the actions of the protest itself. Your first role is to be looking for and responding to people in need of aid. Aid should be provided to ANYONE who requires it, that includes counter protesters and police. One of the most ancient of agreements by medical providers is to first do no harm. In the US, medical care, in almost all cases, has to be provided regardless of what the provider thinks of the person, their beliefs, their religion, etc. Care to someone should be provided based on their injuries, any triage priority, and if trying to provide care will result in you being hurt or killed. Do not provide care if that will result in you being injured or beyond your level of training.

Practice at Your Level of Training

This training is basic first aid to help mitigate medical events that have a high probably of death if immediate interventions are not performed. Only perform the skills that you have the training to perform. You should never attempt to perform something you have not been trained, certified, or licensed to perform.

Good Samaritan Laws

Good Samaritan laws are in place to protect providers when citizens have an emergent injury. Society wants to encourage those with the ability to help and render aid to do so. The law provides liability protection to remove the deterrent of litigation as long as someone is not grossly negligent. Nearly all U.S. states have Good Samaritan laws, except Kansas, Texas, and Wyoming, although they offer some protections depending on the actions taken by the responder.

For a provider to be protected under the Good Samaritan Doctrine, in any jurisdiction, the following five general guidelines must be met:

1. The person rendering emergency care must not have caused the emergency, either in whole or in part. For example, if you run over someone or cause them to fall over a cliff, then you are not protected from being litigated

against later for the injury and outcome even if you try to help.

2. The person rendering emergency care must act in "good faith." The care provider must sincerely intend to help and must have a reasonable opinion that the care should not be postponed until the patient is transferred to a provider or facility with a higher level of training and ability to care for the patient.

3. The emergency care must be provided gratuitously, without any compensation. The care provider should not accept anything in return for rendering the emergency care. You cannot send a bill for services if you intend to utilize Good Samaritan law.

4. The provider must not commit gross negligence when rendering emergency care. To list all possible acts or omissions that might constitute gross negligence is impossible. Be advised that terminating emergency aid, or transferring care of the patient to someone inadequately trained before the patient is stabilized or evacuated can be considered abandonment and gross negligence. Remember, always hand off to someone of equal or higher training than you.

5. The person rendering emergency care must not have a preexisting duty to care for the patient. For example, a hiking guide would have a preexisting duty to render emergency care to a customer because that customer had contracted with the guide to be taken on a hike and the guide had agreed to provide care to the customer in case of injury. In this situation, the Good Samaritan law would not apply to the hiking guide in the event of injury to the customer during the hike.

Affirmative Obligation to Help

In the United States, the most extreme reactions to this common law rule are found in Minnesota, Rhode Island, and Vermont, where each has enacted a statute requiring a person to render aid, under certain conditions, to a stranger found in an emergency situation. Actual fines may be imposed if there is a failure to render aid. The Minnesota statute, quoted in part below, is a good example of this type of legislation.

> *A person at … an emergency who knows that another person is exposed to or has suffered grave physical harm shall, to the extent that the person can do so without danger … to self or others, give reasonable assistance to the exposed person …*

Therefore, when traveling in Minnesota, Rhode Island, and Vermont, remember that you are obligated to give reasonable aid and assistance to a stranger suffering or exposed to grave physical harm or otherwise found in an emergency situation. Depending on the circumstances and the particular jurisdiction's law, that obligation might be satisfied by immediately reporting the situation to the proper authorities who can provide help and aid to the victim.

Four Elements of Negligence

1. Duty to Provide Care at the Standard of Care
A health care provider will not be held to have been negligent if proper care is given in accordance with the prevailing standards of the medical profession. When in doubt, courts will rely upon the traditional legal definition of the standard of care, which is the “behavior of a reasonably prudent person in the same or similar circumstances.”

A duty to provide aid meeting a specified standard of care also generally requires that the informed consent of the patient be obtained before treatment is given. A parent or guardian must provide that consent when the patient is a child.

2. Failure to Perform the Duty
The patient must prove the provider failed to perform the duty of providing aid consistent with the specified standard of care. For example, if the standard to control bleeding is by using a tourniquet, but the responder did not apply it even though a tourniquet was available.

3. Loss or Injury
The patient must next demonstrate that he or she sustained a loss or injury, which can include loss or damage to property, medical expenses, fright, emotional trauma, personal injury, pain and suffering, and loss of life.

4. Causation
Finally, the patient must demonstrate that the loss or injury sustained was caused or contributed to (the “proximate cause”) by the provider's failure to perform the duty of providing aid meeting the specified standard of care.

Patient Consent

Before providing ANY care, you must ask the person who requires aid if you can help them. If they refuse, you cannot render aide. If you believe that their injury/ medical issue is preventing them from making rational decisions (which can happen with low blood sugar, for example), then you need to find an EMS provider and/or law enforcement to assist.

For people who are under 18 years for age (and this can be different depending on the state you are in) as a general rule, even if they are conscious, implied consent should be used if a parent or guardian is not around to provide consent. The understanding being that their parents would want help for their child. If you see a child in need of assistance and the parents are refusing, request EMS and law enforcement help. This should only be done for a major issue, not a scraped knee needing a band aid.

If a person under 18 years of age has a child of their own, they can provide consent, or refuse help, to their child.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a U.S. law that establishes standards to protect sensitive health information from being disclosed without a patient's consent. It also provides rights and protections for individuals regarding their health information and access to health care coverage. As someone who is volunteering, not being paid, and is not providing care under a medical agency, HIPAA does not apply. However, you should still safeguard the patients privacy. Do not provide information to news media and only provide any medical notes to other EMS or medical providers as part of the patients ongoing care. Use your best judgement about providing information to law enforcement and only to assist with rendering aide.

Documentation

Medical documentation is an essential part in caring for a patient. The most common method for documentation is to use the acronym SOAP. A SOAP note is considered a standard in medical documentation. Some people might not want to provide you their medical information. This is especially true during a protest where they might have the mistaken belief you are there to turn over their information to the police. Any information you collect should go only to other medical personnel for the treatment of the patient. This is especially important if the patient is transported to a medical facility for further care.

SOAP

S - Subjective: This include the chief complaint (CC) and the person's medical history (MH/Hx). These are the patient reported symptoms and history.

O - Objective: This is what you found during your assessment. Record physical findings like vital signs and appearance of a wound.

A - Assessment: This section combines all the information gathered from the subjective and objective sections. It’s where you describe what you think is going on with the patient. You can include your impressions of the patient.

P - Plan: The treatments and interventions you did to help the patient.

Be prepared to give a verbal report when the patient is handed off to medical personnel. The verbal report should be structured the same way as a SOAP note. The SOAP note and verbal report should start with demographic information on the patient (ex. 50 year old male). This would be followed with the patient’s chief complaint or chief injury (subjective). You would then briefly state what you found on your exam (objective) including patient vitals, followed by a list of injuries or medical problems you found, and the treatments performed (assessment and plan).

Treatment comes before documentation. Do not delay treatment to write notes.

Personal Legal Considerations

Know Your Rights

Before you go to a protest, you should know and understand your rights. Your rights are strongest in what are known as “traditional public forums,” such as streets, sidewalks, and parks. You also likely have the right to speak out on other public property, like plazas in front of government buildings, as long as you are not blocking access to the government building or interfering with other purposes the property was designed for.

Private property owners can set rules for speech on their property. The government may not restrict your speech if it is taking place on your own property or with the consent of the property owner. One issue is with a government office that rents from a private individual or company. This is common with Congressional district offices.

Counter-protesters also have free speech rights. Police must treat protesters and counter-protesters equally. Police are permitted to keep antagonistic groups separated, but should separate them enough to prevent interactions.

When you are lawfully present in any public space, you have the right to photograph anything in plain view, including federal buildings and the police. On private property, the owner may set rules related to photography or video.

Generally, you don’t need a permit to march in the streets or on sidewalks, as long as marchers don’t obstruct car or pedestrian traffic. If you don't have a permit, police officers can ask you to move to the side of a street or sidewalk to let others pass or for safety reasons.

What to do if you believe your rights have been violated

- When you can, write down everything you remember, including the officers' badge and patrol car numbers and the agency they work for.
- Get contact information from witnesses.
- Take photographs of any injuries.
- Once you have all of this information, you can file a written complaint with the agency's internal affairs division or civilian complaint board.

What happens if the police issues an order to disperse the protest?

Shutting down a protest through a dispersal order is law enforcement’s last resort. Police may not break up a gathering unless there is a clear and present danger of riot, disorder, interference with traffic, or other immediate threat to public safety.

If officers issue a dispersal order, they must provide a reasonable opportunity to comply, including sufficient time and a clear, unobstructed exit path.

Individuals must receive clear and detailed notice of a dispersal order, including how much time they have to disperse, the consequences of failing to disperse, and what

clear exit route they can follow, before they may be arrested or charged with any crime.

Legal Checklist

If You Are Arrested

1. Do not resist arrest, even if you believe the arrest is unfair. Follow the officers' commands.
2. Stay calm and don't run. Running can escalate the situation, even if you haven't done anything wrong.
3. You have the right to remain silent. Say: "I am exercising my right to remain silent. I want to speak to a lawyer."
4. You do not have to answer questions about where you're going, what you're doing, your immigration status, or why you're protesting.
5. You do not have to consent to a search. Say: "I do not consent to a search." Even if they search you anyway, this may help your case later. Don't physically resist.
6. You have the right to an attorney. If arrested, repeat that you want a lawyer and do not say, sign or make decisions until you have one.
7. You have the right to make a local phone call. The police cannot listen if you call a lawyer. They can and often will listen to a call made to anyone else.

If You Are Taken Into Custody

- Stay silent. Keep requesting a lawyer.
- Request your phone call. Use it to contact your legal aid or jail support, not to discuss the situation.
- Don't discuss your case with cellmates. Anything you say could be used later.
- Document everything when you're released — names, badge numbers, anything you remember.

What Not to Say to Police

- Don't lie. Lying can be used against you.
- Don't argue or escalate — even if your rights are being violated.
- Don't sign anything without a lawyer present.
- Don't try to talk your way out of it — you may accidentally incriminate yourself.
- Don't give more information than legally required (name, address in some cases).

Operations

Triage / Mass Casualty Incident (MCI)

What is a Mass Casualty Incident (MCI)

Mass Casualty Incidents (MCIs) are large emergency events that overwhelm the local, and even regional, healthcare/EMS systems. An MCI does not have to be big, but the types of injuries and available resource restraints are a reason to declare an MCI. In order to better be able to provide definitive care to injured people, we triage the injured in order to more effectively handle the situation. For example, if during a protest a dozen people were trampled and injured requiring a hospital visit, there may not be enough available ambulances able to respond. You would want to sent the most critically injured to the hospital first.

What is Triage

Triage is French meaning "to sort." When there is an event and the current resources are limited or overwhelmed, the idea is to prioritize those patients with the greatest and most immediate need. During an MCI you will need to triage injured people to determine which patients receive priority, additional resources to activate, and determine where patients will go for treatment. When there is an event that requires triage, you will see four sections, almost always color coded (the colors are explained below), to sort the injured.

Systems in Use

One of the most commonly used triage protocols is START (Simple Triage And Rapid Treatment). This is the one most commonly seen in use in the United States and is the one that the FEMA NIMS (National Incident Management System) program uses. It is important to know START to better be able to help assist first responders on an incident who will be following this protocol. Patients will be quickly evaluated (usually less than 30 seconds), provided a color tag, and then moved into an area for that color. Patient care is then initiated within that designated color area. To be clear, the person triaging does not do patient care. They evaluate the patient, perform MARCH[1] (see Assessment & Treatment - Assessment Overview section), and then the patient is moved into the specific area for that tag color for any further interventions or treatment.

Using START Triage

Simple Triage And Rapid Treatment (START) is a critical concept for initially dealing with casualties in a disaster.

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[1] (M)assive hemorrhage, (A)irway, (R)espirations, (C)irculation, (H)ypo-/(H)yper-thermia

History has proven that 40% of disaster victims can be saved with simple (and rapid) medical care. START is based on the premise that a simple medical assessment and rapid treatment based on that assessment will yield positive, and lifesaving, results.

STart - Simple Triage: The first phase of START is the process by which victims are sorted based on injury and priority of treatment. They are given a color to identify which patients should be prioritized.

st**ART** - And Rapid Treatment: The second phase of START consists of rapid treatment of the injuries assessed and prioritized in the first phase.

After triaging and performing interventions on the patients, you may need to reassess and change the patient's status. For example, a Red/Immediate patient now requires CPR and there are not enough resources. They will now be tagged Black/Dead.

Triage Colors

Green

A patient should be tagged GREEN, or MINOR, if they have minor, non-life threatening injuries and can walk to a safe location with minimal or no assistance.

Yellow

Patients that are injured, but which do not jeopardize the victim's life are tagged as YELLOW or DELAYED. The victim may require professional care, but treatment can be delayed. There is no immediate threat to life with a YELLOW patient. Patients should be preferentially transported to a trauma center, as available (need not be a trauma 1 level center).

Red

Patients meeting any one of the below patterns should be tagged as RED, or IMMEDIATE. These are immediate, life-threatening injuries. Follow the MARCH protocol when evaluating the patient. If you are not able to take corrective actions while going through MARCH after 30 seconds, tag the patient as BLACK/DEAD. If you are able to successfully intervene so that airway and bleeding are controlled, then they should be transported to a trauma 1 level center.

Injury patterns to look for:

- Penetrating injuries to head, neck, torso, and proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones
- Crushed, de-gloved[1], mangled, or pulseless extremity

[1] de-glove is when the skin is pulled off the hand, like removing a glove

- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

Black

This tag can be hard on responders. Patients that might have been saved under normal circumstances, might need to have no life saving measures performed (such as CPR) due to lack of resources and the nature of their injuries. If a patient's injuries are such that performing MARCH cannot successfully control bleeding and the ABC's of a patient within 30 seconds, the patient is tagged as BLACK or DEAD. This would include:

- not breathing and does not start to breathe with simple airway maneuvers
- bleeding cannot be controlled, even with a tourniquet
- requires CPR
- obvious signs of death (such as decapitation)

When all other patients are tagged and interventions performed Black tagged patients can then be re-evaluated and additional interventions performed. Pain relief and palliative care can be provided, if available by advanced providers.

Event Operations

Event Planning

Whether it is a small protest or one in which thousands of people are expected, there should be a plan. All medics that are at an event should have notes to what the protest is for, what will occur at the protest, start and end locations (if marching), closest fire/EMS station, closest hospital, evacuation routes, rally points, and any pertinent legal information.

FEMA ICS

For large events, whether or not there is anyone requiring medical help, you will find that many Fire, Police, EMS, etc. departments will refer to the FEMA ICS (Federal Emergency Management Agency Incident Command System) to plan, manage, and respond to large events. This is part of the larger National Incident Management System (NIMS). It's important to have a basic understanding of ICS so that if and when there is an event, you can be prepared and know what the response will be.

ICS is essentially preplanning what to do if there is an emergency event needing resource management and planning. There will be a designated Incident Commander (IC) who directs all activity. There are then multiple group leads that report up to the IC. The system is designed to dynamically expand and contract as needed. Depending on what the issue is will determine who the IC is (for example, a large fire vs a large number of medical issues).

Event Command

If there is an event that requires police/fire/rescue/EMS to come and assist, the event organizer should initiate Event Command and direct medics, marshals, and any event organizers to predetermined tasks to manage the situation. This can help to control a situation, provide aid to injured people, or to help move protesters to a safe location.

Stationary vs. Roving

Depending on the event's size and if it's a march, there are different ways to provide medic coverage. If it's a smaller event that is stationary, standing off to the side and being visible is all that is usually necessary. For a larger stationary event, staging people throughout the event can help speed up response to an event and allow medics to observe people who might be in stress. Setting up a dedicated tent or other structure can also help to provide a central location people can seek out aid. It can also provide shelter from weather and store equipment. Medics should work with marshals and organizers to determine the specific needs of the event.

It is highly recommended that when medics are roving or staged throughout an event that they team up in pairs. This helps with safety, allows for additional "hands on" with a patient (if needed due to injuries or for CPR), can assist with crowd control, and can communicate with organizers, marshals, other medics, or 911. Even if there is a central location, having at least two people is recommended.

Working with Marshals

Along with event coordinators and medics, there will be safety marshals to help keep the peace. They also help direct people during a march to keep the group together. It's important to coordinate with marshals to know how they are working the event so that if they're needed for assistance, they can be quickly located. Marshal's will help keep people back, away from a patient so that medics can attend to the patients injuries. They can also help carry patients to an area of safety or to an ambulance.

Working with Fire/Rescue/EMS/Police

At an event it is likely that you will interact with staff from fire/rescue/EMS or police. It is recommended to have identifying medical emblems to identify your self as someone providing aid. Regardless of your view on fire/rescue/EMS or police personnel, remain professional while working with them while caring for the patient.

Preserving Evidence

There may be a time when a crime is committed at an event. This may be between non-law enforcement people or it can be documenting the use of force by law enforcement. If safe to do so, take pictures or videos of what has occurred. Write down what you saw and heard as soon as you can safely do so that it is fresh in

your memory. If you had been providing care to a patient, ensure you write down what you were doing as part of the care. Try and obtain bystander contact information, but do not take their statements.

Handover of Patient

Once EMS has arrived with an ambulance to take over patient care and to transport to the hospital, you need to provide information as to what occurred and any treatments you performed. You may be able to provide important information that can help in the care of the patient. You should not be reluctant to provide EMS staff with information, but should remember to limit what is said to law enforcement.

Hazardous Materials

You won't know what is hazardous and what isn't but unless you have knowledge of a substance, stay away and have the marshals cordon off the area. It can be very difficult to identify a material without scientific analysis so unless there is a canister with a label, stay away. If the patient is covered with it, douse with copious amounts of water and remove clothing. Keep everyone at least 50 feet away and realize that you are also likely going to also need to be decontaminated. Take notes of any color, smells, and containers to help with identification by a Haz-Mat team.

Technical Rescue

Technical rescue should not be performed. Technical rescue is highly specialized and requires specialized equipment to safely perform. Please do not attempt.

Fire Fighting

You should not perform fire fighting and attempt to put out a fire unless a patient cannot be moved and it threatens their life. Fire fighting equipment and the volumes of water needed is not something that can be easily carried around. The little water medics generally do carry with them will not work in putting out a fire. Remove yourself and the patient from the area instead. Unfortunately there have been some protesters who have self immolated. Attempts to put out the fire with water and blankets should be attempted, if it does not put you in danger. Fire blankets are light weight and can easily be used to cover the patient and will work much better than bottles of water. If you have a fire blanket, use that first to extinguish the fire, then use any water to cool the patient. The blankets are also good to protect patients from weather or as a ground cloth.

Communications

It is important to have a communications plan for events. This is not only for participants, but specifically for organizers, marshals, and medics. The two most commonly used methods are FRS (Family Radio Service) / GMRS (General Mobile Radio Service) radios and Signal (on cellphones). One old method to use which is

highly reliable is a whistle. Many marshals will utilize whistles to send emergent messages, such as "need assistance", using the number or duration of tweets sent. It can also be used to get the attention of others, if needed.

Radios

FRS

FRS radios are the predominant way many organizers, marshals, and medics communicate during an event. They require no FCC license and many models are very inexpensive. However, they have limited range and power - the reason why they require no license. With less expensive radios, you get what you paid for. Many are of low quality so reception and sound quality can suffer. Another issue is that anyone can listen into the conversations and anyone with an FRS radio can broadcast on the same channels. Because of this it can be advisable to use codes during some for high priority needs or validation of the broadcaster to ensure what has been said is true.

GMRS

GMRS radios are another option but are generally more expensive that FRS radios. They have more power to broadcast and can be used with a base station repeater, but also require an FCC license to use. The license is only a $35 administrative fee and it is good for 10 years. The GMRS radios also work on the FRS channels, but have additional channels assigned to them. They also have the ability to have privacy codes so that others cannot easily listen in on the conversation.

Signal

Signal is an app for phones (both iOS and Android-based) that is highly secure. The security has been independently verified. Almost everyone who has a phone can run Signal (which is free). Instead of purchasing a radio, you can use Signal to both talk and text information to each other securely. The issue with the use of a cell phone is that when there are a lot of people at an event, the number of people may overwhelm the local cellular infrastructure making sending and receiving impossible.

Primary Assessment & Treatment using MARCH

Patient Assessment and Treatment

Identifying Yourself as a Medical Provider

To help with your safety, you should be clearly identifiable as a neutral party who provides medical care. You should have either the green First Aid cross, the blue Star of Life, or a red cross on each arm, on your pack, on your helmet, and on your chest and back. This will identify you as a medical provider. Generally, people providing medical care are considered neutral, both in times of war and by police, as long as you ARE neutral.

Scene Safety

The first thing you need to do is ensure the scene is safe for you. When you first approach a scene, or you become aware of the victim in your immediate vicinity, the tendency is to approach the patient immediately and start rendering aid. **Don't.**
You must **first** make sure that the scene is safe before you begin to approach the victim. Don't put yourself in harm's way and potentially become a victim yourself. Look around and consider physical dangers. Other potential hazards include snow, ice, rocks, fire, animals, and counter protesters. Making sure that the scene is safe is critical before beginning to assess a victim. You are the priority, then your response partner, then the patient. This might sound cold, but you should not become another patient.

Once you've determined the scene is safe for you to render assistance you need to determine how many people have been injured and how they were injured. This should take only a few moments. Look around and take in what is occurring. If victims are conscious, ask them if there were others involved, as other victims may have been carried off by others, walked out of the area by themselves, been taken away in a vehicle, or are hiding. Bystanders are a great way to get information especially when a patient is unconscious.

If you are going to assist a downed law enforcement officer, you must be careful in that they will usually have a gun, taser, and knife at a minimum on them. If they are conscious and can talk coherently, the risk is significantly less than if they are having a medical emergency that has them confused or unconscious. You do not want to be trying to help an officer when he regains consciousness and sees you over top of them. Be extremely careful. Do NOT remove any weapons from an officer, let other officers handle the weapons. Also note that police, fire, rescue, and EMS are going to be looking for uniforms to determine if you "belong". This is

another reason to have the green/blue/red crosses to identify as a medical first responder. You do not want to get tased while trying to help someone because you were misidentified.

If a patient has an animal with them, be very careful. People bring their pets, usually dogs, to events. If the owner has a medical issue the animal can become aggressive and protective of them. An actual service animal (not just a pet or an "emotional support" animal) are properly trained and will likely allow you to assist since they understand that you are helping. Pets do not understand. Be especially careful with law enforcement working dogs. They are trained to protect their handler and the staff they work with. DO NOT APPROACH a down handler if the dog is there. You will be attacked as they try to protect their handler. ONLY approach once another handler has controlled the dog and given the all clear.

Assessment Overview

If the patient is awake and alert, you should identify yourself and ask if they want help. It is a must that you need to do before you start treating a responsive patient. This helps protect you legally and gives the patient the opportunity to refuse care. If the patient is not able to clearly communicate their consent for treatment, then the consent is implied.

The purpose of the assessment is to identify life threatening issues and apply an intervention so as to keep the victim alive. To help prioritize the treatment of injuries during the assessment, refer to the table below which uses the MARCH acronym. MARCH is considered the Primary Assessment and should be what is focused on first. Once life threatening issues are dealt with, then the Secondary Assessment should begin. Identifying and responding immediately to a life-threatening issue and then evacuating the patient to higher level care facility or provider is the focus of this training.

It’s important to note that preventing major hemorrhage is the top priority, even coming before Airway (if you remember your ABC's from CPR). You may find that this contradicts training you receive for CPR, however, all advanced trauma training prioritizes hemorrhage control prior to airway management.

M	Massive Hemorrhage
A	Airway (with C-spine precautions)
R	Respiration (aka breathing)
C	Circulation
H	Hypothermia/Hyperthermia

Any time there is major bleeding you should always take steps to stop the bleeding first. Typically, direct pressure is done to stop heavy bleeding. Don’t hesitate to use a tourniquet. It is a fast and simple method to stop a major bleed.

If a victim is unresponsive, assume there is a C-spine (cervical spine, aka the neck)

injury even if there is no clear mechanism, unless otherwise told by a witness. You should hold the C-spine in a neutral position as a precaution during your assessment. If the patient becomes responsive later, you can re-evaluate the need to hold C-spine. The latest evidence suggests that if the patient does not complain of head or neck pain and the mechanism of injury does not support it, a C-collar is not needed. Please make sure the patient doesn't roll their head around to determine if their neck has an issue. Have them hold it in it's normal position (again, if conscious).

Next, you quickly check for victim's Respirations (aka breathing). How are they breathing? Too fast/slow? Noisy? Are they having difficulty breathing or catching their breath? Use the CPR guidelines to provide rescue breathing, if needed.

Checking the pulse falls under Circulation when using MARCH. You'll want to check the pulse in the wrist and/or neck (the carotid) . Is it strong and regular? Irregular and weak? Use the CPR guidelines to provide chest compressions or defibrillation with an AED, if needed.

Hypothermia/Hyperthermia refers to making sure that the patient is warm and dry and how their bodies are responding to those conditions. Heat based medical issues are on the rise throughout the world due to global warming.

All of the above should be noted in your SOAP note (see Documentation section). Using the MARCH prioritization as you quickly go through the assessment helps to ensure the best possible outcome for your patient. Learn it well.

When a patient or any bystanders are able to provide information about a patient's condition, note that information in your SOAP note. You will want to check for a medic alert bracelet or necklace in patients that are unconscious to identify any medical issues. An additional location for information is a patients phone with the ICE function (no not THAT ICE, it stands for In Case of Emergency). This can usually be accessed on the lock screen or, on iPhone, by initiating shutdown where the option to view the information will come up.

Taking Vital Signs

The vital signs are the measurements of the body. Some vital signs are easy to measure, like the pulse. Some require instruments like a blood pressure cuff to measure the blood pressure. Most people don't carry a blood pressure device with them. So, most often we must rely on other measurements.Some are subjective such as the level of consciousness.

The main vital signs are:

- Level of consciousness / level of responsiveness (LOC / LOR)
- Heart rate (HR) or pulse
- Respiration rate (RR)
- Skin color, temperature, and moisture (SCTM)

The focus with this course is not care over time, but immediate interventions to prevent death. However, understanding and taking vital signs is important in helping to assess the patient's well being. Taking a patient's vital signs is part of your assessment to assist in determining if your medical intervention(s) were successful. Consecutive sets of vital signs will help to tell you how the patient is doing. This is a good way to follow how a patient is progressing, you're looking for trends. Are the number staying consistent? Are they going up? Down? Make sure you document the time for each set of vital signs taken.

Level of Consciousness / Responsiveness

This is a measure of the brain's ability to relate to the outside world. It is important for many reasons. It is the first vital sign to change. It is usually subjective. The acronym that is most often used is AVPU.

Remember that someone might be deaf, blind, or that english is not their native language before judging their response.

- **A - Alert:** This looks a whether the patient is awake and able to answer questions appropriately. You should ask the patient some basic situational information.

  Each question they answer correctly = oriented by AOx<number>
  - What's your name?
  - Where are you?
  - What day/time is it?
  - What happened? (If they don't know, you can ask who the President is)

  If they answer all 4 correctly, they are oriented AOx4, but if they only know their name, then they are oriented AOx1, for example. AOx is only used for patients who can respond.

- **V - Verbal:** Does the patient respond to your voice? Do they follow simple commands?

- **P - Pain:** If the patient does not react to talking but does react to painful stimuli. Does the patient only respond if you do a sternal rub or pinch their earlobe? The response might only be withdrawal from the "pain" or a facial grimace

- **U - Unresponsive:** If the patient does not respond to any stimuli, to include verbal and painful stimulation. The patient does not respond at all.

Heart Rate / Pulse (HR)
Normal pulse is 60-100 beats per minute (bpm) in adults. The heart rate can be taken anywhere you can feel a pulse. The radial pulse at the wrist is usually the easiest to check. Children typically have a higher heart rate with newborns ranging from 100-150 bpm. Count the pulse for 15 seconds and then multiply by four.

Respiratory Rate (RR)
Normal rate is between 12-20 breaths per minutes. Breathing in and out counts as one breath. Count the number of breaths for 30 seconds and multiply by two. You should make a comment about the quality of the breathing, such as labored or shallow breathing.

Skin Color, Temperature, Moisture (SCTM)
The color of the skin in non-pigmented areas, such as the lips, hold a key to that patient's status. Red skin could mean fever or hyperthermia. Blue skin could mean hypothermia or a lack of oxygen in the blood. You may have difficulty seeing blue-ish color on people who have darker skin, have tattoo coverings, or are wearing face/body paint. The inside of the lip can be used. You can feel the skin to check temperature and feel for moisture. If your patient is sweating it could mean fever or hyperthermia.

Recording Vital Signs
Here is an example of what you might record in your SOAP note if you took vitals on a young, healthy person with normal vitals.

LOC = AOx4
HR = 70 bpm, regular, strong
RR = 15 bpm, regular, unlabored
SCTM = pink, warm, dry

Treating Injuries

One thing to note, as you go through the MARCH protocol, you only move on to the next letter once the current letter is under control. If you are not able to gain control, do not move on. Continue attempting to gain control. Though you may want to skip ahead, do not. For example, you come upon a patient that says they are having trouble breathing, you still want to quickly evaluate that they do not have a hemorrhage. Though this may only take a few seconds, do not skip it. Vitals signs come after MARCH is completed.

Massive Hemorrhage (M)

Background

Hemorrhage control is part of the Stop The Bleed training that you must complete in order to complete the PEMA training. The below information should be used in conjunction with the Stop The Bleed training.

Significant blood loss is the primary concern when dealing with immediate life threatening emergencies. Many basic first aid and CPR classes still have not updated their guidance to reflect this, but many (if not all) advanced trauma training classes are now updated to reflect this information. To be blunt, if you don't have blood to carry oxygen, there's no point in trying to have an open airway or providing rescue breaths. Based on data from the military, the use of tourniquets are now considered a primary intervention for hemorrhage control.

Assessment

Using the MARCH acronym, the first thing you need to look for is Massive Hemorrhage, i.e. blood that is squirting out or a significant laceration or amputation.

If the patient is conscious have them tell you where the wound is if clothing is preventing you from seeing it. You will still want to look over the patient to ensure that you haven't missed other hemorrhage sites. Use trauma shears (do not use a knife) to cut away clothing, if needed, to visualize the location(s) of the hemorrhage. Evaluate the volume of blood on and around the patient and begin your treatment. Use your hand or a sheet of paper as a reference for volume.

Treatment

If there are bystanders, have them call 911 to initiate a response. They should tell the 911 dispatcher that an ALS unit is needed. If there are no bystanders, initiate bleeding control and then call 911.

If the wound is squirting, immediately utilize a tourniquet to control bleeding. If none is available apply direct pressure. Remember to NEVER use a tourniquet on someones neck (this has to be said sadly). Only use a medical tourniquet, do not use a belt or shoe laces. Those to not provide the proper pressure to stop the bleeding.

If the patient has a large amount of bleeding but it is not squirting, a compression bandage may also be used. Place some 4x4 or 5x9 pads, then wrap cling or an ACE bandage snugly around the pads. An all-in-one bandage and wrap, usually called an Israeli bandage, can also be used.

If the bleeding is due to a gun shot or penetrating wound, you need to pack the wound with gauze and it will likely take more than you think you need. Pack it snugly. The use of gauze with a clotting agent is highly recommended (commonly called Quik-Clot™, the generic name is Kaolin).

If there is nothing penetrating the wound and it's on the chest, apply a chest seal after packing the wound with gauze. If there is something penetrating, regardless of location, you will need to stabilize the item so that it does not move. Do NOT remove it. Stabilization can be done by placing rolled up bandages or towels around the object (depending on size).

One thing to remember, this is for wounds causing massive blood loss. If the patient is bleeding but it is minor, you'll move on to Airway before performing any additional interventions to wounds. For example, someone was cut on the arm with a knife and the patient is holding the cut and there is minimal active bleeding.

Once the tourniquet is applied, write the letter T and the time in 24 hour format on the patients forehead. For example, **T 13:56.**

You now need to evaluate the patients Airway, the second step in MARCH.

Amputated Digits / Missing Teeth

An amputated digit/limb should be transported promptly with the patient. It should never be placed directly on ice, but wrapped in dry, sterile gauze, placed in a plastic bag, and then placed on ice.

Placing a tooth in milk can be used to preserve it. Otherwise, wrap in dry, sterile gauze and place in a plastic bag.

Airway (A)

Background

If there are no massive hemorrhages or you have controlled the hemorrhage, you now need to evaluate the Airway. Depending on whether the patient is conscious or not will help with the evaluation.

Assessment

In the conscious patient, if they can talk to you, tell you their name, etc. (use the Alert and Oriented questions from above) this will validate that they have an airway. You will want to ask them if they are having an allergic reaction. Listen as they breath for high pitched sounds (called stridor) or for coughing, choking, or if they can't catch their breath.

For an unconscious patient, check to see if there is any trauma to the head and neck. Is there anything in the mouth or nose that could be obstructing the airway?

Treatment

If there are bystanders, have them call 911 to initiate a response. They should tell the 911 dispatcher that an ALS unit is needed. If there are no bystanders, initiate airway management and then call 911.

For conscious patients, if they are having an allergic reaction, use the patient's EpiPen. The needle can go through most clothes, but if the clothes are thicker or bulky, you may need to have them removed or cut away.

If they do not have an EpiPen help to ensure that they stay calm until EMS arrives. If the patient becomes unresponsive, begin rescue breathing based on the CPR guidelines.

For all other conscious patients, continue on to Respirations (R in MARCH).

If the patient is unconscious and the loss of consciousness is not the result of trauma, lay the patient on their back and use the head-tilt chin-lift technique to open the patients airway. If there are no witnesses or trauma is suspected, use the jaw thrust technique to open the airway (these two techniques are taught in CPR). Be careful of the patients cervical spine (c-spine) by keeping their spine in an inline, neutral position.

If it is suspected that drug use is the reason for the patient being unconscious, use Narcan nasal spray to attempt to reverse the drug effects. Effects of opioids are:

- Slowed or no heartbeat
- Pinpoint-sized pupils (the dark center of the eye)
- Breathing that is very slow, irregular, or has stopped.
    - This can lead to cyanosis (changes in the the color of skin, lips, tongue, fingers, and nail beds).

Although Narcan is specifically for opiates, even if bystanders say otherwise, you should assume that opiates were used and use Narcan.

If there is no noticeable change after two doses of Narcan (follow the guidelines within the Narcan training) continue with rescue breathing and/or CPR, as needed.

Respirations (R)

Background

Once the airway is opened, you need to ensure that the patient is moving air in and out of their lungs. Oxygenation of the blood is critical for survival.

Assessment

If the patient is conscious, watch them breath for 30 seconds and count how many breathes they take. Are they struggling for air? Are they breathing too fast or slow (rate should be 12-20 per minute)? Are there any noises when they breathe?

For an unconscious patient, look, listen, and feel for breathing by placing your head and ear down next to the patients mouth and nose. Look for the chest rising. If the patient is not breathing or is breathing too slowly initiate rescue breathing based on the CPR guidelines.

Treatment

If there are bystanders, have them call 911 to initiate a response. They should tell the 911 dispatcher that an ALS unit is needed. If there are no bystanders, initiate rescue breathing (and/or CPR, if required) and then call 911.

If the patient is conscious have them remain calm while waiting for EMS. If the patient is unconscious, continue to monitor if they are breathing, or continue with rescue breathing if they are not.

If their breathing issues are due to an anaphylactic reaction, ask the patient if they have an EpiPen. Use per the guidance in the EpiPen training.

If the use of tear gas or pepper spray occurred and the gas is still floating through the air, it can be advisable to drag[1] an unconscious patient out of the area to ensure no irritation to their lungs. Patients who are conscious and can walk should move to

[1] Proper patient dragging techniques will be gone over in the hands on lab.

an area clear of tear gas and pepper spray. Allergic reactions to pepper spray are known to occur so consider anaphylaxis in patients who are pepper sprayed. Pepper spray and tear gas generally settle into lower areas so getting to higher ground can help.

Circulation

Background

Now that bleeding has been controlled and the patients airway and breathing have been addressed you now need to evaluate the patients circulation, i.e. is the blood moving through their body.

Assessment

If the patient is conscious, their circulation is functioning adequately. Take a pulse over 15 seconds, then multiply by 4 to obtain the heart rate per minute.

If the patient is unconscious and did not require you to initiate CPR in the Respirations step of MARCH, evaluate their pulse the same as in a conscious patient. If CPR had been initiated, continue with CPR as per the guidelines.

Treatment

If the patient is conscious or unconscious with a pulse, move on to H in MARCH.

If the patient is unconscious and without a pulse and if there are bystanders, have them call 911 to initiate a response while you perform CPR. They should tell the 911 dispatcher that an ALS unit is needed. If there are no bystanders, initiate CPR and then call 911, per CPR guidelines.

Hypothermia

Background

Any time someone is in an environment that is colder than their body temperature there is a chance to become hypothermic. When protesters are outside standing and there is wind or rain, the chance to become hypothermic greatly increases. This can happen even in the summer months.

Assessment

Talk to the patient to identify if they are coherent using the Alert and Oriented questions from earlier. If they have difficultly answering questions and are not shivering that can be indicative of hypothermia.

Treatment

If there are bystanders, have them call 911 to initiate a response. They should tell the 911 dispatcher that an ALS unit is needed. If there are no bystanders, initiate warming and then call 911.

The most important consideration in treating hypothermia in the field is preventing

further heat loss. To accomplish this, remove the patient from the situation that caused them to become hypothermic. Transport them to a shelter, removing wet clothing, and providing an insulating barrier around the patient. Keep them out of the wind. Wrap the patient with an emergency blanket.

The three methods of heat loss are from radiation, conduction, and convection. Prevent conductive heat loss with the use of insulating materials, including clothes, blankets, sleeping bags, and sleeping pads. Evaporative heat loss is addressed through the application of a vapor barrier, such as bubble wrap, tarp, or emergency blanket. Anything that can be done to help rewarm the patient will be helpful, such as sitting by a heat source, chemical heating pads, and carbohydrate-rich food or warm beverages.

Hyperthermia / Dehydration

Background

Hyperthermia (or being too hot) can occur due to environmental conditions, medication/drug use, or being overweight. Dehydration is commonly seen with patients who are hyperthermic. The combination of being too hot and the body needing fluids and electrolytes can cause fainting, confusion, and cardiac arrhythmias.

Assessment

If the patient is conscious, ask the Alert and Oriented questions to determine their level of consciousness. Ask when the last time they had any fluids. Was it water only or was it electrolytes? Have they had anything to eat? Do they feel nauseous and have they vomited? When was the last time they urinated? If they have stopped sweating and are hot, they need immediate cooling.

If the patient is unconscious, touch their forehead and look at their clothing and skin to determine how much they have been sweating.

Treatment

If there are bystanders, have them call 911 to initiate a response. They should tell the 911 dispatcher that an ALS unit is needed. If there are no bystanders, initiate cooling and hydration (if patient is conscious) and then call 911.

Put the patient in a place out of the sun and off hot objects. Try to get the patient into a cool environment, such as an indoor location or air conditioned car. Remove clothing but also be mindful of various religious and cultural practices before removing anything (please be respectful of a patients privacy...most people don't want to be naked outside in a group of people). Pour water over the patients head and body. Place ice packs on the head, under the arm pits, the small of the back, and the groin. If you have an active cool/phase change blanket, wrap the patient with it (per the manufacturers instructions).

If the patient is conscious, have the patient drink water with electrolytes or a sports drink, such as Gatorade. They should not sip this, they need to drink all of it (8 oz)

over a 15 minute period. Even if they are nauseous, they need to continue to sip on the fluids. Do not give fluids by mouth if the patient is unable to do so by themselves due to altered mental status or if they are unconscious.

Next Steps After MARCH

If 911 has not been called this should be done now.

Continuing CPR (if needed).

Continue to watch the patient for any changes to their condition, better or worse.

You are watching for:

- bleeding - make sure that the tourniquet is working, pads are not bleeding through.
- Evaluating the results from the use of the EpiPen or Narcan
- a continued patent airway with good respirations

You will also want to update your SOAP notes while waiting for EMS or additional help to arrive.

You may also have one of the additional medical events listed below.

Other Emergent Medical Events

Now that MARCH has been completed, there are two other medical events that may occur. Both of these should be evaluated after following the MARCH protocol.

Low Blood Sugar

Background

If, during your evaluation you see that the patient has no trauma or breathing issues but seems lethargic, confused, trouble "thinking straight", or possibly combative, it could be that the are diabetic and their sugar is low.

A large percentage of the population in the US is diabetic. Diabetes can be exacerbated due to dehydration and too much time in the sun. When the patients sugar count (mg of glucose per deciliter) becomes low, it is a life threatening emergency. A high blood sugar has long term issues but generally isn't immediately life threatening like low blood sugar.

Assessment

If the patient is conscious, check if they are oriented by using the Alert and Oriented questions. Ask them if they've been able to check their sugar (if they are diabetic) and (if available) record what the reading was for your SOAP note.

For unconscious patients, smell their breath to see if it has a fruity or ketone smell

to it.

Treatment

If there are bystanders, have them call 911 to initiate a response. They should tell the 911 dispatcher that an ALS unit is needed. If there are no bystanders, provide glucose (only if the patient is conscious) and then call 911.

For unconscious patients the only thing you can do is ensure that their airway is open or provide rescue breaths or CPR (if needed).

For conscious patients, have them take oral glucose if they are able to administer it themselves. Do NOT give oral glucose if the patient cannot give it themselves. Monitor how the patient feels after providing glucose. Apple or orange juice or non-diet soda can be used, if needed.

Pepper Spray / Tear Gas

Background

There are, broadly, two kinds of pepper spray / tear gas you will encounter.
Agent CS - the most commonly used form of tear gas, is a crystalline powder that is converted into a fine spray and propelled from a grenade or canister by a small pyrotechnic explosion.
Agent OC - commonly known as pepper spray, is essentially a highly concentrated form of capsaicin which can be found in peppers. This can also be found in pepper balls which are similar to paint balls in that they rupture on impact covering the protester.

When a tear gas canister explodes, CS powder sprays into the air and adheres to any moisture it can find, including the tears in your eyes, the sweat on your skin, the grease in your hair, and the saliva and mucus that cover your mouth and airway. Pepper spray is usually an oil based spray and must be aimed at someone.

Assessment

Symptoms of tear gas exposure can include the following, according to the CDC:

- **Eyes**: Excessive tearing, redness, burning, blurred vision
- **Skin**: Burns and rash
- **Mouth**: Burning, irritation, drooling, trouble swallowing
- **Nose**: Running, burning, and swelling
- **Lungs**: Chest tightness, shortness of breath, wheezing, coughing, choking sensation
- **Stomach**: Nausea and vomiting

Treatment

- Use *copious* amounts of water to flush the agent away.
- Remove contaminated clothing (remember bags can also hold the agent when you open them up later).

- If tear gas is used, get out of the cloud of tear gas and away from the general area as soon as you can. Seek high ground, as most forms of tear gas are heavy; the closer you are to the ground, the higher the concentration of gas.
- Walk, don't run. Running may cause you to breath more heavily, filling your lungs with more tear gas. Try to keep your breathing even.
- If your eyes have been exposed and are burning or blurry, flush them with water immediately. Try not to touch your eyes, nose, or mouth. Use water from your water bottle to flush. If you can find an open drinking fountain or sink in a public restroom, flush your eyes with water for 10 to 15 minutes.
- There is no evidence that baking soda or milk work and neither should be used.
- Using baby wipes or makeup wipes if water is not immediately available may cause increased irritation, do not use them.
- If you have Johnson & Johnson Baby shampoo or Dawn soap, those are both good to remove the irritants *after* flushing with water.

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Hypothermia & Frostbite

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Diabetic Emergencies

- https://www.redcross.org/take-a-class/resources/learn-first-aid/diabetic-emergencies
- https://www.redcross.org.uk/first-aid/learn-first-aid/diabetic-emergency

Information on Pepper Spray / Tear Gas

- https://phr.org/our-work/resources/preparing-for-protecting-against-and-treating-tear-gas-and-other-chemical-irritant-exposure-a-protesters-guide/

C-Spine

- https://wms.org/magazine/1476/2024-Spine-Summary/default.aspx

SOAP Notes

- https://www.hl7.org

Mass Casualty Incidents

- https://www.cert-la.com/downloads/manuals/CERT_PM_Unit3_Jan2011.pdf
- https://www.ruralhealthinfo.org/toolkits/emergency-preparedness/4/mass-casualty-incidents
- https://www.ems.gov/assets/MUCC_Addendum_Paramedic-Instructional-Guidelines.pdf

Triage

- https://chemm.hhs.gov/startadult.htm
- https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/
- https://start-triage.com/

Additional References

- "NOLS Wilderness Medicine, 7th edition", Tod Schimelpfenig, 2021
- "Prehospital Trauma Life Support, 10th edition", National Association of Emergency Medical Technicians, 2023
- "Aueherbach's Wilderness Medicine, 7th edition" Paul S. Auerbach, et al., 2017

- University Utah School of Medicine, https://www.awls.online
- Wilderness Medical Society, https://www.wms.org

Appendix

START Triage Workflow