Lamorinda
Community Emergency Response Team

Unit 4a: Bandaging and Splinting

Community Emergency Response Team

- Personal safety is ALWAYS the number one priority
- Work as a team
- Wear personal protective equipment…gloves, helmet, goggles, N95 mask and boots
- The CERT goal is to do the
  Greatest Good for the Greatest Number
- Hope for the best but plan for the worst

Wound Care

Objectives of wound care:
- Control bleeding
- Prevent secondary infection

Treatment of wounds:
- Clean wounds – don’t scrub
- Apply dressing
- Apply bandage to hold dressing in place

No Hydrogen Peroxides
Tourniquets

- Tourniquets are an effective means of arresting life-threatening external hemorrhage from limb injury
- Their use remains a subject of much debate
- Tourniquets are often discouraged in contemporary pre-hospital civilian trauma care
- The Combat Application Tourniquet (CAT) has been found to safely and effectively occlude blood flow with a low incidence of adverse events

Rules of Dressing

- Dressings are in direct contact with the wound and should be sterile if at all possible
  - Dressings reduce the risk of infection
  - Dressings stop bleeding and start clotting
  - Dressings absorb any excess blood, plasma or other fluids
- Bandages hold dressings in place
  - Band-Aid® and like products combine dressing and bandage. The adhesive plastic is perforated to allow airflow.
  - Do not use solid plastic to hold a dressing in place, the wound needs oxygen from air to heal.
Irrigate the wound to remove as much contamination as possible.

Use tweezers if possible to remove any glass shards, splinters or other solid material from the wound.

Dab the wound with cotton or cloth, do not scrub.
Cover the wound with a dressing. Secure the dressing with a bandage.

Place dressing over wound

- Make a "Tail" on the roller gauze so the bandage can be secured and won’t come undone.
- Wrap around the "Tail" on the first pass and fold over the "Tail" after the first pass.

Periodically put “half twists” in the roller gauze to make the bandage tighter and snug. Always wrap starting distal to proximal to avoid creating a tourniquet.

- Tie off the roller gauze by opening up the remainder of the roller gauze and making a loop under the forearm.
- Tie the two ends of the gauze together in a bow tie. Completed bandage maintains pressure on the wound and will not slide on the forearm.
Treating Amputations
- Control bleeding and elevate part
- Treat for shock if present
- Save tissue parts, wrapped in clean cloth
- Place in baggy with patient's name, date and time
- Keep tissue cool, not frozen
- Keep tissue with the victim
  - Duct tape to body, out of victim's sight

Treating Impaled Objects
- Immobilize
- Don’t move or remove
- Control bleeding
- Clean and dress wound
- Wrap

Guidelines for Splinting
- Support the injured area
- Assess CSM
  - Circulation
  - Sensory
  - Motor
- Splint injury in the position that you found it
- Don’t try to realign bones
- Immobilize the joints above and below the injury
- After splinting, recheck CSM below the injury sight
Treating an Open Fracture

**DO:**
- Cover wound
- Splint fracture without disturbing wound
- Place a moist 4” x 4” dressing over bone end to prevent drying

**DO NOT:**
- Draw exposed bones back into tissue
- Irrigate wound

Nasal Bleeding

- Causes: blunt force, skull fracture, non-trauma related issues
- Blood loss can lead to shock
- Victims may become nauseated and vomit if they swallow blood

**Treating Nasal Bleeding**

- Pinch the nostrils together, lean forward
- Put pressure on the upper lip just under the nose
- Use hemorrhagic nasal packing such as Celox

Exercise

Anyone who is unconscious is **“Immediate”**